



World Food Programme

SAVING LIVES  
CHANGING LIVES

# Fill the Nutrient Gap (FNG) Indonesia

## Executive Summary



KEMENTERIAN KESEHATAN REPUBLIK INDONESIA



UNITED NATIONS INDONESIA



Indonesia has made considerable progress in poverty reduction in recent decades. The proportion of the population living below the national poverty line decreased from more than 19 percent in 2000 to 9.4 percent in 2019. Yet progress has not been equal and equitable, and well over half the population continues to be vulnerable to poverty. Indonesia continues to face serious challenges in food security and nutrition with almost a third of children under 5 years of age stunted (2019) and a rapidly growing threat from the triple burden of malnutrition (undernutrition, micronutrient deficiencies and overweight/obesity).

In line with the 2030 agenda, the Government of Indonesia placed inclusive, transformative and sustainable development at the centre of its national planning framework 2020-2024 (RPJMN), including

reducing high levels of stunting among children under 5 and reducing regional inequalities. To help build on the evidence base necessary to meet the Sustainable Development Goals and national development objectives, the World Food Programme (WFP) undertook a Fill the Nutrient Gap (FNG) analysis in close collaboration with the Ministry of National Development Planning (BAPPENAS) and the Ministry of Health, and with support from a wide range of other stakeholders. The objective of the analysis was twofold: 1) to highlight likely dietary inadequacies and identify barriers to adequate nutrient intake and 2) to build consensus on priority interventions and policy options to improve nutrition of population groups across the life cycle through various programmes and sectors such as health, social assistance, education and food systems.

## Methodology

The FNG analysis takes a systems approach to identifying context-specific barriers that prevent individuals and households from accessing and selecting healthy, nutritious diets. It comprises two components: a country-specific review of secondary literature and data, and a Cost of the Diet (CotD) assessment. The two components of the analysis are integrated to obtain a better understanding of the specific challenges faced in context, and of potential ways to address them.

The analytical team and multisectoral stakeholders discuss the findings and their implications to create a shared understanding of the issues and possible solutions. Stakeholders then identify and prioritize appropriate nutrition-specific and nutrition-sensitive interventions that can be implemented by different sectors using their existing policy entry points and delivery platforms. These could be social assistance programmes, food processing facilities and markets, food related policies, antenatal care services, school nutrition programmes, etc.

## Process

The Indonesia FNG analysis took place from September 2020 to November 2021. It was conducted by WFP's country office with technical assistance from the Systems Analysis for Nutrition team at WFP headquarters, working in close collaboration with BAPPENAS and the Ministry of Health. A wide range of national experts and stakeholders provided inputs throughout the analysis. Finally, on 5 August 2021, a virtual multistakeholder workshop was held to verify and validate the findings of the complete FNG analysis and prioritize actions based on these findings.

## Main findings

1. Trends in Indonesia indicate significant progress in the fight against stunting. However, obesity and non-communicable diseases are an increasing problem. Despite limited data evidence confirms that micronutrient deficiencies and their consequences are widespread. Poor dietary quality remains the common factor underlying all forms of malnutrition.
2. The least-cost diet that meets nutritional needs would be between 6,566 Indonesian rupiah (IDR) and IDR 14,182 per capita per day, depending on location, or an average of IDR 8,532. The nutritious diet is at least 2.5 times more expensive than a staple-based diet that meets only energy needs.
3. Across the country, between 4 and 53 percent of the population, depending on location, could not afford the lowest cost nutritious diet, based on SUSENAS 2019 data. A lower cost of the nutritious diet in a geographic area does not necessarily mean that it is more affordable.
4. Numerous underlying drivers across a range of systems are responsible for the significant subnational variation in the cost and non-affordability of a nutritious diet.
5. The impacts of the ongoing COVID-19 pandemic continue to exacerbate vulnerabilities. Lower income households have been disproportionately affected, with more households falling into poverty and nutritious diets pushed even further out of reach for the most vulnerable.
6. Adolescent girls and pregnant and lactating women are the most vulnerable members of the household. They require high levels of nutrients which are expensive to obtain from locally available foods. Targeted interventions and fortification can reduce the burden of meeting their nutrient needs and improving nutrition outcomes.
7. For children under 2 years old, suboptimal breastfeeding, low dietary diversity and the high consumption of unhealthy snack foods increase the cost of their nutritious diet and their risk of malnutrition, which has lifelong consequences.
8. Social assistance programmes have the potential to bring households within better reach of nutritious diets and other essential needs, and protect the most vulnerable from the worst effects of the pandemic downturn. However, programmes must be made more nutrition-sensitive through improved targeting, ensuring that cash-based transfers are of adequate size, offering a range of nutritious items in the case of food transfers, and stimulating demand for nutritious foods.
9. Agricultural systems have strong potential to provide for affordable, nutritious diets to all households. This will require agricultural transformation driven by policies that align incentives with nutrition outcomes, achieved by promoting diversified production and repurposing agricultural support.
10. Rice fortification can help to deliver micronutrients to households and vulnerable members, with post-harvest fortification adding a wide range and high levels of micronutrients. Biofortification also holds potential to better leverage the agriculture sector to make foods more nutrient-dense.
11. Shifts in dietary patterns towards more nutritious diets may adversely impact the environment and natural resources, increasing greenhouse gas (GHG) emissions. Ways to limit the environmental impacts of producing, delivering and consuming foods for nutritious diets should be optimized to reduce trade-offs.

## Stakeholder prioritized interventions

Recognizing that social assistance, health and food systems determine physical and economic access to diverse, healthy and nutritious diets, stakeholders identified priorities for these three systems. This prioritization exercise took place after the review of the FNG results during a virtual workshop held on 5 August 2021. The stakeholder-identified priorities cover a wide range of sectors and are targeted at different actors who would need to coordinate for adequate implementation.

### Food systems

- Scale up the Sustainable Food Garden (P2L) programme to increase smallholder income through the production of nutritious foods including fruit, vegetables and animal source foods for sale at the market and for own consumption, and the monetization of other crops.
- Assess and address bottlenecks throughout the supply chain of different foods to ensure more even availability and prices across the country, through the establishment of a national logistics system that informs and manages regional food stocks, creates regional food hubs, and sets up systems for transporting and distributing food to regions where there is a food deficit.
- Strengthen linkages between the food system and social assistance by including post-harvest fortified (and biofortified) foods (such as rice) with existing social assistance programmes, thus ensuring these interventions reach the most vulnerable.

### Health

- Strengthen and promote exclusive breastfeeding practices so that only breastmilk is provided to infants under 6 months, and continued breastfeeding practices so that young children between 6 and 24 months continue to receive breastmilk in addition to nutritious complementary meals. This entails providing adequate support and information to mothers and caretakers during critical breastfeeding periods (such as at birth and during the first week of life), implementing and monitoring compliance of policies and regulations aimed at protecting maternity in the workplace, and ensuring and monitoring compliance with the WHO International Code of Marketing of Breast-milk Substitutes.

- Scale up multiple micronutrient powder (Taburia or MNP) distribution for children aged 6–23 months where non-affordability of the nutritious diet is high.
- Implement and scale up nutrition education components and programmes, especially for vulnerable groups (caretakers of children under 2, adolescent girls, pregnant and lactating women), in clinics, hospitals and schools, and through community health workers.
- Strengthen regulation of processed foods and include regulation of sugar, salt, and fat content in such foods.

### Social assistance

- Make social assistance programmes more nutrition-sensitive by reviewing the benefits package, including the size of cash transfers, to ensure it is a substantial enough contribution to bridge the affordability gap and bring the nutritious diet within participant's reach. Take regional variations in the cost of the nutritious diets into consideration.
- Help households optimize the allowances provided by social assistance programmes: through nutrition education components of programmes, guide them on using cash for nutrition, healthy eating and food consumption habits.
- Strengthen local government capacity on nutrition and implementation for nutrition interventions to ensure social assistance programmes are used as a platform for nutrition.
- Enhance the contribution of social assistance programmes to nutrition by including nutritious foods in transfers, such as post-harvest fortified and biofortified rice, and providing nutrition-specific interventions for groups with higher nutritional needs, such as Taburia and fortified complementary foods for children aged 6–23 months. The latter could also be delivered through the health systems with eligibility determined by social assistance programme participation.





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This Fill the Nutrient Gap Analysis was funded by:



**UN COVID-19 Response  
and Recovery Fund**  
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