

INDONESIA





SUN Country Summary | September 2012

Indonesia joined the SUN Movement December 2011

"Indonesia is proud of its past achievements in tackling under-nutrition but our nation is aware that much more work still remains to be done. Indonesia recognizes the potential for using the SUN framework to effectively address the challenges posed by malnutrition, including its economic and development impacts."

-Dr Endang Rahayu Sedyaningsih, Former Minister of Health for Indonesia
Letter of Commitment to SUN December 2011

MEASURING PROGRESS IN INDONESIA

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INDONESIA				

Indicator 1: Bringing people into a shared space for action (the multi-stakeholder platform)

The Ministry for People’s Welfare (MPW) has been proposed as the convening body for SUN in Indonesia, as it has been mandated by the President to coordinate specific ministries in the planning, preparation and implementation of policies in the area of public welfare. A Presidential Decree will be issued soon to give the authority to the MPW, with participation from 13 ministries and two agencies.

In the meantime, a SUN Forum has been established under the leadership of the Deputy Minister for Human Resources and Culture of the Ministry of National Development Planning/Bappenas. The Forum was in charge of preparing all relevant documents for SUN implementation namely the Policy Framework and Guidelines. The Deputy Minister is also a member of the **SUN Lead Group** and the nominated SUN Technical Focal Point. The **SUN Focal Point is the Minister of Coordinating Ministry of People’s Welfare.**

SUN Forum include members from the National Development Planning Agency, Ministry of Health, Ministry of Agriculture, civil society (Indonesia Coalition for Fortification), academic and research institutions, and UN System Organizations (UNICEF and WHO). They meet at least once a month. In addition, there is another platform which aims to develop and harmonize at sub-national level the National Food and Nutrition Action Plan. The platform includes different ministries as well as UN agencies who meet 3-4 times a year to develop appropriate National and Sub-National Food and Nutrition action (FNA) plans.

The Millennium Challenge Corporation (MCC) initiative will be used as the main vehicle for the implementation of SUN in Indonesia.

A donor convener has not yet been assigned. However, mapping of key donors involved in nutrition specific and sensitive interventions is ongoing.

There are several international and national civil society organisations active in Indonesia. **Civil society organisations meet through the Nutrition Forum** at intervals to share experience.

Recently, the SUN platforms have been established namely:

- SUN Platform, Government sectors and Institutions: Ministries of People's Welfare, Agriculture, Industry, Women Empowerment and Child Protection, Communication and Information, State's Enterprises, Public Works, as well as Food and Drug Control Agency, Statistics National Bureau, National Population and Family Planning Board University of Indonesia, University of Hamka, University Respati of Indonesia, Development Planning Ministries from Banten and DKI Jakarta
- SUN Platform, NGOs and Professional Organizations: Darwa Wanita, Save the Children, Micronutrient Initiative, World Vision, Child's Fund, Plan Indonesia, Mercy Corps, Perinasia, Asosiasi Ibu Menyusui Indonesia, Sentra Laktasi, PA CSR and MUI, Association of Nutritionists, Associations of Medical Doctors, Association of Nurses, Associations of Midwives, Association of Public Health
- SUN Platform, Development Partners (Donors/UNs agencies): AusAid, USAid, World Bank, UNICEF, WFP, WHO, MCC
- SUN Platform, Private sector: IndoFoods, Pertamina, Charoen Pokhand Indonesia, PT Astra Indonesia, APPNIA, Kaltim Prima Coal PT PLN.
- Media
- The Launch of SUN Indonesia called the First 1,000 Days of Life Movement has been done on September 19, 2012. It was launched by four Ministers namely the Coordinating Minister of People's Welfare, the Minister of Development and Planning, Minister of Health and Minister of Women's Empowerment and Child Protection along with members of the SUN platforms.
- There are also several associations grouping private sector (Indonesia Association of Flour Producers; Association of Food and Beverage Industries)

Indicator 1 Status: 2

Indicator 2: Ensuring a coherent policy and legal framework

Indonesia has updated nutrition specific policies and strategies. A National Action Plan for Food and Nutrition covers the period 2011-2015.

Nutrition-sensitive policies and strategies have been updated since 2005 and cover key sectors like agriculture and food security (Food and Nutrition Action Plan 2011-2015), poverty reduction and development (National Development Plan 2010-2014 and National Poverty Reduction Strategy) and social protection (Household Conditional-Cash transfer program or Hopeful Family Program and Incentivized Community Block Grant program or National Program for Community Empowerment). The health sector covers a number of dimensions (insurance, universal coverage of health service, promotion of good nutrition behaviors).

The national legislation with a bearing on nutrition covers a range of health and food laws (food safety, food quality, food labeling and advertisement). The maternity protection law legislates for 3 months (12 weeks) of maternity leave which is 2 weeks less than the minimum recommended length of 14 weeks (ILO). Many provisions for the implementation of the International Code of Marketing of Breastmilk Substitutes have been endorsed in law including a new regulation which aims to promote, support and encourage exclusive breastfeeding practices in health facilities passed in 2012. Legislation on flour fortification and salt iodization is also in place. Mandatory fortification of cooking oil will be in place in 2013.

Indicator 2 Status: 4

Indicator 3: Aligning programmes around a Common Results Framework

There is a Common Results Framework in place namely the 2011-2015 National Food and Nutrition action plan. There are also a number of nutrition programmes being undertaken.

A community-based nutrition programme (2010-2014) covers all provinces and delivers nutrition specific interventions via the Ministry of Health. Some of the interventions within this programme are already been implemented to scale; notably iron and folic acid to pregnant women, vitamin A supplementation to young children and mothers. There is also a government initiative to provide high energy-protein biscuits to pregnant women with poor nutritional status.

Fortification programmes have been on-going for many years; universal salt iodization and flour fortification. Oil fortification with vitamin A will be mandatory from 2013. Rice fortification is under consideration.

There are two cash transfer programmes with health and nutrition related component running: (i) the Hopeful Family Programme which involves a cash transfer directly to households and is managed by the Ministry of Social Affairs. It runs in 18 out of 33 provinces covering 778,000 households (2010 data) and will scale up to 1.17 million households by 2014 (ii) the National Programme for Community Empowerment (PNPM), which is a community block grant programme and covers around 2,000 villages (2009 data).

Both programmes are linked to health and nutrition conditionalities for beneficiary households such as attendance of at least 4 ante-natal care appointments, taking iron/folic acid and vitamin A supplements and participating in child growth monitoring.

In regards to the Hopeful Family Programme, a pilot in 2 out of 500 districts is running to strengthen the nutrition component by enhancing nutrition counseling and providing multiple micronutrient powders for young children.

In addition to these programmes, there are several health insurance schemes in Indonesia such as Jamkesmas (health insurance for the poor and near poor which covered 76.5 million of poor and near poor people in 2009 but will be increased to 86.5 million poor and near poor in 2013 to eventually attain universal coverage). Jameskesda (same as above but funds are from local budget, 10.8 million people in 2009 and 31.9 million in 2011), Social Health insurance for Civil servants (14.9 million, 2009

and 17.4 million in 2011), Jamsostek for private sector employees (3.9 million, 2009 and 5.2 million in 2011).

The Ministry of Agriculture is improving food availability, access, quality and safety in all provinces through promoting greater production of diversified crops, vegetables and livestock/fish, and subsidizing rice for the poor.

There are two main educational programmes related to nutrition: health education in schools and the early childhood development programme.

The Country Assessment of the Landscape Analysis (2010) found that although commitment to act for nutrition is strong, capacity still needs to be strengthened in particular at sub-national level. At the provincial and district levels where all the action is decided and implemented, the nutrition problem is still largely equated with severe undernutrition (*Gizi Buruk*) and/or to a lack of food. Mechanisms for coordination need to be strengthened especially at sub-national level. One of the challenges for SUN will be its decentralization at provincial and district levels. Current platforms can be used such as Bappeda (Provincial and District Planning agencies) for that purpose.

Indicator 3 Status: 3

Indicator 4: Financial tracking and resource mobilization around a Common Results Framework

Finance information was provided for nutrition specific programmes, for the Cash Transfer Programme, the Community Block-Grant programme and for the Agricultural Programme. Gaps were not identified and the contribution of external donors was not explicit since the mapping has not been finalized yet. Total funds allocated at central level to Ministry of Health, Department of Nutrition is US\$ 70 million per year. Each of the provinces (33) and each district (497) have their own resources which add to the central level contribution. For example, each district shall be their own stock of vitamin A capsules.

Indicator 4 Status: 3