



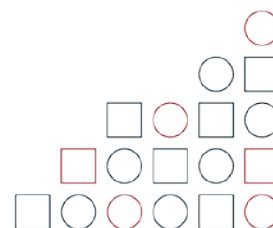
MITRA Youth:

Weekly Iron Folic Acid Supplementation for prevention and reduction of anaemia among school-going adolescent girls in select districts of two provinces - East Java & East Nusa Tenggara, Indonesia

Nutrition International

(Formerly the Micronutrient Initiative)

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ABBREVIATIONS

AFHS	Adolescent Friendly Health Services
BCI	Behaviour Change Interventions
DFAT	Department of Foreign Affairs and Trade
DFATD	Department of Foreign Affairs, Trade and Development
DHO	District Health Office
ENT	East Nusa Tenggara
GMP	Good Manufacturing Practices
GoI	Government of Indonesia
HQ	Head Quarter
IDHS	Indonesia Demographic Health Survey
IFA	Iron and Folic Acid
MI	Micronutrient Initiative
MNCH	Maternal and Child Health
MoE	Ministry of Education
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MoRA	Ministry of Religious Affairs
MoU	Memorandum of Understanding
NGO	Non-Government organisation
ORS	Oral Rehydration Salt
PHO	Provincial Health Office
Puskesmas	Pusat Kesehatan Masyarakat - Community Health Centre at the sub-district level
RO	Regional Office
SUN	Scaling Up Nutrition
ToT	Training of Trainers
UKS	Usaha Kesehatan Sekolah – School Health Program
UNICEF	United Nations Children's Fund
VAS	Vitamin A Supplementation
WIFA	Weekly Iron and Folic Acid
WIFAS	Weekly Iron and Folic Acid Supplementation

EXECUTIVE SUMMARY

The burden of under nutrition among adolescent girls in Indonesia is significant. Studies have shown that at least one-third¹ adolescent girls in the country are anaemic. Compounded by the prevalence of early marriage and inadequate nutrition, iron deficiency anaemia among girls is a major public health challenge in Indonesia.

The World Health Assembly (WHA) has called for a 50 per cent reduction in anaemia in women of reproductive age (15-49 years of age) by 2025, a target, global experts recommend, is achievable by making adolescent girls living in developing countries a prime focus of anaemia reduction efforts.

Nutrition International (formerly the Micronutrient Initiative), in partnership with the Government of Indonesia, has been involved in implementing health and nutrition initiatives for vulnerable communities in Indonesia since 2006.

Nutrition International, is currently engaged in implementing a Weekly Iron and Folic Acid Supplementation (WIFAS) demonstration project for adolescent girls in select schools in Purwakarta district and Cimahi city of West Java province. This intervention is part of Nutrition International's global initiative, 'Right Start' that aims to bring improved nutrition to 100 million women and girls in nine countries in Africa and Asia.

Building on the experience of the the on-going demonstration project in two districts of West Java province on anaemia reduction for adolescent girls in schools as well as other successful initiatives (refer to pages 25 and 26), a strong national presence and recognition as a trusted development partner by the Indonesian government, Nutrition International is pleased to submit a proposal for 'MITRA Youth': Weekly Iron Folic Acid Supplementation for prevention and reduction of Anaemia among school-going adolescent girls, in selected districts of East Java and East Nusa Tenggara provinces, Indonesia" (2017-2020). The objective of this intervention is to improve nutrition for adolescent girls (15 to 18 years) through increased access and consumption of Weekly Iron Folic Acid Supplementation (WIFAS) as well as reinstate the Government's focus on the WIFAS program for adolescent girls for improved health and education outcomes through evidence-based advocacy to the district, province and national Governments.

Since Nutrition International's ongoing demonstration project on WIFA for school girls in West Java is endorsed by the Head of District (Purwakarta) and Governing Board of School Health Program (Cimahi), supported by the National Guidelines for WIFAS and aligned with WHO recommendations, the learnings and availability of tools from this project will ensure a ready start for MITRA Youth project in 20 districts of East Java and East Nusa Tenggara.

The program activities under MITRA Youth will be mainly school-based and will aim to reach about 70-80 per cent of total enrolled girls in the age group 15-18 years (based on school attendance). To ensure adolescent girls out-of-schools also have access to WIFAS, the NI team will advocate with district health offices and health centers to provide IFA tablets to them through existing community health platforms. The program will have an advocacy strategy with key local/district, provincial, and national government officials to improve policy and guidelines on WIFA, and also to increase Gol's

¹ WHO. 2011. *Prevention of Iron Deficiency Anaemia in Adolescents: Role of Weekly Iron and Folic Acid Supplementation*. World Health Organization – Regional Office for South-East Asia. New Delhi, India.

own budget allocation/contribution to WIFA over time. Furthermore, the model of this program has been structured in such a way that it could be easily replicable by the Government of Indonesia.

The investments of the governments of Australia, in the two provinces of East Java and East Nusa Tenggara is expected to lead to an additional 124,000 girls receiving Weekly Iron and Folic Acid (WIFA) supplements in the second year and 165,000 in third year of the project. The total additional girls reached in the two provinces during the project period will be around 289,000. An estimated project budget of AUD 2,178,268 is proposed for project implementation and achieving the objectives as stated in the proposal.

Nutrition International's technical and financial management team located at the Regional Office in New Delhi (India) and the headquarters in Ottawa (Canada) will guide and support the country team in Indonesia on the implementation of MITRA Youth. This support cost along with the travel cost of senior management members will be funded through Global Affairs Canada (Government of Canada).

The proposed strategy of MITRA Youth includes a robust research component in addition to evidence-based project activities. Also included are formative research, baseline survey, development of training modules, Health Management Information Systems (HMIS) forms, Behaviour Change Communication (BCC) strategies and Information, Education, Communication (IEC) approaches.

The Government of Indonesia has initiated measures to address anaemia in adolescent girls by developing an anaemia prevention and control program targeted at adolescent girls, women of reproductive age, and working women. However, the coverage of the program is still very limited. Hence MITRA Youth will support the efforts of the government and also provide tools and strategy for refinement of the existing government program.

Nutrition International is also implementing a three-year integrated project MITRA² (2015-2018) to improve the survival and well-being of women and children by addressing iron deficiency anaemia in pregnant women, childhood diarrhoea, and Vitamin A deficiency in young children. The project is being implemented in two high mortality provinces of East Java and East Nusa Tenggara with financial support from DFAT³ and the Government of Canada. The MITRA Youth will complement and leverage the existing government and institutional support from MITRA.

The proposed project also offers a unique opportunity in the region for increased Australian-Canadian collaboration in a key development area, in a country of common interest, in line with the aspirations captured in the 2011 Memorandum of Understanding between the two countries on common development goals in areas such as food security, nutrition, education and sustainable mining. This agreement was signed by Canada and Australia during the Fourth High Level Forum on Aid Effectiveness (HLF4). It will also help to ensure the impact and sustainability of Australia's complementary investment in Indonesia by generating evidence to inform Government of Indonesia's investments in program activities in the long term.

² MITRA-Micronutrient Supplementation for Reducing Mortality and Morbidity in Indonesia (Translates to "partner" in local dialect)

³ DFAT – Department of Foreign Affairs and Trade (Govt. of Australia)

1. INTRODUCTION

Malnutrition is a leading public health concern for adolescent girls the world over, as they are particularly vulnerable during this transitional period to adulthood, due to changes in their biological processes and social-determinants that impact them in fact far more than boys of their age. There is global consensus that investing in adolescent girls furthers the attainment of the Sustainable Development Goals (SDGs) due to multiple positive outcomes associated with their improved nutritional status.

After infancy, adolescence is the next most rapid period of growth with highest nutritional needs, providing a second window of opportunity to catch up in the race for a healthier future. Until recently, the health and nutrition of adolescents has been a neglected area in global and national investment, policy and programming. The opportunity to reduce anaemia with Weekly Iron and Folic Acid Supplementation (WIFAS) is a key intervention for improving health of adolescent girls, who are now being seen as the key to stopping the intergenerational cycle of malnutrition.

1.1. Background

Nutrition International (formerly the Micronutrient Initiative) has been working to improve the nutritional status of women and children in Indonesia since 2006. Against the backdrop of its nutrition-centric experience and expertise in the region, Nutrition International proposes the 'MITRA Youth' – An initiative to reduce anaemia and improve nutritional status of adolescent girls aged 15-18 years in 20 districts of East Java and East Nusa Tenggara provinces in Indonesia.

Since 2015, MITRA, an integrated micronutrient supplementation program is being implemented in 20 districts of East Java and East Nusa Tenggara (ENT) provinces by Nutrition International, supported by the partnership between the governments of Indonesia, Australia and Canada. The overall objective of the program is to improve access to health services for pregnant women and caregivers of children under five years of age, to improve key health outcomes. The MITRA program seeks to expand its impact through addressing four essential micronutrient deficiencies – Vitamin A, Zinc, Iron and Folic Acid - with a focus on their role in improving Maternal, Newborn and Child Health (MNCH).

In addition, Nutrition International is also implementing a WIFAS demonstration project in schools of the Purwakarta district and Cimahi city of West Java. This three-year program (2015-2018) was designed in collaboration with district governments and supported through the Canadian government grant. The project activities are reaching in-school adolescent girls with WIFAS and related nutrition counseling, supported by a Behavior Change Communication (BCC) strategy for adolescent girls, teachers, parents and other key influencers. The project is being implemented through secondary schools with close collaboration of four ministries, under the Joint Regulation⁴ of the GoI - The Ministry of Education and Culture (MoEC), Ministry of Health (MoH), Ministry of Religious Affairs (MoRA) and Ministry of Home Affairs (MoHA). Key results till now have been:

- Adolescent girls in West Java Province are receiving the WIFA at schools.
- Formative research to understand barriers and enablers of implementing this new intervention for designing Behavior Change Intervention (BCI) strategy has been completed.
- Baseline survey was undertaken among school-going adolescent girls aged 12 to 19 years to assess their knowledge and practices with regard to anaemia, its prevention, and IFA

⁴ Joint Regulation No. 6/X/PB/2014, No. 73 Year 2014, No. 41 Year 2014, No. 81 Year 2014 about Guidance and Development of School Health Program (*Usaha Kesehatan Sekolah/UKS*)

supplementation. It was undertaken in the intervention areas of Cimahi and Purwakarta, and Bandung as a comparison area. Key findings include:

- Prevalence of anaemia was 51.8 per cent in intervention areas and 38.2 per cent in the comparison area.
- Majority of adolescent girls in both intervention and comparison areas reported not to have received any IFA supplements in the 12 months preceding the survey.
- Over half the girls in both areas (68 per cent in the intervention areas; 55 per cent in the comparison area) had exposure to information about anaemia (causes and consequences; benefits of IFA supplementation).
- Very few girls received any advice on how to manage potential side effects of IFA supplementation (1.2 per cent in the intervention and 0.6 per cent in the comparison area).
- Very few girls (2.4 per cent in the intervention and 1.8 per cent in the comparison area) received any advice from health workers on the prevention of side-effects when consuming IFA tablets.
- 2,985,000 WIFA tablets procured and supplied to DHOs. MI supported procuring and supplying 1,230,000 and 1,755,000 IFA tablets to Cimahi DHO and Purwakarta DHO, respectively.
- BCC strategy developed through a consultative workshop with key stakeholders from national, provincial, and district levels. BCC materials prototypes developed and finalized and used during capacity building activities with Puskesmas staff and secondary school teachers.
- Advocacy meetings organised at provincial and district levels which have led to increased commitment and increased financial allocation for the program. DHOs of Cimahi and Purwakarta have used their own budgets to strengthen and intensify program activities like printing of monitoring cards for secondary schools, and BCC material along with an increase in budget allocation for the WIFAS program for the upcoming fiscal year.
- Training module developed for capacity building of teachers, health workers and other key stakeholders on WIFAS and training conducted for 250 program implementers.

In 2016, with technical assistance from Nutrition International, the MoH has finalized the Guidelines of Anaemia Prevention and Control for Adolescence Girls and Reproductive Age, with the recommendation of Weekly IFA Supplementation (60 mg elemental iron and 400 mcg folic acid) to be implemented throughout the year. MoH through its Directorate General of Public Health has subsequently issued a letter in support in June 2016, to the concerned authorities for the implementation of WIFAS among adolescent girls and women of reproductive age, which covers adolescent girls aged 12-18 years for inclusion in the WIFA distribution at schools through the School Health Program (UKS)⁵.

The learnings during the design and implementation phases of the project strategies, its varied materials i.e. training modules, HMIS forms, BCC strategies and IEC materials from the demonstration project phase, will be utilized to support the GOI to roll out activities proposed under the MITRA Youth intervention, in selected districts of East Java and East Nusa Tenggara. Core strategies and project activities in this proposal for MITRA Youth, thus are based on leveraging the learnings from Nutrition International's on-going demonstration project, to be suitably adapted in

⁵ UKS- Usaha Kesehatan Sekolah (School Health Program) program is covering WASH in Schools including environmental health, nutrition in schools, and regular health monitoring (dental and immunization).

context of the MITRA Youth project, for ensuring a ready start of activities and advocacy strategies for creating the proposed impact in the 20 districts.

1.2. Anaemia reduction among adolescent girls: The Indonesian Context

The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) prioritizes these groups as the focal point for reaching the SDGs. The World Health Assembly (WHA) has called for a 50 per cent reduction in anaemia in women of reproductive age (15-49 years of age) by 2025. Anaemia is one of the most prevalent and difficult problems of public health. More than 50 per cent of all anaemia is attributable to iron deficiency⁶. The second World Health Report (2002) identified iron deficiency among the top-most serious risks in countries with high infant and adult mortality (including Indonesia) and reported that measures to address iron deficiency anaemia are among the most cost effective public health interventions. Iron deficiency anaemia is now recognized as the greatest cause of disability adjusted life years lost for adolescent girls (WHO 2017)⁷. To reach the WHA goal, approximately 600 million adolescent girls living in developing countries must become a prime focus of anaemia reduction efforts.

Indonesia's economy has grown significantly in recent years, however the problem of double burden of malnutrition continues unabated. Although adolescent specific data are lacking globally, it is estimated that approximately 30 per cent of adolescent girls are anaemic in Indonesia (WHO 2011⁸). According to the WHO –SEARO 2007 Indonesia Factsheet, prevalence of anaemia continues to be high during pregnancy and after, with 51 per cent pregnant women, 45 per cent postpartum mothers, and 40.5 per cent young children, being anaemic. In addition, there is inadequate knowledge of the causes and serious implications of iron deficiency and anaemia among adolescents in the country.

The problem is further compounded in Indonesia due to the prevalence of early marriage. Early marriage and conception in adolescent girls is one of the primary contributors to maternal mortality. Adolescent fertility rate in Indonesia is high with 52 out of 1000 girls becoming mothers.⁹ Adolescent girls are at a higher risk for complications during delivery with dangers of obstructed labour, sepsis, haemorrhage and pre-eclampsia. The DHS 2012 reported a high Maternal Mortality Ratio in the country at 359 per 100,000 live births.

The data from screening of junior-high school children in Cimahi and Bandung districts in 2013 showed the prevalence of anaemia among adolescents in a range of 40-50 per cent (DHO, Cimahi, 2013). Adolescent girls' is a very crucial group for optimal nutrition interventions, as during this phase of rapid growth and development they experience increased nutritional needs, particularly for iron and calcium. The government of Indonesia has thus, identified anaemia reduction among

⁶ Anaemia is a late stage of iron deficiency and in most cases emerges after the long process of deterioration in iron stores. According to UNICEF/UNU/WHO/MI report (1998), there are approximately 2.5 cases of iron deficiency for one case of anaemia. Consequently, many more adolescents suffer from iron deficiency and its effects than are in fact anaemic.

⁷ WHO, 2017. *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation-Summary*. Geneva, World Health Organization: 2017. (WHO/FWC/MCA/17.05)

⁸ WHO. 2011. *Prevention of Iron Deficiency Anaemia in Adolescents: Role of Weekly Iron and Folic Acid Supplementation*. World Health Organization – Regional Office for South-East Asia. New Delhi, India.

⁹ Population Division, Department of Economic and Social Affairs, United Nations, World Population Prospects: The 2012 Revision

adolescent girls as a key focus area. As per the National Nutrition Monitoring, MoH 2016 data, at a national level, 10.3 per cent adolescent girls received IFA supplementation, while in East Java province 13.7 per cent and in East Nusa Tenggara only 2.1 per cent adolescent girls received WIFA through the school-based program.

WIFAS is a proven strategy for reducing anaemia in adolescent girls and pregnant women and has been endorsed by World Health Organization and leading public health experts. Research studies by Vir et.al. (2008)¹⁰ and Casey et.al., (2011)¹¹ provide evidence that WIFAS complemented with deworming and counselling is an effective strategy to counter anaemia in non-pregnant adolescent girls and women of reproductive age. Specific to the Indonesian context, a study conducted by Angeles-Agdeppa et. al.¹² in East Jakarta in 1997, showed that weekly supplements with 60 mg iron content were most effective in reducing prevalence of anaemia. During the study, anaemia prevalence in 14- 18 year old girls was reduced from 21.1 per cent to 5.7 percent in 12 weeks.

In addition to known benefits of focusing on nutrition supplementation in adolescent girls, research has now also conclusively proven that pre-conception health status is a significant determinant of infant and child health¹³. Hence, in accordance with the World Health Organization guidelines 2016, and available evidence, the proposed program will focus on Weekly Iron and Folic Acid supplementation for school-going adolescent girls, to ensure increased impact of the MITRA program to reduce anaemia among adolescent girls and women of reproductive age. The program is envisioned to reduce anaemia prevalence among adolescent girls which will not only improve their overall well-being, school performance and nutritional status, but could also lead up to improving pregnancy and delivery outcomes and health of their children, should they become pregnant in the near future, thereby breaking the vicious cycle of malnutrition.

1.3. Project Rationale: The case for school-based WIFAS

Nutrition interventions delivered through the school system have a higher chance of acceptance and ensuring consumption of nutrients as compared to community based interventions. Hence, in Indonesia where secondary school enrolment is more than 74 percent, school-based interventions are an ideal format to reach adolescent girls for creating the desired impact. The school enrolment in the proposed provinces is about 70-80 per cent.

In addition, the World Bank document “Investing in School Health and Nutrition in Indonesia” (2009) recommends giving high priority for investing in the school health and nutrition programs, especially in districts and schools where health and nutrition are challenged with inhibiting access, participation and progression in school, especially among girls. If effectively targeted, School health

¹⁰ Vir, S.C., Singh, N., Nigam, A.K., and Jain, R. 2008. Weekly iron and folic acid supplementation with counseling reduces anemia in adolescent girls: A large-scale effectiveness study in Uttar Pradesh, India. *Food and Nutrition Bulletin*. 29:3. The United Nations University.

¹¹ Casey, G.J., et al. 2010. Long-term weekly iron-folic acid and de-worming is associated with stabilised haemoglobin and increasing iron stores in non-pregnant women in Vietnam. *PLoS ONE* 5, e15691.

¹² Angeles-Agdeppa I, Schultink W, Sastroamidjojo S, Gross R, Karyadi D. 1997. Weekly micronutrient supplementation to build iron stores in female Indonesia adolescents. *American Journal of Clinical Nutrition*. 66:177-83

¹³ De-Regil, L. M., Harding, K. B., & Roche, M. L. 2016. Preconceptional Nutrition Interventions for Adolescent Girls and Adult Women: Global Guidelines and Gaps in Evidence and Policy with Emphasis on Micronutrients. *The Journal of Nutrition, Suppl.*

and nutrition (SHN) interventions have the potential to help reach those currently not-enrolled in school and those who are not participating fully. School-based interventions also catalyse inclusion of health and nutrition education in the normal school curriculum. An added benefit of this integrated approach is to bring into play the inter program/sectoral collaborations from the schools, primary health care levels to the national level.

The reduction of anaemia among adolescent girls has been designated as a high priority by the MOH and the National Guidelines (2016) have been suitably revised to incorporate the World Health Organisation guidelines (2011). However, despite global thrust towards improving adolescent health and nutrition, the government's WIFAS program¹⁴ has had implementation challenges due to various supply and demand side issues.

Increased access to IFA: Supply-side challenges

- The operational guidelines for implementing the program at the provincial level have not been developed. Adolescent nutrition and school health have not generally been a priority for teachers, school administrators and similar relevant authorities. The **scope of activities** relating to adolescent girls in Indonesia is thus not completely clear at the district and provincial level.
- There is limited **availability** of IFA tablets for school-going adolescent girls since they do not have access to adolescent-friendly, publicly administered primary health services. Under the Gol's national program, starting in 2015, iron tablets are now being distributed, however currently they cover approximately 10 per cent of the need, despite there being a policy in force promoting IFA supplementation for adolescent girls. The National Strategy of MoH (2015-2019) has set a target of IFA supplementation for adolescent girls from 10 per cent in 2015 up to 30 per cent in 2019, based on IFA supplementation availability and procurement.
- **Estimation** for IFA supplements by government is calculated based on expected population of pregnant and postpartum women only, and does not include adolescent girls. The District Health Office (DHO) as part of the UKS only promotes the benefits of consumption of IFA supplementation and risk of anaemia while the supply of IFA is left to other sectors such as education/school. Consequently, the provision of IFA tablet is still not adequately available for all schools.
- Teachers' lack of capacity and skills for **distribution** of IFAs and counseling, present additional challenges.

Improving consumption of IFA: Demand-side Challenges

- There are limited efforts to address anaemia among adolescents and there is no clear channel of IFA distribution.
- There is not enough awareness about the importance of adolescent nutrition, dietary diversity and hence related demand for nutritional supplements including IFA is negligible. Therefore, consistent messaging on nutrition for adolescent girls is required in addition to the IFA supplementation tablets, to build awareness on a healthy and balanced, nutritious diet comprising of locally available and affordable foods to prevent iron deficiency anaemia.

It is against this backdrop that the MITRA Youth project is proposed keeping in mind that although efforts are being made by the government and relevant authorities for improving the health of the vulnerable group of women and children, there is a lacunae that needs support for program design

¹⁴ WIFAS program (in Indonesia, implemented by the Gol) as per the WHO guidelines is the proven strategy for reducing anaemia and improving adolescent health. More details given on page 3 and 4.

and implementation with focused attention on the vulnerable group of adolescent girls, the harbingers of a healthy nation.

1.4. MITRA Youth: Objectives

Nutrition International proposes a Weekly Iron and Folic Acid (WIFA) supplementation project for school-going adolescent girls, to reduce the prevalence of anaemia and reinstate the focus of district and national government on the IFA supplementation program for adolescent girls for improved health and education outcomes through evidence-based advocacy to the district, province and national governments. This program will complement the efforts of the ongoing MITRA program in Indonesia.

1.5. MITRA Youth: Geographic scope of the project

The geographical scope of MITRA Youth will be that of the ongoing MITRA program i.e. 10 districts in East Java and 10 districts in East Nusa Tenggara, with a focus on the school-going adolescent girls in these two provinces. The goals of this proposal include supporting GoI interventions to reduce anaemia, improve well-being of adolescent girls, and improve their future maternal and reproductive health. There are nearly 252,862 school going adolescent girls (15-18 years) in 1670 Senior High Schools and the MITRA Youth intervention is expected to reach nearly 200,000 (See table 1 below for details). The number of senior high schools include both general public and private schools, Religion School (Madrasah Aliyah) and Vocational School (SMK) in 10 districts in East Java and 10 districts in East Nusa Tenggara

Table 1a: Province-wise senior high school numbers and staff data

Province	# of schools	# of Teachers	# of health centre	# of School Health Program officer
East Java*	1371	17,953	284	284
East Nusa Tenggara*	299	7,361	141	141
Total	1,670	25,314	425	425

*Data Source: CBS East Java and East Nusa Tenggara

Table 1b: Province-wise coverage

Province	East Java*	East Nusa Tenggara*	Total
# of schools	1371	299	1,670
# of adolescent girls in the targeted areas	204,576	48,286	252,862
School enrollment rate	85%	68%	

# of adolescent girl students in schools	173,890	32,834	206,724
# of adolescent girl students expected to consume IFA supplements in Year 2 (assuming 60%)	104,334	19,701	124,034
# of adolescent girl students expected to consume in Year 3 (assuming 80%)	139,112	26,268	165,379
Total number of adolescent girls reached	243,446	45,969	289,413

**Data Source: CBS East Java and East Nusa Tenggara*

It is expected that 124,000 girls will receive Weekly Iron and Folic Acid (WIFA) supplements in the second year and 165,379 in third year of the project. Hence, it is expected that the project will reach nearly 289,413 school going adolescent girls in the selected areas with IFA supplements during the two year of project implementation.

1.6. Project components

MITRA Youth program comprises of the following key components:

1. **Strengthening government commitment** towards programs for adolescent girls' health and welfare by highlighting their long-term benefits through evidence-based advocacy. Multi-sector advocacy meeting will be held regularly at the national, province and district levels to improve policies and guidelines on WIFA, and also to increase the GoI's own budget allocation/contribution to WIFA over time. The model of this program has been structured in such a way that it could be easily replicable by the Government of Indonesia. In addition, Nutrition International will also work with development agencies in Indonesia for joint advocacy with the national government. NI's senior leaders from HQ and the regional office will find opportunities to meet with senior government officials and Ministers to highlight the need for increased focus and investment for adolescent girls, during their visits to Indonesia.
Some activities are described in Annex 3-PIP (point 1100 – enabling environment).
2. **Strengthening supply chain and forecasting** of IFA supplement requirements for adolescent girls.
3. **Procurement of IFA supplementation to District Health Office and Health Center, and distribution at school**
4. **Building capacity** and skills of healthcare staff, frontline workers, school-teachers and other key influencers on planning, delivery mechanisms and monitoring of the WIFAS program for adolescent girls.
5. Facilitating **Behaviour Change Communication Interventions (BCC)** for increasing adherence to IFA, with a focus on interpersonal counselling and nutrition education. BCC will have additional strategies to encourage and increase attendance on the set day of the WIFA supplement distribution.
6. Working with the District Health Offices (DHO) and Schools through the existing School Health Program (UKS) to **promote and improve delivery mechanisms for supplementation** through schools, by channelizing and optimally utilising all available opportunities to deliver interventions and peer-group approaches.

7. Develop **monitoring** tools for improving the coverage and consumption of WIFAS among adolescent girls at school.
8. Refine and modify the existing UKS monitoring system to **track stocks and coverage** thereby strengthening supervision for IFA tablet administration through schools.

As mentioned earlier, the strategies and activities proposed in this document are based on learnings from the ongoing WIFAS demonstration project in Cimahi and Purwakarta, which is expected to ensure a ready start of activities for the MITRA Youth project, by informing its overall project implementation, including development of training modules, BCC materials and advocacy strategies, that will be adapted to its unique geographical and social context.

Nutrition International will further leverage its ongoing partnership in Indonesia with Girl Effect Mobile (GEM), a leader in targeted social media communication, to develop dedicated content on nutrition, targeting adolescent girls. The data from the girls' social media browsing behaviours would provide valuable insights into how to create messaging and provide information that is appealing to adolescent girls and meets their needs, thus synergizing with the proposed project to maximise its coverage and achieve the desired behaviour outcome.

1.7. MITRA Youth: Outcome

Expected outcomes from the MITRA Youth project are:

1. Increased commitment and financial allocation by Government (DHO and Ministry of Education) to roll out the IFA supplementation for adolescent girls to other districts, provinces and even at national level.
2. 15 per cent reduction in anaemia levels from baseline levels among school-going adolescent girls.
3. 80 per cent of school-going adolescent girls receive weekly IFA tablets and at least 60 per cent consume the recommended dose (60 mg elemental iron and 400 mcg folic acid) as per the national guidelines.
4. 80 per cent of adolescent girls have improved knowledge and awareness on anaemia, benefits of IFA supplements and how to overcome side-effects of IFA, thus leading to reducing anaemia.
5. 80 per cent of adolescent girls have knowledge on dietary diversification to improve iron intake through affordable dietary sources/fortified foods to improve iron intake and increase absorption.

It is expected that the program will reach an additional 124,000 adolescent girls in year 2 of program and 165,379 adolescent girls by year 3 of program with recommended dosage of IFA supplements due to MI support in the selected areas during the program duration. The total reach of the program is estimated to be around 289,000 adolescent girls.

The program will contribute to the achievement of SDGs as follows:

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

2.1: By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round

2.2: By 2030, end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.

MITRA Youth will be relevant to the National Mid-Term Development Plan of GoI, RPJMN (Rencana Pembangunan Jangka Menengah Nasional 2015-2019) as nutrition is one of its priority programs and aligns with the Australian aid program that recommends addressing child undernutrition (ODE Brief; 2015): “DFAT should ensure that the proportion of Official Development Assistance (ODA) invested in partner countries to address child undernutrition is appropriate to the country context”.

2. PROPOSED PROJECT STRATEGY

Nutrition International has undertaken a series of consultations with the Micronutrient Subdivision, Directorate of Nutrition, Directorate General of Public Health (MoH), Ministry of Education and School Health Program (UKS) on the progress of IFA supplementation among school-going adolescent girls, discussing on how to improve the coverage and adherence of these programs, thereby making them more effective.

The Government of Indonesia has expressed keen interest in utilising the lessons learnt from the Nutrition International's demonstration projects to improve these programs. The GoI has proposed that Nutrition International scale-up its support in high mortality geographies to create more impact in terms of improving statistics for maternal mortality. Therefore, given the experiences and accomplishments in its demonstration project (Please refer Annex 4), Nutrition International proposes to expand the WIFA program in the existing 20 districts of the MITRA program through a school-based intervention.

The broad approach is to include school-going adolescent girls' group (15-18 years) in secondary high school to the ongoing MITRA program. As mentioned earlier, this program will be implemented through the School Health Program (UKS) under the Joint Regulation of the four key, relevant ministries: the Ministry of Health, Ministry of Education and Culture, Ministry of Religious Affairs and Ministry of Home Affairs.

The detailed project strategy for MITRA Youth is delineated below:

Reduction of anaemia among school-going adolescent girls in two provinces of Indonesia

ENABLING ENVIRONMENT

- Strengthening government commitment for IFA supplements procured and integration with other programs of MoH, MoE, MoRA and MoHA
- National technical assistance on ensuring quality of IFA supplements, HMIS and promotion of national guidelines.

PROVISION

- Streamlining the supply chain, forecasting for supplies at schools, the district, province and national levels
- Need based capacity building of health staff, frontline workers
- Streamlining program monitoring and supervision of IFA tablets at schools
- Partnership with private sector

CONSUMPTION

Development and use of appropriate BCC strategy for creating awareness and overcoming gender barriers to school attendance and other factors that impact consumption and adherence.

2.1 Enabling Environment

Strengthening government commitment for IFA supplement procurement and integration with other health programs

The commitment of the GoI to the WIFA program has not been matched by increased allocation of budgets for IFA procurement. The 2015-2019 MoH strategic plan is to increase the target of IFA supplementation coverage for adolescent girls gradually from 10 percent in 2015 to 30 percent in 2019. Even though, the implementation strategies at the provincial level are not yet clear, the MoH through the Circular Letter of the Directorate General of Public Health, has stated that the implementation of WIFAS among adolescent school girls will be through the School Health Program (UKS)¹⁵.

Madrasahs (Islamic religious schools) are also potential targets for the UKS Program as students in these schools are often from the lowest income families. In Cimahi and Purwakarta, the WIFAS demonstration project areas, following the Circular Letter of the MoH, each district has issued its own circular letter signed by the *Bupati*/Head of District or the Governing Board of School Health Program (UKS), to be distributed to the head of the education office, religious affairs and health offices, to prioritize the WIFAS program in their district/city. The local leadership has been according the right importance to following-up the WIFAS program developed at the national level.

To ensure strong on-ground implementation at all levels, advocacy meetings at national, and provincial levels will be undertaken regularly. These meetings will strengthen the collaboration and improve coordination among the four key ministries; the Ministry of Health, Ministry of Education and Culture, Ministry of Religious Affairs and Ministry of Home Affairs. The advocacy strategy with key local district, provincial and national government officials will be done to improve policies and guideline on WIFA, and also increase GoI's own budget allocation and commitment to WIFA over time.

While the primary target of the project will remain on school-going 15-18 year old adolescent girls, an effort will also be made to reach out-of-school adolescent girls through advocacy with the district health offices or health centers. The MoH has developed Adolescent Friendly Health Services (AFHS) starting 2003, where the *Puskesmas*, as the frontline health facility provides health services and counselling. The AFHS can also be connected through the UKS program or outreach with the *Puskesmas* for reaching the out-of-school adolescents with the benefits of this project.

The proposed project will also have a strong advocacy component to ensure adequate budget allocation for procurement and supply of IFA supplements, delivery of timely and recommended quantities of tablets at health facilities, provision of relevant IEC material and having an adequate operational budget for monitoring and supervision.

In collaboration with the MoH at the centre, Nutrition International will conduct regular meetings in provinces and field visits to the 10 districts in each province, to advocate for expansion of identified program processes that have been proven to create impact in other

¹⁵ The purpose of School Health Program (UKS) is to improve the quality of education and student learning achievement by increasing healthy life skills of students; creating a healthy school environment; and improving knowledge, changing students' attitudes, and maintaining health by preventing and curing diseases. This goal is reflected in the three program pillars—health education, health services at schools and healthy school environment. IFA tablet is one of the health services given at schools.

districts/provinces using the local district health budget. This would be beneficial both for the provinces supported by the DFAT and Canadian Government.¹⁶

Nutrition International will be actively involved in the School Health Program (UKS) meetings at the central, provincial and district levels and will coordinate with relevant development sector organizations working on school health and nutrition programs, as well as adolescent health program like UNICEF, WFP, GIZ, GAIN, Save the Children, CARE, in order to align with their current programs and further strengthen program impact.

Nutrition International is also actively participating in the Mother and Child Forum and SUN (Scaling Up Nutrition) movement National Task group¹⁷, which can serve as channels for Nutrition International to further strengthen government commitment. In addition, Nutrition International and UNICEF have initiated the adolescent nutrition and health group comprising international NGOs/UN (such as GAIN, GIZ, Save the Children, WFP, UNICEF) that congregates each quarter to share knowledge and collaborate for improving adolescent health and nutrition in Indonesia. Nutrition International will continue to leverage these networks for optimal program delivery and building an enabling environment for adolescent nutrition in Indonesia.

National technical assistance on ensuring the quality of IFA supplements, HMIS and promotion of national guidelines

Nutrition International has supported the development and finalization of the National Guidelines for Weekly IFA supplementation according to the latest WHO recommendation. These meetings have been supported by UNICEF and organized by the MoH at the national level since 2015.

Nutrition International will continue to provide technical assistance by promoting the recent national guidelines on these programs and streamlining the HMIS to include essential monitoring indicators at the provincial and district level. Nutrition International has supported the development of the Control Card for WIFA consumption for school-going adolescent girls, together with the Health Promotion department, MoH.

Nutrition International has also supported the procurement of IFA supplements for the on-going demonstration project as per the technical specifications mentioned in National Guidelines. The quality of IFA supplements are as per to the International standard (ISO) and National GMP. For procurement for MITRA Youth, similar stringent quality requirements, including NI's commodity procurement guidelines¹⁸ will be followed to ensure quality and specifications meet international and Indonesian standards.

These activities would benefit provinces supported by both DFAT and Canadian funding.

2.2 Provision of services

Provide IFA supplementations, streamline supply chain, forecasting of supplies at schools, district, province and national levels

¹⁶ Nutrition International will be upscaling the on-going WIFAS demonstration project to cover select districts in West Java and Banten provinces using funds from Canadian Government while with DFAT resources MITRA Youth will be implemented in 20 districts of East Java and East Nusa Tenggara.

¹⁷ Founded in 2010, the Scaling Up Nutrition, or SUN, is a unique Movement that unites people - from governments, civil society, the United Nations, donors, businesses and researchers - in a collective effort to improve nutrition.

¹⁸ As per NI guidelines, for local GMP (in absence of international GMP), third party testing of commodities through WHO approved labs is conducted. In addition, if local manufacturers do not have local GMP, then commodities need to be procured through international tender.

Currently, the Central Government provides 15-20 per cent of total IFA supplements (52 tablets per year; each tablet containing 60 milligram elemental iron and 400 microgram folic acid) for each school-going adolescent girl based on the National Guidelines (2016). There are, however, challenges in this, such that the districts do not always have sufficient budgets to procure their total requirement, coupled with delays in receiving additional funds from the Central or Provincial levels, stock-outs and supply-chain issues in the field. Intense advocacy for ensuring supplies, therefore, needs to be done, throughout the chain, right from streamlining the procurement to the distribution of IFA tablets.

To overcome the challenges of supply gaps, it is proposed to provide IFA supplements using project funds in year 2 and 3, which will be about 80 per cent of the IFA needed for the duration of MITRA Youth. The exact IFA supplies needed will be based on demand estimation and discussed with the Province and District level authorities based on their current stock and budget availability to procure within 1-2 years ahead. For procuring the IFA supplements, Nutrition International will follow its procurement procedures including open bidding through Requests for Proposals (RFP) from companies, considering that in-country production of IFA supplements has no international Good Manufacturing Practice (GMP) fulfilling requirements, Nutrition International would also do the third party laboratory test for the IFA supplements supply which will be distributed to schools.

Nutrition International will support the Provincial Health Officer and District Health Officer by supporting capacity building of healthcare staff for forecasting and indenting IFA supplies, and also will develop a mechanism for identifying health facilities with stock-outs, in order to facilitate appropriate corrective actions.

Supply bottlenecks and gaps will also be identified using data generated from the modified HMIS and in consultation with the local district staff. The District Coordinator will advocate with the DHO and the district pharmacy to ensure adequate and timely supply of supplements to the district and further to be distributed to schools. The Provincial Coordinator, in coordination with the District Coordinator, will communicate supply chain issues to the PHO to resolve them in a timely manner. In case of inadequate availability of supplies at the central pharmacy, the Provincial Coordinator will catalyse distribution of supplements from the buffer stock maintained at the province.

As a long term objective, capacity will be built at the health facility levels and of school teachers to demand adequate stocks of IFA. Nutrition International will strengthen supply chain management and recording and reporting tools and will use these to train district level health facility staff to plan, implement, monitor, and supervise the program. Through the School Health Program (UKS) officer, the integration approach for nutrition and health at schools for adolescents will empower the teachers, managers, and District Health Office for establishing the mechanism of flagging stock-outs of IFA supplements.

Needs-based capacity building of health staff, frontline workers, teachers and managers

The training module developed during the demonstration project, based on a competency-based curriculum, will be reviewed and modified to include relevant topics on WASH (Water and Sanitation Hygiene). Capacity building will be done in cascade training format, where Training of Trainers (ToT) for provincial stakeholders will be conducted; thereafter the trained personnel will further train the district level staff, who will in turn train select school health teachers and staff of *Puskesmas*. The training will be focused on IFA supplementation and on health and nutrition issues such as dietary diversity and the importance of hygiene and sanitation practices.

Nutrition International will advocate for incorporation of iron deficiency anaemia prevention issues in the nutrition curriculum, to be integrated into the existing Physical Education training, with a focus on anaemia, its prevention and management via supplementation and dietary diversification. Health staff, school health teachers, supervisors and managers will be trained on acquiring skills for effective counselling on IFA, use of tools, systems etc. relevant to the WIFAS program. Teachers and school administrators will be trained on inter-personal counseling and nutrition education for adolescent girls. On-job-training (OJT) at selected schools will also be needed to ensure frontline personnel, such as the UKS teachers are able to forecast, record, report, and conduct effective counseling for adolescent girls under the WIFAS program.

Based on the baseline survey conducted by Nutrition International under the on-going WIFAS demonstration project, adolescent girls mostly were observed to be receiving iron from foods, that only covered about 25 per cent of their Recommended Daily Allowance (RDA), therefore nutrition education to consume balanced nutritious food should be also incorporated in the curriculum and delivered during this program. Nutrition International will explore options for increasing adolescent girls' consumption of Animal Source Foods (ASFs), fortified foods and foods that increase absorption of iron. If, in fact, there are larger issues that prevent families from accessing ASFs (e.g., cases where ASFs are considered expensive or families do not raise livestock), Nutrition International will explore potential partnerships with other organizations (or private sector organizations) working in homestead food production and/or cash transfers such as WFP, GAIN, UNICEF through the coordination meeting. Else, Nutrition International will likely seek to increase consumption of ASFs through promoting it in schools' nutrition curriculum.

Streamlining program monitoring and supervision from national to district levels

Nutrition International will support in strengthening and modification of the HMIS for IFA supplementations for adolescent girls at school and Puskesmas at the district level and advocate for submission of the monitoring forms to the Central MoH. The HMIS will be compiled at the District Health Office for all schools under each health center. The MIS formats will ensure recording information school wise under each health center to track the receipt and consumption of IFA supplements by girls. Apart from this at schools, a control card will be used to input remarks on the girls' attendance on supplementation day, receipt and consumption of weekly IFA tablets by teachers which will be compiled on a monthly basis from each school for onward submission to Health center.

Monitoring and supervision by the health staff through School Health Program (UKS) to schools will be improved, which would be used for gathering feedback for further improvement of the programs.

Joint reviews for challenges encountered, progress made and lessons learned for both the DFAT and Canadian-funded provinces will be actively facilitated to promote cross learning, problem solving and course correction for the program work. Consultation and collaboration with other relevant Australian government-funded programs will be undertaken as deemed appropriate, during the planning and implementation phases.

Partnership with the private sector

Nutrition International will explore for possibility of engaging with the private sector including professional organizations and private service providers such as doctors and pharmacists to contribute to the WIFAS program for adolescent girls. Private pharmaceutical companies are

involved in CSR programs such as “campaign for anaemia free childhood” for school adolescents in selected schools. During these campaigns public health experts are invited to impart education and awareness on nutrition including highlighting the benefits of IFA supplementation for all adolescent girls.

To further explore and evaluate potential opportunities of engaging with the private sector, Nutrition International will conduct a preliminary research and scoping study to map the local production and importation of WIFAS specifically for adolescent girls (WHO recommended formulation), as a complement to the other project activities. This research study on market shaping will also be a valuable contribution towards ensuring sustainability of project activities.

2.3 Consumption

Behaviour Change Communication strategy for promoting consumption of IFA

Based on Nutrition International’s experience in the demonstration districts and formative research conducted in the project area, a BCC strategy will be reviewed and modified following the context of East Java and East Nusa Tenggara and appropriate messages and channels will be identified for encouraging behaviour change amongst adolescent school girls and stakeholders including parents, teachers and health staff. The BCC strategy developed in the demonstration districts will be contextualized and modified based on formative research findings and stakeholder consultation. The set of communication materials developed earlier will be pre-tested and adapted to make them relevant to the socio-cultural context in the two provinces.

The BCC strategy will include strategies to promote acceptance and consumption of IFA tablets as well as consumption of affordable iron rich food with a focus on ASFs by adolescent girls as well as adolescent boys. This may include social marketing, SMS text messages, community events that promote consumption of ASFs and diverse diets, vendor-targeted promotional efforts that highlight the benefits of consuming meat, etc. These activities are not described below because a formal analysis of the obstacles to ASF consumption will be needed through formative research and baseline survey prior to the programs.

Under the on-going demonstration project in West Java’s Purwakarta and Cimahi, nearly four months after the On-The-Job training was held, a post-training analysis showed that almost all School Health Program (UKS) teachers had retained their knowledge, attitude, and practices on the WIFAS program. The District Health Officers, District Education Officers, District Religious Officers and Puskesmas officers of both Purwakarta and Cimahi stated that cooperation and coordination for program implementation had improved now as compared to previous years. They were also keen to further improve the coordination and cooperation by utilizing mobile communication channels and increasing the quality of monitoring and evaluation. They were able to identify the best practices and challenges such as, strengthening advocacy in schools to release the Mandatory Letters to the responsible teachers, dissemination of relevant information to parents, school committees and adolescent girls, and counseling with parents and adolescent girls who were still resistant to consuming WIFA tablet. Therefore the meetings between school teachers and parents are needed to further inform them on the benefits of the program and regularly update them of progress made therein.

The prospective partnership of Nutrition International with Girl Effect Mobile (GEM), a leader in targeted social media communication, to develop dedicated nutrition content targeting a new generation of social media for adolescent girls will help improve the process of informing and

will complement Nutrition International's BCC strategy using digital data generated from the girls' browsing behaviours. This would support the program to reach the adolescent girls in increasing their knowledge, awareness, attitude and general behaviour for preventing anaemia and improving their overall nutritional status.

3. ROLES OF EACH PARTNER

3.1 Role of Government: Ministry of Health (MoH), Ministry of Education, Ministry of Religious Affairs and Ministry of Home Affairs

Nutrition International's approach to public health and nutrition interventions is anchored in both the Paris Principles and the guiding principles of the Scaling-Up Nutrition (SUN) movement which emphasizes the importance of country ownership and leadership for its policies and strategies. Nutrition International will coordinate regularly and effectively with the MoH so that all external assistance to improve nutrition outcomes are aligned with GoI strategies and priorities, while selection of program locations takes into account other GoI and development partners' program e.g. GAIN, UNICEF to ensure optimizing all resources available.

a. Ministry of Health

Under the Government's School Health Program (UKS), the MoH is positioned as the main lead on this project, to be entrusted with the following responsibilities:

- Program planning and coordination at the national level within the Directorate General of Community Nutrition, MoH.
- Facilitate coordination through the School Health Program (UKS) which requires cross-sectoral coordination of the Ministry of Education, Ministry of Religions, Ministry of Internal Affairs, Ministry of Public Work, both at the provincial and district levels.
- Ensure the timely and adequate procurement of IFA supplements in consultation with the DHOs to ensure availability at schools.
- Support the capacity building of health staff and frontline health workers, to be provided under this program by conducting regular meetings and on-the-job training at district health centers and schools to strengthen the service delivery of the WIFA program.
- Facilitate the strengthening of monitoring and supervision through health service providers for supporting the initiatives under this project.
- Undertake monthly and quarterly review of stocks and coverage of IFA supplements at district pharmacies and schools.

b. Ministry of Education and Ministry of Religious Affairs

The Ministry of Education and Ministry of Religious Affairs to be entrusted with following responsibilities:

- Provision and utility of school and madarassa infrastructure including school staff and personnel, and school health program facilities
- Education sessions on healthy school environment
- Facilitate inclusion of health and nutrition education in curriculum and education-related activities for adolescents.

- Provision of informed consent and/or consultation with parents prior to implementation of MITRA Youth program for school-adolescent girls

c. Ministry of Home Affairs

The Ministry of Home Affairs will facilitate implementation of the school health program, including encouraging the district to develop the District Regulation for implementing the School Health program (UKS, budget allocation and form the Governing Board of the School Health Program (UKS).

3.2 Role of Nutrition International

- Provide technical support for procurement and support of IFA supplementation to fill the supply gaps for requirements for the MITRA Youth program for school-going adolescent girls in the project districts/provinces.
- Procurement and distribution of IFA tablets to District Health Office and Health Center, and distribution at school
- Provide financial support for advocacy meetings and trainings at provincial and district levels, provisional and district coordinators, program monitoring and program evaluation.
- Position Nutrition International field staff (Provincial and District level coordinators) to provide technical assistance by way of support for relevant advocacy; facilitation of training; development of relevant program tools and materials at provincial and district levels for building capacity of field functionaries; supporting through advisory role to key officials for streamlining, monitoring and improving the program planning, forecasting, distribution, management of supplies; and providing key support for overcoming bottlenecks in program implementation.
- Provide financial and technical (review and development of training materials) support to training for the health staff, frontline health workers, teachers, managers to build their capacity for effective implementation, monitoring and supervision of the program. Furthermore, advocating for incorporating the content of training into the nutrition education curriculum at schools.
- Provide technical advice and recommendations for appropriate revisions to the HMIS at the national, provincial and district levels to include relevant indicators and assist in analysis of the HMIS reports thereby supporting for taking corrective actions.
- Provide technical and financial support for designing and conducting the program evaluation through an appropriate research agency.
- Facilitate meetings of key stakeholders at provincial and district level to sensitize and promote the existing national guidelines of the WIFAS program.

4. CHILD PROTECTION STRATEGY

As the targeted impact group of this project is adolescent girls, categorized as 'Children' (as per UN Convention on Child Rights) Nutrition International will develop a Child Protection Policy,

based on child protection risk assessment as per the DFAT Child Protection Policy (2014) guidelines. Measures will be taken to protect child rights including ensuring formal consent forms in place before requesting for haemoglobin testing for gauging iron deficiency for baseline and end-line surveys, informing subjects and parents prior to providing IFA supplementation, conducting reference checks of field staff prior to their selection for project purposes, and similar endeavours in the best interest of child safety and protection.

5. GENDER AND WOMEN'S EMPOWERMENT

Gender equity is one of the most prominent social determinants of anaemia in adolescent girls and women. Hence, this project will aim to bridge gender inequality and empower girls through its BCI component. The project seeks to build capacity of health staff and cadres in the health sector, nearly 90 percent of which are women. Special attention will be given during formal and on-the-job training and in communicating relevant aspects of the project to girls and women, to ensure that potential gender bias, if any, is minimised.

Iron deficiency anaemia is the number one cause of disability adjusted life years lost for adolescent girls aged 15-19 years, which is not even among the top five causes for boys in the same age group (WHO, 2017)¹⁹. In the absence of food security and access to iron rich foods, WIFAS addresses the immediate heightened biological need for iron intake for menstruating girls in their adolescence, thus offering the benefits of anaemia reduction, which leads to overall improved school performance, helping to overcome the gendered risk of anaemia. The project will also consider gender barriers to school attendance, including WASH barriers and advocate for strategies to increase female attendance. Project staff will work closely with the District Health Office and Health Center so that existing community health platforms (health center and health posts) are utilised for providing IFA tablets to adolescent girls out-of-schools.

To minimize the gap between the school-going adolescent girls and boys, school health teachers will be trained to deliver nutrition education that also convey messages about nutrition and WASH for both adolescent girls and boys. This project will be implemented through School Health Program, that aim to help both girls and boys develop healthy practices and avoid risky behaviours that will affect their nutrition status and education process.

6. RISK ASSESSMENT FRAMEWORK

Below is the Risk Assessment framework for the project:

KEY RISKS	LIKELIHOOD	CONSEQUENCE	RISK RATING	MITIGATION STRATEGY
As the program will be mostly implemented in schools, there will be risks of child exploitation and abuse. Program staff will however not work directly with children, rather work with school staff and	Unlikely	Major	Medium	Given that Child Protection is a priority for DFAT programs, NI will develop a Child Protection Policy prior to actual work in schools with an outlined process of obtaining consent from parents prior to having children participate in the

¹⁹ WHO, 2017. *Global Accelerated Action for the Health of Adolescents (AA-HA!): Guidance to Support Country Implementation-Summary*. Geneva, World Health Organization: 2017. (WHO/FWC/MCA/17.05)

health workers that are school and government personnel				program. NI will continue to ensure that the policy aligns with DFAT child protection requirements.
Low commitment of Local Government to provide budget for program scale up	Possible	Moderate	Medium	Ni will have regular meetings with Local Government as well as conduct rigorous advocacy with the government of program. Local governments in NTT and East Java are already working with the DFAT funded MITRA program and have demonstrated support to MITRA program activities
Parental support for program is low	Possible	Moderate	Medium	NI will work through Government School Health Program (UKS) to involve schools (head of schools/teachers) and through consultations, obtain the informed consents of parents prior to program Rigorous, evidence based behaviour change communication (busting the myths, information about the benefits of IFA etc.) targeted at parents and community at large will aid in garnering support for the program.
Poor procurement practices or fraud	Rare	Moderate	Medium	NI has a standard procurement system and will follow the procedure with complete documentation, as required. NI will also provide DFAT with a final project financial statement that is independently audited
IFA tablets are of substandard quality and therefore not as effective	Unlikely	Moderate	Medium	NI will procure IFA tablets which follow the National GMP and follow WHO standard (by doing the third party Lab test). In addition, the Certificate of Analysis (CoA) for each batch of IFA tablets should be provided to ensure the safety and quality of tablets.
IFA tablets cause harm to children	Unlikely	Major	Medium	The students will be counselled about possible side-effects and how to avoid/manage them.

				A key component of the BCC strategy will be aimed at educating adolescent girls about the possible side-effects.
GOI doesn't want to take this program to scale	Unlikely	Moderate	Medium	Strong Advocacy by the project to ensure that the Government is committed to their Mid Term National Plan of Action (RPJMN), objective of reaching coverage of 90% of IFA supplementation among adolescent girls.
High turnover of healthcare staff who have been trained	Possible	Moderate	Medium	Embed improved training designs into the curricula and materials used in ToT by the GoI and embed improved components in the supportive supervision undertaken by DHO staff.
Inadequate supply or stock out of IFA supplements	Unlikely	Moderate	Medium	Provide IFA supplements for the second and third year of the project with intensive advocacy with district, provincial and central governments for ensuring adequate budget allocation for procurement of IFA supplements. Strengthen the supply chain by capacity building of local district government and the local health staff on estimation of requirements and forecasting.
Poor adherence to IFA supplements among in-school adolescent girls	Unlikely	Major	Medium	Intensive interpersonal and group counselling at schools and regular meeting with peer groups and parents.
Inconsistent attendance of adolescent girls in school observed after conducting baseline survey	Possible	Major	Medium	Modify program strategy based on observations and information received.
Lacking cross-sectoral coordination for supporting the program	Unlikely	Minor	Low	Intensive advocacy for cross-sectoral coordination to support the program at all levels.

7. PROJECT MANAGEMENT ARRANGEMENT

The project management arrangement will be similar to that of the ongoing MITRA program. There will be a Jakarta-based Nutrition International management team for the program to guide and

support the proposed work, with technical and monitoring and evaluation support from senior specialists of Nutrition International at the Regional office, New Delhi (India) and Senior Technical Advisors at the headquarters in Ottawa (Canada).

The cost of technical and management support from the Regional office and Head quarters will be supported by funding from the Global Affairs Canada (G.A.C.).

The management team will comprise of the Nutrition International Country Director for Indonesia, a Project Coordinator from current MITRA program and to-be-recruited Program Assistant contracted for the life of the program, responsible for the two provinces funded through the Australian government support. Each province will have a committed Provincial Coordinator, with 'roving' District Coordinators to follow-up at the district-level for the MITRA Youth program. The Provincial and District Coordinator will be new staff recruitment under MITRA Youth program, and they will collaborate with current Provincial and District Coordinators of current MITRA program as described in Figure 2.

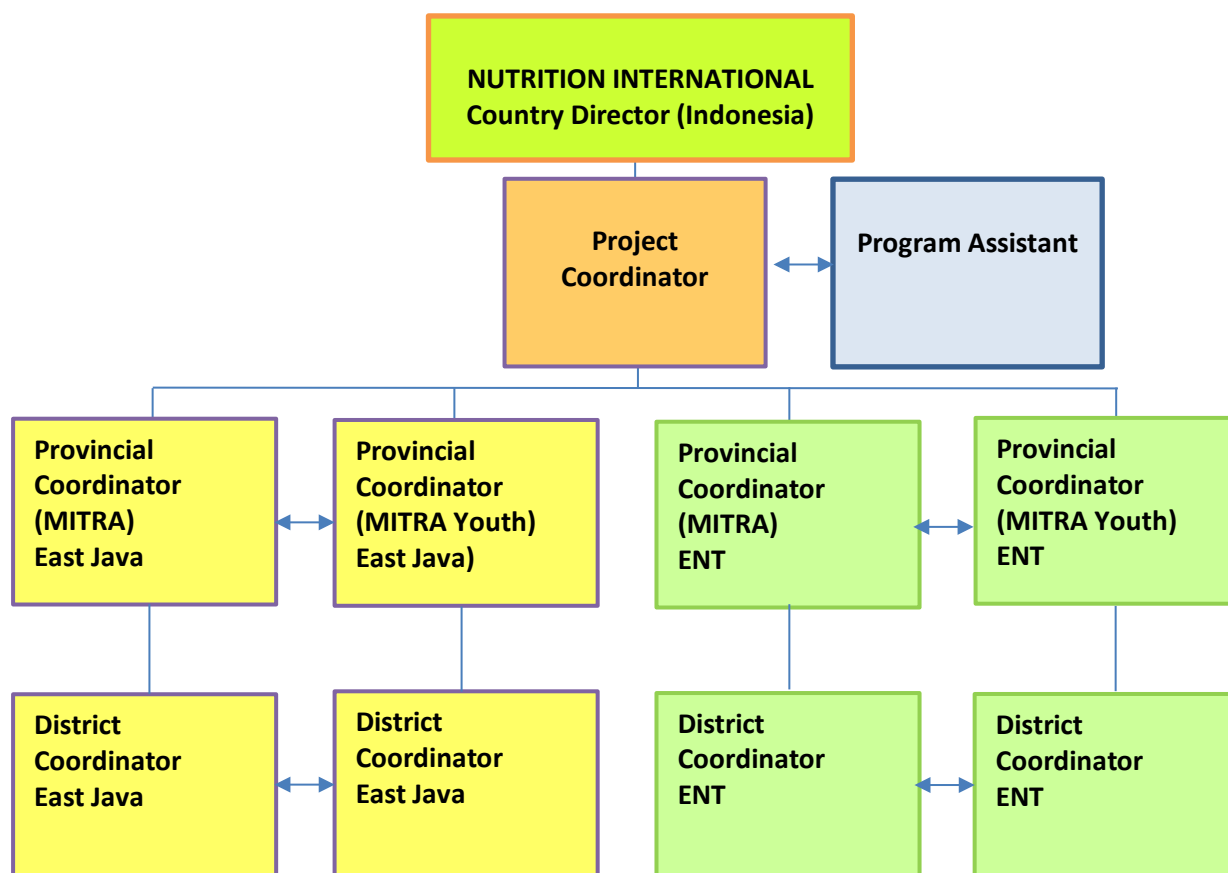
Below are delineated the brief roles and manner of work interaction between the Nutrition International field team:

- The **Provincial Coordinator** will closely work with the Provincial Health Office and monitor the implementation of the program within the province.
- The **District Coordinators** will work closely with the DHOs and Health Officers at the health centres and schools in the districts and will be supervised by the Provincial Coordinator to streamline any bottlenecks encountered in program implementation.
- The **Project Coordinator** will supervise and monitor the two Provincial Coordinators for the provinces supported through Australian government funding. The Project Coordinator will work closely with the Senior Program Officer based at the Jakarta office, responsible for managing the four Canadian-funded provinces to leverage benefits of cross-learning and cooperative problem-solving.

The Project Coordinator (Supported by Australian government funding) and the Country Director for Nutrition International will liaise with DFAT (Government of Australia), GoI and other key stakeholders to keep them informed of progress and any issues requiring attention. The advocacy for the MoH and Central Government will be done by the Country Director and Project Officer directly and also through NI's networks. This advocacy would be conducted through formal meetings and workshops with the MoH and Bappenas (National Board of Planning and Development) to ensure effective implementation of the WIFAs program in the country. Scaling Up Nutrition (SUN) movement will also be used for strengthening IFA supplementation for adolescent program.

- The **Program Assistant** will support the Project Coordinator on routine administrative tasks, contracting support, cross-sectoral coordination, procurement necessities and sourcing supporting documents.
- The **field staff** of Nutrition International will provide critical support for ensuring program impact i.e. promoting the right set of tools for problem analysis, asking pertinent program questions and similar support. These aforementioned roles of field staff are embedded in the current professional profiles of existing MITRA project staff, negating thus the need for additional manpower for MITRA Youth.

Figure 2: Project Management Team and working relations



8. PROJECT MONITORING

An identified set of indicators will be measured and tracked through a project monitoring system which essentially will be informed by the HMIS, extender reports and a program evaluation. Program monitoring will involve i) strengthening and streamlining the HMIS iii) Mid-term monitoring survey and iii) monitoring conducted by MI field staff. The project monitoring components are as follows:

- **Strengthening and streamlining HMIS:** MI intends to support the government to further strengthen the existing HMIS to capture key indicators of coverage and stock for the IFA supplementation to adolescent girls. Advocacy efforts will be undertaken with the provincial and district level government officials for modifications in the existing HMIS and supporting the schools and Puskesmas staff to regularly record and report. The key indicators to be routinely recorded and reported through the HMIS are:
 - **Coverage data:** An overall estimate of the target beneficiaries will be estimated for each school. Following this, the student registers will be used to collect information on the number of adolescent girls that consume WIFA. Tracking non-adherence can be done through schools via the Control Card for tracking attendance and other

reasons for non-consumption. Adolescent girls with health risks will be referred to the Puskesmas (health center). The consumption data will be then assessed through the formal evaluations (baseline and end-line survey).

- **Availability of supplies:** Information on stock received and balance stock remaining is crucial to assess service delivery. This data can then be used to estimate adequacy of supplies at the health facility level or stock outs.
- **Mid-term Monitoring survey:** Recognizing the challenges of strengthening the HMIS and the gaps due to limited capacity of health staff in submitting timely and complete reports, MI proposes to conduct a mid-term monitoring survey to assess the status of coverage, consumption and other knowledge and practice-related indicators. MI will also explore the possibility of developing a Mobile App to track the HMIS data systematically. A situational analysis will be undertaken by MI in the field to identify the feasibility and cost of using such an application and any associated challenges in its implementation. This will also contribute to the overall strengthening of the use of m-technology in health systems for stronger and intensive data collection mechanisms and for experience-sharing with the district and provincial government.
- **Monitoring conducted by MI field staff:** To monitor the program progress on process indicators, MI field staff will also undertake regular monitoring and provide supportive supervision. A short checklist will be developed to act as a tool for MI staff to record observations during the field visit. A quarter wise analysis of the data obtained from monitoring checklists as well as trip reports/field visit reports of the MI field staff will be compiled and shared with Puskesmas and DHO officials for feedback and corrective actions. The MI field staff would also ensure that the HMIS reports are being regularly collected, compiled at the sub-district and district levels and used for corrective actions and also sent to the central level for feedback.

9. PROJECT EVALUATION

The objectives of the project evaluation (baseline and endline) will be to:

1. Assess any changes in anaemia prevalence as well as changes in coverage and in adherence of IFA among school-going adolescent girls
2. Evaluate the extent to which these changes are plausibly due to the program interventions
3. In order to attribute any change in anaemia-levels to the coverage and adherence to IFA consumption, multivariate analyses will be conducted to see the effect of adherence on increase in haemoglobin level/ reduction in individuals and risk of anaemia.
4. Provide this information to the national and provincial governments to inform their further planning and scale-up of programs.

The program will be evaluated using a pre and post intervention survey design with a comparison group²⁰. Since the provinces are different from each other—for example, in the distribution of rural and urban populations, the sample size will be sufficiently large to provide province level estimates for the two program provinces separately for the intervention areas only. The surveys will be

²⁰ As it is not an efficacy trial, no randomized control evaluation study design has not been proposed. The study design could be decided at a later stage, whether we would do a cohort or a cross-sectional study at two time points.

conducted in the program areas of the two program provinces of East Nusa Tenggara and East Java and similar comparison province/s. Baseline and end-line surveys will be conducted among school going adolescent girls to measure changes in iron deficiency anaemia and coverage of and adherence to IFA supplements as well as knowledge and practices related to iron deficiency anaemia and IFA supplementation.

Prior to the program implementation, in addition to the quantitative baseline survey, a qualitative formative research will be conducted among school going adolescents girls, teachers and other individuals who have the potential to influence girls' nutrition behaviors including parents and relatives of the adolescents. In the formative research, the intent is to understand knowledge, perceptions, and practices prior to formulating a Behaviour Change Communication strategy to improve awareness regarding dosing, adherence and benefits of IFA supplements. In addition, knowledge about the causes, symptoms and consequences of anaemia, ways to prevent anaemia, the possible reasons for non-adherence to IFA, knowledge of IFA dose, duration and benefits, methods to overcome side effects of IFA consumption, counselling provided and use of behaviour change communication materials by health workers will also be assessed from the school going adolescent girl's perspective.

The formative research would also aim at identifying the local terms girls use for listlessness, fatigue, and lack of energy and determine what causes these symptoms and (broadly) what girls do to address these conditions, name the foods girls eat and determine reasons for consuming (or limitations to consume) these foods (with a particular focus on foods that are rich in iron and folic acid such as ASFs), perceived advantages and disadvantages of consumption of IFA tablets, facilitators and barriers to regular consumption (what might encourage/discourage adolescent girls from taking tablets), adolescents' self-efficacy with respect to taking tablets, access to water to consume the tablet, social norms regarding consumption of IFA tablets specifically and micronutrient supplements generally, exposure to mass media (audio/visual/print) / mid-media/ social media/ internet/ mobile and interpersonal communication.

School attendance and barriers to attendance will also be explored in detail, as this is a critical factor for adherence. The school teachers will be interviewed to determine, the extent to which adolescent girls in their classrooms suffer from listlessness, fatigue, and lack of energy, and what would motivate the teachers to distribute WIFAS and messages. It will be explored from the teachers' perspectives, what causes these symptoms and (broadly) what girls have done or can do to address these conditions, ask teachers to name things that they think can be done to mitigate listlessness, fatigue, and lack of energy in the classroom and for each of the following: 1) promoting the use of IFA tablets 2) promoting a diverse, iron-rich diet 3) dispensing IFA tablets, and 3) ensuring that adolescent girls take them, gauging, the facilitators and barriers (water consumption, attendance, side effects etc.), teachers' self-efficacy with respect to nutrition education and promoting IFA supplements, Social norms surrounding teachers with respect to these promotion of these actions, perceptions about IFA tablets themselves, and concerns about the tablets (including potential side effects). Additionally, current curriculum will be reviewed for opportunities to include anaemia and WIFAS messaging.

The actual study would be designed following a discussion on mutually agreed upon statistical parameters at a later stage.

The results of the evaluation will be disseminated in a workshop with the various stakeholders from the GoI, civil society organizations, private sector, academia, UN and donor agencies.

10. REPORTING

In addition to standard reporting requirements in the grant agreement, Nutrition International will also provide the following reports to DFAT for review:

1. Six monthly progress reports, with the first report due on 30th December 2017. The final report will include a Final Project Financial Statement which is independently audited.
2. Child Protection Strategy submitted by 30th September 2017.

11. SUSTAINABILITY AND EXIT STRATEGY

As is the case in a program of this expanse and depth, a key concern is the program's sustainability after the technical and financial assistance from Nutrition International and donor / partner agencies ceases at the end of the project, beyond which to ensure sustenance and improved impact, Nutrition International will develop appropriate strategies.

Ensuring continued government commitment: At the outset the program has been planned with ensuring the complete engagement of the GoI at national and provincial levels. The strategies proposed by Nutrition International thus form part of the existing government program designs, wherein the broad policy is already established and in place, for instance the Joint Regulation of School Health Programs (UKS) and the Circular Letter from the Directorate General of Public Health (MoH). Advocacy at the provincial and district levels will be done to develop similar circular letters to support the WIFAS program. These measures aim to ensure government commitment and buy-in for the program is strong at the outset, and to facilitate it being viewed as supporting and as a part of the government's broad mandate for health and nutrition, and not as a separate initiative per se. Further, Nutrition International's project staff deployed at provincial and district levels, will work with local officials to ensure adequate provision for this in their budget allocation proposals. They will support the training endeavours for existing government functionaries on real-time supply forecasting to facilitate timely and adequate procurement of supplies needed in the respective areas.

Increased demand through BCC: The project aims to create awareness on, demand for and appropriate behaviour change in school-going adolescent girls through Behaviour Change Communicatino interventions, such as interpersonal and group counseling on benefits of dietary diversification and IFA supplementation. This will ensure increased demand and consumption of IFA leading to increased class attendance and improved anaemia indicators.

Availability of trained staff: This project will facilitate the effective implementation of national guidelines and ToT for provincial level stakeholders, so trained officers can replicate the program package to other non-project districts with minimal external support.

12. NUTRITION INTERNATIONAL IN INDONESIA

Programs & Geographic Scope



Nutrition International has supported the Government of Indonesia since 2006 and has embarked on varied and intense program models within the public health delivery system with the following objectives:

- For increasing coverage and adherence of IFA supplements among pregnant women to reduce iron deficiency and iron deficiency anaemia among pregnant women, in West Java, Banten, West Nusa Tenggara and Riau provinces (2015-2018).
- Implementation of a demonstration project on Weekly Iron and Folic Acid (WIFA) supplementation for school-going adolescent girls to reduce the prevalence of anaemia and improved health outcomes.
- For increasing coverage and adherence of Zinc and ORS among children under-5, suffering from diarrhoea in West Java, Banten and West Nusa Tenggara provinces (2015-2018).
- For increasing coverage of Vitamin A Supplementation (VAS) among all children under-5, at a national level with focus on four high mortality provinces - Banten, West Java, West Nusa Tenggara, and Riau (2016-2019).
- For integrated micronutrient programs to increase coverage and adherence of IFA supplements among pregnant women, for reducing iron deficiency, increasing coverage and adherence of Zinc and ORS in children under-5 suffering from diarrhoea, and increasing coverage of VAS among all children under-5, in East Java and East Nusa Tenggara (2015-2018).

For the seamless implementation of the above-mentioned programs in Indonesia, Nutrition International has collaborated with relevant government authorities i.e. The Directorate General of Community Nutrition (MoH), Directorate General of Communicable Diseases and Environment Health of the Diarrhoea Sub-division in the MoH, Directorate General of Education (MoE), Ministry of Religious Affairs, the Provincial and District Health Offices, Provincial and District Education Offices and through the UKS (School Health Programs), through the placement of Provincial and Districts Coordinators and national-level coordinators, to play the role of catalysts.

Annex 1: Project Logic Model

Title	MITRA Youth: Weekly Iron Folic Acid Supplementation for prevention and reduction Iron Deficiency Anaemia among school-going adolescent girls, in selected districts in two provinces of Indonesia: East Java and East Nusa Tenggara				Team Leader	
Country	Indonesia				Duration	1 July 2017- September 2020
ULTIMATE OUTCOME	1000 Impact: Reduced iron deficiency anaemia in school-going adolescent girls					
↑					↑	
INTERMEDIATE OUTCOMES	1100: Enabling environment: public sector policy makers renew leadership of and commitment for WIFA program including improved policies, guidelines, product standards and increased budget allocations	1200: Provision: improvements in the extent to which Puskesmas staff and school health teachers prioritize the timely provision of WIFA supplements for school-going adolescent girls and are capacitated for effective planning, monitoring, management, and appropriate counselling to school-going adolescent girls			1300: Consumption: school-going adolescent girls have improved receipt and adherence of WIFA supplements	
↑	↑	↑	↑	↑	↑	↑
IMMEDIATE OUTCOMES	1110 Knowledge, Skills and Capacity: policy makers have committed to revitalizing and strengthening WIFA program, and to increase budgets to effectively plan, implement and monitor these programs.	1210: Knowledge, Skills and Capacity: puskesmas staff and school health teachers, have recognized the importance of WIFA programs through improved capacity for timely provision of adequate amounts of supplements and effective planning, monitoring, management and appropriate counselling.			1310: Knowledge, Skills and Capacity: school-going adolescent girls have improved knowledge and skills on benefits, when and where to seek WIFA supplements, method of administration, including the correct frequency and duration and managing side effects to ensure adherence.	
↑	↑	↑	↑	↑	↑	↑

<p>OUTPUTS</p>	<p>1111 Key information received: Policy makers have received information about gaps in WIFA programs and on the scope for improvement based on the results from Nutrition International support</p> <p>1112 Tools received: policy makers have received updated guidelines and approaches to monitoring to help them plan and implement these programs effectively</p> <p>1113: Learning completed: Policy makers have received briefing on the above</p>	<p>1211: Supplies ensured: Supplies ensured: bottlenecks and gaps in supply chain IFA tablet stock assessment is undertaken with consultation with local district staff</p> <p>1212: Tools received: puskesmas staff and school health program teachers supported by their supervisors and managers have effective system, tools, curricula, etc for improving skills in provision of IFAs and nutrition counselling to adolescent girls</p> <p>1213: Learning completed: puskesmas staff and school health program teachers have completed participatory training on skills forecasting, recording and reporting of stock, modified HMIS system, use of job aids for appropriate and effective counselling for adolescent girls of IFA supplementation and nutrition education</p>	<p>1311: Evidence-informed BCI approaches uptake and use: BCI strategy and IEC materials focusing on nutrition education and increasing awareness on the importance and benefit of taking IFA supplements for girls are to be made available and increased attendance on WIFAS distribution days.</p> <p>1312: Messages received on correct use: Messages received on correct use: school-going adolescent girls are willing and able to correctly consume and report, as well as for influencers who provide social support are supportive on IFA supplementation for adolescent girls program</p>
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Annex 2: Project Monitoring Framework

Title	MITRA Youth: Weekly Iron Folic Acid Supplementation for prevention and reduction Iron Deficiency Anaemia among school-going adolescent girls, in selected districts in two provinces of Indonesia: East Java and East Nusa Tenggara					Team Leader		
Rt statements		Indicators	Baseline	Target	Data sources	Data collection methods	Frequency	Responsibility
Ultimate outcome								

1000 Impact: Reduced iron deficiency anaemia in school-going adolescent girls.		% of school-going adolescent girls with haemoglobin below 120 g/L ²¹	TBD (Baseline Survey)	15% ²²	Evaluation	Baseline and end line survey	Once	Nutrition International / Independent agency
Enabling environment- Intermediate outcome								

²¹ Haemoglobin cut offs according to the following sources are <120g/L for 12-14 years of age and non-pregnant women/ girls of 15 years of age and above and <110 g/L for pregnant women 15 years of age and above. If the girl is pregnant at the time of survey, the cut off of <110g/L will be used and If the girl is between 12 to 19 years of age and non-pregnant, <120 g/L cut off will be used for anaemia measurement as suggested in the below literature:

Source for haemoglobin cut offs: WHO. *Haemoglobin concentrations for the diagnosis of anaemia and assessment of severity. Vitamin and Mineral Nutrition Information System. Geneva, World Health Organization, 2011 (WHO/NMH/NHD/MNM/11.1)* (<http://www.who.int/vmnis/indicators/haemoglobin.pdf>.)

Centers for Disease Control and Prevention (CDC). 1998. *Recommendations to prevent and control iron deficiency in the United States. Morbidity and Mortality Weekly Report 47(RR-3): 1-29.*

The World Health Organization (WHO) defines adolescents as those people between 10 and 19 years of age. Youth is defined by the United Nations as 15–24 years and young people as 10–24 years, a term used by WHO and others to combine adolescents and youth.

²²The data from the Indian study reveal a reduction of 21.5% point among adolescent girls in 17 months, i.e., about ~15.2% point in a year. If we consider a 0.64 g/dL (6.4g/L) rise and 21.5% decline in 17 months, we may expect a 16.8% decline with an assumed rise of 0.5g/dL (5g/L)*. IFLS surveys show a decline of 12.2% point (~1.5% per year) among non-pregnant women >=15 years of age and 9.2% point (~1.2% per year) among pregnant women of >=15 years of age in a period of about ~8 years. According to the Global prevalence of anaemia, 2011 report, there seems to be a decline of 4% point (0.25% point per year) among non-pregnant women and 5% point (0.31% per year) among pregnant women in about 16 years (1995-2011). Source: Gretchen A Stevens, Mariel M Finucane, Luz Maria De-Regil, Christopher J Paciorek, Seth R Flaxman, Francesco Branca, Juan Pablo Peña-Rosas, Zulfiqar A Bhutta, Majid Ezzati, on behalf of Nutrition Impact Model Study Group (Anaemia). *Global, regional, and national trends in haemoglobin concentration and prevalence of total and severe anaemia in children and pregnant and non-pregnant women for 1995–2011: a systematic analysis of population-representative data, Lancet 2013.* Considering the Indian study, a 15% reduction per year. *Source: P.V. Kotecha, S. Nirupam and P.D. Karkar. 2009. Adolescent girls' anaemia control programme, Gujarat, India, *Indian J Med Res* 130, November 2009, pp 584-589.

100: Enabling environment: Public sector policy makers renew leadership of and commitment to more effective implementation of WIFA program for adolescent girls. Specifically to provide iron and folic acid (IFA) supplements to school-going adolescent girls including improved policies, guidelines, product standards and increased budget allocations	Standards and Guidelines: % of districts that are implementing program with (a) product standard-consistent with new revised guideline on WIFA from MoH (b) guidelines that are consistent with the new revised WIFA guidelines from MoH Budget allocation: # of districts where there is an increase in budget allocation (supplies/training /operational cost) for the WIFA program.	0%	80%	Policy documents	Review of documents and policy statements	Once	Nutrition International / DHO
		0		- Policy documents	District program action plans	Annual	Nutrition International / DHO
			15 of 20 districts	- District Development Planning Board documents			
Enabling environment – Immediate outcome							
1110 Knowledge, Skills and Capacity: Policy makers have committed to revitalizing and strengthening WIFA program through changes in policy instruments ²³ , and to increase budgets to effectively plan, implement and monitor these programs.	Plan and implement: # of districts with policy makers who know how to plan and budget appropriately for (a) national and district procurement of WIFA supplies (e-procurement) (b) improving service delivery to increase coverage of WIFA program Monitoring: # of districts that have modified HMIS to track key coverage and stock indicators.	0	20 districts	FGDs with policy makers	Analysis of FGDs	Once	Nutrition International
		0	20 districts	Revised HMIS	Modified HMIS tools	Once	Nutrition International / DHO
Enabling environment – outputs							

²³ Can include: Guidelines on counselling, product standards, approaches to monitoring, distribution policies; BCI policy/strategy

1111 Key information received: Policy makers have received information about gaps in WIFA program (including product; packaging; dosage, service quality etc); and on the scope for improvement based on the results from the Nutrition International demonstration projects	# of provincial program launching organized to inform policy makers and influencers	0	2 launchings	Advocacy meeting minutes	Review of minutes of the meeting	Once	Nutrition International / MoH
1112 Tools received: policy makers have received updated guidelines and approaches to monitoring to help them plan and implement these programs effectively	# of districts in which key policy makers and influencers received relevant tools	0	All 20 districts	Distribution records	Review of distribution records	Once	Nutrition International / MoH/ PHO/DHO
1113: Learning completed: Policy makers have received briefing on the above	# of workshops conducted for policy makers at national level	0	2 (1 per year)	Minutes of the meeting	Review of minutes of the meeting	Annual	Nutrition International / MoH/ PHO/DHO
	# of workshops conducted for policy makers at provincial level	0	2 (1 per year)				
	# of workshops conducted for policy makers at district level	0	2 (1 per year)				
Provision – Intermediate outcome							
1200: Provision: improvements in the extent to which health workers, supervisors and health service managers, prioritize the timely provision of IFA supplements to school-going adolescent girls and are capacitated for effective planning, monitoring, management, and appropriate counselling to adolescent girls	Capacity for monitoring: # of districts that actively compile HMIS data on Stock and Coverage of MN supplements	0	20 districts	Revised HMIS	Modified HMIS tools/ directives from DHO	Once	Nutrition International
	Adequacy of supplies: % of districts with adequate supplies of WIFA available at the DHOs	0	100% (all 20 districts)	District procurement records	District procurement offices/ District Pharmacies	Annual update	Nutrition International

	Planning and monitoring: % of districts conducting annual planning and quarterly program review meetings on these micronutrient programs to identify gaps and potential solutions	0	100% (all 20 districts)	Minutes of meetings	Review of minutes of meetings	Annual update	Nutrition International
F18.4 Provision – Immediate outcome							
1210: Knowledge, Skills and Capacity health workers, supervisors and managers, and school health program teachers have recognized the importance of prioritizing WIFA program through improved capacity for timely provision of adequate amounts of supplements and effective planning, monitoring, management and appropriate counselling.	% of health workers who can correctly describe dosage, duration, benefits and side effects of WIFA	TBD from baseline survey	Increase by 50%	Program evaluation	Baseline and end line surveys	Once	Nutrition International / Independent agency
Provision – Outputs							
1211: Supplies ensured: bottlenecks and gaps in supply chain IFA tablet stock assessment is undertaken with consultation with provincial and district staff	% of IFA tablet supplies provided	0	80%	Hand over certificate	-	-	Nutrition International and DHO
	Stock outs: % of districts with stock out of IFA supplements at frontline distribution points	0	20%	HMIS data	Review of HMIS data	Annual update	Nutrition International and DHO
1212: Tools received: puskesmas staff and school health program teachers supported by their supervisors and managers have effective system, tools, curricula, etc for improving skills in provision of IFAs and nutrition counselling to adolescent girls	% of managers, supervisors, health workers and school health program teachers who receive an improved package of tools	0	80%	Dissemination records/ training reports	Review of dissemination records or estimates	Annual update	Nutrition International and DHOs

1213: Learning completed: puskesmas staff and school health program teachers have completed participatory training on skills forecasting, recording and reporting of stock, modified HMIS system, use of job aids for appropriate and effective counselling for adolescent girls of IFA supplementation and nutrition education	<u>a. formal training</u> # or % of managers and supervisors trained on improved package of tools # or % of puskesmas staff and school health program teachers trained on improved package of tools	0 0	116 480 (80% of the 600)	Training reports	Review of training reports	Annual update	Nutrition International and DHOs
	<u>b. on the job training</u> % of manager, supervisors, health workers and school health program teachers provided on the job training during program review meetings	0	60%	Project Monitoring reports	Review of project MIS	Monthly	Nutrition International
Consumption – Intermediate outcome							
1300: Consumption: Adolescent girls have improved receipt and adherence of WIFA supplement	IFA Coverage: % of adolescent girls who received the recommended course of IFA tablets in a year. (12 supplements over 6 months/ or 24 over 12 months)	0	80%	Program evaluation	Baseline and end line surveys	Once	Nutrition International / Independent agency
	Utilization: % of adolescent girls who consumed the recommended number of IFA tablets in a year.	0	60%				
Consumption – Immediate outcome							
1310: Knowledge, Skills and Capacity: school-going adolescent girls are willing and able to correctly consume and report, as well as for influencers who provide social support are supportive on IFA supplementation for adolescent girls program	% of adolescent girls who can describe one benefit to consuming IFA supplement % of all adolescent girls who can explain how to overcome at least one typical barrier/side effect to IFA consumption	TBD from baseline survey TBD from baseline survey	Increased by 40% Increased by 40%	Program evaluation	Baseline and end line surveys	Once	Nutrition International / Independent agency

Consumption – Output								
1311: Evidence-informed BCI approaches uptake and use : BCI strategy and IEC materials focusing on nutrition education and increasing awareness on the importance and benefit of taking IFA supplements for girls are to be made available		BCI plan reviewed and revised	Existing BCI	BCI plan reviewed and revised	-	-	Once	Nutrition International / MoH/ DHO
1312: Messages received on correct use: school-going adolescent girls are willing and able to correctly consume and report, as well as for influencers who provide social support are supportive on IFA supplementation for adolescent girls program		% of adolescent girls who received correct messages on benefits and mitigation of side effects for IFA supplementation	TBD from baseline survey	Increased by 60%	Program evaluation	Baseline and end line surveys	Once	Nutrition International / Independent agency

Annex 3: Project Implementation Plan (PIP)

Project Title	MITRA Youth: Weekly Iron Folic Acid Supplementation for prevention and reduction Iron Deficiency Anaemia among school-going adolescent girls, in selected districts in two provinces of Indonesia: East Java and East Nusa Tenggara	Responsible party	Preparatory phase				Implementation phase								BUDGET (AUD\$)
Start date	1 July 2017														
End date	31 September 2020		FY 2017-18		FY 2018-19		FY 2018-19		FY 2019-20				FY 2020-21		
	Outputs + Activities		July-Dec	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sept	
1100	ENABLING ENVIRONMENT														
	1111 Key information received: Policy makers have received information about gaps in WIFA programs and on the scope for improvement based on the results from MI support														
	Conduct provincial program launching	NI, MoH, MoEd, MoR	X												
	Conduct advocacy meeting with other donors and/or SUN movement (such as GAIN, GIZ, Save the Children, WFP, UNICEF) related with adolescent girls health and nutrition program	NI			X				X				X		
	1112 Tools received: policy makers have received updated guidelines and approaches to monitoring to help them plan and implement these programs effectively														-
	Facilitate meetings and discussions for updating existing guidelines of IFA for adolescent	NI, DHO	X	X											
	1113 Learning completed: Policy makers have received briefing on the above														

	Conduct advocacy meetings with MoH, MoEd, MoR officials at central level to ensure commitment and support for the program implementation including budget and IFA supply procurement	NI, MoH		X			X				X				
	Conduct advocacy meeting with PHO and province-level stakeholders to sensitize them on the program, program review and monitoring to track program implementation, and develop plan of action to ensure commitment and support for the program implementation	NI, PHO					X			X					
	Conduct advocacy meeting with DHO and district-level stakeholders to sensitize them on the program, program review and monitoring to track program implementation, and develop plan of action to ensure commitment and support for the program implementation	NI, MoH, PHO, DHO			X				X						
1200	PROVISION														
	1211: Supplies ensured: bottlenecks and gaps in supply chain IFA tablet stock assessment is undertaken with consultation with provincial and district staff														
	MI procures IFA tablets	NI			X				X						
	Supporting PHO and DHO staff in estimating requirements of IFA supplements to facilitate provision of adequate IFA supplement at the health centres	NI, PHO, DHO					X	X	X	X	X	X	X	X	
	Advocate with the DHO and the pharmacy at the district level through the district coordinator to facilitate adequate and timely supply of IFA supplements at the district level and further to the puskesmas and school level	NI, DHO					X	X	X	X	X	X	X	X	
	Facilitate provincial and district level project progress reviews to troubleshoot problems in supply chain for e.g. facilitate pharmaceutical district manager to check stocks of IFA supplement on a regular basis to ensure	NI, PHO, DHO					X	X	X	X	X	X	X	X	

	uninterrupted services to the health facility and catalyse distribution of IFA supplements from the buffer stock maintained at the province in case of inadequate availability of supplies at the central pharmacy													
	1212: Tools received: puskesmas staff and school health program teachers supported by their supervisors and managers have effective system, tools, curricula, etc for improving skills in provision of IFAs and nutrition counselling to adolescent girls													
	Review and modify the existing training manual to focus on use and importance of WIFA supplements, estimation of supplies, provision of WIFA supplements, dose, benefits, how to handle side effects and effective counselling for better compliance, program monitoring and reporting	NI	X											
	Printing of training module	NI		X										
	Distribution of training module	NI, DHO		X										
	1213: Learning completed: puskesmas staff and school health program teachers have completed participatory training on skills forecasting, recording and reporting of stock, modified HMIS system, use of job aids for appropriate and effective counselling for adolescent girls of IFA supplementation and nutrition education													
	Conduct provincial level ToT on systems, tools and product specifications for planning, delivery and monitoring of the program	NI, MoH			X			X						
	Training of district-level officials on systems, tools and product specifications for planning, delivery and monitoring of the program	NI, PHO			X									
	Training of health staff workers, school health program teachers on effectively plan, implement, monitor and supervise of the program	NI, DHO				X								
	On the job training at selected schools	NI, PHO, DHO					X							

	Ensure that the HMIS data is regularly collected and compiled at the district levels and sent to the province (PHO) for feedback and necessary action.	DHO					X	X	X	X	X	X	X	X	
	Conduct sensitization meeting among the pharmaceutical representatives and professional organization to promote WIFA program	NI, MoH					X								
1300	CONSUMPTION														
	1311: Evidence-informed BCI approaches uptake and use : BCI strategy and IEC materials focusing on nutrition education and increasing awareness on the importance and benefit of taking IFA supplements for girls are to be made available														
	Undertake review of existing BCI plan developed for the demonstration phase and modify on the basis of recommendations	NI, MoH, PHO, DHO		X											
	Identify appropriate channels, messages and communication materials	NI, MoH		X											
	Printing and distribution of IEC materials	NI			X										
	Distribution of IEC materials	NI, DHO			X										
	Development of application for school-going adolescent and teachers for supporting IFA supplementation for adolescent girls program	NI		X	X										
	Utilisation of BCI materials by health staff, and School Health Program Teachers in school	DHO					X	X	X	X	X	X	X	X	
	1312: Messages received on correct use: school-going adolescent girls are willing and able to correctly consume and report, as well as for influencers who provide social support are supportive on IFA supplementation for adolescent girls program														
	Initial and refreshing meetings for school-going	DHO					X	X	X	X	X	X	X	X	

	adolescent girls and influencers with DHO/schools/primary health centers' support as a forum to disseminate key messages developed from consultancy on BCI and IEC materials														
	Program monitoring and evaluation														
	Conduct baseline and end line survey in the 2 provinces		X	X									X		
	Conduct interim monitoring survey								X						
	Results of the program evaluation are disseminated to policy makers													X	
STAFFING COSTS															
Indirect Cost (10%)															
DFAT BUDGET TOTAL															

