


Investing in Children in Indonesia: A Step Toward Poverty Reduction

Endemic Problem of Malnutrition in Indonesia

Malnutrition undermines economic growth and perpetuates poverty. It is one of the most important constraints to achieving many of the Millennium Development Goals (MDGs). In Indonesia, the nutrition status of young children improved from the late 1970s to 1997 as a result of a highly centralized family nutrition program. However, this improvement was diminished following decentralization in 2000. The responsibilities of the highly centralized food and nutrition programs were devolved to about 400 districts, resulting in significant challenges for the planning, financing, and supervising of these programs. With the Asian financial crisis in 1997 and the onset of decentralization, the nutritional gains were lost:

- a nationwide food supplementation program was introduced during the crisis—this has become the main nutrition intervention, leaving fewer funds available for other nutrition programs;
- the number of women and children attending integrated community services posts (*posyandu*) has declined because of lower quality services, such as growth monitoring and promotion; and
- behavior change strategies have been ineffective because of inadequate formative research and evaluation.

In Indonesia, malnutrition remains a public health problem for both urban and rural populations. The prevalence of underweight children below the age of 5 increased from 25% in 2000 to 28% in 2005, which implies that about 5 million children's growth and cognitive and behavioral development have been compromised.[1] It is recognized that childhood malnutrition leads to poor school enrollment and achievements and likewise pose a long-term threat to girls' reproductive health and adult productivity.

In spite of the country's improved socioeconomic indicators and poverty incidence, malnutrition still remains widespread. While poverty contributes to malnutrition, knowledge and customs of child caring and child feeding are also important determinants of malnutrition. In Indonesia, significant levels of malnutrition affects both the poor and the non-poor, suggesting that aside from low incomes, other important determinants include education, behavior and attitudes, child care, and child feeding. Community-based programs targeted at children below 2 years old are cost-effective in preventing under nutrition. Iron deficiency anemia (IDA) in Indonesia is prevalent in 40% of pregnant women and is also responsible for 25% of maternal deaths and associated with low birth weight. Almost half of the preschool children suffer from IDA due to poor quality of complementary food and feeding practices in young children and the resulting high prevalence of underweight children.

Evidence suggests that cohorts of children born after the Asian financial crisis in 1999 and 2000 are more likely to be underweight than those born between 2001 and 2003, because of poor maternal nutrition during the crisis.[2] Increases in malnutrition have been observed

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in all regions of Indonesia but were most pronounced in eastern parts, particularly in Western and Eastern Nusa Tenggara. Similar patterns for stunting, as indicated by height-for-age, wasting, and by weight-for-height, are evident from the national health and household survey data.[3] In 2001, the national figure for prevalence of stunting was 46% while the prevalence of wasting[4] was about 15.8%,[5] with only moderate rural–urban differences. Among the urban poor, wasting rates have increased in recent years.[6] Stunting, on the other hand, usually reflects long-term poverty or social conditions underlying persistent and chronic malnutrition.

An analysis of the nutritional status of children under 5 years and household income in Indonesia indicates that child malnutrition is found not only among the poor and vulnerable, but is also concentrated on low-income households. There is no evidence that boys are favored over girls as the prevalence of malnutrition among females under 5 years of age is slightly lower than for males. Urban–rural differences for poverty are much greater than urban–rural differences for nutrition. While markets are failing to address malnutrition (because many households cannot afford adequate food or health care), malnutrition also occurs among the non-poor because of the lack of information on breast-feeding practices and on detection of growth faltering and micronutrient deficiencies by caretakers.

Other factors with significant impact on malnutrition include customary feeding, child rearing, and hygiene practices leading to diarrhea. To some extent the prevalence of diarrhea diseases is also correlated with access to safe water.

Why Invest in Children?

Given that children and youth constitute 40% of developing member country (DMC) populations, investing in child protection is significant to the region's development. Child deprivation are alarming in Asia and the Pacific, which holds three-quarters of the world's stunted, underweight children. Lack of adequate protection can result in undernourishment, poor health, and intellectual underdevelopment, which can lead to being less productive adults.

The 1997 economic crisis had a number of consequences for the children's nutritional status. Rapid inflation led to an increase in food prices and decline in real incomes, reducing access to food and basic social services by the poor. To alleviate the social and economic distress caused by the crisis, the government established an emergency intervention, the Social Safety Net (SSN) Program. The SSN included interventions to prevent malnutrition, such as distribution of supplementary food to disadvantaged children.[7] This food supplementation program had some success in preventing rapid increases in malnutrition among young children. However, following the termination of the program's external funding, almost 70% of the nutrition budget is being allocated to supplementary foods instead of more cost-effective interventions, such as iron supplementation or food fortification. Essential interventions of the national nutrition program, particularly breast-feeding promotion and nutrition education, had been neglected. Substituting breast-feeding with the use of infant food supplements has a strong negative effect on the nutritional status of young children.

International experience shows that nutrition programs are among the most cost-effective health interventions available. Nutrition research and programs are increasingly focusing on efforts to address malnutrition during pregnancy and the first 2 years of life. Losses in growth and development during this period are irreversible and have long-term, intergenerational implications for health and productivity. Conversely, the failure to address malnutrition leads to measurable long-term economic losses and, when combined with poor education opportunities, can ultimately constrain economic development.

Investment in children is a key factor in poverty reduction and economic growth. Nevertheless, it is usually a small proportion of national budgets, despite ample evidence that the small investments currently made bring considerable future benefits to society as a whole. The reasons for investing in the human potential of poor children are both compelling and self-evident. Human capital improvement is an essential goal of inclusive growth. The Asian Development Bank (ADB) places strong emphasis on human development policies that share the opportunities for inclusive growth with the children of the poor.

Nutrition Improvement Through Community Empowerment Project

ADB supported the government's effort toward reducing and preventing malnutrition with the Nutritional Improvement Through Community Empowerment Project.[8] The project aims to reduce and prevent malnutrition in about 1.48 million children under 5 years and 500,000 pregnant and lactating women in about 4,000 poor villages, including poor urban areas in 24 districts and cities in the provinces of East Nusa Tenggara, West Nusa Tenggara, North Sumatra, South Sumatra, South Sulawesi, and West Kalimantan, as well as, school children in 1,800 primary schools and madrasah. The project's centerpiece is strengthening community-based services, community empowerment, and social mobilization for improved nutrition, hygiene, and sanitation.

The project is designed to deliver five specific outputs:

- strengthened capacity for the development of nutrition policies, programs, and surveillance;
- improved quality and integrated nutrition services for women and children in the project areas;
- enhanced community capability for and implementation of nutrition, hygiene, and sanitation interventions;
- expanded food fortification programs and strengthened nutrition communication; and
- enhanced capacity for project management, including planning, monitoring, and evaluation of nutrition programs.

Among the main benefits of the project include:

- reduced underweight and health and education benefits in project areas;
- more community empowerment and knowledge of mothers and caretakers on better nutrition, hygiene, and sanitation; and
- strengthened local government capacity to plan and manage nutrition programs and the delivery of nutrition services.

Women and children will be the project's principal beneficiaries. Improved nutritional status of women and children will contribute to the achievement of the MDGs related to poverty and hunger (MDG 1); primary education (MDG 2); gender equity (MDG 3); child mortality (MDG4); maternal health (MDG 5); and combating HIV/AIDS, malaria, and other diseases (MDG 6). Nutrition will be improved through greater maternal knowledge, feeding, and care during pregnancy and lactation and improved infant feeding through breast-feeding and timely supplementary feeding.

Endnotes

[1] Nutrition status deteriorated between 2000 and 2005 because of a preference for supplementary feeding programs instead of community empowerment, an inadequate surveillance system because of decentralization, and increasing poverty.

[2] Abreu, Maria. 2005. *Changing Patterns of Child Malnutrition in Indonesia.* Jakarta.

[3] Describes a recent or current severe process leading to significant weight loss, usually a consequence of acute starvation and or severe disease.

[4] Wasting is caused by short-term severe food shortages, the inability to access or afford sufficient food, and the absence of health care services.

[5] The figure of 15.5% wasting prevalence is defined by the World Health Organization (WHO) as a critical emergency.

[6] The 1999 Survey on the Impact of the Social Safety Net Project found a wasting prevalence of 14% in urban areas, while the National Health and Household Survey of 2001 reported wasting prevalence of 15.2% in urban areas (Source: Directorate of Community Nutrition. 2003. *Situation Analysis of Nutrition Problems in Indonesia.* Jakarta).

[7] The SSN was largely funded by the government's Fuel Compensation Fund, which channeled targeted assistance to the poor through line ministries to districts for basic social service delivery. The Asian Development Bank (ADB) assisted the SSN through two social protection sector development programs [ADB. 1998. *Report and Recommendation of the President on Proposed Loans and Technical Assistance Grants to the Republic of Indonesia for the Social Protection Sector Development Program* (Loans 1622/1623-INO and TAs 3041/3042/3043-INO). Manila; and ADB. 1999. *Report and Recommendation of the President on Proposed Loans and Technical Assistance Grants to the Republic of Indonesia for the Health and Nutrition Sector Development Program* (Loans 1675/1676-INO and TAs 3175/3176-INO). Manila.] which strengthened basic social service delivery such health and education, especially to poor women and children.

[8] ADB. 2007. *Report and Recommendation to the President (RRP) for Proposed Loan and Technical Assistance Grant on Nutritional Improvement through Community Empowerment Project (Indonesia).* Manila.

About the Asian Development Bank

ADB's vision is an Asia and Pacific region free of poverty. Its mission is to help its developing member countries substantially reduce poverty and improve the quality of life of their people. Despite the region's many successes, it remains home to two thirds of the world's poor: 1.8 billion people who live on less than $2 a day, with 903 million struggling on less than $1.25 a day. ADB is committed to reducing poverty through inclusive economic growth, environmentally sustainable growth, and regional integration.

Based in Manila, ADB is owned by 67 members, including 48 from the region. Its main instruments for helping its developing member countries are policy dialogue, loans, equity investments, guarantees, grants, and technical assistance.

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