Forewords

Global Nutrition Report (GNR) - 2014

On Jan 9, 2015 GNR-2014 was launched at Bappenas, Jakarta. It was opened by Coordinating Minister for Human Development and Culture, Puan Maharani; Minister of National Development Planning (BAPPENAS), Andrianof Chaniago; Director General of Nutrition, Maternal and Child Health Ministry of Health, Anung Sugiantono; and attended by Lawrence Haddad, Co-Chair GNR, IFRI, Washington; and US Ambassador for Indonesia, Robert O. Blake, Jr.
The following are the takeaways from Prof Lawrence Haddad after attending the launching GNR in Jakarta.

Jakarta, April 2015
Prof. Soekirman (Em.), Bogor Agriculture University (IPB), Chairman of KFI

MY TAKEAWAYS (From Jakarta):
(Prof. Lawrence Haddad)

** Shock. Many in the audience were floored by the fact that Indonesia was one of only 17 countries with high levels of under 5 stunting, wasting AND overweight. Stunting rates are high (36% from a 2013 government survey), static, and, for the poorest quintile, are actually increasing. One of the senior government officials said it was a “disaster”. The Indonesia Nutrition Country Profile gives more details.

* Potential. The potential for a big change in malnutrition seems high. The economy is booming, poverty is falling, cash transfers are in place, a new law is being introduced that would raise the age of marriage to 18 from 16, there is tons of up to date data, and the central government seems committed (ranked 7th in the nutrition component of the HANCI).

* Think tanks. The gap between government and research seemed quite significant. Nutrition in Indonesia needs something like a SMERU and Prof. Soekirman announced a new such think-tank, the IGI (Institut Gizi Indonesia), launched in October last year. This will help link existing and new research to policy making and vice versa. It should keep the issue in the media, help governments use existing data and become better consumers of evidence and help researchers to pose more relevant questions.

* Leadership. It is pretty clear that nutrition leaders in Indonesia need to be extraordinarily adept—excelling in horizontal coordination (across sectors and stakeholders at the same level) and in vertical coordination (from national to sub district). This requires so much more skill than knowledge of nutrition. It requires people to stick their necks out to make decisions that might not please key constituencies, make a compelling case and build relationships outside their comfort zones. None of this is easy, but it has to be done.

* New Plans. New plans for nutrition improvement are being drafted for 2015-2019 and they are going to be multisectoral, not just focusing on food and health. In principle this is very good, but in practice it makes it even more demanding to implement, so capacity investments will have to accompany the changes. Also the proposed name, Food and Nutrition Plan, needs to change to something like Multisector Plan for Nutrition. Food is important, but so are the other sectors. The proposed name would privilege one sector over the others and often food is not the main constraint to improved nutrition.

In sum, all the ingredients are in place for a rapid reduction in malnutrition in Indonesia. We just need a few adventurous cooks with the keys to the kitchen who can develop, articulate and implement plans for nutrition. If Indonesia wants to lock in enhanced economic performance in the future, it needs to invest in nutrition now.”
GIZI DAN PEMBANGUNAN MENURUT IFPRI
(GLOBAL NUTRITION REPORT-2014)
(IFPRI Issue BRIEF, November 2014)


GNR Launching in Jakarta
(January 9, 2015)

Coordinating Minister for Human and Cultural Development
Puan Maharani.

Minister of National Development Planning (BAPPENAS)
Andrinof Chaniago.

“High quality Human Development with typical Indonesian character requires good nutrition.”

“Human Development is a central problem of national development. It has three main dimensions: intellectual, physical health and mental health. All comprises the dimensions of national development.”

**2014 Nutrition Country Profile**

**INDONESIA**

### ECONOMICS AND DEMOGRAPHY

#### POVERTY RATES AND GDP

- **US$1.25/day (%):** 85 (1990) to 54 (2013)
- **US$2/day (%):** 5,952 (2010) to 46 (2013)
- **GDP per capita (PPP $):** 8,027 (2010) to 4,543 (2013)


#### UNDER-5 MORTALITY RATE

- **Deaths per 1,000 live births:**
  - 1990: 84
  - 2000: 52
  - 2010: 34
  - 2012: 31

*Source: UN Inter-agency Group for Child Mortality Estimation 2013.*

### CHILD ANTHROPOMETRY

#### CHILD ANTHROPOMETRY

- **Number of children under 5 affected (000):**
  - Stunting (a): 8,906 (2013)
  - Wasting (a): 3,303 (2013)
  - Overweight (a): 2,814 (2013)

- **Percentage of children under 5 affected:**
  - Wasting (a): 14 (2013)
  - Severe wasting (a): 7 (2013)
  - Overweight (a): 12 (2013)
  - Low birth weight (a): 9 (2007)

*Sources: *UNICEF/WHO/UN/2014; *UNICEF 2014.*

#### PREVALENCE OF UNDER-5 STUNTING (%)

- **2004:** 29
- **2007:** 40
- **2010:** 39
- **2013:** 36

*Source: UNICEF/WHO/UN 2014.*

#### CHANGES IN STUNTING PREVALENCE OVER TIME, BY WEALTH QUINTILE

*Data not available*

*Source: DHS surveys 1990−2011 adapted from Bredenkamp et al. 2014.*

### ADOLESCENT AND ADULT NUTRITION STATUS

#### ADOLESCENT AND ADULT ANTHROPOMETRY (% POPULATION)

- **Adolescent overweight (b):** 10 (2007)
- **Adolescent obesity (b):** 2 (2007)
- **Women of reproductive age, thinness (c):** NA
- **Women of reproductive age, short stature (c):** NA

*Sources: *WHO 2014; *DHS 2014. Note: NA = not available.*

#### METABOLIC RISK FACTORS FOR DIET-RELATED NONCOMMUNICABLE DISEASES, 2008 (%)

- **Raised blood pressure:** 41
- **Raised blood glucose:** 7
- **Raised blood cholesterol:** 36

*Source: WHO 2014.*

#### PREVALENCE OF ADULT OVERWEIGHT AND OBESITY, 2008 (%)

- **Overweight (BMI ≥ 25):**
  - Female: 7
  - Male: 3
  - Both sexes: 5

- **Obesity (BMI ≥ 30):** 21

*Source: WHO 2014. Note: BMI = body mass index.*

### INCOME INEQUALITY

- **Gini index:** 38 (2013)

*Source: World Bank 2014. Note: 0 = perfect equality, 100 = perfect inequality.*

### POPULATION

- **Population (000):**
  - 2012: 246,864

- **Under-5 population (000):**
  - 2012: 24,622

- **Urban (%):**
  - 2010: 50

- **> 65 years (%):**
  - 2012: 5

*Source: UNPD 2013.*

### INDICATORS: PROGRESS AGAINST GLOBAL WHA TARGETS

- **Under-5 stunting, 2013:**
  - Currently off course

- **Under-5 wasting, 2013:**
  - Currently off course

- **Under-5 overweight, 2013:**
  - Currently off course

- **WRA anemia, 2011:**
  - Currently off course

*Source: WHO 2014. Note: It is only possible to determine whether a country is on or off course for four of the six WHA targets. The year refers to the most recent data available; on/off-course calculation is based on trend data. WRA = women of reproductive age.*

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### WORLD HEALTH ASSEMBLY INDICATORS: PROGRESS AGAINST GLOBAL WHA TARGETS

- **Under-5 stunting, 2013:**
  - Currently off course

- **Under-5 wasting, 2013:**
  - Currently off course

- **Under-5 overweight, 2013:**
  - Currently off course

- **WRA anemia, 2011:**
  - Currently off course

*Source: WHO 2014. Note: It is only possible to determine whether a country is on or off course for four of the six WHA targets. The year refers to the most recent data available; on/off-course calculation is based on trend data. WRA = women of reproductive age.*

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INTERVENTION COVERAGE AND CHILD-FEEDING PRACTICES

CONTINUUM OF CARE (%)
- Antenatal care (4+ visits), 2012: 88
- Skilled attendant at birth, 2012: 83
- Initiation of breastfeeding within 1 hour after birth, 2010: 29
- Continued breastfeeding at 1 year, 2012: 77

Rate of exclusive breastfeeding of infants under 6 months (%)
- 2002-2003: 40
- 2007: 32
- 2012: 42

Underlying determinants
- Financial tracking and resource mobilization
- Ensuring a coherent policy and legal framework
- Aligning actions around a common results framework
- Bringing people into a shared space for action

Gender-related determinants
- Early childbearing: births by age 18 (%): 7
- Gender Inequality Index (score): 0.500
- Gender Inequality Index (country rank): 103

Population density of health workers per 1,000 people
- Physicians: 20.24
- Nurses and midwives: 1.383
- Community health workers: NA

Government expenditures (%)
- Health: 7.6
- Education: 2.3
- Social protection: 9.1
- Agriculture: 7.5

Financial resources and policy, legislation, and institutional arrangements
- Scaling up nutrition (SUN) country institutional transformations, 2014 (%)
  - Bringing people into a shared space for action: 44
  - Ensuring a coherent policy and legal framework: 50
  - Aligning actions around a common results framework: 48
  - Financial tracking and resource mobilization: 35
  - Total weighted: 44

POLICY AND LEGISLATIVE PROVISIONS
- National implementation of the International Code of Marketing of Breast-milk Substitutes: Available, partially implemented
- Extent of constitutional right to food: Medium-high
- Maternity protection (Convention 183): Partial
- Wheat fortification legislation: Mandatory
- Undernutrition mentioned in national development plans and economic growth strategies: Rank: 43/83

Availability and stage of implementation of guidelines/protocols/standards for the management of NCDs
- Diabetes: Available, partially implemented
- Hypertension: Available, partially implemented

Credits:
- Concept: Prof.(Em.) Soekirman
- Creative: Habibie Yukezain
- Writing: Ifrad DDS
- Picture Editor: Adityo Rachmanto

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