

### Revitalizing Posyandus in Indonesia to Improve Maternal and Child Health

*The Partnership of Kraft Foods and Save the Children*

#### Posyandu

*Posyandus* or integrated service posts were established during 1980s by the Government of Indonesia to reduce maternal and infant mortality. A *Posyandu* is a community monthly gathering, organized and managed by the community that is not necessarily held in the same physical location all the time. Time and venue of *Posyandu* activities are determined by each community at the sub village or neighborhood level. *Posyandus* are managed mainly by village volunteers called *cadres*, with technical assistance from organizations such as the Association for Family Empowerment and Welfare (*Pendidikan Kesejahteraan Keluarga/PKK*), the government district health office, and district family planning office. *Cadres* (primarily women) are identified and selected by the communities they live in. *Cadres* receive small allowances for their work, but are highly respected by the communities. They are not part of the formal government health system.

*Posyandus'* targeted audiences are infants, children under five years of age, pregnant mothers, and lactating mothers. *Posyandus* provide services such as weighing, family nutrition information, or family planning, diarrheal control, and others to improve maternal and child health, addressing three indicators of the Millennium Development Goals: maternal deaths, infant deaths, and nutrition for children under age five. A report from the Government of Indonesia in 2010 showed a variety of results towards these three indicators. The prevalence of underweight children under age five has decreased almost by half from 31 percent in 1989 to 18 percent in 2007. The mortality rate for children under age five has decreased from 97 per 1,000 live births in 1991 to 44 per 1,000 live births in 2007. Based on these trends the Government of Indonesia is encouraged that the MDG target for the percentage of children under age five who are underweight in 2015 (15.5) and the mortality rate for children under age five (32 per 1,000 live births) by 2015, can be achieved. However, the trend for maternal mortality is not showing similar progress. The maternal mortality rate of 228 per 100,000 live births in 2007 is still far behind the target for 2015 of 102 per 100,000 live births.<sup>1</sup>

#### EXECUTIVE SUMMARY



A trainer uses a flip chart during a training session to explain key health and nutritional messages to mothers and cadres

The partnership between Kraft Foods (KF) and Save the Children (SC) started in April 2009 and will continue until March 2012. The program called FRESH (Future Resilience and Stronger Households) – also known as 'Posyandu

Strengthening Program' - aims to improve feeding practices, healthy behaviors, community-based health services, and early childhood development (ECD) services. Its goal is to help families become stronger through improved health and nutrition of children in West Java. Intervention areas include West Bandung, Bekasi, and Karawang districts that target 54 villages and 556 *Posyandus*. These districts were jointly selected by SC and KF and are in close proximity to KF's three operating plants in West Java. By the end of March 2011, Save the Children had reached 40,204 children and mothers through *posyandus* and ECD services, trained 2,560 cadres, reached 455 of 556 *Posyandus*, and reached 399,726 individuals through food festivals and the distribution of health education materials. Over 240 KF employees have volunteered to help with the FRESH Indonesia project. A schedule of quarterly employee engagement program (EEP) activities has been developed for the duration of the project. Cadres are also engaging in local, healthy menu promotion activities during bi-weekly feeding demonstrations to reinforce health, nutrition, and hygiene messages that are promoted at the monthly *Posyandus*.

## PARTNERS



**Kraft Foods Inc.** (KF) is a global snacks powerhouse with an unrivaled portfolio of brands people love. Proudly marketing delicious

biscuits, confectionery, beverages, cheese, grocery products and convenient meals in approximately 170 countries, Kraft Foods had 2010 revenue of \$49.2 billion. Twelve of the company's iconic brands – *Cadbury, Jacobs, Kraft, LU, Maxwell House, Milka, Nabisco, Oreo, Oscar Mayer, Philadelphia, Tang* and *Trident* – generate revenue of more than \$1 billion annually. A leader in innovation, marketing, health & wellness and sustainability, Kraft Foods is a member of the Dow Jones Industrial Average, Standard & Poor's 500, Dow Jones Sustainability Index and Ethibel Sustainability Index. Visit [www.kraftfoodscompany.com](http://www.kraftfoodscompany.com) and [www.facebook.com/kraftfoodscorporate](http://www.facebook.com/kraftfoodscorporate).

Kraft Foods and the Kraft Foods Foundation have donated more than \$1 billion in cash and food to hunger-relief organizations over the past 25 years. Through support of partners, including Save the Children, Feeding America, INMED Partnerships for Children, Charities Aid Federation and CARE, the company and Foundation support programs in 46 countries and on almost every continent.



**Save the Children** (SC) is the world's leading children's rights organization. It delivers immediate and lasting improvements to children's lives worldwide. SC provides both emergency relief and long-term development assistance, and also runs major programs to secure the rights of children by bringing about sustainable and equitable development.

Save the Children tackles key children's rights issues: health, education, nutrition and food security, gender equity, disability, and early childhood development. Save the Children also possesses considerable expertise in more specialized fields such as family tracing and reunification (for children separated by war or natural disaster), the rehabilitation of child ex-combatants, alternatives to institutional care, support for working children, and HIV/AIDS.

Save the Children has worked in Indonesia since 1976. Its program approach now brings long-term and sustainable benefits to more Indonesian children. SC works to establish effective, self-sustaining approaches to issues related to child protection, health, education, livelihoods, emergency response, and disaster risk reduction.

## INITIATING THE PARTNERSHIP

In August 2008, KF invited SC to participate in its Global Signature Program *Making Food Go Further*. Kraft's vision for this program is to help families better manage food resources and develop new and complementary opportunities to help local organizations, communities, and governments get more food to

more vulnerable families whose children are malnourished or at serious risk of malnutrition. Kraft has identified the following elements as core to the submission of proposals:

- **Deliver Quality Programs:** Offer quality hunger relief-centered activities with targeted outcomes that reach individuals and families in need.
- **Serve Many Communities:** Deliver programming across multiple geographic areas and reach large numbers of very vulnerable children and families.
- **Engage Employees:** Provide opportunities for Kraft's employees to volunteer on a one-time or ongoing basis.

The SC home office in Westport, USA contacted SC Indonesia to develop and submit a proposal. After receiving the proposal, Kraft Foods Inc. contacted and discussed the proposal with its field office in Indonesia. Following the review, KF Indonesia gave SC Indonesia a grant to implement the FRESH program as part of its Corporate Community Involvement (CCI).

## IMPLEMENTING THE PARTNERSHIP

Kraft Foods and Save the Children in Indonesia started the program in April 2009 by conducting a series of meeting with local authorities and leaders to gain their commitment to support the FRESH program. After meetings, the team conducts research using "positive deviant tools," i.e., tools that identify successful behaviors associated with a specific problem<sup>i</sup>. The research team from SC conducts a study to identify positive behaviors among poor families with healthy children and looks more deeply into their hygiene practices, the health status of their children (measured by their weight), immunization practices, and how the families provide healthy food. The intention is to collect evidence that show how the positive behaviors can be implemented more widely by other families in the same villages.

SC works with the following key partners to support the FRESH program:

- The Provincial Health Office (PHO) and the three District Health Offices (DHO) in Bekasi, Karawang, and West Bandung. These offices and their respective departments have an overall responsibility for the local delivery of health and nutrition services for children and play a key role in project activities related to technical training, service delivery, capacity building of health workers, and coordination with local government.
- The Association for Family Empowerment and Welfare (PKK) that is responsible for coordinating community health workers who are attached to the *Posyandu* system. PKK's main role is to coordinate and monitor the activities of all *Posyandus* targeted by the project and to support the technical training and ongoing capacity building of the community health workers.

- One NGO partner in each district with responsibility for mobilizing community health workers and ECD facilitators and assisting in implementing project activities at the community level in each district:
  - ◊ *Komunitas Aksi Kemanusiaan Indonesia* (KAKI) for the Bekasi District;
  - ◊ *Pemberdayaan Perempuan dan Transformasi Sosial Wilayah Pasoendan* (PPSW) for the Karawang District; and
  - ◊ *Solidaritas Masyarakat Anak* (SEMAK) for the West Bandung District.<sup>2</sup>

Based on the study, the SC staff develops training manuals for village volunteers, or *cadres* on infant and child feeding, basic management of *Posyandus*, and early child development. A total of 2,560 cadres from 455 *Posyandus*, or five to six cadres per *Posyandu* have been trained.

The method used in these sessions is lecture and question and answer. Trainers are from district health offices, community health centers (Puskesmas), and SC. The team puts together training materials at cross-sector coordination meetings. Training materials cover tasks such as how to fill the register book and make a graph showing participation in *Posyandus*. Training sessions also teach cadres how to weigh infants and children, use tools for monitoring nutrition status to solve the problems of malnutrition among high-risk groups such as infants, children, pregnant women, adolescents, and young adults, and monitor women and children who do not attend *Posyandus*.

After the training, the SC team and the newly trained cadres meet with heads of villages, community leaders and *Posyandu* teams (midwives, cadres and doctors) to provide updates and education sessions about healthy foods. The trained cadres incorporate new healthy food topics, introduce ECD, conduct food festivals, and integrate parenting sessions and parent support groups into *Posyandu* activities. Not all *Posyandus* have enough capacity to conduct and manage ECD programs, but for those that are interested, SC and KF provide additional training for cadres to learn about creative games and how to use educational tools for children aged three to five.

Once training is completed, cadres carry out activities in accordance with topics learned. Topics include promotion of nutritious foods. Activities are carried out three times a year in each village and once a year for each sub-district. At food festivals cadres demonstrate how to cook healthy simple foods, and encourage families to eat healthy food together, hold drawing competitions for children, introduce ECD through exhibitions, and conduct other activities that create fun. These festivals are effective because communities like competition and the festivals provide opportunities to encourage more people to join *Posyandus*.

Parents with children under five years old living around *Posyandus* are invited to support cadres in managing the program. The group is referred to as a parenting support group



"I am very thankful to have a cadre [volunteer] like Ms. Ratna in my neighborhood. She is actively involved in the *posyandu* and she gives much more than just counseling to mothers, especially to me. I sometimes wonder that if I had not brought my baby to the *posyandu*, he might have died." Rochmawati, mother of a malnourished child in Bekasi District. When he was 18 months old, Rochmawati's son was diagnosed with malnutrition. After he was weighed at a *Posyandu* in her neighborhood, the Core Trainer referred Rochmawati to a community health center for a checkup and then offered follow-up support. Rochmawati noted, "I was too shy to admit my baby's condition to my neighbors when they asked me. I was even embarrassed to fetch the supplementary food from the *Posyandu*. Ms. Ratna, who was working at the *Posyandu*, helped me by bringing the supplemental food to my house every week. She kept doing this until my baby got better. She even gave me counseling about local, healthy food that she learned about through Save the Children's training programs."

(PSG) and provides assistance in the form of donations, inviting more people to come to *Posyandus*, providing meeting venues, and seeking solutions to health problems in the community. SC helps establish this group by identifying community members who have the potential to participate; and facilitating meetings once every two or three months to discuss problems in running *Posyandus* and problems related to maternal and child health. PSGs are very effective in reducing cadres' workloads and play a strategic role in the sustainability of the program as the groups have low dropout rates. PSGs also have critical roles in increasing community involvement and advocating local governments to allocate more budgets to *Posyandus*.

## RESULTS

By the end of March 2011, SC reached 40,204 out of 63,000 (64%) targeted children and mothers through *posyandus* and ECD services; trained 2,560 out of 2,625 (98%) targeted cadres; reached 455 out of 556 (82%) targeted *Posyandus* with health, nutrition, and hygiene education; reached 150 out of 200 *Posyandus* with ECD services; and reached 399,726 individuals through food festivals and the distribution of health materials.<sup>3</sup>

In Bekasi, the district health office has announced its intention to replicate the core trainer program in other sub-districts using its own resources. The government has requested technical assistance in replicating this initiative as part of its program to strengthen *Posyandus* in 2011. In West Bandung, SC has leveraged funding through the International Pharmaceutical Manufacturers Group (IPMG) to expand the FRESH model in the district. These replications of the project's approach are highly encouraging and SC expects that the government will greatly expand the number of children and mothers who will benefit from the project's interventions.

## CHALLENGES

Funds for *Posyandus* are allocated across several organizations from different sectors including the Association for Family

Empowerment and Welfare (PKK), district health offices (nutrition, immunization and health promotion desks), community empowerment offices, and family planning offices.

SC conducts cross-sector meetings once every six months to ensure effective use and distribution of budgets. There are also special meetings to discuss roles and responsibilities of government support to *Posyandus* in the areas. These meetings are conducted twice during the duration of the program (up to 2012).

Dropout rates for cadres are quite high (20-40%). This is primarily due to changes in village-level leadership. SC and KF address this challenge by approaching higher-level government authorities such as heads of districts and/or governors to issue decrees that guarantee the involvement of cadres to protect them from political change in villages.

To further improve trainers' capacity, SC conducts regular coordination meetings that improve trainers' abilities to provide training for cadres. Involving midwives as trainers is the best strategy for ensuring sustainability after the project ends because midwives have the necessary knowledge on issues covered by *Posyandus* and are able to provide services. Additionally, SC will update the trainers' training manual in coordination with local partners.

Other challenges are (1) to determine numbers of children especially those who are living in the industrial areas who are

often children of migrant workers and not permanent residents; (2) lack of support from religious leaders who perceive *Posyandus* as taboo; and (3) the use of local dialects are often difficult to understand. SC and KF address some of the challenges by involving credible religious organizations to educate religious leaders about maternal and child health and using local languages to disseminate information.

### KEY SUCCESS FACTORS

- Support from KF staff to work as volunteers in the Employee Engagement Program (EEP). Over 240 employees participated in *Posyandus* and food festival community activities, worked alongside cadres and the FRESH project team during Delicious Difference Week (DDW) in October 2010. Kraft employees played an active role in helping cadres deliver health services through *Posyandus*. They also repainted schools.
- Good and established partnerships with community and religious leaders, NGOs, company and the local governments are critical in managing and implementing the program. These partnerships have increased support for nutrition and health and improved practices at the community and household level. Experience from the project has shown how important it is to secure the buy-in and ownership of local stakeholders in order to achieve long-term impact for children's health.

### Footnotes

- Positive Deviance is a research tool used to identify specific, unique, and successful behaviors that exist in communities today to help individuals find a solution to a pervasive problem. In the case of malnutrition, Positive Deviance is used to identify successful caring, feeding, health-seeking, and hygiene behaviors currently practiced by poor families who have well-nourished children. These families demonstrate that it is possible to have well-nourished children even in the absence of additional resources.

### References

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### About this Case Study

This is one in a series of case studies based on presentations by partners at sessions of the Health and Business Roundtable Indonesia (HBRI). HBRI is an activity of Company-Community Partnerships for Health in Indonesia (CCPHI), a project of the Public Health Institute funded by the Ford Foundation.

This case study is based on presentations made by Devy A. Yheanne (Head of Corporate Affairs – Kraft Foods Indonesia) and Evie Woro Yulianti (Program Manager- FRESH Save the Children), at the 12<sup>th</sup> session of the Health and Business Roundtable Indonesia (HBRI). Dian Rosdiana prepared the study in consultation with Save the Children and Kraft Foods Indonesia.

For further information on the CCPHI Project and the Health & Business Roundtable Indonesia please contact **Kemal Soerawidjaja**, CCPHI Executive Director, at [kemal.soerawidjaja@ccphi.org](mailto:kemal.soerawidjaja@ccphi.org) or **Dian Rosdiana**, CCPHI Communication Officer, at [dian.rosdiana@ccphi.org](mailto:dian.rosdiana@ccphi.org), or **Dr. Alene H. Gelbard**, ACCESS Health Worldwide Director, at [alene.gelbard@ACCESShealthworldwide.org](mailto:alene.gelbard@ACCESShealthworldwide.org) or visit [www.ACCESShealthworldwide.org](http://www.ACCESShealthworldwide.org)