



*NATIONAL STRATEGY
TO ACCELERATE
STUNTING REDUCTION
2018-2024*



**VICE PRESIDENT
REPUBLIC OF INDONESIA**

Introduction

Future generations must be healthy, clear-headed, creative and productive. When children are born healthy, grow well and are supported by a good education, they will uphold the success of our national development. However, when children are born and grow up in conditions of chronic malnutrition they will experience stunting to the detriment of all.

Stunting is the result of poor growth in children under five years of age and is evident in low weight and height. The cause is chronic malnutrition beginning in the womb and continuing through the first two years of life. The first 1,000 days of life, in fact, is the critical period and effects a child's physical growth, aptitude and productivity throughout their lives.

Our efforts to reduce stunting must be coordinated across many different sectors and involve stakeholders from the Government, regional governments, the private sector, the public, and others. The President and Vice President are committed to directly leading efforts to reduce the prevalence of stunting across Indonesia.

This "National Strategy to Accelerate Stunting Reduction" was produced as a guide to promote institutional cooperation and ensure the convergence of all programs and activities associated with stunting reduction. Particular attention is placed on increasing the coverage and quality of nutrition-specific and nutrition-sensitive interventions for pregnant women, breastfeeding women and children aged 0-23 months, which are gathered together under the title 'the first 1,000 days of life households'.

I hope this book will be used as a common reference and draw together resources to support our efforts to accelerate the reduction of stunting prevalence in Indonesia.

Jakarta, November 2018
VICE PRESIDENT OF THE REPUBLIC OF INDONESIA

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Glossary

ADD	: Village Fund Allocations
APBD	: Regional Budget
APBDesa	: Village Budget
APBN	: National Budget
ASI	: Breast Milk / Breastfeeding
Bappeda	: Regional Development Planning Agency
Bappenas	: National Development Planning Agency
BKB	: Family Assistance in Childhood
BKKBN	: National Family Planning Coordination Board
BPNT	: Non-Cash Food Assistance
BPOM	: National Agency for Food and Drug Control
CED	: Chronic Energy Deficiency
DAK	: Special Allocation Funds
Gernas PPG	: National Movement on Accelerating Nutrition Improvement
IFPRI	: International Food Policy Research Institute
JKN	: National Health Insurance
KPM	: Human Development Cadres
KRPL	: Home-Yard Food Gardens
KUA	: General Budget Policy
OPD	: Regional Implementing Organizations
PAUD	: Early Childhood Education
PKH	: Prosperous Families Program
PMBA	: Provision of food to infants and children
Posyandu	: Integrated Health Service Posts (village-level)
PPAS	: Provisional Budget Priorities and Ceiling
PSG	: Nutrition Status Monitoring
Puskesmas	: Community Health Clinics
RAPG	: Food and Nutrition Action Plan
RKA-K/L	: Work Plan and Budget – Line Ministries / Agencies
RKP	: Government Work Plan
Riskesdas	: National Health Survey
RPJMN	: National Medium-Term Development Plan
SDGs	: Sustainable Development Goals
Setwapres	: Vice Presidential Secretariat
Stranas Stunting	: National Strategy to Accelerate Stunting Reduction
SUN	: Scaling Up Nutrition
TKPKD	: Regional Poverty Eradication Coordination Team
TNP2K	: National Team for the Acceleration of Poverty Reduction
UKBM	: Community-Based Health Initiatives
WHA	: World Health Assembly

1. Introduction

1.1. Stunting Definition and Context in Indonesia

1. Stunting, often referred to as *'kerdil'* or *'pendek'* in the Indonesian language, is the impaired growth and development of children under five years of age resulting from **chronic malnutrition and recurring infection/illness**, particularly in the first 1,000 days of life, beginning at conception to the age of 23 months. Children are defined as stunted if their body length or height is more than two standard deviations below the median body length or height of children the same age.¹
2. The 2018 National Health Survey (Riskesdas) revealed a 6.4% decrease in stunting prevalence on a national scale over a five-year period – from 37.2% (2013) to 30.8% (2018). The proportion of children under five years of age with 'normal' nutrition also improved, from 48.6% (2013) to 57.8% (2018). Children in other categories experienced a variety of nutrition-related problems.
3. The 2016 Global Nutrition Report ranked the prevalence of stunting in Indonesia at number 108 of 132 countries. The previous report categorized Indonesia as one of 17 countries facing the double burden of under-nutrition and over-nutrition.² Within the Southeast Asian region, only Cambodia has a higher level of stunting prevalence.³
4. Stunting and other forms of malnutrition experienced during the first 1,000 days of life, in addition to presenting constraints to physical development and vulnerability to illness, also inhibit cognitive development, effecting cognitive abilities and productivity later in life. It is estimated that stunting and other forms of malnutrition lead to a 3% loss to GDP each year.⁴

1.2. Legal Framework, Policies and Implementation Constraints

5. Law No. 36/2009 on Health regulates efforts to improve public nutrition in terms of directions, objectives and strategies for improved public nutrition. The overall objective is to increase the quality of basic nutrition at individual and community levels. The Law outlines four strategies for improving public nutrition: 1) Improving food consumption patterns for a balanced diet; 2) Improving behaviors related to nutrition awareness, physical activity and health; 3) Increasing access to and the quality of nutrition services utilizing scientific and technological advances; and 4) Boosting food security and

¹ **Translator note:** Previously, in the June 2018 translated doc, this was expressed: "Children are defined as stunted if their height-for-age (HAZ) is more than two standard deviations below the WHO Child Growth Standards median."

² **Translator note:** Are there 17 countries in total experiencing under-and over-nutrition? Or is Indonesia in the 'top 17' countries?

International Food Policy Research Institute. (2014). *The 2014 Global Nutrition Report*. IFPRI: Washington DC.

³ International Food Policy Research Institute. (2016). *The 2016 Global Nutrition Report*. IFPRI: Washington DC.

⁴ World Bank. (2014). *Better Growth Through Improved Sanitation and Hygiene Practices*. WB: Indonesia.

nutrition surveillance. Law No. 18/2012 on Food stipulates that the state of public nutrition must be factored into food development strategies and also requires the central government and regional governments to formulate Food and Nutrition Action Plans (RAPG) every five years.

6. In order to prevent and reduce stunting, the government has established a number of policies and programs. The government initiative to reduce stunting began in 2011 with Indonesia joining the Scaling Up Nutrition (SUN) global movement. Indonesia’s involvement was sealed when the Minister of Health presented a participation statement to the United Nations’ Secretary General. The movement was launched in 2010 on the principle that peoples of all nations have the right to sufficient amounts of nutritious food.
7. Reducing stunting requires a concerted effort to integrate nutrition-specific and nutrition-sensitive interventions. The global experience has shown that integrated interventions targeting priority groups in priority locations is key to improving nutrition and childhood development and reducing stunting.⁵ At the same time as the aforementioned initiatives to accelerate stunting reduction, the government launched the National Movement on Accelerating Nutrition Improvement (Gernas PPG), which was established under Presidential Regulation No. 42/2013 on the National Strategy to Accelerate Improved Nutrition. The National Movement is coordinated by the Coordinating Minister for Human and Cultural Development, as Cluster Leader (*Ketua Gugus Tugas*). Under the auspices of the National Movement, the government issued a Policy Framework⁶ and Planning and Budgeting Guidelines.⁷ The policy framework placed significant focus on stunting reduction. Stunting reduction indicators and targets were included in national development targets in the 2015-2019 National Medium-Term Development Plan (RPJMN).
8. A variety of programs associated with stunting reduction have been implemented on a relatively small scale with less than effective results (See Box 1.1). A World Bank and Ministry of Health study revealed that a majority of pregnant women and children under two years of age did not have adequate access to basic services, while access to nutrition-specific and nutrition-sensitive interventions in the first 1,000 days of life is vital to childhood development. Only 28.7% of children under two years of age had access to four basic services simultaneously, generally covering access to a birth certificate, drinking water, sanitation and exclusive breastfeeding. Meanwhile, those with access to all eight basic services accounted for less than 0.1% (See Table 1.1). The study concluded that integrated or convergent nutrition interventions were necessary to reducing stunting and malnutrition.

Table 1-1. Access to Convergent Nutrition Services in Children Aged 0-23 months

Sector Program/ Service	Indicators	Access (%)	Convergent Services	Access (%)	
Health	1	Basic immunization	35.6	Access to one service	4.3

⁵ Levinson, F.J., and Y. Balarajan. (2013). *Addressing malnutrition multisectorally: what have we learned from recent international experience*, UNICEF Nutrition Working Paper, UNICEF and MDG Achievement Fund, New York.

⁶ First 1,000 Days of Life Policy Framework, 2013

⁷ First 1,000 Days of Life Planning and Budgeting Guidelines, 2013

Nutrition	2	Exclusive breastfeeding	60.2	Access to two services	12.4
	3	Varied diet	32.5	Access to three services	25.4
Drinking Water & Sanitation	4	Drinking Water	74.2	Access to four services	28.7
	5	Sanitation	68.0	Access to five services	18.8
Education	6	Early Childhood Education (PAUD)	8.4	Access to six services	8.5
Agriculture	7	Food vulnerability score	11.9	Access to seven services	1.2
Social Protection	8	Birth certificate	83.1	Access to all (eight) services	<0.1

Source: World Bank and Ministry of Health Study, 2017.

Box 1-1. Constraints to Accelerating Stunting Reduction

- a. Implementation of nutrition-specific and nutrition-sensitive interventions are not effectively integrated in matters pertaining to planning and budgeting, implementation, monitoring and evaluation.
- b. Policies and programs in a variety of sectors do not prioritize interventions with proven track records. Stunting, as established as a national development strategy in the 2015-2019 National Medium-Term Development Plan (RPJMN), has not been elaborated and transformed into priority programs and activities in associated sectors / institutions.
- c. Resource allocation and utilization is not yet effective and efficient. There is uncertainty in meeting stunting reduction funding needs at district / municipal level. Potential resources are available from several sources but have yet to be thoroughly identified and mobilized.
- d. Limited program implementer capacities as well as limited availability, quality and utilization of data to develop policies. Extremely limited program advocacy, socialization, campaigning, counselling activities and community involvement.⁸
- e. At field (village) level, inter-dependent activities are not integrated, including in consolidating targets, activity planning and the roles and duties of relevant parties, resulting in less than optimal coverage and quality of services.
- f. In general, very low program coordination at various administrative levels.

⁸ Institutional Capacity Assessment for Nutrition, UNICEF 2018

1.3. The National Commitment to Reduce Stunting

9. The President has a very strong commitment to reducing the prevalence of stunting in Indonesia. At a limited Cabinet Meeting on stunting reduction on 5 April 2018, the President instructed the Coordinating Minister for Human and Cultural Development, Minister of Health and leaders of all Line Ministries / Agencies to address the problem of stunting in an integrated manner.
10. The Vice President led a Ministerial-Level Coordination Meeting on stunting reduction on 12 July 2018 that agreed to take a multi-sectoral approach to stunting reduction through the synchronization of national, local and community programs at central and regional levels.
11. The next Ministerial-Level Coordination Meeting, held on 9 August 2018, determined the Five Pillars of Stunting Reduction: 1) Leadership commitment and vision; 2) National campaign and behavior-change communication; 3) National, regional and village program convergence, coordination and consolidation; 4) Nutrition and food security, and; 5) Monitoring and evaluation; established lead Line Ministries / Agencies in stunting reduction acceleration efforts, stunting reduction acceleration priority areas and strategies, and prepared the national stunting reduction campaign strategy.
12. In addition, the government issued Presidential Regulation No. 59/2017 on Achieving the Sustainable Development Goals (SDGs), which addressed accelerated nutrition under the second goal, namely, to end hunger, achieve food and nutrition security and support sustainable agriculture. Stunting has been instated as a national priority in SDG and planning documents; Strategies to accelerate improved nutrition noted in the 2015-2019 National Medium-Term Development Plan (RPJMN) may be summarized as follows:
 - a. Increase nutrition surveillance, including growth monitoring
 - b. Increase access to and quality of health and nutrition service packets, with the focus on the first 1,000 days of life (pregnant women and children under 23 months), children under five (*balita*), teenagers, and prospective married couples
 - c. Increase promotion of positive health, nutrition, sanitation, hygiene and breastfeeding behaviors at community level
 - d. Increase community roles in improving nutrition through Community-Based Health Initiatives (UKBM), such as village-level Integrated Health Service Posts (Posyandu) and Early Childhood Education (PAUD) Posts
 - e. Strengthen implementation and monitoring of nutrition regulations and standards
 - f. Develop fortified food products
 - g. Strengthen cross-sectoral relationships in nutrition-specific and nutrition-sensitive interventions, supported by capacity improvements at central, provincial and district / municipal levels to implement food and nutrition action plans.

13. The aforementioned basic targets and policy directions of the 2015-2019 RPJMN were then translated into annual planning and budgeting documents (Government Work Plans - RKP) in which accelerating community nutrition improvements was a priority agenda beginning in 2015 and progressing through 2016, 2017 and 2018.
14. Stunting reduction was established as a national priority program for mandatory inclusion in RKP of 2018 through to 2021. Stunting reduction programs are to be implemented to target priority groups and locations through priority interventions.

1.4. Framework of Determinants and Approaches

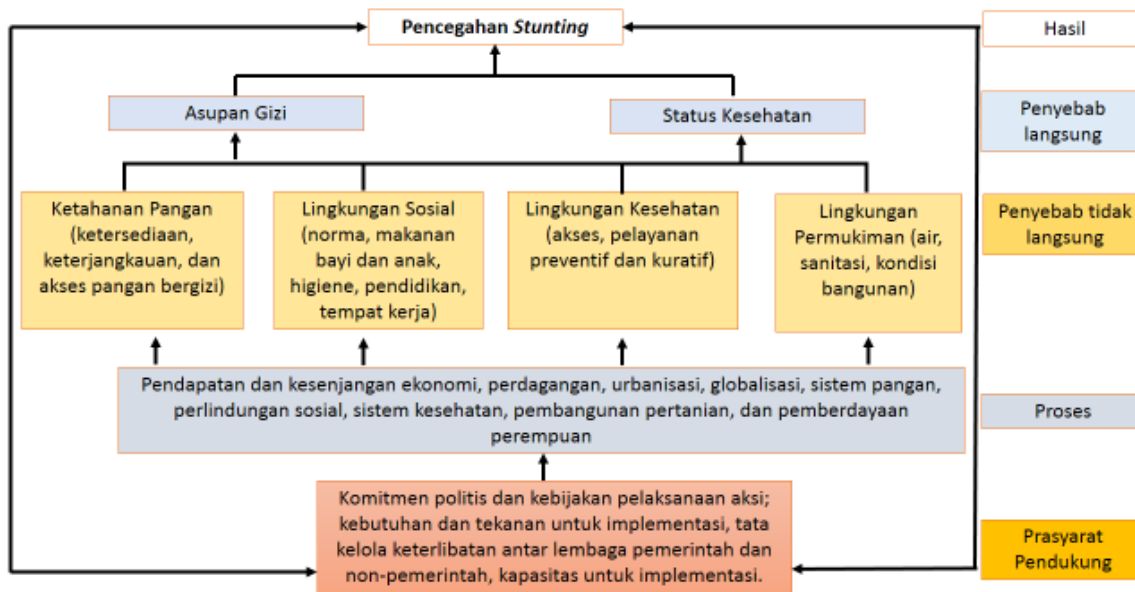
15. The National Strategy to Accelerate Stunting Reduction (Stranas Stunting) has adopted a determinant framework drawn from “The Conceptual Framework of the Determinants of Child Undernutrition”⁹, “The Underlying Drivers of Malnutrition”¹⁰ and “Determining Factors of Malnutrition in the Indonesian Context”¹¹. Stunting reduction addresses the causes of malnutrition, namely, factors associated with: access to nutritious food (diet), social factors related to infant and child feeding (parenting), access to prevention and treatment services (health) and environmental health, covering the provision of drinking water and sanitation (environment). These four factors influence nutrition absorption and the health status of mothers and infants. It is expected that interventions designed in terms of these four factors will prevent malnutrition, both under-nutrition and over-nutrition.
16. Indirect determinants of stunting are influenced by a number of factors, including income inequalities and economic gaps, trade, urbanization, globalization, food systems, social insurance, health systems, agricultural development and women’s empowerment. In order to address these stunting determinants, a number of supporting prerequisites are needed: (a) Political and policy commitment on implementation; (b) Government and cross-sectoral involvement, and; (c) Implementation capacity. Diagram 1-1 shows that stunting reduction requires a comprehensive approach that begins with meeting the aforementioned supporting prerequisites.

Diagram 1.1. Framework of Stunting Determinants in Indonesia

⁹ UNICEF. (2013). Improving Child Nutrition, The Achievable Imperative for Global Progress. UNICEF: New York.

¹⁰ International Food Policy Research Institute. (2016). From Promise to Impact Ending Malnutrition by 2030. IFPRI: Washington DC.

¹¹ Bappenas. (2018). National Action Plan to Reduce Stunting (*Rencana Aksi Nasional Dalam Rangka Penurunan Stunting*), Stunting Consultation Forum (*Rembuk*): Jakarta.



Sumber: UNICEF 1997; IFPRI, 2016; BAPPENAS 2018, disesuaikan dengan konteks Indonesia

Stunting Reduction				Results
Nutrition absorption		Health Status		Direct determinants
Food Security (availability, affordability, access to nutritious food)	Social environment (norms, infant and child feeding, hygiene, education, work places)	Health environment (access, preventative and curative services)	Housing/settlement environment (water, sanitation, built structures)	Indirect determinants
Income and economic gaps, trade, urbanization, globalization, food systems, social protection, health systems, agricultural development and women's empowerment				Processes
Political commitment and action implementation policies; implementation needs and pressures, managing the involvement of government and non-government institutions, and implementation capacities				Supporting requirements

Source: UNICEF 1997; IFPRI, 2016; BAPPENAS 2018, adjusted to the Indonesian context

17. Based on the framework of stunting determinants, the Stranas Stunting developed a stunting reduction acceleration results framework (See Diagram 3.5.2). In this Diagram, stunting reduction begins with the preparation of supporting factors, as consolidated in the five pillars. Implementation of the five pillars is expected to increase coverage of nutrition-specific and nutrition-sensitive services to priority targets and thereby reduce the prevalence of stunting.

2. Objectives and Priorities

2.1. Objectives

18. The general objective of the National Strategy to Accelerate Stunting Reduction (Stranas Stunting) is to accelerate the reduction of stunting within existing policy and institutional frameworks. This objective is to be achieved through the following five special objectives:
- Ensure that stunting reduction is a government and community priority at all levels;
 - Increase public awareness and community behavioral change to reduce stunting;
 - Strengthen convergence through coordination and consolidation of central, regional and village programs and activities;
 - Increase access to nutritional food and encourage food security; and
 - Increase monitoring and evaluation as the basis for ensuring the provision of quality services, improved accountability and accelerated learning.
19. In order to achieve the World Health Assembly (WHA) stunting prevalence target, namely reducing stunting prevalence by 40% from the 2013 level, to 22% by 2025, and achieve the Sustainable Development Goal (SDG) of eliminating all forms of malnutrition by 2030, greater efforts must be made to accelerate stunting reduction. This will be seen in stunting reduction trends in direct determinants, particularly in terms of, low birth weight, antenatal micro-nutrition and diarrhea prevalence. Stunting reduction modelling presents three scenarios for children under two years of age by 2024. First scenario (pessimistic): at the current level of effort, stunting figures among children under two years of age will fall 1 – 1.5% per year. Second scenario (moderate): with increased efforts, stunting figures among children under two years of age will fall 1.5 – 2% per year and will reach the WHA and SDG targets. Third scenario (optimistic): with optimal increased efforts, stunting figures among children under two years of age will fall 2 – 2.5% per year.¹²

2.2. Targets

20. The priority target of the national Strategy to Accelerate Stunting Reduction (Stranas Stunting) is pregnant women and children aged 0-23 months or 'first 1,000 days of life' households.
21. The first 1,000 days of life is the most critical time in childhood development.¹³ In Indonesia, the most significant problems with growth occur in this period. As many as 48.9% of pregnant women suffer anemia and another portion¹⁴ experience Chronic Energy Deficiency (CED). As a result, the prevalence

¹² Rokx, C., Subandoro, A., Gallaghe, P. (2018). Aiming high, Indonesia's ambition to reduce stunting. World Bank.

¹³ Karakochuk, C.D. (2018). The biology of the first 1,000 days.

¹⁴ **Translator note:** The original sentence is: "*Sebanyak 48,9% ibu hamil menderita anemia dan sebagian lainnya mengalami gangguan Kurang Energi Kronis (KEK).*" This seems a bit awkward. Why not include the figure for KEK/CED? (Accounting for overlap between anemia and CED.)

of low birth weight remains high at 6.2%. Low birth weight is one of the primary determinants of stunting. Problems experienced in breastfeeding as well as later feeding and parenting patterns can disrupt childhood development. The 2013 National Health Survey (Riskesdas) noted that poor childhood development resulted from poor consumption patterns among babies and children. Such patterns cause stunting prevalence to increase with age, from 29% (0-6 months of age) to 39% (6-11 months) and to 42% (24-35 months). Stunting is not only influenced by the nutrition status of pregnant women and children in the first 1,000 days of life, it is also affected by the nutrition of the woman prior to conception, when she becomes of reproductive age.¹⁵

22. In addition to stunting reduction priority target categories, namely, pregnant women, breastfeeding women and children aged 0-23 months, there are other important targets: children aged 24-59 months, women of reproductive age, and female teenagers. These important targets require intervention when all priority targets are being served optimally.

2.3. Nutrition-Specific Interventions

23. Nutrition-specific interventions target stunting determinants covering: 1) adequate food and nutrition intake; 2) Feeding, childcare (*perawatan*) and parenting; and 3) Medical treatment of infections/illness.
24. There are three groups of nutrition-specific interventions:
 - a. **Priority interventions:** interventions identified as possessing the greatest impact on stunting reduction and aimed at all priority targets.
 - b. **Supporting interventions:** interventions impacting on nutrition and other health issues associated with stunting and prioritized after priority interventions are addressed.
 - c. **Conditional priority interventions:** interventions as needed, depending on local conditions, including during natural disasters (emergency nutrition programs).¹⁶

This division into groups is intended as a guide for program implementers working with limited resources.

Nutrition-specific interventions to reduce stunting are summarized in Table 2-1. Further explanations of the standards and evidence of nutrition interventions can be found in Attachments 1 and 2.

¹⁵ Tyler Vaivada, et al. (2017). Evidence-based intervention for improvement of maternal and child nutrition in low income settings: What's new? www.co-clinicalnutrition.com Vol. 20 No. 3 May 2017.

¹⁶ Emergency nutrition programs cover preparedness and response to natural disasters, surveillance and interventions to meet the needs of targets.

Table 2-1. Nutrition-Specific Interventions to Accelerate Stunting Reduction

Target Group	Priority Interventions	Supporting Interventions	Conditional Priority Interventions
First 1,000 days of Life Target Groups			
Pregnant Women	<ul style="list-style-type: none"> Provision of additional food to pregnant women in poor / chronic energy deficient groups. Iron supplement tablets 	<ul style="list-style-type: none"> Calcium supplements Physical examinations 	<ul style="list-style-type: none"> Malaria protection HIV prevention
Breastfeeding mothers and children aged 0-23 months	<ul style="list-style-type: none"> Breastfeeding counselling and promotion Counselling and promotion of baby and child feeding Management of poor nutrition (<i>tata laksana gizi buruk</i>) Provision of additional food for the recovery of underweight children Growth monitoring and promotion 	<ul style="list-style-type: none"> Vitamin A supplement capsules Multiple micro-nutrient supplements (<i>taburia</i>) Immunization Zinc supplements for diarrhea treatment Integrated management of child illness 	<ul style="list-style-type: none"> Protection against intestinal worms
Target Groups of Other Ages			
Female teenagers and women of reproductive age	<ul style="list-style-type: none"> Iron supplement tablets 		
Children aged 24-35 months	<ul style="list-style-type: none"> Management of poor nutrition Provision of additional food for the recovery of underweight children Growth monitoring and promotion 	<ul style="list-style-type: none"> Vitamin A supplement capsules Multiple micro-nutrient supplements (<i>taburia</i>) Zinc supplements for diarrhea treatment Integrated management of child illness 	<ul style="list-style-type: none"> Protection against intestinal worms

2.4. Nutrition-Sensitive Interventions

25. Nutrition-sensitive interventions cover: (a) Increasing access to nutritious food; (b) Increasing mother and child nutrition awareness, commitment and parenting practices; (c) Increasing access to and

quality of nutrition and health services, and; (d) Increasing availability of drinking water and sanitation facilities. Nutrition-sensitive interventions are generally implemented by agencies other than the Ministry of Health. Nutrition-sensitive interventions target families and the general public. Interventions are implemented through various programs and activities, as shown in Table 2-2. **Intervention programs / activities shown in the table may be added to and adjusted according to local community conditions.**

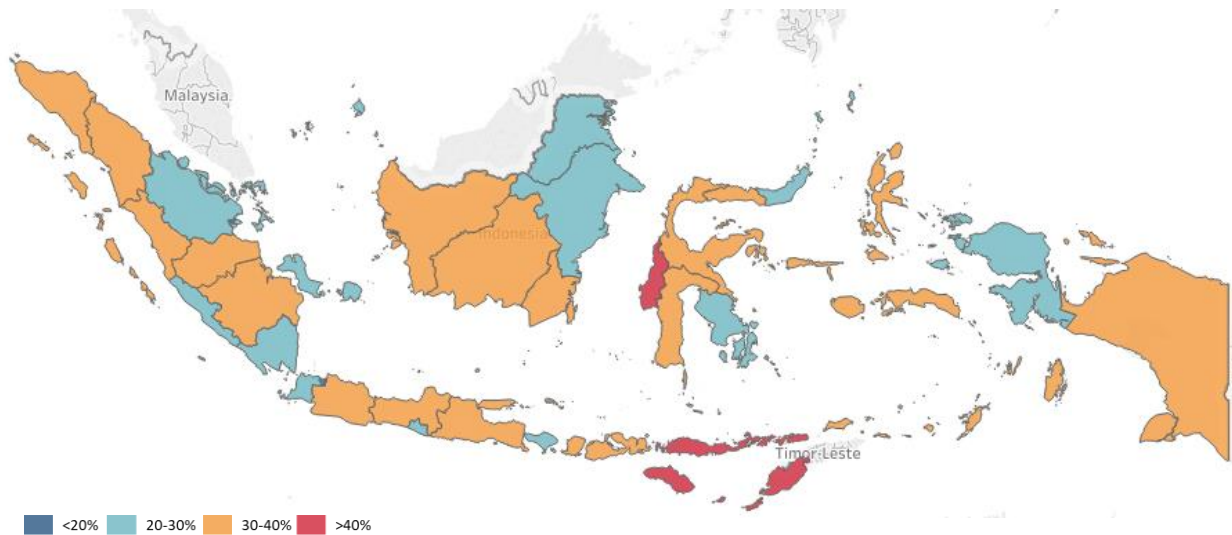
Table 2-2. Nutrition-Sensitive Interventions to Accelerate Stunting Reduction

Type of Intervention	Intervention Programs / Activities
Increasing availability of drinking water and sanitation	<ul style="list-style-type: none"> • Access to safe drinking water • Access to decent sanitation
Increasing access to and quality of nutrition and health services	<ul style="list-style-type: none"> • Access to Family Planning • Access to National Health Insurance (JKN) • Access to cash assistance for disadvantaged families (PKH program)
Increasing mother and child nutrition awareness, commitment and parenting practices	<ul style="list-style-type: none"> • Broad dissemination of information through various media • Provision of inter-personnel behavior change counselling • Provision of parenting counselling for adults • Provision of access to early childhood education (PAUD), promotion of pre-schooler stimulation, and monitoring of childhood growth-development • Provision of health and reproductive counselling for teenagers • Women’s empowerment and child protection
Increasing access to nutritious food	<ul style="list-style-type: none"> • Access to non-cash food assistance (BPNT) for disadvantaged families • Access to fortified primary food consumables (salt, wheat flour, cooking oil) • Access to Home-Yard Food Garden (KRPL) activities • Strengthening regulations on food labeling and advertising

2.5. District / Municipal Priorities

26. According to the 2018 National Health Survey (Risksdas 2018), two provinces have a stunting prevalence of over 40%, which is categorized as ‘very high’; 18 provinces have a stunting prevalence of 30-40%, which is categorized as ‘high’ (See Diagram 2.1). Only the capital city, Jakarta Special Province, has a stunting prevalence under 20%, which is categorized as average-low. In addition to stunting, the prevalence of wasting in several districts / municipalities is also very high, at over 15%. This type of acute malnutrition has a very high mortality risk, 11-times that of a normal child.

Diagram 2.1. Geographic Distribution of Stunting Prevalence by Province

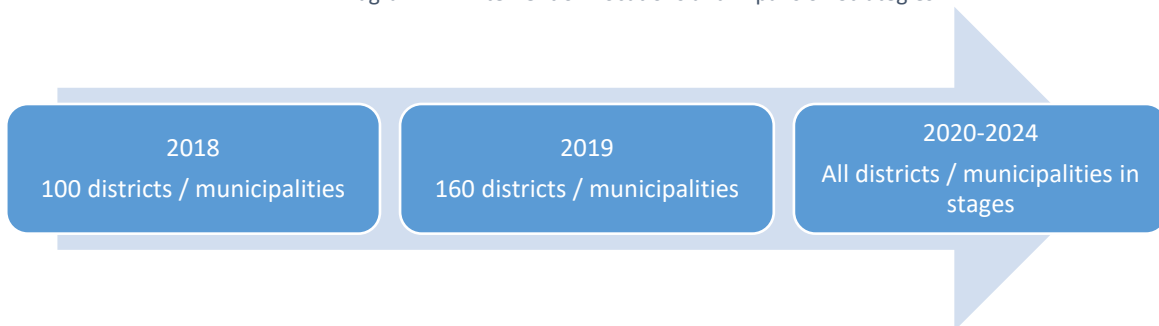


Source: National Health Survey (Riskesdas), Ministry of Health, 2018.

27. Efforts to reduce stunting have been rolled out in stages in all districts / municipalities. Phasing in and expansion of the stages has been based not only on official figures concerning stunting but also on the number of poor residents in districts / municipalities. Determining priority intervention districts / municipalities was conducted through ministry-level meetings lead by the Vice President in August 2017.

28. Accelerating stunting reduction is progressing in stages. In the first stage (2018), the government launched interventions in 1,000 focus villages in 100 districts / municipalities using a multi-sector convergence mainstreaming approach. In stage two (2019), intervention activities will be expanded to 1,600 focus villages in 160 districts / municipalities. In the third stage (2020-2024), activities will be expanded in stages to all districts / municipalities (Diagram 2.2). Determining locations will be conducted annually through the Government Work Plan (RKP).

Diagram 2.2. Intervention Locations and Expansion Strategies



3 The National Strategy to Accelerate Stunting Reduction (Stranas Stunting)

29. The National Strategy to Accelerate Stunting Reduction (Stranas Stunting) was formulated through evaluation and diagnosis processes, including identifying priority activities. The goal is to ensure that resources are directed towards and allocated to supporting and funding priority activities, especially those that increase the coverage and quality of nutrition services to pregnant women and children aged 0-23 months or 'first 1,000 days of life' households.
30. The Stranas Stunting enables parties at different levels to work together to accelerate stunting reduction. Preparation of the Stranas Stunting involved a wide variety of actors drawn from the Ministry of Health, academic and professional organizations, civil-society organizations, as well as the private sector. The process paid particular attention to successes experienced in other countries and to ensuring a bias towards equity in issues of gender and disability.
31. The Stranas Stunting comprises five pillars:
- 1) Leadership commitment and vision
 - 2) National campaign and behavior-change communication
 - 3) National, regional and village program convergence
 - 4) Food and nutrition security
 - 5) Monitoring and evaluation
- This strategy is implemented at all levels of government and involves relevant government and non-government institutions, including the private sector, civil society and communities. It targets priority groups in 'first 1,000 days of life' households and the general public in priority locations.

3.1 Pillar 1: Leadership Commitment and Vision

3.1.1 Objective

32. Pillar 1 aims to ensure that stunting reduction is a government and community priority at all levels.
33. Pillar 1 maintains and continues the commitment and vision of the President and Vice President to Accelerate Stunting Reduction by directing, coordinating, and strengthening stunting reduction strategies, policies and targets. It is implemented by central, regional and village governments, community groups and households. Establishing strategies and policies to accelerate stunting

reduction was conducted in line with 2015-2019 RPJMN targets, 2025 World Health Assembly targets, and the 2030 Sustainable Development Goals (SDGs).¹⁷

34. Activities of Pillar 1 are coordinated by the Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres RI / TNP2K).

3.1.2 Performance Strategies

Strategies to achieve the Pillar 1 objective are:

35. **Presidential leadership to reduce stunting** by ensuring that the President's and Vice President's vision, direction and support for stunting reduction is properly socialized and is translated into on-target policies and the distribution of resources at all government and community levels.
36. **Regional government leadership to reduce stunting** by creating a supportive policy environment for stunting reduction activity implementers that is convergent and performance-based.
37. **Village government leadership to reduce stunting** by creating a supportive policy environment for stunting reduction activity implementers that is convergent at the village level.
38. **Private sector, civil society and community participation** by ensuring their active involvement in efforts to accelerate stunting reduction in society.

3.1.3 Implementation Instruments

39. **Formulation of Policies on Stunting Reduction.** Policies are formulated to ensure the effective and efficient utilization of resources at all levels of government to reduce stunting. Instruments to implement these actions are as follows:
- a. The Committee to Accelerate Stunting Reduction (*Komite Percepatan Pencegahan Stunting*) comprising a Steering Committee, Board of Directors, and Technical Team. The Steering Committee is chaired by the Vice President and the deputy leader is the Coordinating Minister for Human and Cultural Development. (See Chapter 4.1).
 - b. Regulations and Policies at regional level (Provinces and/or Districts / Municipalities) to support the roll out of stunting reduction Convergence Actions¹⁸ that is effective and efficient and in line with Regional and Village Government authorities and resources.
40. **Creation of Policy Briefs.** These documents are presented to government leaders at the highest levels (President, Vice President, Governors, Deputy Governors, District Heads / Mayors, Deputy District

¹⁷ Agenda 2 of the SDGs 2030 is to end hunger, achieve food and nutrition security and support sustainable agriculture.

¹⁸ Convergence and Convergence Actions, See Pilar 3.

Heads / Deputy Mayors) and transformed into a range of media communication products as needed. Instruments to implement these actions are as follows:

- a. Policy brief materials covering updated data and information related to stunting, required by government leaders to determine policies, create budgets and coordinate cross-sectoral efforts to accelerate stunting reduction that are effective, efficient and measurable.
- b. Activities are managed at the national level by the Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres RI / TNP2K) involving relevant Line Ministries / Agencies and at provincial and district / municipal levels by Regional Development Planning Boards (Bappeda) or other Regional Implementing Organizations (OPD).

41. **National Stunting Consultation Forums.** These annual forums are held at national level involving representatives of government institutions (Line Ministries / Agencies and regional governments) and non-government parties (private sector, development partners, civil society and communities). Objectives are to: (a) Secure the commitment of all parties to reduce stunting; (b) Conduct advocacy with regional leaders, the private sector, civil society and communities to support the acceleration of stunting reduction; (c) Work through obstacles and issues; (d) Present progress on stunting reduction activity implementation; (e) Recognize government and non-government performance in reducing stunting; and (f) Share lessons learned in effective and efficient stunting reduction Convergence Actions. Instruments to implement these actions are as follows:

- a. National Stunting Consultation Forum plan and material; participative activity plans to secure a shared commitment and vision on reducing stunting. The plan will come with the latest materials on efforts to reduce stunting, including on policies, budgets, updated data on stunting and intervention coverage, performance reviews, diagnosis of stunting issues, lessons from the field and the latest research findings.
- b. These activities are coordinated at the national level by the Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres RI / TNP2K) together with the National Development Planning Board (Bappenas) and at provincial and district/municipal levels by Regional Secretariats (Sekda) and Regional Development Planning Boards (Bappeda).

42. **Formulation of Strategies to involve the private sector, civil society and communities.** The Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres RI / TNP2K) is responsible for coordinating the participation and cooperation of government institutions, the private sector, civil society and communities to accelerate stunting reduction. For more information, see **Technical Guidelines for Private Sector and Civil Society Participation**.

3.2 Pillar 2: National Campaign and Behavior-Change Communication

3.2.1 Objective

43. Pillar 2 aims to increase public awareness and behavior change to reduce stunting.
44. Pillar 2 covers: (a) Ongoing advocacy to all decision makers at various government levels; (b) National campaign and socialization to program managers using various forms of media and public activities, and; (c) Inter-personal communication to accelerate behavioral changes at household level that support pregnant women and parenting of children aged 0-23 months.
45. Pillar 2 is coordinated by the Ministry of Health and the Ministry of Communication and Informatics.

3.2.2 Performance Strategies

Strategies to achieve the Pillar 2 objective are:

46. **Behavior-change campaign for the general public that is consistent and ongoing** by consolidating the development of the message, selection of communication channels, and by measuring the impact of communication effectively, efficiently, on-target, consistently and sustainably.
47. **Inter-personal communication within context** by ensuring that the message develops in line with the needs of target groups, such as in the context of village-level Integrated Health Service Posts (Posyandu), home visits, marriage counselling, reproductive counselling for teenagers, and so on.
48. **Ongoing advocacy to decision makers** by ensuring that systematic outreach is carried out with decision makers to support the acceleration of stunting reduction through the provision of supporting tools and developing the capacities of campaign and communication implementers.
49. **Capacity development for program implementers** by effectively and efficiently providing knowledge and training to campaign and communication implementers.

3.2.3 Implementation Instruments

50. **Behavior-change campaign for the general public that is consistent and ongoing.** This action is developed with due concern to social-cultural conditions and the proven success of different interventions in reducing stunting and effecting positive change in the statistics on stunting. The campaign utilizes various forms of communication media, education and religious institutions, civil society organizations, the private sector and others. Instruments to implement these actions are as follows:

- a. Behavior-change campaign plan; designed with the same essential message on a national scale, based on facts, broadly targeting the public, with measurable impacts, complete with guidelines and tools to assist implementers, as well as being supported by adequate coordination mechanisms, budgets and resources. Community uptake and understanding of the message can be monitored and measured by various means, such as through community surveys, opinion polls, community initiatives to reduce stunting and so on.
- b. These instruments are managed at the national level by the Ministry of Health and the Ministry of Communication and Informatics and at provincial and district / municipal levels by Departments of Health and Departments of Communication and Informatics.

51. **Inter-personal communication within context.** This action is developed with due consideration to the needs of target groups, is based on facts, and is inter-personal with a specific message. Policies are needed to support these activities, as in the case of the Healthy Lifestyle Community Movement (*Gerakan Masyarakat Hidup Sehat - Germas*) from the Ministry of Health, or Regulations issued by District Heads / Mayors or Provincial Policies / Regulations. This is to ensure that inter-personal communication is in accord with the social-cultural context of target groups. The strategy is applied through counselling activities, home visits, and meetings in small groups. The strategy requires human resources with training in and understanding of relevant basic concepts. Instruments to implement these actions are as follows:

- a. Inter-personal communication plan to encourage community-level behavioral change; formulated with a specific message appropriate to the needs and social-cultural contexts of target groups, based on facts, with measurable impacts, and complete with guidelines and implementation tools, such as campaign guidebooks, coordination mechanisms, budgets, and adequate resources. Behavioral changes among target groups may be monitored and measured through involving them in efforts to reduce stunting and, for those diagnosed with problems requiring follow-up health and nutrition services, in their desire to undertake examinations / treatments.
- b. These activities are managed at the national level by the Ministry of Health and at provincial and district / municipal levels by Departments of Health.

52. **Ongoing advocacy with decision makers.** Advocacy is realized through systematic outreach to decision makers within government and non-government institutions. Their support and commitment to reduce stunting must be in tune with existing communication and behavior-change strategies. Instruments to implement these actions are as follows:

- a. Advocacy guides covering planning, division of duties and accountability, implementation, monitoring, evaluation and dissemination of results to improve subsequent implementation phases.
- b. Support in the form of policies, capacity development and resources from decision makers, such as using behavior-change communication strategies in District Head / Mayor Regulations or provincial policies, earmarking funds within Regional Budgets (APBD), incorporating behavior-change campaign and communication material in education and training curriculums.

- c. These activities are managed at the national level by the Ministry of Health and at provincial and district / municipal levels by Departments of Health.

53. **Capacity development for program implementers** conducted through optimizing existing mechanisms to provide knowledge and training for campaign and communication implementers. Instruments to implement these actions are as follows:

- a. Provision of communication, information and education materials; as required by behavior-change campaign and communication implementers. Information will be provided through both print and electronic media.
- b. Training; to increase the capacities of implementers within both government institutions and civil society (such as cadres of village-level Integrated Health Posts (Posyandu), Human Development Cadres (KPM)¹⁹, representatives of religious organizations), to apply behavior-change campaign and communication strategies to achieve desired results.
- c. Monitoring and evaluation; to provide feedback and improve the quality, effectiveness and efficiency of behavior-change campaign and communication implementation with target groups.
- d. These activities will be coordinated at the national level by the Ministry of Health working with the Ministry of Communication and Informatics and at provincial and district / municipal levels by Departments of Health and Departments of Communication and Informatics.

¹⁹ Human Development Cadres (KPM) may be sourced from Posyandu, Early Childhood Development (PAUD) posts, or other cadres in local society to carry out functions associated with accelerating stunting reduction.

3.3 Pilar 3: National, Regional and Village Program Convergence

3.3.1 Objective

54. Pillar 3 aims to strengthen convergence through national, regional and village program and activity coordination and consolidation.
55. Convergence is an approach for the delivery of interventions to target groups in a coordinated, integrated and cooperative manner. Implementation of convergent interventions is conducted by aligning processes of planning, budgeting, implementation, monitoring, evaluation and activity controls across sectors, as well as between different governance and public levels.
56. Pillar 3 activities are coordinated at the national level by the Minister for National Development Planning / Head of Bappenas and the Minister of Home Affairs, involving relevant technical ministries, regional governments and village governments.

3.3.2 Performance Strategies

57. Strategies to achieve the Pillar 3 objective are:
 - a. Strengthen convergence between program and activity planning and budgeting to increase the coverage and quality of priority nutrition interventions through developing district / municipal government capacities.
 - b. Improve program services management to ensure that target groups ('first 1,000 days of life' households) obtain and use intervention packets provided.
 - c. Strengthen coordination across sectors and between different levels of government, down to the village level, to ensure alignment of program preparation and delivery.
58. Delineate government authority and accountability for implementing convergence at all levels, as elucidated below:

At Central Level:

- a. The National Development Planning Board (Bappenas) coordinates participation of government and non-government institutions to support convergence in stunting reduction acceleration.
- b. Bappenas and the Ministry of Finance ensure that planning and budgeting processes support stunting reduction priority activities in Line Ministries / Agencies and evaluate the effectiveness and efficiency of budget utilization.
- c. The Ministry of Health conducts strengthening of nutrition-specific interventions by ensuring the availability of capable human resources, adequate funding sources, and nutrition-specific intervention implementation technical guides.

- d. The Ministry Home Affairs and Ministry of Villages, Disadvantaged Regions Development and Transmigration coordinate to prioritize the development of capacities to implement convergence at provincial, district / municipal and village levels and ensure associated technical support.
- e. Other Line Ministries / Agencies supporting implementation of nutrition-specific and nutrition-sensitive interventions prioritize stunting reduction in their annual planning and budgeting, prepare support for capacity development, technical support, and other support as required.

At Provincial Level:

- a. Provincial governments facilitate provincial oversight (*pembinaan*), monitoring, evaluation and follow up on policies and implementation of programs and budgets for priority nutrition interventions in districts / municipalities.
- b. Provincial governments provide facilities and technical support to improve district / municipal capacities in implementing effective and efficient Convergence Actions.
- c. Provincial governments coordinate participation of non-government institutions to support Convergence Actions to accelerate stunting reduction.
- d. Provincial governments assist the Ministry of Home Affairs in implementing district / municipal performance evaluations, including providing feedback and rewards (*penghargaan*) to districts / municipalities in accordance with existing provincial capacities.

At District / Municipal Level:

- a. District/municipal governments ensure program / activity planning and budgeting for priority interventions, particularly in locations with high stunting prevalence and/or significant gaps in service coverage.
- b. District / municipal governments improve service management for priority nutrition interventions and ensure that priority targets obtain and use intervention packets provided.
- c. District / municipal governments coordinate and implement oversight (*pembinaan*) to sub-districts (*kecamatan*) and village governments in implementing priority interventions, including in optimizing resources, funding sources and updating data.

At Village Level:

- a. Village governments conduct convergence in village development program and activity planning and budgeting to support stunting reduction.
- b. Village governments ensure every priority target receives and uses priority nutrition intervention service packets. Activity implementation conducted cooperatively with Human Development Cadres (KPM), Prosperous Family Program (PKH) counterparts, and Community Health Clinic (Puskesmas) staff and village midwives, as well as Family Planning staff.
- c. Village governments strengthen monitoring and evaluation of service implementation for all priority targets and coordinate routine data collection on targets and updating data on intervention coverage.

3.3.3 Implementation Instruments

59. **Data-based planning and budgeting**, conducted through:

- a. Existing program planning and budgeting mechanisms.
- b. Tagging, tracking and evaluating development performance and annual budgets by Bappenas and the Ministry of Finance. These activities enable the central government to:
(a) Identify, tag and track budgets associated with stunting reduction programs, and; (b) Analyze the effectiveness and efficiency of budget utilization to bring it into line with priority targets, territories and interventions in the following fiscal year.
- c. Formulation and publication of semester 1 and annual development and budget performance reports conducted by Bappenas and the Ministry of Finance, including the presentation of results in Financial Notes (*Nota Keuangan*) on the National Budget (APBN).

60. **Program and activity convergence at central and regional levels** conducted through:

- a. Central Level: coordination and technical meetings implemented by the Committee to Accelerate Stunting Reduction,
- b. Regional Level: Convergence Actions / Integration Actions coordinated by persons appointed by District Heads / Mayors, and referring to **Guidelines for Integrated Stunting Reduction Intervention Implementation in Districts/Municipalities**.

61. **Regional government capacity development**. The Central Government through the Directorate General of Regional Development, Ministry of Home Affairs, provides capacity building to district / municipal governments to implement Convergence Actions / Integration Actions. This capacity building support is implemented by central and regional consultant teams with relevant groups of experts to provide technical support in matters pertaining to:

- a. Advocacy and strengthening regional government commitment through developing regional stunting reduction vision.
- b. Capacity development in designing and implementing Convergence Actions / Integration Actions.
- c. Providing referrals (*rujukan*) relevant to stunting reduction.
- d. Distribution of formats and/or templates that can be used by the regions to more easily implement and document Convergence Actions / Integration Actions.

62. **District Performance Evaluations in Convergence Interventions**. The Directorate General of Regional Development, Ministry of Home Affairs, through Provincial Governments, periodically conducts district / municipal performance evaluations relating to the implementation of convergence in program interventions. In the first and second years (2019-2020), performance evaluations will be conducted on the implementation of Convergence Actions / Integration Actions. Beginning in 2021, performance evaluations will be conducted on final results, that is, increasing the access of 'first 1,000

days of life' households to nutrition-specific and nutrition-sensitive interventions, including results collected through 'village scorecard' mechanisms.

63. **Mobilize Human Development Cadres (KPM).** The Ministry of Villages, Disadvantaged Regions Development and Transmigration ensures all focus villages have a cadre to function as KPM to consolidate the implementation of stunting reduction interventions at village level and to conduct periodic data collection and reporting.

64. **Strengthen nutrition-specific services;** by ensuring the availability of resources, guides and standards as needed. The Ministry of Health manages the strengthening of nutrition services utilizing the following instruments:
 - a. Technical Guidelines on Minimum Service Standards (MMS) revised to include nutrition-specific interventions.
 - b. Health workers at Community Health Clinics (Puskesmas) and focus villages who are competent and capable in providing services in accordance with standards and are able to provide support in facilitating village community empowerment.
 - c. Allocation of adequate program funds, facilities and medicines for priority nutrition interventions.
 - d. Instruments to measure Puskesmas preparedness in implementing nutrition-specific interventions.

3.4 Pilar 4: Food and Nutrition Security

3.4.1 Objective

65. Pillar 4 aims to increase access to nutritious food and support food security.
66. Pillar 4 covers strengthening policies to meet public food and nutrition needs, which includes meeting the food and nutrition needs of families, providing food assistance and food supplements, product development investment and innovation, and consolidating food security in line with Law No. 36/2009 on Health and Law No. 18/2012 on Food.
67. Pillar 4 is coordinated by the Ministry of Agriculture and the Ministry of Health, with the involvement of technical ministries working in both regional and village governance. The Ministry of Social Affairs, through the provision of cash assistance under programs such as the Prosperous Families Program (PKH) and the Food Social Assistance (*Bantuan Sosial Pangan*) program, which includes non-cash food assistance, ensures that all poor families can meet their food consumption needs. The Ministry of Health guarantees the availability of special food supplements for pregnant women and children suffering from malnutrition, particularly those from poor families.

3.4.2 Implementation²⁰ Strategies

68. Strategies to achieve Pillar 4 are as follows:
 - a. **Production of nutritious food** by ensuring that food fortification programs, especially those already underway, such as the fortification of salt, wheat flour and cooking oil, display increased coverage and quality and are affordable to all members of the public.
 - b. **Expansion of social assistance programs and nutritious food assistance to disadvantaged families** in order to meet the nutrition needs of priority targets from disadvantaged families.
 - c. **Fulfil the food and nutrition needs of families** by accelerating food diversification using local food resources and the development of sustainable Home-Yard Food Gardens (KRPL) reaching all stunting reduction priority districts / municipalites.
 - d. **Strengthen regulations on food labeling and advertising** by strengthening institutional coordination, law enforcement and food labelling and advertising delivery mechanisms to ensure the safety and quality of food stuffs.

²⁰ **Translator note:** This is a direct translation but should perhaps be 'Performance Strategies', as in the other 4 Pillars.

3.4.3 Implementation Instruments

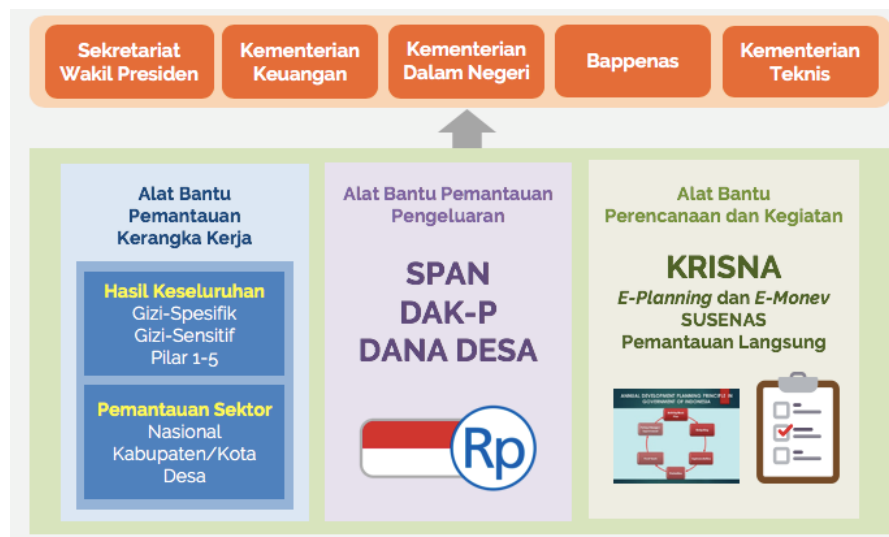
69. **Fulfil the food and nutrition needs of families** by supporting policies, mechanisms and community roles. Instruments to implement these actions are as follows:
- Food diversification based on local food resources.
 - Development of Home-Yard Food Gardens (KRPL) reaching all locations (villages), especially stunting reduction focus villages, the development of village seed and seedling garden organizations, management units and marketing to ensure KRPL sustainability.
 - Increase consumption of meat, vegetables and fruit, especially among target groups and other nutrition-vulnerable groups (*kelompok rawan gizi*), through socialization to pregnant women and school children.
 - This instrument is managed at the central level by the Ministry of Health and the Ministry of Agriculture and at provincial and district / municipal levels by Departments of Health and Departments of Agriculture and/or Food Security working with Community Health Clinics (Puskesmas) and other public organizations.
70. **Additional nutritional food items and expansion of regional coverage of social and food assistance program recipients**, such as the non-cash food assistance (BPNT) program, to meet the nutrition needs of priority targets.
71. **Food fortification** implemented by ensuring that nutritious food is available at all times and is affordable to all households. Instruments to implement these actions are as follows:
- Increased coverage and quality of existing primary food fortification programs, such as the fortification of salt, wheat flour and cooking oil, reaching people across the country.
 - This instrument is managed at the central level by the Ministry of Industry and at provincial and district / municipal levels by Departments of Industry.
72. **Food Security Monitoring**. Instruments to implement these actions are as follows:
- Strengthening institutional coordination, overseeing food security and food quality authorities for both fresh and processed food, law enforcement in food labelling (halal, composition, expiry date and so on), and food advertising.
 - This instrument is managed at the national level by the National Agency for Food and Drug Control (BPOM) working with relevant Line Ministries / Agencies, such as the Ministry of Communication and Informatics, the Halal Product Guarantee Board at the Ministry of Religious Affairs, and at provincial and district / municipal levels by vertical agencies of the BPOM and the Ministry of Religious Affairs.

3.5 Pilar 5: Monitoring and Evaluation

3.5.1 Objective

73. Pillar 5 aims to increase monitoring and evaluation as the basis for delivering quality services, improving accountability and accelerating learning. Monitoring and evaluation emphasizes: (a) Program impacts and achievements; (b) Key outputs, and; (c) Factors supporting the acceleration of stunting reduction.
74. Results-based monitoring and evaluation systems can assist the government develop a strong knowledge base and encourage changes in program implementation as well as enable better performance, accountability, transparency and accelerate learning. In order to ensure sustainability, these results-based monitoring and evaluation systems require ongoing attention, resource support and political commitment.²¹
75. Monitoring utilizes existing data collection and reporting systems, including from the National Statistics Agency (BPS) as well as data from Line Ministries / Agencies, national and regional budget systems, and electronic government planning and monitoring systems (KRISNA, E-Monev, and SMART) (See Diagram 3.5.1). These existing systems can be adjusted to evaluate program achievements and impacts at national and district / municipal levels. Direct monitoring activities in the regions are conducted to verify data and collect information not covered in existing data systems.

Diagram 3.5.1. Stunting Reduction Monitoring Framework



²¹ Kusek J., and Rist R. (2004). Ten steps to a results-based monitoring and evaluation system. World Bank, Washington, D.C.

Vice Presidential Secretariat	Ministry of Finance	Ministry of Home Affairs	Bappenas	Technical Ministries
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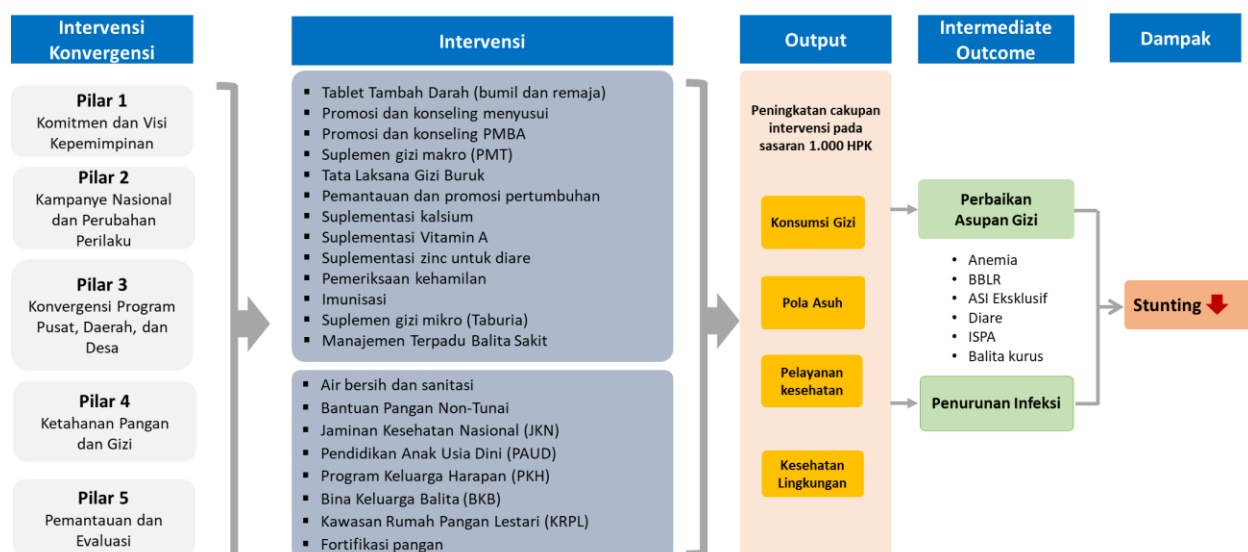
Instruments Supporting Monitoring of Implementation Frameworks	Instruments Supporting Monitoring of Spending	Instruments Supporting Monitoring of Planning and Activities
Overall Results Nutrition-Specific Nutrition-Sensitive Pillars 1-5	Treasury and Budget System (SPAN) Special Allocation Funds – Physical (DAK-P) Village Funds (<i>Dana Desa</i>)	Collaborated Budget Planning and Performance Information application (KRISNA) E-planning and E-Monev National Social-Economic Survey (SUSENAS) Direct Monitoring
Sectoral Monitoring National Districts / Municipalities	→ Rp (Rupiah)	

Stunting reduction program monitoring and evaluation is coordinated by the National Development Planning Board (Bappenas) and the Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres RI / TNP2K).

3.5.2 Results Frameworks

76. Results frameworks are useful to monitor results and implement strategy adjustments as needed. Results frameworks focus on intermediate results and strategic results, as shown in the following diagram:

Diagram 3.5.2. Results Framework to Accelerate Stunting Reduction



Intervention convergence	Interventions	Outputs	Intermediate Outcomes	Impacts
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Pillar 1 Leadership commitment and vision	<ul style="list-style-type: none"> Iron tablets (pregnant women and teens) Breastfeeding promotion and counselling 	Increase coverage of interventions in 'first 1,000 days of life' households		
Pillar 2 National campaign and behavior- change communication	<ul style="list-style-type: none"> Provision of food to infants and children (PMBA) Macro-nutrition supplements (PMT) Management of poor nutrition Growth monitoring and promotion 	Nutrition Consumption	Improved nutrition absorption	
Pillar 3 Central, regional, village program convergence	<ul style="list-style-type: none"> Calcium supplements Vitamin A supplements Zinc supplements for diarrhea Pregnancy examinations Immunization Micro-nutrient supplements (<i>taburia</i>) Integrated child illness management 	Parenting patterns	<ul style="list-style-type: none"> Anemia Low Birth Weight Exclusive breastfeeding Diarrhea Acute respiratory infections Wasting 	Stunting falls
Pillar 4 Food and nutrition security	<ul style="list-style-type: none"> Drinking water and sanitation Non-cash food assistance National Health Insurance (JKN) Early Childhood Education (PAUD) 	Health Services	Fall in infections	
Pillar 5 Monitoring and evaluation	<ul style="list-style-type: none"> Prosperous Families Program (PKH) Family Assistance in Childhood (BKB) Home-Yard Food Gardens (KRPL) Food fortification 	Environmental Health		

3.5.3 Achievements and Performance Indicators

Operationalization of the results framework can be seen in the following table of achievements and performance indicators:

Achievements	Performance Indicators
Impacts	<ul style="list-style-type: none"> Reduction in stunting prevalence in 'first 1,000 days of life' households at the national level and in priority districts / municipalities Annual increase in number of priority districts / municipalities successfully reducing stunting prevalence Number of stunting cases prevented each year
Intermediate Outcomes	<ul style="list-style-type: none"> Incidence of diarrhea Incidence of Acute Respiratory Infection Prevalence of wasting in children under 5 (<i>balita kurus</i>) Prevalence of anemia in pregnant women Prevalence of Low Birth Weight Exclusive breastfeeding coverage
Outputs	<ul style="list-style-type: none"> Coverage of nutrition-specific and nutrition-sensitive interventions in priority districts / municipalities Coverage of nutrition-specific and nutrition-sensitive interventions in priority target groups ('first 1,000 days of life' households).
Pilar 1 Results	<ul style="list-style-type: none"> Annual Stunting Consultation Forum at the national level Memorandum of Agreement (<i>Nota Kesepakatan</i>) on stunting reduction signed by leaders of priority districts / municipalities Annual Stunting Consultation Forum at the level of priority districts / municipalities and villages

Achievements	Performance Indicators
Pilar 2 Results	<ul style="list-style-type: none"> • Percentage of the public naming stunting as one of the top-10 most important issues in child health and nutrition • Implementation of consistent and sustainable behavior-change campaign at national and regional levels • Issuance of regional regulations incorporating behavior-change campaign and communication
Pilar 3 Results	<ul style="list-style-type: none"> • Implementation of convergence in national programs / activities on stunting reduction in priority districts / municipalities. • Program / activity implementation performance in reducing stunting at the level of priority districts / municipalities • Number of priority districts / municipalities implementing Convergence Actions and Integration Actions • Percentage Village Funds (<i>Dana Desa</i>) utilized for priority nutrition intervention activities.
Pilar 4 Results	<ul style="list-style-type: none"> • Percentage of priority targets receiving non-cash food assistance (BPNT) and/or other forms of food assistance in priority districts/municipalities. • Policies associated with increasing food fortification • Access of priority targets to nutritious food
Pilar 5 Results	<ul style="list-style-type: none"> • Annual publication of statistics on stunting reduction at national and district/municipal levels • Study of government budgets and spending on stunting reduction • Utilization of and improvements to data systems, including the 'dashboard' • Implementation and reporting on periodic monitoring and evaluation

More detailed information on indicators can be found in [Attachment-3](#).

3.5.4 National Reports on Accelerating Stunting Reduction

77. **National Semester Reports on Accelerating Stunting Reduction.** The two reports²² are formulated based on monitoring and evaluation results and other relevant documents. Reports prepared by the Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres/TNP2K) working with the National Development Planning Board (Bappenas), the Ministry of Finance, Ministry of Home Affairs, and other relevant Line Ministries / Agencies. Reports on Accelerating Stunting Reduction explain the progress of efforts to accelerate stunting reduction at national and regional levels. These semester reports are presented by the Vice Presidential Secretariat to the Vice President to be included in materials submitted to limited cabinet meetings with all Ministers.

78. **National Annual Reports on Accelerating Stunting Reduction** are presented by the Vice Presidential Secretariat to the Vice President who conveys them to the President. Annual Reports on Accelerating Stunting Reduction explain achievements made in the five Pillars. The President must receive the reports prior to delivering the state of the nation address to the annual session of the People's Consultative Assembly (MPR), in which the President will report on progress made in reducing the prevalence of stunting in Indonesia.

²² **Translator Note:** I'm not sure what these two reports are.... The annual report is mentioned below – is the annual report separate from two (bi-annual?) semester reports?

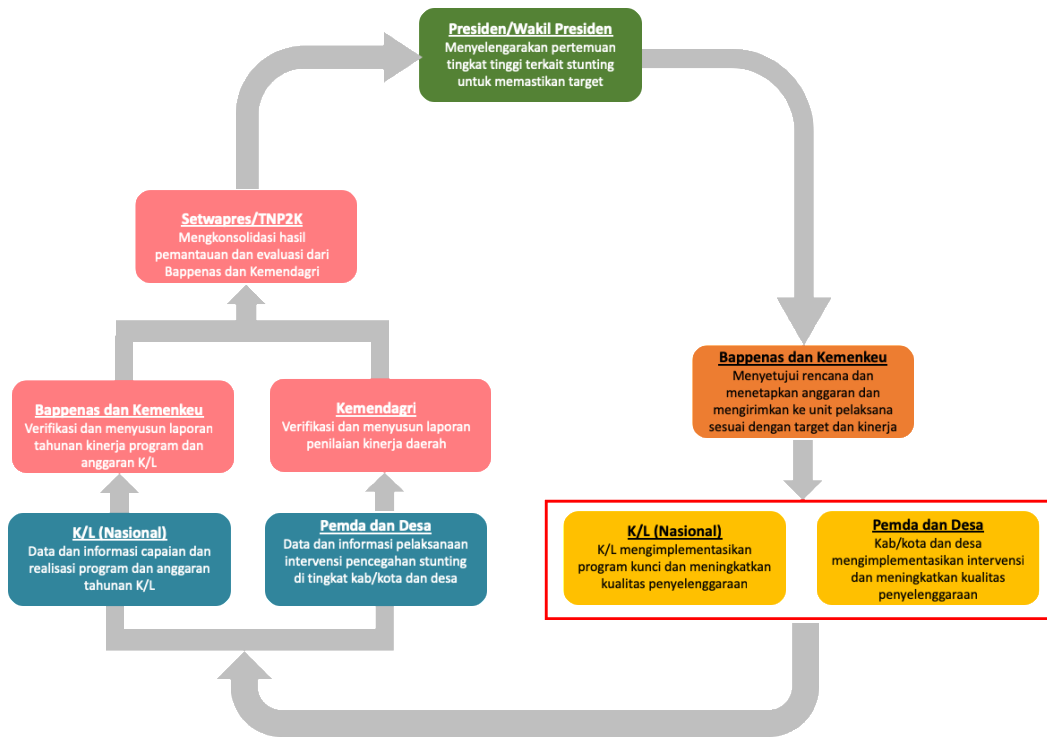
3.5.5 Performance Strategies

79. In order to achieve the Pillar 5 objectives, a series of strategies is needed:

- a. **Improve data systems** to enable accurate and periodic data monitoring on the prevalence of stunting at national and district / municipal levels. A better data system assists the government trace priority programs and budgeting processes, beginning at the level of Line Ministries / Agencies down to village level, and output achievement in every program. Improving data systems involves three inter-related and interdependent aspects: inputs, processing and outputs.
- b. **Utilize data in results-based planning and budgeting.** Data must be easily accessible and understandable in order for central and regional government bodies to utilize it and develop results-based planning and budgeting for subsequent fiscal years.
- c. **Accelerate the learning cycle** and sharing innovations and best practices at local through to global levels. Information concerning innovations and best practices should be known and studied by parties with a role in accelerating stunting reduction. This strategy should influence program implementation, making it more accountable, transparent and sustainable.

80. The monitoring and evaluation performance and accountability cycle can be seen in Diagram 3.5.3. It begins at a national meeting to determine targets, which are then followed up with agreement on planning and finalization of budgets, implementation and refining implementation at the level of Line Ministries / Agencies and regional and village governments. Results are monitored and reported, thereby becoming input into the following year's national meeting.

Diagram 3.5.3. The Monitoring and Evaluation Performance and Accountability Cycle



President / Vice President					
Host high-level meetings on stunting to determine targets					
/					
Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres/TNP2K) Consolidate results of monitoring and evaluation from Bappenas and MoF					
Bappenas & MoF Verification and compilation of annual reports on program and budget performance of Line Ministries / Agencies		Ministry of Home Affairs Verification and compilation of annual reports on regional performance		Bappenas & MoF Approval of plans and establishment of budgets sending them to implementation units in accordance with targets and performance	
Line Ministries / Agencies (National) Data and information on annual program and budget achievements		Regional Govts and Villages Data and information on implementation of stunting reduction interventions at district / municipal and village levels		Line Ministries / Agencies (National) Implementation of key programs and improving the quality of implementation	
				Regional Govts and Villages Implementation of interventions and improving the quality of implementation	

3.5.6 Implementation Instruments

81. **Monitoring and evaluation team** coordinated by the National Development Planning Board (Bappenas) and the Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres/TNP2K). The team will be accountable for all activities associated with data collection, processing and the formulation of reports to be used as input for the evaluation of program

impacts and achievements.²³ The team is also expected to provide input for improving data collection systems and data use to accelerate learning cycles.

82. **Annual stunting survey** through the National Social-Economic Survey (SUSENAS) by the National Statistics Agency (BPS) and the Ministry of Health. Beginning in 2019, the SUSENAS will include variables to measure the prevalence of stunting at national and district / municipal levels. This data will be presented at national annual stunting meetings, so that regional leaders can see which areas have performed well, or less so, in reducing stunting. In addition, periodic surveys may also be implemented by relevant agencies, such as the annual Nutrition Status Monitoring (PSG) and the National Health Survey (Riskesdas), which is conducted every five years by the Ministry of Health.
83. **Annual Consultation Forum on Stunting.** Government at all levels, from the center to the villages, will review and analyze program implementation and achievements. When programs are not up to scratch, improvements will need to be made. These actions will enable them to agree and record joint decisions on actions to improve programs at national and regional levels within clearly established timeframes.
84. **Annual innovation and best practice forums at national level.** These forums are part of annual national consultation forums attended by regional leaders. In these forums, regional leaders can share innovations and best practices as found in their respective areas. It is hoped that these forums will motivate regional leaders to develop and implement innovations and ensure appropriate implementation.
85. **Dashboard on stunting reduction** providing data and information to national and regional governments. The dashboard uses existing data systems and can be used as reference in resolving issues arising from implementation of stunting reduction programs. The dashboard is coordinated by the Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres/TNP2K).
86. **Scorecard on village convergence** focusing on the convergence of five service packets: (a) mother and child health and nutrition services; (b) health and nutrition counselling services; (c) drinking water and sanitation services; (d) social and health insurance services (*layanan jaminan sosial dan kesehatan*), and; (e) Early Childhood Education (PAUD) services. Basic indicators will be monitored through village convergence scorecards. The cards, in addition to being useful in planning stunting reduction programs at village level, will also become input into annual reports on Village Funds (*Dana Desa*) by the Ministry of Finance and District / Municipal Governments.
87. **Expert groups** conducting research and studies into stunting reduction program implementation and evaluations of program impacts and effectiveness at local through to global levels, including problem solving. Expert groups may also conduct trials of new interventions. Results are used to determine new policy directions. These groups are useful for accelerating learning processes and providing critical input into a wide variety efforts to accelerate stunting reduction.

²³ Refer to Attachment 3.

88. **'Horizontal' learning** - peer-to-peer learning and knowledge hubs – coordinated by the Directorate General of Regional Development, Ministry of Home Affairs, through the development of online systems and meetings to accelerate learning processes and strengthen regional government capacities to implement Convergence Actions / Integration Actions. In these meetings, cross-sectoral participants, including from civil society, may be involved.
89. **Direct monitoring** in priority districts / municipalities. Cross-sectoral monitoring coordinated by the National Development Planning Board (Bappenas) and the Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres/TNP2K) to verify data collected through different data systems, identify constraints arising in stunting reduction efforts in districts / municipalities, and to round out data not collected in existing data systems.
90. **Periodic monitoring and evaluation reports.** The Setwapres/ TNP2K Secretariat will periodically issue reports on the monitoring and evaluation of stunting reduction efforts at all levels. These reports will become vital inputs into national stunting reduction performance evaluations.

4 Coordination and Roles of Various Parties

4.1 Coordination Implementation

91. The objective of coordination is to improve effectiveness through the synchronization, harmonization and integration of priority stunting reduction activities. Strengthening coordination is conducted at all administrative levels, beginning in the center down to village level, each with their specific roles and functions.
92. **National level;** at this level, the Committee to Accelerate Stunting Reduction is formed comprising a Steering Committee, Board of Directors and Technical Team to provide input into the planned revision of Duty Clusters (*Gugus Tugas*) within the National Movement to Accelerate Nutrition Improvement (Gernas PPG) as established under Presidential Regulation No. 42/2013.

Steering Committee

93. The Steering Committee is headed by the Vice President acting as chairperson and the Coordinating Minister for Human and Cultural Development as deputy leader. Members of the Steering Committee are Ministers and Heads of Government Agencies, as noted below:

Kementerian/Lembaga Negara dalam Program Percepatan Stunting	
Line Ministries / Agencies in Stunting Reduction Programs	
<ol style="list-style-type: none"> 1. Coordinating Ministry for Human and Cultural Development 2. Ministry of National Development Planning / National Development Planning Board (Bappenas) 3. Ministry of Home Affairs 4. Ministry of Finance 5. Ministry of Health 6. Ministry of Agriculture 7. Ministry of Maritime Affairs and Fisheries 8. Ministry of Education and Culture 9. Ministry of Public Works and People's Housing 10. Ministry of Communication and Informatics 11. Ministry of Villages, Disadvantaged Region Development and Transmigration 12. Ministry of Religious Affairs 	<ol style="list-style-type: none"> 13. Ministry of Social Affairs 14. Ministry of Industry 15. Ministry of Women's Empowerment and Child Protection 16. Ministry of Research, Technology and Higher Education 17. Ministry of Trade 18. Ministry of Cooperatives and SMEs 19. National Agency for Food and Drug Control (BPOM) 20. National Population and Family Planning Board (BKKBN) 21. National Statistics Agency (BPS) 22. Office of the Secretary of Cabinet 23. Ministry of the State Secretariat (Vice Presidential Secretariat - Setwapres)

94. **Vice President;** leads meetings at least every six months or when required to establish national policy directions and strategies for Accelerating Stunting Reduction, establish national targets, work through

obstacles and issues as they arise, recognize successful performance in reducing stunting prevalence on the part of regional governments, and share all forms of best practice. In order to sure up regional commitment, the Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres / TNP2K) coordinates annual forums involving provincial government leaders (provincial-level Consultation Forums on Stunting) attended by District Heads and Mayors.

95. In implementing its duties, the Steering Committee is assisted by the Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres/TNP2K).

Board of Directors

96. The Board of Directors is led by the Deputy for Human Development and Equitable Development Policy Support, Vice Presidential Secretariat, the Deputy for Coordination of Health Improvement, Coordinating Ministry for Human and Cultural Development, the Deputy for Human, Community and Cultural Development, Ministry of National Development Planning / Bappenas. Members of the Board of Directors are Echelon-1 officials of relevant Line Ministries / Agencies, as determined by their respective Ministers / Heads of Agencies.

97. Duties of the Board of Directors:

- a. Formulate and mainstream high-level policies;
- b. Guide program implementation through hosting biannual reviews / analysis of program implementation;
- c. Assist in the resolution of issues as they arise; and
- d. Provide direction in matters pertaining to the ongoing support of all stakeholders.

98. The Board of Directors holds periodic meetings, at least every three months, to monitor progress on accelerating stunting reduction, provide feedback on the efforts of Line Ministries / Agencies, and to prepare the results of reviews / analysis and reports to be discussed in the Steering Committee.

99. In implementing its duties, the Board of Directors is assisted by the Joint Secretariat of the National Movement on Accelerating Nutrition Improvement (Gernas PPG).

Technical Team

100. The Technical Team is led by the Director of Community Health and Nutrition, Ministry of National Development Planning / Bappenas, the Director of Community Nutrition, Ministry of Health, and the Director of Regional Development (SUPD III), Ministry of Home Affairs. The Technical Team comprises Echelon-2 officials of relevant Line Ministries / Agencies, as determined by their respective Ministers / Heads of Agency.

101. The Technical Team is tasked with and is accountable for developing convergent national planning and budgeting through routine meetings, held at least every three months, monitoring the

implementation of Convergence Actions, developing capacity building program standards, establishing norms, standards, procedures and criteria, formulating campaign strategies, supervising technical Line Ministries / Agencies and the regions, and preparing periodic reports. The Technical Team also forms cooperative partnerships with other parties.

102. The Technical Team is supported by the Joint Secretariat of the National Movement on Accelerating Nutrition Improvement (Gernas PPG).

103. The Joint Secretariat of the Gernas PPG through monthly meetings, assists the Steering Committee and Board of Directors prepare progress reports regarding issues of stunting reduction implementation and suggests follow-up measures as needed.

104. **Provincial Level;** coordination at provincial level is coordinated through meetings every three months to discuss stunting reduction, including harmonization of regional policies and targets with those at national level, advocacy / socialization, campaigning through various channels, reallocation of resources, including human resources, budgets, capacity building, partnerships as required for the convergence of nutrition services, and the implementation of oversight and guidance in districts / municipalities. Coordination at provincial level utilizes existing coordination forums, such as the Regional Food and Nutrition Action Plan Team (*Tim Rencana Aksi Daerah Pangan dan Gizi - RAD PG*) and the Regional Poverty Eradication Coordination Team (TKPKD) or other teams deemed to be effective in coordinating the implementation of integrated stunting reduction interventions at provincial level.

105. **District/Municipal Level;** at the district / municipal level, coordination plays a very important role in stunting reduction. It is expected that coordination will create a local policy environment that supports the convergence of stunting reduction interventions by aligning regional policies with national policies and local conditions. It is hoped that coordination at district / municipal level in planning and budgeting processes will provide resources for convergent nutrition interventions, including in terms of human resources, budget funds, logistical support and partnerships. Districts / municipalities are also expected to implement oversight and guidance in priority nutrition interventions that are convergent (integrated) at sub-district and village level. Districts / municipalities conduct monitoring through monthly meetings to discuss stunting reduction reporting and progress, including preparing guidance plans (*rencana pembinaan*). District / municipal-level coordination utilizes existing coordination forums, such as the Regional Food and Nutrition Action Plan Team (*Tim RAD PG*) or the Regional Poverty Eradication Coordination Team (TKPKD) or other teams deemed to be effective in coordinating the implementation of integrated stunting reduction interventions at district/municipal level.

106. **Sub-district Level;** at the sub-district (*kecamatan*) level, stunting reduction intervention coordination is led by the sub-district head (*camat*), acting as coordinator of the sub-district area. Coordination is implemented through periodic meetings with other elements of the apparatus at sub-

district, village and community levels to discuss progress in stunting reduction programs, including preparing various forms of support, supporting data-based planning and budgeting processes, conducting data monitoring and verification and guiding activity implementation at village level.

107. **Village Level;** at this level, the Village Head (*Kepala Desa*) is in charge of stunting reduction activities, especially regarding the provision of data on stunting reduction intervention targets, data on poor families, data on families with pregnant women and children under five years of age, as well as the services they receive. This data will be used to prepare stunting reduction activity proposals for priority targets. In support of these aims, a community committee must be formed at village level to function as a coordination forum. Village Heads are responsible for ensuring available manpower to work as Human Development Cadres (KPM) to facilitate the integrated implementation of stunting reduction interventions at village level.

4.2 Roles of Other Parties

108. **Private Sector:** plays a role in development, quality control, distribution and marketing of nutritious foods in sufficient amounts, as regulated in law. In addition, the private sector has a role to play in 'workforce nutrition' (*gizi untuk pekerja*) by introducing and encouraging healthy lifestyles in work environments and community empowerment through implementing nutrition-specific and nutrition-sensitive interventions.

109. **Development Partners:** support government programs and activities in accelerating improved public nutrition, primarily in matters of policy planning, development and implementation, and in developing revised models to accelerate stunting reduction through nutrition-specific and nutrition-sensitive interventions.

110. **Civil Society Organizations:** conduct advocacy, behavior-change communication and community empowerment related to stunting reduction, providing technical as well as financial support to regional governments in developing capacities and management activities and conducting special monitoring.

111. **Universities, Academics and Professional Organizations:** provide input into the development and planning of programs to accelerate improved nutrition. Academics and organizations can provide input based on relevant studies and scientific research, thereby ensuring that government interventions are evidence-based and in tune with existing conditions in Indonesia.

112. **The Media:** conduct advocacy, socialization, campaigns and communication to the public as well as stakeholders at national and regional levels.

113. Accelerating stunting reduction requires increasing the roles of the private sector, development partners and civil society organizations in order to garner as much stakeholder support as possible. Strategies for increasing the roles of the private sector, development partners, civil society organizations, academics and the mass media are as follows:

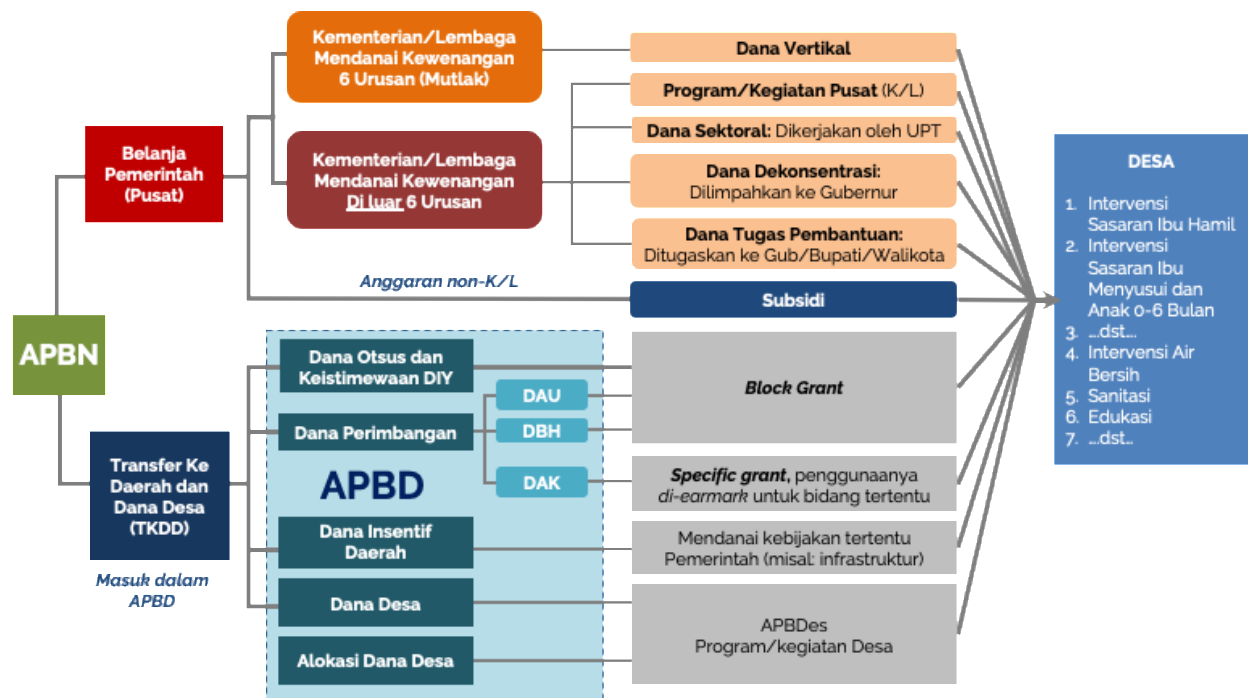
- a. Increasing private sector understanding and commitment to strategies to accelerate stunting reduction, underlining the important role the private sectors plays in reducing stunting.
- b. Mapping out needs in priority stunting reduction interventions, incorporating both nutrition-specific and nutrition-sensitive interventions and resource gaps that must be met.
- c. Involving Higher Education Institutions and Professional Organizations in accelerating stunting reduction, particularly processes of evaluating and diagnosing problems as they come to light and in developing follow-up actions and research.
- d. Involving development partners in discussions concerning stunting reduction interventions in order to obtain input to stunting reduction strategies.
- e. Circulate progress reports on stunting reduction periodically.

5 Funding Frameworks

5.1 Funding Sources

114. Funding sources to support stunting reduction follow existing government financing schemes, such as those associated with village funds (Village Budgets - APBDesa), district / municipal budgets (district / municipal APBD), Special Allocation Funds (DAK), and provincial budgets (provincial APBD), Line Ministry / Agency budgets (APBN), and other sources of legal income. A general overview of stunting reduction funding schemes is presented in Diagram 5.1 below, with clarification provided in Box 5.1.

Diagram 5.1. Government Funding Sources for Stunting Reduction



		Line Ministries / Agencies fund 6 Affairs (Obligatory)		Vertical funds		
	Central Govt. Spending			Central Programs/Activities (Line Ministries / Agencies)	VILLAGES	
		Line Ministries / Agencies fund authorities other than the 6 Affairs		Sectoral funds: worked by technical implementation units		1. Interventions – pregnant women
				Deconcentration funds (transferred to Governors)		2. Interventions – breastfeeding women, children under 5
APBN				Co-administration funds: Delegated to Governors/District Heads/Mayors		
		Non-Line Ministry / Agency Budgets		Subsidies	3. Etc.	
	Transfers to the Regions and Village Funds (TKDD)	Special Autonomy Funds and the Yogyakarta Special Fund		Block Grants	4. Interventions – drinking water	
		Balancing Funds	DAU DBH DAK	Specific Grants, earmarked for specific sectors		
		APBD		Funding for specific Government policies (e.g. infrastructure)	5. Sanitation	
				Village Budgets (APBDesa) village programs/activities	6. Education	

	Included in Regional Budgets (APBD)	Regional Incentive Funds			7.	Etc.
		Village Funds (<i>Dana Desa</i>)				
		Village Fund Allocations (ADD)				

Box 5-1. Stunting Reduction Funding Sources

- a. Transfer Funds from the Government to regional governments and villages are integral to fiscal decentralization and come in the form of balancing funds, special autonomy funds, the special fund for Yogyakarta special province, Village Funds (*Dana Desa*) and other transfer funds. Funds are also transferred to assist the regions implement certain policies regulated in law.
- b. Co-administration Funds (*Tugas Pembantuan* - TP) from the Government to regional governments is associated with the devolution of duties from the Government to the regions and/or villages, from provincial governments to districts, municipalities and/or villages, as well as from district / municipal governments to villages, in order to implement specific duties with the obligation to report on and be accountable for all aspects of implementation.
- c. Special Allocation Funds (DAK) are funds sourced from the National Budget (APBN) allocated to certain regions with the aim of assisting the funding of special activities that are under the authority of the regions and are matters of national priority.
- d. In addition, other sources of financing are in the form of financial assistance from one regional government to another regional government, which may be for general or special use, from provinces to districts / municipalities, village governments or other provincial governments or from district / municipal governments to village governments and other district / municipal governments in order to improve or equalize regional fiscal capacities.
- e. Other legal income sources that may be used to fund stunting reduction are in the form of loans, aid or proceeds from the sale of regional government assets, as regulated in law.

115. In addition to government funding sources, other sources may also be explored:

- a. Business entities/the private sector; on the basis of Government Regulation No. 47/2012 on the Social and Environmental Responsibility of Limited Liability Companies, business entities/the private sector are under obligation to implement social and environmental responsibility to support sustainable economic development and improve the quality of life and the environment for local communities and the general public.
- b. Interested donors may contribute to stunting reduction efforts in a region through mechanisms as regulated in law.
- c. Individuals, groups and customary communities may participate in stunting reduction efforts in the form of cash and non-cash support, such as through providing labor, goods, land and so on.

5.2 Funding Challenges

116. Challenges to stunting reduction funding may be summarized as follows:

- a. Budget allocations for programs / activities in Budget Execution Documents (DPA) at all governance levels (Centre, provinces and districts / municipalities) are still 'macro', in the sense that locations are only noted by territory and do not indicate the loci (villages) where activities are implemented.

- b. Limited fiscal capacity at provincial, district / municipal and village level in Regional Budgets (APBD) and Village Budgets (APBDesa) to fund priority nutrition intervention programs / activities.
- c. Funding from government at the various levels, as well as from other legal sources, is mainly devoted to physical development rather than human development, with policy-related stunting reduction efforts a particular challenge.
- d. Poor regional government capacities in calculating medium-term funding needs and sourcing funding that can be increased over time to support stunting reduction program / activity upscaling.

5.3 Performance Strategies

117. In order to effectively and efficiently fund efforts to accelerate stunting reduction among priority targets and the general public, a number of strategies maybe employed, including:
- a. Bappenas, the Ministry of Finance and Line Ministries / Agencies involved in accelerating stunting reduction implement budget convergence measures in the formulation of their Budget Execution Documents (DPA) to ensure that activity locations are in priority districts / municipalities in line with their respective authorities and areas of expertise.
 - b. The Central government provides funding to regions with limited fiscal capacity, through both Physical and Non-Physical Special Allocation Funds (DAK), to support stunting reduction program implementation. The Government produces guidelines on using Transfer Funds / DAK to support convergence.
 - c. Provincial governments implement budgeting convergence in formulating DPA of Regional Implementing Organizations (OPD) associated with efforts to accelerate stunting reduction, which are harmonized with activities implemented by Line Ministries / Agencies located in priority districts / municipalities according to their respective authorities.
 - d. Provincial governments may provide funding assistance to districts / municipalities and villages through 'special assistance spending' mechanisms, under which the assistance is directed towards stunting reduction nutrition interventions and priority targets.
 - e. District / municipal governments implement budgeting convergence in formulating DPA OPD associated with efforts to accelerate stunting reduction, which are harmonized with activities implemented by Line Ministries / Agencies, provinces, districts / municipalities and villages according to their respective authorities. District / municipal governments plan, budget and implement Special Allocation Funds (DAK) convergently by following guidelines issued by the Ministry of Finance.
 - f. District / municipal governments may provide funding assistance to villages through 'special assistance spending' mechanisms, under which the assistance is directed towards stunting reduction nutrition interventions and priority targets.
 - g. The Minister of Villages, Disadvantaged Regions Development and Transmigration instructs District Heads / Mayors to utilize Village Funds (*Dana Desa*) for stunting reduction in Ministerial Regulations on Establishing Annual Priorities Concerning Village Activity Proposals Sourced from Village Funds.

- h. The Minister of Home Affairs instructs district / municipal governments to implement Ministerial Regulation No. 20/2018 by preparing District Head / Mayor Regulations on Guidelines for the Utilization of Village Fund Allocations (ADD) to reduce stunting in villages covering the roles of villages and priority utilization of ADD funds.
118. In the event that funding from the National Budget (APBN), Regional Budgets (APBD), DAK and Village Funds is insufficient, steps may be taken, including:
- a. Reallocating activities in priority interventions, targets and locations;
 - b. Encouraging funding from non-government sources, including encouraging the private sector / business entities to contribute towards stunting reduction programs;
 - c. Cooperative arrangements with development partners to assist the Government, regional governments and village governments with results-based approaches and/or technical assistance in accordance with prevailing law.

5.4 Funding Mechanisms for Convergence Actions / Integration Actions

119. Convergence mechanisms for funding priority nutrition interventions at district / municipal level are as follows:
- a. Regional Government Work Plans (RKPD) established through regulations of the regional head are the guide to the formulation of General Budget Policy (KUA), Provisional Budget Priorities and Ceiling (PPAS) and Regional Budgets (APBD). RKPD are formulated with due consideration to the results of situation analysis conducted on stunting reduction programs and relevant activity plans.
 - b. Convergence is needed to develop better synergies between activities and budgeting and the effective and efficient use of the authorities invested in different levels of government, and in order to avoid overlap and gaps in funding and activity implementation. In support of better convergence, district / municipal governments are asked to perform 8 Convergence Actions / Integration Actions. Convergence mechanisms in planning and budgeting at district / municipal government level can be seen in Diagram 5.2.

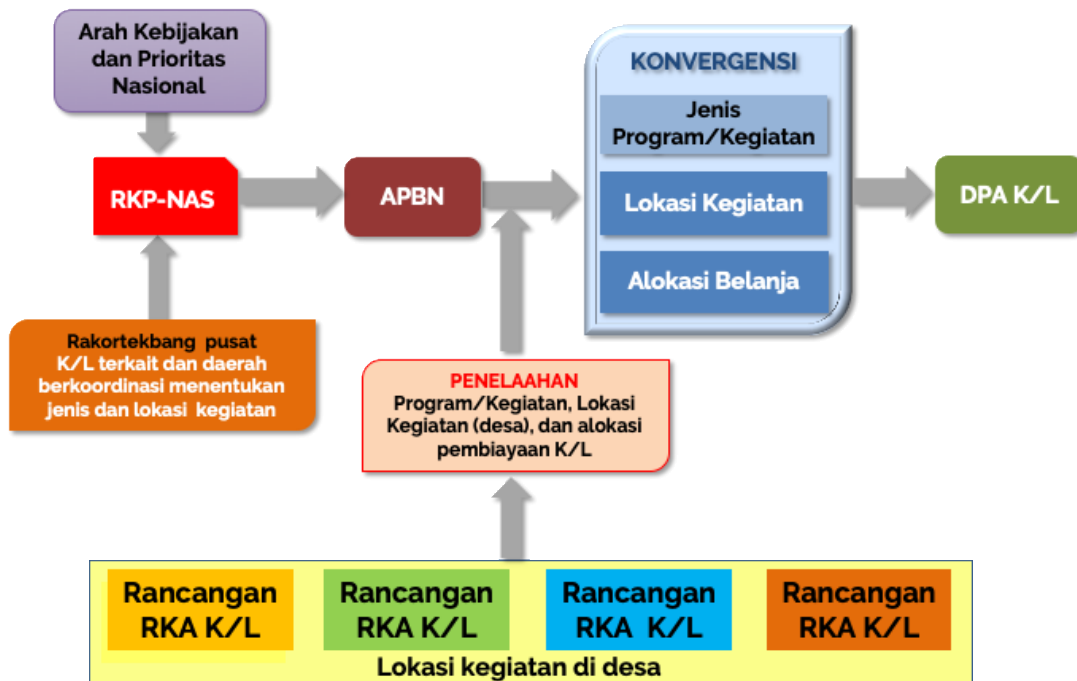
Diagram 5.2. District / Municipal Government Spending



Results of Provincial Technical Coordination Meetings		Note of Agreement (<i>Nota Kesepakatan</i>)		Draft Work Plans and Budgets of Regional Implementing Organizations (RKA OPD)			
					CONVERGENCE		
District / Municipal Development Planning Consultations (<i>Musrenbang</i>)	Regional Govt. Work Plan (RKPD) → Regional Budget General Policy (KUA) - Provisional Budget Priorities and Ceiling (PPAS)		Regional Regulations (Perda) / Regional Head Regulations (Perkada) on Regional Budgets (APBD) / APBD Amendments		Program / Activity Categories	Budget Execution Documents (DPA)	
					Activity Locations (villages)		
					Funding Allocations and Sources		
Results of village / sub-district group Musrenbang	Evaluation of KUA/PPAS compliance with RKPD		Ministry of Home Affairs Regulation on APBD Formulation				

120. Stunting convergence mechanisms at Line Ministries / Agencies level for activities implemented in stages in priority districts / municipalities can be seen in Diagram 5.3:

Diagram 5.3. Central Spending in the Regions / Villages



Policy Directions and National Priorities					CONVERGENCE	
					Program / Activity Categories	Budget Execution Documents (DPA) of Line Ministries / Agencies
National Government Work Plan (RKP)		National Budget (APBN)			Activity Locations (villages)	
					Funding Allocations and Sources	
Central Technical Coordination Meeting on Development Planning (Rakortekbang) - relevant Line Ministries / Agencies and regions coordinate to determine activity types and locations						
					REVIEW Programs / Activities, Activity Locations (villages), and Line Ministries / Agencies' funding allocations	

Draft Work Plans and Budgets (RKA) of	Draft Work Plans and Budgets (RKA) of	Draft Work Plans and Budgets (RKA) of	Draft Work Plans and Budgets (RKA) of	Draft Work Plans and Budgets (RKA) of
Line Ministries / Agencies	Line Ministries / Agencies	Line Ministries / Agencies	Line Ministries / Agencies	Line Ministries / Agencies
Activity locations in villages				

Funding schemes for stunting reduction activities sourced from the National Budget (APBN) that represent the authority of the Central Government (through Line Ministries / Agencies) are directed towards priority districts / municipalities. Funding schemes for stunting reduction activities sourced from Regional Budgets (APBD) that represent the authority of the regions can use mechanisms associated with the Budget Execution Documents (DPA) of Regional Implementing Organizations (OPD) and/or Assistance Spending (*Belanja Bantuan*). Detailed information on these convergence mechanisms is contained in the **Implementation Guide to Integrated Stunting Reduction Interventions in Districts / Municipalities**.