Attachment 1: Matrix of Standard Nutrition Interventions

No	Nutrition Interventions	Definitions and Standards	Prasyarat Keberhasilan Intervensi Intervention Success Requirements
1.	Nutrition-Specific Interventions: Pregnant Women		
	Food supplements for pregnant women in poor / Chronic Energy Deficiency (CED) groups.	Provision of additional food with a specific formulation (*formulasi gizi tertentu*) fortified with vitamins and minerals, in accordance with MoH Technical Guidelines.[1] This program is primarily aimed at pregnant women who are grouped as poor and vulnerable to Chronic Energy Deficiency (CED).	1. Target group and numbers accurately established. 2. Adequate budget allocations at central and regional levels. 3. Strengthen supply chain management to ensure product availability and distribution. 4. Increase capacities of health officials in prevention and management of CED in pregnant women. 5. Nutrition education and counselling for pregnant woemn. 6. Monitor food supplement consumption and evaluate impacts.
	Iron supplement tablets	Provision of 90 iron supplement tablets of 60mg Fe (equal to 300 mg ferrous sulfate heptahydrate, 180 mg ferrous fumarate or 500 mg ferrous gluconate) and 0.4 mg folic acid to every pregnant woman. [2]	1. Target numbers accurately established. 2. Adequate budget allocations at central and regional levels. 3. Strengthen supply chain management to ensure product availability and distribution. 4. Increase capacities of health officials in prevention and management of anemia in pregnant women. 5. Nutrition education and counselling, including on side effects of supplements. 6. Monitor program coverage and consumption of supplements and evaluate impacts.
2.	Nutrition-Specific Interventions: Lactating Mothers and Children Aged 0-23 months		
	Breastfeeding promotion and counselling	This intervention covers promotion of early initiation of breastfeeding (EIB), provision of colostrum, and exclusive breastfeeding	1. Adequate budget allocations at central and regional levels. 2. Strengthen regulations and policies to optimize breastfeeding practices.

[1] Ministry of Health. (2017). Technical Guidelines on Provision of Food Supplements to Children Under Five Years (*Balita*), School-Age Children and Pregnant Women. (*Petunjuk Teknis Pemberian Makanan Tambahan Balita, Anak Sekolah, dan Ibu Hamil.*)

[2] Ministry of Health. (2014). Ministry of Health Regulation No. 88 on Iron Supplement Tablets for Pregnant Women, Iron Supplement Tablet Book.

Translator note: The June 2018 version/translation also included: "..., regardless of hemoglobin levels, from pregnancy confirmation until 40 days after childbirth."

No	Nutrition Interventions	Definitions and Standards	Prasyarat Keberhasilan Intervensi Intervention Success Requirements
		(*ASI eksklusif*), referring to the Guidelines on Balanced Nutrition (MoH 2014). [3]	3. Imporve capacities of health officials in promotion of EIB, colostrum and exclusive breastfeeding. 4. Strengthen work capacities at health facilities and village-level Integrated Health Service Posts (Posyandu). 5. Campaign and Communication, Information, Education (KIE) activities, as well as counselling for lactating mothers. 6. Monitor coverage of EIB and exclusive breastfeeding and evaluate impacts.
	Promotion and counselling on baby and child feeding (PMBA)	This activity is aimed at infants aged 7-23 months and includes the promotion of ongoing breastfeeding and breastfeeding with food consumption (*makanan pendamping ASI*) as well as counselling on consumption of a varied diet, and nutritional balance, with reference to MoH Guidelines on Balanced Nutrition (MoH 2014).	1. Sufficent budget allocations at central and regional levels. 2. Develop guidelines and tools on baby and child feeding (PMBA) promotion and counselling. 3. Strengthen capacities of health officials in PMBA promotion and counselling. 4. Strengthen work capacities at health facilities and Posyandu. 5. Campaign and Communication, Information, Education (KIE) activities, as well as PMBA counselling. 6. Monitor coverage of activities and evaluate impacts.
	Management of malnutrition	Procedures and mechanisms of nutrition sevrices to support the management of treatment measures for children suffering acute malnutrition shall follow the MoH Guidelines on Management of Child Malnutrition. [4]	1. Surveilence system together with systems for the detection of cases and referals that is acurate, speedy and sufficent for needs. 2. Sufficent budget allocations at central and regional levels. 3. Strengthen supply chain management to ensure availability and distribution of formula and faciltieis as needed. 4. Increase capacities of health officials and faciltiies in management of acute child malnutrition. 5. Monitor acute malnutrition management activities and evaluate impacts.
	Food supplements for the recovery of underwieght children (*anak kurus*)	Provision of nutrition supplmentation through additional feeding of a special formula (*formulasi khusus*) fortified with vitamins and minerals, as regualted in MoH	1. Adequate surveilence system and acurate system for the detection of cases. 2. Sufficent budget allocations at central and regional levels. 3. Strengthen supply chain management to ensure product availability and distribution.

[3] Ministry of Health of Health. (2014). Guidelines on Balanced Nutrition. (*Pedoman Gizi Seimbang*.)
[4] Kemenkes. (2003). Management of Child Malnutrition, Book I. (*Tata Laksana Anak Gizi Buruk Buku I*.)

No	Nutrition Interventions	Definitions and Standards	Prasyarat Keberhasilan Intervensi Intervention Success Requirements
		Techncial Guide on Additional Feeding. [5] This program designated/earmarked (*diperuntukkan*) for children sufferign acute malnutrition for additional feeding to assist recovery.	4. Increase capacities of health officials in prevention and management of acute child malnutrition. 5. Strengthen health services and village-level Posyandu servcies. 6. Education and counselling on child nutirition. 7. Monitoring of distribution and consumption of food supplements, and impact evaluation.
	Growth monitoring	(1) Monitoring weight of children aged 0-6 years conducted monthly in children aged 0-23 months, and every 6 months in children aged 24-59 months. (2) Monitoring of body length / height every 3 months in children aged aged 0-23 months, and every 6 months in children aged 24-59 months, and measurement of head circumference every 3 months in children aged aged 0-23 months, and every 6 months until the age of 23 months, followed by annual emasdurement afte rthe age of 2 years. [6]	1. Sufficent budget allocations at central and regional levels to fund operational activities, incentives for staff, including cadres, supervision (*pembinaan*) and monitoring and evaluation. 2. Provision of facilities and infrastructure needed for growth monitoring activities. 3. Increase capacities of health officials and cadres in child growth monitoring. 4. Social campign and community education on the urgent need to routinely monitor child growth. 5. Monitoring of growth monitoring activities and impact evaluation. 6. Referral and case management system that is speedy, simple and sufficent to needs. 7. Cross-sectoral coordnation that covers the activities of village-level Integrated Health Service Posts (Posyandu), such as the health scetor, **PKK**, the National Family Planning Coordination Board (BKKBN), community and village empowerment departments and all elements of the village-level apparatus.
3.	Important Target Groups: Female Teenagers and Women of Reproductive Age		
	Iron supplement tablets	Provision of iron supplement tablets of 60mg Fe (equal to 300 mg ferrous sulfate heptahydrate, 180 mg ferrous fumarate or 500 mg ferrous gluconate) and 0.4 mg folic	1. Target numbers accurately established. 2. Adequate budget allocations at central and regional levels. 3. Strengthen supply chain management to ensure product availability and distribution.

[5] Ministry of Health. (2017). Technical Guidelines on Provision of Food Supplements (PMT) to Children Under Five Years (*Balita*), School-Age Children and Pregnant Women. (*Petunjuk Teknis Pemberian Makanan Tambahan Balita, Anak Sekolah, dan Ibu Hamil.*)

[6] Ministry of Health. (2014). Ministry of Health Regulation No. 66 / 2014 on Monitoring Child Growth, Development and Growth Disorders, Maternal and Child Health Book (*Buku* KIA). (*Permenkes No. 66 Tahun 2014 tentang Pemantaun Pertumbuhan, Perkembangan dan Gangguan Tumbuh Kembang Anak , Buku KIA*.)

No	Nutrition Interventions	Definitions and Standards	Prasyarat Keberhasilan Intervensi Intervention Success Requirements
		acid to all female teenagers and women of reproductive age.[7]	4. Increase capacities of health officials, officials of places of worship, and School Health Program (UKS) teaching staff in the prevention and management of amenia in female teenagers and women of reproductive age. 5. Strengthen capacities of health services, places of worship, and School Health Programs. 6. Nutrition education adn counselling, including on the side effects of supplements. 7. Monitor program coverage and consumption of iron supplements and evaluate impacts. 8. Effective cross-sectoral coordination.
4.	Important Taregt Group: Children Aged 24-59 Months		
	Food supplements	Provision of food supplements in the form of biscuits/crackers with specific nutritional formula (*formulasi gizi tertentu*) and fortified with vitamins and minerals in accordance with MoH Techncial Guidelines.[8] This program is primarily aimed at children of Elementary School age (*Sekolah Dasar/ Madrasah Ibtidaiyah*) who are in the 'underweight' (*kurus*) category to supplement their nutritional needs.	1. Target group and numbers accurately established. 2. Adequate budget allocations at central and regional levels. 3. Strengthen supply chain management to ensure product availability and distribution. 4. Increase capacities of health officials and school authorities in prevention and management of malntirition in school-age children. 5. Nutrition education and counselling for school children. 6. Monitoring of distribution and food supplements consumption and impact evaluation. 7. Effective cross-sectoral coordination.
	Food supplements for recovery of underweight children	Provision of nutrition supplementation in the form of additional food of a special formula (*formulasi khusus*) and fortified with vitamins and minerals in accordance with MoH Techncial Guidelines.[9] This	1. Surveilence system together with systems for the acurate detection of cases. 1. Sufficent budget allocations at central and regional levels. 2. Strengthen supply chain management to ensure product availability and distribution.

[7] Ministry of Health. (2016). Guidelines on the Prevention and Management of Anaemia in Female Teenagers and Women of Reproductive Age (*Pedoman Pencegahan dan Penanggulangan Anaemia pada Remaja Putri dan Wanita Usia Subur*).

[8] Ministry of Health. (2017). Technical Guidelines on Provision of Food Supplements to Children Under Five Years (*Balita*), School-Age Children and Pregnant Women. (*Petunjuk Teknis Pemberian Makanan Tambahan Balita, Anak Sekolah, dan Ibu Hamil.*)

[9] Ministry of Health. (2017). Technical Guidelines on Provision of Food Supplements to Children Under Five Years (*Balita*), School-Age Children and Pregnant Women. (*Petunjuk Teknis Pemberian Makanan Tambahan Balita, Anak Sekolah, dan Ibu Hamil)*.

No	Nutrition Interventions	Definitions and Standards	Prasyarat Keberhasilan Intervensi Intervention Success Requirements
		program is designated/earmarked (*diperuntukkan*) for children with acute under-nutririon (*gizi kurang akut*) as additional food to assist their recovery.	3. Increase capacities of health officials in prevention and management of acute under-nutirion in children. 4. Strengthen health services and Posyandu 5. Nutrition education and counselling to children 6. Monitor distribution and food supplement consumption and evaluate impacts.
	Growth monitoring	(1) Monitoring of weight of children aged 0-6 years conducted monthly in children aged 0-23 months, and every 6 months in children aged 24-59 months. (2) Monitoring of body length / height every 3 months in children aged 0-23 months, and every 6 months in children aged 24-59 months, and measurement of head circumference every 3 months in children aged 0-12 months, and every 6 months until the age of 23 months, followed by annual measurements after the age of 2 years. [10]	1. Sufficent budget allocations at central and regional levels to fund operational activities, incentives for staff, including cadres, supervision (*pembinaan*) and monitoring and evaluation. 2. Provision of facilities and infrastructure needed for growth monitoring. 3. Increase capacities of health officials and cadres in child growth monitoring. 4. Social campign and community education on the urgent need to routinely monitor child growth. 5. Monitoring of growth monitoring activities and impact evaluation. 6. Referral and case management system that is speedy, simple and sufficent to needs. 7. Cross-sectoral coordination that covers the activities of village-level Integrated Health Service Posts (Posyandu), such as the health scetor, PKK, the National Family Planning Coordination Board (BKKBN), community empowerment departments and all elements of the village-level apparatus.

[10] Ministry of Health. (2014). Ministry of Health Regulation No. 66 / 2014 on Monitoring Child Growth, Development and Growth Disorders, Maternal and Child Health Book (*Buku* KIA). (*Permenkes No. 66 Tahun 2014 tentang Pemantaun Pertumbuhan, Perkembangan dan Gangguan Tumbuh Kembang Anak , Buku KIA*.)

Attachment 2: Matrix of Scientific Evidence on Nutrition Interventions

Target Groups	Priority Interventions	Scientific Evidence (*Bukti Ilmiah*)	Background to Evidence
Nutrition-Specific Interventions			
Pregnant women	Food supplements for pregnant women in poor / Chronic Energy Deficiency (CED) groups.	1. Systematic review of 12 randomized control trials (RCT).[11] 2. Significant effects: fall in numbers of still births (RR 0.60, 95% CI 0.39-0.94), low birth weight (MD +40.96g, 95% CI 4.66-77.26) and low birth weight for gestational age (RR 0.79, 95% CI 0.69-0.90). 3. Non-significant effects: premature births, neonatal mortality, and weekly weight gains during pregnancy.	6,705 pregnant women from a range of low-to-high income countries.
	Iron supplement tablets	1. Systematic review of 61 randomized and quasi-randomised control trials (44 studies invovled in the analysis).[12] 2. Daily iron supplementation: a. Significant effects: fall in numbers of 'aterm' pregnant women with anemia (RR 0.30, 95% CI 0.19-0.46), 'aterm' pregnant women with iron deficiency (RR 0.43, 95% CI 0.27-0.66), and 'aterm' pregnant women with iron deficiency anemia (RR 0,33, 95% CI 0,16-0,69). b. Non-significant effects: changes in birthweight, low birth weight, premature births, neonatal mortality, birth defects, maternal mortality, severe anemia in second and third trimester, infections during pregnancy, and side effects. 3. Daily iron-folate supplementation a. Significant effects: increased birth weights (MD 55.73, 95% CI 7.66-107.79), fall in numbers of of 'aterm' pregnant women with anemia (RR 0.34, 95% CI 0.21-0.54), 'aterm' pregnant women with iron deficiency (RR 0.24, 95% CI 0.06-0.99), and severe anemia in second and third trimester (RR 0,12, 95% CI 0,02-0.63),	43,274 pregnant women (invovled in the 44 studies) from developed and developing countries. Interventions delivered through hospitals, communities, or antenatal clinic facilities.

[11] Ota, E., Hori, H., Mori, R., Tobe-Gai, R., & Farrar, D. (2015). Antenatal dietary education and supplementation to increase energy and protein intake. *Cochrane Database of Systematic Reviews*, (6).
[12] Peña-Rosas, J. P., De-Regil, L. M., Garcia-Casal, M. N., & Dowswell, T. (2015). Daily oral iron supplementation during pregnancy. Cochrane Database of Systematic Reviews, (7).

		b. Non-significant effects: low birth weight, premature births, neonatal mortality, birth defects, infections during pregnancy, and side effects.	
Lactating mothers and children aged 0-23 months	Breastfeeding promotion and counselling	1. Systematic reveiew of 110 randomized and quasi-randomised control trials. [13] 2. Significant effects: nutrition education and counselling incraeses exclusive breastfeeding **by** 43% (95% CI 9-87) on the first day, by 30% (19-42) in the first month (month 0-1), and 90% (54-134) in the first six months (month 1-6). Levels of non-breastfeeding (babies not given breast milk at all) also falls significantly, by 32% (13-46) on the first day, by 30% (20-38) in the first month (month 0-1), and 18% (11-23) in the first six months (month 1-6). 3. Non-significant effects: predominant breastfeeding (babies given not only breast milk but also other fluids) and partial breastfeeding (babies given breast milk and other solids or fluids, such as cow's milk and cereal).	76 developed countries and 34 developing countries. Interventions implemented in communities, health fac ilities and community-based facilities.
	Promotion and counselling on baby and child feeding (PMBA)	1. Systematic review of 16 studies. [14] 2. Overall, nutrition education alone increases **TB/U** significantly (SMD 0.23, 95% CI 0.09-0.36), **BB/U** (SMD 0.16 95% CI 0.05-0.27), abnd significantly reduces the level of stunting (**RR** 0.71, 95% **CI** 0.56-0.91). However, it does not have a significant impact on increasing body length and weight. 3. Effect of nutrition education on a food-secure population: a. Signiciant effects: incraese in body height (SMD 0.35, 95% CI 0.08–0.62), **TB/U** (**SMD** 0.22, 95% CI 0.01–0.43), and incraese in body weight (SMD 0.40, 95% CI 0.02–0.78). b. Non-significant effects: BB/U and stunting reduction. 4. Effect of nutrition education on a food-insecure population: a. Signiciant effects: increase in **TB/U** (SMD 0.25, 95% CI 0.09-0.42), **BB/U (SMD** 0.26, 95% CI 0.12-0.41), and reduction in stunting (RR 0.68, 95% CI 0.60-0.76). b. Non-significant effects: increase in body height and body weight.	Low-to-middle income countries

[13] Haroon, S., Das, J. K., Salam, R. A., Imdad, A., & Bhutta, Z. A. (2013). Breastfeeding promotion interventions and breastfeeding practices: a systematic review. BMC public health, 13(3), S20.

[14] Lassi, Z. S., Das, J. K., Zahid, G., Imdad, A., & Bhutta, Z. A. (2013). Impact of education and provision of complementary feeding on growth and morbidity in children less than 2 years of age in developing countries: a systematic review. BMC public health, 13(3), S13.

		5. Influence of breastfeeding with food consumption (*makanan pendamping ASI*) with or without education on a food-insecure population: a. Signiciant effects: increases to TB/U (SMD 0.39, 95% CI 0.05-0.73) and BB/U (SMD 0.26, 95% CI 0.04-0.48). b. Non-significant effects: increase in body height and increase on body weight and stunting.	
	Management of malnutrition	1. *Systematic review* terhadap 14 uji acak terkendali (RCT) dan kuasi-eksperimental. 2. Systematic review of 14 randomized and quasi-randomised control trials. [15] 3. Community-based management of acute malnutrition: provision of ready-to-use therapeutic food (RUTF) compared to standard therapies - overnight hospital stays (*rawat inap*) and corn-soy blend (CSB) food). a. Signiciant effects: children receiving RTUF 1.5 times more likely to get better (*cenderung untuk sembuh*) compared to those receiving standard therapies (RR 1.51, 95% 1.04-2,20), averaging greater incraese sto body heighht (MD 0.14, 95% CI 0.05-0.22), averaging greater incraese sto body weighht (MD 1.27, 95% CI 0.16-2.38), as increases to **LILA** (MD 0.11, 95% CI 0.05-0.18). b. Non-significant effects: Reduction in infant mortality. 4. Facility-based management of acute malnutrition: WHO protocols for hospital stays (*rawat inap*) for children suffering acute malnutrition compared to standrad therapies. The case fatality rate (CFR) for hospital stays (*rawat inap*) for children suffering acute malnutrition using the WHP protocols varied in the range 3.4% - 35%. 5. Community-based management of acute malnutrition: provision of imported ready-to-use therapeutic food (RUTF) compared to local RUTF. a. Significant effects: penambahan berat badan. Increases body weight.	All trials conducted in regions of long-standing food insecurity.

[15] Lenters, L. M., Wazny, K., Webb, P., Ahmed, T., & Bhutta, Z. A. (2013). Treatment of severe and moderate acute malnutrition in low-and middle-income settings: a systematic review, meta-analysis and Delphi process. BMC Public Health, 13(3), S23.

	Food supplements for the recovery of underwieght children (*anak kurus*)	1. Systematic review of 8 randomized control trials (RCT).[16] 2. Provision of food specially formulated compared to standard services (medical servcies and counselling without food): a. Significant effects: increase in recovery of acute under-nutrition (cases) of 29% (RR 1.29, 95% CI 1.20-1.38), fall in number fo children dropping out of nutrition program of 70% (RR 0.30, 95% CI 0.22-0.39), and incraese in BB/TB indeks (MD 0.20 *Z-score*, 95% CI 0.03-0,37). b. Non-significant effects: fall in number fo still births. 3. Provision of lipid-based nutrient supplement (LNS) compared to blended food in the form of a low-lipid content dried food mix. a. Significant effects: 10% increase in number of children recovered (RR 1.10, 95% CI 1.04-1.16), fall in number of children not recovered (RR 0.53, 95% CI 0.40-0,69), and imporvement in nutirtion status of recovered children. b. Non-significant effects: infant mortality, malnutrition, and numbe rof children dropping out of nutrition program. c. Incidence of vomiting is higher in children taking the lipid-based supplemenet comapred to the blended food supplement (RR 1.43, 95% CI 1.11-1.85). 4. Provision of lipid-based nutrient supplement (LNS) comparted to blended food supplement with a specific composition (corn-soy blended food or CSB++) a. Effect: LNS and CSB++ have the same effects.	10,037 children and up to seven trials conducted in Africa.
	Growth promotion and monitoring	1. Systematic review of 18 studies. [17] 2. Growth promotion and monitoring has an average annual rate of reduction (AARR) of ≥ 3% for stunting. A program has successfully reduced stunting prevalence if AARR is ≥3%.	Low-to-middle income countries

[16] Lazzerini, M., Rubert, L., & Pani, P. (2013). Specially formulated foods for treating children with moderate acute malnutrition in low-and middle-income countries. Cochrane Database Syst Rev, 6(6).

[17] Hossain, M., Choudhury, N., Abdullah, K. A. B., Mondal, P., Jackson, A. A., Walson, J., & Ahmed, T. (2017). Evidence-based approaches to childhood *stunting* in low and middle income countries: a systematic review. Archives of disease in childhood, archdischild-2016.

Teenagers and women of reproductive age.	Iron supplement rtablets	1. Systemnatic review of 21 RCTs and quasi-randomized trials. [18] 2. Intermittent iron supplementation (containgin only iron or with other minerals and vitamins and consumed once, twice or three times per week on non-consecutive days) is an effective intervention in areas where daily supplementation has failed or can not be implemented. 3. Intermittent iron supplementation reduces the risk of anemia (RR 0.73; 95% CI 0.56-0.95), increases hemoglobin concentration (MD 4.58 g/L; 95% CI 2.56-6.59), and iron reserves (MD 8.32 µg/L; 95% CI 4.97-11.66). 4. Compared to daily supplementation, women taking iron supplements intermittently tend ot be more suscepotible to anemia (RR 1.26; 95% CI 1.04- 1.51). 5. Information on the influence of supplements on morbidity (including as related to malaria), side effects, performance (*kinerja*), economic producivity, depression, and intervention compliance remains unclear.	10,258 women of reproductive age from 15 different countries of Latin Anmerica, Africe, Asia and Europe. Participants are women who are not pregnant or who are breastfeeding amd do not have conditions that influence menstrual periods.
School-age children (6-12 years)	Pemberian makanan tambahan Food supplements	1. Quasi-experimental study. [19] 2. The intervetnion, in the form of providing lunches at school over one month meeting 1/3 of daily energi consumption to significantly increases nutrient absorption. In addition, following the intervention, significant increases in hemoglobin and hematocrit content and larger changes in the anemic group. Body mass indexes increase significantly in the underweight and normal groups.	68 elementary school children (4th grade) in rural West Java.
'First 1,000 days of life' households	Increase access to water and sanitation	1. Review of the influence of water, sanitation and hygeine (WASH) on stunting reduction. [20] 2. Water, sanitation and hygeine conditions that are very bad have a derimental effect on child growht and development due to exposure of enteric pathogens and broader social and economic mechanisms. WASH interventions alone are not able to eradicate stunting, but these	

[18] Fernández-Gaxiola, A. C., & De-Regil, L. M. (2011). Intermittent iron supplementation for reducing anaemia and its associated impairments in menstruating women. *The Cochrane Library*.

[19] Sekiyama, M., Roosita, K., & Ohtsuka, R. (2017). Locally Sustainable School Lunch Intervention Improves Hemoglobin and Hematocrit Levels and Body Mass Index among Elementary Schoolchildren in Rural West Java, Indonesia. *Nutrients*, *9*(8), 868.

[20] Cumming, O., & Cairncross, S. (2016). Can water, sanitation and hygiene help eliminate *stunting*? Current evidence and policy implications. *Maternal & child nutrition*, *12*, 91-105.

		interventions are a critical element in developing comprehensive strategies to accelerate stunting reduction.	
	Improve access to and quality of nutrition and health services	1. Systematic review of 18 studies and review of the importance of increasing access to and quality of health servcies on maternal and child health.[21,22] Increasing access to and quality of health servcies supports the success of nutrition-sensitive ajnd nutrition-specific programs and this combination of programs supports maternal and child healht. Increasing access to and quality of health servcies when combined with nutrition-sensitive ajnd nutrition-specific programs has an average annual rate of reduction (AARR) of ≥ 3% for stunting. A program has successfully reduced stunting prevalence if AARR is ≥3%.	Low-to-middle oncome countries
	Increase awareness, commitment and practice of breastfeeding and maternal and child nutrition	1. Systematic review of 18 studies.[23] 2. Increasing awareness, commitment and practice of breastfeeding and maternal and child nutrition through nutrition education and counselling and combined with other nutrition-specific programs has an average annual rate of reduction (AARR) of ≥ 3% for stunting. A program has successfully reduced stunting prevalence if AARR is ≥3%.	Low-to-middle income countries
	Increase access to nutritious food	1. Study of the influence of agriculture-related programs on maternal and child health. [24] 2. Targeting agricultural programs is an approach that can support efforts to improve agricultiural production and food supply, increase income for poor households, increase access to high-quality foods, and encourage women's empowerment. These programs focus on household food production and fortification of basic food stuffs.	

[21] Ruel, M. T., Alderman, H., & Maternal and Child Nutrition Study Group. (2013). Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition?. The Lancet, 382(9891), 536-551.

[22] Hossain, M., Choudhury, N., Abdullah, K. A. B., Mondal, P., Jackson, A. A., Walson, J., & Ahmed, T. (2017). Evidence-based approaches to childhood *stunting* in low and middle income countries: a systematic review. Archives of disease in childhood, archdischild-2016.

[23] Hossain, M., Choudhury, N., Abdullah, K. A. B., Mondal, P., Jackson, A. A., Walson, J., & Ahmed, T. (2017). Evidence-based approaches to childhood *stunting* in low and middle income countries: a systematic review. Archives of disease in childhood, archdischild-2016.

[24] Ruel, M. T., Alderman, H., & Maternal and Child Nutrition Study Group. (2013). Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition?. The Lancet, 382(9891), 536-551.

Attachment 3: National Strategy Monitoring and Evaluation Framework

Objective	Indicators	Verification Tools/Sources	Lead Agency
Impacts	• Stunting prevalence of 'first 1,000 days of life' households at the national level and in priority districts / municipalities • Number of stunting cases successfully prevented • Number of districts / municipalities successfully reducing stunting prevalence	• National Social Economic Survey (Susenas) data	National Statistics Agency (BPS)
Intermediate Outcomes	• Incidence of diarrhea • Incidence of Acute Respiratory Infection • Prevalence of wasting in children under 5 (*balita kurus*) • Prevalence of anemia in pregnant women • Prevalence of Low Birth Weight • Exclusive breastfeeding coverage	• National Health Survey (Riskesdas) data	Ministry of Health
Outputs	• Coverage of nutrition-specific and nutrition-sensitive interventions in priority districts / municipalities • Coverage of nutrition-specific and nutrition-sensitive interventions in priority target groups ('first 1,000 days of life' households) • The nutrition service target index covers 6 service packets: (a) basic health (immunization and iron supplementation); (b) Nutritional health (exclusive breastfeeding and additional infant and child feeding - PMBA); (c) drinking water and sanitation; (d) Early Childhood Education (PAUD); (e) Birth certifiacte, and; (f) Food security.		National Statistics Agency (BPS) Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres/TNP2K)
Pillar 1 Objective (Leadership Commitment and Vision)	• Annual Consultation Forum (Rembuk) at national level • Annual Memorandum of Agreement (MoA) signed by the Vice Presidential Secretariat (Setwapres) and regional leaders • Annual Consultation Forum (Rembuk) at District / Municipal level attended by District Heads / Mayors	• Annual Stunting Consultation Forum Reports at national and District / Municipal level • Signed MoA documents	Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres/TNP2K)

Objective	Indicators	Verification Tools/Sources	Lead Agency
Pillar 2 Objective (National Campaign and Behavior-Change Communication)	• Behavior-change public campaign for the general public that is consistent and ongoing at national and regional levels • Number of districts / municipalities issuing regional policies containing public campaign(s) and behavior-change communication • Implementation of training for behavior-change campaign and communication implementers that is effective and efficient	• National and local campaign material in line with campaign guides • Regional policies containing public campaign(s) and behavior-change communication • Reports on training implementation	Ministry of Health Ministry of Education and Culture Ministry of Home Affairs Ministry of Communication and Informatics
Pillar 3 Objective (National, Regional and Village Program Convergence, Coordination and Consolidation)	• National and regional activity convergence for stunting reduction • Number of districts / municipalities implementing Convergence Actions • Use of Village Funds (*Dana Desa*) for priority nutrition interventions • Integrated implementation of priority nutrition interventions at village level	• Periodic reports on studies of performance and budgeting issued by Bappenas and the Ministry of Finance • Consolidated reports on district / municipal stunting reduction • Reports on village convergence 'scorecards'	Ministry of Villages, Disadvantaged Regions Development and Transmigration Ministry of Finance
Pillar 4 Objective (Nutrition and Food Security)	• Percentage priority targets receiving non-cash food assistance (BPNT) • Policies on food fortification • Priority targets' access to nutritious food • Number of Home-Yard Food Gardens (KRPL)	• Reports on non-cash food assistance implementation • Reports on KRPL • Policy documents on food fortification	Ministry of Social Affairs Ministry of Industry Ministry of Agriculture
Pillar 5 Objective (Monitoring and Evaluation)	• Annual publication of statistics on stunting prevalence at national and district / municipal levels • Study of government budgets and spending on stunting reduction • Utilization and improvement of data management systems, including the 'dashboard' • Implementation and reporting on monitoring and evaluation results	• SUSENAS • Annual performance and budget reports • The 'dashboard' on stunting reduction • Monitoring and evaluation reports	National Statistics Agency (BPS) Bappenas Ministry of Finance Vice Presidential Secretariat / National Team for the Acceleration of Poverty Reduction (Setwapres/TNP2K)