Indonesia

Country Snapshot

Convening on Measurement and Monitoring of Multiple Micronutrient Supplementation (MMS)

Status of MMS Implementation and Scale Up

Financing | Financing for MMS is invested at national level.

Policy | National policy for MMS during pregnancy launched in October 2024.

Product

- Buffer product is procured at the national-level only; Regional-level procurement will be facilitated using a national/regional fund in the future.
- MMS is distributed at national level, unlike IFA, which is distributed at district level.
- Government is struggling to ensure sufficient stock supply for national MMS scale up; unable to procure the product in-country because products manufactured in Indonesia have not been tested for quality yet and MMS is not listed in the national e-procurement systems.

Service Delivery

- MMS is now being rolled out in 15 provinces in Indonesia. In these 15 provinces, IFA is being used to treat anemia during pregnancy. Outside the 15 provinces, IFA is still being used for antenatal care.
- Intensive preparation for demand generation ongoing, ranging from the development of MMS distribution guidelines, social behavior changes strategies, and training—both face-to-face and digital—has been carried out by the Ministry of Health.

National Monitoring System Components

Admin Data

DHIS2 / HMIS Data
Nationally-scaled Health Facility Register & Information System (SIGIZI-KESGA). Captures adherence (health facility register only), # of MMS distributed and # of women who consumed at least 180 tablets (NIS only), ANC services recieved.

Logistics MIS
Nationally-scaled Logistics Management System. Captures stock ordering (procurement) and on-hand.

Who is being reached?

Are systems working?

Survey Data

Periodic Household Surveys
Nationally-scaled Health Survey (SKI). Captures Anemia prevalence, MMS received, adherence.

Facility-based Systems
Decentralized, district-level systems available in some areas.

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Convening on Measurement and Monitoring of Multiple Micronutrient Supplementation (MMS)

Data Systems & Tools

- Health Facility Register is filled by the health workers at ANC service delivery. Captures ANC adherence and records ANC services delivered.
- SIGIZI-KESGA monitors pregnant woman's health and nutrition. Measures MMS coverage and adherence rates. Data collected and reported in aggregate monthly, quarterly, and annually.
- SKI conducted every 5 years. Measures anemia, antenatal supplements received, and adherence.
- LMIS: Aggregate monthly, quarterly, and annual reports.
- Community Health Worker Report is generated during ANC services and household visits. It is used to gain insight on adherence support and barriers. This tool has limited reporting capacity.

Governance & Data Usefor Decisions

- NIS is the primary source for IFA and MMS monitoring; has complete data for pregnant mother check-up during ANC.
- Challenge: Data receipt from the Eastern region due to lack of human resources and poor internet connection.
- One member noted, "Emphasis should also be given to input of MMS rather than output; input also affects the outputs."

Adaptations & Emergent Innovations

- SIGIZI-KESGA Dashboard being developed, will display ANC indicators including % of pregnant women who received Essential Health and Nutrition Intervention
- Integrate Logistic MIS into SIGIZI KESGA

Indicators

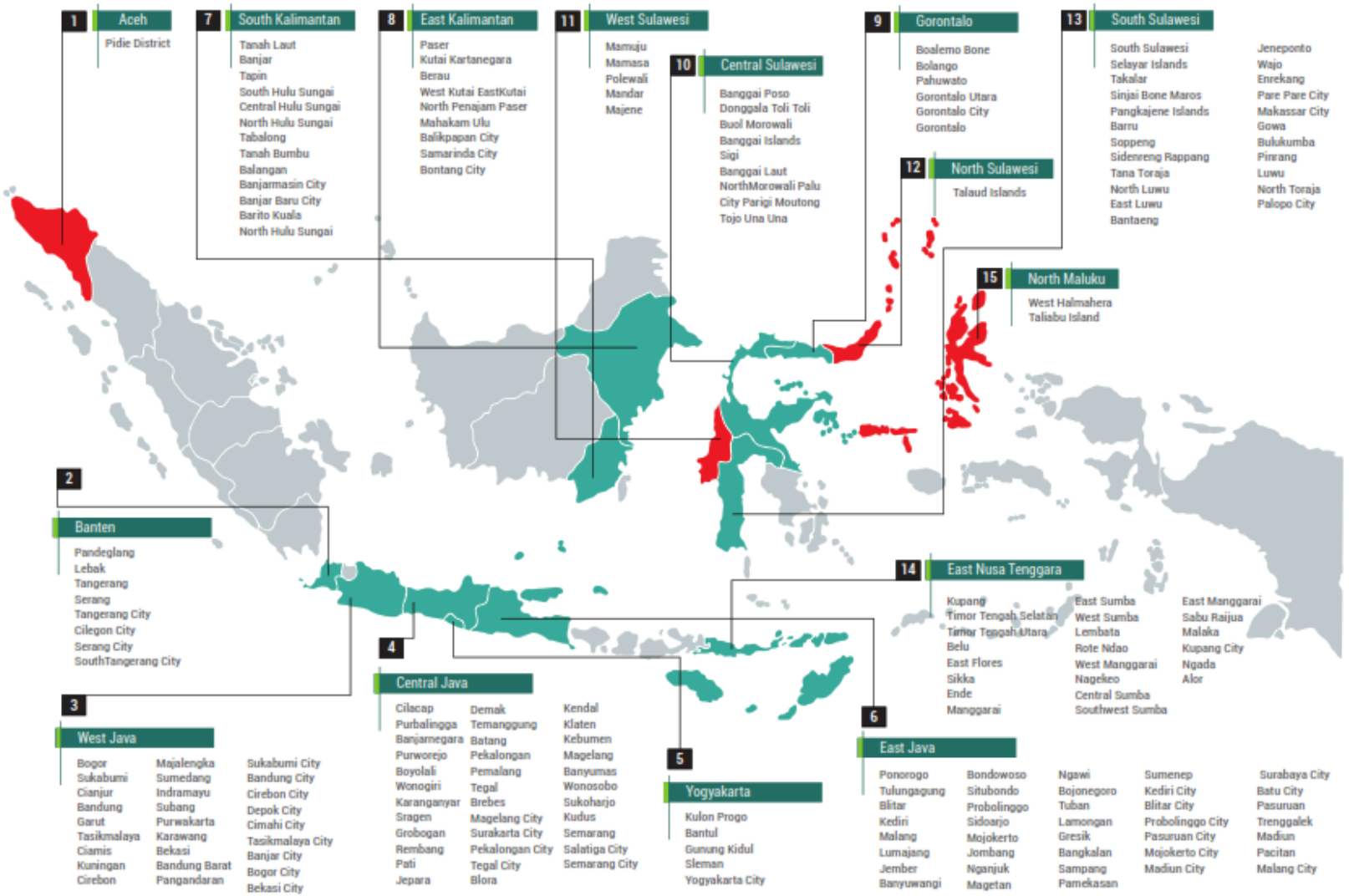
- NIS includes # of MMS distributed and # of women who consumed at least 180 tablets.
- Health workers confuse MMS coverage with adherence (assume 180 count bottle = 180 tablets consumed).

Measurement Practices & Considerations

- Desire to report only UNIMMAP MMS for MMS coverage indicators.
- **Challenge**: Logistic MIS not integrated/ harmonized from district to National
- **Challenge**: Discrepancy in monitoring between rural and urban provinces.
- Some districts have their own facility-based systems.
- Need to strengthen the health worker compliance, and their knowledge and skill in the new system of monitoring - how to fill the complete data in the system monitoring.
- Health workers are trained within the first few months, divided by regions and health departments (approximately 4 hours for each regional, roughly 2 weeks to accomplished all regions.).

Future Directions

- The Minister would like to integrate all health monitoring systems into one system.
  - Develop SIE GIZI KESGA NIS Dashboard to display ANC and maternal nutrition idicators.
  - Integrate Logistic MIS into SIGIZI KESGA.
- Transition to MMS in other provinces (23) and strengthen the monitoring system in these provinces as well.
- Create an early-warning system for MMS coverage gaps. Look at low-performance and high-performance districts in terms of MMS.



2.5 Million
Pregnant women received MMS

208 Districts/Cities

49,080
Health workers participated in MMS technical guideline training

153
Health workers participated in training on MMS IPC and MMS technical guideline

25
Health workers received orientation about the updated MCH Book

20
Health workers received orientation about pregnancy class

120
Health facilities received counseling tools and MMS technical guideline

- Partial Coverage of MMS
- Complete Coverage of MMS