**HELP MALNOURISHED CHILDREN IN INDONESIA**

1. Situation analysis:

According to the Global Hunger Index 2021 report, Indonesia ranked 70th out of 107 countries in terms of hunger and malnutrition. Data from the Central Statistics Agency shows that in 2020, around 27.7% of children under the age of five in Indonesia experienced stunting or impaired growth. Data from the 2020 National Socioeconomic Survey (SUSENAS) shows that 10.14% of the Indonesian population suffers from malnutrition or chronic energy deficiency. A report from the Indonesian Ministry of Health in 2018 showed that approximately 1 in 3 children in Indonesia suffer from iron deficiency, and around 1 in 5 children suffer from vitamin A deficiency.

1. Objectives and targets:

The aim of this project is to reduce malnutrition rates in Indonesia, especially among children under the age of five, by providing better access to quality food, providing appropriate nutrition education, and improving the living standards of parents.

Targets:

* Reduce the stunting rate in children under the age of five by 10% by the end of the project.
* Increase community access to quality food through the Rice ATM program and providing formula milk for children for a full year.
* Provide access to health services, including regular health check-ups and immunizations, especially for children under the age of five, and educate parents to raise nutrition awareness and encourage behavioral changes.
* Provide skills training and working capital support for parents to improve their living standards and prevent malnutrition from recurring in their children.
* Increase collaboration with community and private organizations to improve the effectiveness and scalability of malnutrition alleviation programs in Indonesia.

It is hoped that with these objectives and targets, this project can have a positive impact in reducing malnutrition rates in Indonesia and improving the quality of life for its people.

1. Intervention strategy:
* Emergency Phase, by providing access to quality and nutritious food, including through the Rice ATM program for poor families, providing formula milk for children aged 0-5 years, and medical support and health services for children.
* Recovery Phase by providing nutrition education and health education to parents and the community through socialization programs, social media campaigns, and group activities. This will increase public awareness of the importance of nutrition and promote positive behavioral changes towards healthy eating patterns and lifestyles.
* Providing skills training and working capital support for parents to improve their skills and financial status, thereby preventing malnutrition due to financial constraints.
* Increasing collaboration with community and private organizations to improve the effectiveness and scalability of malnutrition alleviation programs. This includes partnerships with food producers and nutrition industries to provide quality food, as well as the use of information and communication technology to expand the reach of the program.
1. Action plan:
* Forming a project team consisting of nutrition experts, educators, and healthcare professionals who will be responsible for designing, implementing, and evaluating the malnutrition relief program.
* Conducting a survey of nutritional needs and situation analysis to identify areas that require malnutrition relief programs, and prioritizing areas with high levels of malnutrition.
* Implementing food assistance programs for poor families (Rice ATM), providing formula milk, nutrition education, as well as mentoring skills and small business for parents.
* Providing nutrition education and health education to parents, educators, and the community through socialization programs, social media campaigns, and group activities.
* Increasing collaboration with community and private organizations to improve the effectiveness and scalability of malnutrition relief programs. This includes collaborating with food producers and the nutrition industry to provide quality food, as well as using information and communication technology to expand program coverage.
* Conducting regular monitoring and evaluation of programs to evaluate their effectiveness and make improvements if necessary.

This action plan will be carried out within a period of 1 year, with the aim of reducing malnutrition rates in Indonesia, especially among children under the age of five. Each phase of the program will be conducted in a structured and measurable manner, allowing for improvements and evaluations if necessary.

1. Monitoring and evaluation:
* Establishing a monitoring and evaluation team consisting of nutrition experts, supervisors, and healthcare professionals responsible for monitoring and evaluating the malnutrition relief program.
* Setting measurable performance indicators, such as improvements in children's nutritional status, increased access to food, and changes in community behavior towards healthy eating habits and lifestyle.
* Collecting periodic data through surveys and field monitoring.
* Analyzing the collected data and producing regular reports to evaluate program effectiveness and provide recommendations for improvement and program development in the future.
* Involving relevant stakeholders, such as the government, community organizations, and private sector in the monitoring and evaluation process to strengthen collaboration and expand the program's reach.

By conducting structured and measurable monitoring and evaluation, it is expected that the malnutrition alleviation program in Indonesia can run effectively and have a positive impact on public health. Through this process, the program can be improved and developed according to the needs of the community and changes in the field.

1. Kolaborasi:

This project will be implemented in collaboration with volunteers, the government, influencers, media, and private sector.

Budget Plan

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No** | **Description** | **Pic** | **Qty** | **Frek** | **unit** | **Cost/unit** | **Jumlah** | **in USD** |
| 1 | Rice ATMs | 1 | 100 | 1 | unit/Lokasi/kali |  Rp 75.000.000  |  Rp 7.500.000.000  |  $ 494.527,23  |
| 2 | Rice | 5000 | 5 | 12 | orang/berat/bulan |  Rp 15.000  |  Rp 4.500.000.000  |  $ 296.716,34  |
| 3 | Formula Milk | 2500 | 1 | 12 | orang/berat/bulan |  Rp 100.000  |  Rp 3.000.000.000  |  $ 197.810,89  |
| 4 | Parenting Education | 2500 | 1 | 4 | orang/berat/bulan |  Rp 200.000  |  Rp 2.000.000.000  |  $ 131.873,93  |
| 5 | Medical Assistance | 2500 | 1 | 4 | orang/berat/bulan |  Rp 350.000  |  Rp 3.500.000.000  |  $ 230.779,37  |
| 6 | Assistancing of small business | 1000 | 1 | 1 | orang/lokasi/kali |  Rp 3.000.000  |  Rp 3.000.000.000  |  $ 197.810,89  |
| 7 | Operationals, Tools, Publication documentation | 1 | 1 | 1 | unit/Lokasi/kali |  Rp 4.527.121.567  |  Rp 4.527.121.567  |  $ 298.504,65  |
| **Total** |  **Rp 28.027.121.567**  |  **$ 1.848.023,31**  |