

PRIORITY REGIONS FOR PREVENTION OF STUNTING

Ardi Adji
Priadi Asmanto
Hendratno Tuhiman

NOVEMBER 2019

PRIORITY REGIONS FOR PREVENTION OF STUNTING

Ardi Adji, Priadi Asmanto, Hendratno Tuhiman

**TNP2K Working Paper 47 - 2019
November 2019**

The TNP2K Working Paper Series disseminates the findings of work in progress to encourage discussion and exchange of ideas on poverty, social protection and development issues.

Support to this publication is provided by the Australian Government through the MAHKOTA Program.

The findings, interpretations and conclusions herein are those of the author(s) and do not necessarily reflect the views of the Government of Indonesia or the Government of Australia.

You are free to copy, distribute and transmit this work, for non-commercial purposes.

Suggested Citation: Adji, A., Asmanto, P., Tuhiman, H. Priority Regions for Prevention of Stunting. TNP2K Working Paper 47/2019. Jakarta, Indonesia.

To request copies of this paper or for more information, please contact: info@tnp2k.go.id.

The papers are also available at the TNP2K (www.tnp2k.go.id).

THE NATIONAL TEAM FOR THE ACCELERATION OF POVERTY REDUCTION

Office of the Vice President's Secretariat

Jl. Kebon Sirih Raya No.14, Jakarta Pusat, 10110

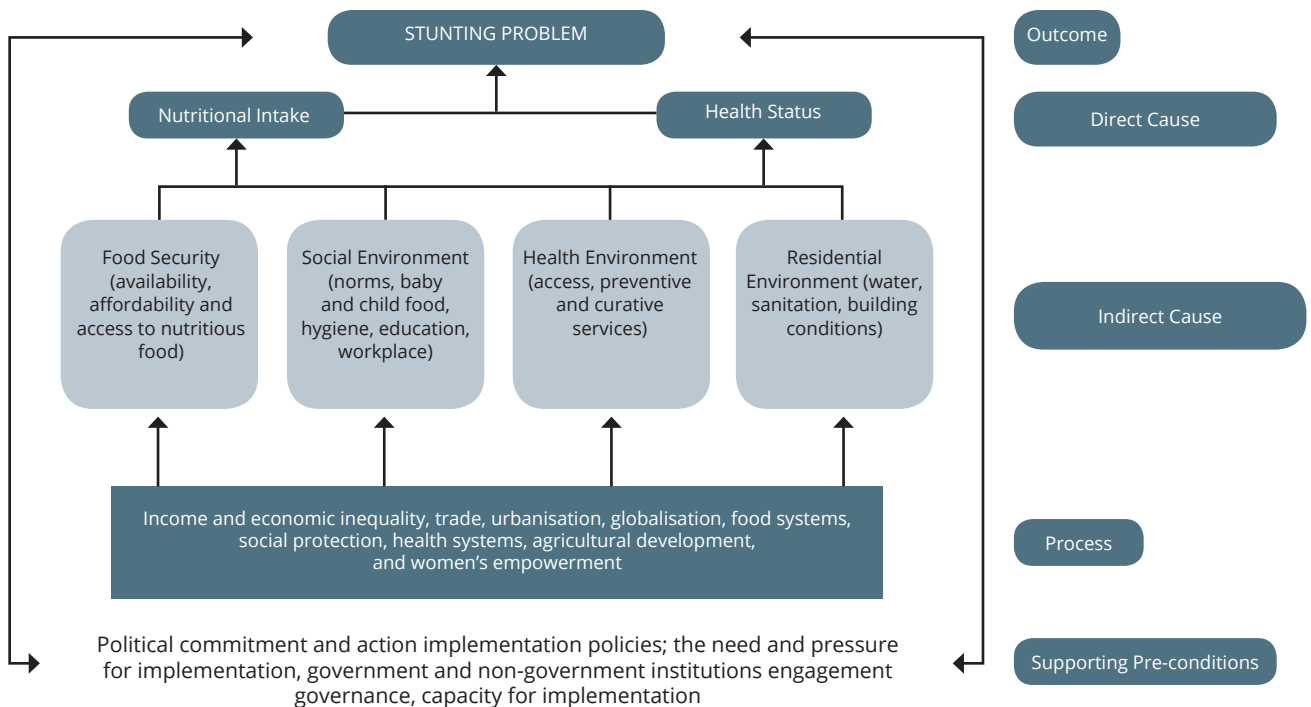
Abstract

One aspect of Indonesia's health profile that still needs improvement is stunting. In 2018 Indonesia had one of the highest prevalence rates for stunting in the world at 30.8 percent. To achieve the National Medium-Term Development Plan 2015-2019 (*Rencana Pembangunan Jangka Menengah Negara: RPJMN*) target of a 28 percent stunting rate, in 2018 the government set priority areas for stunting prevention in 100 districts/cities through a program that will be expanded gradually until 2021. This study is intended to provide a technical explanation for the selection of districts/cities and villages/*kelurahan* as priority areas for stunting prevention. The indicators used in determining priority areas for stunting prevention at the district/city level include: (i) the total number of poor people; (ii) prevalence of stunting in children under the age of five years; and (iii) total number of children under the age of five years with stunting. At the village and *kelurahan* level, priority areas are determined using indicators adjusted to those used in preparing the index at district and city level, namely: (i) total population; (ii) total poor population; (iii) poverty rate; and (iv) total occurrences of malnutrition. Determination of priority areas uses a weighted average index, at both the district/city level and village/*kelurahan* level.

Background

Improving the quality of life of the Indonesian people is one of the priority targets on the national development agenda. These targets will be achieved through improving the quality of education, public health services, community welfare, social security, and developing Indonesia from the periphery by strengthening regions and villages within the national development framework. Improving the quality of life is intended to improve the quality of human capital and welfare of every citizen. A measure of the quality of human capital is the Human Development Index (*Indeks Pembangunan Manusia: IPM*), while public welfare can be measured from poverty level and nutrition status.

Figure 1: Thinking Framework of Causes for Nutritional Problem



Source: UNICEF 1997; IFPRI, 2016; BAPPENAS 2018; adapted to the Indonesian context

One of the national development challenges is poverty reduction. In the decade to 2019, poverty has decreased significantly—from around 16.58 percent to 9.82 percent. Although the fall has been quite significant, poverty is still relatively higher than the government’s targets in the National Medium-Term Development Plan 2015-2019 (*Rencana Pembangunan Jangka Menengah Negara: RPJMN*).

The annual rate of poverty reduction has tended to slow down—both in absolute and percentage terms. The number of poor between 2007 and 2018 decreased by an average of 963,000 persons or 0.595 percentage points/year. The largest drop occurred in 2009 with a decrease of 2.43 million people, equivalent to 0.84 percent. Poverty reduction slowed in 2013-2015 and again experienced quite a progressive decline up to early 2018, however, despite this acceleration, the poverty rate has still not reached the RPJMN target.

Poverty is a factor that disrupts food availability in households, preventing them from meeting nutritional requirements for adequate quality and quantity which, in turn, results in stunted growth and nutritional status.¹ The government has undertaken various poverty alleviation programs that target individuals, households, and community groups as beneficiaries, however, there are indications that these programs have not achieved the optimal targets set by the government. The complexity of poverty requires an integrated and coordinated policy intervention (integrated solution). Poverty reduction efforts have, to date, tended to be partial, not properly measured, and some are even unsustainable.

Various short-term shocks affect the dynamics of the poverty rate in Indonesia. Poverty reduction efforts have, therefore, aimed at improving access to basic services, such as education and health. Improving both is expected to have an effect on long-term poverty reduction trends by severing inter-generational poverty.

One of the health factors that needs to be improved is stunting. Children under three years of age who are stunted will not achieve their intellectual potential, making them more vulnerable to illnesses in the future and at risk of reduced productivity and income. International experience shows that stunted children could potentially lose up to 20 percent of their income as adults, resulting in an increase in poverty and a widening of income disparity in the future.

The results of the *Riskesdas* 2018 study published in November 2018 show an improvement in indicators for nutritional status of children under five years of age, especially in relation to status of stunted children. The stunting prevalence among children under the age of five years declined from 37.2 percent in 2013 to 30.8 percent in 2018. The proportion of malnourished and undernourished children in this age group also declined from 19.6 percent to 17.7 percent while the prevalence of severely underweight and underweight children under the age of five years has improved from 12.1 percent to 10.2 percent. While these improvements are encouraging, there is a need for more robust interventions to accelerate the rates of reduction in these key indicators.

Objectives

To achieve the RPJMN 2015-2019 stunting target of 28 percent, in 2018 the government established priority regions for stunting prevention in 100 districts/cities through a program that will be gradually expanded until 2021. This document aims to explain for stakeholders the technical reasons behind the selection of priority districts/cities and villages/*kelurahan* for stunting prevention. Stunting prevention efforts using an intensity approach are not new. During the New Order period, a poverty reduction approach—known as the *Inpres Desa Tertinggal* (Presidential Instruction for Underdeveloped Villages) program—was implemented to target pockets of poverty. Area-based poverty targeting approaches have not only been applied in Indonesia, but also in several other developing countries, such in China, Burkina Faso, India, Turkey, and the Slovak Republic.

¹ BAPPENAS 2018, Pedoman Pelaksanaan Intervensi Penurunan *Stunting* Terintegrasi di Kabupaten/Kota.

Joint Action and Breakthroughs for Stunting Prevention

The vice president of Indonesia, Jusuf Kalla, as head of TNP2K (National Team for the Acceleration of Poverty Reduction) led a limited meeting on preventing stunting on Wednesday, 12 July 2017. On this occasion he also invited ministers and heads of relevant institutions who implement policies and programs to prevent stunting.

The meeting produced a range of action plan recommendations to prevent stunting (Figure 2). It also aimed to map stunting and formulate an action plan process that would, in turn, be reported to the president. The president is very concerned about finding breakthroughs to address stunting.

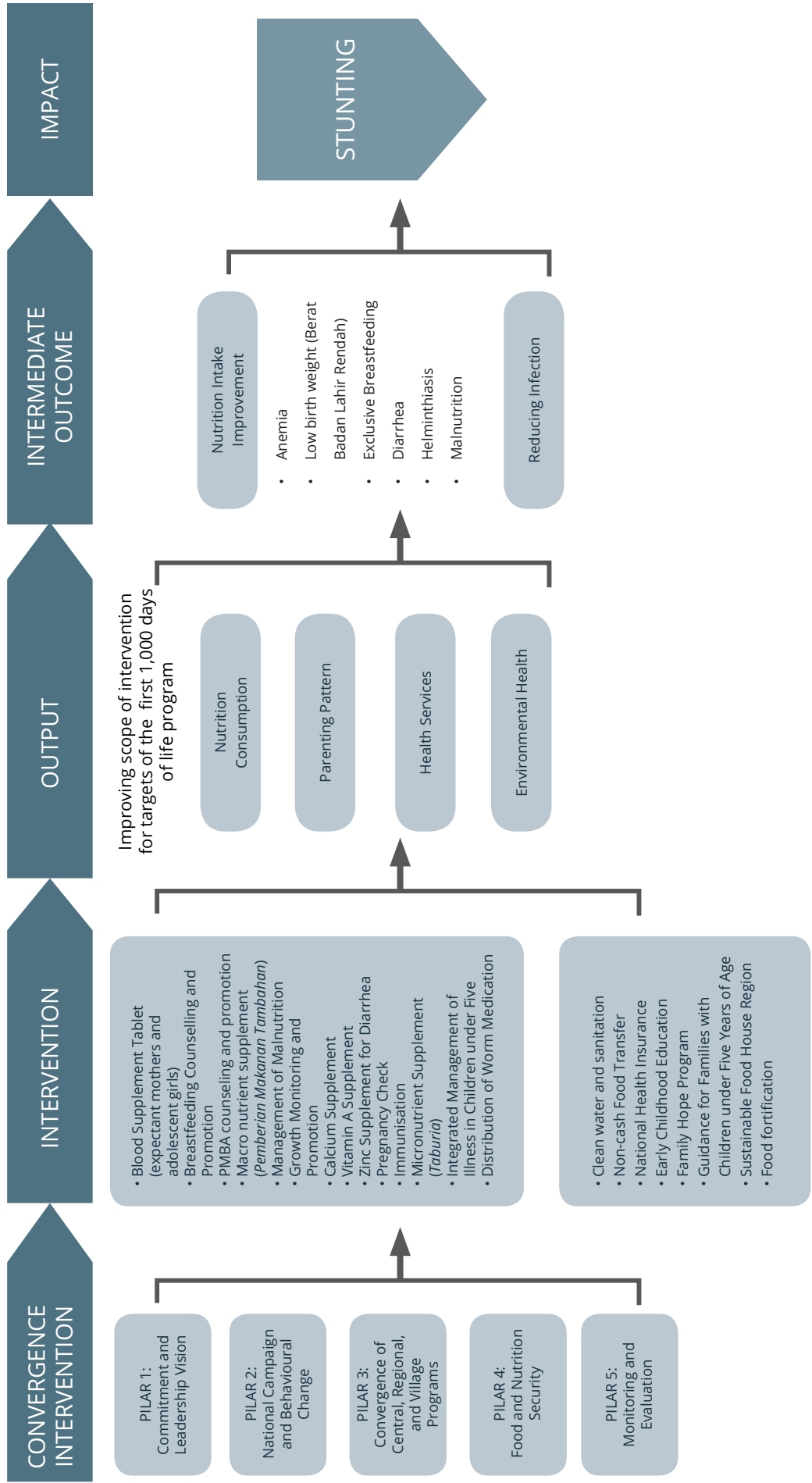
Figure 2: Proposed Time Frame for Action Plan in Stunting Prevention

2018	2019	2020	2021
<p>Maximising the implementation of programs related to stunting in 50 municipalities/cities to coordinate and implement the pillars of stunting prevention</p>	<p>Maximising the implementation of programs related to stunting in 160 municipalities/cities to coordinate and implement the pillars of stunting prevention</p>	<p>Maximising the implementation of programs related to stunting in 390 municipalities/cities to coordinate and implement the pillars of stunting prevention</p>	<p>Maximising the implementation of programs related to stunting in 514 municipalities/cities to coordinate and implement the pillars of stunting prevention</p>

Source: TNP2K Plenary Meeting, 12 July 2017.

It was proposed to divide the action plan recommendations for preventing stunting into five main pillars (Figure 3).

Figure 3: Conceptual Framework for Integrated Stunting Reduction Intervention



Pillar 1: Commitment and vision of the top leadership of the country. In this pillar, the president/vice president's commitment is needed to direct relevant ministries/agencies to manage stunting at both the national and sub-national levels by establishing a policy and strategy as well as targets at national and sub-national (both provincial and district/city) levels. It is also necessary to leverage the Secretariat of Sustainable Development Goals and the Secretariat of TNP2K as coordination and control institutions for relevant stunting prevention programs.

Pillar 2: Conduct a national campaign focusing on understanding, behavioural changes, political commitment, and accountability. Based on international experience and evidence regarding programs that could effectively reduce the prevalence of stunting, the main strategy that needs to be immediately implemented is a national campaign through the mass media and targeted communication to households and ongoing advocacy (Figure 4).

Figure 4: Scheme for Division of National Socialisation and Campaign



Source: TNP2K Plenary Meeting, July 12, 2017.

Pillar 3: Convergence, coordination, and consolidation of national, regional and community programs. This pillar aims to reinforce convergence, coordination, and consolidation, as well as expand program coverage conducted by relevant ministries/agencies. There need to be improvements in the service quality of existing programs (*puskesmas*, *posyandu*, PAUD, BPPSPAM, and PKH),² especially in assisting pregnant women, nursing mothers, and toddlers during the first 1,000 days of life by providing incentives for programs that have successfully reduced stunting in their regions. Lastly, this pillar could also be implemented by leveraging the use of Special Allocation Funds and Village Funds to direct regional expenditures for intervention in stunting priorities.

Pillar 4: Encourage “Food Nutritional Security” Policy. The focus of this pillar is to: (i) encourage policies that ensure access to nutritious foods, especially in regions with the highest prevalence of stunting; (ii) implement a comprehensive plan for fortification of bio-energy, food, and fertilizers; (iii) reduce food contamination; (iv) implement supplemental food programs; and (v) seek investment through private partnerships, Village Funds, and other sources within food market infrastructure—both at urban and rural levels.

² *Puskesmas* (*pusat kesehatan masyarakat*: community health center); *posyandu* (*pos pelayanan terpadu*: integrated service post); PAUD (*pendidikan anak usia dini*: early childhood education); BPPSPAM (*Badan Peningkatan Penyelenggaraan Sistem Penyediaan Air Minum*: Potable Water Supply System Implementation Improvement Agency); and PKH (*Program Keluarga Harapan*: Family Hope Program).

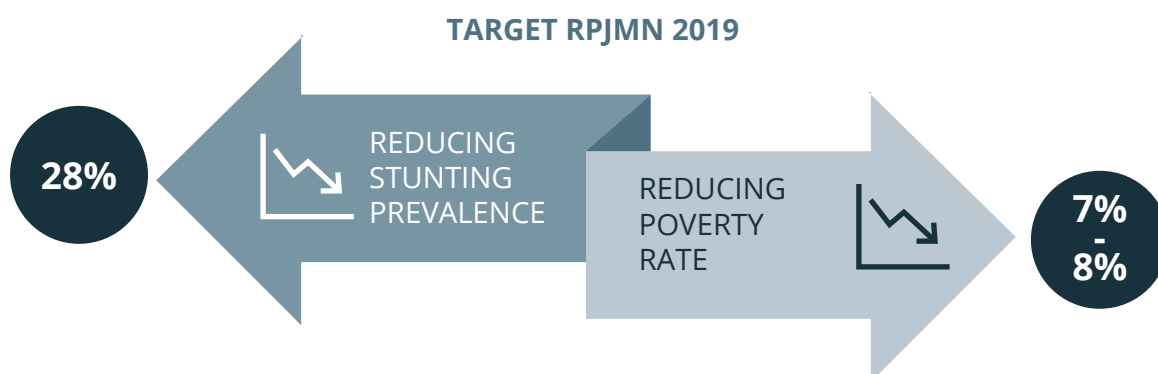
Pillar 5: Monitoring and Evaluation. This last pillar includes monitoring awareness and behavioural change as a result of the stunting national campaign; periodic monitoring and evaluation to ensure the provision and quality of program services in stunting prevention; periodic measurement and publication of results of stunting prevention and annual development of children for accountability; national and sub-national government programs with results-based planning and budgeting; and control of stunting prevention programs.

Selection of Priority Regions for Prevention of Stunting

Thinking Framework

The results of the stunting action plan should be seen over the medium to long term—more or less within six years. By implementing effective policies and programs in the right regions, it is expected that efforts to manage stunting will reduce its prevalence while also reducing the rate of poverty.

Figure 5: Target for Reducing Prevalence of Stunting and Poverty Rate in 2019



Source: 2015-2019 RPJMN.

Joint actions and breakthroughs to prevent stunting serve as the basis for determining priority regions.

Based on the joint agreement, 100 districts/cities have been selected as priority regions in preventing and reducing stunting. It is hoped that the selection of appropriate regions will significantly reduce the prevalence of stunting. An important argument in determining the priority regions is government budget constraints. It is, therefore, necessary to determine the regions in a way to ensure that the allocated budget is effective and on target to achieve the objective of reducing the incidence of stunting. In addition to reducing the prevalence of stunting, selecting these priority regions is also expected to reduce poverty.

Method for Region Selection

Selection of priority regions for reducing poverty is through using an approach to determine the priority of region-based interventions, better known as geographical targeting. Priority regions for poverty reduction are selected following those with high rates of stunting, then compiled and determined using two main indicators, namely: (i) prevalence; and (ii) the number of children under the age of five years with stunting. Another indicator used to reflect poverty at the district/city level is the number of poor as a weighting factor.

Districts and Cities

Indicators used in determining the priority regions for stunting prevention include the poverty rate, prevalence, and number of children under the age of five years who are stunted. Poverty rate is the number of people living under the poverty line at the district and city levels and is sourced from BPS (*Badan Pusat Statistik*: Statistics Indonesia). Prevalence of stunting is the prevalence of short and very short children in the 0-59 months age group sourced from *Riskesdas (Riset Kesehatan Dasar*: Basic Health Research) of the Ministry of Health in 2013. The number of stunted children under the age of five years is the number of children whose height is classified as short and very short according to the results of *Riskesdas* 2013.

$$Z1_i = \frac{x_{1i} * PP_i}{\sum_{i=1}^n (x_{1i} * PP_i)} \quad (1)$$

$$Z2_i = \frac{x_{2i} * PP_i}{\sum_{i=1}^n (x_{2i} * PP_i)} \quad (2)$$

$$IKS_i = 0.5 * Z1_i + 0.5 * Z2_i \quad (3)$$

Remarks: Where IKS = Stunting Coefficient Index (*Indeks Koefisien Stunting*); Z1 = Stunting Prevalence Index (*Indeks Prevalensi Stunting*); Z2 = Index of Stunted Children Under the Age of Five; x1 = Prevalence of Stunting; x2 = Number of Stunted Children Under the Age of Five; PP = Number of Poor Population; i = District/City.

The IKS has been developed to support determination of priority regions for prevention of stunting, however, priority regions for prevention of stunting are determined using a hybrid approach. Selection of priority regions for prevention of stunting at the district and city level does not purely use IKS. The approach is used with consideration of currently running government programs and aspects of inter-regional equal distribution, where each province has at least one priority region. As of budget year 2019, 160 priority district/city regions have been determined.

Selection of a priority district is done using two indexes (ratios) of prevalence and number of stunted children under the age of five years. The first step is the district/city ranking process through formation of an inverse ratio or share of stunting prevalence that is standardised with poor population size as the multiplier factor. The second step is to conduct a district/city ranking through formation of an inversed ratio or share of the number of stunted children under the age of five years standardised with the poor population size as the multiplier factor. Both indexes have the same weight, each at 50 percent, to determine the composite stunting index (3).

Villages and *Kelurahan*

At the village and *kelurahan* levels, priority regions are determined using an indicator that is adjusted to the one used in compiling the index at the district/city level:

- **Population:** the population in one village in 2015. The data is from BPS and the Ministry of Home Affairs (MoHA).

- **Poor Population Size:** the number of village poor, sourced from the BPS/TNP2K Integrated Database. The village poor population distribution is adjusted to the district/city poor population issued by BPS.
- **Poverty Rate:** the percentage of the village population who are poor. The data is produced from BPS and TNP2K calculation proportional to the poverty rate of district/city in 2014.
- **Malnutrition:** the incidence of malnourished people, both in marasmus and kwashiorkor forms in the past three years.³ The data is from the Village Potential (*Podes*) Survey 2014. This indicator is a proxy of indicators of stunted children under the age of five years that is unavailable at the village/*kelurahan* level.

Those indicators are also indicators used by the Ministry of Finance (MoF) in allocating village funds. MoF and TNP2K refined the formula used as the basis for Village Fund allocations for the 2018 budget year.

$$Z1_{ij} = \frac{x_{1i}}{\sum x_{1j}} \quad (4)$$

$$Z2_{ij} = \frac{x_{2i}}{\sum x_{2j}} \quad (5)$$

$$Z3_{ij} = \frac{x_{3i}}{\sum x_{3j}} \quad (6)$$

$$IKS_{ij} = \left(\frac{1}{3} * Z1_{ij} + \frac{1}{3} * Z2_{ij} + \frac{1}{3} * Z3_{ij} \right) \quad (7)$$

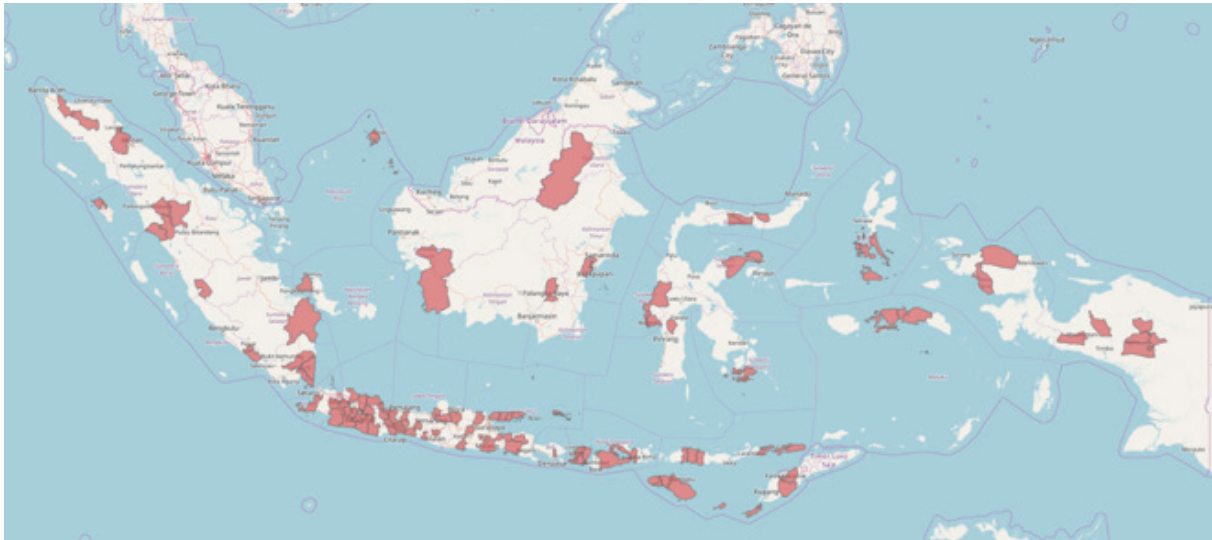
Remarks: IKS = Village Poverty Score; Z1 = Share of Village Poor Population to Poor Population of District/City; Z2 = Share of Village Poverty Rate to Total Poverty Rate of District/City; Z3 = Share of Number of Malnourished Population to Total Malnutrition of District/City; x1 = Total Poor Population (*Direktorat Jenderal Perimbangan Keuangan/DJPK, Dana Desa/DD* 2017); x2 = Poverty Rate (DJPK, DD 2017); x3 = Number of Malnourished Population (*Podes* 2014); i = Village; j = District/City.

Selection of priority districts is done using three indexes (ratio): total poor population; poverty rate; and total malnutrition incidence. In determining the village composite index of stunting (7) the three indexes have the same weight, each at one-third.

Evaluation of Region Selection Results

Selected priority regions for preventing stunting are spread from west to east. The priority regions in poverty reduction have also been adopted for stunting prevention, however, most of the priority regions are in Java, due to the selection approach used, namely, the number and prevalence of children under the age of five years with stunting.

³ Marasmus is a form of malnutrition caused by an inadequate energy intake in all forms, including protein, while kwashiorkor is a form of malnutrition caused by a protein deficiency.

Figure 6: Distribution of Priority Regions

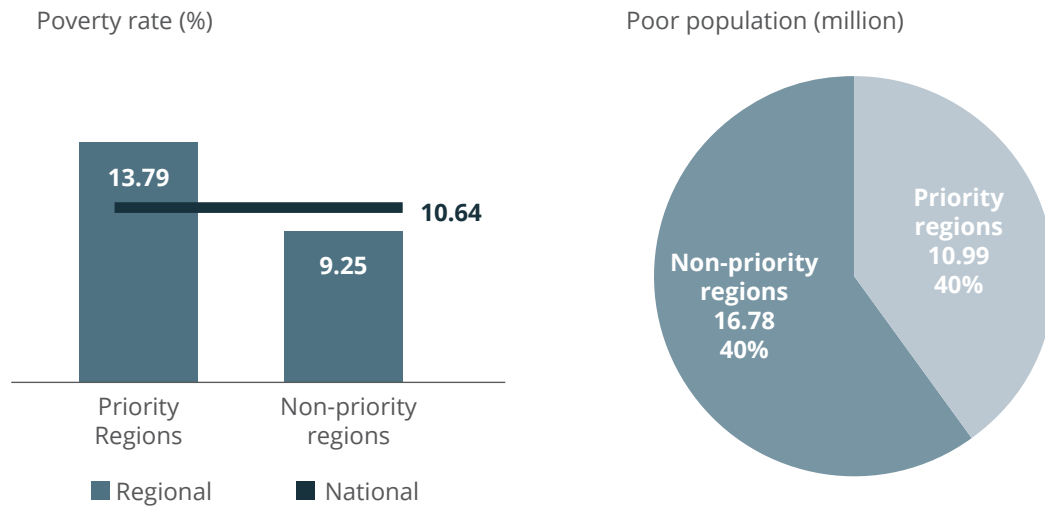
Source: Estimation Results.

In general, selected regions have relatively worse stunting indicators compared to non-priority regions. In addition to the relatively worse condition of stunting, the poverty rate is also higher in priority regions. About 40 percent of the poor population is found in priority regions, or about 10.99 million people (Table 1 and Figure 7). The priority regions also have a poverty rate of 13.79 percent, which is higher than the national rate of 10.64 percent, or to non-priority regions at 9.25 percent (Table 1).

Table 1: Comparison of Poverty Indicators and Stunting in Priority Regions

Indikator	Nasional	Daerah Prioritas	Bukan Daerah Prioritas
Jumlah Daerah	514	100	414
Kondisi Stunting			
Prevalensi Balita Stunting (%)	37,2	41.73	31,21
Jumlah Balita Stunting (ribu jiwa)	8.378	3.105	5.683
Angka Kemiskinan			
Tingkat Kemiskinan (%)	10.64	13.79	9.25
Jumlah Penduduk Miskin (Juta)	27.77	10.99	16.78

Figure 7: Comparison of Poverty Indicator in Priority Regions



Source: Analysis Results.

Recommendations

Update of District and City Index

In reference to publication of *Riskesdas 2018* results, there is a potential for updating the stunting coefficient index at district and city levels. The update is important to provide an overview of the most current condition of nutritional status of children under the age of five years, especially stunting prevalence. This step is also important to determine priority regions after 2019, where there are still 354 districts/cities that are not yet included in the national priority.

Improving and Updating Village and Kelurahan Index Indicator

***Podes 2018* has been completed by collecting similar information to *Podes 2014*, namely, the rate of malnourishment at village level that includes malnourished population, both marasmus and kwashiorkor for the past three years.** An update with this approach has an advantage of being consistent with previously used indicators. A disadvantage of this indicator, however, is that the collection was conducted across all age groups, whereas intervention to prevent stunting is ideally done for 0-59-month age group. The use of this indicator also received feedback from ministries/agencies regarding the accuracy of information.

To obtain a more comprehensive picture of malnourishment, there should ideally be an estimate at the village/*kelurahan* level so that the compiled composite index at the village/*kelurahan* level is the same as the index at the district/city level. To meet those needs, TNP2K and *Balitbangkes* (National Institute for Health Research and Development) should work together to provide information on the nutritional status of children under the age of five years at the village/*kelurahan* level through development of nutrition mapping. Cooperation should be encouraged to use updated data because it still uses *Riskesdas 2013*.

Updating of Priority Regions Indicators

Assuming both of the previous recommendations are adopted, priority regions after the 2019 budget year could use the most recent data but should still consider path dependence of the previous priorities. The priority regions in 2018 of 100 districts/cities and in 2019 of 60 districts/cities have, therefore, not experienced change. Specifically, for these regions, updates shall only be done on nutritional status indicators of children under the age of five years, specifically stunting and poverty rate as well as IKS without changing priority regions status. The 354 districts/cities priority regions are then determined using IKS that have been updated with new data and information.

Bibliography

- *Badan Pusat Statistik. (2017). Data dan Informasi Kemiskinan Kabupaten/ Kota Tahun 2017.* Jakarta.
- *Badan Pusat Statistik. (2016). Data dan Informasi Kemiskinan Kabupaten/ Kota Tahun 2016.* Jakarta.
- *Bappenas. (2018). Pedoman Pelaksanaan Intervensi Penurunan Stunting Terintegrasi di Kabupaten/ Kota, Edisi November 2018.* Jakarta.
- *Kementerian Dalam Negeri, Bappenas dan TNP2K. (2018). Strategi Nasional Percepatan Pencegahan Anak Kerdil (Stunting).* Jakarta.
- *Kementerian Kesehatan. (2013). Hasil Riskesdas 2013.* Jakarta: Badan Penelitian dan Pengembangan Kesehatan.
- *Kementerian Kesehatan. (2013). Penyajian Pokok-Pokok Riskesdas 2013.* Jakarta: Badan Penelitian dan Pengembangan Kesehatan.
- *Kementerian Kesehatan. (2018). Hasil Utama Riskesdas 2018.* Jakarta: Badan Penelitian dan Pengembangan Kesehatan.
- *Kementerian Sekretariat Negara. (2018). Memorandum: Hasil Riset Kesehatan Dasar (Riskesdas) 2018 terkait Anak Kerdil (Stunting).* Jakarta.
- *Kemenko PMK, Bappenas dan TNP2K. (2018). 100 Kabupaten/Kota Dengan Masing-masing 10 Desa Prioritas dan 60 Kabupaten/Kota Prioritas Tambahan Untuk Penanganan Stunting (Kerdil).* Jakarta.

Appendix

List of 100 Priority Districts/Cities for 2018 Budget Year

No	Province	District/City	Number of Sub-Districts ***	Number of Villages ***	2016 Population (000s of persons)**	2013 Prevalence of Stunting (%)*	2013 Number of Stunted Children Under Five (persons) **	2016 Poverty Rate (%)**	2016 Poor Population (000s of persons) **
1	ACEH	ACEH TENGAH	14	295	199.30	59.25	13,237	16.64	33.16
2		PIDIE	4	54	424.23	57.47	20,903	21.25	90.16
3	NORTH SUMATRA	LANGKAT	23	277	1,019.24	55.48	54,961	11.36	115.79
4		PADANG LAWAS	12	304	262.29	54.86	18,239	8.69	22.80
5		NIAS UTARA	11	113	134.74	54.83	9,296	30.92	41.66
6		GUNUNGSITOLI	6	101	137.28	52.32	8,618	23.43	32.17
7	WEST SUMATRA	PASAMAN	12	36	272.11	55.20	15,025	7.65	20.83
8		PASAMAN BARAT	11	19	415.62	51.54	23,435	7.40	30.76
9	RIAU	ROKAN HULU	4	54	610.38	59.01	42,142	11.05	67.42
10	JAMBI	KERINCI	16	287	235.63	55.26	9,846	7.48	17.62
11	SOUTH SUMATRA	OGANKOMERING ILIR	18	326	795.74	40.55	35,160	16.03	127.54
12	BENGKULU	K A U R	15	195	116.92	50.71	5,845	22.36	26.14
13	LAMPUNG	LAMPUNG SELATAN	17	260	979.87	43.01	42,971	16.16	158.38
14		LAMPUNG TIMUR	24	264	1,016.31	43.17	40,790	16.98	172.61
15		LAMPUNG TENGAH	28	307	1,247.10	52.68	59,838	13.28	165.67
16	BANGKA BELITUNG ISLANDS	BANGKA BARAT	6	64	199.04	39.14	8,902	2.74	5.46
17	RIAU ISLANDS	NATUNA	12	76	75.07	35.19	3,122	4.33	3.25
18	DKI JAKARTA	KEPULAUAN SERIBU	2	6	23.53	41.29	1,175	12.58	2.96
19	WEST JAVA	BOGOR	40	434	5,555.45	28.29	148,764	8.83	490.80
20		SUKABUMI	47	386	2,442.09	37.10	85,651	8.13	198.66
21		CIANJUR	32	360	2,249.20	41.76	95,023	11.62	261.39
22		BANDUNG	31	280	3,581.24	40.70	137,156	7.61	272.65
23		GARUT	42	442	2,564.52	37.83	100,964	11.64	298.52
24		TASIKMALAYA	39	351	1,740.74	41.73	69,401	11.24	195.61
25		KUNINGAN	32	376	1,060.29	42.00	36,672	13.59	144.07

Priority Regions for Prevention of Stunting

No	Province	District/City	Number of Sub-Districts ***	Number of Villages ***	2016 Population (000s of persons)**	2013 Prevalence of Stunting (%)*	2013 Number of Stunted Children Under Five (persons) **	2016 Poverty Rate (%)**	2016 Poor Population (000s of persons) **
26	WEST JAVA	CIREBON	40	424	2,138.91	42.47	71,712	13.49	288.49
27		SUMEDANG	26	283	1,140.86	41.08	37,970	10.57	120.60
28		INDRAMAYU	31	317	1,698.50	36.12	52,636	13.95	237.00
29		SUBANG	30	253	1,541.83	40.47	55,360	11.05	170.37
30		KARAWANG	30	309	2,290.28	34.87	80,891	10.07	230.60
31		BANDUNG BARAT	16	165	1,643.66	52.55	76,148	11.71	192.48
32	CENTRAL JAVA	CILACAP	24	284	1,701.70	36.32	54,650	14.12	240.24
33		BANYUMAS	27	331	1,647.34	33.49	49,138	17.23	283.90
34		PURBALINGGA	4	54	905.23	36.75	29,880	18.98	171.78
35		KEBUMEN	26	460	1,188.03	33.82	33,611	19.86	235.90
36		WONOSOBO	15	265	779.85	41.12	29,037	20.53	160.12
37		KLATEN	26	401	1,162.10	31.29	29,708	14.46	168.01
38		GROBOGAN	19	279	1,357.18	54.97	62,847	13.57	184.14
39		BLORA	16	295	854.72	55.06	35,861	13.33	113.94
40		DEMAK	14	249	1,126.45	50.28	50,780	14.10	158.84
41		PEMALANG	14	222	1,291.98	46.28	57,370	17.58	227.08
42		BREBES	17	297	1,787.36	43.62	69,201	19.47	347.98
43	DI YOGYAKARTA	KULON PROGO	12	88	415.56	26.31	8,127	20.30	84.34
44	EAST JAVA	TRENGGALEK	14	157	690.79	38.63	19,553	13.24	91.49
45		MALANG	33	390	2,555.71	27.28	57,372	11.49	293.74
46		JEMBER	31	248	2,415.99	44.10	80,359	10.97	265.10
47		BONDOWOSO	23	219	764.15	56.38	29,159	15.00	114.63
48		PROBOLINGGO	4	54	1,146.12	49.43	46,576	20.98	240.47
49		NGANJUK	20	284	1,044.50	44.33	36,970	12.25	127.90
50		LAMONGAN	27	474	1,188.11	48.87	44,031	14.89	176.92
51		BANGKALAN	18	281	960.64	43.21	32,473	21.41	205.71
52		SAMPANG	14	186	944.92	41.46	35,371	24.11	227.80
53		PAMEKASAN	13	189	851.98	44.60	32,905	16.70	142.32

Priority Regions for Prevention of Stunting

No	Province	District/City	Number of Sub-Districts ***	Number of Villages ***	2016 Population (000s of persons)**	2013 Prevalence of Stunting (%)*	2013 Number of Stunted Children Under Five (persons) **	2016 Poverty Rate (%)**	2016 Poor Population (000s of persons) **
54	EAST JAVA	SUMENEP	27	332	1,075.62	52.44	33,196	20.09	216.14
55	BANTEN	PANDEGLANG	35	339	1,199.16	38.57	46,775	9.67	115.90
56	BALI	GIANYAR	7	70	498.57	40.99	16,189	4.44	22.13
57	WEST NUSA TENGGERA	LOMBOK BARAT	10	122	662.56	46.89	28,533	16.73	110.85
58		LOMBOK TENGAH	12	139	919.81	47.79	49,092	15.80	145.37
59		LOMBOK TIMUR	20	254	1,171.04	43.77	54,051	18.46	216.18
60		SUMBAWA	24	166	444.42	50.30	22,147	16.12	71.66
61		DOMPU	8	81	241.05	47.78	10,741	14.23	34.31
62		LOMBOK UTARA	5	33	213.86	65.77	13,451	33.21	71.02
63		EAST NUSA TENGGERA	SUMBA BARAT	6	74	123.43	55.35	9,033	29.34
64	SUMBA TIMUR		22	156	248.78	51.31	15,801	31.43	78.19
65	TIMOR TENGAH SELATAN		32	278	463.20	70.43	38,773	29.89	138.43
66	TIMOR TENGAH UTARA		24	193	246.56	39.94	11,486	24.07	59.34
67	A L O R		17	175	201.11	55.66	13,058	22.35	44.95
68	LEMBATA		9	151	133.99	55.08	7,715	26.26	35.18
69	NGADA		12	151	155.75	62.14	10,648	12.69	19.76
70	MANGGARAI		11	162	322.90	58.78	22,212	22.50	72.65
71	ROTE NDAO		4	54	152.25	55.38	9,472	29.60	45.06
72	SUMBA TENGAH		5	65	69.33	63.61	5,765	36.55	25.34
73	SUMBA BARAT DAYA		11	131	324.05	61.22	26,809	30.63	99.26
74	MANGGARAI TIMUR		9	176	275.58	58.92	18,277	27.71	76.37
75	SABU RAIJUA		23	731	88.10	62.49	8,967	32.44	28.58
76	WEST KALIMANTAN		KETAPANG	20	249	483.00	34.83	15,881	10.99
77	CENTRAL KALIMANTAN	BARITO TIMUR	10	103	116.15	54.84	6,362	7.64	8.88

Priority Regions for Prevention of Stunting

No	Province	District/City	Number of Sub-Districts ***	Number of Villages ***	2016 Population (000s of persons)**	2013 Prevalence of Stunting (%)*	2013 Number of Stunted Children Under Five (persons) **	2016 Poverty Rate (%)**	2016 Poor Population (000s of persons) **
78	SOUTH KALIMANTAN	HULU SUNGAI UTARA	10	219	227.35	56.03	12,176	6.76	15.38
79	EAST KALIMANTAN	PENAJAM PASER UTARA	4	54	155.71	34.63	5,965	7.49	11.66
80	NORTH KALIMANTAN	MALINAU	15	109	79.86	40.27	3,027	7.15	5.71
81	NORTH SULAWESI	BOLAANG MONGONDOW UTARA	6	107	76.95	56.66	3,212	9.38	7.22
82	CENTRAL SULAWESI	BANGGAI	23	337	358.59	35.39	11,728	9.47	33.97
83	SOUTH SULAWESI	ENREKANG	12	129	201.22	53.73	12,384	13.41	26.98
84	SOUTHEAST SULAWESI	BUTON	7	95	266.92	49.61	16,939	13.53	36.11
85	GORONTALO	BOALEMO	7	85	152.96	39.37	5,691	21.11	32.29
86		GORONTALO	19	207	372.59	42.62	14,824	21.03	78.36
87	WEST SULAWESI	MAJENE	8	82	165.83	58.62	10,885	14.89	24.69
88		POLEWALI MANDAR	4	54	428.02	48.48	21,151	17.06	73.04
89		MAMUJU	11	99	269.80	47.26	22,241	6.48	17.47
90	MALUKU	MALUKU TENGAH	18	187	370.22	42.15	16,977	21.68	80.28
91		SERAM BAGIAN BARAT	11	92	169.91	59.86	11,193	26.50	45.03
92	NORTH MALUKU	HALMAHERA SELATAN	30	256	220.57	50.60	13,083	4.11	9.06
93	WEST PAPUA	SORONG SELATAN	13	121	43.72	60.70	3,541	19.92	8.71
94		TAMBRAUW	12	83	13.69	59.29	571	36.67	5.02
95	PAPUA	JAYAWIJAYA	40	331	209.26	49.88	11,329	39.66	83.00
96		TOLIKARA	45	516	134.77	52.01	6,739	33.63	45.33
97		NDUGA	32	248	95.44	56.55	5,376	38.47	36.72
98		LANNY JAYA	37	140	173.05	60.89	6,368	41.68	72.13
99		DOGIYAI	10	79	93.40	66.12	6,143	31.21	29.15
100		INTAN JAYA	6	37	46.95	68.95	3,704	43.73	20.53

Source: *Riskesdas 2013, Kemenkes **Susenas 2013, BPS ***Podes 2014, BPS

List of 60 Priority Districts/Cities for 2019 Budget Year

No	Province	District
1	ACEH	ACEH TIMUR
2	BALI	BULELENG
3	BANTEN	LEBAK
4	BENGKULU	BENGKULU UTARA
5	DI YOGYAKARTA	BANTUL
6	GORONTALO	POHUWATO
7	JAMBI	TJG JABUNG TIMUR
8	WEST JAVA	MAJALENGKA
9	CENTRAL JAVA	Kab. PEKALONGAN
10	EAST JAVA	Kab. KEDIRI
11	WEST KALIMANTAN	SAMBAS
12		SINTANG
13	SOUTH KALIMANTAN	TANAH BUMBU
14	CENTRAL KALIMANTAN	KAPUAS
15		KOTAWARINGIN TIMUR
16	EAST KALIMANTAN	KUTAI
17	NORTH KALIMANTAN	NUNUKAN
18	ISLANDS OF BANGKA BELITUNG	BANGKA
19	ISLANDS OF RIAU	KAMPAR
20		LINGGA
21	LAMPUNG	TANGGAMUS
22	MALUKU	KEPULAUAN ARU
23	NORTH MALUKU	KEPULAUAN SULA
24	WEST NUSA TENGGARA	B I M A
25		SUMBAWA BARAT
26	EAST NUSA TENGGARA	B E L U
27		E N D E
28		FLORES TIMUR
29		KUPANG
30		MALAKA
31		MANGGARAI BARAT

Priority Regions for Prevention of Stunting

No	Province	District
32	EAST NUSA TENGGARA	NAGEKEO
33		SIKKA
34	PAPUA	ASMAT
35		BIAK NUMFOR
36		BOVEN DIGOEL
37		DEIYAI
38		KEEROM
39		KEPULAUAN YAPEN
40		MAMBERAMO RAYA
41		MAMBERAMO TENGAH
42		NABIRE
43		PANIAI
44		PEGUNUNGAN BINTANG
45		PUNCAK
46		PUNCAK JAYA
47		SUPIORI
48		YAHUKIMO
49		YALIMO
50	WEST PAPUA	KOTA SORONG
51		MANOKWARI
52		PEGUNUNGAN ARFAK
53	WEST SULAWESI	MAMASA
54	SOUTH SULAWESI	Kab. B O N E
55	CENTRAL SULAWESI	PARIGI MOUTONG
56	SOUTHEAST SULAWESI	KOLAKA
57	NORTH SULAWESI	BOLAANG MONGONDOW
58	WEST SUMATRA	KAB. SOLOK
59	SOUTH SUMATRA	MUARA ENIM
60	NORTH SUMATRA	SIMALUNGUN

TIM NASIONAL PERCEPATAN PENANGGULANGAN KEMISKINAN

Kantor Sekretariat Wakil Presiden
Jl. Kebon Sirih Raya No.14, Jakarta Pusat, 10110

Telpon : (021) 3912812
Faksimili : (021) 3912511
Email : info@tnp2k.go.id
Website : www.tnp2k.go.id

