SDGs for Children in Indonesia
Provincial snapshot: DKI Jakarta

Introduction
This provincial snapshot highlights priority child-related Sustainable Development Goals (SDG) indicators, based on national household surveys and other data sources. It complements the national SDG Baseline Report on Children in Indonesia produced by BAPPENAS and UNICEF, to support monitoring and evidence-informed policy making.

The Special Capital City District of Jakarta (DKI Jakarta) is a youthful province. Its 2.9 million children represent 29 per cent of the total population. Increased strategic investments in children are required to fast-track achievement of the SDGs for the province.

GOAL 1 NO POVERTY

Some 166,000 children (5.7 per cent) were living below the official poverty line in 2015 (Rp 16,024 per person per day). Many more families are insecure and live on incomes that are only marginally higher. In addition, 55 per cent of children experienced deprivations in two or more non-income dimensions of poverty, with persistent disparities between the poorest and wealthiest households.1

<table>
<thead>
<tr>
<th>Per cent</th>
<th>Number (millions)</th>
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<tbody>
<tr>
<td>Population below national poverty line</td>
<td>3.9</td>
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<tr>
<td>Children &lt; 18 below national poverty line</td>
<td>5.7</td>
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<tr>
<td>Children &lt; 18 below twice the poverty line</td>
<td>48.4</td>
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GOAL 2 ZERO HUNGER

Adopting optimal feeding practices is fundamental to a child’s survival, growth and development. Yet, only 38 per cent of infants in DKI Jakarta are exclusively breastfed for the first six months of life, which is below the national average.

The prevalence of malnutrition is relatively high, including among those in more affluent households. Some 14 per cent of newborns have a low birthweight, and more than one in four children under five were stunted (low height for their age) in 2013.

Wealth disparities in child feeding and nutrition outcomes
DKI Jakarta has among the lowest child mortality rates in the country. For every 1,000 live births, 15 newborn babies died in their first month of life and 31 before their fifth birthday. Most women have access to delivery care and 98 per cent of births occurred with assistance from a skilled attendant. However, there is scope to improve the coverage of reproductive health services, including scaling up access to modern family planning methods. Eighty-four per cent of infants were vaccinated against measles and eight in 10 received the recommended three doses of DTP vaccine in 2015. Continued efforts are needed to reach and sustain high immunisation coverage, including among infants from the poorest households.

Wealth disparities in maternal and child health

Children’s school readiness can be improved through early childhood development programmes. The participation rate in organised learning among 6-year-olds was 97 per cent in 2015, with most pre-school children enrolling early in primary school. DKI Jakarta has achieved near-universal access to primary education. However, children from the poorest households are less likely to complete secondary school compared with their affluent peers.

Quality of education remains a key concern. The province performs on par with the national average, with only half of primary school children achieving the minimum national benchmark in reading and a quarter in mathematics.

Percentage of children attending school, by age
GOAL 5  GENDER EQUALITY

DKI Jakarta has the fourth lowest child marriage rate in the country. Some 5 per cent of women aged 20–24 years were married or in union before the age of 18 in 2015. Levels of child marriage are much higher among girls from the poorest households.

No representative data are available on violence against girls and women at provincial level. Evidence from a national survey indicates, however, that such violence is widespread: 28 per cent of ever-partnered women and girls experienced physical, sexual and/or psychological violence by a current or former intimate partner.

5% of women are married before 18

GOAL 6  CLEAN WATER AND SANITATION

Achieving universal access to drinking water, sanitation and hygiene is crucial to further progress in health, education and poverty eradication. The province has successfully eliminated the practice of open defecation, while eight in 10 people used a basic sanitation facility at home in 2015. Access to improved drinking water sources is well above 90 per cent, both in households and schools.

However, there are important disparities in sanitation coverage, with a 20-percentage point difference between the poorest and wealthiest households. Moreover, only 59 per cent of schools have sex-separated toilet facilities.

Wealth disparities in access to water and sanitation

Wealth disparities in child marriage

GOAL 16  PEACE, JUSTICE AND STRONG INSTITUTIONS

Progress is ongoing in improving levels of birth registration. In 2015, some 91 per cent of children under 5 years of age had a birth certificate. Differences based on households’ wealth status are relatively small.

Deprivation of liberty remains a common form of punishment for juvenile offenders, in violation of the principle that this should be a measure of last resort. In DKI Jakarta, 48 per cent of all children in detention were unsentenced, which is one of the highest rates in the country.

Little or no data is available on other child protection issues, such as violence against children and trafficking.

Wealth disparities in birth registration
The scorecard summarises DKI Jakarta’s performance for a selection of SDG indicators compared to other provinces in the country. For each indicator, the graph shows DKI Jakarta’s average value as well as the provinces with the highest and the lowest data value.

On the right side of the scorecard DKI Jakarta’s rank for each indicator is shown, ranging from 1 for the highest performer to 34 for the lowest. Provinces are divided into four quartiles (blue for the highest ranking and red/orange for the lowest ranking provinces).

**Notes**

Sources: National household surveys (SUSENAS, RISKESDLAS, IDHS) and administrative data (Ministry of Education and Culture, Ministry of Health). Detailed information on data sources and indicator definitions is available online at: [https://sdg4children.or.id](https://sdg4children.or.id)

1. Multidimensional child poverty is defined as children who experience deprivations in at least two of the following dimensions: food and nutrition; health; education; housing; water and sanitation; and protection.

2. Indonesia does not yet have nationally representative data on water quality that can be used to calculate the SDG indicator on the use of safely managed drinking water services. Instead, a nationally-defined proxy measure is used to set a baseline for SDG 6.

For more information please email jakarta@unicef.org