



STRENGTHENING PUBLIC HEALTH SYSTEMS:  
A Policy Paper on Integrated Nutrition  
Strategies for Stunting Reduction

MAY 2024

**BISA**  
stop stunting!

 **NUTRITION**  
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## 1.0 BACKGROUND

Indonesia has some of the most troubling nutrition statistics globally, with a high triple burden of malnutrition (coexistence of undernutrition, overweight and micronutrient deficiencies).<sup>1</sup> About one in four children under five are stunted,<sup>2</sup> while 8% are overweight.<sup>3</sup> Approximately one in four adolescent girls are anaemic, while the prevalence of anaemia among pregnant women stands at 48.9%.<sup>4</sup>

Vitamin A deficiency is still a public health challenge in children 6–59 months in Indonesia, with only 53% receiving two doses of vitamin A in 2018.<sup>5</sup> Diarrhoea is also a serious health concern among children in Indonesia, with 12.3% of children presenting with symptoms in 2018.<sup>6</sup> Malnutrition costs Indonesia more than USD \$5 billion annually due to lost productivity as the result of poor education standards and diminishing physical capability.<sup>7</sup>

To address stunting and its associated health issues, the Government of Indonesia launched the National Strategy to Accelerate Stunting Prevention (Stranas Stunting) in August 2017. Stranas Stunting aims to drive the convergence of stunting prevention programs at the national, regional and village levels to ensure better coordination and budget allocation for interventions. The government also issued the Presidential Decree No.72/2021 on Acceleration of Stunting Reduction, underpinning the Stranas Stunting.

1 Haddad, L., Cameron, L., & Barnett, I. (2015). The double burden of malnutrition in SE Asia and the Pacific: priorities, policies and politics. *Health policy and planning*, 30(9), 1193-1206.

2 The Indonesia Survey on Nutrition Status (SSGI), 2021

3 Basic Health Survey (Riskesdas), 2018

4 Riskesdas 2018

5 Riskesdas 2018

6 Riskesdas 2018

7 Thomas M, Yamano T (2022). *Food Alone Will Not Address Malnutrition in Indonesia*, Asian Development Bank (Food Alone Will Not Address Malnutrition in Indonesia | Asian Development Blog (adb.org))

## 2.0 STRENGTHENING HEALTH SYSTEMS THROUGH BETTER INVESTMENT FOR STUNTING ALLEVIATION (BISA)

BISA is an integrated nutrition-specific and nutrition-sensitive project designed to assist the Government of Indonesia in realizing the goal of Stranas Stunting. Implemented in four districts (Sumedang, West Bandung, Kupang and Timor Tengah Utara) of West Java and East Nusa Tenggara provinces, BISA comprises evidence-based high impact interventions within the first 1,000 days, starting from pregnancy until the child is two years old, and adolescence (10–19 years). BISA's a strategic objective is to generate learning that provides decision-makers and influencers with the information they need to identify, plan, deliver and support high-impact stunting reduction interventions.

BISA areas of intervention include adolescent nutrition (weekly iron and folic acid supplementation and nutrition education), child survival (vitamin A supplementation and diarrhoea management) and maternal health and nutrition within the context of Stranas Stunting. The project's priority is to build the capacity of the health system to deliver quality essential nutrition services at the community level and ensure the system supports and sustains these efforts. Under its mandate, BISA provides technical assistance to district governments to optimize the use of their resources for nutrition and operationalize policies and strategic plans.

BISA also works with the government to strengthen management and accountability systems that facilitate the delivery of evidence-based, cost-effective and sustainable interventions at household and community levels.

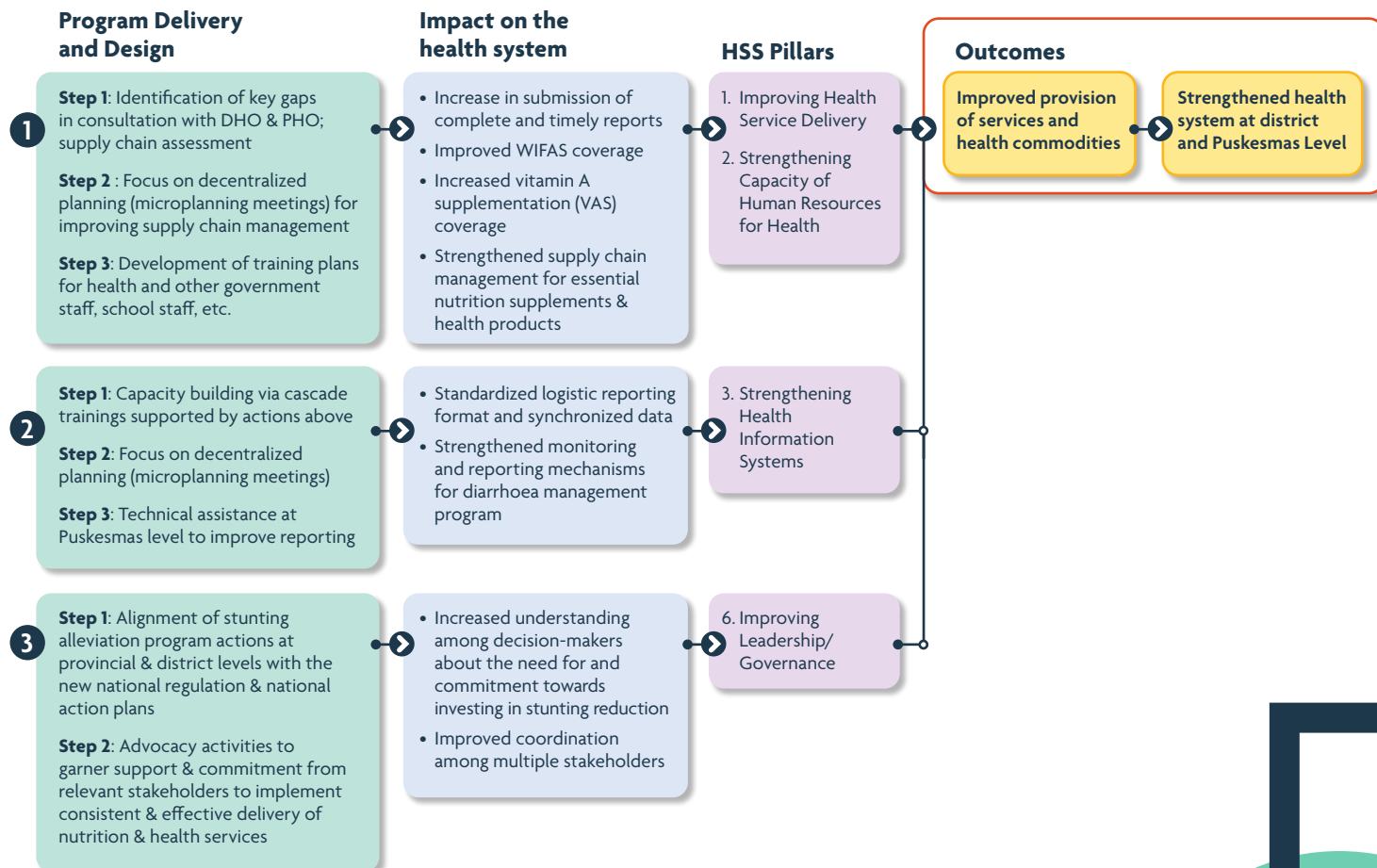
The World Health Organization framework for health systems strengthening includes six pillars:

- 1 Service delivery
- 2 Health workforce
- 3 Health information systems
- 4 Access to essential medicines
- 5 Financing, and
- 6 Leadership/governance

Among the health system strengthening pillars, BISA is designed to support pillars 2, 4 and 6. Due to the interconnection of the pillars, there have been improvements observed in pillar 1.

This paper will illustrate improvements made by BISA's interventions under these four pillars and provide evidence-based recommendations for scaling up similar health system strengthening actions aimed at reducing stunting in Indonesia.

### BISA framework and action for improving health system strengthening





## 2.1 Strengthening the capacity of the human resources for health

A well functioning health workforce is an essential pillar of a responsive and effective health system.<sup>8</sup> BISA activities included developing the capacity of the health workforce.

- Training modules were developed to address knowledge gaps. Materials were developed in consultation with the Provincial Health Office (PHO) to align with the updated policy and guidelines from the Ministry of Health.
- Periodic refresher training was provided to ensure the District Health Office (DHO) and Puskesmas staff maintained their competencies and understanding of policies and guidelines.

In the first two years of the project, BISA provided a total of 31 trainings,<sup>9</sup> supported 91 technical assistance meetings and developed several advocacy and supportive supervision tools for Puskesmas staff and schoolteachers. In collaboration with the West Java and East Nusa Tenggara PHOs, BISA also developed a weekly iron and folic acid supplementation (WIFAS) module and conducted a Training of Trainers (ToT) for DHO staff. The ToT was followed by a cascade training and orientation provided in 55 Puskesmas,<sup>10</sup> which 253 participants attended, including nutrition staff and school health unit (UKS) teachers.

These capacity development activities resulted in the following improvements:

### **Increase in the submission of complete and timely reports.**

Based on pre and post training tests developed by BISA, scores indicated a significant increase in participant knowledge.<sup>11</sup> There was an improvement in Puskesmas staff and UKS teachers entering complete data in reports, which resulted in an increase in the submission of WIFAS program reports. Prior to BISA capacity development activities, only 38% of Puskesmas submitted WIFAS program reports. After the training, report submissions increased to 69% and maintained at 78% during the last quarter of 2022.

**Improvements in WIFAS coverage.** In all intervention districts, significant improvements have been recorded in the implementation of the WIFAS program. In 2020, only 35% of in-school adolescent girls were reached by WIFAS.<sup>12</sup> In 2022, 92% of in-school adolescent girls were reached by the program. This coverage was achieved through targeted activities aimed to increase knowledge among adolescent girls of the importance of WIFAS.

All Puskesmas and schools targeted by BISA were provided with WIFAS Social and Behaviour Change Communication (SBCC) materials to support teachers and nutritionists in providing nutrition education. As schools reopened after the COVID-19 pandemic<sup>13</sup>, more frequent use of SBCC materials helped to increase understanding among adolescent girls of balanced nutrition, which contributed to an increased consumption of WIFA supplements. The percentage of adolescent girls who consumed the WHO-recommended dosage of 12 WIFA tablets annually<sup>14</sup> increased from 22% in 2021 to 63% in 2022. There was no consumption data available for 2020 due to the school closure during the pandemic.



### **Increase in vitamin A supplementation (VAS) coverage.**

In intervention areas, 94.2% (191,217) of the 203,095 children aged 12–59 months received at least two doses of vitamin A in 2020. During the deadly second wave of COVID-19 in 2021, BISA continued to provide intensive technical assistance and coordinated with the DHO, Puskesmas and key stakeholders in villages to emphasize the importance of VAS and other micronutrient programs to prevent stunting. BISA's continuous support has significantly contributed to maintaining high coverage of children aged 12–59 months receiving at least two doses of VAS, with rates of 98.4% in 2021<sup>15</sup> and 97.9%<sup>16</sup> in 2022.

Among BISA intervention districts, Kupang district showed the most significant improvement in VAS coverage, reaching 81.3% in 2020 and 96.9% in 2022. The improvements were made possible by (i) improved commitment from district-level stakeholders, (ii) enhanced VAS program management through beneficiary data verification and (iii) timely reporting at Puskesmas level. In addition to health workers, a variety of local stakeholders visited Posyandu (integrated village health services posts) during February and August<sup>17</sup> to ensure all children under five came to Posyandu to receive VAS. These stakeholders included heads of districts, heads of the district Family Welfare Movement, religious and community leaders, among others.

8 WHO (2007) Everybody's business: strengthening health systems to improve health outcomes: WHO's framework for action. World Health Organization: Geneva, Switzerland.

9 In total, BISA funded 28 trainings and facilitated three trainings at PHO/DHO (IYCN, WIFA for Youth Cadres and Replication of Supply Chain Mechanism and Management Training)

10 # of Puskesmas participated in the WIFAS program training: West Bandung 17, Sumedang 15, Kupang 11, TTU 12

11 95% and 98.5% participants scored at least 80 during the post test of WIFAS training in ENT and West Java, respectively

12 Measured by "any WIFA tablet consumed".

13 Schools were closed for approximately 18 months from March 2020 to September 2021

14 WHO. Guideline: Intermittent iron and folic acid supplementation in menstruating women. Geneva, World Health Organization, 2011.

15 199,414 out of 202,636 children aged 12–59 months.

16 199,799 out of 204,134 children aged 12–59 months.



## 2.2 Strengthening supply chain management for essential nutrition supplements and health products

In 2020, BISA conducted a national assessment of facility supply chain bottlenecks and recommended actions for strengthening supply chain management. These recommendations focused on:

- Improving the in the supply chain system (better forecasting and inventory management of nutrition commodities).
- Enhancing the skills of the health workforce (knowledge building orientation and on-the-job training or provision of self-paced learning materials).
- Enhancing performance of the health workforce by developing a supervision tool to track supply chain performance and routine analysis of logistical data.

In 2021, as part of an improvement plan, BISA held microplanning meetings<sup>18</sup> for all DHOs to develop action plans that would ensure an uninterrupted supply chain. BISA then worked with DHO to organize a series of capacity development sessions<sup>19</sup> in intervention areas to strengthen the capacity of health staff. As a result of these capacity development actions, the coordination between program implementers (nutrition officers, diarrhoea programmers and midwife coordinators) and pharmacists improved. This led to better planning and estimation of micronutrient commodities and service delivery.

As a result of the supply chain management training, there were no reported stock-outs of iron and folic acid (IFA) tablets, zinc and oral rehydration salts (ORS) in the Puskesmas in West Bandung and Sumedang in the last quarter of 2022. In Kupang and TTU districts, Puskesmas recorded stock-outs of zinc and ORS due to expired supplies and unavailability of logistic reports<sup>20</sup> in the last quarter of 2022. To address these challenges, evaluation meetings were held with the DHO to discuss solutions. Proposed solutions included:

- Taking regular inventory of nutrition commodities in Puskesmas;
- Requesting submissions to the district pharmacy warehouse at least three months before nutrition commodities expire; and
- Improving coordination among pharmacy staff, midwives and nutrition staff to forecast the required nutrition commodities.

## 2.3 Strengthening health information systems

A robust health information system, supported with timely and credible data, is the backbone of any public health program. It is essential for tracking the program's performance, guiding decision-making and ensuring optimal use of resources, thereby guaranteeing effective program implementation. BISA paid special attention to addressing the gaps in the information system by providing training sessions along with intensive technical assistance at Puskesmas level that led to an increasing number of Puskesmas submitting program coverage reports to DHO.

After the Ministry of Health changed recording and reporting from manual to app-based input in January 2022, Puskesmas faced challenges in using the online application and understanding the new format. BISA supported DHOs to orient Puskesmas in all intervention districts on the e-PPBGM,<sup>21</sup> as well as the data reporting flow and how to ensure completeness. The orientation helped to address the difficulties that health workers experienced with the new recording and reporting requirements. The orientation was attended by 113 nutrition officers from 104 Puskesmas in intervention areas.

The training resulted in two key outcomes:

### 1. Standardized logistic reporting format and synchronized

**data:** As a result of regular technical assistance and monitoring, all Puskesmas in the intervention districts use the same format for coverage reports. Additionally, all Puskesmas arrange the logistics report in alphabetical order, which facilitates a more efficient logistics report compilation process by the pharmacy warehouse.

### 2. Strengthened monitoring and reporting mechanisms for the diarrhoea management program:

To ensure better monitoring of the utilization of zinc and oral rehydration salts (ORS) for diarrhoea treatment, BISA consistently advocated the Kupang and TTU DHO to use the standardized format. In 2022, both DHOs utilized Ministry of Health standardized diarrhoea management reporting format allowing DHO to assess the coverage and effectiveness of the program implementation.

<sup>17</sup> Indonesia's national VAS campaign is conducted annually every February and August.

<sup>18</sup> The meetings were attended by total of 95 DHO employees from the intervention districts.

<sup>19</sup> Supply Chain Mechanism Training; Maternal Nutrition and Child Health training; 143 participants attended both trainings; the participants came from 48 Puskesmas in the intervention districts.

<sup>20</sup> Laporan Pemakaian dan Lembar Permintaan Obat (LPLPO)



## 2.4 Improving governance

One of the strategic objectives of BISA is to advocate for policy level changes and support the creation of an enabling environment for stunting alleviation actions and commitment. BISA has worked with the government on advocacy initiatives to highlight stunting reduction efforts. The project provided advocacy support and technical assistance to governments to ensure that local regulations are aligned with the latest national regulations for more effective implementation of stunting reduction plans. Furthermore, multisectoral stakeholders received support to facilitate effective coordination among related stakeholders for stunting reduction in the districts.

BISA's advocacy towards improved governance has resulted in the following key outcomes.

**Increased understanding among decision-makers about the need for, and commitment toward, investing in stunting reduction:** BISA facilitated revision of district regulations (i.e. Perbup<sup>21</sup> in Sumedang and West Bandung) so that they align with the Presidential Regulation on stunting reduction, which was issued in 2021. The revised Perbup was issued in 2023. It provides a new legal foundation for the implementation of the convergence program on stunting reduction and guides all district offices and related stakeholders to plan, implement, monitor and synchronize every effort towards the national stunting reduction program.

BISA also established Scaling Up Nutrition Civil Society Organisations (SUN CSO) in all intervention districts and oriented them on advocacy strategies for adapting health regulations to the local context. Now fully equipped, the SUN CSOs are working with local stakeholders to organize various stunting reduction activities, such as providing food support to high-risk households and building awareness about nutrition and stunting in the villages.

### Improved coordination among multiple stakeholders:

As a result of BISA's continuous advocacy for better collaboration and coordination among related agencies (i.e., DHO, District Education Office and Ministry of Religious Affairs Office), the district heads in all intervention districts issued circular letters enabling the agencies to adopt the WIFAS program as part of their main responsibility and ensure its smooth implementation.

BISA also played an active role as a member of the Coordination Team for Acceleration of Stunting Reduction (TPPS) in West Java province. The project supported the government in establishing the TPPS in their districts and villages and guided the division of tasks among the members to ensure effective multi-stakeholder and multisectoral collaboration.

BISA and the West Java provincial Bappeda (Provincial Development Planning Agency) co-hosted the West Java Stunting Summit Side Event that provided a platform for the provincial TPPS to discuss effective strategies for stunting reduction, including the good practices of BISA. In East Nusa Tenggara province, BISA supported Bappelitbangda (Provincial Development Planning and Research Board) in coordinating with multisectoral stakeholders to develop a recommendation for the provincial lawmakers and agencies tasked with stunting reduction initiatives. This recommendation serves as a guide for the development of stunting reduction action plans and budgets.

<sup>21</sup> Peraturan Bupati: Regulation issued by district heads.





### 3.0 CONCLUSION AND RECOMMENDATIONS

The BISA project's integrated nutrition interventions have focused on health system strengthening through improvements in health service delivery, bridging gaps in health information system, building capacity of key health and frontline workers, and strengthening governance mechanisms. Key conclusions and recommendations for each of the four health system strengthening pillars are captured below.

#### 3.1 Strengthening the capacity of human resources for health

Recognizing the value that well-trained health staff can add to the quality of health services delivery, BISA recommends a **minimum once-a-year training or refresher training** for each program at the Puskesmas level. This will allow health providers at Puskesmas level to stay updated with the latest developments, guidelines and best practices in their respective programs, enhance their knowledge and skills, and enable them to deliver high-quality health and nutrition services. When designing these training programs, special emphasis should be placed on enhancing the following capacities of Puskesmas staff:

- **Nutrition counselling:** Midwives and other Puskesmas staff need to have skills and adequate knowledge to provide nutrition counselling during antenatal care services at Puskesmas, Posyandu, home visits, mobile nutrition services and office-based services.
- **Integrated program management and evaluation:** Coordination skills are needed to ensure integrated coordination among multiple departments such as health, nutrition, pharmacy, etc. at all levels (DHO, Puskesmas, Posyandu and community) for concerted actions and a synergistic approach to reduce stunting. Heads of Puskesmas would benefit from capacity building on coordination skills and integrated program management, including evaluation skills and provision of feedback to program implementers and beneficiaries.

#### 3.2 Strengthening health information system

Strengthening a health information system is an ongoing process that requires collaboration among healthcare professionals, IT specialists, policymakers and community members. It enhances the quality of care, supports evidence-based decision-making and ultimately improves health outcomes for the population. BISA recommends several strategies for strengthening a health information system:

- **Capacity building:** Train Puskesmas staff on data collection, data entry and data analysis especially when new data formats or platforms are introduced (e.g. transitioning from manual to digital). Develop self-paced learning materials (e.g. pocketbooks or tutorials video) to help train new staff more efficiently.
- **Data quality assurance:** Program managers at the district level should receive training that enables them to carry out data quality checks and validation procedures to identify and correct errors regularly, improving data accuracy.
- **Data integration:** Data sharing allows different government agencies to integrate their data sources. This integration can lead to a better understanding of complex issues and facilitate comprehensive solutions. Additionally, integrated data provides policymakers and government officials with the information needed to make informed decisions (e.g. e-SIMPATI<sup>22</sup> apps being used in Sumedang district). This leads to more effective resource allocation, program planning and policy development.

22 Integrated Stunting Management Information System — Sistem informasi Penanganan Stunting Terintegrasi



### 3.3 Improving governance

There was a significant increase in schools implementing the WIFAS program after BISA issued circular letters and supported orientation and training of the district's key stakeholders. Naming DHO as the lead agency, the circular letters instructed stakeholders to support the implementation of the WIFAS program for anaemia prevention, which led to improved coverage and consumption.

The following actions are recommended to ensure a sustained improvement in nutrition governance.

- **Integration of good practices in district government's annual workplans:** While BISA has been successful in collaborating and implementing interventions with the governments at the provincial and district levels, the integration of the project's interventions into the workplans remains limited. The proven good practices of BISA need to be included in the provincial and district level program workplans to strengthen delivery of nutrition services at district and sub-district levels.
- **Regular coordination among key stakeholders:** To maximize the impact of stunting reduction efforts on beneficiaries, there is need for better coordination among related offices and agencies at district and village levels. To encourage more effective integration, stronger coordination skills are needed to link and engage with other programs. The TPPS (a stunting reduction task force) should function as an effective platform for coordinating efforts among key stakeholders to address the critical issue of stunting reduction. Their responsibility in overseeing the implementation of the national Eight Convergence Actions for Stunting Reduction at the district level, as well as supervising stunting alleviation programs at the provincial and district levels, plays a vital role in achieving positive outcomes.

BISA presents these recommendations based on the evidence and on-the-ground practices that have yielded improvements in the health system. By considering these recommendations, the health system can be further strengthened, ensuring the sustainability and effectiveness of stunting reduction interventions beyond the BISA project. Continuous improvement, collaboration and community involvement will contribute to achieving better health outcomes and promoting overall well-being in the target areas.



# ANNEX



## SUMEDANG SHINES – EXPLORING STUNTING REDUCTION IN INDONESIA

Nestled in northern West Java, Indonesia, Sumedang district is standing out. Living up to its philosophy *“Insun Medal Insun Madangan”* or “born to light up the world,” it has earned the recognition as best district for stunting reduction three years running. Find out how the district government, with the support of development partners, is advancing the national vision of stunting alleviation and making change through commitment, innovation and a shared vision for healthier communities.

Expectant mother Sinta Nurpiani is preparing for the arrival of her second child. She lives in Sumedang district within the vibrant landscapes of West Java province, Indonesia. When she had her first child three years ago, Sinta found support at her local Puskesmas where she received medical care in a nurturing environment with dedicated staff members who guided her through her pregnancy journey.


Puskesmas play a critical role in supporting antenatal care and the first 1,000 days from conception to a child’s second birthday. They were targeted as one of the key platforms to address a pervasive health issue in the country: childhood stunting.

Now, as she awaits the birth of her second child, Sinta is armed with additional support and nutritional knowledge. She has greater autonomy in determining how best to care for her children so they can grow up free from the shadow of stunting.

### The need for change

In 2018, nearly one-third of children in Indonesia (31%) were stunted, with dramatic variations across provinces. Stunting occurs due to the gradual accumulation of irreversible physical and cognitive damage caused by chronic undernutrition, repeated infections and inadequate feeding practices. Stunting has a range of adverse long-term consequences, including poor cognition and school performance, lost productivity and an increased risk of nutrition-related diseases, such as diabetes and obesity. It is also a recognized risk factor for obstetric complications during labour, potentially resulting in injury or death for mothers and their newborns. Due to its health implications within a population, stunting also has an impact on the economy, with the potential to cause economic losses of 2–3% of a country’s yearly Gross Domestic Product.

In 2019, Nutrition International and Save the Children launched the Better Investment for Stunting Alleviation (BISA) project to translate the Government of Indonesia’s national stunting reduction strategy into effective action at the subnational level. It was initiated in four districts across West Java and Nusa Tenggara Timur. Working with the provincial and district health offices, Nutrition International provided technical assistance and advocated for better human and financial resources, stronger policies and accountability mechanisms to improve nutrition before pregnancy and during the critical first 1,000 days.



“Through the BISA project, we integrate a package of interventions that support Indonesia’s government commitment and prioritization on the National Strategy to Accelerate Stunting Prevention,” says Rozy Jafar, Deputy Country Director for Indonesia, Nutrition International. “The strategy has a target to reduce stunting to 14% by 2024.”

“Cooperation and coordination are one of the key efforts to reducing stunting,” explains Sumasna, former Head of West Java’s Bappeda, the provincial development planning agency. “We have to make stunting a common enemy in every level of society.”

Sumedang district has made significant strides in stunting reduction. Commitment from local officials, coupled with BISA’s implementation and the district government’s adoption of innovative and effective strategies, led to a decrease in stunting prevalence from 32.2% in 2018 to 8.27% in 2022, as reported by Indonesia’s national nutrition information system, e-PPGBM. Recognizing these achievements, Sumedang received the prestigious “Best Performing District for Implementing Eight Convergence Actions for Stunting Reduction in West Java” award for three consecutive years in 2020, 2021 and 2022.

Below, we explore how this came to be through strengthening Puskesmas, digital innovation and supply chain management.

### Strengthening the front line

Previously, health workers in Sumedang faced challenges accessing the necessary training they needed to effectively improve access to quality health and nutrition services. BISA made this possible. “We have never had any training for our staff that is very technical in nature, such as to reduce stunting,” notes Dadang Sulaeman, former Head of Sumedang’s District Health Office. “With BISA, we started discussing the problems we had and then made a joint action plan.”

Addressing stunting starts with quality antenatal care during pregnancy. One fundamental hurdle in Sumedang’s journey was the need to increase public awareness about the importance of preventing stunting as early as possible. Sumasna notes that despite its prevalence, stunting was initially only understood by health workers. To combat this, he said, “we have tried to communicate, disseminate and provide education to every level, from the government to the community.”

At the Puskesmas where Sinta receives care, the staff have been equipped to build the knowledge of pregnant women and their families through nutrition education. “Puskesmas play an important role in increasing knowledge, especially in improving nutrition services,” says Siti Nur, Head of Puskesmas Situraja in Sumedang.

In addition to routine health checks—including blood pressure, lab tests, ultrasounds and weight monitoring—Sinta also receives counselling on maintaining a balanced, nutritious diet and the importance of adhering to iron and folic acid supplementation, as well as preparation for exclusive breastfeeding.

### Innovation through digitization

In addition to training, Sumedang is leveraging digitization in its stunting reduction initiatives through the development of two innovative digital applications.

The Integrated Stunting Handling Information System (eSimpati) is a pioneering tool that provides comprehensive stunting data in the district, including statistical data on children affected by stunting, prevalence in villages and analytical data on the causes of stunting in specific regions. Since 2020, all children in Sumedang have been weighed and their data had been added into the application. The data is then verified by Puskesmas staff under the supervision of the District Health Office.

Using artificial intelligence, eSimpati tailors recommendations to each village’s unique stunting challenges, enabling prompt corrective actions. This not only facilitates closer monitoring by stakeholders, but it also allows the general public and parents to check their children’s nutritional status.

“The system is very effective because stunting is not only known by the ranks of health workers, but now everyone in Sumedang knows what stunting is,” says Dadang of the application’s success in promoting public awareness. “Stunting becomes a social problem. If, for example, a child is stunted, the parents immediately consult with the village and sub-district heads.”

Impressed by the successful implementation of eSimpati in Sumedang, the Ministry of Health is actively replicating the district’s strategy and expanding this electronic-based system nationwide to accelerate stunting management.

Recognizing the vital role of a seamless supply chain system for nutrition commodities, BISA conducted microplanning training to improve the supply chain management skills of health workers. Rita Juwita is the Pharmacy Unit Head of Sumedang’s District Health Office. She said manual forecasting, stock-outs and overstocking created bottlenecks that needed to be addressed.

“A good supply chain is very influential to decrease stunting,” explains Rita. “When micronutrient products are available in all health services, it can be influential in the fast decrease of stunting.” In response, Rita and her pharmacy unit developed ePharmacy, an inventory management application that digitizes the entire commodity inventory and request process, making healthcare services more accessible. ePharmacy has since been introduced to all health centres in the district, ensuring no shortages of stocks of micronutrient supplements in 35 Puskesmas in the district.





## A bright future ahead

Sumedang district's motto, "*Insun Medal Insun Madangan*" translates to "born to light up the world."

For Sinta, regular consultation with the Puskesmas staff has resulted in a healthy pregnancy. She's eagerly anticipating the arrival of her newborn and is hopeful for a bright future for her children. "My wish for my children—I hope that they can be successful, healthy and useful for the nation."

Due to the collective and interconnected actions carried out under the BISA project, the district is a shining example of stunting reduction. In addition to strengthening the health system and supply chain, Sumedang has made significant legislative progress. The district passed a decree, which is aligned with the Presidential Regulation, to enable the convergence of all stunting reduction efforts by different stakeholders.

Stunting reduction continues to remain a priority for the Government of Indonesia as the country works toward its goal of eliminating stunting and improving the health and nutrition of women, children and adolescents. "BISA's involvement with coaching, education and innovation programs gives a new touch in our joint effort to realize West Java's zero net stunting goal," shares Sumasna.

With the support of various partners and sectors, the government aims to replicate this success in other regions to reduce the rates of stunting, wasting, underweight and overweight in children, as well as anaemia in pregnant women. BISA has been instrumental in driving stunting reduction efforts in Indonesia.

