



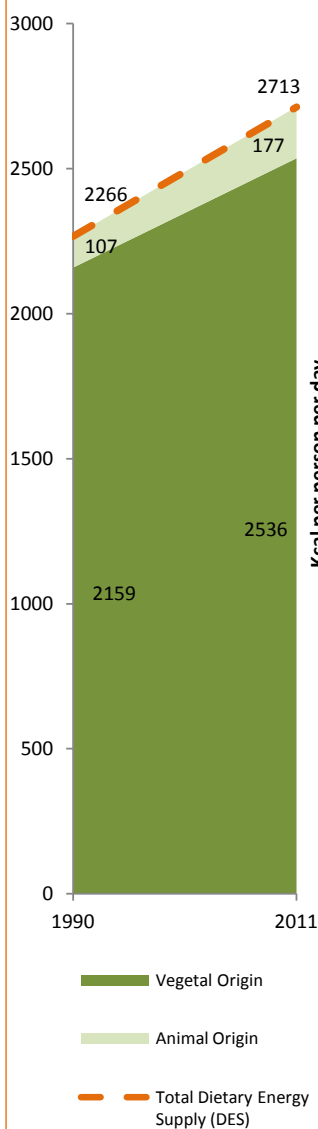
## Key Indicators

- The levels of underweight and stunting remain persistently high in Indonesia, despite considerable increase in GDP per capita. Notable disparities exist between geographic areas and between wealth quintiles.
- Poor dietary diversity – low on protein and vitamins but high in carbohydrates – may be one determinant for this persistent gap. About one third of children aged 6-23 months do not meet the minimum meal frequency; one quarter do not achieve the minimum dietary diversity; and nearly half do not meet the recommended quality of diet. Because the typical diet is largely rice-based, efforts to promote the availability of adequate complementary foods, along with education on appropriate complementary feeding practices, should be considered.
- Indonesia has joined the global Scaling Up Nutrition (SUN) movement and has developed its own framework to scale up nutrition through a multisectoral approach.

**Figure 1.1 Food Availability**

From 1990 to 2011:

- Dietary Energy Supply (DES) increased 20%
- Animal-origin supply increased 65%
- Vegetal-origin products (mainly cereals) increased 17% and remained the major DES source

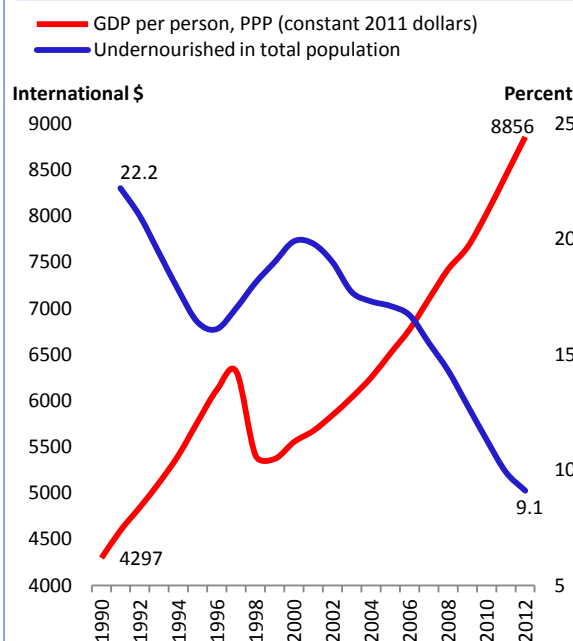


Source : FAOSTAT FBS: 2014 update

**Figure 1.2 Undernourishment and Economic Growth**

From 1990 to 2012:

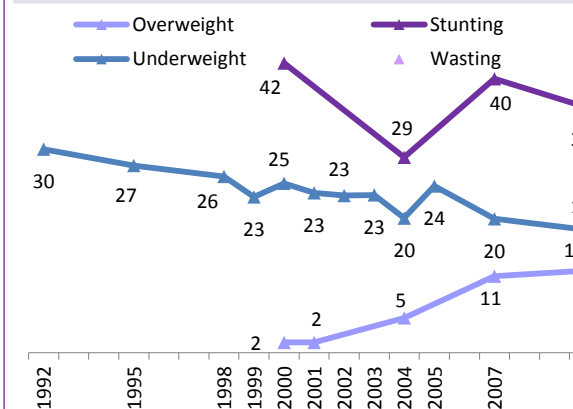
- GDP increased 106%
- Undernourishment declined 59%



Source: GDP: WDI 2014 / Undernourished: FAO FSI\_2013

**Figure 1.3 Child Malnutrition**

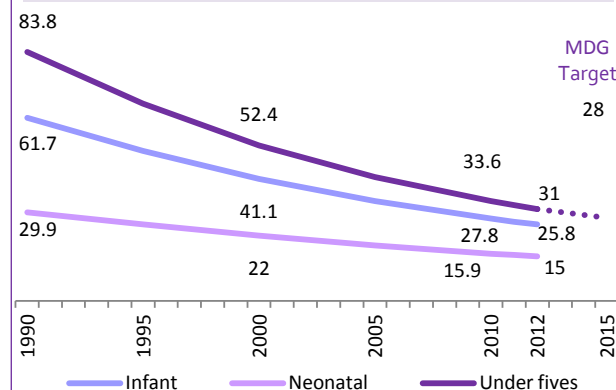
- Stunting declined 15% from 2000 to 2010, but prevalence remains high
- Underweight declined 48% from 1992, but still stood at 18% in 2010
- Wasting levels were a serious concern, at 13% in 2010
- Overweight increased by a factor of 6 between 2000 and 2010
- Low Birth Weight is 9% in 2007



Source: IDN\_Basic Health Research\_2010/ WHO Global Database on Child Growth and Malnutrition 2013

**Figure 1.4 Child Mortality** From 1990 to 2012:

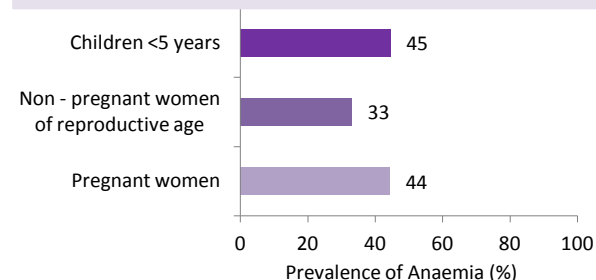
- Under-5 mortality reduced 63%, however progress has stagnated in recent years and the achievement of the MDG target may be at risk
- Infant mortality reduced 58%
- Neonatal mortality reduced 50%



Source: Inter-agency Group for CME (2013)

**Figure 1.5 Anaemia prevalence**

- Anaemia is a severe public health issue, high among pregnant women (44%), non-pregnant women (33%) and under-5 children (45%)
- Deworming and iron supplementation can be effective for reducing anaemia in pregnant women as well as children



Source: WHO Worldwide prevalence of Anaemia (1993-2005)

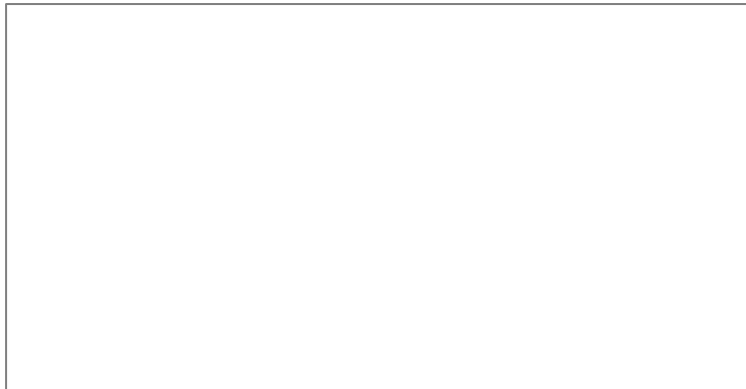
**Anthropometry (Table 1.1)**

Underweight women (BMI < 18.5 kg/m <sup>2</sup> )	-	-
Overweight adults (BMI ≥ 25 kg/m <sup>2</sup> )	13.4 %	2001
* BMI values calculated using adult cut off points, population < 20 should be analyzed using WHO growth reference for school aged children and adolescents		
Proportion of infants with low birth weight	9 %	2007

Source: WHO BMI Database/ LBW DHS 2007 re-analyzed by UNICEF 2009



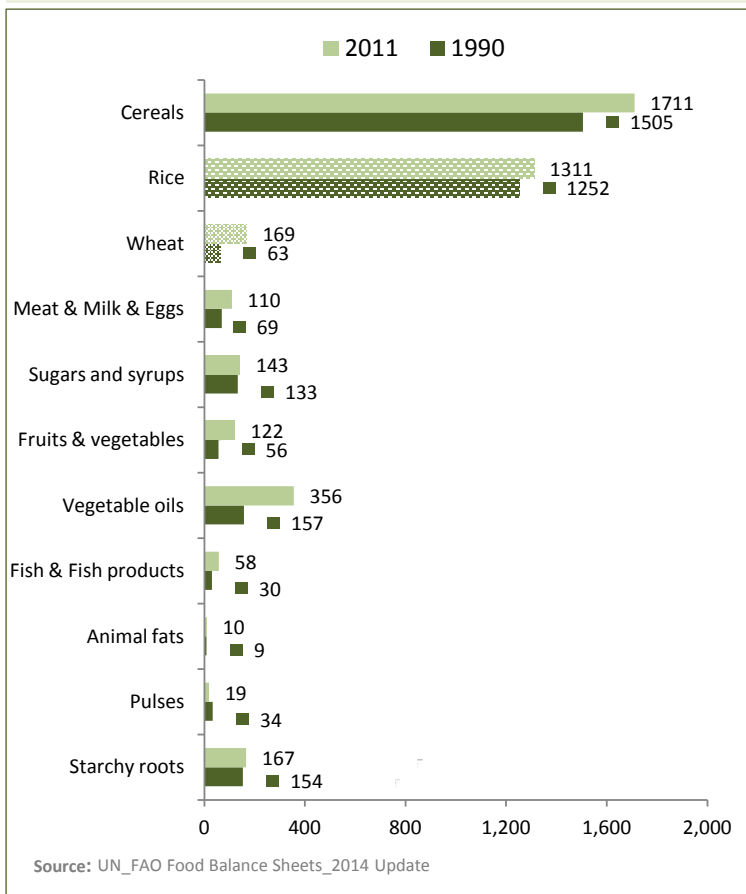
## Food Availability / Food Access



### Food Availability

Figure 2.1 Food supply by food group

(kcal/person/year) Total dietary energy supply= 2,713 (2011)

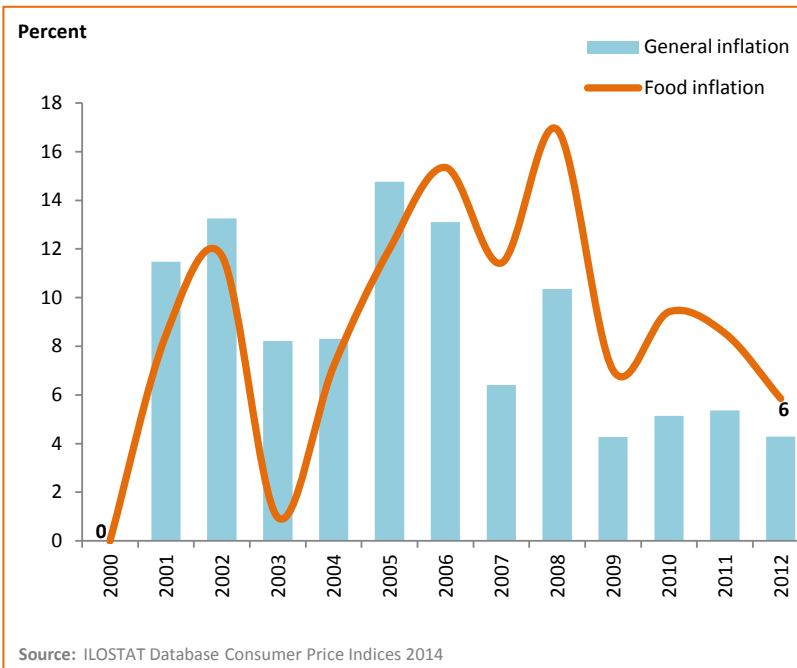


- Cereals remain the most important source of food energy (63%); animal fats are largely non-existent, but Vegetable oils have increased 127% and fruits and vegetables have increased 118%
- Fish has increased 93% and meat 59%. Nonetheless, they still comprise only 2% and 4% of DES respectively
- Rice contributes 48% of food energy

### Access to food

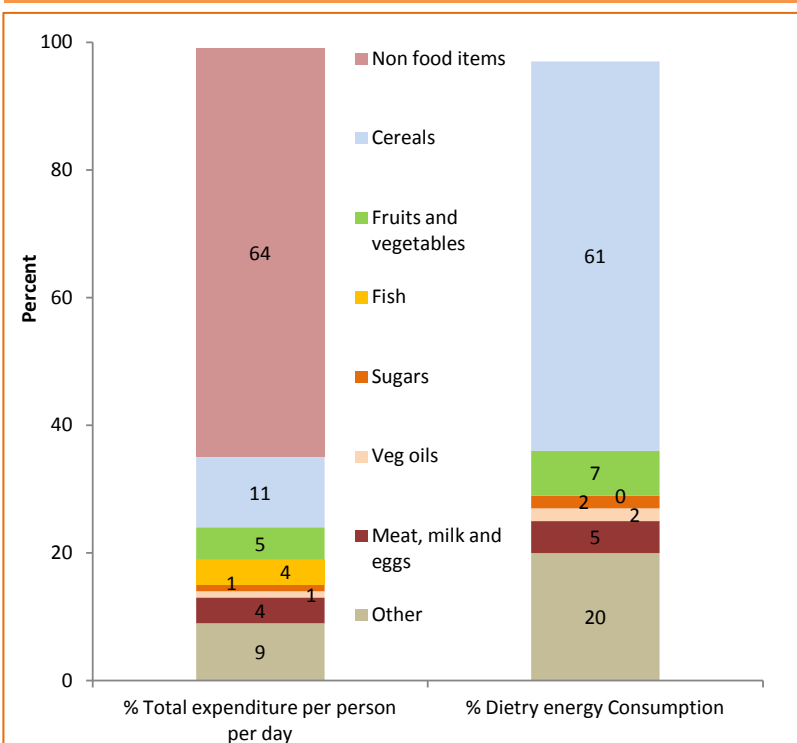
Figure 2.2 Economic access to food

General and food inflation



- Food inflation and general inflation are correlated in general in Indonesia
- Families generally spend more than 36% of their income on food. While cereals contribute more than half (61%) of food intake, they affect only 11% of food expenditures at household level

Figure 2.3 Share of food expenditure



Sources: UN\_FAO RAP based on national HIES, ECS, SES, HLSS\_2013 Update, Indonesia



## Food Utilization

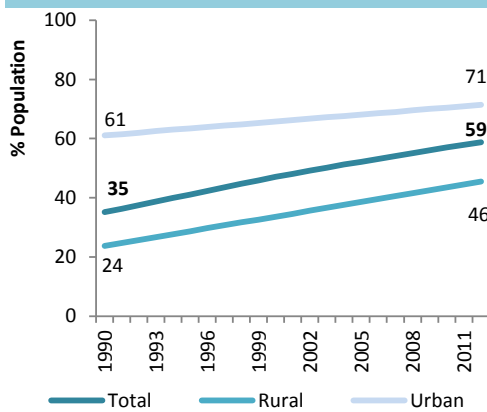
Food utilization refers both to household preparation practices of foods, which influence nutrient content of consumed foods, and to the absorption of nutrients by the human body after consumption. Nutrient absorption in the gut is strongly influenced by health status, particularly the presence of diarrhoea. Hygienic environmental conditions related to improved water and sanitation are important determinants of health and infection incidence and prevalence. In Indonesia, water and sanitation conditions have improved during the past 20 years, resulting in a decrease in diarrhoea prevalence. These improvements may have contributed to the reduction in malnutrition among under-5 children, as shown in Fig 1.3.

## Water and Sanitation

**Figure 3.1 Access to Improved Sanitation**

From 1990 to 2012:

- Access to improved sanitation increased 67% in 22 years
- Disparities between rural and urban areas have continued. Only 46% of the rural population has access to improved sanitation, whereas 71% of urban dwellers have such access.
- 41% of people overall do not have access to improved sanitation

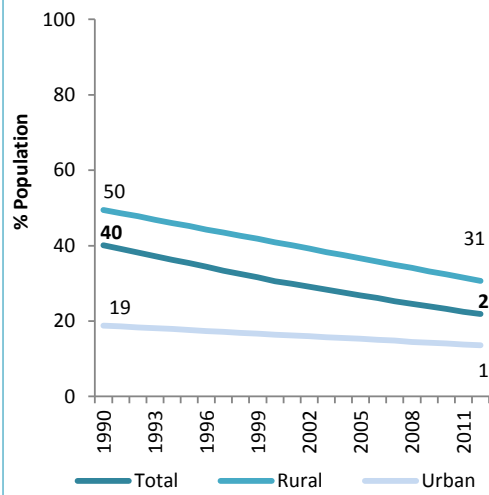


Source: WHO-UNICEF Joint Monitoring Programme, 2014

**Figure 3.2 Open Defecation**

From 1990 to 2012:

- Open defecation decreased 43% in 22 years
- In rural areas, this unhygienic practice remains at rates more than double those in urban areas

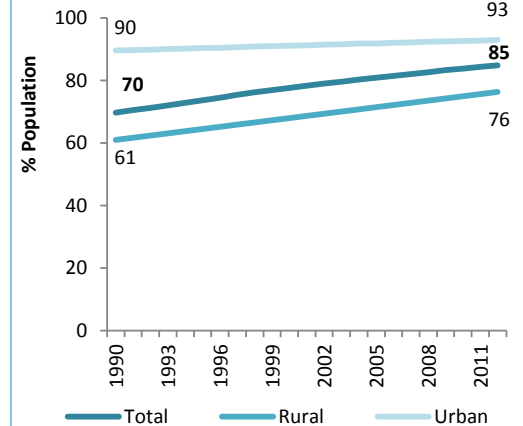


Source: WHO-UNICEF Joint Monitoring Programme, 2014

**Figure 3.3 Access to Improved Water Sources**

From 1990 to 2012:

- Disparities in access to improved water sources between urban and rural areas have decreased, but remain an issue
- Almost no progress has been made on urban coverage of improved water sources, which remained at 93%
- At least 85% of people have sustainable access to improved water



Source: WHO-UNICEF Joint Monitoring Programme, 2014

## Food Safety

**Figure 3.4 Diarrhoea**

- Diarrhoea among young children is most common among the poorest wealth quintiles, reflecting disparities in improved sanitation as well as in general hygiene and food safety
- None of the quintiles has a prevalence of diarrhoea among under-5 children of less than 10%



Source: IDN\_Indonesia Demographic and Health Survey 2012

### Management of Diarrhoea (Table 3.1)

- No data are available on whether children receive zinc supplementation following an episode of diarrhoea

#### Zinc

Share of children under age 5 with diarrhoea receiving zinc treatment	1.1%
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#### Existing policy framework

Zinc Supplementation and Reformulated Oral Rehydration Salt in the Management of Diarrhoea

Source: IDN\_Indonesia Demographic and Health Survey 2012

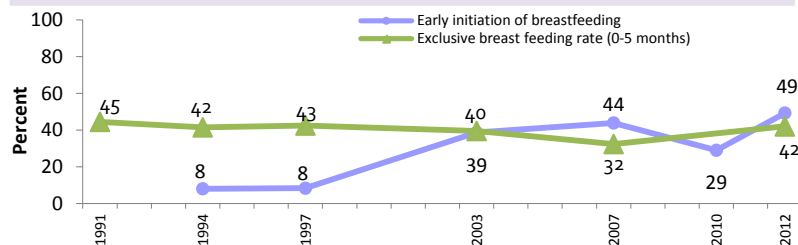


## Food Utilization

## Nutrition and Health

### Figure 3.5 Exclusive Breastfeeding

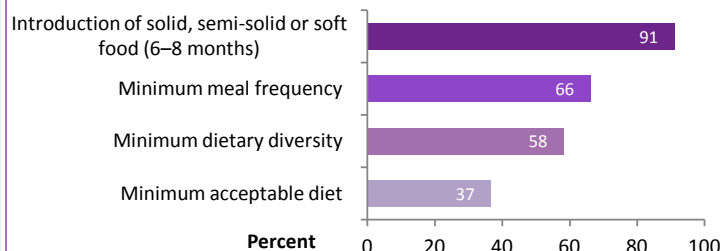
- Exclusive breastfeeding has decreased (6%) from 1991 to 2012. Only about four out of ten of infants younger than age 6 months are exclusively breastfed.
- Paradoxically, from 1994 to 2012 early initiation of breastfeeding increased by more than 5 times, Nevertheless less than one half of children received such early initiation



Source: IDN\_Indonesia Demographic and Health Survey 2012/Riskesmas re-analyzed by UNICEF 2010

### Figure 3.6 Complementary Feeding

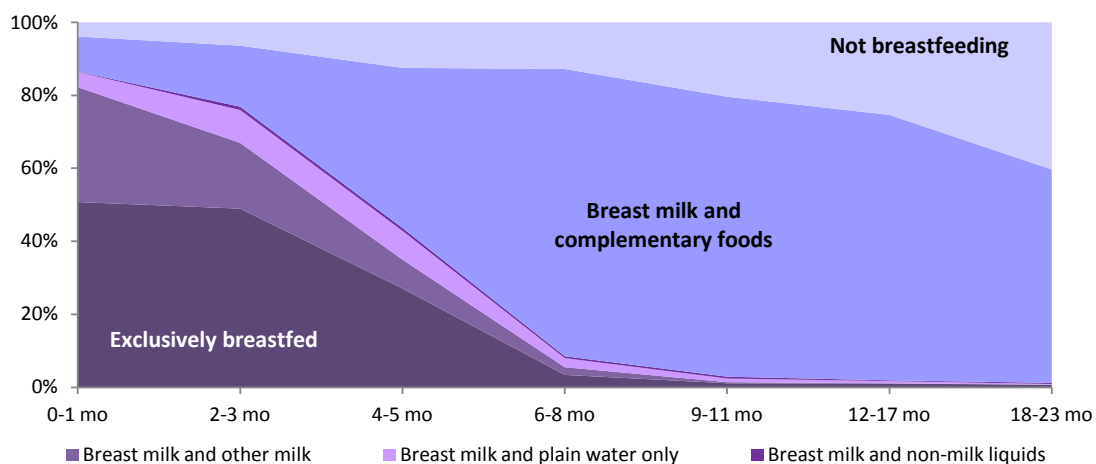
- Introduction of complementary feeding is timely for 91% of young children
- 66% of children aged 6-23 months meet the minimum meal frequency
- Meeting the recommended dietary diversity of diet remains a challenge for more than 4 out of 10 children
- The Minimum acceptable diet is reached only by a third of infants



Source: IDN\_Indonesia Demographic and Health Survey 2012

### Figure 3.7 Duration of Breastfeeding

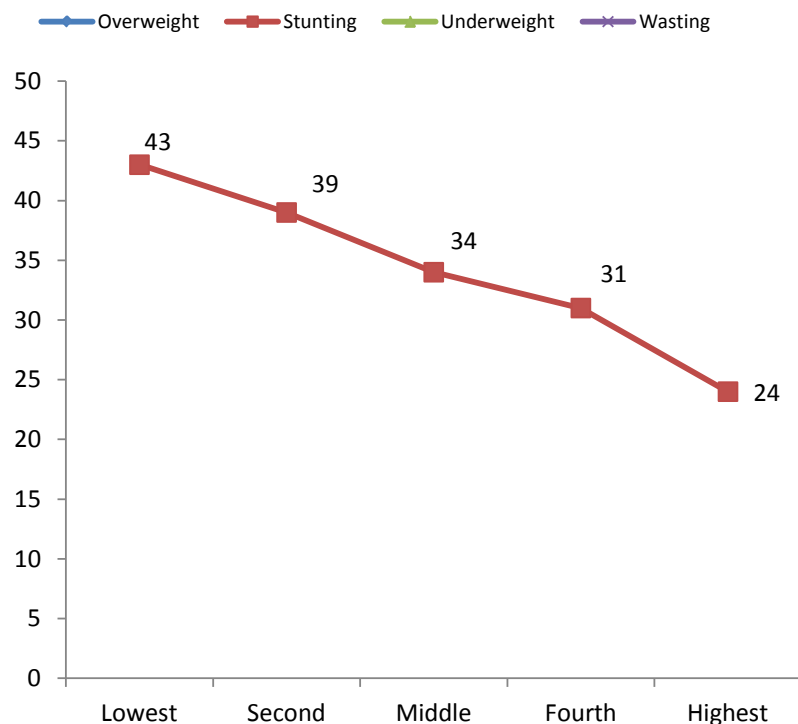
- Duration and frequency of breastfeeding affect the health and nutritional status of both mother and child
- Exclusive breastfeeding is recommended up to age 6 months, and continued breastfeeding with complementary feeding, is recommended from 6 months until age 2 years and beyond



Source: IDN\_Indonesia Demographic and Health Survey 2012

### Figure 3.8 Child Malnutrition and Poverty

- Children in the wealthiest quintile have 56% less stunting deficits than children in the lower income quintiles

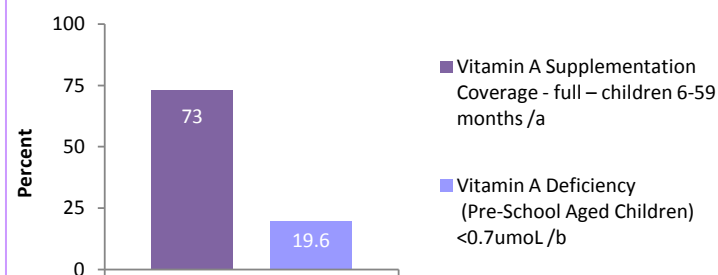


Source: IMPROVING CHILD NUTRITION, The achievable imperative for global progress 2013/NS, 2010.

## Micronutrient Status

### Figure 3.9 Vitamin A

- Successful Vitamin A supplementation (76%) is a likely contributor to the observed reductions in child mortality.
- Vitamin A deficiencies (20 % of pre-schoolers) remain a moderate public health concern, bordering on severe, and indicate that Vitamin A is still lacking in the daily diet.



\* VAD is a severe public health problem if >20% of preschool children (6-71 months) have low serum retinol (<0.7µmol/L)

Source: a/ UNICEF, State of the World's Children 2014, b/ WHO Global prevalence of vitamin A deficiency in population at risk 1995-2005 report.

## Iodine (Table 3.2)

Households consuming iodized salt (2007)/a	62.3 %
Iodine deficiency (Urinary Iodine Concentration <100ug/L) among school-age children (2003) /b	5.2 %
*Optimal UIE 100 - 199ug/L	

Source: a/ UNICEF State of the World's Children, b/WHO Global database on iodine deficiency



Enabling environment for Nutrition and Food security - Policy documents addressing nutrition issues			
<b>1. National Medium-Term Development 2010-2014 (RPJMN)</b>			
This document covers the entire spectrum of development actions and includes a specific target to reduce stunting from 37 to 32%			
<b>2. Food and Nutrition Plan of Action (RAN-PG) (2011-2015)</b>			
Putting in place first multisectoral approach to nutrition. Objective to reduce stunting from 37 to 32% taken form the 2010-2014 RPJMN			
<b>3. Scaling Up Nutrition (SUN) Movement formalized through a Presidential Decree</b>			
SUN Movement in Indonesia has been formalized through a Presidential decree (Number 42/2013)in May 2013. SUN Policy Framework (2012) developed that reinforces the need for multi-sector actions and multi-stakeholder involvement			
<b>4. Presidential Decree No 741</b>			
Provides guidance on the minimum health standards (SPM), lists micronutrient supplements, growth monitoring, supplementary feeding and treatment of severely malnourished children as basis for nutrition			
<b>5. President Regulation No. 22 / 2009</b>			
Policy on Scale Up of Food Diversification Consumption of Local Food-based.			
<b>6. Ministry of Agriculture / Chairman of National Food Security Board Regulation No. 43/Permentan/OT.140/7/2010</b>			
Guidelines on Food and Nutrition Surveillance System			
<b>7. Government Regulation No. 68 / 2002 on Food Security</b>			
Nutrition related issues covered in these policies		Covered	Comments
<b>Maternal and Child Undernutrition</b>	Child undernutrition	yes	Community-Based Management of Acute Malnutrition (CMAM) programme implemented
	Low Birth Weight	yes	
	Maternal undernutrition	yes	
<b>Obesity and diet related NCDs</b>	Child obesity	both	
	Adult obesity		
	Diet related NCDs	yes	
<b>Infant and Young Child Nutrition</b>	Breastfeeding	yes	Laws and decrees address part of the provisions of the Int'l Code on BMS. Ban on marketing for children up to 12 mo. Old
	Complementary feeding	yes	
	Int'l Code of Marketing of BMS	yes	
<b>Vitamins and Minerals</b>	Supplementation: Vitamin A children/women	yes	Vitamin A Supplementation guidelines for children 6-59 mo. and postpartum women Deworming guidelines for children 12-59 mo. (updated in 2012 to include children from 1 yr. old). Policy allows for treatment of pregnant women on diagnosis of a worm infection (no mass deworming) Policy to use zinc with Oral Rehydration Salts in management of diarrhoea adopted. MNP for children under two
	Iron Folate children/women	yes	
	Zinc children	no	
	Other vitamins & min child/women	children	
	Food fortification	yes	Mandatory: Salt, Wheat Flour close to 100% flour fortified; Voluntary: vegetable oil
<b>Underlying and contextual factors</b>	Food Safety	yes	Maternity leave paid by employer at 100% of wage; Provisions for Nursing breaks after return to work .
	Food security	yes	
	Food Aid	yes	
	Nutrition and Infection	yes	
	Gender	no	
	Maternal leave	13 weeks	
Social Protection policies or legislation including food or nutrition component			
<b>1. Program Nasional Pemberdayaan Masyarakat Generasi (PNPM Generasi)</b>			
Community empowerment programme that provides villages with block grants to improve health and nutrition outcomes			
<b>2. Programme Keluarga Harapan (Family Hope Programme)</b>			
3-year pilot to enhance the impact of the ongoing CCT on childhood stunting, with a focus on improving the supply of health and nutrition services and strengthening the relationship between supply and demand initiatives to increase service uptake			

## Food safety policies or legislation

### 1. Food Act (1996)

The Act comprehensively covers legislative regulations related to food, reviewing those already in existence as well as creating new ones. Many of Indonesia's regulations related to marketing of food are unclear and therefore either not enforced or only enforced inconsistently. ([http://www.asianfoodreg.com/regulations\\_standard.php?id=9&inuid=11](http://www.asianfoodreg.com/regulations_standard.php?id=9&inuid=11))

### 2. Government Regulation No. 69 / 1999 on Food Labelling and Advertisement

### 3. Joint Regulation Ministry of Internal Affairs and Chairman of National Food and Drug Control Agency, No. 43 / 2013 and No. 2 / 2013

Inspection of Hazardous-Substances in Food

### 4. Ministry of Health Regulation No. 30 / 2013

Inclusion of Information on Sugar, Salt and Fat Contents also Health Message on Processed Food and Fast Food.

## Agricultural policies addressing food security

### 1. National Decentralized Support Programme for Food Security

Demographic Indicators (Table - 5.1)		Year	Economic Indicators (Table - 5.3)		Year	
Population size (thousands) /a	246,864	2012	GDP annual growth rate /c	6.2 %	2012	
Average annual population growth /a	1.25 %	2012	GDP per capita (PPP) (constant 2011 international dollars) /c	8,856	2012	
Proportion of population urbanised /c	51.4 %	2012				
Number of children <5 years (thousand) /a	24,466	2012	Gini index /c (100= complete inequality; 0= complete equality)	38.1	2011	
Education level of mothers of under-fives: None (%) /f	3	2012		34	2005	
Life expectancy at birth (Years) /c	Male	69	2012	Unemployment rate /c	6.6 %	2012
	Female	72.7	2012	Population below US \$ 1.25 (PPP) per day /c (%)	16.2	2011
Agriculture population density(people/ ha of arable land /b)	2.2	2006-2008				
Employment in agriculture sector (% of total employment) /c	35.1 %	2012	Poverty gap ratio /e	3.6	2009	
Women employed in agriculture sector (% of total female employment) /c	34.5 %	2012	Income share held by households /c	Poorest 20%	7.27 %	2011
				Richest 20%	45.98 %	2011
Adolescent birth rate (number of births per 1,000 adolescent girls aged 15-19) /a	48	2012	Sources: a/ UN_United Nations Department of Economic and Social Affairs, MDG Database_2013 Update b/ FAOSTAT 2013 Update; c/ UN_World Bank - World Development Indicators Database_Dec 2014 Update d/ UNICEF, State of the World Children 2014 (data refer to the most recent year available during the period specified) ; e/ UN Statistics Division, MDG database 2013 Update. f/ IDN_Indonesia Demographic and Health Survey 2012			
Adolescent girls aged 15-19 currently married or in union /f	12.8 %	2012				
Women aged 20-24 who gave birth before age 18 /d (%)	7	2008-2012				

The information included in this Food Security and Nutrition profile, is backed by recognized, validated and properly published information available until June 2014. Although updated information might be available at national level from different sources, until requirements of quality, validity and proper publication are met, it has not been included in this profile.