Nestlé Healthy Kids: Bringing Healthier Indonesian Children into Reality

Partnership between Nestlé Indonesia and Indonesian Nutrition Association

Nutrition and the Millennium Development Goals/MDGs

Indonesia currently faces multiple nutrition issues. According to the Basic Health Research (Risksdas) in 2010, about 18% of children under 5 were underweight, 5% suffered malnutrition and 13% were undernourished, whereas based on weight and height indicators, obesity prevalence at those ages was 14% nationwide.¹ These numbers were far behind the MDGs’ targets of 15.5% underweight children, 3.6% malnourished children and 11.9% undernourished children.

This multiple nutrition issue resulted in various nutrition problems in Indonesia. Malnutrition in children can retard physical and brain growth, causing thinness and stunting. If it is not immediately solved, it will cause the potential loss of a generation of intelligent and high quality young people, causing them to become unproductive and uncompetitive in the future. However, excess of nutrition is also not good for children as it leads to degenerative diseases such as diabetes mellitus, hypertension, hyper cholesterol and heart disease.

In addition, lack of data hinders the government and child nutrition experts from setting effective health programs. The data currently available are only limited to children aged 0 month to 5 years and they do not yet include the overall data needed to solve the increasingly complex nutrition issue of those aged 6 to 18.

Executive Summary

Nestlé Indonesia, a manufacturer of milk, food and beverages, partnered with the Indonesian Nutrition Association, a nonprofit association focusing on nutrition issues, since 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 from elementary schools/SD. Both partners agreed to cooperate based on the view that elementary school-age represents the second gold chance to eliminate nutrition and health problems to allow children growing as healthier adults.

Nestlé provided financial and staff support in implementing the NHK program at schools; and 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 at schools. This partnership ended in May 2013 with the possibility of continuation.

This partnership operated in 17 areas in Indonesia.¹ The NHK program was divided into two sub-programs namely School Health Initiatives (SHIP) aimed at supporting the sustainability of NHK pilot project activities, and NHK sponsored schools (SSN) aiming to build a center for collaborative network among schools and increase the number of schools engaged in NHK.

In detail, the 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.

The Partners

Nestlé Indonesia (www.Nestlé.co.id) is a subsidiary of Nestlé S.A., headquartered in Vevey, Switzerland. Nestlé Indonesia was established in 1971 and employs more than 3,000 people. Nestlé has three plants in Indonesia. They are located in Panjang (Lampung), Cikupa (Banten), and Kejayan (East Java) producing milk, food, and beverages supported by 4 co-packing factories.

Students from SD Cilandak Barat Pagi 17 Jakarta participate in NHK activity at school (© Nestlé, 2012)
plants, 3 distribution centers and 4 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 the society at large. Nestlé calls this “Creating Shared Value” or creating value for everyone on the basis of compliance and sustainable business practices. Nestlé’s Creating Shared Value focuses on nutrition, water and rural development.

NHK is a part of Creating Shared Value focusing on nutrition through educating about nutrition, personal hygiene and environmental cleanliness as well as physical activities for elementary students to enhance their ability to select healthy food. Nestlé complements this higher awareness by providing nutritious food and beverage products at affordable prices. Making available products at affordable prices is possible as Nestlé uses local materials as the result of partnership with local suppliers. This value chain enables Nestlé to run the business in a responsible and sustainable manner as it benefits the society, suppliers and local governments through the improvement of health and economic status related to food and nutrition issues.

**The Indonesian Nutrition Association (INA),** established in 2011, is an association of a number of nutritionists from the University of Indonesia’s Medical Faculty. INA is committed to contributing scientific knowledge in nutrition and other things related to the science of nutrition. INA’s mission is to be the leading reference nutrition center in Indonesia and internationally through education and training, research and publications about the science of nutrition.

Besides working with Nestlé Indonesia in the Nestlé Healthy Kids program, INA has also partnered with other institutions, namely Nutricia Indonesia Sejahtera in the program named “Early Life Nutrition” 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 in conducting annual seminar “Nutri Indonesia” for doctors and nutritionists in Jakarta.

**INITIATING THE PARTNERSHIP**

NHK is a global program launched by Nestlé S.A in 2009. The program was aimed at improving the awareness and knowledge of elementary schools students on nutrition, personal hygiene, and physical activities so that they practice hygienic and healthy behaviors. In 2010-2011, Nestlé Indonesia adopted this program as a pilot project by involving 31 elementary schools in 17 regions, benefiting more than 8,000 students. The project was implemented by gathering information about the students from the schools, to include anemia and worm infection checkup, as well as weight and health measurement; also nutrition training for teachers and principals. This project developed health modules that serve as guidance for teachers to disseminate information. They included modules on nutrition and food, personal hygiene and environment cleanliness and modules on 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).

At the end of 2011, Nestlé decided to run a NHK extension program as a long term sustainable program (not as 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 namely the Indonesian Nutrition Association (INA). This partnership transition 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 nutrition and health conditions through various researches (desk review), and provide recommendations for the content of teacher training modules.

**IMPLEMENTING THE PARTNERSHIP**

To start program planning, in the beginning of 2012, Nestlé asked INA to carry out a desk review of health issues and nutritional status of Indonesian children through data analyses of the Basic Health Research (Riskades), a nationwide research managed by the Ministry of Health of the Republic of Indonesia. Based on the analyses, INA recommended Nestlé to improve school capacity (principals, teachers and administration staffs) so that it could independently develop nutrition and health program in a sustainable way, which not only will improve the students’ knowledge and skills in selecting healthy food, but also support the students to maintain such changes in their behavior. Some of the recommended activities were to include NHK program in existing school health unit (Usaha Kesehatan Sekolah/UKS) activities including improvements in health services, building a referral system with community health centers in order to address the students’ nutrition/health issues and improving health/sanitation facilities. In addition, INA also provided other recommendations such as revising the health, nutrition and physical activity guidelines for students and teachers, inviting medical personnel to provide education and counseling on nutrition, educating canteen vendors to serve nutritionally balanced food options for students, teachers/school staff, and giving examples of practices in consuming healthy food. The result of the desk review became the groundwork for Nestlé to arrange the NHK extension program (post pilot project).

At the same time, Nestlé also conducted assessment in 31 schools to renew the information about the schools that participated in the previous pilot project activities and to review the conditions...
of the school facilities available such as canteen, including available food types, sanitation facility and clean water. In addition, Nestlé explored the school’s commitment to continuing the NHK program after the pilot project period is over. The team from Nestlé CSV division conducted the assessment in about two months (January-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, Nestlé CSV team with INA developed a strategy for the NHK extension program in 17 areas which were the same locations of the previous pilot project. The selection of the location was based on distribution areas and proximity to Nestlé distribution office from the main beneficiaries, comprising elementary schools (SD) students aged 6-12. The determination on the beneficiaries was made on the basis of the shared vision of Nestlé and INA that elementary school aged children represent the second gold chance to eliminate nutrition and health problems to allow children growing as healthier adults.

NHK program was divided into two sub-programs. The first sub program was School Health Initiatives (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 awarding of small grant and appreciation of “NHK Award”. Nestlé, as the administrator, invited the schools to send a proposal containing activities to develop awareness and personal hygiene/cleanliness, nutrition improvement and physical activities for the students. Of the 31 schools, 26 sent a proposal and received a small grant from Nestlé. At the end of the year, the schools that received the small grant gave a report to Nestlé on the activities conducted in accordance with their proposal.

Afterward, Nestlé and INA selected ten best schools (as finalists) in the activities. The criteria that were taken into account were how the school revitalized the school health units (UKS), involved parents, built a referral service to community health centers, developed communication with the health district office, the National Agency of Drug and Food Control and monitored the food vendors at schools.

The majority of teachers who participated in the NHK program shared some impacts of NHK based on qualitative observation and feedback. 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 recommendation on the three best schools to be granted the NHK Award. Nestlé awarded a trophy of NHK Award in early 2013.

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 recommendation on the three best schools to be granted the NHK Award. Nestlé awarded a trophy of NHK Award in early 2013.

The second sub-program, or known as NHK Sponsor School (SSN), aims to increase the number of elementary schools engaged in NHK extension program. Nestlé implemented the SSN in parallel with the SHIP during July through December 2012. The sponsor schools played the role as the center of information and NHK development program for other schools. Nestlé chose seven elementary schools based on the criteria that the schools were engaged in the SHIP program institutionally, had proper environmental/sanitation facilities, actively ran the school health unit (UKS) extracurricular activities, and employed teachers who could serve as mentors for other schools to develop NHK. The locations of the seven sponsor schools were Bandung, Jakarta Selatan, Jakarta Timur, Pasuruan, Balikpapan and Makassar.

To improve the capacity of the sponsor schools, Nestlé delivered training accompanied by experts from INA for the topic of nutrition and physical activities. The Training was carried out in 3 days with 35 participants in total, consisting of 28 teachers and 7 representatives from community health centers. Some of topics delivered were comprehension of NHK, personal hygiene, physical activities, nutrition for elementary school aged children (or known as three NHK pillars); presentation skills and; ways to support other schools so that they are able to implement NHK program (mentoring).

After the training, each sponsor school identifies impact schools, namely schools that are willing to develop a network with the sponsor schools to implement the NHK program. Sponsors improved the capacity of impact schools by delivering training on three NHK pillars in a day and a six-month mentoring afterward.

Up to May 2013, the number of impact schools recruited was 34 elementary 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, child health card (KMS)² for all students; and guidance books for teachers providing information about healthy life for children. Moreover, Nestlé also conducted seminars to help teachers, principals, and parents improve their awareness and understanding of various issues relating to children’s health and nutrition. INA provided expertise both in seminars and in developing the education materials that were distributed - which provide an overview on nutrition and environment cleanliness such as how to identify healthy food, wash hands with soap, the health impacts of garbage, the importance of breakfast before going to school, proper physical activities for children, anemia checkup, worm diseases, as well as children weight and height measurement.

At the moment, Nestlé and INA have not evaluated the NHK program impact as (1) the activity has only been implemented for about a year, making it difficult to determine the impact, and (2) both partners are still focused on developing the activities planned for 2013.

RESULTS

In detail, the 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, 31 schools participated in SHIP and the other 34 took part as impact schools. In addition, Nestlé CSV team also distributed education tools in the form of 19,000 units of lunch boxes and water bottle; 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
In terms of sustainability, in the long term, 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 health cards (KMS). 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 the willingness to provide support (financially and physically) for the sustainability of the program. Nestlé and INA also hope that local governments are willing to support by way of policies encouraging the schools to improve their students’ nutritional status.

EXPECTATIONS AND FUTURE PLANS

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

Footnotes

i. Banda Aceh, Medan, Lampung, Bandung, Tangerang, Jakarta Selatan, Jakarta Timur, The Islands of Seribu, Semarang, Yogyakarta, Surabaya, Malang, Pasuruan, Balikpapan, Palangkaraya, Kendari and Makassar.

ii. The locations of the pilot project and NHK program are the same. Please refer to footnote no.1.

iii. PDGMI/Perhimpunan Dokter Gizi Medik Indonesia or Indonesian Medical Nutrition Society is an organization of nutritionists who actively provide health and nutrition education to allow the public to prevent and overcome nutrition problems in the family.

iv. School health unit (UKS) is an extracurricular activity as a part of the schools’ effort to maintain and develop healthy life behaviors as well as improve the students’ health and the school’s environment cleanliness. School health unit results from the cooperation of four ministries (health, national education, religious affairs, and home affairs ministries). Among the topics being taught are environment cleanliness and healthy & clean behaviors (Perilaku Hidup Bersih & Sehat/PHBS) including access to clean water, sanitation, hand washing practice and supervision of foods sold by vendors at schools.

v. Children health card (KMS/Kartu Menuju Sehat) is a card containing children 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 the prevention can be applied faster and more effective before the condition worsens. Actions that follow up growth monitoring usually comprise counseling, supplementary feeding, nutritional supplementation and referral to community health centers.

References


About this Case Study

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

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

For further information about the CCPHI project and Health & Business Roundtable Indonesia, please contact Kemal Soeriawidjaja, CCPHI Executive Director at: kemal.soeriawidjaja@ccphi.org, or Dian Rosdiana, CCPHI Communication Officer, at: dian.rosdiana@ccphi.org, or visit our site at: www.ccphi.org

About this Case Study

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

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

For further information about the CCPHI project and Health & Business Roundtable Indonesia, please contact Kemal Soeriawidjaja, CCPHI Executive Director at: kemal.soeriawidjaja@ccphi.org, or Dian Rosdiana, CCPHI Communication Officer, at: dian.rosdiana@ccphi.org, or visit our site at: www.ccphi.org

© CCPHI, August 2013.