



National Alliance Against Hunger in Indonesia

1) What went wrong in your country which prevented the most vulnerable and the poor to improve their access to safe and healthy food?

Indonesia is an archipelagic country with thousands of islands¹. The population in 2008 counted around 228 millions, mostly residing in the west and middle parts of the country and less in the east. Poverty incidence in 2008 was 15.2%; most of the poor, approximately 63%, are rural dwellers that rely on agriculture. Industries are relatively developed in the west and parts of middle islands, but less in the eastern islands. The general impact of global economic crisis results in increased food and other consumption goods prices and decreased job opportunities; those to suffer the most from this are urban poor, who are heavily dependent on industrial wages. It is estimated that the 2008 crisis will increase poverty incidence back to 2007 situation, at approximately 16 %. Aside of that, issues preventing food access are caused by different reasons across places.

In the western and some middle islands which are inhabited by around 80% of population, the problems of poor communities in improving access to (safe and healthy) food, especially in rural areas, are caused by limited basic infrastructures (roads, transportation, clean water), health cares (health centers) and income opportunity (economic development). In urban areas, basic infrastructure is better, however the decrease of job opportunity and increase of consumption goods prices have affected poor household access to food.



More than 400 thousands industrial workers were laid off in 2008. Limited capability to access economic and social rural and urban resources (i.e. land, capital, technology, education, food program) has prevented the poor to self develop productivity and health consciousness, and hence their access to safe and healthy food.

Some of the middle and eastern part of the country consist of much smaller islands and relatively fragile natural resources (prone to high tides, longer dry season, less fertile land), and are inhabited by around 20% of population. These areas have less developed economic and social infrastructures, worse facilities of clean water and electricity, less education level with high incidence of female illiteracy. With those problems, physical and economic access of poor households to safe and healthy foods is more limited than those in the western part of the country.

2) Did you see any improvement in addressing hunger and malnutrition problems since the High level Conference on World Food Security: the Challenges of Climate Change and Bioenergy held last June at FAO headquarters, Rome?

There are some improvements in addressing hunger problems, basically in adjusting food policies and programs. The result, however, is subject to further observations. Annual socio-economic survey of 2009 will indicate the success rate of the programs.

¹ **Notes:** Among thousands of islands, the country has 5 main islands, two in the west (Sumatra, Java), one in the middle (Kalimantan) and two in the east (Papua, Sulawesi). Some medium islands are in the west (Madura), in the middle (Bali, Lombok, Sumbawa) and in the east part of the country (Sumba, Flores, Timor, Halmahera, Ambon, Buru). There are still thousands of smaller islands, not all of them are inhabited.

In addressing hunger and malnutrition, especially preventing the severe impact of economic crisis, a National Program on Community Empowerment undertaken since 2007 was enlarged in 2008. The program is basically helping poor household to develop economic activities and increase productivity. This includes rural infrastructure development, technology transfer for improving productivity and added value, and developing poor community capacity to mobilize resources. Various stakeholders such as central and local government, NGOs and the community are involved in this process and make contributions according to their respective authority and competence. It covers some 40 millions people in 36 thousand villages, among others 10 thousand villages are supported with “rural agribusiness development program”, and 825 villages supported with “food self resilience program”.

With regard to support direct access to foods, the government has enlarged its rice subsidy program to cover 19.1 million poor households (hh) with 15kg/hh/month in 2008 (2007 subsidy was 16.1 millions with 10kg/hh/month), and cooking oil subsidy 2litres/hh/month for 2-3 months period. Besides, a nutrition supplement program has also been targeted to children under five and lactating mothers in some poor areas.



This food aid and nutrition program has also been carried out by non government institutions and private companies as part of corporate social responsibility. Along with food program, the government implemented cash transfer program (Rp.100.000/month/hh), free health care for poor households and education subsidy for primary and secondary school children.

In view of lessening the impact of high international market price, the government reduced import tariff of soybeans, reduced value added tax of some food items and subsidized fuel price to micro and small food artisans through conversion of kerosene to LPG. For securing stable access to food in all areas, the government is promoting food reserve program at national, local government and community level.

In order to synergize the multi stakeholders program, activities and contribution, Food Security Council at the national, provincial and district levels are strengthened with the support of expert working group. The Council is chaired respectively by the President, Governors and Head of Districts, with membership consisting of civil servants, academician, NGOs, farmers and food business organizations. The council, along with its technical working groups and NAAH, periodically evaluates the food security situation using relevant indicators such as food production and sufficiency, food distribution performance indicated by stability of supply and price, per capita consumption versus recommended dietary intake, nutritional status of children under five and lactating mothers. Based on the evaluation data, the Council discusses the problem as well as policy and action needed, to be carried out by each member party. Performances of each member institution in solving the problem are evaluated and discussed in the regular meeting.

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