

Capturing Adjustment and Innovation of Nutrition Services Program during COVID-19 Pandemic: Case Study at 8 Cities/Districts in Indonesia

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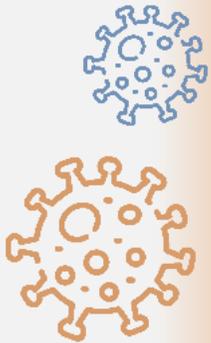
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Background



Health Services
 Disruption

- **Ebola** cases has affected in **reducing the healthcare access up to 50%**
- The negative impact of Ebola cases was insufficiency of nutritious food especially for breastfeed babies (Ververs,M, 2019).
- In Indonesia, **74 – 81% of Community Health Post** and **41% home visit services** have been postponed, **7% Primary Healthcare Centers** are affected (MoH and Unicef, 2020)



The sustainability of
 nutrition services
 program

- Concern in **food supply chain** from crop production, food processing to distribution and retail will be impacted at nutrition services program (Kodish SR, Bio F, 2019).
- Concern in **Social Large-scale Restriction Policy, Budget refocusing and reallocation policy** and its impact to nutrition program implementation
- Challenge to achieve National Mid-term Development Planning year 2020 – 2024 especially in Nutrition target such **as stunting prevalence from 30,8% to 22%, wasting from 10.2 to 7**

Aims

- 1** | To identify the policy and nutrition program technical guidance during pandemic COVID-19
- 2** | To comprehend the adjustment and innovation of nutrition services program during pandemic COVID-19 at city/district level
- 3** | To explore and identify the challenges of nutrition services program implementation during pandemic COVID-19

Methodology

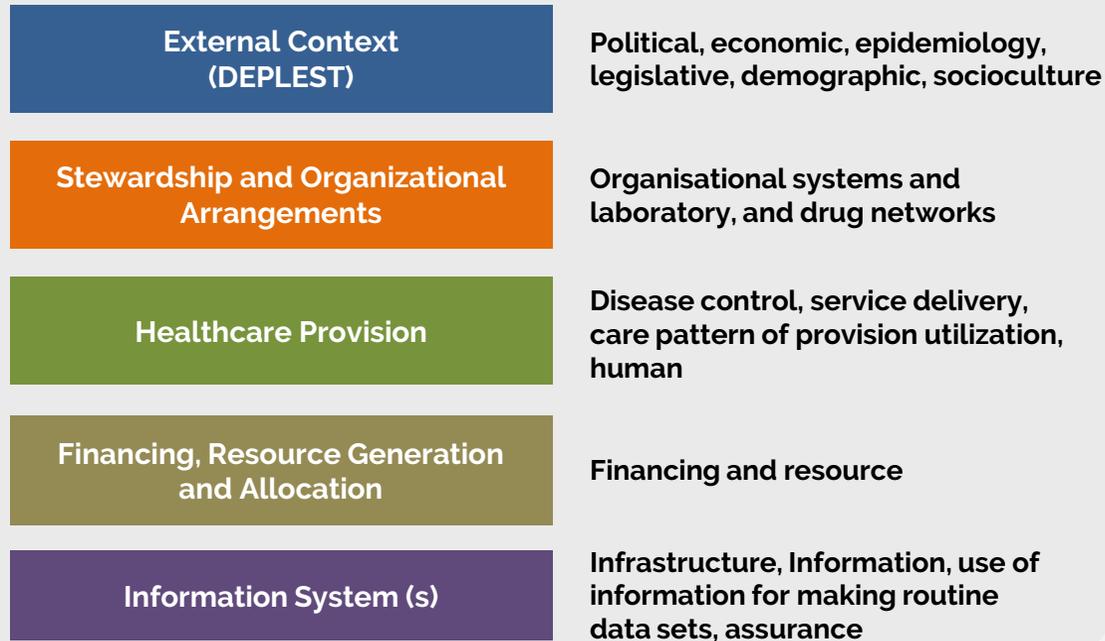
Methods	Qualitative	
Informants	Ministry of Health	District/City
	<ol style="list-style-type: none"> 1. Directorate of Public Health Nutrition 2. Directorate of Health Surveillance and Quarantine 3. Directorate of Primary Healthcare Services 4. Directorate of Family Health 5. Planning and Finance Bureau 	<ol style="list-style-type: none"> 1. Health District Office (consist of Head/Secretary, Planning Unit, Public Health Unit, Health Services Unit) 2. 2 Primary Healthcare Centers in each City/District 3. 2 Private Midwifery Practices in each City/District
Study Location	<ol style="list-style-type: none"> 1. West Java Province (Bandung City and Depok City) 2. South Sulawesi Province (Makassar City and Bone District) 3. Jakarta Province (East Jakarta and South Jakarta) 4. East Java Province (Surabaya City and Sidoarjo District) 	
Data Collection Methods	Focus Group Discussion	
Data Analysis	Cross-district analysis	

Framework for Analysis

Health Systems Components



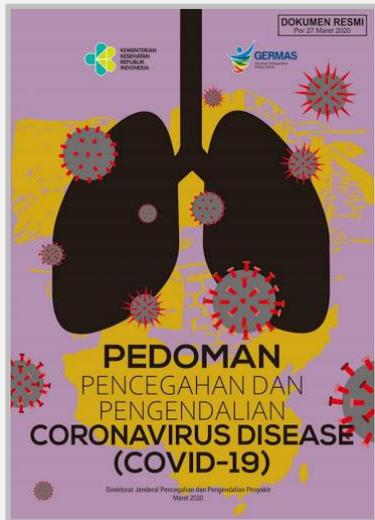
Vertical Programme Components



Linkages with other vertical programmes: (e.g. STI programmes; HIV programmes; substance abuse, etc.)

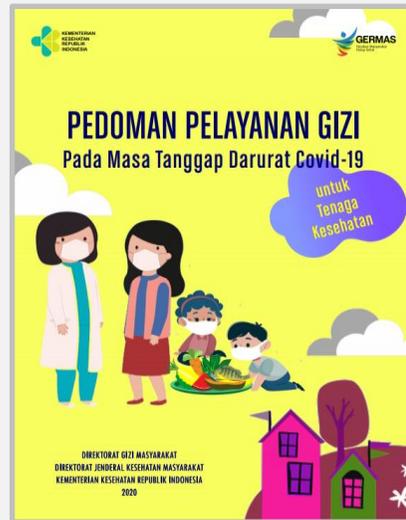
Findings at Ministry of Health Level

1 | Policy response to ensure the sustainability of program



**4th Revision,
Published 27 March
2020**

Guidance of COVID-19
Prevention and Control



Published 4 May 2020

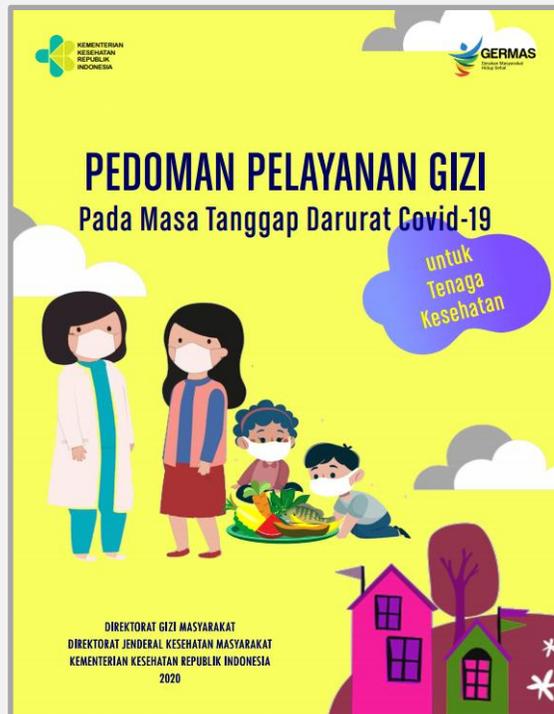
Guidance of Nutrition Services for
Pregnant Women, Toddler,
Children, and Adolescent Women
for Health workers



Published 28 May 2020

- Recommendations for toddler and children services
- Recommendations for school-age children and adolescent healthcare services

Technical Guidance



1. Nutrition Services for Pregnant Women

1. Iron supplement for pregnant women
2. Food supplement for pregnant women

2. Nutrition Services for Children under 5 y.o

1. Promotion and Counselling
2. Food supplement for undernourished children
3. Malnutrition management
4. Vitamin A capsule supplement
5. Program monitoring at Community Health Services

3. Nutrition Services for Adolescent Females

4. Monitoring and Reporting

Policy Formulation and Communication Strategy

Coordination on guidance development

- Discuss and coordination on technical guidelines amongst directorate and sector.

Tiered Socialization

- **Socialization tiers** from national level to Province, District, and Primary Healthcare Center

Material for Socialization

- Transformation of socialization methods from **offline to online platform**, which needs further adjustment in material and methods

Social Media Utilization

- General material such as **nutrition information** and **education** shared through webinar, YouTube Channel, and other related official social media accounts

1 | Evaluation on Policy Socialization

Skepticism to implement the policy

"...some colleagues from district still have different perspective on the policy and guidance. For instance, the guidance to give iron supplements to the COVID-19 suspects. How to do these activities through an online platform? Can we use the money for that?" (MoH)

This hesitation will reduce the performance to achieve the program target as stated in Primary Performance Indicator (Indikator Kinerja Utama)

Rationalization Performance Target

- The challenges encountered during the socialization indicated the need for performance target rationalization due to the pandemic. For example, the initial target where each Primary Healthcare Center should set up a Nutritional Care Team might be acceptable in this pandemic era if the target is adjusted to only 'develop SOP' for Nutritional Care.
- The result of Riskesdas 2013-2018 demonstrated that the wasting and malnutrition status*) was still far from the target, which indicated the need for improvement in **knowledge, behaviour, and implementation of** nutrition management in various level (healthcare level, community level, and family level), since their role as the primary provider of food for children.

**) Example: wasting and malnutrition children (under 5 y.o.) based on Riskesdas 2013, 2015 and 2018 consecutively: 18,4; 19,6; 17,7*

2 | Program Financing – Budget Refocusing and Reallocation

Budget Refocusing

- **Budget Refocusing** for COVID-19 control effort affected in approximately 23.3% budget reduction in Directorate of Public Health Nutrition
- The budget has been cut in essential activities such as Food supplement (15%) and activity-related meeting

Health Operational Assistant Budget Reallocation

"...the Health Operational Assistant budget that usually special for promotion activity only has been allowed to be used for handling COVID-19. Actually, that is true that most of the PHC resources is for Covid-19. That is why the regular activity such as nutrition surveillance will be challenged" (MoH).

3 | Stewardship Program

Nutrition Program at Community Health Post

- MOH monitors the program through online platform

“... the method is each district will present their achievement regarding program and challenges during COVID-19. They tried to improve the program achievement, but still, each region has different condition”

Nutrition Program to Young Teenager

- Mostly emphasized on communication and education to prevent anemia through poster, webinar, video, and application in Playstore

“We organize webinar for student and also through YouTube. We invite expert in anemia, upload learning videos and so on. For instance, when we organize webinar, there are 6000 participants. Two days later, there have been 19K viewer on Youtube, which means that the information is well-communicated” (MOH)

- **Ideally there is a field monitoring.** In the guidelines, iron tablet for adolescents could be obtained from teacher, cadres, or self-purchased. We have to monitor how this policy implement during COVID-19 pandemic.

4 | Monitoring and Reporting

Reporting Mechanism

- Each district is expected to input the data through EPPGBM, an information system application for Nutrition Program.
- The evaluation from first three months is on the track, but the postponed (temporary close) of community health post possibly impacted in the target achievement.
- Some regions has admitted that they met difficulties to achieve the target during the pandemic.

Reporting program for Follow up activity

- MoH is waiting the completion or the second report on the platform, plan to evaluate and analysis which program is on the track and which program is under the target.
- They are planning to develop a strategy on how to improve the program implementation to be back to the track, oversee, and support anything the region needed.

“So, as the community services are not optimum as usual, it would be impacted in the data they had been input in the application (EPPGBM)”

“If struggles identified in performance target of children services program, then we will be more focus on overseeing the children program”

Findings at District Level

Cross-district Analysis Result – Primary Healthcare Center (PHC)

No.	Primary Healthcare Center	EJ	SJ	BDG	DPK	SBY	SDR	MKS	BN
1	Optimize social media and WhatsApp for Outdoor Services	✓	✓	✓	✓			✓	✓
2	The postponing of iron tablet for adolescent females	✓	✓				✓	✓	
3	PHC preparing SOP for the adolescent females' iron tablet distribution	✓	✓				✓		
4	Optimize video call to monitor the program	✓			✓				
5	Optimize the roles of cadres to support the program		✓	✓	✓	✓	✓	✓	✓
6	Additional placing for food supplement such as at Village Office			✓					
7	Continue Home Visit Program			✓	✓	✓		✓	✓
8	Sufficient Food supplement stock	✓	✓	✓	✓	✓	✓		

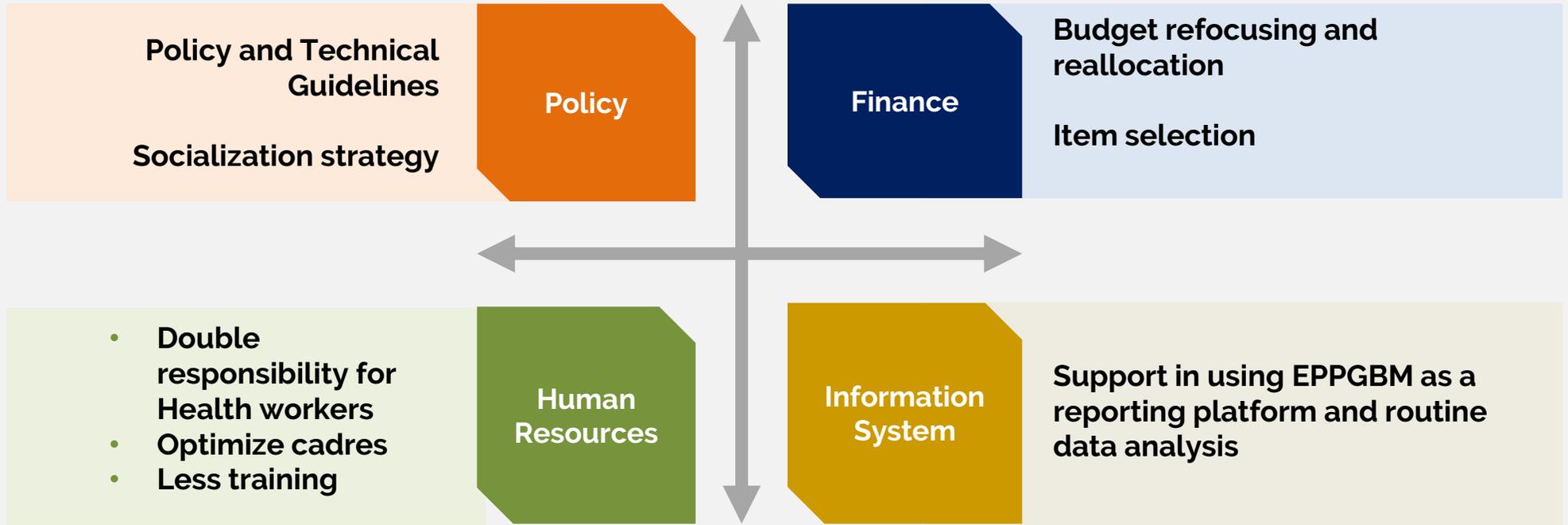
Cross-district Result – Community Health Post dan Private Midwifery Practice

No.	Comm. Health Post	JT	JS	BDG	DPK	SBY	SDR	MKS	BN
1	The temporary close of Community Health Post	✓	✓		✓	✓	✓	✓	
2	Cadres measures the growth of children under 5 y.o	✓			✓	✓			✓
3	Cadres distribute food supplement to babies and undernourished children	✓		✓	✓	✓	✓	✓	✓
4	Asking community to do their own measurement		✓						
5	Cadres report the malnutrition cases to PHC		✓	✓	✓	✓		✓	
No.	Private Midwifery Practice	JT	JS	BDG	DPK	SBY	SDR	MKS	BN
1	Nutrition program services continue as normal condition	✓	✓	✓	✓	✓	✓	✓	✓
2	Report the malnutrition or other nutrition problem to PHC	✓	✓	✓	✓	✓	✓	✓	✓

Main Findings at District Level

- Nutrition services at community level primarily performed by cadres including: **(1) take the food supplement** at PHC, **(2) distribute** to pregnant women and children under 5 y.o, **(3) monitor** weight and height for babies and children under 5 y.o **(4) report** dan **document** malnutrition cases.
- There is variation for iron tablet supplementation program for student at the school: **(1) give the tablet to cadres**, (2) **develop** SOP for implementation during COVID, **(3) Stop** the program temporarily.
- Private Midwifery Practice is closed for around 8 weeks. When opened, they **follow health protocols** to **monitor** baby growth

Conclusion



Adjustment and Innovation

Utilization of technology and social media to reach, documentation, and report

Recommendations

Strengthening Services Implementation

- **Cadres need PPE supports and additional incentives** during the COVID-19 pandemic and especially when they also cover the health workers' tasks
- Monitor dan evaluate the socialization strategy to detect whether the method is effective to improve public's **knowledge, attitude, and practice** to family level

Strengthening the budget support

- **Budget refocusing and reallocation should be reviewed carefully** to minimize its impact on the achievement of the target
- **There is a need for improvement on the district capacity, especially in the process of planning and budget reallocation during** emergency situation.

Strengthening of Healthcare Workforce

- The support of **sufficient infrastructure such as internet and health facility** to ensure the sustainability of healthcare services
- There is a need for further review and improvement of the effectiveness of health services through online platform

Strengthening Information System

- There is a need to **integrate information system amongst unit/program** at Center level to optimize routine data analysis

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Thank You

