

Nestlé Healthy Kids: Bringing Healthier Indonesian Children into Reality

The Partnership of Nestlé Indonesia and the Indonesian Nutrition Association

Nutrition and the Millennium Development Goals (MDGs)

Indonesia currently faces multiple nutrition issues. According to the Basic Health Research Report 2010 of Indonesia’s Health Ministry about 18% of Indonesian children under 5 were underweight, 5% suffered malnutrition, and 13% were undernourished. Obesity within this age group was 14% nationwide.¹ These percentages are far behind the Millennium Development Goals (MDG) targets of 15.5% for children who are underweight, 3.6% for children who are malnourished, and 11.9% for children who are undernourished by 2015. Malnutrition in children can retard physical and mental development. Without an immediate solution, it could mean the loss of a generation of intelligent and high-quality young people who will find it difficult to be productive and competitive. Obesity is not a specific target of the MDGs, but also an important nutrition indicator among children. An excess of food leading to obesity leads to degenerative diseases such as diabetes mellitus, hypertension, hypercholesterol, and heart disease.

Lack of data prevents government and child nutrition experts from setting effective health programs. Data currently available are limited to children aged newborn to 5 years and do not yet provide information needed to solve the increasingly complex nutrition issue of those aged 6 to 18.

EXECUTIVE SUMMARY



Students from Jakarta participate in Nestlé Healthy Kids’ activity at school, © Nestlé 2012

Nestlé Indonesia, a manufacturer of milk, food, and beverages, partnered with the Indonesian Nutrition Association (INA), a nonprofit association focusing on nutrition issues, from January 2012 to May 2013 to implement the Nestlé Healthy Kids (NHK) program. The program aims to increase the nutritional status of children aged 6–12 in elementary schools. The partners agreed to cooperate

because they see elementary school age representing a second golden opportunity to improve nutrition and health problems involving nutrition allowing children to develop into healthy adults.

Nestlé actively engaged in implementing the NHK program at schools besides providing financial and staff support. INA provided expert technical support, which included trainers/resource persons, education materials, and training modules for teachers, and gave technical recommendations for the planning and implementation of the NHK program. This partnership ended in May 2013 with the possibility of continuation.

The partnership operated in 17 areas in Indonesia. The NHK program was divided into two sub-programs: School Health Initiatives Program (SHIP) to support the sustainability of NHK pilot project activities, and NHK-sponsored schools (SSN) to build a center for a collaborative network among schools and increase the number engaged in NHK.

Results achieved as of May 2013 were (a) 28,500 students from 65 elementary schools were informed about healthy nutrition and physical activities, (b) 2,200 parents were informed about child nutrition and health, and (c) 860 teachers, 65 principals, and 72 community health centers attended NHK training.

THE PARTNERS



Nestlé Indonesia,
www.Nestlé.co.id

Nestlé Indonesia is a subsidiary of Nestlé S.A., headquartered in Vevey, Switzerland. Nestlé Indonesia was established in 1971 and employs more than 3,000 people. The company has three plants in Indonesia—located in Panjang (Lampung), Cikupa (Banten), and Kejayan (East Java) - producing milk, food, and beverages supported by four co-packing centers and four sales branch offices. Another plant is being built in Karawang (West Java).

Nestlé believes that in order to succeed in the long term and create value for the shareholders, the company must also create value for society at large. Nestlé calls this Creating Shared Value for everyone on the basis of compliance with government regulations and sustainable business practices. Nestlé's Creating Shared Value program focuses on nutrition, water, and rural development.

Nestlé Healthy Kids (NHK) is a part of Creating Shared Value, focusing on education about healthy nutrition, personal hygiene, and environmental cleanliness, as well as physical activities to enhance elementary students' ability to select healthy food. Nestlé complements this high awareness in the community by providing nutritious food and beverage products at affordable prices—affordable because Nestlé uses local materials as the result of partnerships with local suppliers. This value chain enables Nestlé to run its business in a responsible and sustainable manner while benefiting the society, suppliers, and local governments through the improvement of health and economic status involving food and nutrition.



The Indonesian Nutrition Association (INA)

INA established in 2011, is an association of nutritionists from the University of Indonesia's medical school faculty. INA is committed to contributing scientific knowledge regarding nutrition. Its mission is to be the leading nutrition reference center in Indonesia and internationally through education and training, research, and publications covering the science of nutrition.

Besides working with Nestlé Indonesia in the Nestlé Healthy Kids program, INA has partnered with other institutions: Nutricia Indonesia Sejahtera in the "Early Life Nutrition" program for medical students of state universities in Aceh, Medan, Padang, Palembang, Bandung, Jakarta, Semarang, Yogyakarta, Solo, Malang, Surabaya, Denpasar, Banjarmasin, Makassar, and Manado; and with PT Pacto Convex, an event organizer in conducting annual "Nutri Indonesia" seminars for doctors and nutritionists in Jakarta.

INITIATING THE PARTNERSHIP

NHK is a global program launched by Nestlé S.A in 2009 to improve the awareness and knowledge of elementary school students about nutrition, personal hygiene, and physical activities so they could practice hygienic and healthy behaviors. In 2010–2011, Nestlé Indonesia adopted this program as a pilot project, involving 31 elementary schools in 17 regions²

and benefiting more than 8,000 students.³ The project was implemented by gathering information about the students from the schools, including anemia and worm infection checkups, as well as weight and height measurement and providing nutrition training for teachers and principals. As guidance for teachers in disseminating information, the project developed health modules on nutrition and food, personal hygiene, environmental cleanliness, and physical activities. In implementing the pilot project, Nestlé collaborated with the Department of Education and an expert team from the Indonesian Medical Nutrition Society (PDGMI).⁴

At the end of 2011, Nestlé decided to run an NHK extension program as a long-term sustainable program rather than a pilot project. Saptawati Bardosono, at that time the secretary-general of PDGMI, continued the cooperation with Nestlé through a new organization that she established, the Indonesian Nutrition Association (INA). This transition of partnership was based on her expertise and the opportunity to bring INA's vision into practice in providing services for the society through the support of industry without engaging brand or commercial products.

The agreement to form the cooperation was drafted in a memorandum of understanding in January 2012. In the memorandum it was agreed that Nestlé would implement the NHK program and INA would provide technical expertise including trainers/resource persons, carry out analyses on children's nutrition and health conditions through various types of research (desk review), and provide recommendations for the content of teacher training modules.

IMPLEMENTING THE PARTNERSHIP

To start program planning in early 2012 Nestlé asked INA to carry out a desk review of health issues and nutritional statuses of Indonesian children through data analysis by Basic Health Research, a nationwide research project managed by the Ministry of Health of the Republic of Indonesia. Based on the analysis, INA recommended that Nestlé improve school resources (principals, teachers, and administration staff) so schools could independently develop nutrition and health programs in a sustainable way, which not only would improve the students' knowledge and skills in selecting healthy food, but also would support the students in maintaining such changes in their behavior. Some of the recommended activities were to include the NHK program in the existing school health unit (*Usaha Kesehatan Sekolah*/UKS)⁵ activities, including improvements in health services, building a referral system with community health centers to address the students' nutrition/health issues, and improving health/sanitation facilities. Other recommendations from INA were to revise the health, nutrition, and physical activity guidelines for students and teachers, to invite medical personnel to provide education and counseling on nutrition, to educate canteen vendors on serving nutritionally balanced food options for students, teachers, and school staff, and to give examples of practices in consuming healthy food. The result of the desk review became the groundwork for Nestlé to arrange the NHK extension program (the post-pilot project).

At the same time, Nestlé conducted an assessment in 31 schools that participated in the pilot project to update information about these schools and review the conditions of their facilities, such as canteens, available food types,

sanitation facilities, and availability of clean water. In addition, Nestlé explored the schools' commitment to continuing the NHK program after the pilot project period ended. The team from the Nestlé CSV division conducted the assessment during January and February 2012. The result of Nestlé's assessment was then used to determine the schools that would be engaged in the NHK extension program.

Based on the two assessments, the Nestlé CSV teamed with INA to develop a strategy for the NHK extension program in 17 areas that were the same locations as the pilot project. The selection of the locations was based on distribution areas and proximity to the Nestlé distribution office of the main beneficiaries, elementary school students aged 6–12. The determination of the beneficiaries was made on the basis of the shared vision of Nestlé and INA that elementary school-aged children represent a second golden opportunity to allow children to develop into healthier adults by eliminating nutrition and health problems.

The NHK program was divided into two sub-programs. The first was the School Health Initiatives Program (SHIP), which occurred from July through December 2012. SHIP was aimed at continuing various NHK activities in 31 schools engaged in the pilot project phase. The main activities were the award of small grants and “NHK Appreciation Awards.” Nestlé, as the administrator, invited the schools to send a proposal listing activities to develop the students' awareness of personal hygiene/cleanliness, nutrition improvement, and physical activities. Of the 31 schools, 26 sent proposals and received small grants from Nestlé. At the end of the year, each school that received a grant gave a report to Nestlé on the activities conducted in accordance with its proposal.

Afterward, Nestlé and INA selected the 10 best schools as finalists. The criteria were how the school revitalized the school health units, involved parents, built a referral service to community health centers, developed communication with the health district office, the education district office, and the National Agency of Drug and Food Control, and monitored the food vendors at schools. Nestlé also considered whether the activities proposed were sustainable, interesting for students, and able to influence other schools and the public, and involved print and electronic media. After the 10 finalists were chosen, INA undertook validation to ensure that the activities were based on the reports and activities in the proposals.

After the validation process was completed, Nestlé conducted a meeting where the finalists presented their work before the representatives of 31 schools as a learning and information-sharing event. Based on the result of the presentation and the validation, INA arranged and provided recommendations on the three best schools to be granted the NHK Award. Nestlé awarded an NHK Award trophy to each in early 2013.

The second sub-program, known as NHK Sponsor Schools (SSN), aims to increase the number of elementary schools engaged in the NHK extension program. Nestlé implemented the SSN in parallel with the SHIP during July through December 2012. The sponsor schools served as centers of information and NHK development programs for the other schools. Nestlé chose seven elementary schools based on the following criteria: the schools showed ownership of their SHIP program, had proper environmental/sanitation facilities, actively ran the school health unit (UKS) extracurricular activities, and employed teachers who could serve as mentors for other



Students of Balikpapan City, East Kalimantan enjoyed a healthy breakfast feast , © Nestlé 2012

schools to develop NHK. The locations of the sponsor schools were Bandung, Jakarta Selatan, Jakarta Timur, Pasuruan, Balikpapan, and Makassar.

To improve the capacity of the sponsor schools, Nestlé, accompanied by experts from INA, delivered training on nutrition and physical activities. The training was carried out in three days with a total of 35 participants, including 28 teachers and 7 representatives from community health centers. Some of the topics covered included an explanation of NHK, personal hygiene, physical activities, and nutrition for elementary school-aged children (known as three NHK pillars), presentation skills, and ways to mentor other schools so they are able to implement NHK programs.

After the training, each sponsor school identified impact schools, namely those that were willing to develop a network with the sponsor schools to implement the NHK program. Sponsors improved the capacity of impact schools by delivering one-day training on the three NHK pillars and a six-month mentoring afterward. As of May 2013, 34 elementary schools were recruited as impact schools.

In implementing the two sub-programs, Nestlé provided support in the form of meals and transport cost reimbursement for training participants. Nestlé also developed and distributed various education materials related to NHK, such as lunchboxes and water bottles for students, posters depicting healthy behaviors and physical activities, a child health card (KMS)⁶ for all students, and guidance books for teachers, providing information about healthy lives for children. Moreover, Nestlé conducted seminars to help teachers, principals, and parents improve their awareness and understanding of various issues related to children's health and nutrition. INA provided expertise both in seminars and in developing the educational materials that were distributed. These materials provide an overview on nutrition and environmental cleanliness, such as how to identify healthy food, wash hands with soap, the impact of garbage on health, the importance of eating breakfast before going to school, proper physical activities for children, anemia checkups, worm proper physical activities for children, anemia checkups, worm diseases, as well as how to measure child weight and height.

At the moment, Nestlé and INA have not evaluated the NHK

program impact, as the activity has only been implemented for about a year, making it difficult to determine the impact, and both partners are still focused on developing the activities planned for 2013.

RESULTS

Results achieved as of May 2013 are (a) 28,500 students from 65 elementary schools were informed about nutrition and physical activities; (b) 2,200 parents were informed about child nutrition and health; and (c) 860 teachers, 65 principals, and 72 community health centers attended NHK training. Of the 65 elementary schools involved in the NHK program, 31 participated in SHIP and the other 34 took part as impact schools. In addition, the Nestlé CSV team distributed educational tools including 19,000 lunch boxes with water bottles; 248 posters; 74,400 leaflets about the NHK three pillars; and 18,000 child health cards to students and schools.

Even though no evaluation has taken place, Nestlé and INA noted several impacts of NHK based on qualitative observation and monitoring, including the following:

The majority of teachers who participated in the NHK program (both SHIP and SSN) were independently able to include information on nutrition and physical activities in class educational curriculum, and they managed to make nutrition education more interesting through stories that children can easily understand. Canteen vendors were able to serve healthy food by avoiding fried foods and serving more vegetables and fruits. School health units were more active in measuring the children's weight and height every month.

Both partners observed that medical staff from the community health centers were more highly involved in the school health unit activities at schools by serving as experts and health

service providers. As a result, the schools could detect nutrition problems earlier and refer the problems to the community health centers. For parents, NHK activities at school have increased their confidence in the quality of education so they are willing to provide assistance (financially and physically) for the success of the activities.

CHALLENGES AND LESSONS LEARNED

In implementing these activities for the past year, Nestlé and INA have realized that the programs were still focused on nutrition education and that there is a need to increase understanding of physical activities.

In terms of sustainability, in the long run Nestlé will reduce its financial support so that the schools are able to continue the program independently. One of the strategies is to provide assistance in the form of education materials and simple and reusable children's health cards. Nestlé will also boost the schools' and parents' involvement in managing and implementing the activities in order to create a sense of ownership and ultimately willingness to provide support (financially and physically) for the program's sustainability. Nestlé and INA also hope that local governments are willing to give support by way of policies encouraging the schools to improve their students' nutritional status.

FUTURE PLANS

Nestlé will remain focused on continuing the activities in the same schools and locations for 2013. Nestlé and INA will focus on physical activities by involving more physical education teachers in NHK.

Footnotes

1. National Institute of Health Research and Development, Health Ministry of Republic Indonesia. Basic Health Research Report 2010 (Jakarta, 2010).
2. Banda Aceh, Medan, Lampung, Bandung, Tangerang, Jakarta Selatan, Jakarta Timur, and the islands of Seribu, Semarang, Yogyakarta, Surabaya, Malang, Pasuruan, Balikpapan, Palangkaraya, Kendari, and Makassar.
3. Nestlé Indonesia. Creating Shared Value 2011. "Engaged in Bringing Healthier Indonesians into Reality" (Jakarta, 2011).
4. PDGMI, or Indonesian Medical Nutrition Society, is an organization of nutritionists who provide health and nutrition education to prevent and overcome nutrition problems in the family.
5. School Health Unit (UKS) is an extracurricular activity as a part of the schools' effort to maintain and develop healthy life behaviors in students and improve students' health and schools' environment. UKS results from the cooperation of four ministries (Health, Education, Religious Affairs, and Home Affairs). Topics covered include access to clean water, sanitation, hand-washing practice, and supervision of foods sold by vendors at schools.
6. The Children's Health Card (KMS) is a card containing children's normal growth curve based on their weight, age, and height. Using KMS, growth disorders or risks of excess nutrition can be detected earlier so that prevention can be applied faster and more effectively before it worsens. Actions that follow up growth monitoring usually include counseling, supplementary feeding, nutritional supplementation, and referral to community health centers.

About this Case Study

This case study is part of a series based on the presentation of partners in the Health and Business Roundtable Indonesia (HBRI) sessions. HBRI is an activity of Company-Community Partnerships for Health in Indonesia (CCPHI), a project funded by the Ford Foundation.

The case study was prepared on the basis of the presentation by the Nestlé-Indonesia CSV coordinator, and Saptawati Bardosono, secretary of the Indonesian Nutrition Association (INA), at the 20th session of the Health and Business Roundtable Indonesia. Dian Rosdiana prepared this study based on consultation with Nestlé Indonesia and INA.

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