

TECHNICAL ASSISTANCE COMPLETION REPORT

Division: SESS

TA No. and Name TA 4094-INO: Public Health and Nutrition			Amount Approved: \$500,000	
			Revised Amount: \$500,000	
Executing Agency Ministry of Health		Source of Funding: TA Special Fund	TA Amount Undisbursed \$2,426.58	TA Amount Utilized \$497,573.42
Date			Completion Date	
Approval	Signing	Fielding of Consultants	Original	Actual
11 April 2003	25 April 2003	29 September 2003	31 December 2003	30 June 2004
			Closing Date	
			Original	Actual
			31 December 2003	28 February 2005
Description				
<p>Several factors influence nutrition trends in Indonesia. Slow economic recovery, high unemployment, and increasing costs for food during undermine food and nutrition security of the urban poor. The rice-based diet of the urban poor is energy-deficient, unbalanced, and lacks essential micronutrients. Vulnerable populations such as slum dwellers, internally displaced persons, and street children are more likely to be affected by health, social and environmental risks. Increasing urbanization and the nutrition transition to higher-fat diets, predisposing people to chronic noncommunicable diseases such as diabetes and cardiovascular disease in later life, demands a reorientation of nutrition programs in terms of service delivery towards curative, preventive and promotive approaches. Feeding practices, food hygiene and environmental hazards in low-income communities are causing the poor nutrition status of young children. There is yet no systematic approach for addressing nutrition transition, food, and nutrition security especially among urban poor in an integrated manner. Lessons learned from ADB's two social sector development program loans¹ show that the growing urban population is particularly at risk of malnutrition and diet-related diseases, and that existing public health and nutrition programs do not meet the needs of the urban poor.</p>				
Expected Impact, Outcome and Outputs				
<p>The expected impact was improved nutritional status of the urban poor population. The expected outcomes of the advisory technical assistance (TA) were a nutrition management model and a project proposal implementing the nutrition management model. The expected outputs were (i) an urban nutrition management model; (ii) a project framework for urban nutrition; (iii) interventions through public-private partnership; (iv) policy recommendations for the National Plan of Action for Food and Nutrition. The TA was carried out in two phases. In the first phase, the TA undertook an assessment of nutrition policies and programs and assessed the prevalence of malnutrition in the project areas. In the second phase, the TA included identification of cost-effective nutrition interventions, public private partnership options for delivering nutrition services, a project framework and policy recommendations. The TA focused on helping cities to develop locally appropriate nutrition interventions in urban low-income communities, including North Jakarta, Medan, Pontianak, and Makassar. The Executing Agency (EA) was the Directorate General of Public Health, Ministry of Health (MOH). The TA implementation period was 31 December 2003 to 30 June 2004. The time was required to implement the TA in a participatory manner with local governments and relevant stakeholders.</p>				
Delivery of Inputs and Conduct of Activities				
<p>The TA terms of reference were well formulated to reach the intended outputs. The TA was adequately staffed with a team of domestic and international consultants managed by the British Council (the Consultant) that worked out of MOH. The TA provided 12 person-months for international and 25 person-months for domestic consultants. The Consultant provided a team with expertise in health system development, maternal and child nutrition, food and nutrition policy analyst, health economist and surveillance specialist. A central technical team (CTT) was established in MOH to work closely with the TA consultant team. Each of the participating cities established a local advisory team to work with the TA consultant team on the identification of key nutritional risks and institutional options for interventions. The TA team conducted a total of 10 consultation workshops at the city level to identify nutritional risks of the urban poor, gaps in the coverage of health services and options to reinforce nutrition interventions as well as 3 national workshops to consolidate city proposals on improving nutrition status of low-income communities. The Consultant's performance was rated satisfactory.</p> <p>The ADB project officer provided technical guidance to consultants and MOH through 4 review missions and review of individual consultant outputs. The TA was implemented according to the original scope in terms of undertaking a</p>				

¹ ADB. 1998. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to Indonesia for the Social Protection Sector Development Program*. Manila.
 ADB. 1999. *Report and Recommendation of the President to the Board of Directors on a Proposed Loan to Indonesia Health and Nutrition Sector Development Program*. Manila.

situation analysis, identifying locally appropriate options for nutrition interventions and policy recommendations to be integrated in the National Plan of Action for Food and Nutrition (NPAFN). The CTT and the local advisory teams composed of the departments of health, and departments of provincial planning were instrumental in identifying and preparing strategies to reduce urban malnutrition. The EA and the National Development Planning Board (BAPPENAS) played an important role in supporting the preparation of urban nutrition strategies and advocating the preparation of an investment project. The performance of both the EA and ADB was rated as satisfactory. The EA responded positively to the recommendations of the TA, and requested ADB's assistance to prepare an investment project for six cities in Indonesia. Subsequently in August 2004, ADB approved a preparatory technical assistance to prepare the Urban Nutrition Project.²

Evaluation of Outputs and Achievement of Outcome

Model for urban nutrition management. The TA made a major contribution in sensitizing stakeholders towards urban malnutrition. The TA consultant team, the CTT, local advisory teams, research institutions, and non-governmental organizations (NGOs) identified the underlying causes of malnutrition in low-income communities in four cities. Locally appropriate approaches, which focus on a mix of interventions combining health and environmental sanitation for improved nutrition status were identified by the local advisory teams. Causes of malnutrition among the urban poor were (i) inadequate food intake, poor households' consumption of processed rather than cooked food; (ii) poor child feeding practices because mothers do not have adequate knowledge about infant feeding and the benefits of breastfeeding; in addition, mothers work outside the home, and (iii) poor environmental health because of lack of water, sanitation and waste management. During the workshops a menu of interventions was identified in each city which was composed of (i) improved environmental management approaches at the city level and the community level, (ii) improving food safety, and (iii) strengthening nutrition interventions as part of maternal child health services. Workshop participants represented by local governments and NGOs have gained knowledge and skills on the prevention and control of malnutrition.

Project framework for urban nutrition. The TA helped the cities to identify locally appropriate approaches and required investments. Based on the results of the first phase, the TA consultant team in cooperation with CTT and the local advisory teams prepared a project framework, which outlines the objectives, scope and implementation arrangements for an urban nutrition project. The purpose was to improve the planning and management of nutrition-related services. Four components were identified: (i) policy development, (ii) human resource development, (iii) health system development, and (iv) communication and advocacy. The focus was on changing the role of the health services from an implementer to a facilitator in the provision of nutrition services, which includes growth monitoring, dietary counseling, treatment of severely malnourished children, and distribution of supplementary food. To achieve its objectives the proposed Project aimed to identify innovative approaches to integrate planning and management of relevant sectors; build community support for nutrition through advocacy and information campaigns; and enhance food and nutrition surveillance. The participating cities agreed on the scope of the Project and requested further technical assistance to complete the menu of interventions, assessment of required investments and mechanisms for integration of relevant sectors.

As part of the project framework, the TA generated a study on the economics of urban nutrition programs. These outputs were shared during 3 national workshops and were used as an advocacy tool for decision makers by MOH and BAPPENAS. The study showed that a large part of nutrition expenditures in Indonesia are utilized for complementary and supplementary feeding programs, which are not targeted at malnourished children. Untargeted feeding programs are among the least cost-effective options. Results of the cost-effectiveness analysis suggest that nutrition interventions in urban areas are high priority in terms of cost per disability life years (DALY)³ averted.

Public-private partnership (PPP) for urban nutrition interventions. Several NGOs implementing health (e.g., maternal child health, family planning) and livelihood programs (e.g., income generation, low cost housing, community water and sanitation) for low-income urban communities can be used as a platform for social mobilization and communication, and linked to outreach programs of public health services. Key interventions recommended to strengthen PPP include (i) community-based growth monitoring, (ii) early childhood development, (iii) school feeding, (iv) behavior change communication through interpersonal communication and mass media, and (v) social mobilization. Companies such as Indofood already provide assistance for maternal child health services to several integrated community health posts as part of their corporate social responsibility. The TA made an important contribution in raising awareness about the relevance of PPP in improving nutritional status among local decision makers and bureaucrats.

Community mobilization to plan, manage, and monitor nutrition interventions. The TA helped to create awareness among local authorities that any mobilization of volunteers for managing community-based nutrition interventions requires the commitment to establish an incentive system. While in the past communities were involved in growth monitoring activities in rural areas, this is more unlikely in urban settings. It was recommended that the role of

² ADB. 2004. *Technical Assistance to Indonesia for Preparing the Urban Nutrition Project*. Manila

³ DALY is the most complex of the range of possible health indicators. It combines both mortality and morbidity effects through a set of disability weights and age weights for health impacts at different stages of an individual's life.

the midwife should be revisited to involve her in information sharing and nutrition counseling. During city level workshops, discussions were held with NGOs and women's organizations about their involvement in nutrition education. There was consensus that an incentive system in cash or in-kind will have to be established to ensure sustainability of programs.

Provide policy recommendations for the National Plan of Action for Food and Nutrition (NPAFN). The TA assisted Government institutions to identify policy recommendations focusing on both under- and over-nutrition based on the most cost-effective approaches in reducing malnutrition. The consultant team and CTT had extensive discussions with relevant stakeholders and proposed policy actions which focus on food fortification, food safety, and food and nutrition surveillance. The policy recommendations were considered in the preparation of the NPAFN (2005-2010).

The EA was fully satisfied with the TA outputs and outcomes, a nutrition management model and the project proposal to implement the nutrition management model.

Overall Assessment and Rating

The TA is rated as successful. The TA has made a significant contribution to raising (i) awareness about malnutrition in urban areas among decision-makers and (ii) MOH and local health departments about nutrition transition. Overall the TA was key in contributing to identifying new nutrition policy recommendations and strategies to help meet the Millennium Development Goals (MDGs) with regard to MDG 1 : Eradicating Hunger and Poverty.

Recommendations and Follow-Up Actions

- (i) Strengthening advocacy for decision-makers at the local government level about the relevance of nutrition with regard to improved health and education outcomes.
- (ii) Strengthening capacity building of local governments to identify locally appropriate interventions to prevent and reduce malnutrition especially among nutritional at-risk groups.
- (iii) Promoting sectoral integration for planning, financing and management of nutrition service delivery.
- (iv) Building strategic alliances with the private sector for improved service delivery and food fortification as the most cost-effective intervention to reduce micronutrient deficiencies.

The next step is to develop a more comprehensive approach, which aims to (i) strengthen local government's capacity in planning, managing and monitoring of nutrition interventions; (ii) strengthen community-driven processes for improved nutrition and improved hygiene; and (iii) expand food fortification. This is being supported by TA 4387 for Preparing the Urban Nutrition Project.

Prepared by:

Barbara Lochmann

Designation:

Social Development Specialist