

Challenges in Eliminating Undernutrition in the Time of Pandemic Crisis in Indonesia

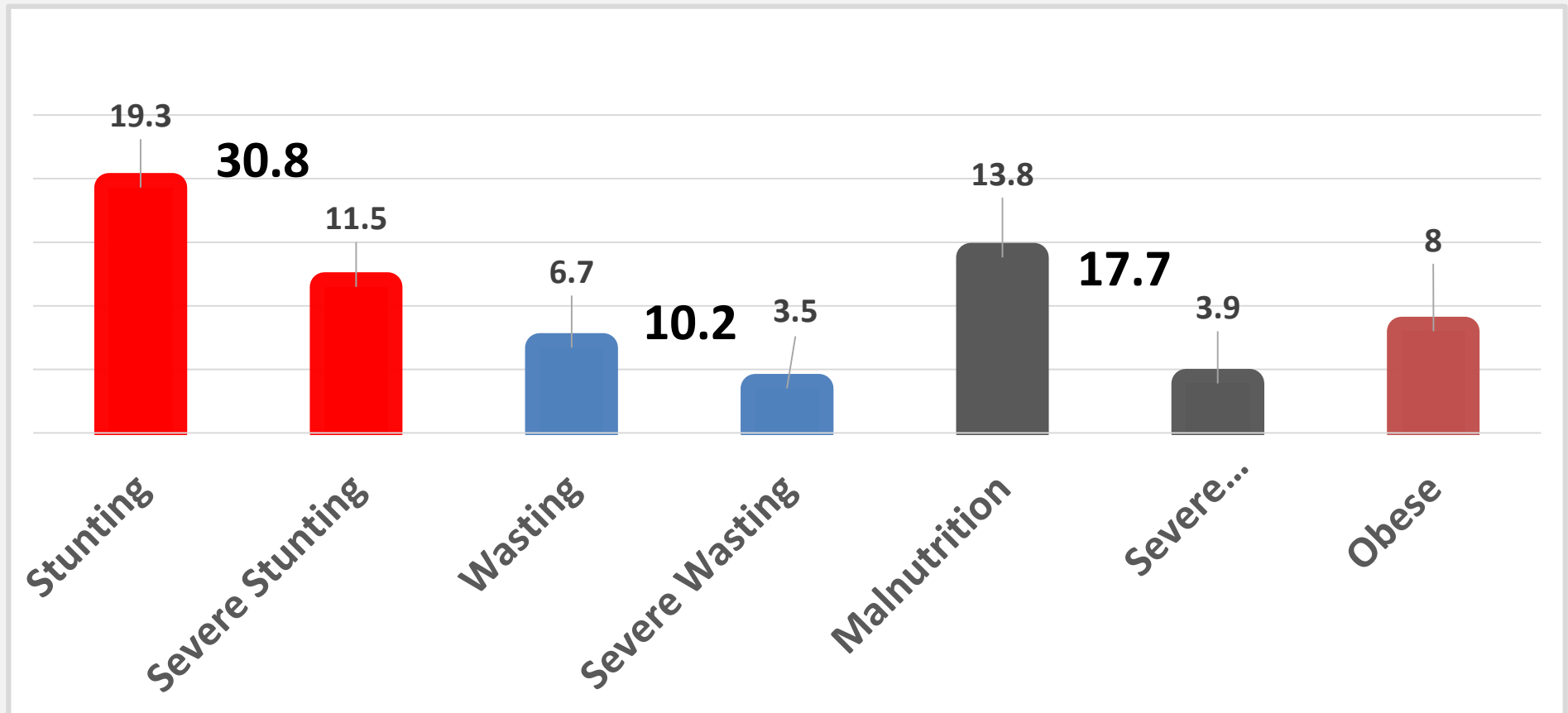
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“Beyond Stunting: New Problems and Challenges to Improve Food Security and Nutrition in Indonesia”

14 October 2020

Indonesia has been facing triple malnutrition problem...



Source: Riskesdas 2018

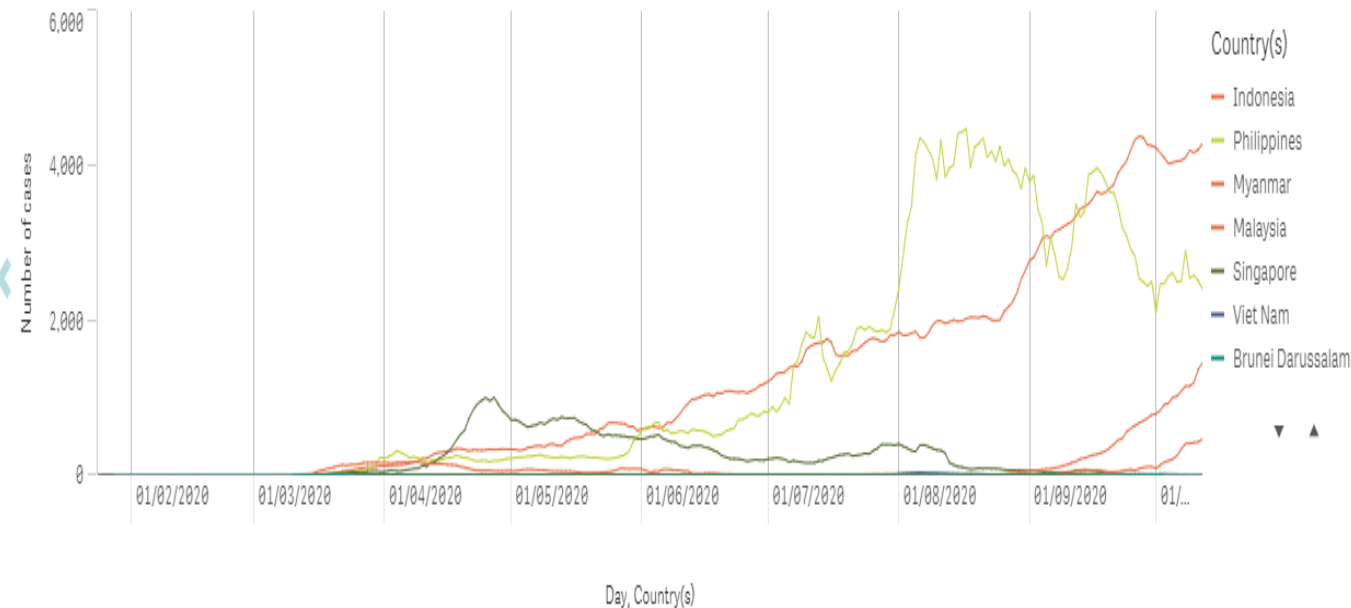
COVID-19 Cases in Indonesia Continues to Increase Potentially Undermining Efforts to Address The Challenges

Moving average window (past days)

7

Distribution of number of reported cases - 7 day moving average

worldwide, by selected territory(ies) and period (**)



Total cases 37,568,843

Total deaths 1,077,508

Cases 779,216

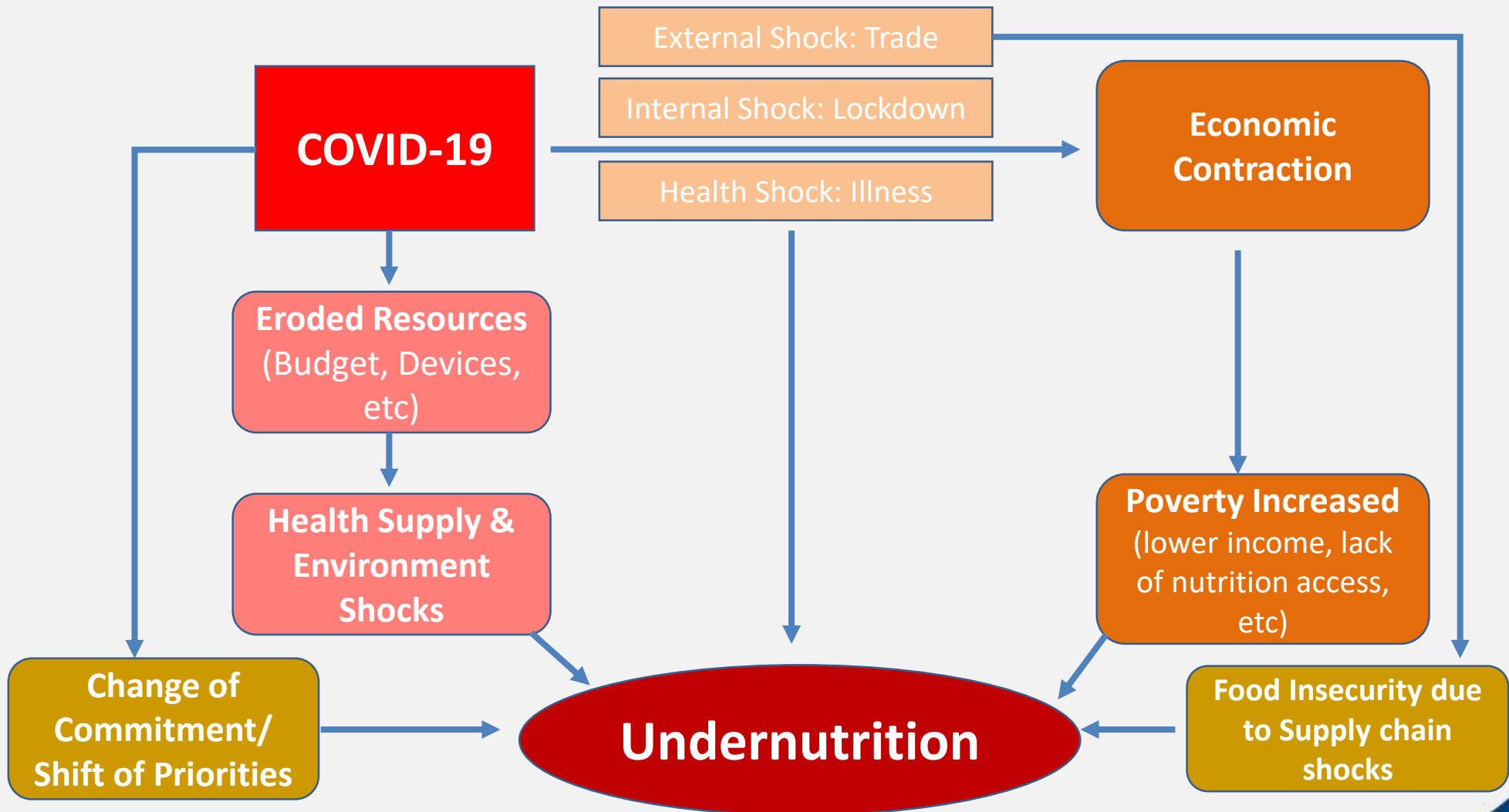
Deaths 19,092

Confirmed cases and deaths
(31/12/2019 - 12/10/2020)

Cumulative numbers and rates for time period

Country	Q	Cases
Philippines		339,341
Indonesia		333,449
Singapore		57,876
Myanmar		27,974
Malaysia		15,657
Thailand		3,641
Viet Nam		1,109
Brunei Darussalam		146
Lao People'S Democratic Republic		23

COVID-19 and Undernutrition



COVID Put More Challenges...

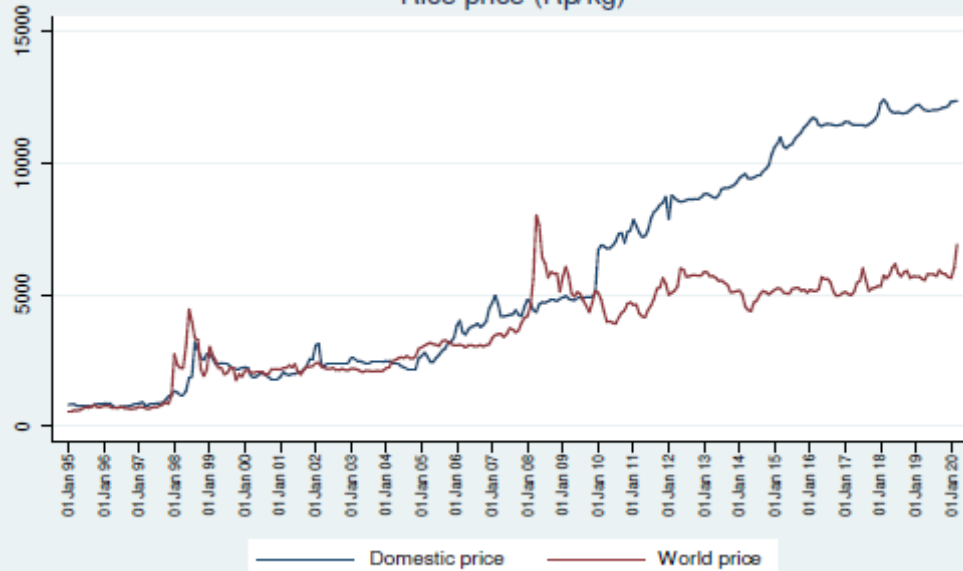
- Some adverse impacts of COVID:
 - Economic growth slowdown in the 1st quarter of 2020 and become negative in 2nd and (expectedly) in 3rd quarter of 2020
 - Main contributor: drop of consumption
 - Poverty rate increased in March 2020
 - Business shutdown, lost jobs, reduction in income
 - Eat less, lower nutrition
- COVID also affect services related with health and nutrition:
 - Shorter operation hours of Local Health Clinics
 - Less POSYANDU services/operations
 - Immobile health facilitators
- The pandemic also may worsen the nutrition-related problems that already existed prior to pandemic

Challenges to Sustaining Stunting Reduction (Risksdas 2018)

- Birth outcomes:
 - Proportion of low birth weigh (< 2500 gram) slightly increased from 5,7% (2013) to 6.2% (2018)
 - Proportion of low birth length (<48 cm) increased from 20,2% (2013) to 22,7% (2018)
- Immunization:
 - % of complete basic immunization among 12 – 23 months decreased from 59,2% (2013) to 57,9% (2018).
 - % of under 5 kids not getting immunization at al increased from 8,7% (2013) to 9,2% (2018).
- Pregnant mothers and under 5 kids not receiving food supplementation are still large –respectively 74,8% dan 59%.
- % of anemic among pregnant mothers increased from 37.1% (2013) to 48.9% (2018)

Access to Nutrition is Prevented by the Food Price

Rice price (Rp/kg)



Source: BPS, Bank of Thailand via CEIC

Beef retail price (Rp/kg)



Source: BPS, ABARES

Source: Patunru & Amanta, 2020

Indonesia domestic food prices are comparatively higher relative to other countries explaining lower access to and consumption of nutritious food.

Prior to COVID mostly due to trade restrictions and domestic production capacity
After COVID due to logistical disruption and countries' precautionary action to secure domestic supply

Indonesia Has Set the Right Path in Accelerating Stunting Reduction

The Vice-President committed to lead the effort to accelerate stunting prevention, and stated it Stunting as 'National Disaster'

(International best practices show that sustained top political commitment matters a lot)

The Vice-President of Indonesia led another Ministers Level Coordination Meeting to decide **5 (five) pillars of stunting prevention:**

1. Leadership and Commitment;
2. National Campaign and Behavioral Change Communication;
3. National, Regional, and Village Program Convergence;
4. Nutritional Food Security; and
5. Monitoring and Evaluation.

Setting the Priorities:

- Target groups: pregnant mother, under 2 yo, but also teenagers.
- Districts,
- Interventions

Summary Progress on 5 Pillars

Pillar 1:

- President/VP has led several special cabinet meetings on stunting
- Bappenas & MoF has tagged program and budget related with stunting reduction
- 250 head of districts have committed to prioritize stunting reduction in their APBD

Pillar 2:

- Official Behavioral Strategy Document is released
- 114 priority districts have produced strategy document for BCC implementation, with 71 districts pushed further toward interpersonal communication strategy

Pillar 3:

- Stranas as common guideline to promote convergence, Bappenas and MoHA provide 8 Convergency Actions
- Incentive mechanism for districts and village government to drive convergence

Pillar 4:

- Expansion of Program Sembako, and add source of food item in the program
- Promoting and expansion of fortified food coverage

Pillar 5:

- Monev framework and guideline
- Annual Anthropometric survey
- Regular district performance monitoring
- Planned impact evaluations

COVID-19-RELATED SOCIAL PROTECTION PROGRAMS

Summary of the Program Coverage

ROUTINE PROGRAMS

Program Keluarga Harapan

9.2 mills KPM

Min: 900.000/KPM/Th
Max: 10.800.000/KPM/Th

10 mills KPM

Increased 25% per component

Program Sembako

15.2 mills KPM

150.000/KPM/month

20 mills KPM

200.000 /KPM/month

Electricity Subsidy

31.1 mills KPM

Tariff subsidy for customers 450VA
in DTKS

31,1 mills households

450 VA: Free Electricity

501 ribu households

900 VA: Diskon Tarif

1,3 mills households

Social, enterprise, industries; 200VA (free
monthly installment), 450 VA (bebas
utilities), dll.

ADDITIONAL/NEW PROGRAMS

Bansos Sembako (BSS) DKI Jakarta

1.3 mills KPM

Bansos Sembako (BSS) Bodetabek

600,000 KPM

Bansos Tunai (BST) Non-Jabodetabek

9 mills KPM

April-Jun: 600.000/KPM/month

Juli-Des: 300.000/KPM/month

Kartu Prakerja

5.6 mills jiwa

3,550,000/beneficiary

Subsidi Upah

15,7 mills jiwa

600,000/month/worker

Bantuan Langsung Tunai (BLT) Dana Desa

8 mills KPM

Jun-Sept: 600.000/KPM/month

Subsidi JKN Mandiri Kelas 3

33.98 mills jiwa

Juli-Des: 16,000/beneficiary/month



Before Pandemic



After Pandemic

Effectiveness of Programs on Improving Nutritional Status

- **PKH (Program Keluarga Harapan)**

PKH continues to have large static incentive effects on many of the targeted indicators on health and education. We also begin to observe impacts on outcomes that may require cumulative investments: for example, six years later, we observe large reductions in stunting and some evidence of increased high school completion rates. The results suggest that CCT investments can have substantial effects on the accumulation of human capital, and that these effects can persist even when programs are operating at large-scale without researcher intervention (*American Economic Journal: Economic Policy*, November 2020)

- **BPNT/Program Sembako**

The program has helped to make poverty fell by 20 percent particularly among households in the bottom 15 percent at baseline. Food vouchers –instead of in-kind food-- also allowed households to purchase high-quality rice, and to increase consumption of egg-based proteins. Overall leakage from the program was not affected, and little effect found on aggregate prices. The results suggest that the change from in-kind to vouchers led to substantial impacts through the way it changed how programs were implemented on the ground (*Work in Progress*)

- **PMT (Program Makanan Tambahan/Supplementary Food Program)**

In response to concerns over the vulnerability of the young in the wake of Indonesia's 1997–1998 economic crises, the Government of Indonesia implemented a supplementary feeding program to support early childhood nutritional status. This paper exploits heterogeneity in duration of program exposure to evaluate the impact of the program on children aged 6 to 60 months. By examining differences in nutritional status of treated younger children and a placebo group of older children, the analysis finds that the program improved the nutritional status of treated children, and most significantly, led to 7 and 15% declines in rates of moderate and severe stunting, respectively, for children aged 12 to 24 months who were exposed to the program for at least 12 months over two years (*Journal of Development Economics*, 2015)

What to Do Next?

(Global Nutrition Report 2020)

1. Continue to provide the critical community based nutrition services using innovative/digital delivery systems for basic services such as promotion of breastfeeding, micronutrient supplementation, and basic primary health care including immunizations
2. In partnership with the stakeholders in agriculture sector, increase access to healthy and diverse food.
 - National policies to deter trade bans on food supplies
 - Strengthening local supply chains for vegetables, fruit and other perishable foods that are subject to waste, esp in the context of lockdowns and
 - Putting in place taxation and marketing regulations on unhealthy foods such as sugar sweetened beverages and junk foods that promote obesity.
3. Ensure that emergency food distribution and safety net programs (including school meals), provide **foods fortified** with vitamins and minerals
4. Expand cash transfer programs, using criteria relevant for pandemic crisis including nutritional vulnerabilities
5. Continue national communication campaigns on Covid19 reiterating the preventi while continuing to safety breastfeed infants, promoting handwashing, and emphasizing the need for healthy diets, basic nutrition services such as vitamin A supplementation and immunisation

Closing Remarks

- The last few years saw how Indonesia has established the right path to address problems in malnutrition
- Some progress are made, but COVID Pandemic has threatened the continuity of such progress
- Indonesia need to refocus the resources in coping with the COVID crisis and at the same time push further the positive momentum
- Social Protection as well as health/nutritions programs proven to be effective to increase nutritional status of the children, need to push further by improving quality of the programs
- But addressing malnutrition should go beyond health and nutrition policies. Indonesia needs also to work on policies that strengthened its nutritional food security –both at the supply and demand sides.

Thank You
