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SDG Baseline Report on Children in Indonesia

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SDG Baseline Report on Children in Indonesia

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SUSTAINABLE DEVELOPMENT GOALS

Foreword

SUSTAINABLE DEVELOPMENT BEGINS WITH CHILDREN

It is our pleasure to share with you the *SDG Baseline Report on Children in Indonesia*. This report has been produced through a joint effort between the Government of Indonesia and the United Nations Children's Fund (UNICEF) in Indonesia to deepen our understanding of the situation of children in the country, and make this data available for informed policy planning and monitoring. Investments in children are a precondition for achieving Agenda 2030, with its Sustainable Development Goals (SDGs), and we believe that every rupiah spent to improve a child's well-being is an investment in Indonesia's human capital and sustainable economic growth.

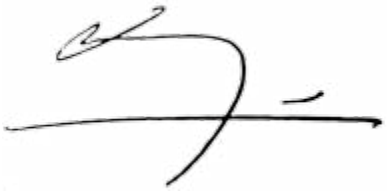
Sustainable development begins with children. Growing up free from poverty, healthy and educated, feeling happy and being safe, is the foundation for becoming adults that contribute to the economy, a sustainable environment and a socially cohesive society. At the heart of the SDGs is therefore a strong emphasis on equity: the global development goals are only reached if they are achieved for all children, everywhere. Thus, the well-being of children today constitutes an important marker of progress towards the attainment of the SDGs.

This report is a key contribution to Indonesia's efforts to operationalize and localize the global goals for our national context. It provides valuable insights and an in-depth, disaggregated analysis of the 2015 baseline status of SDGs for children in Indonesia.

Since children are not always visible in data and policies, dedicated efforts are required to make sure that no one child is left behind in the implementation, monitoring and reporting of Agenda 2030.

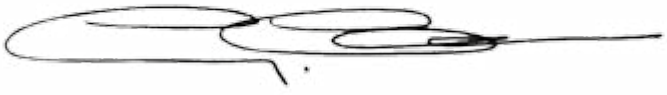
Impressive progress toward SDG achievements in Indonesia have been made. SDG priorities were firmly captured in the National Medium-Term Development Plan 2015–2019, supporting strong progress in primary school enrolment rates and eradication of malaria. Further, important strategies and national action plans have been developed, aimed at improving food security and nutrition, the roll-out of universal health care and addressing climate change, as well as the elimination of violence against children.

This report supports the tracking of progress towards SDG achievements and makes recommendations on how Indonesia can accelerate achievement of each goal, making it a valuable tool that can inform planning and programming for the SDGs and children at national and local levels in Indonesia. It is for the inclusion of every child.



Subandi Sardjoko

Deputy Minister for Human and Societal Development and Cultural Affairs



Gunilla Olsson

UNICEF Representative

Acknowledgements

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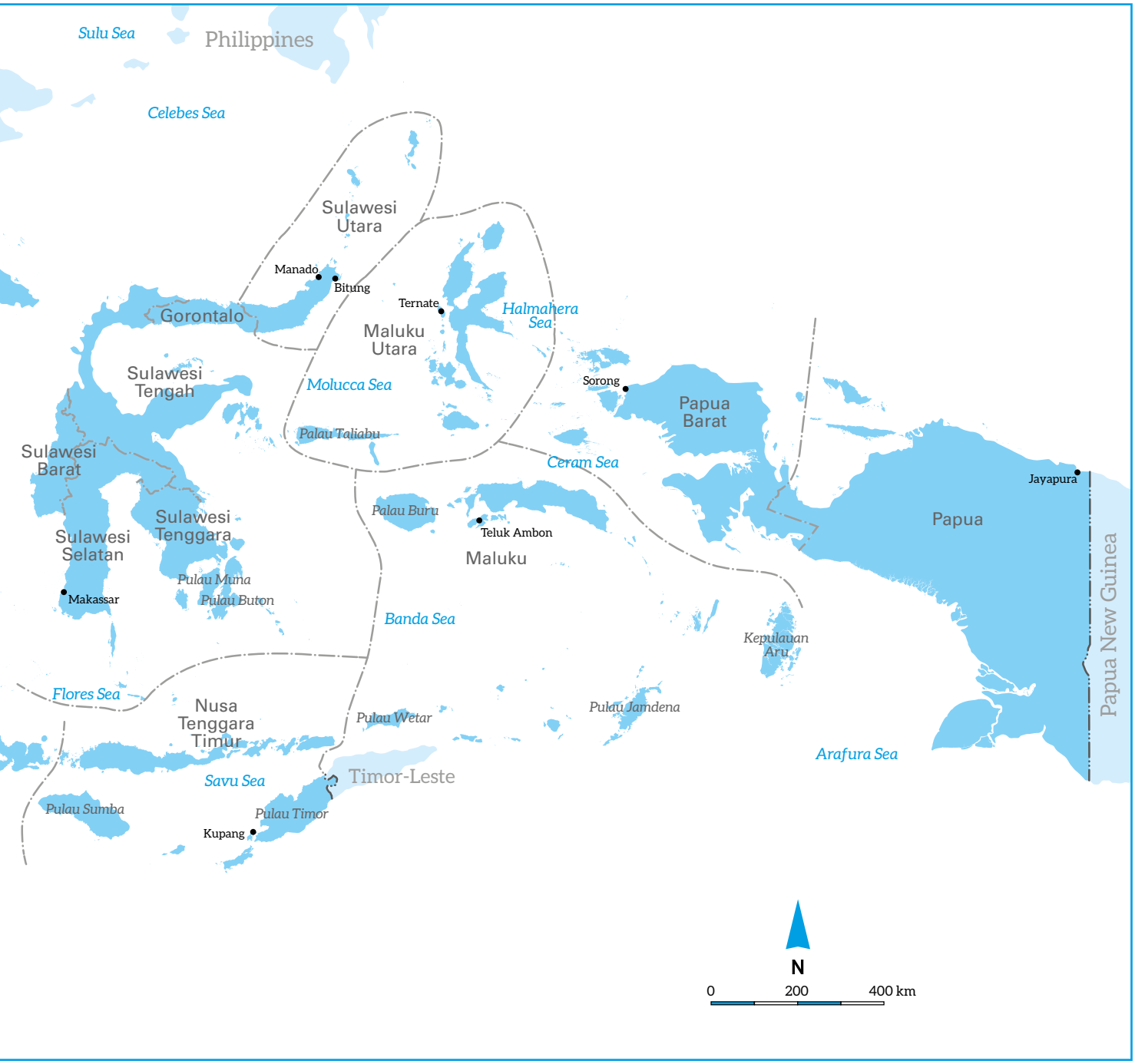
Acronyms

AIDS	acquired immune deficiency syndrome
BAPPENAS	Ministry of National Development Planning
BCG	bacille Calmette-Guérin tuberculosis vaccine
BPS	*Badan Pusat Statistik* (Indonesian Central Bureau of Statistics)
DIBI	*Data dan Informasi Bencana Indonesia* (Indonesian Disaster Data and Information Database)
DPT	diphtheria, pertussis and tetanus vaccine
E. coli	*Escherichia coli*
HepB	hepatitis B vaccine
HIV	human immunodeficiency virus
IDHS	Indonesia Demographic and Health Survey
INAP	Indonesia National Assessment Programme
JKN	*Jaminan Kesehatan Nasional* (National Health Insurance Programme)
JMP	Joint Monitoring Programme (World Health Organization and United Nations Children's Fund)
KIP	*Kartu Indonesia Pintar*
KKS	*Kartu Keluarga Sejahtera*
KPS	*Kartu Perlindungan Sosial*
MDG	Millennium Development Goal
MMR	measles, mumps and rubella vaccine
MODA	Multiple Overlap Deprivation Analysis
PAMSIMAS	*Penyediaan Air Minum dan Sanitasi Berbasis Masyarakat*
PIP	*Program Indonesia Pintar*
PISA	Programme for International Student Assessment (of the Organisation for Economic Co-operation and Development)
PKH	*Program Keluarga Harapan* (Family Hope Programme)
PKSA	*Program Kesejahteraan Sosial Anak* (Child Social Welfare Programme)
PPSP	*Percepatan Pembangunan Sanitasi Permukiman*
PPP	purchasing power parity
Raskin	*Beras untuk Rakyat Miskin* (rice subsidy for the poor)
RISKESDAS	Indonesia Basic Health Research
Rp	rupiah
SAKERNAS	National Labour Force Survey
SDG	Sustainable Development Goal
SPHPN	Women's Health and Life Experiences Survey
STBM	*Sanitasi Total Berbasis Masyarakat* (National Programme on Community-Based Total Sanitation)
SUPAS	Intercensal Population Survey
SUSENAS	National Socio-Economic Survey
TB	tuberculosis
TNP2K	National Team for the Acceleration of Poverty Reduction
UNICEF	United Nations Children's Fund
WASH	water, sanitation and hygiene
WHO	World Health Organization

Map of Indonesia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Philippines
Celebes Sea
Sulawesi Utara
Manado
Bitung
Ternate
Halmahera Sea
Gorontalo
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Sulawesi Tengah
Molucca Sea
Sorong
Papua Barat
Palau Taliabu
Ceram Sea
Sulawesi Barat
Jayapura
Palau Buru
Teluk Ambon
Papua
Sulawesi Tenggara
Sulawesi Selatan
Maluku
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Kepulauan Aru
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Flores Sea
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THE SDGS AND DATA FOR CHILDREN: A SUMMARY

The SDGs and data for children: A summary

INTRODUCTION

The SDGs, laid out in United Nations Resolution 70/1, *Transforming our World: the 2030 Agenda for Sustainable Development*, reflect a globally agreed plan of action to protect and promote the planet and its people while ensuring prosperity and peace for all by the year 2030. The SDGs comprise 17 goals supported by 169 targets to track social, economic and environmental dimensions of sustainable development. They were adopted by the United Nations General Assembly in 2015 and build on the Millennium Development Goals (MDGs), which guided international poverty eradication efforts between 2000 and 2015. The SDGs seek to complete the work of the MDGs, while also mapping out a broader forward-thinking agenda. They are global goals for all countries and stakeholders. Importantly, the SDGs emphasize inclusion and 'closing the gap' to ensure that no one is left behind on the road to sustainable development. Accordingly, one of the key features of the SDG targets is the increased focus on disaggregated data within countries to monitor disparities.

The 2030 Agenda also emphasizes the indivisible nature of the 17 goals and 169 targets and the need to address the links between the social, economic and environmental aspects of development. For example, poverty (the topic of SDG 1) is a risk factor for child development and is associated with worse-than-average outcomes in the areas of nutrition (SDG 2), health (SDG 3), education (SDG 4), child marriage (SDG 5), water and sanitation (SDG 6) and birth registration (SDG 16).

The Government of Indonesia is strongly committed to the 2030 Agenda and is integrating the SDGs into the national development planning process and localizing the global indicators. Indonesia played an active leadership role in negotiations for the Post-2015 Development Agenda, which led to the formulation of the SDGs. Indonesia was particularly active in advocating for a strong partnerships approach, which is a key pillar of the SDGs. The Government's commitment to implementing the SDGs is reflected in the establishment of a national SDGs coordination team, supported by the SDG Secretariat. The current National Medium-Term Development Plan 2015–2019 already aligns well to the SDGs, with its focus on social development; economic development; environmental development; and law and governance development. Efforts are also under way to mainstream the SDGs into the next National Medium-Term Development Plan 2020–2024.

PURPOSE OF THIS REPORT

This report provides a baseline for priority child-related SDG indicators that have been identified as most relevant for monitoring the situation of children under each goal. Indonesia's 84 million children represent one third of the country's total population. How children are faring – in terms of their health and nutrition, their welfare and education, and the environment in which they grow up – is a direct predictor of what Indonesia's future will look like. Investing in all children and young people is central to achieving sustainable development, and monitoring progress for children is crucial in determining which investments to make. Indeed, the SDGs recognize that children are both agents of change and torch-bearers for sustainable development.

This report is a first accounting of where Indonesia's children stand at the start of the SDG era. The data were derived from Government sources, including representative surveys such as the National Socio-Economic Survey (SUSENAS) conducted by BPS and the Basic Health Research (RISKESDAS) by the Ministry of Health, as well as administrative databases from line ministries and agencies. Data values were computed as close as possible to 2015, the year selected as the benchmark against which to measure progress in future years. To the extent possible, information is disaggregated – by sex, age, place of residence, province, socio-economic status and other relevant markers – to shed light on the situations of particularly vulnerable groups.

The report is a key contribution to Indonesia's efforts to operationalize, track progress and localize the SDGs for the national context. It complements the country's 2017 National Voluntary Review by deepening our understanding of the situation of children in Indonesia and offering high-level policy suggestions for accelerating progress towards the SDGs. The report also identifies data gaps that require further attention to improve monitoring of progress in future years.

OVERVIEW OF PRIORITY CHILD-RELATED SDG TARGETS AND INDICATORS

GOAL 01 | NO POVERTY

Sustainable Development Goal 1 calls for an end to poverty, including child poverty, in all its manifestations, over the next 15 years. It explicitly recognizes that poverty is a multidimensional phenomenon and underscores the important role of national social protection systems and floors as a key instrument to help address poverty.

- BPS has started developing national measures of child poverty and multidimensional deprivation to enable tracking of progress towards SDG 1.
- The proportion of Indonesia's population living below the national poverty line dropped from 24 per cent in 1990 to 11 per cent in 2015. Among children, nearly 14 per cent were living in households below the official poverty line in 2015.
- Many families live on incomes that are only marginally higher than the national poverty threshold. Doubling the value of the national poverty line would lead to a four-fold increase in the national child poverty rate, up to 60 per cent.
- Indonesia's main child-focused social protection schemes are primarily directed at school-age children. They reached an estimated 36 per cent of school-age children in 2015, while coverage of young children under age 6 is below 5 per cent.

14%
of Indonesia's children are living below the national poverty line

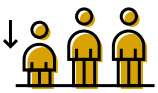
65%
of children are deprived in two or more non-income dimensions of poverty

The main cash transfer programme (PKH) reaches around
7%
of children

GOAL 02 | ZERO HUNGER

Sustainable Development Goal 2 seeks sustainable solutions to end hunger and all forms of malnutrition by 2030 and to achieve food security.

- Over 37 per cent of children under 5 years of age were stunted in 2013 – roughly 8.4 million children nationwide. The prevalence of stunting is high, even among children from the wealthiest households.
- The double burden of malnutrition is an increasing concern. For Indonesia, this is an active challenge: in 2013, 12 per cent of children under age 5 were affected by wasting (low weight-for-height), and the same number of children were overweight.
- Anaemia – one of the most common nutritional disorders in the world – affected 23 per cent of women older than 15 years of age and 37 per cent of pregnant women.
- While modest progress has been made, less than half of infants (45 per cent) benefited from exclusive breastfeeding for the first 6 months of life in 2015.



1 in 3
children under age 5 is stunted

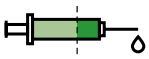
1 in 10
children is acutely malnourished

2 in 5
infants under 6 months of age are exclusively breastfed

GOAL 03 | GOOD HEALTH AND WELL-BEING

9 in 10
births are attended by skilled health personnel

For every 1,000 live births,
40 children
die before their fifth birthday



74%
of infants 12–23 months receive the third dose of the DPT vaccine

Sustainable Development Goal 3 aims to ensure health and well-being for all at all ages by improving reproductive, maternal and child health; ending the epidemics of major communicable diseases; reducing non-communicable and environmental diseases; achieving universal health coverage; and ensuring access to safe, affordable and effective medicines and vaccines for all.

- Some 89 per cent of births were delivered by skilled health personnel in 2015.
- Indonesia's maternal mortality ratio was equal to 305 maternal deaths per 100,000 live births according to the 2015 Intercensal Population Survey (SUPAS).
- The under-five mortality rate was 40 deaths per 1,000 live births during the period 2008–2012. Nearly half of all under-five deaths occur during the neonatal period – in the first four weeks of life.
- The national immunization coverage for the third dose of diphtheria, pertussis and tetanus vaccine (DPT3) was 74 per cent in 2015. Protection against measles was somewhat higher, reaching 82 per cent of infants 12–23 months old.
- Nearly half of children (47 per cent) were covered by health insurance programmes in 2015. The National Health Insurance Programme (JKN) aims to extend financial coverage for health care to at least 95 per cent of the population by 2019.

GOAL 04 | QUALITY EDUCATION

The participation rate in organized learning among 6-year-olds was nearly
96% in 2015

56%
of youth complete senior secondary education

Only half
of primary school children achieve the minimum national benchmark in reading

Sustainable Development Goal 4 aims to ensure that all people have access to quality education and lifelong learning opportunities. This goal focuses on the acquisition of foundational and higher-order skills at all stages of education and development; greater and more equitable access to quality education at all levels, as well as technical and vocational education and training; and the knowledge, skills and values needed to function well and contribute to society.

- The participation rate in organized learning among 6-year-olds was nearly 96 per cent in 2015, though many children of pre-school age are already attending primary school.
- All but one province have achieved universal or near universal access to primary education. At junior secondary level, the adjusted net attendance rate reached 87 per cent in 2015 while 57 per cent of youth aged 16–18 years were attending senior secondary or higher education.
- Gender parity has been achieved at primary level – with a slight advantage for girls in several provinces – but the picture is mixed at secondary level. Adolescents and youth from the poorest households and those living in rural areas are much less likely to complete their education.
- Only half of primary school children achieved the minimum national benchmark in reading and less than a quarter in mathematics.

GOAL 05 | GENDER EQUALITY

Sustainable Development Goal 5 seeks to empower women and girls to reach their full potential, which requires eliminating all forms of discrimination and violence against them, including harmful practices.

- According to the 2016 Women's Health and Life Experiences Survey (SPHPN), 28 per cent of ever-partnered women and girls aged 15–64 years have experienced physical, sexual and/or psychological violence by a current or former intimate partner. One in 10 experienced intimate-partner violence in the 12 months preceding the survey.
- One in four (24 per cent) women and girls aged 15–64 years has experienced some form of physical and/or sexual violence by someone other than an intimate partner in their lifetime, with 6 per cent of them experiencing this in the past 12 months.
- Nationwide, 12 per cent of women aged 20–24 years were married or in union before the age of 18 in 2015. Child marriage rates vary significantly across provinces.

12%
of women aged 20–24 years were married or in union before the age of 18

28%
of ever-partnered women and girls have experienced violence by an intimate partner

GOAL 06 | CLEAN WATER AND SANITATION

Sustainable Development Goal 6 seeks to ensure the availability and sustainable management of water and sanitation for all. Universal access implies going beyond monitoring access at the household level and addressing access to water, sanitation and hygiene (WASH) in institutional settings, including schools and health-care facilities.

- In 2015, some 71 per cent of Indonesia's population used an improved drinking water source in their households.
- In educational settings, 86 per cent of primary and secondary schools reported having an improved water source.
- Six in 10 people used basic sanitation facilities at home, but 12 per cent did not have any facilities at all and continued to practise open defecation in 2015.
- Efforts are ongoing to bring national data collection instruments in line with the requirements of the SDG indicators on WASH and to improve the availability of information on the accessibility and quality of services provided.

7 in 10
people use an improved drinking water source at home

86%
of schools have access to an improved water source

6 in 10
people use basic sanitation at home

GOAL 08 | DECENT WORK AND ECONOMIC GROWTH

1 in 14
children 5–17 years was engaged in harmful child labour in 2009

Sustainable Development Goal 8 seeks to ensure full and productive employment, and decent work, for men and women by 2030, including the protection of children from harmful child labour.

- Up-to-date information on the prevalence of child labour measured in line with the global indicator is lacking. According to the 2009 Labour Force Survey (SAKERNAS), one in 14 children aged 5–17 years was engaged in harmful child labour.
- In 2009, close to half of child labourers aged 5–14 worked in hazardous conditions.

GOAL 13 | CLIMATE ACTION

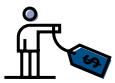
306
educational facilities were damaged by natural disasters in 2015

Sustainable Development Goal 13 aims to take urgent action to combat climate change and its impacts, and to build resilience in responding to climate-related hazards and natural disasters. Climate action and disaster risk reduction are cross-cutting issues that form an integral part of social and economic development and the achievement of all the SDGs.

- Indonesia is one of the most disaster-prone countries in the world. Between 2005 and 2015, 986 out of every 100,000 people were affected by disasters annually on average.
- 306 educational facilities were damaged by natural disasters in 2015.
- The Government has committed to reduce its greenhouse gas emissions by 29 per cent by 2030 without foreign help, and 41 per cent with foreign help.

GOAL 16 | PEACE, JUSTICE AND STRONG INSTITUTIONS

22%
of children in detention have not yet been sentenced



The number of victims of trafficking is estimated to be
2.8
per 100,000 people

Sustainable Development Goal 16 is dedicated to the promotion of peaceful and inclusive societies for sustainable development, the provision of access to justice for all, and building effective, accountable institutions at all levels. This includes ensuring that all children are protected from all forms of violence.

- There is currently no nationally representative data on the prevalence of different forms of violence against children as measured by the official SDG indicator.
- The reported number of victims of trafficking in Indonesia is estimated at 2.8 per 100,000 of the population. Some 16 per cent of reported cases of trafficking involve children.
- Nationwide, 22 per cent of all children who were in detention were unsentenced. Boys made up 97 per cent of the child detention population in 2014.
- Indonesia has made significant progress in ensuring all children have their births registered: 73 per cent of children under 5 years of age had a birth certificate in 2015.

THE WAY FORWARD

Indonesia already has a strong policy framework for achieving the SDGs, both through its National Development Plans and through relevant sectoral and thematic policies, plans and strategies. It is hoped that the findings of this report will provide a basis for reviewing and focusing these policies to fast-track achievement of the SDGs through strategic investments in Indonesia's children.

Quality, up-to-date data will help the Government to invest strategically to accelerate achievement of the SDGs. Much of the data needed to monitor SDG progress is already being collected. Some SDG indicators are new or have been reformulated since the MDGs: minor adjustments to surveys and administrative datasets will enable accurate monitoring of these indicators. Increased attention to data disaggregation will help to track disparities, which is essential for ensuring that the SDGs leave no one behind. Finally, there are specific data gaps that require attention. For example, there are no reliable baselines on the prevalence of all forms of violence against children or on child labour. Most indicators can not yet be disaggregated by disability status.

Increased evidence-informed investments, alongside regular monitoring of progress, will help Indonesia to achieve the SDGs, ensuring the country's sustainable development while cementing Indonesia's position as a champion and global leader for Agenda 2030.

GOAL

01

NO POVERTY

4 in 10
people living below the national poverty line are younger than 18 years

65%
of children are deprived in two or more non-income dimensions of poverty

The main cash transfer programme (PKH) reaches around
7% of children

No poverty

WHAT THIS GOAL IS ABOUT

Sustainable Development Goal 1 aims to end poverty in all its forms by 2030. The targets include both global and national-level commitments and differ from the MDGs by including an explicit multidimensional focus and specifically mentioning children. A focus on multidimensional poverty is important to better understand how children are experiencing poverty and in what form, and to allow a more nuanced set of policy responses in poverty-reduction strategies. The indicators under Target 1.2 are therefore of particular relevance to capture child poverty in both monetary and non-monetary forms.

The Indonesian economy has enjoyed strong and stable economic growth over the past decade and a half, leading to reductions in poverty and improvements in living standards. The national poverty rate fell from 24 per cent in 1990 to around 11 per cent in 2015. Nonetheless, the rate of poverty reduction is slowing down and a large share of the population is vulnerable to falling into poverty, while levels of income inequality are rising (with a Gini coefficient of 0.408 in 2015). This links to SDG 10 which seeks to reduce inequality between and within countries. In response to the new global SDG framework, BPS has started integrating measures of child poverty and multidimensional deprivation in national statistics to enable regular tracking of progress.

Goal 1 explicitly recognizes the important role of national social protection systems and floors, which guarantee income security to all throughout the life cycle, as a key instrument to help address poverty. Growing up in poverty impacts on children's health and nutrition, their educational attainment and psychosocial well-being which in turn makes it less likely for them to become economically self-sufficient and succeed in the labour market as adults. Social protection is a critical instrument for reducing poverty, especially through the provision of cash transfers that offer regular, predictable support to individuals or households. Many of the world's most vulnerable citizens, including children, are yet to benefit from social protection programmes. In Indonesia, the National Long-Term Development Plan 2005–2025 aims to ensure that, by 2025, 'social protection and social security systems are prepared, organized and developed to ensure and strengthen the fulfilment of people's rights to basic social services.' The National Medium-Term Development Plan 2015–2019 reaffirms the Government's commitment to expand social protection coverage and quality.

Table 1.A

Priority targets for children	Selected indicators to measure progress	Type of indicator	Baseline value	Data source
1.1 By 2030, eradicate extreme poverty for all people everywhere	Proportion of children living below the international poverty line (US$1.90 a day at 2011 international prices)	Global indicator	9%	SUSENAS 2015
1.2 By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	Proportion of children living below the national poverty line	Global indicator	14%	SUSENAS 2015
	Proportion of children living below twice the national poverty line	National indicator	60%	SUSENAS 2015
	Proportion of children deprived in two or more non-income dimensions of poverty	National indicator	65%	SUSENAS 2016
1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	Proportion of children receiving a child grant (PKH)	National indicator	7%	Estimate based on 2015 admininstrative data

Note: Several SDG indicators are repeated under two or three different targets. To avoid duplication, nationally adopted proxy indicators on access to basic services (such as immunization or sanitation) under target 1.4 and the indicator on persons affected by disasters under target 1.5 are discussed in subsequent chapters.

STATUS OF PRIORITY INDICATORS FOR CHILDREN

MONETARY CHILD POVERTY

Monetary poverty lines are set at both national and international levels. The most commonly used indicator to assess extreme poverty is the international poverty line developed by the World Bank and currently set at US$1.90 per person per day using 2011 purchasing power parity (PPP) exchange rates to adjust for the difference in cost of living across countries. By this measure, 8.7 per cent of Indonesian children under 18 years of age – or 7.3 million children – were living in a household in extreme poverty in 2015 (Table 1.B).

Indonesia's national poverty line is updated annually by the national statistical agency. It consists of a food and a non-food component; the food component is meant to represent the cost of a food basket that satisfies a minimum calorie intake of 2,100 kilocalories per capita per day while the non-food component is derived from a pre-specified basket of non-food items. The poverty line is established as an average, allowing for the fact that prices vary between urban and rural areas and between different provinces. Its average value was equal to approximately Rp331,000 per person per month in 2015. Using this national threshold, 13.7 per cent of children under the age of 18 years were living in households below the poverty line in 2015.

Because poorer families tend to be larger, children are disproportionately represented among people living below the extreme poverty line. While children 0–17 years old account for one third (33 per cent) of the total population, they make up 40 per cent of the population living below the poverty line.

Provincial disparities in child poverty are pronounced, irrespective of the poverty measure used (Figure 1.A). In Gorontalo and Nusa Tenggara Timur, more than a quarter of children were living below the international poverty line of US$1.90 (PPP) per person per day in 2015, while such extreme poverty has been virtually eliminated in at least five provinces (Kepulauan Bangka Belitung, Kepulauan Riau, DKI Jakarta, Kalimantan Timur and Kalimantan Utara). The share of children living below the national poverty line ranged from a low of 6 per cent in DKI Jakarta to a high of 35 per cent in Papua in 2015.

In absolute numbers, the spatial distribution of children below the national poverty line is skewed towards more populous provinces. For example, just

three provinces – Jawa Barat, Jawa Tengah and Jawa Timur – are home to 42 per cent of all children below the poverty line (Figure 1.B).

It is worth noting that poverty lines are not a hard-and-fast border dividing the poor from the non-poor. Research by the National Team for the Acceleration of Poverty Reduction (TNP2K) based on panel surveys interviewing the same households over multiple years has shown that incomes and consumption are highly variable and that there is significant movement of households across the wealth spectrum even over relatively short periods of time.[1]

These dynamics are typically the result of households experiencing 'shocks' – such as illness, unemployment, drought, disability, death, childbirth, etc. – or responding to new opportunities.

As a result, millions of children living above the national or international line still live in poverty, are vulnerable to it or experience deprivations in other dimensions of their lives. For instance, the World Bank also tracks higher international poverty thresholds, such as US$3.10 per person per day (in PPP) – often considered a measure of moderate poverty. Applied to Indonesia, this would increase the child poverty rate to 36.7 per cent. Moreover, a significant share of households live on incomes that are only marginally higher than the national poverty line. This is illustrated by the fact that a doubling of the value of the national poverty line would lead to a four-fold increase in the national child poverty rate, up to 60 per cent.

Table 1.B

Children are at a higher risk of monetary poverty than adults

Children and adults living below the poverty line, by poverty thresholds, 2015

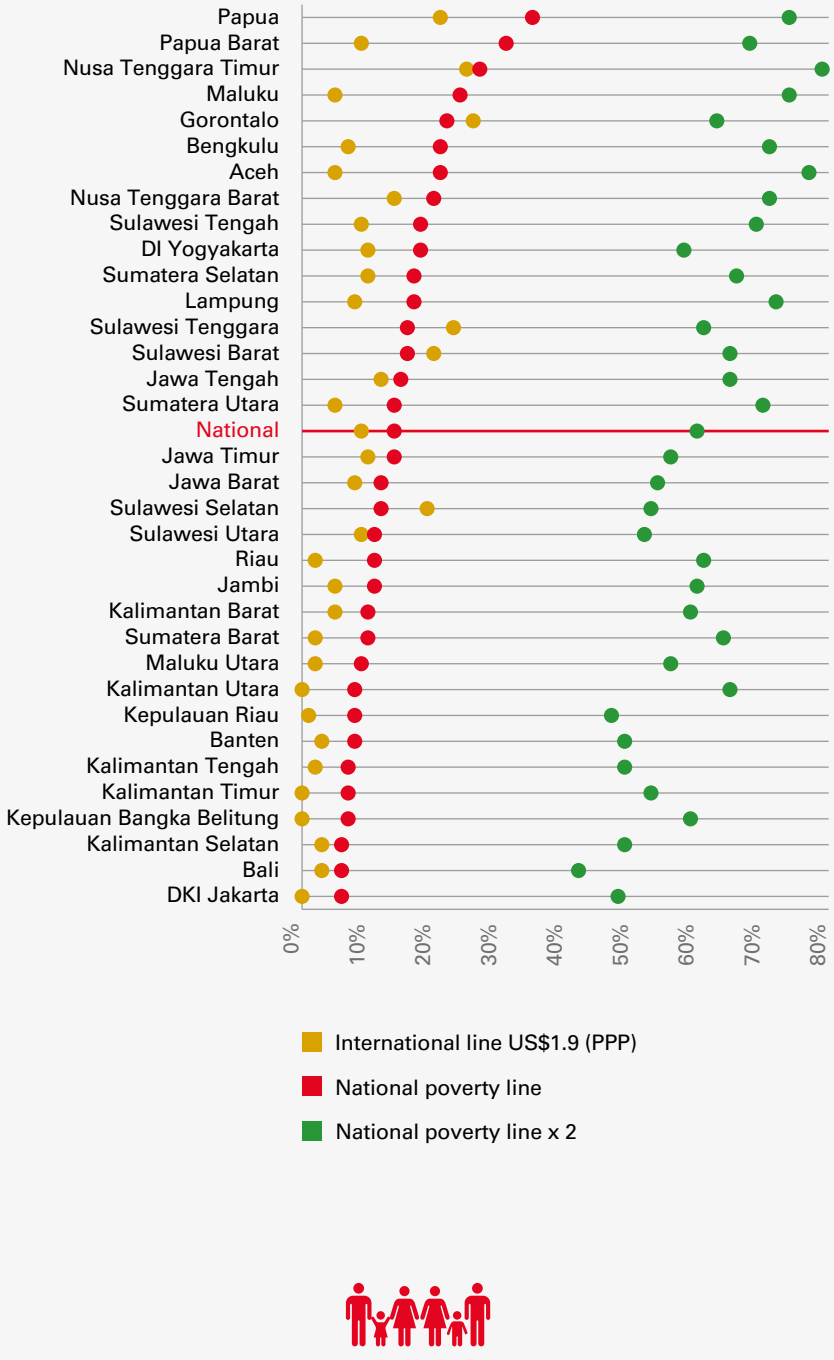
	Children (< 18 years)		Adults (18+ years)		Total population	
Poverty line	**Percentage**	**Number**	**Percentage**	**Number**	**Percentage**	**Number**
International poverty line of US$1.9 a day (2011 PPP)	8.7%	7,342,450	6.5%	11,064,500	7.2%	18,406,950
International poverty line of US$3.1 a day (2011 PPP)	36.7%	30,946,300	29.7%	50,636,950	32.0%	81,583,250
National poverty line	13.7%	11,537,000	10.0%	17,070,850	11.2%	28,607,850
At-risk-of-poverty line (national poverty line x 2)	60.0%	50,678,250	51.0%	86,863,200	54.0%	137,541,500

Source: SUSENAS 2015

Figure 1.A

There are wide geographical disparities in levels of child poverty

Percentage of children living below various poverty lines, by province, 2015



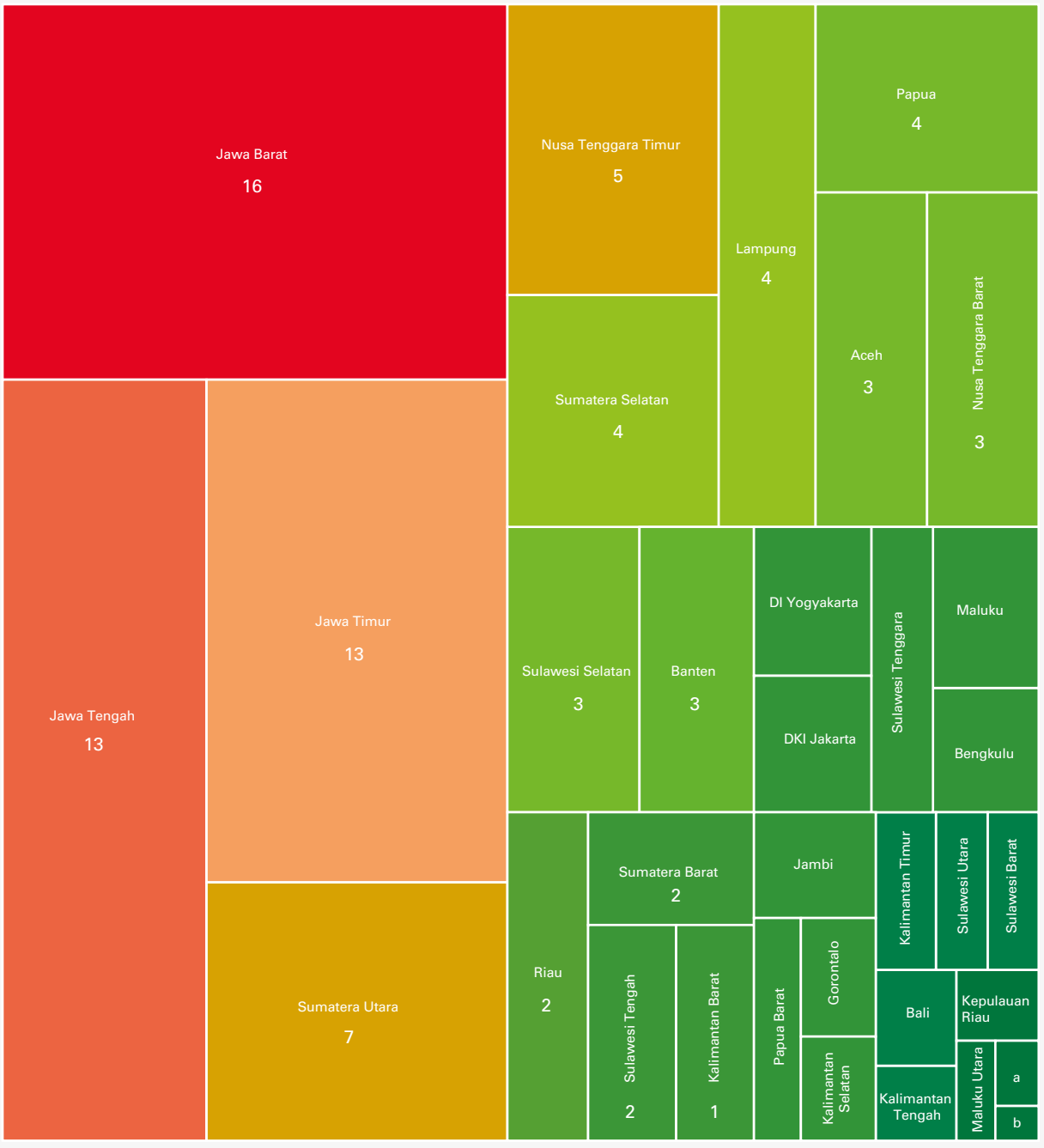
Note: National poverty lines vary between provinces and urban and rural areas to take account of differences in the cost of living. The same international poverty line of US$1.9 per person per day (in PPP) was applied irrespective of households' place of residence.

Source: SUSENAS 2015

Figure 1.B

Indonesia's four most populous provinces are home to nearly half of all children below the national poverty line

Percentage distribution of the number of children below the national poverty line, by province, 2015



a. Kepulauan Bangka Belitung b. Kalimantan Utara

Source: SUSENAS 2015

MULTIDIMENSIONAL POVERTY

The SDGs explicitly recognize that poverty is a multidimensional phenomenon and propose that countries track the 'proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions'. Multidimensional poverty assessments aim to measure the non-financial aspects of poverty to provide a more comprehensive assessment of deprivation. Several multidimensional methodologies have been developed globally, and BPS and UNICEF recently applied the Multiple Overlap Deprivation Analysis (MODA) to Indonesia.

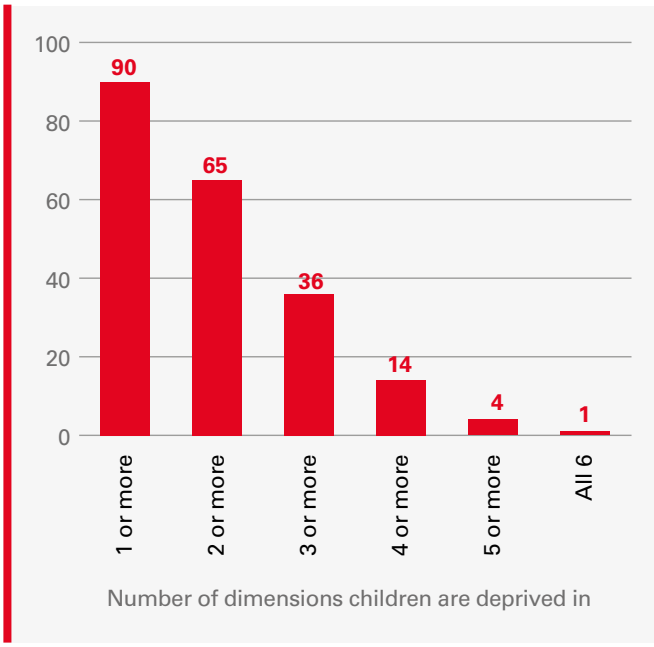
It analyses to what extent children experience deprivations in six domains of well-being – food and nutrition; health; education; housing; water and sanitation; and protection – using a total of 15 indicators calculated from the SUSENAS 2016.[2] The MODA provides insights on how many children are deprived in multiple dimensions, and the overlap with monetary child poverty.

The multidimensional child poverty headcount refers to the share of children deprived in a certain number of dimensions simultaneously. Using a cut-off of two or more dimensions, 65 per cent of children in Indonesia were multi-dimensionally poor in 2016 (Figure 1.C). The multidimensional child poverty headcount is substantially higher in rural areas compared with urban areas (Figure 1.D). Households' socio-economic status and the educational attainment level of the household head are important correlates of multidimensional child poverty.

Figure 1.C

65 per cent of children are deprived in at least two non-income dimensions of poverty

Percentage of children 0–17 years who are simultaneously deprived in multiple dimensions, by number of dimensions, 2016



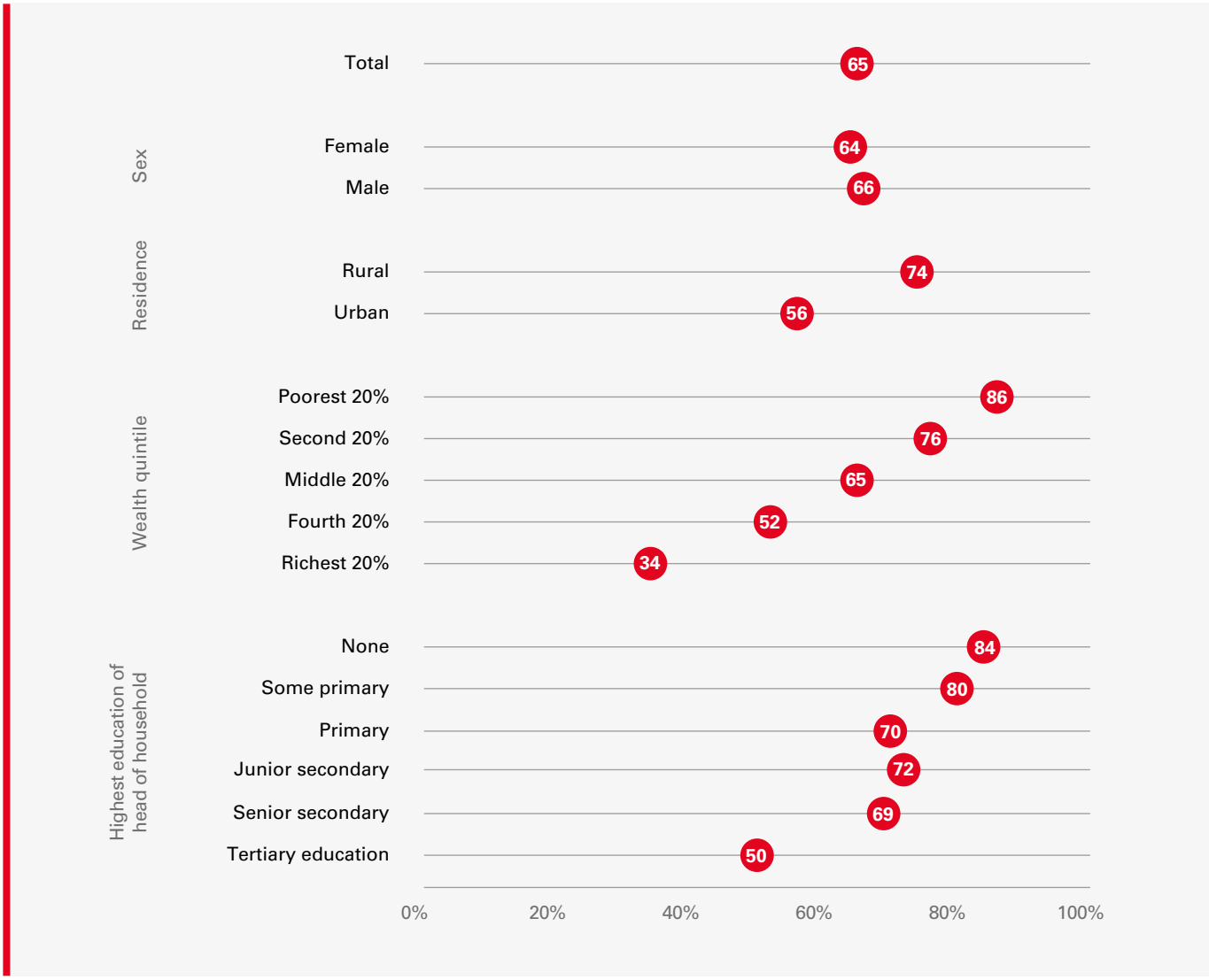
Note: The MODA analyses child deprivation in six domains of well-being: food and nutrition; health; education; housing; water and sanitation; and protection.

Source: SUSENAS 2016

Figure 1.D

There are significant disparities in multidimensional child poverty

Percentage of children 0–17 years who are deprived in two or more out of six non-income dimensions of poverty, by selected characteristics, 2016



Note: The MODA analyses child deprivation in six domains of well-being: food and nutrition; health; education; housing; water and sanitation; and protection.

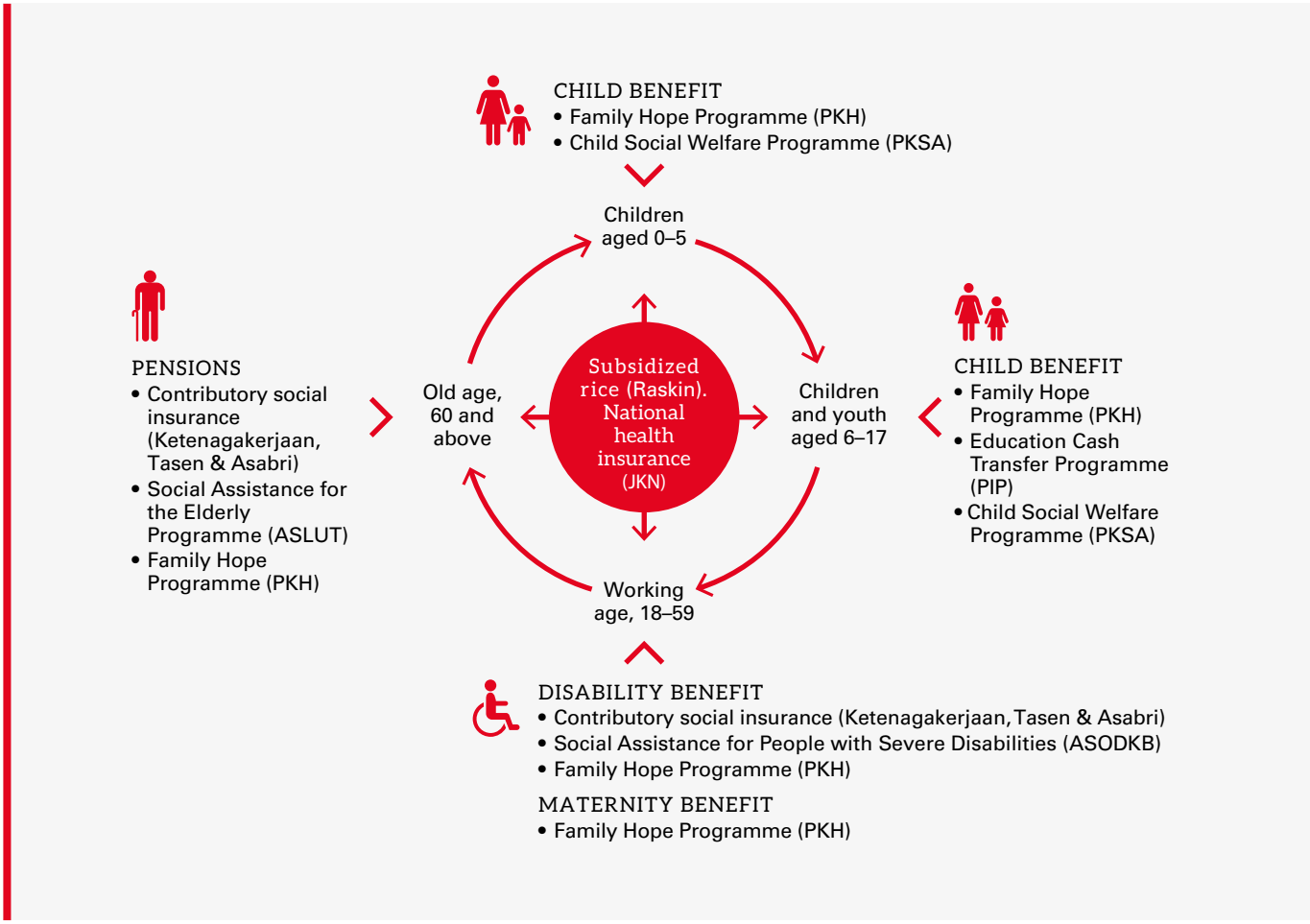
Source: SUSENAS 2016

SOCIAL PROTECTION

SDG 1 refers to national social protection systems and floors, which guarantee income security to all throughout the life cycle, as a key instrument to help address poverty. The global indicator to track progress towards the achievement of Target 1.3 is the 'proportion of the population covered by social protection floors or systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work injury victims, and the poor and the vulnerable.' Figure 1.E provides an overview of Indonesia's main social protection schemes, mapped onto the life cycle. Measuring the proportion

Figure 1.E

Overview of Indonesia's social protection programmes mapped across the life cycle



of children and other population groups reached by these programmes is, however, challenging because age- and sex-disaggregated data on the recipients are not readily available. Moreover, questions on social protection incorporated in the SUSENAS household survey do not yet capture comprehensive information on all programmes relevant to children and/or only collect information at the level of the household, not for individual children.

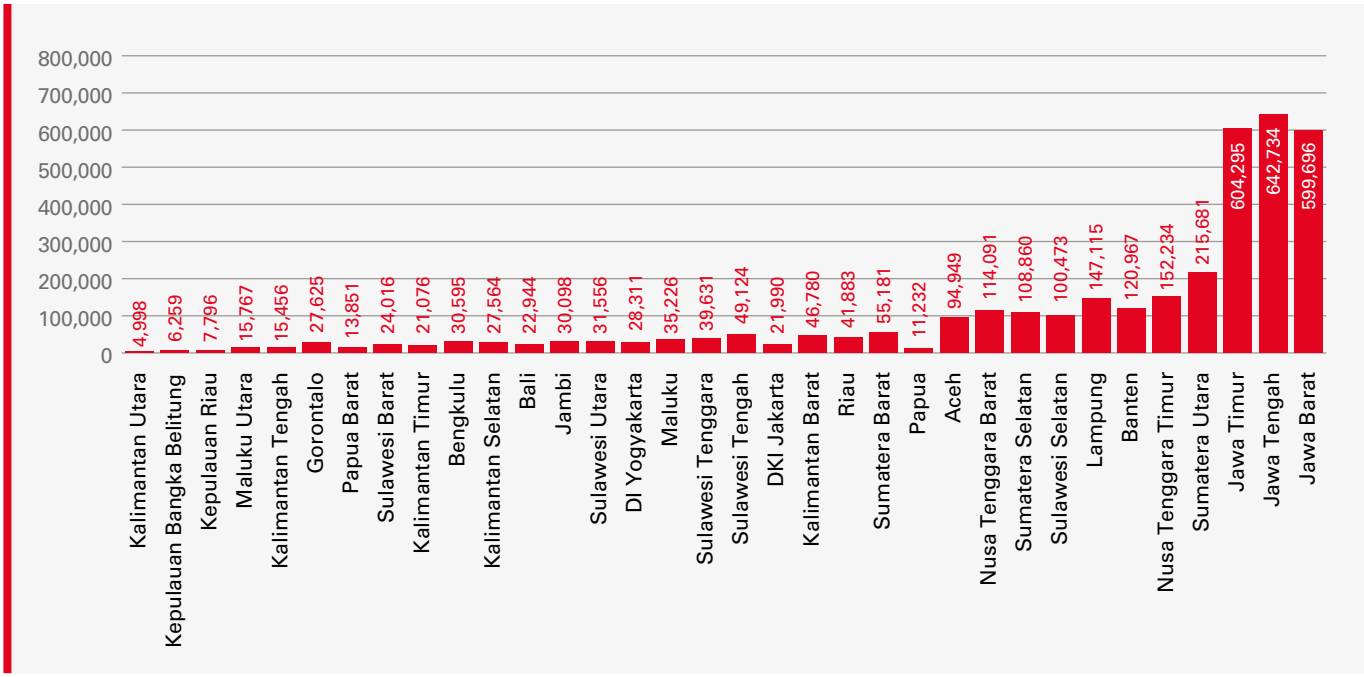
Indonesia has three main tax-financed social protection schemes focusing directly on children. First, the Family Hope Programme (*Program Keluarga Harapan* – PKH) is a conditional cash transfer programme, primarily designed to improve maternal and neonatal health as well as children's education. It is targeted at families in poverty who are included in the social registry (unified database) and meet at least one of the following criteria: a family member is pregnant or lactating; the household has one or more children below 6 years of age; the family has children aged 7–21 years attending primary or secondary school; or the family has children aged 16–21 years who have not yet completed basic education. The programme reached 7.5 million individual beneficiaries (living in 3.4 million households) in 2015 (Figure 1.F). Benefit levels depend on the household composition and averaged Rp120,000 per household per month. The Government is currently scaling up the coverage of the PKH to around 12 million people (6 million households) and introducing additional support to eligible households with an elderly person aged 70 years and older or persons with a severe disability.

Second, *Program Indonesia Pintar* (PIP) and its predecessor, the *Bantuan Siswa Miskin*, aims to provide support to cover the indirect costs associated with education (i.e. transportation costs, uniforms, etc.), which are recognized as being a barrier to access for lower-income households. The programme is targeted at school-age children 6–21 years in low-income families, who have either a *Kartu Indonesia Pintar* (KIP) card or a

Figure 1.F

Some 3.4 million families were receiving regular financial support from the PKH programme in 2015, though coverage was unevenly spread across the country

Number of household enrolled in the PKH, by province, 2015

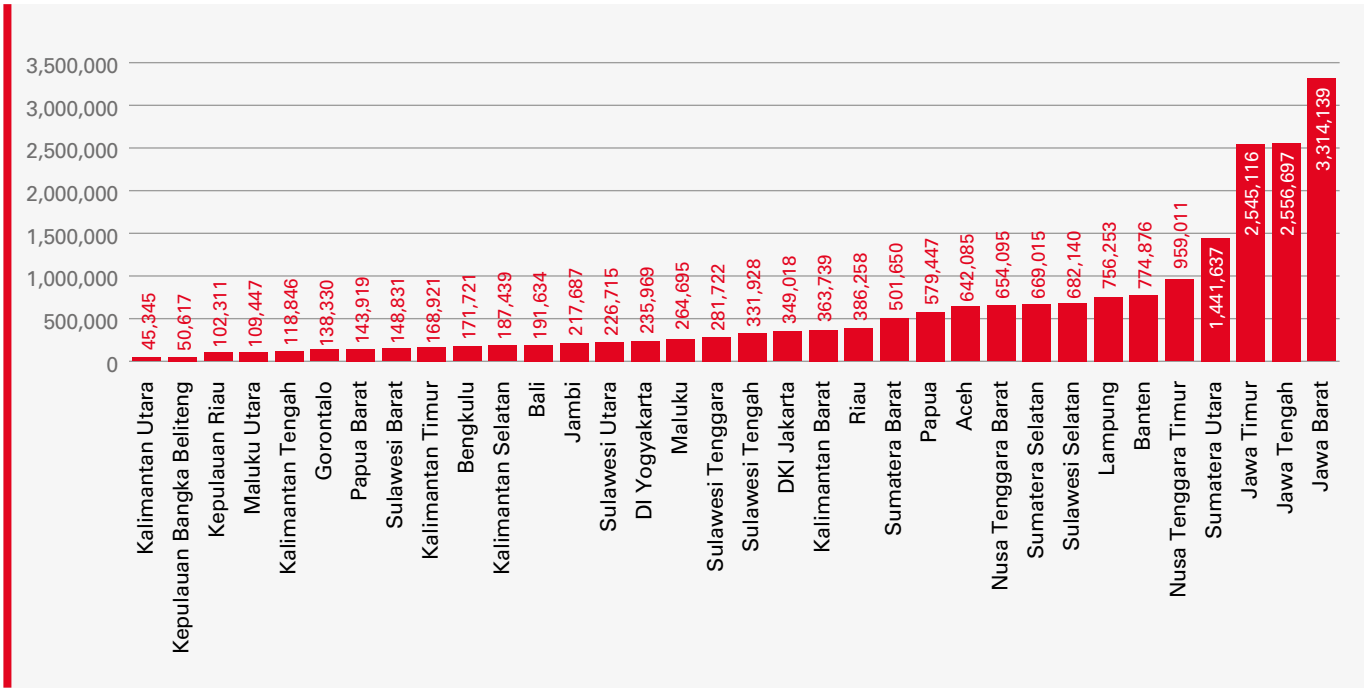


Source: TNP2K

Figure 1.G

Nearly 20 million pupils are receiving regular financial support to cover school-related expenses

Number of beneficiaries of the *Pintar* programme, by province, 2015



Source: TNP2K

Kartu Perlindungan Sosial/Kartu Keluarga Sejahtera (KPS/KKS) card. The number of beneficiaries has increased significantly since the beginning of the programme in 2008, reaching nearly 20 million pupils in 2015 (Figure 1.G). Benefit levels range between Rp225,000 and Rp500,000 per semester, depending on the education level attended by the child. Transfers are received twice a year: the first tranche between August and September and the second tranche between March and April.

Third, the Child Social Welfare Programme (*Program Kesejahteraan Sosial Anak* or PKSA) is a special conditional cash transfer programme first piloted in 2009. Its target group is 'neglected children, street children, children in contact with the law, children with disabilities and children in need of special protection.' The programme aims at reaching these children with annual cash transfers of Rp1 million per child combined with guidance and care by social workers and/or by child care institutions that link the children and their families to basic social services. The coverage of the programme is relatively low, with around 138,000 beneficiaries.

Overall, it is estimated that 28 per cent of children up to 21 years were covered by one of the three child-focused programmes in 2015 (Table 1.C). School-age children are most likely to receive support from the state, while the coverage of young, pre-school children is low (less than 5 per cent). *Raskin* – a subsidized rice programme meant for low-income households – is another important social protection programme in Indonesia. According to the 2015 SUSENAS, some 43 per cent of children were living in a household receiving subsidized rice.

Social protection for women and men of working age and those of pensionable age is provided almost exclusively through contributory schemes. As a result, coverage tends to be low among people working in the informal sector. The Government is committed to providing universal health coverage for all Indonesian by 2019 by expanding coverage of the National Health Insurance Programme, JKN. This is further discussed under Goal 3 on health.

Table 1.C

The main child-focused social protection schemes reached around 38 per cent of school-age children in 2015, but coverage of pre-school children is less than 5 per cent

Estimated percentage of children receiving a child or social grant, by type of programme and age groups, 2015

	PKH	PIP	PKSA	Total
Coverage of pre-school children aged 0–5 years				
Number of beneficiaries	1,255,003	0	46,000	1,301,003
Total number of children	27,461,123	27,461,123	27,461,123	27,461,123
Percentage of children covered	4.6	0	0.2	4.7
Coverage of school-age children aged 6–21 years				
Number of beneficiaries	5,878,463	20,371,842	92,000	26,342,305
Total number of children	72,829,814	72,829,814	72,829,814	72,829,814
Percentage of children covered	8.1	28.0	0.1	36.2
Total coverage of children 0–21 years				
Number of beneficiaries	7,133,466	20,371,842	138,000	27,643,308
Total number of children	100,290,937	100,290,937	100,290,937	100,290,937
Percentage of children covered	7.1	20.3	0.1	27.6

Source: Calculations are based on administrative data from the Ministry of Social Affairs, the Ministry of Education and Culture and the Ministry of Religious Affairs via TNP2K. Age-disaggregated figures for the number of PKSA beneficiaries are estimates. Population estimates were derived from the SUSENAS 2015.

WHAT CAN BE DONE TO ACCELERATE PROGRESS TOWARDS GOAL 1?

- Continue strengthening the routine monitoring of monetary and multidimensional child poverty and income insecurity.
- Continue scaling up investments in building a national social protection system that provides consistent, adequate, and comprehensive coverage for all children, including addressing the low levels of coverage among young pre-school children.
- Review the adequacy of transfer levels vis-à-vis needs, impacts and programme objectives and investigate mechanisms for adjusting transfer levels to keep up with inflation.
- Improve the availability of age- and sex-disaggregated data on beneficiaries and participants in social protection and security schemes as well as the impact of cash transfer schemes to enable regular tracking of progress and support decision-making.

GOAL

02

ZERO HUNGER

1 in 3
children under age 5
is stunted

1 in 10
children is
acutely malnourished

2 in 5
infants under
6 months of age is
exclusively breastfed

Zero hunger

WHAT THIS GOAL IS ABOUT

Sustainable Development Goal 2 seeks sustainable solutions to end hunger and all forms of malnutrition by 2030 and to achieve food security. Hunger and malnutrition are a leading cause of death and disease around the world, with high human and economic costs. Sustainable food production systems and resilient agricultural practices are critical for ensuring food and nutrition security for all. Disasters and other shocks and crises are a significant driver of hunger around the world. Maternal and child malnutrition hinders the survival and development of children. Malnutrition is a multi-sectoral issue that goes beyond food security: for example, globally there are clearly established linkages between child stunting and poor sanitation, a finding which has also been demonstrated in Indonesia.

In tackling child undernutrition, there has been a global shift from measuring and tracking the prevalence of underweight children towards focusing on child stunting. There is now a better understanding of the importance of nutrition during the critical 1,000-day period, which covers pregnancy and the first two years of the child's life. Stunting in particular reflects chronic undernutrition during this period. Stunting can cause lasting damage, including poor health; increased risk of non-communicable diseases; poor cognition and education performance in childhood; and low adult wages and lost productivity. Evidence now shows clearly the importance of investing in the nutrition of adolescent girls, including by supporting girls to delay childbearing.

The double burden of undernutrition alongside childhood obesity is an increasing concern. For Indonesia, this is an active challenge: 12 per cent of children under the age of 5 were affected by wasting (low weight-for-height) in 2013, and the same number of children were overweight. There is a strong economic case to be made for addressing malnutrition in all its forms: annually, Indonesia loses over US$4.3 billion in gross domestic product to vitamin and mineral deficiencies, while the returns on investments in nutrition interventions are as high as eight to 30 times the costs.[3]

Indonesia ranks 10th out of 44 countries on the Hunger and Nutrition Commitment Index, an acknowledgement of the country's strong commitment to achieving this SDG. The decision to join the global Scaling Up Nutrition movement, and the increased budgetary allocations for both nutrition-specific and nutrition-sensitive interventions, are further examples of the Government's commitment towards ending hunger and malnutrition.

Table 2.A

Priority targets for children	Selected indicators to measure progress	Type of indicator	Baseline value	Data source
2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	Prevalence of stunting among children under 5 years of age	Global indicator	37%	RISKESDAS 2013
	Prevalence of wasting among children under 5 years of age	Global indicator	12%	RISKESDAS 2013
	Prevalence of overweight among children under 5 years of age	Global indicator	12%	RISKESDAS 2013
	Prevalence of anaemia in women of reproductive age	National indicator	23%	RISKESDAS 2013
	Proportion of infants 0–5 months of age who are fed exclusively with breast-milk	National indicator	44%	SUSENAS 2015

Source: The national figure on anaemia refers to non-pregnant women aged 15+ years.

STATUS OF PRIORITY INDICATORS FOR CHILDREN

STUNTING

Stunting, or being too short for one's age, reflects chronic undernutrition during the most critical periods of growth and development in early life. It is identified by assessing a child's length or height for their age and interpreting the measurements by comparing them with an acceptable set of standard values. Children are considered to be stunted if their height is more than two standard deviations below the median of the World Health Organization (WHO) growth standards for children of the same age and sex.

Nationwide, over 37 per cent of children under 5 years of age were stunted in 2013 – roughly 8.4 million children. In 15 of Indonesia's 34 provinces, the prevalence of stunting was higher than 40 per cent, peaking at 52 per cent in Nusa Tenggara Timur (Figure 2.A). Even in the province with the lowest prevalence – Kepulauan Riau – one in four children (26 per cent) was stunted. The national stunting prevalence remained unchanged between 2007 (36.8 per cent) and 2013 (37.2 per cent), but there are plans to re-examine this trend in 2018–2019.

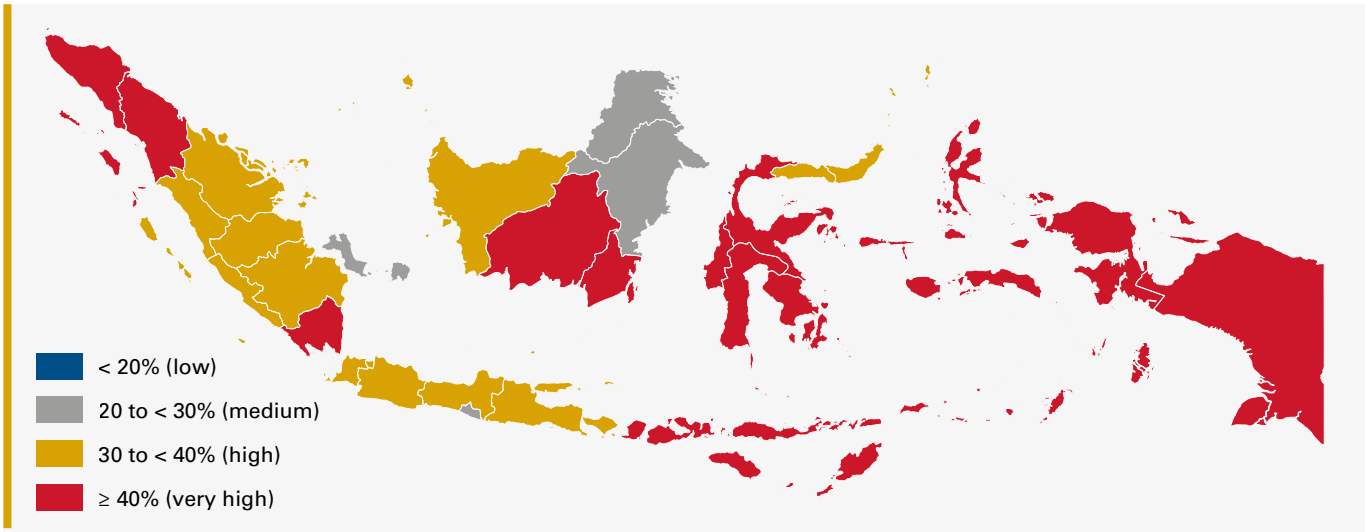
Disaggregated statistics show that stunting is not a concentrated issue but affects children from different socio-economic backgrounds (Figure 2.B). Children living in the poorest 20 per cent of households are 1.7 times more likely to be stunted than children in the wealthiest 20 per cent of households, but the prevalence of stunting is high across the wealth spectrum. Even among children in the richest quintile, 29 per cent were stunted in 2013. There are only moderate disparities between children living in rural areas and those living in urban areas and no significant differences between boys and girls.

One in four newborns was already stunted at birth in 2013, indicating that the process of growth faltering started prenatally (Figure 2.C). Thereafter, the prevalence of stunting increases sharply, reaching nearly 40 per cent among children 12–23 months old. This particular pattern of stunting in early childhood has established the period from conception to the second birthday – the first 1,000 days – as the critical window of opportunity to prevent childhood stunting.

Figure 2.A

The prevalence of childhood stunting is high or very high in nearly all provinces of Indonesia

Percentage of children under age 5 with stunted growth, by province, 2013



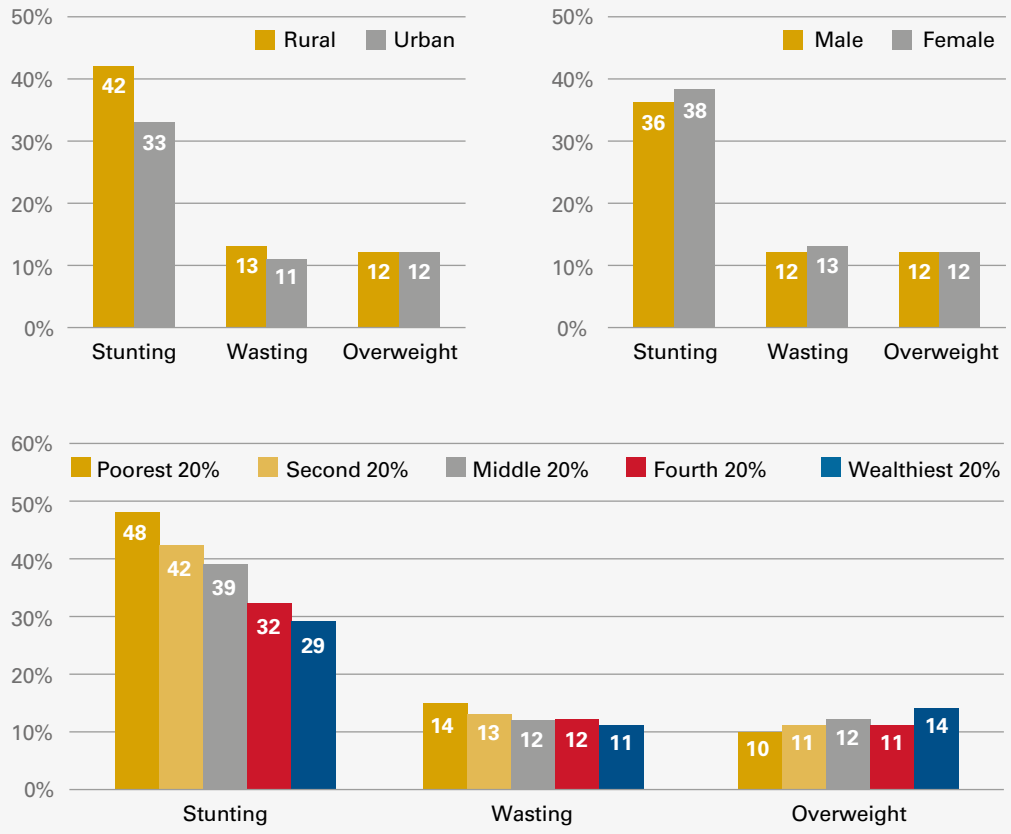
Note: Stunting is defined as the percentage of children under 5 whose height for age is below minus two standard deviations from the median of the WHO child growth standards.

Source: RISKESDAS 2013

Figure 2.B

Disparities exist but rates of malnutrition are high even among children living in the wealthiest and most educated households

Percentage of children under age 5 who are malnourished, by selected characteristics, 2013



Source: RISKESDAS 2013

WASTING

Wasting, or being too thin for one's height, is usually caused by recent weight loss due to acute disease or inadequate food intake. It is defined as the percentage of children under 5 years of age whose weight for height is more than two standard deviations (moderate and severe wasting) and three standard deviations (severe wasting) below the median of the WHO child growth standards.

The national prevalence of moderate and severe wasting was 12 per cent in 2013, with 5 per cent of children under 5 years being severely wasted. Twenty-five provinces had rates of wasting of between 10 and 15 per cent, at a level classified by the WHO as a 'serious' public health problem, and six provinces had prevalences of more than 15 per cent, which is regarded as a 'critical' public health problem requiring supplementary feeding programmes (Figure 2.D). Analysing trends over time is difficult because the prevalence of wasting can change rapidly from year to year because it can be reversed with appropriate food and medical attention.

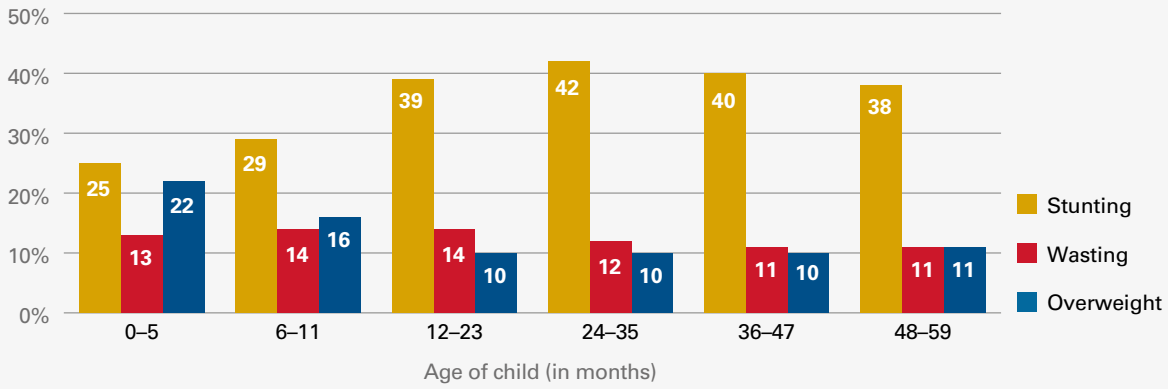
OVERWEIGHT

Overweight refers to a child who is too heavy for her or his height. This form of malnutrition results from consuming more calories than are needed and increases the risk of non-communicable diseases later in life.

Figure 2.C

The first two years of life are critical for addressing childhood stunting

Percentage of children under age 5 who are malnourished, by age (in months), 2013

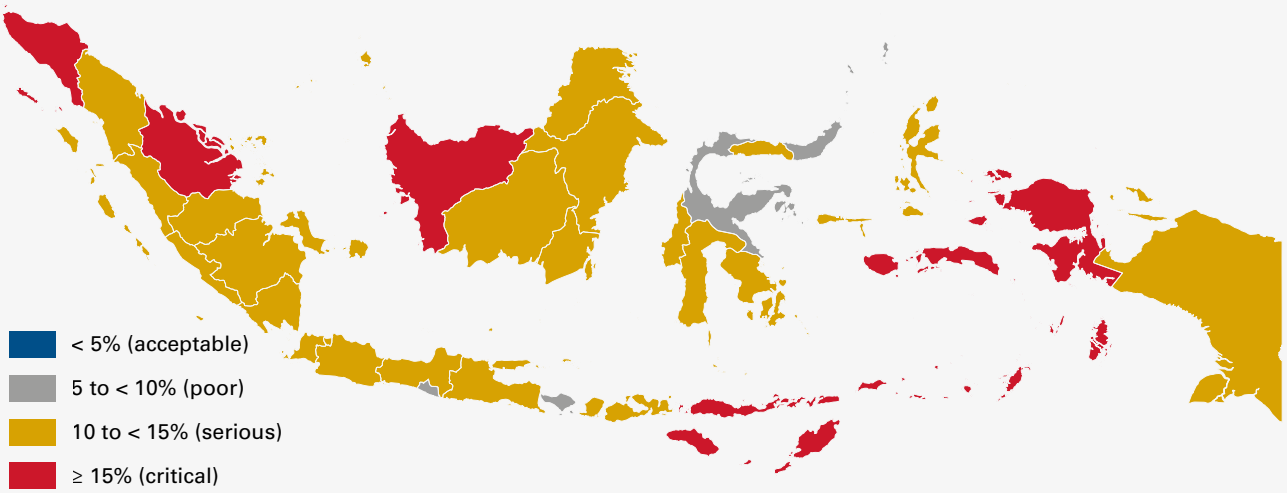


Source: RISKESDAS 2013

Figure 2.D

Six provinces had levels of childhood wasting associated with a critical public health emergency in 2013

Percentage of children under age 5 who are wasted, by province, 2013



Note: Wasting is defined as the percentage of children under 5 whose weight for height is below minus two standard deviations from the median of the WHO child growth standards.

Source: RISKESDAS 2013

Figure 2.E

Disparities in childhood overweight

Percentage of children under age 5 who are overweight, by province, 2013

Note: Overweight is defined as the percentage of children under 5 whose weight for height is above two standard deviations from the median of the WHO child growth standards.

Source: RISKESDAS 2013

Nationwide, 12 per cent of under-fives were overweight in 2013. At provincial level, the prevalence of childhood overweight ranged from a low prevalence of 6 per cent in Maluku to a high of 21 per cent in Lampung (Figure 2.E).

NUTRITION OF WOMEN AND ADOLESCENT GIRLS

Pregnant women and children are particularly vulnerable to anaemia. Anaemia is a condition in which the number of red blood cells, or their oxygen-carrying capacity, is insufficient to meet the body's needs. Anaemia is usually caused by iron deficiency, which is the most common nutritional disorder in the world. Iron deficiency and anaemia can lead to ill-health, premature death and lost earnings. Among pregnant women, anaemia is associated with adverse pregnancy complications including pre-term deliveries, low birth weight and an increased risk of maternal mortality. These complications also translate into increased risk of malnutrition for the child.

Nationally, 37 per cent of pregnant women were anaemic in 2013, compared to 23 per cent of non-pregnant women of reproductive age, with no notable difference between those living in urban and rural areas. There is no disaggregated data based on wealth quintile, educational attainment or employment status specifically for pregnant women. It appears that anaemia among pregnant women is increasing: in 2007, it was estimated that around a quarter of pregnant women were anaemic. If this is the case, then targeted action will be needed to turn this trend around and put Indonesia on track to reducing anaemia among pregnant women.

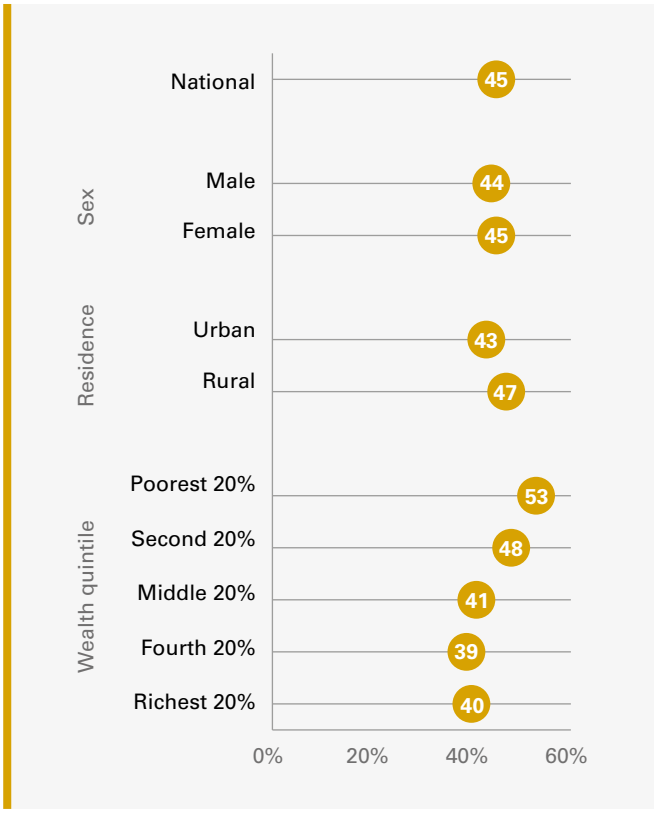
If a woman is anaemic when she falls pregnant, her nutrition, and that of her child, will be further compromised. Therefore, it is important to track the prevalence of anaemia among women of reproductive age. Twenty-three per cent of non-pregnant women older than 15 years of age are anaemic, with no significant difference between those living in rural and urban areas.

Empowering and supporting girls to delay childbearing is an important strategy for reducing child malnutrition. Early childbearing among adolescents is a known risk factor for small birth size. Being born small (called foetal growth restriction) significantly increases a child's likelihood of being stunted. As detailed further under SDG Target 3.7 (see Chapter 3), 10 per cent of adolescent girls aged 15–19 years in Indonesia have already commenced childbearing.

Figure 2.F

Less than half of infants benefit from exclusive breastfeeding for the first six months of life

Percentage of infants 0–5 months of age who are fed exclusively with breast-milk, by selected characteristics, 2015

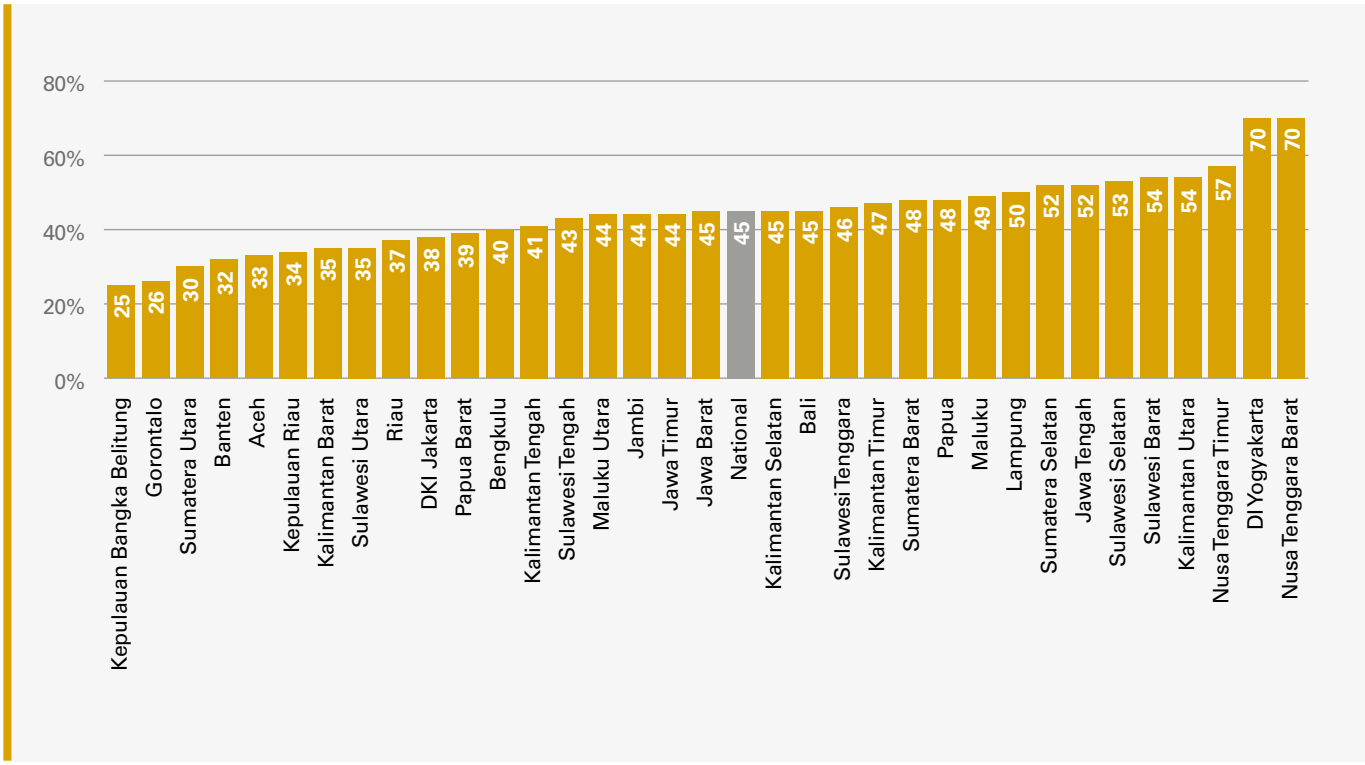


Source: SUSENAS 2015

Figure 2.G

Only nine provinces have reached the World Health Assembly global target of achieving at least 50 per cent exclusive breastfeeding in the first six months

Percentage of infants 0–5 months of age who are fed exclusively with breast-milk, by province, 2015



Source: SUSENAS 2015

Accelerating action towards Target 3.7 – which focuses on ensuring universal access to sexual and reproductive health care services, information and education, and the integration of reproductive health into national strategies and programmes – is important for achieving both Sustainable Development Goal 3 and Goal 2.

INFANT AND YOUNG CHILD FEEDING

Good infant and young child feeding practices are critical for the survival and development of young children. Breastfeeding offers undisputed health benefits to children in their first two years of life and beyond. In line with global standards, the Government of Indonesia, WHO and UNICEF all recommend exclusive breastfeeding for the first six months of life, with complementary feeding and continued breastfeeding to at least two years of age. Breast-milk provides a child with all the nutrients they need in a safe manner, whereas the early introduction of foods can result in nutritional deficits and infection.

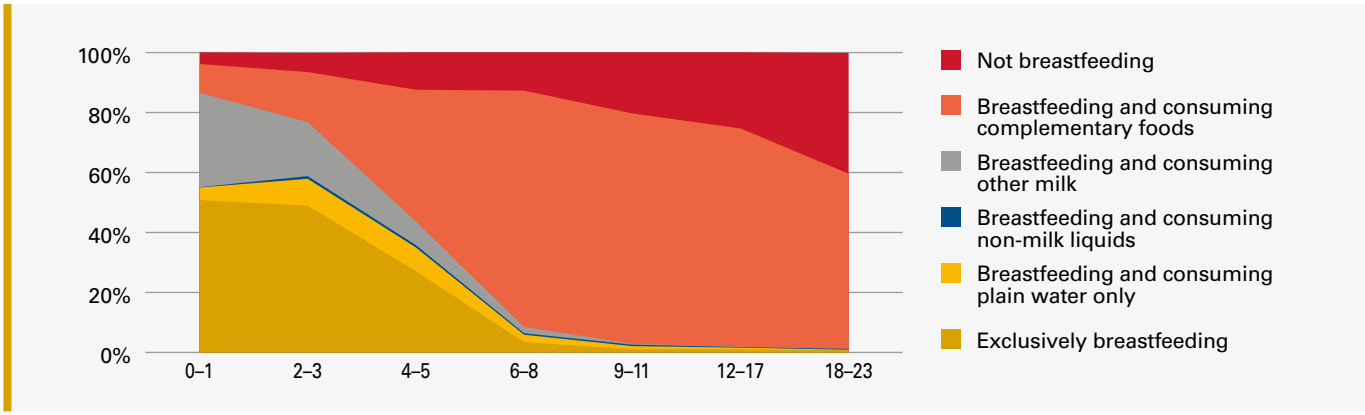
Nationally, only 45 per cent of children aged 0–5 months were exclusively breastfed in 2015, with only a minor difference in breastfeeding rates between male and female infants. Exclusive breastfeeding is more common for infants living in the lowest two wealth quintiles. There are differences in breastfeeding rates across provinces: Nusa Tenggara Barat is the best performing province at 70 per cent, while at the other end of the spectrum Kepulauan Bangka Belitung is lagging behind at only 25 per cent. While a lot of progress is needed on this indicator, there is a positive trend in levels of exclusive breastfeeding: only 32 per cent of children under 6 months were exclusively breastfed in 2007, and 41 per cent in 2012 (Indonesia Demographic and Health Survey – IDHS).

The transition from breastfeeding to complementary feeding at 6 months of age is also important to ensure children's continued nutrition. According to the IDHS, seven out of eight (87 per cent) infants aged 6–8 months of age are being breastfed while starting to consume solid or semi-solid foods. Across the first 2 years of life, six out of 10 children (63 per cent) were appropriately fed. Bottle feeding, which can increase a child's risk of illness due to sterilization issues, is commonplace, particularly as the infant gets older: almost half (46 per cent) of children aged 20–23 months were being bottle fed.

Figure 2.G

Six out of 10 children age 0–23 months in Indonesia are appropriately fed

Infant feeding practices, by age (in months), 2012



Source: IDHS 2012

PERSPECTIVES: MOTHERS STRUGGLE TO NAVIGATE GOOD INFANT AND YOUNG CHILD FEEDING PRACTICES

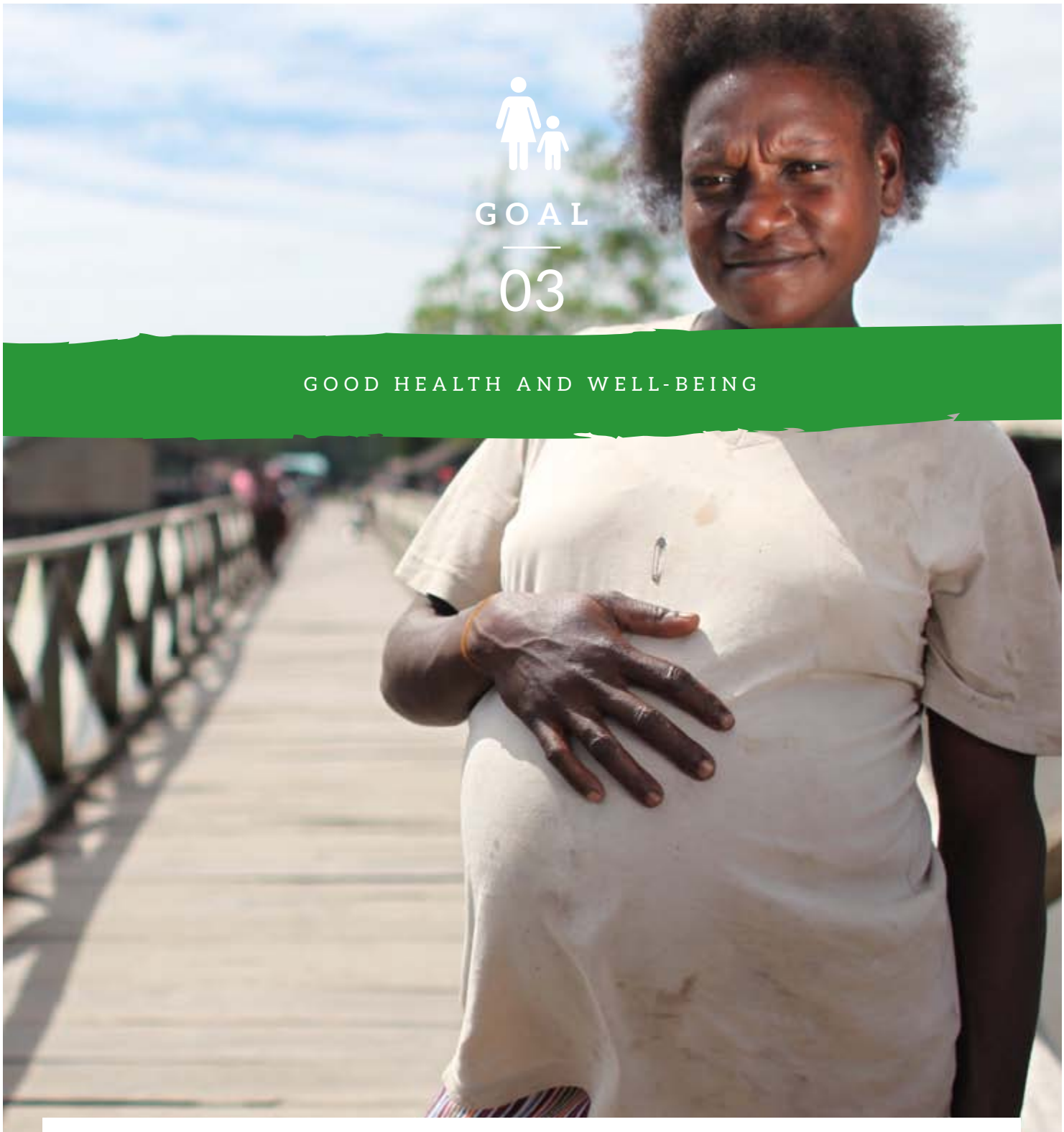
During a recent study on the perspectives and experiences of children and their families on poverty and social protection, a field researcher living with a host family observed first-hand the way that poor information on infant and young child feeding practices is shared and applied:

"One evening I was helping 'my mother' in the kitchen and watched her mixing milk powder with sugar and water in a glass for her 13-month-old son. She explained that she had stopped breastfeeding when the boy was 2 months because she was ill. The milk formula she used cost her Rp94,000 per week and when the baby was 5 months old, they could not afford it anymore. This was when, on the advice of her mother-in-law, she started to mix it with other things. She mixes two tablespoons of formula with two tablespoons of sugar and five tablespoons of rice flour in about 250 ml of water which she then adds to about 800 ml of boiling water. This mixture is enough for the whole day. Another mother told me this was normal practice in this community: 'In fact, my cousin only used rice flour, without any formula. She had breast pain at that time. Her children were even chubbier than mine who had formula. We are just farmers – so it is difficult to afford pure formula.'"

Source: Reality Check Approach plus and UNICEF Indonesia (2016). *Children and Their Families' Perspectives and Experiences on Poverty and Social Protection.* Jakarta: The Palladium Group and UNICEF Indonesia.

WHAT CAN BE DONE TO ACCELERATE PROGRESS TOWARDS GOAL 2?

- Fully finance and fast-track quality implementation of nutrition-specific and nutrition-sensitive interventions in line with the Strategic Policy and National Action Plan for Food and Nutrition 2015–2019.
- Accelerate the roll-out of the SUN movement everywhere in Indonesia in line with the Presidential Decree No. 42 (2013). The SUN movement focuses on creating multi-sectoral partnerships for improved nutrition during the first 1,000 days of life, starting from pregnancy until the child turns 2 years old.
- Scale up successful models for improved infant and young child feeding and the integrated management of acute malnutrition.
- Generate evidence to develop integrated approaches for health care, WASH, early stimulation and learning, and nutrition programmes to reduce stunting and improve children's health.
- Promote breastfeeding by improving the laws and regulation on marketing of breast-milk substitutes.
- Mainstream adolescent nutrition into relevant health sector plans, strategies and policies and develop programme guidance to support scale-up at subnational level.



GOAL

03

GOOD HEALTH AND WELL-BEING

9 in 10
births are attended by skilled health personnel

For every 1,000 live births,
40 children
die before their fifth birthday

74%
of infants 12–23 months receive the third dose of the DPT vaccine

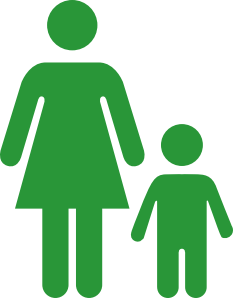


Table 3.A

Priority targets for children	Selected indicators to measure progress	Type of indicator	Baseline value	Data source
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	Maternal mortality ratio	Global indicator	305	SUPAS 2015
	Proportion of births attended by skilled health personnel	Global indicator	89%	SUSENAS 2015
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births	Under-five mortality rate (deaths per 1,000 live births)	Global indicator	40	IDHS 2012
	Neonatal mortality rate (deaths per 1,000 live births)	Global indicator	19	IDHS 2012
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	Number of new HIV infections per 1,000 uninfected children 0–14 years	Global indicator	0.068	MoH-modelled estimate for 2015
	Tuberculosis incidence per 100,000 people	Global indicator	395	WHO estimate for 2015
	Malaria incidence per 1,000 population	Global indicator	0.85	MoH 2015
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	Proportion of women of reproductive age (age 15–49 years) who have their need for family planning satisfied with modern methods	Global indicator	73%	SUSENAS 2015
	Adolescent birth rate (age 15–19 years) per 1,000 women	Global indicator	40	SUPAS 2015
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Proportion of children 12–23 months who receive all basic vaccinations	National indicator	49%	SUSENAS 2015
	Proportion of children covered by JKN	National indicator	47%	SUSENAS 2015

STATUS OF PRIORITY INDICATORS FOR CHILDREN

MATERNAL AND REPRODUCTIVE HEALTH

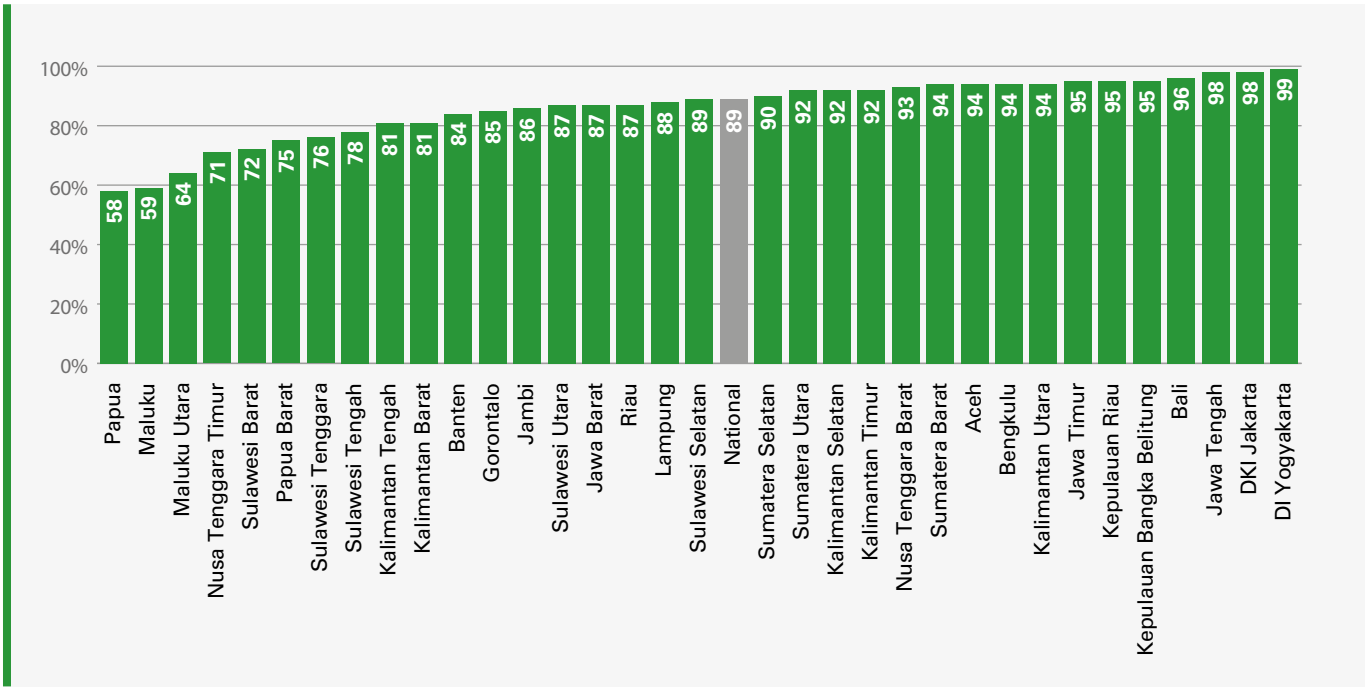
SDG Target 3.1 aims to reduce the global maternal mortality ratio to less than 70 per 100,000 live births. The indicators to measure progress include the maternal mortality ratio and skilled attendance at birth. Maternal mortality refers to deaths due to complications from pregnancy or childbirth. In 2015, Indonesia's maternal mortality ratio was equal to 305 maternal deaths per 100,000 live births, according to the SUPAS.[4]

Studies indicate that close to eight in 10 maternal deaths (77 per cent) are due to direct obstetric causes, resulting from complications during pregnancy or unsafe delivery practices. The single most critical intervention

Figure 3.A

Skilled birth attendance

Percentage of births attended by skilled health personnel, by province, 2015



Note: The indicator refers to ever-married women who had a live birth in the two years preceding the SUSENAS attended by obstetricians, midwives, nurses or other health professionals.
Source: SUSENAS 2015

for safe motherhood is to ensure that a competent health worker with midwifery skills is present at every birth, and in case of emergency that transport is available to a referral facility for obstetric care. Strengthening primary health care and referral systems, in parallel with enhancing the competency and skills of health personnel to ensure high-quality maternal and newborn services will be essential. Other underlying causes include child marriage and childbearing by adolescent girls.

In Indonesia, 89 per cent of births occurring in the two years preceding the SUSENAS 2015 survey were delivered by skilled personnel (Figure 3.A). Geographic disparities are striking: coverage of skilled attendance ranged from 58 per cent in Papua to 99 per cent in DI Yogyakarta.

SDG Target 3.7 on universal access to sexual and reproductive health-care services is to be monitored by two indicators: the adolescent birth rate and coverage of modern family planning services. Some 10 per cent of adolescent women aged 15–19 years were already mothers or pregnant with their first child, according to the 2012 IDHS. Rural teenagers were more likely than urban teenagers to have started childbearing (13 per cent compared with 6 per cent). By wealth status, the proportion of teenagers who have begun childbearing varies from a high of 17 per cent among those living in households in the lowest wealth quintile to a low of 3 per cent among those in the highest quintile. The 2015 SUPAS recorded an adolescent birth rate of 40 per 1,000 in that age group.

With regard to modern family planning services, nationally in 2015, 73 per cent of ever-married women of reproductive age had their need for family planning with a modern method satisfied, according to SUSENAS. As with other indicators, there was considerable regional variation, with, for example, 83 per cent of ever-married women of reproductive age in Kalimantan Selatan having their family planning needs met, compared with 23 per cent in Papua.

CHILD MORTALITY

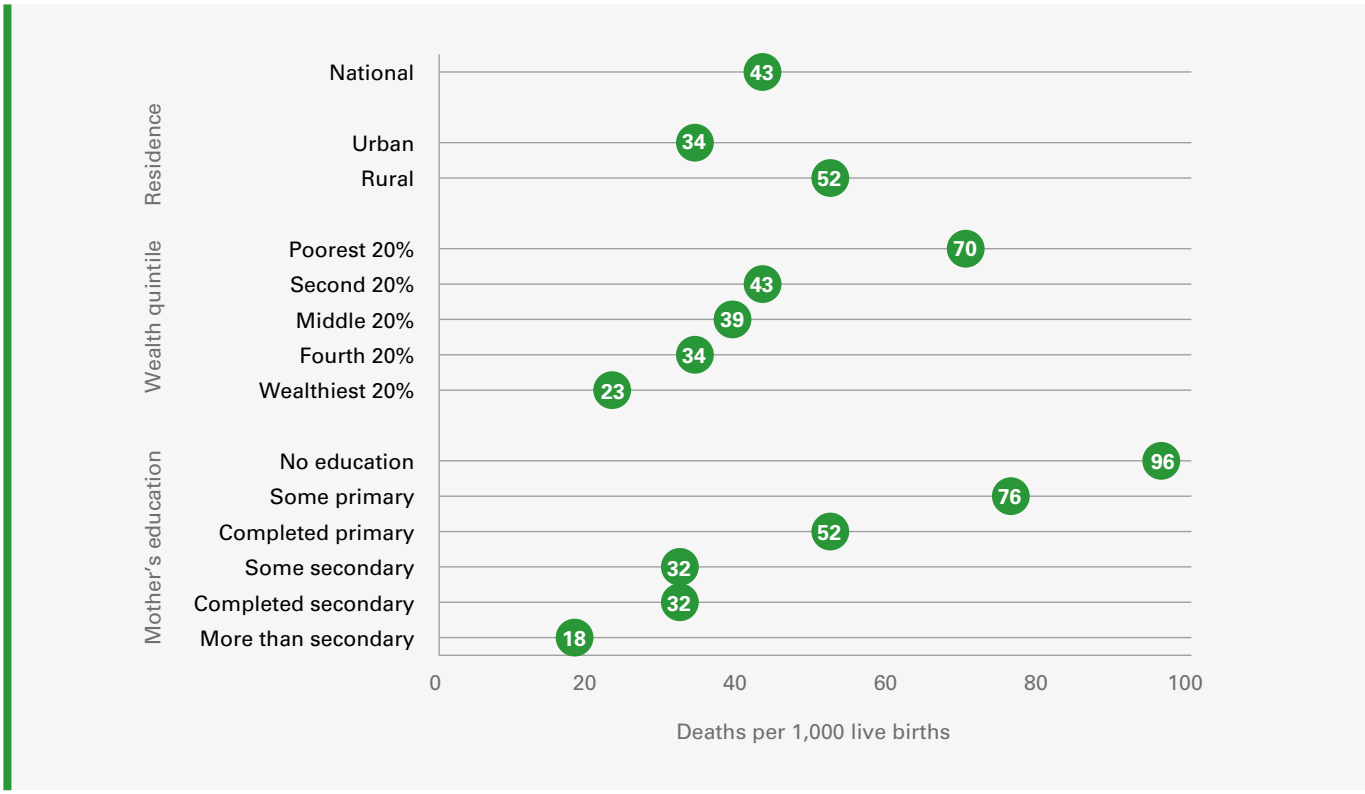
Target 3.2 is about reducing preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births. The 2012 IDHS recorded an under-five mortality rate of 40 deaths per 1,000 live births during the five years preceding the survey (2008–2012). This means that one in 31 children born in Indonesia die before reaching the fifth birthday. Of those deaths, 48 per cent were newborns, with a neonatal mortality rate of 19 per 1,000 live births and little evidence of change over the past two decades.

Disaggregated survey data, only available for a 10-year period, show that children from the poorest households are on average nearly three times as likely to die before the age of 5 as children from the richest households (Figure 3.B). Children under 5 of mothers who lack education are three to five times as likely to die as those whose mothers have secondary or higher education.

Figure 3.B

Children born in the poorest households were three times more likely to die before age 5 than children from the richest households

Under-five mortality rate for the 10-year period preceding the survey, by wealth quintile, 2012



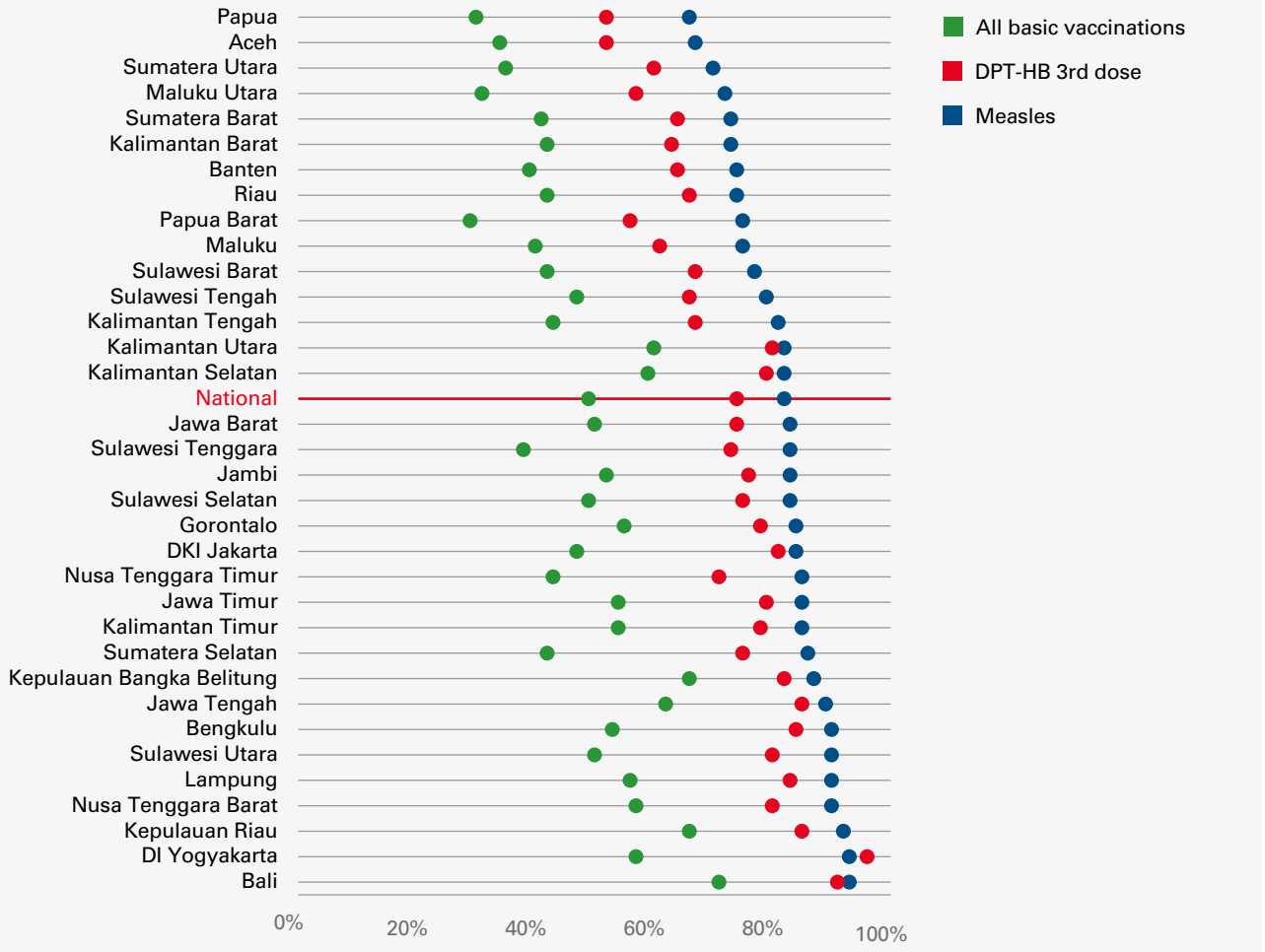
Note: Disaggregated data by the socio-economic characteristics presented in this figure are available only for the 10 years preceding the survey (approximately 2003–2012). The national baseline value for under-five mortality included in Table 3.A refers to the five-year period preceding the survey (2008–2012).

Source: IDHS 2012

Figure 3.C

A child's immunization status is strongly associated with its place of residence

Percentage of children aged 12–23 months who received specific vaccines at any time before the survey, by province, 2015



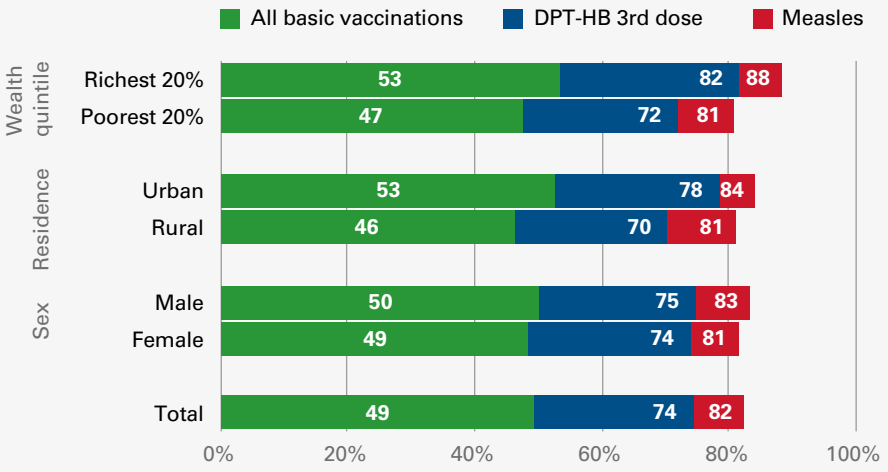
Note: All basic vaccination is measured by coverage of BCG (bacille Calmette-Guérin TB vaccine), Polio4 (four doses of polio vaccine), DPT3 (third dose of DPT vaccine), HepB3 (third dose of hepatitis B vaccine) and MMR (measles, mumps and rubella vaccine).

Source: SUSENAS 2015

Figure 3.D

Children in rural households are least likely to benefit from routine immunization services

Percentage of children aged 12–23 months who received specific vaccines at any time before the survey, by selected characteristics, 2015



Source: SUSENAS 2015

COMMUNICABLE DISEASES

The main target relating to infectious diseases is SDG Target 3.3, which refers to ending the epidemic of acquired immune deficiency syndrome (AIDS), tuberculosis (TB), malaria and neglected tropical diseases, and combating hepatitis, water-borne diseases and other communicable diseases. In 2015, the Ministry of Health recorded 30,935 new cases of human immunodeficiency virus (HIV), although the actual number of new infections is estimated at 72,100 (4,900 among children 0–14 years and 67,200 among people 15 years and above). The HIV incidence among children 0–14 years was 0.068 per 1,000 uninfected children. Among adults of over 15 years, the HIV incidence stood at 0.367 per 1,000 uninfected population.[5] According to the National AIDS Commission, the strategies being employed to contain HIV in Indonesia are by and large appropriate given the stage of the HIV epidemic, but they have not been realizing their full impact due to insufficient scale and programme implementation issues.[6]

TB is a treatable and curable disease, but remains a major global health problem. In 2015, the Ministry of Health detected 331,000 new cases of TB. Close to 9 per cent of new cases were children under 15 years of age. There is, however, significant underreporting: the actual incidence of TB in 2015 was estimated at 1 million or 395 per 100,000 people.[7]

Indonesia is making progress in the fight against malaria, and the share of malaria-free districts has more than doubled over the past five years, to 45 per cent in 2015. According to the 2013 RISKESDAS, the incidence of malaria was 1.9 per cent, or 19 per 1,000 people.

UNIVERSAL HEALTH COVERAGE

The universal health coverage target under Goal 3 aims to ensure that everyone obtains good-quality essential services and the medicines they need, without undue financial hardship due to out-of-pocket payments, as well as vaccines for all. Immunization is a proven public health intervention for controlling and eliminating life-threatening infectious diseases. The percentage of children receiving diphtheria, pertussis and tetanus (DPT) vaccine is often used as an indicator of how well countries are providing routine immunization services. In 2015, national coverage for the third dose of DPT stood at 74 per cent, according to the SUSENAS survey. Protection against measles was somewhat higher, at 82 per cent. Both fall below the targets of 90–95 per cent.

A child's immunization status is strongly associated with her or his place of residence (Figure 3.C). For instance, children living in Maluku or Papua are two times less likely to receive all their basic vaccinations compared with their peers born in Bali or Kepulauan Riau. Disparities by wealth and parental education levels are

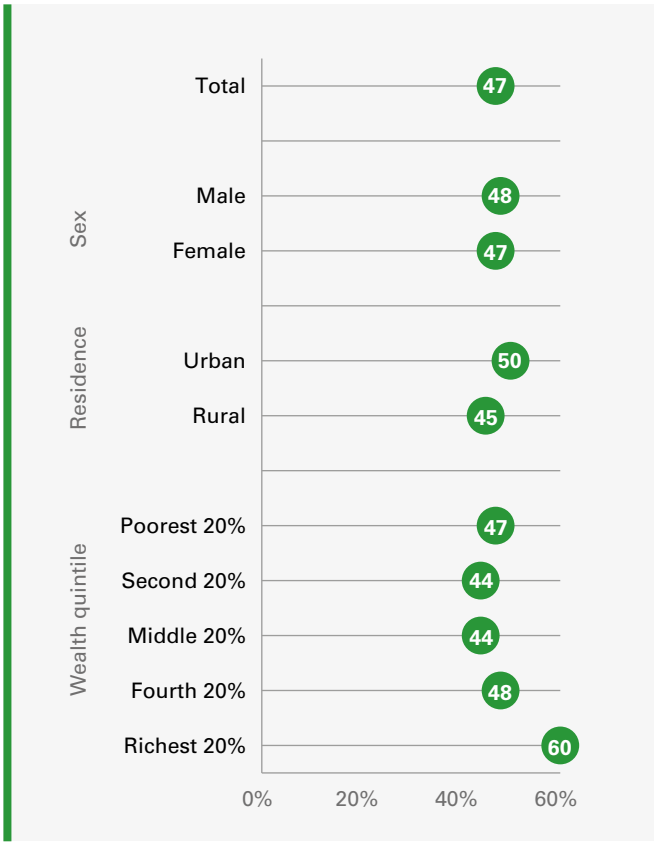
less pronounced (Figure 3.D). Overall, under-coverage is still substantial: only half of children 12–23 months of age received all basic vaccinations.

With the enactment of the National Social Security System Act in 2004 and the Social Security Providers Act in 2011, the Government made a commitment to achieve universal health insurance coverage. The roll-out of JKN – introduced in 2014 – aims to deliver universal health coverage to at least 95 per cent of the population by 2019. However, before the National Social Security System is fully in place, a significant proportion of the population is still without health insurance. In 2015, 47 per cent of children were covered by health insurance programmes (Figure 3.E). Out of those with insurance, 42 per cent reported being covered by the *Jamkesmas* programme (a tax-funded health insurance scheme targeted at the poor); 23 per cent by *Badan Penyelenggara Jaminan Sosial* (a health social insurance administration organization); and another 20 per cent by regional health insurance (*Jamkesda*).

Figure 3.E

Close to half of children were covered by health insurance in 2015

Percentage of children covered by health insurance programmes, by selected background characteristics, 2015



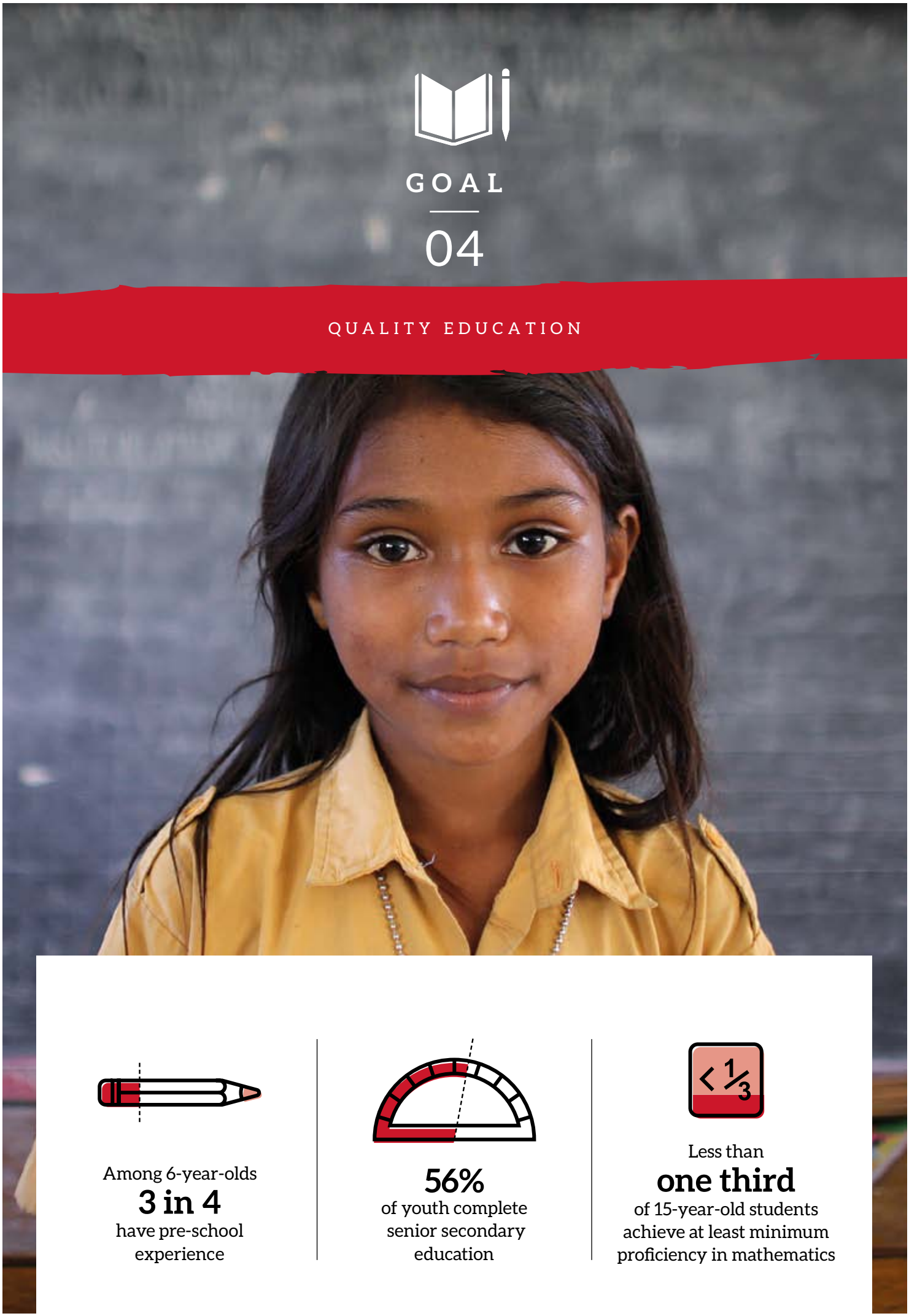
Source: SUSENAS 2015

WHAT CAN BE DONE TO ACCELERATE PROGRESS TOWARDS GOAL 3?

- Accelerate efforts to reduce maternal mortality, including improving knowledge of pregnant women about antenatal care and safe delivery in health facilities; improving the quality of maternal and newborn care services, including competency of human resources, health facilities and hospitals with comprehensive neonatal obstetric emergency services; improving referral systems, particularly in remote areas; the effective introduction of maternal and perinatal death surveillance and response audits; and implementation of regulations which support optimum maternal health services, including the recent Minimum Service Standards.

- Continued investment in reducing child mortality, including the integrated management of newborn and childhood illness at the primary care level; the essential newborn care action plans for high-quality basic and referral services for newborns; and ensuring referral services are available for all sick children.

- Tackle communicable diseases through provider-initiated testing and counselling for HIV among all pregnant women and exposed infants; district-level availability of lifelong antiretrovirals for all those testing HIV-positive; strengthen TB case-finding, screening for multi-drug resistant TB and early initiation of treatment; and improve logistic management systems for key commodities (such as rapid diagnostic testing for HIV, antiretrovirals and TB drugs).



GOAL

04

QUALITY EDUCATION

Among 6-year-olds

3 in 4

have pre-school experience

56%

of youth complete senior secondary education

Less than

one third

of 15-year-old students achieve at least minimum proficiency in mathematics

Quality education

WHAT THIS GOAL IS ABOUT

Sustainable Development Goal 4 aims to ensure that all people have access to quality education and lifelong learning opportunities. This goal focuses on the acquisition of foundational and higher-order skills at all stages of education and development; greater and more equitable access to quality education at all levels, as well as technical and vocational education and training; and the knowledge, skills and values needed to function well and contribute to society.

Despite significant global investment in the previous decades, there are still persistent disparities and gaps in access to education. Indonesia has made impressive gains to ensure near universal primary education, but access to and completion of secondary education remains a challenge. There is also increasing recognition that attendance at school alone is not enough: learning outcomes need to be tracked to ensure that schools are genuine learning environments where children benefit concretely from the time they spend there. Indonesian pupils tend to perform poorly in both national and international assessments of basic reading, mathematics and other academic skills.

There is now a wealth of evidence that highlights the importance of early childhood education for developing cognitive and language skills and for fostering emotional development. In achieving this goal, Indonesia's education sector will need to respond to a rapidly changing society to ensure that education at all ages is inclusive and relevant to the national context. Ensuring quality education for all throughout all stages of childhood is key to achieving not only this goal but many other SDGs.

Table 4.A

Priority targets for children	Selected indicators to measure progress	Type of indicator	Baseline value	Data source
4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education, leading to relevant and effective learning outcomes	Proportion of children achieving at least a minimum proficiency in reading and mathematics at the end of primary and at the end of lower secondary school	Global indicator	Primary: 23% for math and 53% for reading. Lower secondary: 31% for math and 44% for reading	INAP 2016 and PISA 2015
4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	Participation rate in organized learning (one year before the official primary school entry age)	Global indicator	96%	SUSENAS 2015
4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected, as data become available) for all education indicators on this list that can be disaggregated	Global indicator	See Table 4.B	SUSENAS 2015
4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	Proportion of schools: (a) basic drinking water; and (b) single-sex basic sanitation facilities	Global indicator	Basic drinking water: 85%. Single-sex basic sanitation facilities: 49%	Ministry of Education and Culture 2016

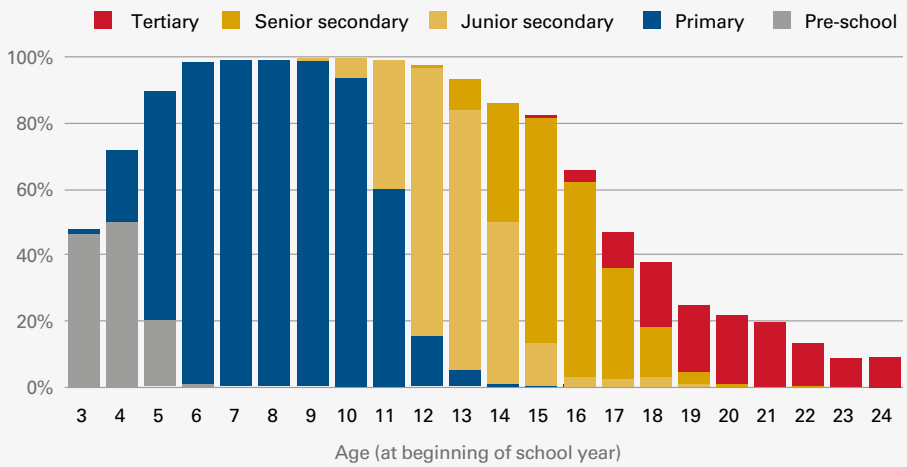
Note: The indicators on WASH in school are discussed further under Goal 6 on water and sanitation. An indicator on bullying in school is covered under SDG 16.

STATUS OF PRIORITY INDICATORS FOR CHILDREN

Figure 4.A

School participation rates are high among children of primary school age but drop steadily among adolescents and youth

Percentage of children and youth attending school, by age and by type of education, 2015



Source: SUSENAS 2015

EARLY CHILDHOOD

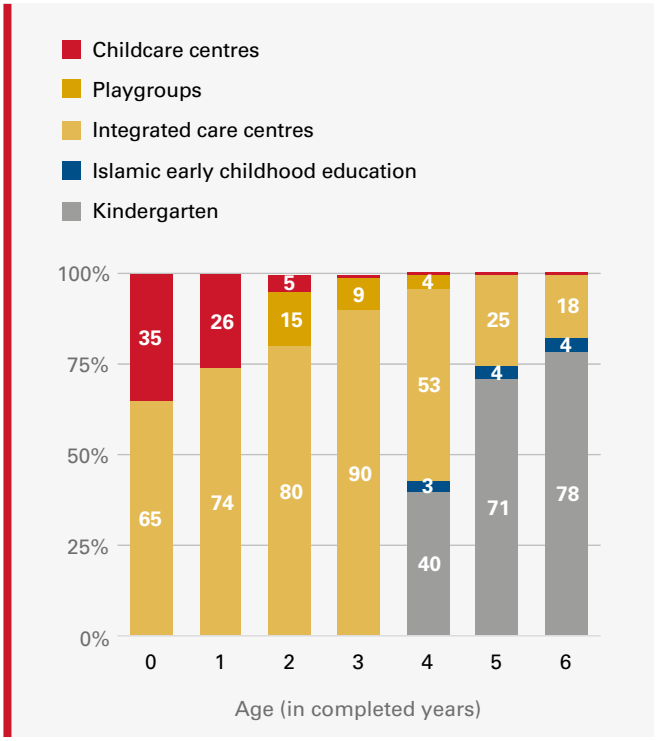
Readiness of children for primary school can be improved through attendance at early childhood development programmes. Indonesia has a range of programmes to provide pre-school care and education for children of different ages (Figure 4.B). They include kindergarten (*taman kanak-kanak* or *TK*) and Islamic early childhood education (*raudhatul athafal* or *RA*) for 4–6 year-olds; play groups (*kelompok bermain* or *KB*) and child care centres (*tempat penitipan anak* or *TPA*) for 2–4 year-olds; and integrated care centres (*pos pelayanan terpadu, posyandu*) where health and care services are provided in an integrated way for children up to 6 years old. In addition, there are other non-Islamic, faith-based institutions that provide some aspects of child care and some elements of education to varying degrees.

Goal 4 urges countries to ensure that all girls and boys have access to quality early childhood development, care and pre-primary education by 2030. The global indicator used to measure progress towards achievement of the target is the percentage of children one year younger than the official entry age to primary school who are participating in organized learning activities. For Indonesia, this refers to 6-year-olds, as children are meant to enter primary school at age 7. The indicator is adjusted to take into account children of pre-primary school age

Figure 4.B

Indonesia has diverse early childhood development services for pre-school children

Percentage distribution of children 0–6 years old attending pre-school by type of pre-school, by age, 2015

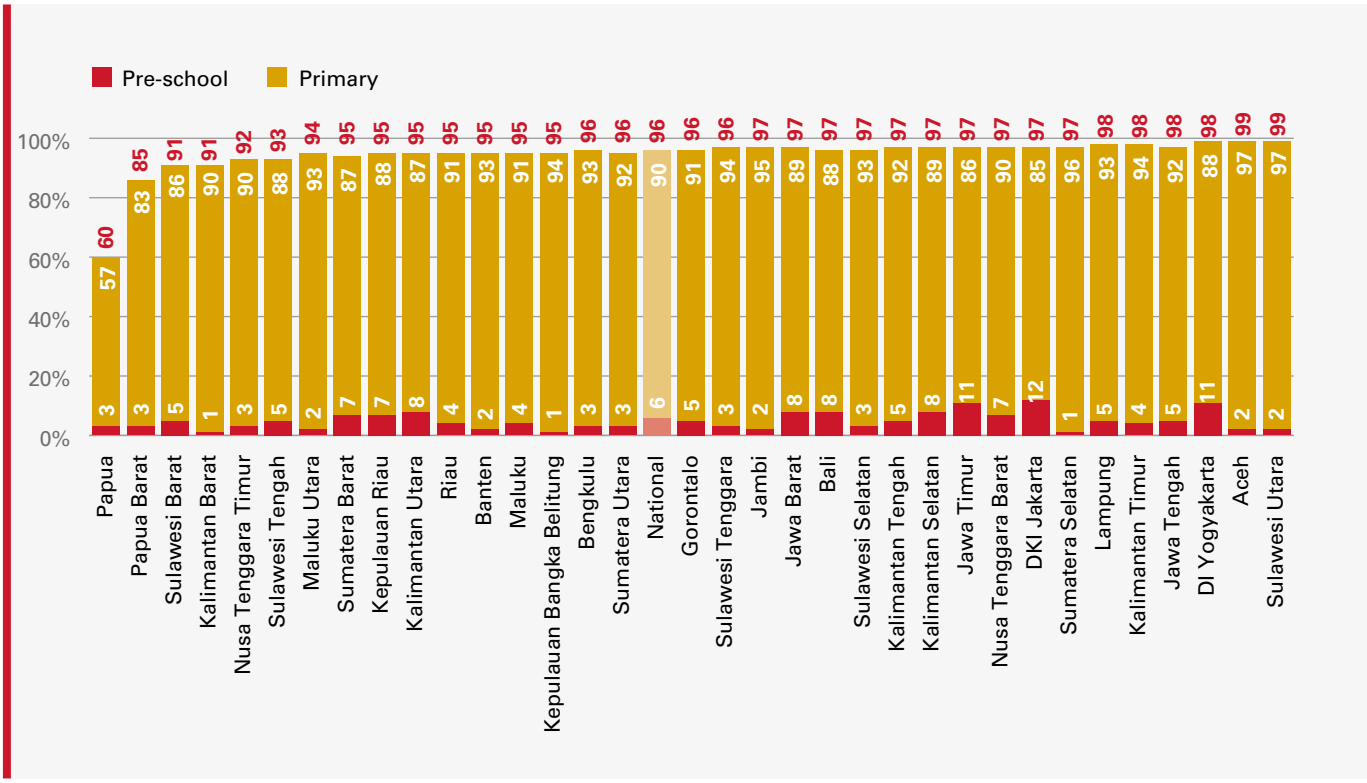


Source: SUSENAS 2015

Figure 4.C

The participation rate in organized learning among 6-year-olds was nearly 96 per cent in 2015

Percentage of children one year younger than the primary school entry age who participate in organized early learning, by province, 2015



Source: SUSENAS 2015

who have already been enrolled in primary school.

Overall, nearly 96 per cent of children aged 6 were participating in organized learning activities (either early childhood development programmes or primary education) in 2015. There is little difference between boys and girls, and differentials by socio-economic status are also relatively small. Ninety-eight per cent of 6-year-olds living in the richest 20 per cent of households were attending a form of organized learning, while the figure dropped slightly to 93 per cent among children in the poorest households. Regional disparities are more pronounced, with participation rates ranging from a low of 60 per cent in Papua to over 99 per cent per cent in Sulawesi Utara (Figure 4.C).

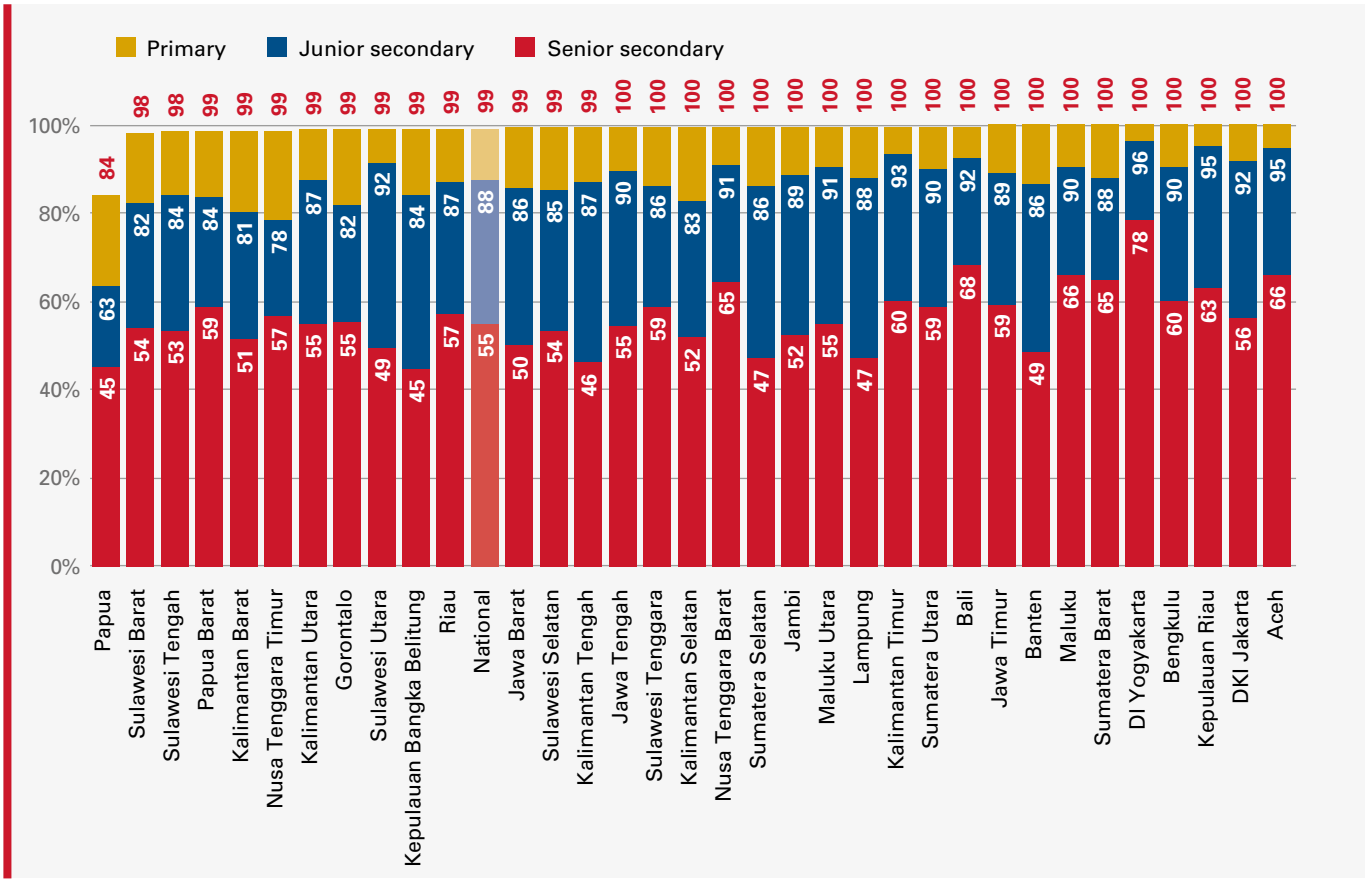
One challenge in interpreting Indonesia's performance against the global SDG indicator is that it is very common to find 6-year-olds already enrolled in primary school. The data indicate that among the 6-year-old population 72 per cent had attended pre-school in the previous year or before. In other words, more than one in four children aged 6 years had no pre-school experience.

Another limitation is that the indicator measures the percentage of children who are exposed to organized learning but not the intensity of the programme. This limits the ability to draw conclusions on the extent to which children are well-prepared for schooling. Many learning programmes in the early years are offered part-time, but this can vary, which means exposure to learning environments outside the home will vary in intensity. More work is needed to ensure that the definition of learning programmes is understood and that time spent in programmes is better recorded.

Figure 4.D

Indonesia has achieved near universal basic education, but participation rates lag in Papua province

Adjusted net attendance rates in primary and secondary education, by province, 2015



Note: The adjusted primary school net attendance ratio is the percentage of children of primary school age (7–12 years as of the beginning of the 2014/15 school year) who are attending primary or secondary school. Children of primary school age at the beginning of the school year currently attending primary or secondary school are included in the numerator (attendance of secondary school is included to take into account early starters). Children that did not attend school in the current school year, but have already completed primary school are also included in the numerator. All children of primary school age (at the beginning of the school year) are included in the denominator. The adjusted primary school net attendance ratios for junior secondary (13–15 years) and senior secondary school (16–18 years) are calculated in the same way.

Source: SUSENAS 2015

PRIMARY AND SECONDARY EDUCATION

A key indicator for monitoring school participation is the adjusted net attendance rate. At the primary level, it is defined as the percentage of children of official primary school age – 7 to 12 years in Indonesia – who are in primary school or above; attendance in pre-school education, the level below, is not included.

Likewise, the adjusted net attendance rates for junior and senior secondary education are defined as the percentage of children of official secondary school age (13 to 15 years for junior and 16 to 18 years for senior secondary) who are in junior or secondary school, respectively, or above, but not in levels below.

Access to education has improved significantly over the last decade and all but one province have achieved universal or near universal primary education – that is, they have a primary attendance of more than 95 per cent (Figure 4.D). Based on data from the SUSENAS, it is estimated that around 183,300 children of primary school age – less than 1 per cent – were out of school in 2015. Close to one third (30 per cent) of these out-of-school children live in Papua province, where primary school attendance is significantly lower compared with the rest of the country. At junior secondary level, the adjusted net attendance rate reached 87 per cent in 2015, with over

1.8 million children of lower secondary school age out of school. At senior secondary level, 57 per cent of youth aged 16–18 years were attending senior secondary school or higher education, while over 5 million children in that age group were out of school. The provinces with lower attendance rates are mostly located in the eastern part of Indonesia.

Target 4.1 under Goal 4 emphasizes completion of primary and secondary education. While most children in Indonesia complete their primary education, completion rates among adolescents and youth drop markedly. In 2015, the primary completion rate was 96 per cent; 76 per cent for junior secondary; and 56 per cent for senior secondary. Figure 4.E provides an overview of the disparities by sex, residence and household wealth quintile. For example, an adolescent from the poorest 20% of households is two times less likely to complete senior secondary school compared with a child from the wealthiest 20% of households.

SDG Target 4.5 seeks to eliminate gender disparities in education and ensure equal access to all levels of education for the vulnerable, including persons with disabilities and children in vulnerable situations, by 2030. Progress is measured by calculating parity indices for education indicators (such as rural/urban, female/male, and bottom/top wealth quintile) (Table 4.B). In Indonesia, for instance, adolescents and youth from the poorest households and those living in rural areas are much less

Table 4.B

Adolescents and youth from the poorest households and those living in rural areas are much less likely to complete primary and secondary education

Parity indices for school completion rates, 2015

	School completion		
	Primary	Junior secondary	Senior secondary
Female	97	78	56
Male	95	74	57
Ratio of females to males	1.02	1.06	0.99
Rural	94	65	41
Urban	97	84	69
Ratio of rural to urban	0.96	0.78	0.58
Poorest 20%	92	58	31
Richest 20%	99	92	82
Ratio of poorest to richest	0.93	0.64	0.38

Parity 0.97–1.03
Near parity 0.95–0.96 or 1.04–1.05
Disparity < 0.95 or > 1.05

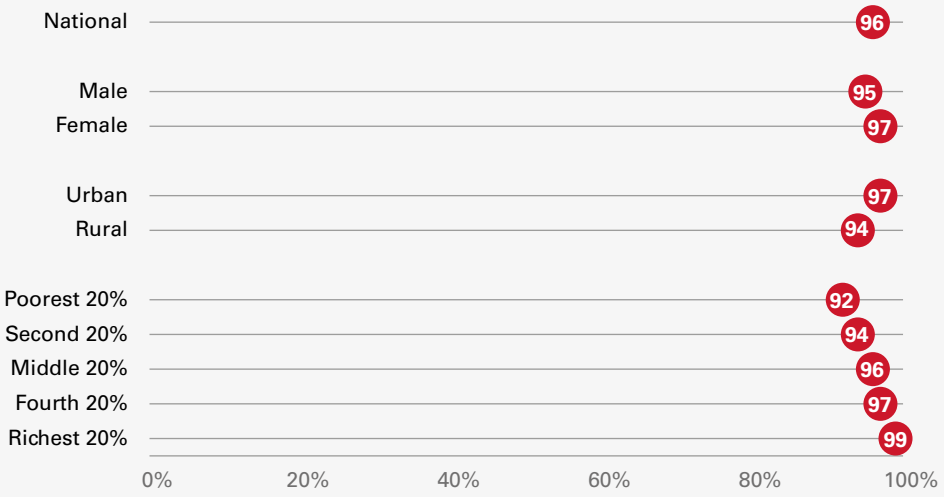
Note: The parity indices are calculated by dividing the completion rate of one group (female, rural and poorest quintile) by that of another group (male, urban and richest quintile). A value of 1.00 indicates absolute parity, and values between 0.97 and 1.03 are considered to be an acceptable parity level.

Source: SUSENAS 2015

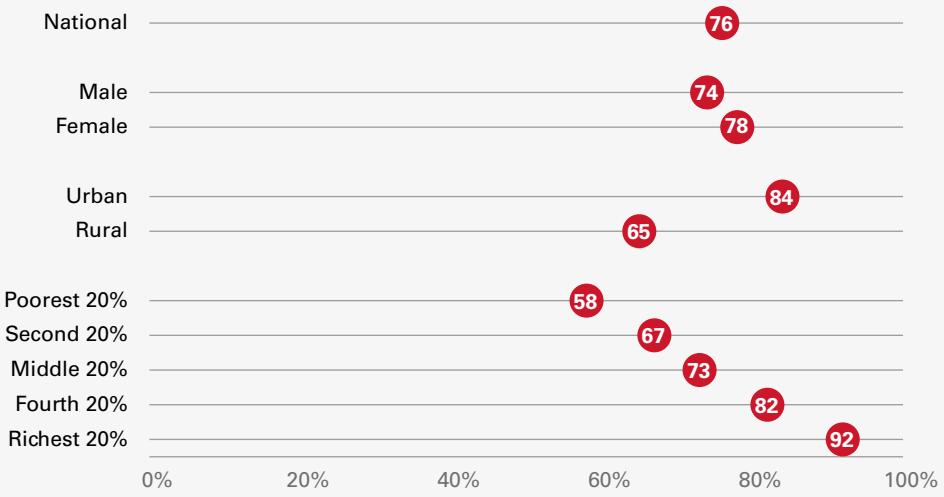
Figure 4.E

There are large disparities in school completion rates, especially for secondary education

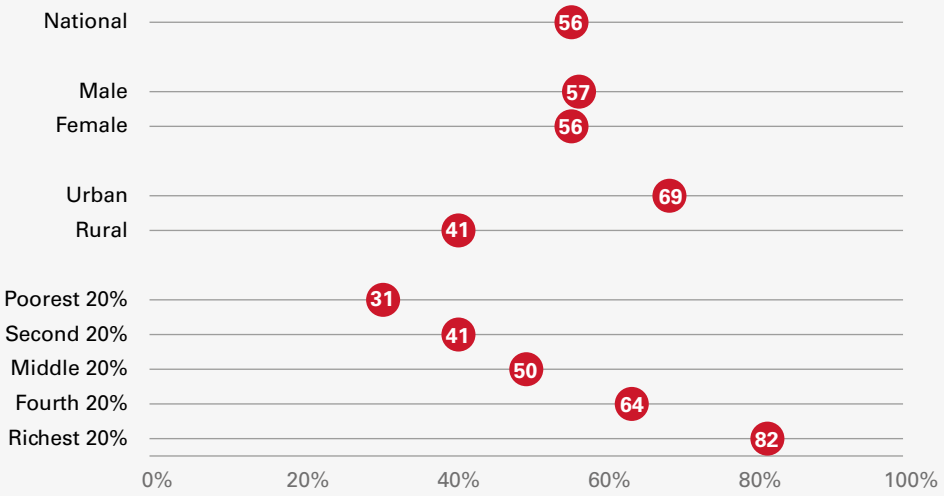
Percentage of 15–17 year-olds who have completed primary education, by selected characteristics, 2015



Percentage of 18–20 year-olds who have completed lower secondary, by selected characteristics, 2015



Percentage of 21–23 year-olds who have completed senior secondary, by selected characteristics, 2015



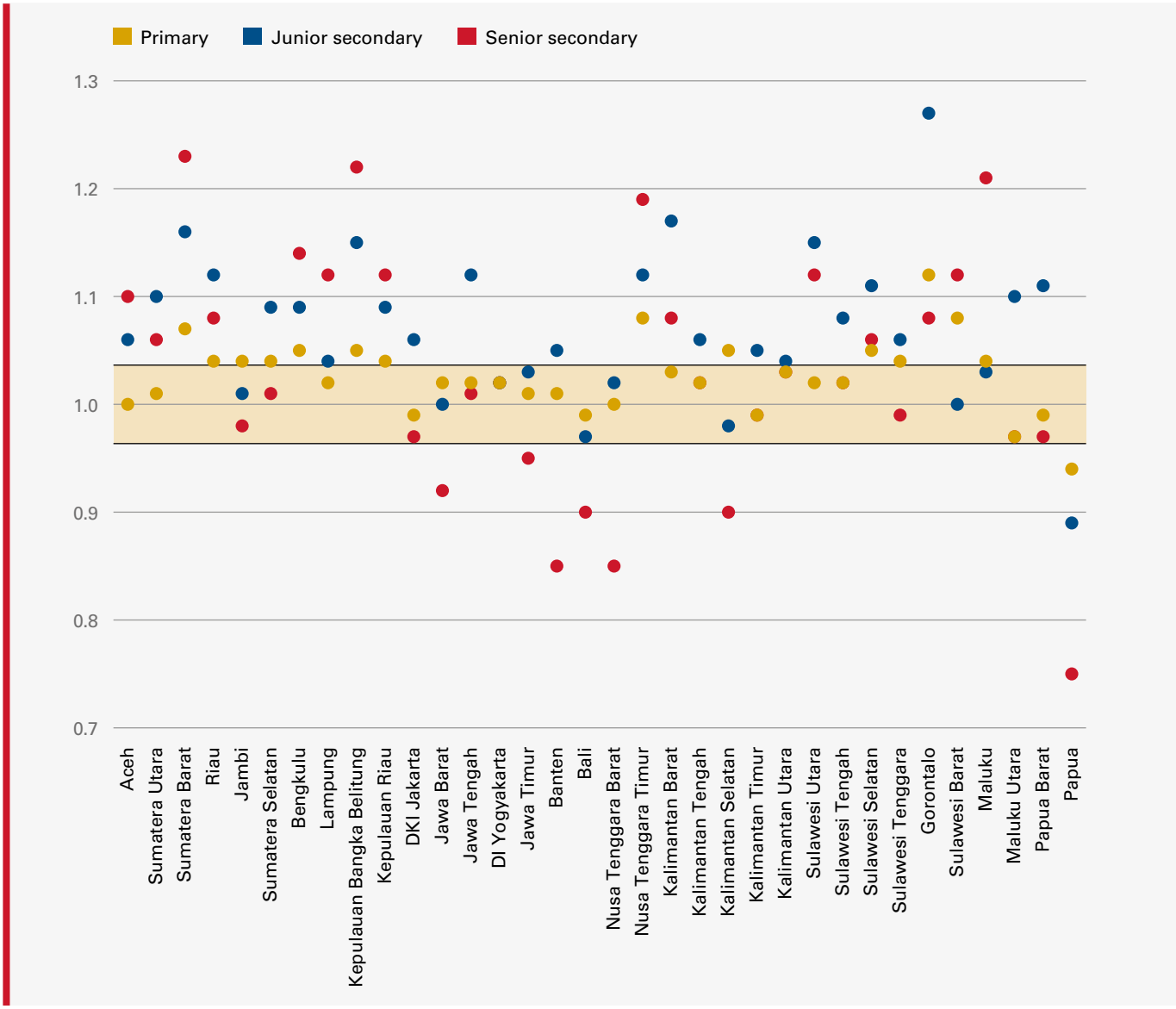
Note: The primary (junior/senior secondary) completion rate is defined as the percentage of a cohort of children aged 3–5 years above the intended age for the last grade of primary (junior/senior secondary) education who have completed that grade. Age refers to the child's age at the beginning of the school year.

Source: SUSENAS 2015

Figure 4.F

Gender parity has not been achieved at all levels of education in all provinces

Gender parity indices for school completion rates, by province, 2015



Note: Each dot represents the gender parity index of a province. Different colours are used to distinguish between primary, junior and senior secondary. The dots between the shaded section indicate that an acceptable parity has been achieved at the respective education level.

Source: SUSENAS 2015

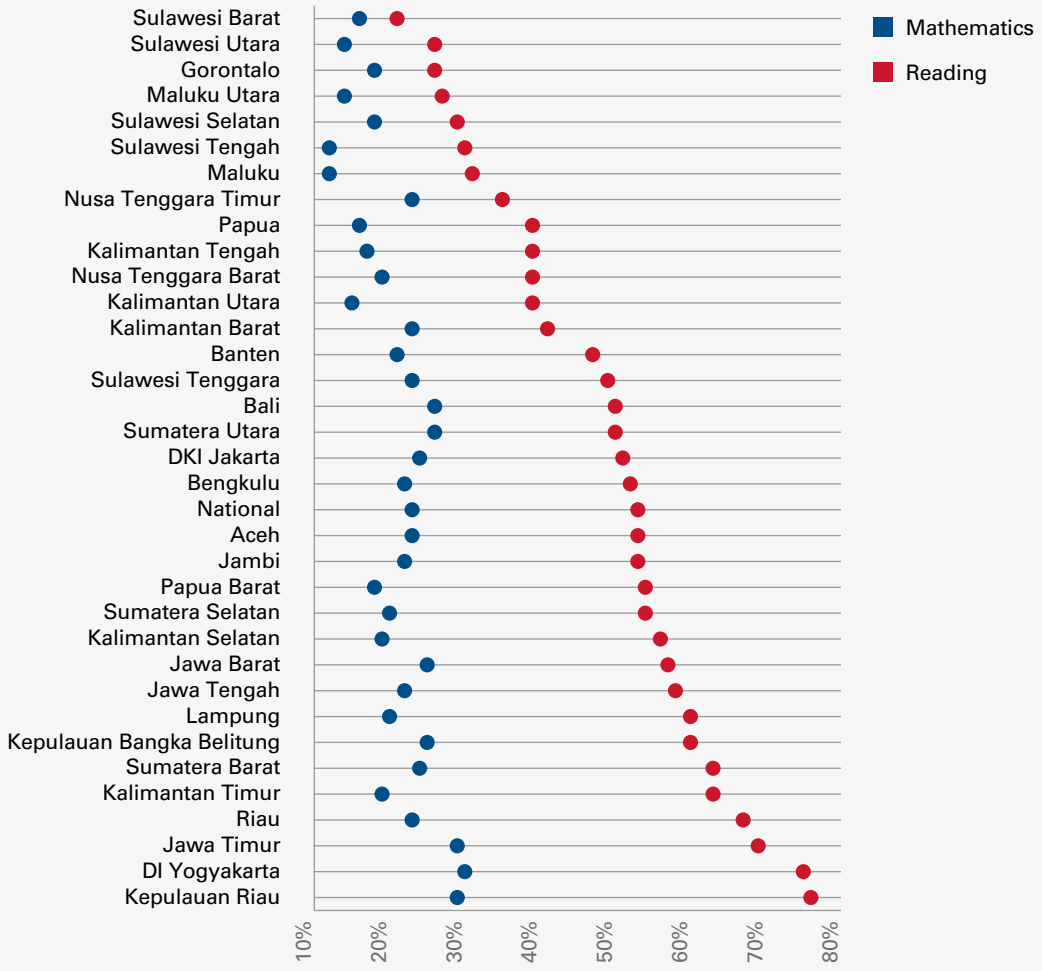
likely to complete primary and secondary education. By and large, gender parity has been achieved at primary level – with a slight advantage for girls in several provinces – but the picture is mixed at secondary level. In some provinces, females are more likely than males to complete secondary schooling and in others the situation is reversed (Figure 4.F). Nationally representative data on other vulnerable groups, such as children with disabilities, are not available.

One of the important lessons from the MDGs is that expansion of access to education is not always accompanied by improvement in educational quality and learning outcomes. SDG Target 4.1 therefore emphasizes that the completion of primary and secondary education should lead to 'relevant and effective learning outcomes'. The global indicator used to track progress is the percentage of children and youth who achieve at least a minimum proficiency in reading

Figure 4.G

Only half of primary school children achieve the minimum national benchmark in reading and less than a quarter in mathematics

Percentage of children in Grade 4 of primary education achieving at least a minimum proficiency in reading and mathematics, 2016



Source: INAP

and mathematics at different points in the schooling cycle (early primary, late primary and late lower secondary).

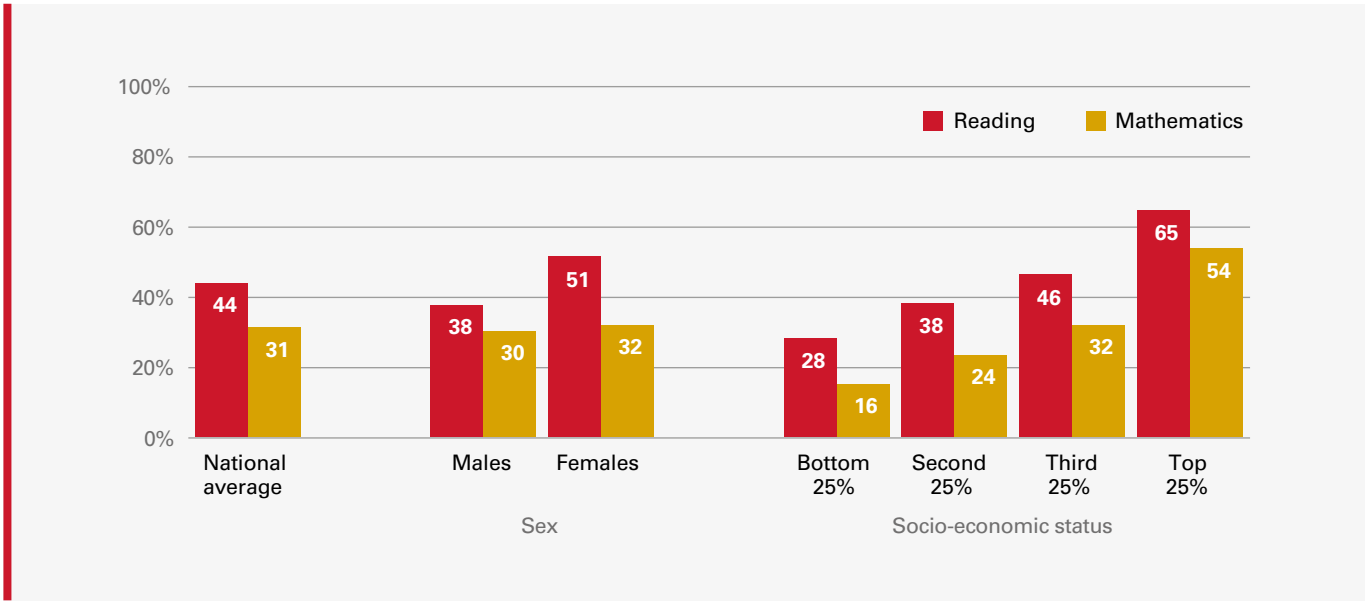
Indonesia has conducted several national and international learning assessments that indicate that a significant share of students around the country struggles to acquire basic academic skills. At primary level, only 23 per cent of Grade 4 students achieved the minimum national benchmark in mathematics and 53 per cent in reading during the latest survey of the Indonesia National Assessment Programme (INAP) in 2016. Disparities in learning achievement between provinces are large, especially for reading (Figure 4.G).

The 2015 Programme for International Student Assessment (PISA) of the Organisation for Economic Co-operation and Development assessed the skills and knowledge of 15-year-old pupils and provides a good indication of the performance of students at the end of their basic education.[8] Overall, Indonesia performs well below the OECD average on all the skills measured in the PISA. Less than a third of students achieved at least minimum proficiency in mathematics and 44 per cent in reading (Figure 4.H). However, Indonesia has seen an improving trend in average reading performance between 2000 and 2015 and performance in science went up between 2012 and 2015.

Figure 4.H

Learning outcomes are very low for disadvantaged students

Percentage of 15-year-old students who achieve at least a minimum proficiency level in reading and mathematics, by selected characteristics, 2015



Note: There are seven proficiency levels in the PISA 2015 assessment: Level 1 is the lowest described level, then Level 2, Level 3 and so on up to Level 6. Level 2 can be considered the baseline level of proficiency at which students begin to demonstrate the skills that will enable them to participate effectively and productively in life.

Source: OECD, *PISA 2015 Results (Volume I): Excellence and Equity in Education*, 2016

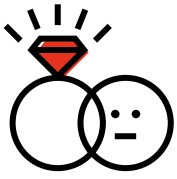
WHAT CAN BE DONE TO ACCELERATE PROGRESS TOWARDS GOAL 4?

- Expand opportunities and improve the quality of early childhood development services with increased financing and greater cross-sectoral coordination.
- Ensure adequate and equitable financing of schools, particularly in disadvantaged areas, to attain minimum quality standards.
- Remove barriers and bottlenecks for adolescents' participation in and completion of secondary education, particularly among disadvantaged populations.
- Scale up investments to improve the quality and learning outcomes of education through increasing the competency of teachers everywhere, stronger professional development and support, and greater teacher accountability.
- Address data gaps on the situation of children and youth with disabilities and other children in vulnerable situations.

GOAL

05

GENDER EQUALITY



1.2 million

young women aged 20–24 years entered their first marriage before their 18th birthday

28%

of ever-partnered women and girls have experienced violence by an intimate partner

Gender equality

WHAT THIS GOAL IS ABOUT

Sustainable Development Goal 5 seeks to end all forms of discrimination against women and girls. Gender equality is not only a human right; it is also a key driver of sustainable development and economic growth. Globally, there have been important advances in gender equality and women's empowerment, such as increases in girls' education, improved access to sexual and reproductive health services, and declines in certain harmful practices, including child marriage.

In Indonesia, the past few decades have seen improvements for women and girls in health, education, labour force participation and political participation. The Presidential Instruction No. 9/2000 on Gender Mainstreaming reflects the Government's long-standing commitment to achieving gender equality. However, women and girls globally and in Indonesia continue to lag behind their male peers in a number of areas. Furthermore, women and girls are at heightened risk of gender-based violence, while bearing the brunt of practices that are grounded in regressive and harmful gender norms. This goal is therefore dedicated to addressing the causes and manifestations of gender inequality, and to reducing the gender gap to ensure that women and girls can fully benefit from – and contribute to – Indonesia's sustainable development.

Measurement of progress against this goal will focus on priority indicators that track gender-based violence against women and girls. This includes intimate partner violence; sexual violence by someone other than an intimate partner; and child marriage. Gender-based violence in all forms imposes a heavy personal, social and economic cost, undermining sustainable development. Furthermore, the legacy of gender-based violence extends into future generations: children who grow up in homes and communities where they witness or experience gender-based violence are more likely to accept these behaviours and adopt them later in life, perpetuating a vicious 'cycle' of violence and gender inequality. Indonesia has committed to protecting women and children from violence and abuse under the National Medium-Term Development Plan 2015–2019. Gender inequality is a root cause of several harmful practices, including child marriage. Child marriage negatively impacts on girls' health, nutrition, education and protection. Economic costs associated with these impacts – in terms of lost productivity and earnings – are very high as shown from local and international studies.[9]

It bears noting that gender equality is a cross-cutting issue and is also addressed under other goals.

Table 5.A

Priority targets for children	Selected indicators to measure progress	Type of indicator	Baseline value	Data source
5.2 By 2030, eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months	Global indicator	10%	SPHPN 2016
	Proportion of women and girls aged 15 years and older subjected to sexual and/or physical violence by persons other than an intimate partner in the previous 12 months*	Global indicator	6%	SPHPN 2016
5.3 By 2030, eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	Proportion of women aged 20–24 who were married or in a union before age 15 and before age 18	Global indicator	12.1% (age 18) 0.6% (age 15)	SUSENAS 2015

* SDG indicator 5.2.2 measures the prevalence of non-partner sexual violence in the previous 12 months. Data values for this specific SDG indicator based on the 2016 SPHPN have not yet been released. The indicator reported in the table refers to non-partner sexual and/or physical violence in the 12 months prior to the survey.

STATUS OF PRIORITY INDICATORS FOR CHILDREN

VIOLENCE AGAINST GIRLS AND WOMEN

The baseline data for SDG 5 demonstrates that gender-based violence is a common issue hindering women's and girls' rights to protection. Violence against women and girls takes many forms, including violence by an intimate partner (intimate partner violence) and violence perpetrated by someone other than a partner (non-partner violence). It is important to understand not only how many women and girls have been exposed to violence in their lifetimes, but also to get a sense of how many women in any given period of time might currently be victims of violence by looking at rates of violence in the previous 12 months. The SPHPN conducted by BPS in 2016 serves as the baseline for tracking progress against indicators relating to violence against girls and women.

One of the most common forms of violence against women is that performed by a husband or an intimate partner. Among women and girls aged 15–64 years who have ever been married or in union, more than one in four (28 per cent) has experienced physical, sexual and/or psychological intimate-partner violence (Figure 5.A). One in 10 of these women and girls (10 per cent) experienced this violence during the 12 months prior to the interview. Economic violence – such as being prohibited from getting a job or being forced to hand over earnings – was reported at particularly high levels, with one in four women and girls aged 15–64 years reporting experiencing it at least once during their lifetime and one in 10 experiencing it during the 12 months prior to the survey. When physical, sexual, psychological and/or economic violence are all considered, the prevalence of intimate-partner violence increases to 42 per cent over a woman's lifetime and 16 per cent in the past 12 months.

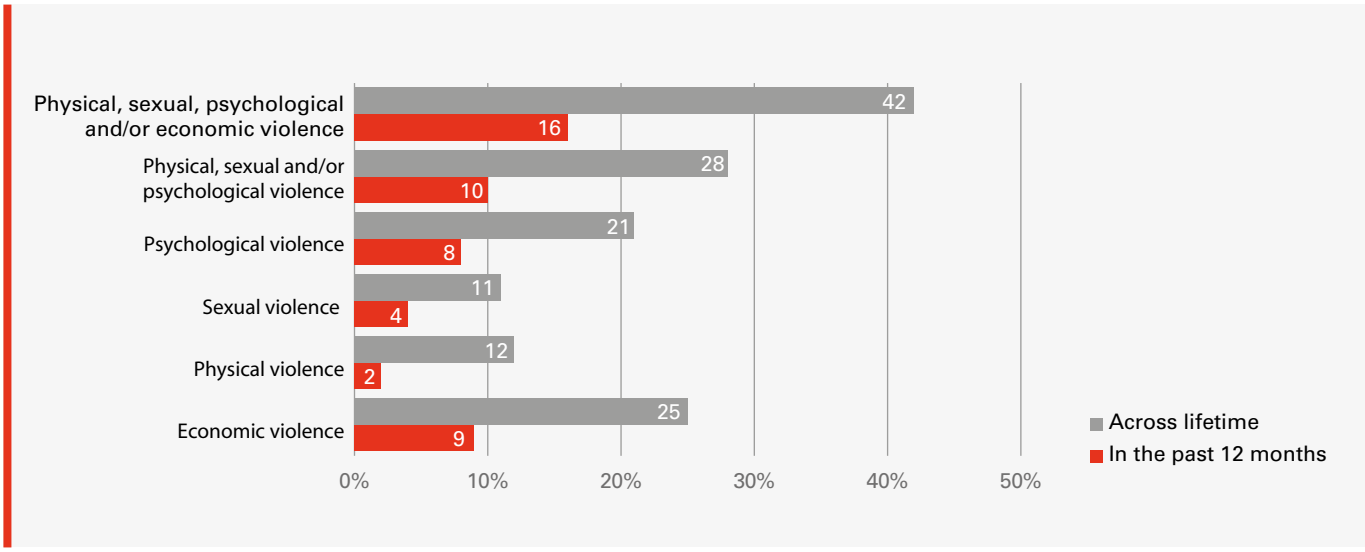
Violence against women and girls also takes place beyond the confines of intimate-partner relationships. One in four (24 per cent) women and girls aged 15–64 years in Indonesia has experienced some form of physical and/or sexual violence by someone other than an intimate partner in their lifetime, with 6 per cent experiencing this in the 12 months preceding the survey.

In total, when combining the prevalence of intimate partner violence and non-partner violence, one third (33 per cent) of all women and girls aged 15–64 years in Indonesia have experienced some form of physical and/or sexual violence in their lifetime, and 9.4 per cent have experienced physical and/or sexual violence in the past 12 months. Women and girls living in urban areas

Figure 5.A

One in 10 ever-married women and girls aged 15–64 years has experienced physical, sexual and/or psychological violence by a partner in the past 12 months

Proportion of ever-married women and girls aged 15–64 years subjected to violence by a current or former intimate partner, by timeline and form of violence, 2016



Source: SPHPN 2016

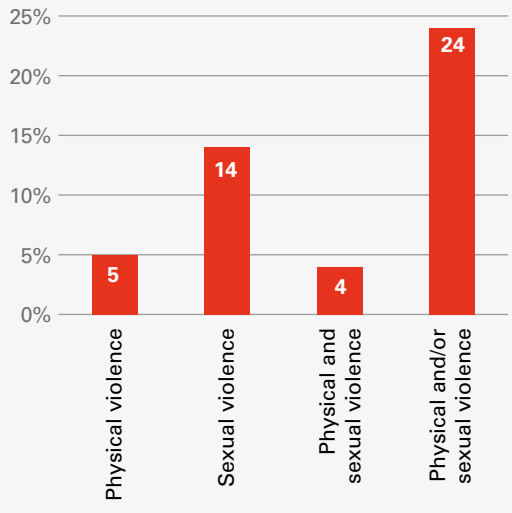
were somewhat more likely to experience physical and/or sexual violence (36 per cent) compared to those in rural areas (30 per cent). Women and girls who have completed senior secondary school or higher levels of education and those who are employed are over three times as likely to report having experienced physical and/or sexual violence both during their lifetimes and in the past 12 months. Given the significant difference in reporting levels, this needs to be better understood. These figures may reflect real differences in terms of women's and girls' exposure to violence, or they may reflect varying levels of comfort or capacity to answer questions about gender-based violence when being interviewed.

Not all data from the SPHPN has been published to date. For example, disaggregated data on types of violence experienced by women and children by someone other than a partner is not yet available. There is currently no data available on differences in women's and girls' experience of violence based on income levels, location or age. This data could help to triangulate contexts in which women and girls may be more at risk of various forms of gender-based violence, which could support better-focused programming to eliminate violence against women and girls. Full analysis and publication of existing and future data will also allow for more refined tracking of progress against this goal.

Figure 5.B

One in four women and girls aged 15–64 years has experienced physical and/or sexual violence by someone other than an intimate partner at least once in their life

Proportion of women and girls aged 15–64 years old ever subjected to physical and/or sexual violence by someone other than an intimate partner, 2016

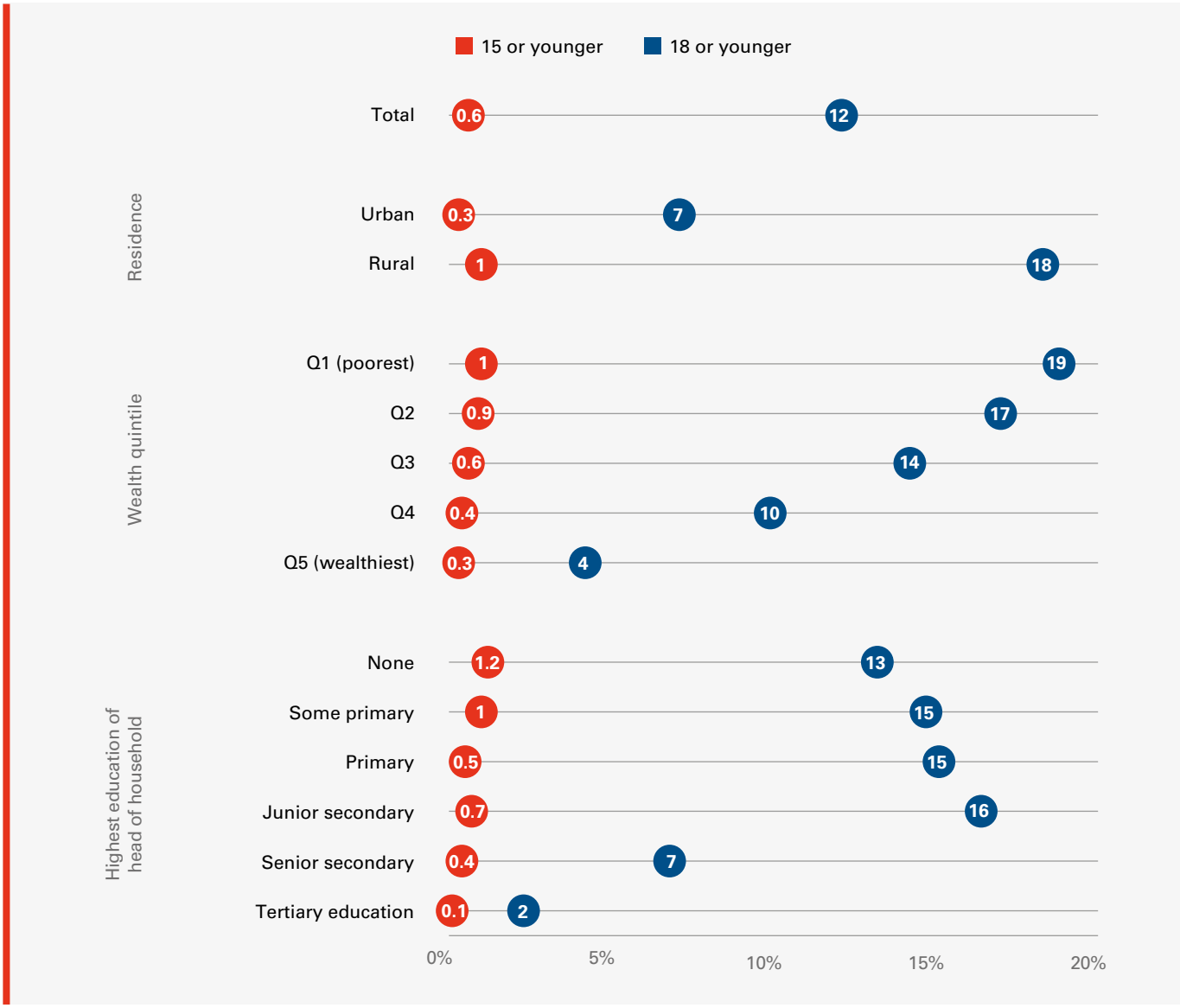


Source: SPHPN 2016

Figure 5.C

Girls in the lowest wealth quintiles and in rural areas are more likely to marry before age 18

Proportion of women aged 20–24 who were married or in a union before age 15 and before age 18, 2015



Source: SUSENAS 2015

HARMFUL PRACTICES

Indonesian girls are slightly less likely to marry before age 18 compared to other girls in the East Asia and Pacific region, which has an average child marriage rate of 15 per cent. Nationwide, one in eight women (12 per cent) aged 20–24 years was married or in union before the age of 18 in 2015. Only 0.6 per cent of women were married or in union before the age of 15. It is therefore particularly important to ensure that efforts to eliminate child marriage reach girls aged 15–17 years.

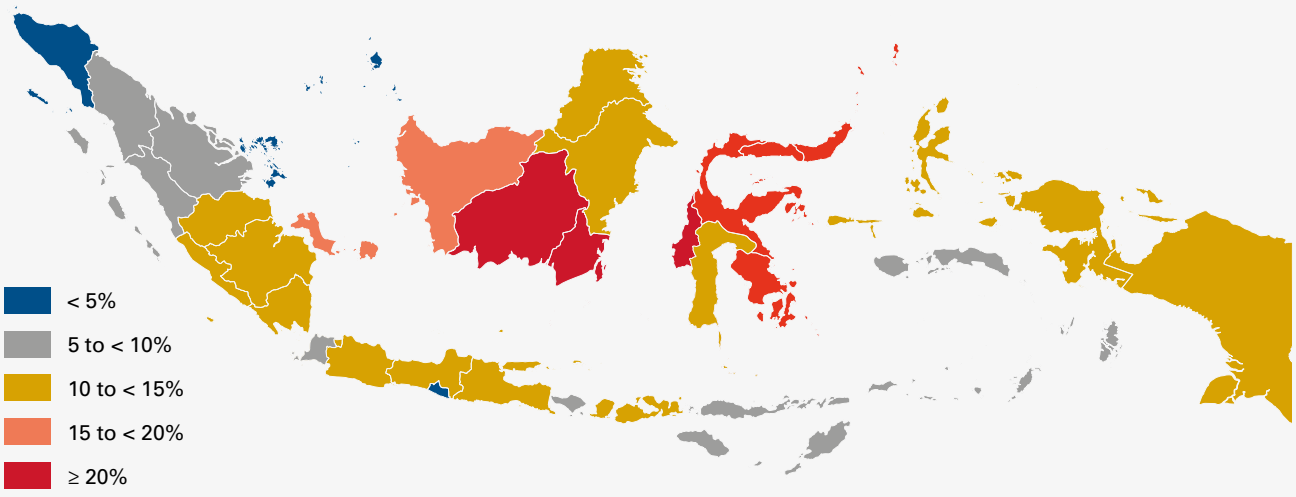
As income levels increase, child marriage rates decline: women in the lowest wealth quintile were four times more likely to have married before 18 years than women in the highest wealth quintile (Figure 5.C). Child marriage rates are lower for women living in a household where the household head has completed senior secondary and university education. Interestingly, marrying before 18 years was less common among women living in a household with an unemployed household head (5.9 per cent).

Child marriage rates are disproportionately high in rural areas compared to urban areas, both for girls married

Figure 5.D

Child marriage rates vary significantly across provinces

Proportion of all women aged 20–24 who were married or in a union before age 18, by province, 2015



Source: SUSENAS 2015

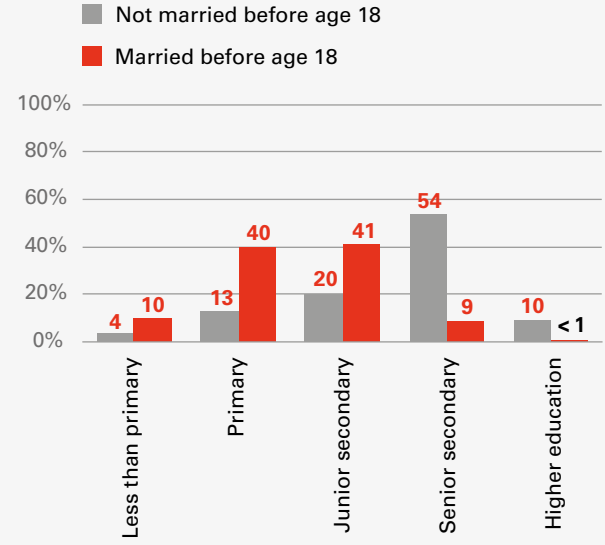
under 18 years and for girls married under 15 years. There is also variation in child marriage rates across provinces: for example, a woman living in Kalimantan Selatan is more than five times as likely to have married before 18 years of age than a woman living in Kepulauan Riau (Figure 5.D).

Child marriage is not compatible with education: a married girl under 18 years is six times less likely to have completed senior secondary education than her unmarried peer (9 per cent compared to 54 per cent) (Figure 5.E). Accordingly, they are much more likely to have only completed primary or junior secondary schooling before leaving education. The direction of this relationship is not clear: school may be a protective factor in delaying child marriage, or early marriage may be pulling girls out of school.

Figure 5.E

Girls who marry before age 18 are six times less likely to complete senior secondary school

Percentage distribution of women aged 20–24 years according to highest level of education achieved, by child marriage status, 2015



Source: SUSENAS 2015

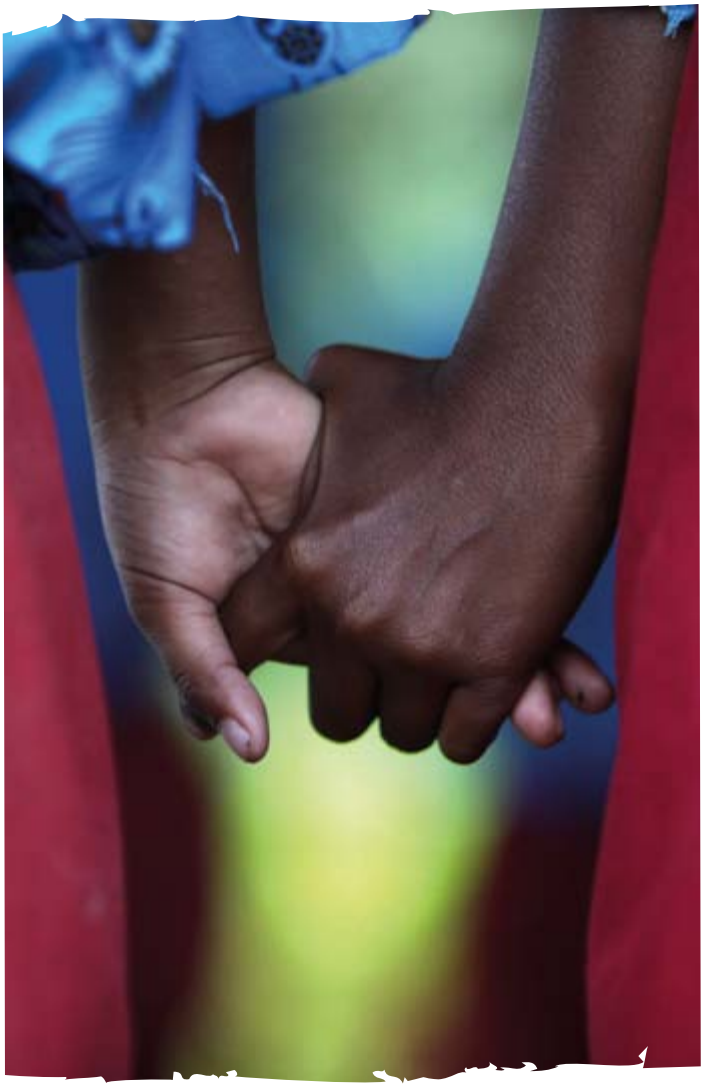
PERSPECTIVES: YOUNG PEOPLE IN INDONESIA ARE READY TO TAKE ACTION TO END CHILD MARRIAGE

Indonesia's young U-Reporters have shared their thoughts on child marriage. They clearly didn't aspire to child marriage for themselves: not one child aged 14 and under reported that they wanted to get married before they were 21 years old. Among U-Reporters aged 15–19 years, only 1 in 100 hoped to be married before the age of 18.

U-Reporters see child marriage as being driven largely by pregnancy: over a third of them (38 per cent) thought that this was the main reason for child marriage among girls, and over two thirds of them (69 per cent) thought a girlfriend's pregnancy was the main reason for child marriage among boys. One in five (22 per cent) of the U-Reporters thought that the family's economy was the main reason for child marriage among girls. Some young people told U-Report why they themselves had been married as children. For example, one 13-year-old from Kalimantan Timur reported that "My parents forced me to marry."

The U-Reporters thought that child marriage would lead to negative impacts for both boys and girls. For girls, the main negative impacts of child marriage included leaving school, pregnancy complications and experiencing violence from their husband. For boys, they included not having a good job and leaving school. Every single child aged 14 years and under reported that the main impact of child marriage was loss of education.

To end child marriage, half the U-Reporters were keen for the Government to focus on education. One in five thought that raising awareness of parents was the most important approach, and one in 10 thought that information about reproductive health might help to prevent child marriage. Importantly, the U-Reporters thought that young people themselves had an important role to play in preventing child marriage. Some actions they thought they could take included education, restoring faith encouraging public awareness and educating other youth.



Source: Results of U-Report Poll for Temu Nasional Remaja Indonesia #IniSuaraku #TemuRemaja (Adolescent Summit held by Badan Kependudukan dan Keluarga Berencana Nasional and Johns Hopkins).

WHAT CAN BE DONE TO ACCELERATE PROGRESS TOWARDS GOAL 5?

- Finalize, cost and fully implement the National Plan of Action on Ending Child Marriage, ensuring strong linkages to the implementation of the National Strategy for the Elimination of Violence Against Children (2016–2020), which highlights key priorities for ending child marriage, including:
  - Conduct in-depth analysis regarding violence in intimate relationships (dating/ marriage) in adolescents and children, including the risks and impacts of child marriage
  - Increase girls' access to sexual and reproductive health services and life skills training, particularly in areas with high rates of child marriage
  - Develop and finance behaviour change and social mobilization strategies to eliminate harmful practices, including child marriage and intimate partner violence. In shifting social norms and harmful practices that enable gender-based violence, ensure strong engagement with boys and girls, men and women, families, communities and religious leaders.
- Strengthen coordination and linkages between efforts to end gender-based violence and efforts focusing on ending violence against children.

GOAL

06

CLEAN WATER AND SANITATION

7 in 10
people use an improved drinking water source at home

86%
of schools have access to an improved water source

6 in 10
people use basic sanitation at home

Clean water and sanitation

WHAT THIS GOAL IS ABOUT

Sustainable Development Goal 6 seeks to ensure availability and sustainable management of water and sanitation for all. Its targets address issues related to drinking water, sanitation and hygiene (WASH), as well as other aspects of the water cycle related to wastewater, water-use efficiency, integrated resources management and the protection of aquatic ecosystems. Achieving universal and equitable access to safely managed water, sanitation and hygiene implies addressing access to WASH at the household level and in institutional settings such as schools and health facilities.

The 2030 Agenda recognizes the centrality of water resources to sustainable development and the important role that WASH plays in enabling progress in other areas, including nutrition, health, education and poverty reduction. For children, good quality water, sanitation and hygiene provide a critical foundation for survival and development. Diarrheal disease, for example, remains a leading cause of child mortality and morbidity, and mostly results from poor WASH practices. Inadequate sanitation and hygiene are linked to higher rates of childhood stunting and undernutrition. There is also growing evidence that a lack of appropriate water and sanitation facilities can act as a barrier to children's attendance and performance in schools, especially for girls and children with disabilities.[10]

The Government of Indonesia has a strong commitment to achieving universal access to WASH, reflected in the National Policy for Development of Community-based Water Supply and Environmental Sanitation; the rural Water Supply and Sanitation for Low Income Communities Programme (PAMSIMAS); the urban Accelerated Sanitation Development Programme (PPSP); and the National Programme on Community-Based Total Sanitation (STBM). The STBM programme is focused on five pillars: elimination of open defecation; hand washing with soap; household water treatment; solid waste management; and liquid waste management. In 2015, about a third of all wards and villages across the country (33 per cent) had a functioning STBM committee in their community.[11] Recently, the Ministry of Education and Culture has started integrating the SDGs on WASH in schools into the national education management information system which will allow reporting of the WASH indicators within the safe environment focus of SDG 4.a.

Table 6.A

Priority targets for children	Selected indicators to measure progress	Type of indicator	Baseline value	Data source
6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all	Proportion of the population using an improved drinking water source	National indicator	71%	SUSENAS 2015
6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.	Proportion of the population using basic sanitation at home	National indicator	60%	SUSENAS 2015

Note: The national proxy indicators on WASH are defined differently from the global SDG indicators due to data limitations.

STATUS OF PRIORITY INDICATORS FOR CHILDREN

DRINKING WATER

SDG Target 6.1 aims to achieve universal and equitable access to safe and affordable drinking water for all by 2030. The WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation has updated its benchmarks accordingly and distinguishes between different levels of service, including: 'no service' (reliance on surface water); 'unimproved water' (from a facility that does not protect against contamination); 'basic water' (from an improved facility within a 30-minute round trip collection time); and 'safely managed drinking water' (from an improved facility located on premises, available when needed and compliant with faecal and priority chemical standards). 'Improved' sources are those that are potentially capable of delivering safe water by nature of their design and construction. These include piped water, boreholes or tubewells, protected dug wells, protected springs and rainwater.

While the MDGs focused on monitoring access to improved water sources, the SDGs set the bar higher by aiming for universal coverage of 'safely managed drinking water'. The distinction is important because many households have access to an improved facility that delivers water of poor quality. For instance, a Water Quality Survey conducted in Yogyakarta province in 2015 found that 67 per cent of households were consuming water contaminated with *Escherichia coli* (*E. coli*) bacteria.[12] The presence of *E. coli* in water is a strong indication of recent sewage or animal waste contamination.

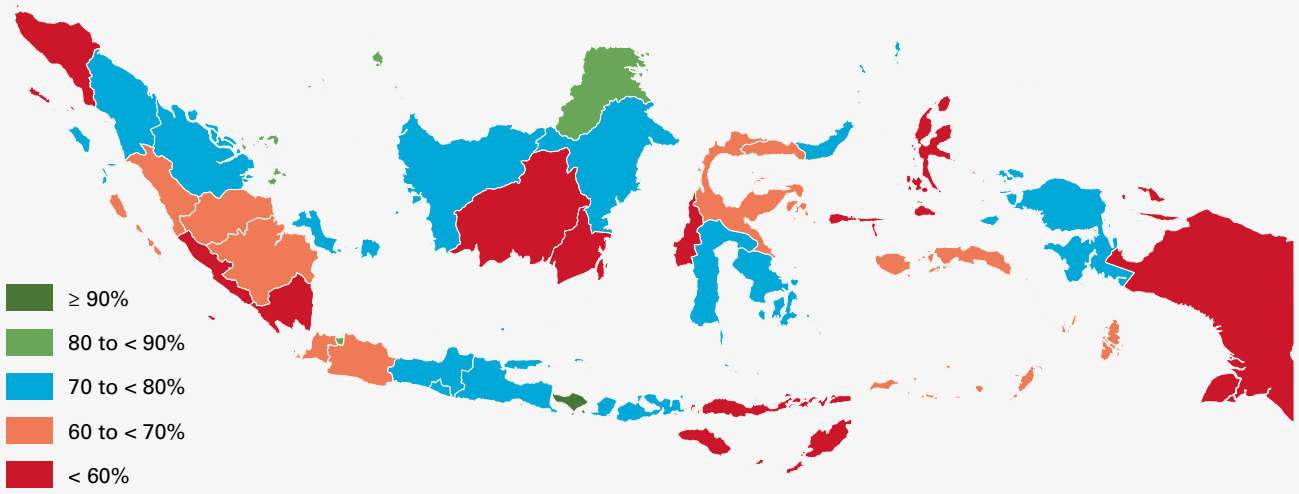
Indonesia does not yet have nationally representative data on water quality that can be used to calculate the SDG indicator on the use of safely managed drinking water services. Instead, a nationally-defined proxy measure is used to set a baseline for SDG 6, developed by BPS using data from SUSENAS. The proxy indicator is the percentage of the population using an improved source of drinking water, including: piped water, boreholes, protected wells and springs, or rainwater collection if they are at least 10 meters away from the nearest place where excreta are deposited; and bottled water if the household uses an improved water source for other domestic purposes, such as cooking and washing.

Based on the national definition, 71 per cent of the population used an improved source of drinking water in 2015. This national figure masks large provincial disparities: in DKI Jakarta and Bali, over 90 per cent of people had access to improved drinking water, compared with only 42 per cent of people in Bengkulu (Figure 6.A). Overall, there is a significant difference in access between urban areas

Figure 6.A

The share of the population drinking water from an improved source at home ranges from 42 per cent in Bengkulu to 93 per cent in DKI Jakarta

Percentage of the population using an improved source of drinking water, by province, 2015



Source: SUSENAS 2015

(81 per cent) and rural areas (60 per cent). People in the poorest wealth quintile were nearly 1.5 times less likely to have access to an improved drinking water source than people in the highest wealth quintile.

Achieving universal access to clean and safe water and sanitation implies going beyond monitoring access at the household level and addressing access to WASH in institutional settings too, such as schools and health facilities. Indeed, one of the SDG indicators under Goal 4 on education is the proportion of schools with access to basic drinking water. According to the statistics from the Ministry of Education and Culture for 2016/2017, 86 per cent of primary and secondary schools reported having access to an improved water source. Provincial disparities are pronounced: schools in DKI Jakarta (99 per cent) or DI Yogyakarta (96 per cent) are twice as likely to get their water from an improved source compared with schools in Nusa Tenggara Timur (50 per cent) (Figure 6.B). A comprehensive baseline publication for WASH in schools is currently being prepared by the Ministry of Education and Culture.

In healthcare facilities, a recommended WASH core indicator for water is basic service, whereby water from an improved source is available on the premises. Almost all public hospitals across Indonesia (93 per cent) had access to clean water 24 hours a day in 2011, defined as either piped or treated ground or well water. A slightly lower proportion of hospitals (88 per cent) had adequate water to meet their needs: 'adequate water supply' is measured as having at least 500 litres of clean water per hospital bed per day.[13] Geographical disparities are significant: for example, about a third of hospitals in Sulawesi Barat, Sulawesi Tengah and Sulawesi Utara did not have adequate clean water available.

Figure 6.B

Many schools are unable to provide safe drinking water to their pupils

Percentage of schools with access to an improved source of drinking water, by province, 2016/2017

Source: School statistics from the Ministry of Education and Culture 2016/2017

SANITATION

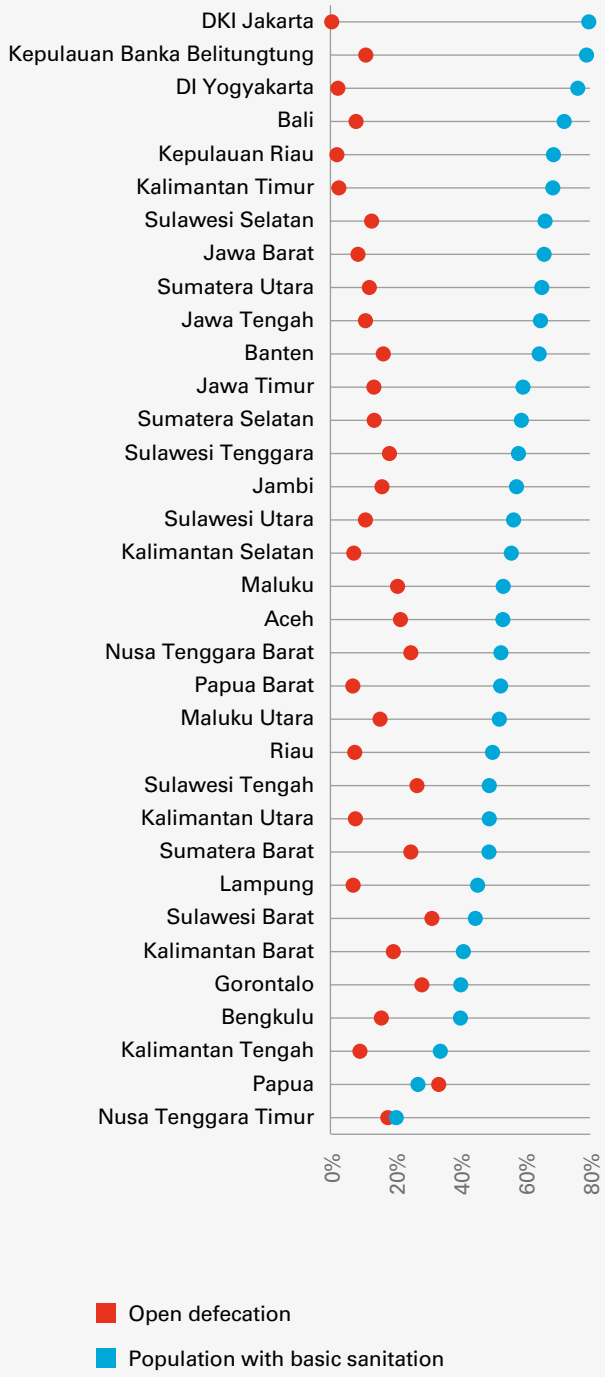
SDG Target 6.2 seeks to achieve access to adequate and equitable sanitation and hygiene for all and end open defecation by 2030, paying special attention to the needs of women and girls and those in vulnerable situations. The JMP for Water Supply and Sanitation has redefined the sanitation service benchmarks for the SDG era to capture progressive improvements from no service at all (open defecation) through to basic sanitation (private improved facility which separates excreta from human contact) and, ultimately, safely managed sanitation services. The latter refers to private improved facilities where faecal waste is safely disposed on-site or transported and treated off-site; plus a handwashing facility with soap and water.

Open defecation remains a challenge in Indonesia: it was practised by one in eight people (12 per cent) in 2015. The prevalence of open defecation is especially high among the poorest quintile of the population (24 per cent), in rural areas (20 per cent) and those living in households with low education levels. At provincial level, the share of the population practising open defecation ranges from less than 1 per cent in DKI Jakarta to more

Figure 6.C

Open defecation remains a significant challenge

Percentage of the population practicing open defecation and percentage using basic sanitation, by province, 2015



Source: SUSENAS 2015

than 33 per cent in Papua (Figure 6.C). Use of basic sanitation stood at 60 per cent in 2015. Households' socio-economic status is a key determinant of access to improved sanitation facilities. Amongst the poorest wealth quintile, 40 per cent of people used basic sanitation, compared with 82 per cent amongst the top wealth quintile (Figure 6.D).

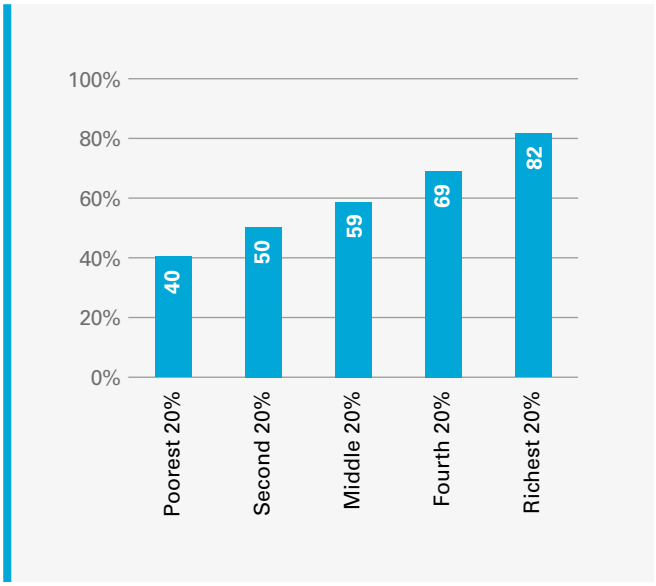
Improved access to sanitation services has been linked to reduced stunting in children globally. Data from Indonesia suggests a similar pattern (Figure 6.E).[14]

In schools, the accessibility of appropriate sex-separated sanitation facilities is critical for keeping schools safe, inclusive and respectful. This is particularly important for girls. Sex-separated toilets help to protect girls from harassment from boys or teachers when accessing bathrooms. Inadequate facilities can make it difficult for girls to participate fully in school when menstruating and can lead to health risks. Overall, only half of all the schools in Indonesia have sex-separated toilets: 46 per cent of primary schools; 47 per cent of senior secondary schools; and 60 per cent at junior secondary level.

Figure 6.D

The richest 20 per cent of people are twice as likely to have basic sanitation at home as the poorest 20 per cent

Share of the population having access to improved sanitation facility by wealth quintile, 2015

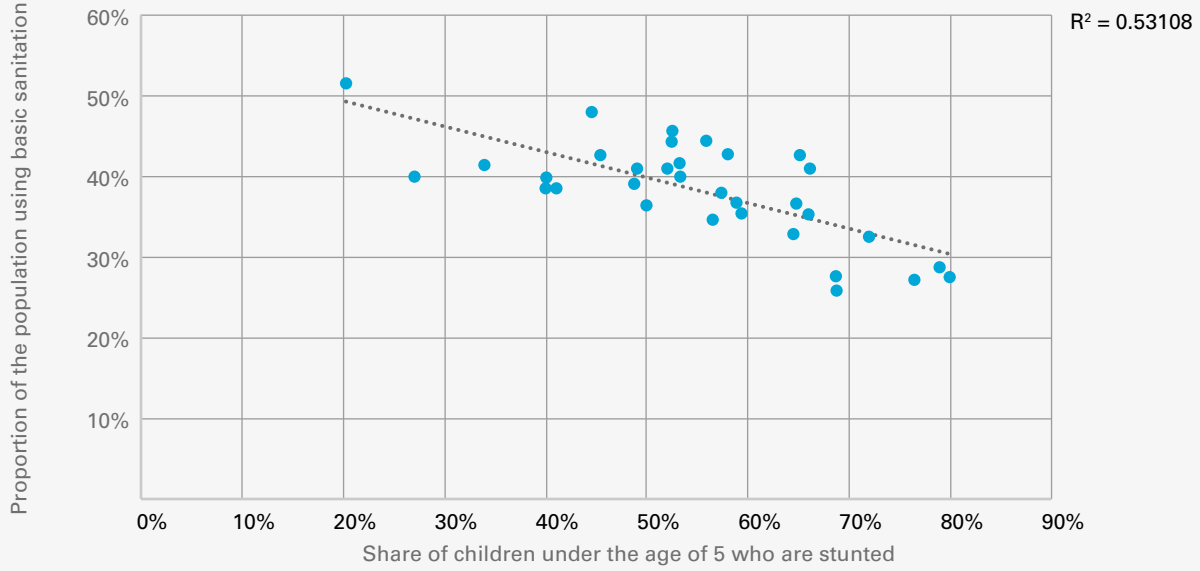


Source: SUSENAS 2015

Figure 6.E

Improved access to sanitation facilities is associated with reduced stunting among children under 5 years of age

Correlation between use of improved sanitation facilities and child stunting, by province



Note: R-square can take on any value between 0 and 1, with a value closer to 1 indicating that a greater proportion of variance is accounted for by the model. An R-square value of 0.53108 means that the fit (linear trendline) explains 53 per cent of the total variation in the data about the average.

Source: Data on sanitation from SUSENAS 2015; data on stunting from RISKESDAS 2013

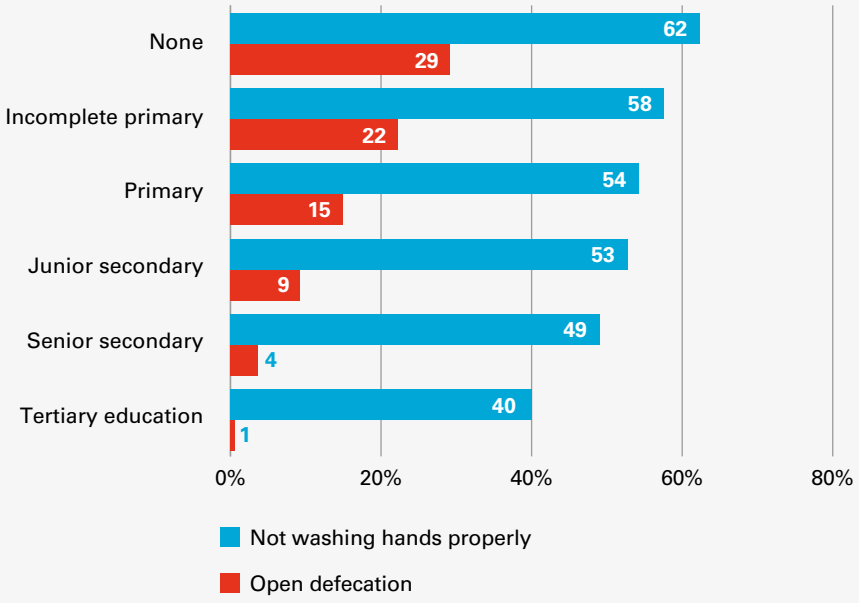
HANDWASHING BEHAVIOUR

Handwashing with soap can help to prevent diseases such as diarrhoea, especially for children. Available data on handwashing behaviours in Indonesia is limited to people aged 10 years and older. In 2013, about half of people in that age group (47 per cent) said they washed their hands properly with soap at appropriate times.[15] Among children between 10 and 14 years of age the figure was 43 per cent. Education plays an important role in handwashing behaviour: people living in a household where the household head has a university degree are almost twice as likely to use proper handwashing techniques (60 per cent) as those living in households where the household head has no schooling (37 per cent) (Figure 6.F). It is also important to note the progress in recent years: in the RISKESDAS 2007, the share of the population washing their hands properly was reportedly only 27 per cent. So while more investment is needed to achieve this goal, there seems to have been significant progress made in just the last 10 years.

Figure 6.F

Higher education level of household head is linked to better hygiene behaviour

Percentage of the population practicing open defecation and not washing their hands properly, by education of the household head, 2013/2015



Source: SUSENAS 2015: Open Defecation; RISKESDAS 2013: Handwashing

WHAT CAN BE DONE TO ACCELERATE PROGRESS TOWARDS GOAL 6?

- Accelerate the STBM in line with Regulation Number 3/2014 of the Ministry of Health on Community-Based Total Sanitation, including through innovative partnerships.
- Prioritize investments to eliminate the practice of open defecation.
- Invest in good sanitation and safe water as a key strategy to reduce stunting, incorporating WASH approaches into Indonesia's Scaling Up Nutrition efforts.
- Increase investment in appropriate sex-separated sanitation facilities in school settings.
- Ensure that surveys collecting WASH data are updated to match changes in global WASH indicators.

GOAL

08

DECENT WORK AND ECONOMIC GROWTH

1 in 14

children 5–17 years was engaged in harmful child labour in 2009

Decent work and economic growth

WHAT THIS GOAL IS ABOUT

Sustainable Development Goal 8 seeks to promote inclusive and sustainable economic growth, full and productive employment and decent work for all. To achieve economic growth, it is important to develop a strong and productive workforce and to offer men and women opportunities for decent work and employment. As part of striving towards inclusive economic growth, it is critical to protect children from engaging in harmful child labour.

Globally, 5.7 per cent of people of working age were unemployed in 2015, with youth and women more likely to be unemployed. Indonesia's unemployment data mirrors the global situation, with an unemployment rate of 6.0 per cent that increases to 6.7 per cent for women. Furthermore, around a quarter of Indonesia's youth are not in education, employment or training. Globally, 43 per cent of employment was 'vulnerable employment'. People in vulnerable employment work for themselves without hired employees or are family workers, often working in poor conditions and with little security. In Indonesia, vulnerable employment makes up 31 per cent of total employment; this rate has halved since 1997, which is a promising sign of economic growth.[16]

Harmful child labour undermines economic growth, and has been linked to increases in adult unemployment. Harmful child labour is also a violation of children's rights, and can hinder their education, health and protection. Not only does harmful child labour pose a direct threat to children today, but it stifles their future potential: it is associated with lower educational attainment and with future jobs that fall outside the criteria for 'decent work'. In Indonesia, young people who were previously child labourers are almost twice as likely to be in unpaid family work as other youths. Accordingly, Goal 8 includes a target to ensure the prohibition and elimination of the worst forms of child labour and to end child labour in all its forms by 2025.

Indonesia has a strong legal framework to protect children from harmful child labour. The country has also developed a Roadmap Towards a Child Labour-Free Indonesia by 2022. In 2015, the national child labour programme helped to remove 16,000 children from work, with many of them returning to school.[17] Ongoing financial and human resources are needed to ensure that laws are fully implemented and that Indonesia's Roadmap is fully achieved.

Table 8.A

Priority targets for children	Selected indicators to measure progress	Type of indicator	Baseline value	Data source
8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms	Proportion and number of children aged 5–17 years engaged in child labour, by sex and age	Global indicator	7%	SAKERNAS 2009

STATUS OF PRIORITY INDICATORS FOR CHILDREN

As in other parts of the world, many children in Indonesia engage in unpaid and paid work that does not expose them to harm. These children are defined as 'working children'. However, children defined in the category of 'child labour' are either too young to be working at all and/or their work involves activities that could impede their physical, mental, social and/or educational development. The 'worst forms of child labour' expose children to work that puts them at a high risk of exploitation, abuse, injury, and in the most severe cases even death.

Up-to-date information on the prevalence of child labour that is consistent with the global indicator definition is lacking. The latest available figures are from the Indonesia Child Labour Survey, which was implemented as a subsample of the 2009 SAKERNAS. Across Indonesia, 7.7 per cent of boys and 6.0 per cent of girls aged 5–17 years were engaged in harmful child labour in 2009, making a total of 6.9 per cent of children. Child labour rates increase as children grow older, ranging from 3.9 per cent among 5–12 year-olds to 13 per cent among 15–17 year-olds. Gender differences emerge as children grow older, with boys more likely to be engaged in child labour in the 15–17 year-old age bracket. That said, girls tend to work in less visible forms of child labour such as domestic service, which may be under-represented in the data. Child labour is more common in rural settings at all ages. These child labour figures are low estimates (see explanation further in this chapter), but they do suggest that Indonesia is performing better than the child labour regional average for East Asia and the Pacific of 10 per cent.[18]

Hazardous work is common among child labourers at all ages, and almost half of all child labourers aged 5–14 years were exposed to at least one hazardous condition through their work. This is an important feature of child labour in Indonesia, as it means that the nature of children's work, and not just the time they spend working, poses a risk of harm for many children.

It bears noting that the baseline figures presented in this report are low estimates of harmful child labour, as the 2009 Indonesia Child Labour Survey did not collect information on all types of hazardous work or all of the worst forms of child labour. The Indonesia National Labour Force Survey found a great deal of variation across provinces in rates of working children aged 10–14 years, but no sub-national data has been published on those working children who meet the child labour criteria. Regular updated data that captures all dimensions of children's work and enables a more nuanced calculation of child labour rates will help to track progress against this goal to ensure that Indonesia is on track to achieve its national Roadmap Towards a Child Labour-Free Indonesia by 2022.

Figure 8.A

Framework for the classification of child labour in Indonesia according to Indonesian labour law and the International Labour Organization, 2012

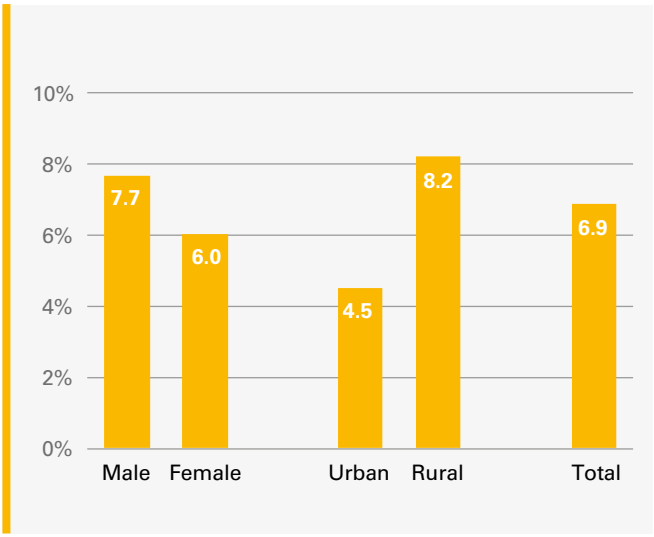
Age group of children	Light work	Regular work	Worst forms of child labour	
	Up to 14 hours a week	15–40 hours a week	Hazardous work (includes work in excess of 40 hours a week and work that is harmful to the health, safety and morality of the child)	Worst forms of child labour other than hazardous work (includes children trafficked for work; forced and bonded child labour; commercial sexual exploitation of children; and use of children for illicit activities and armed conflict)
5–12 years	Child labour			
13–14 years				
15–17 years	Not child labour			

Source: Understanding Children's Work Programme 2012

Figure 8.B

Harmful child labour is more prevalent in rural areas compared with urban areas

Percentage of children aged 5–17 engaged in child labour, by selected characteristics, 2009

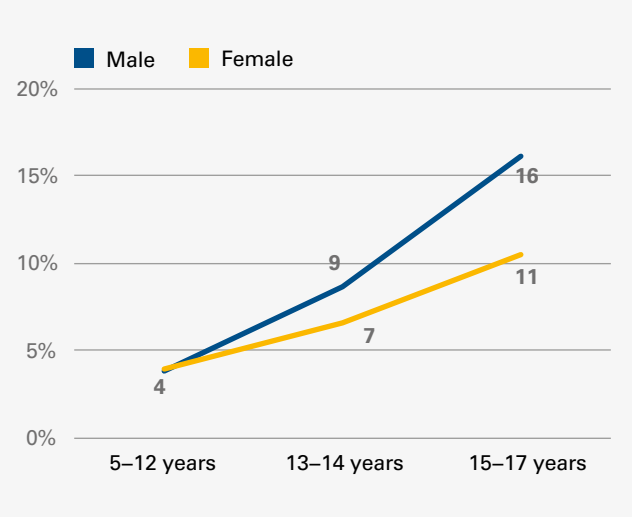


Source: Indonesia Child Labour Survey 2009

Figure 8.C

Children's engagement in harmful child labour increases as they grow older

Percentage of children aged 5–17 engaged in child labour, by selected characteristics, 2009

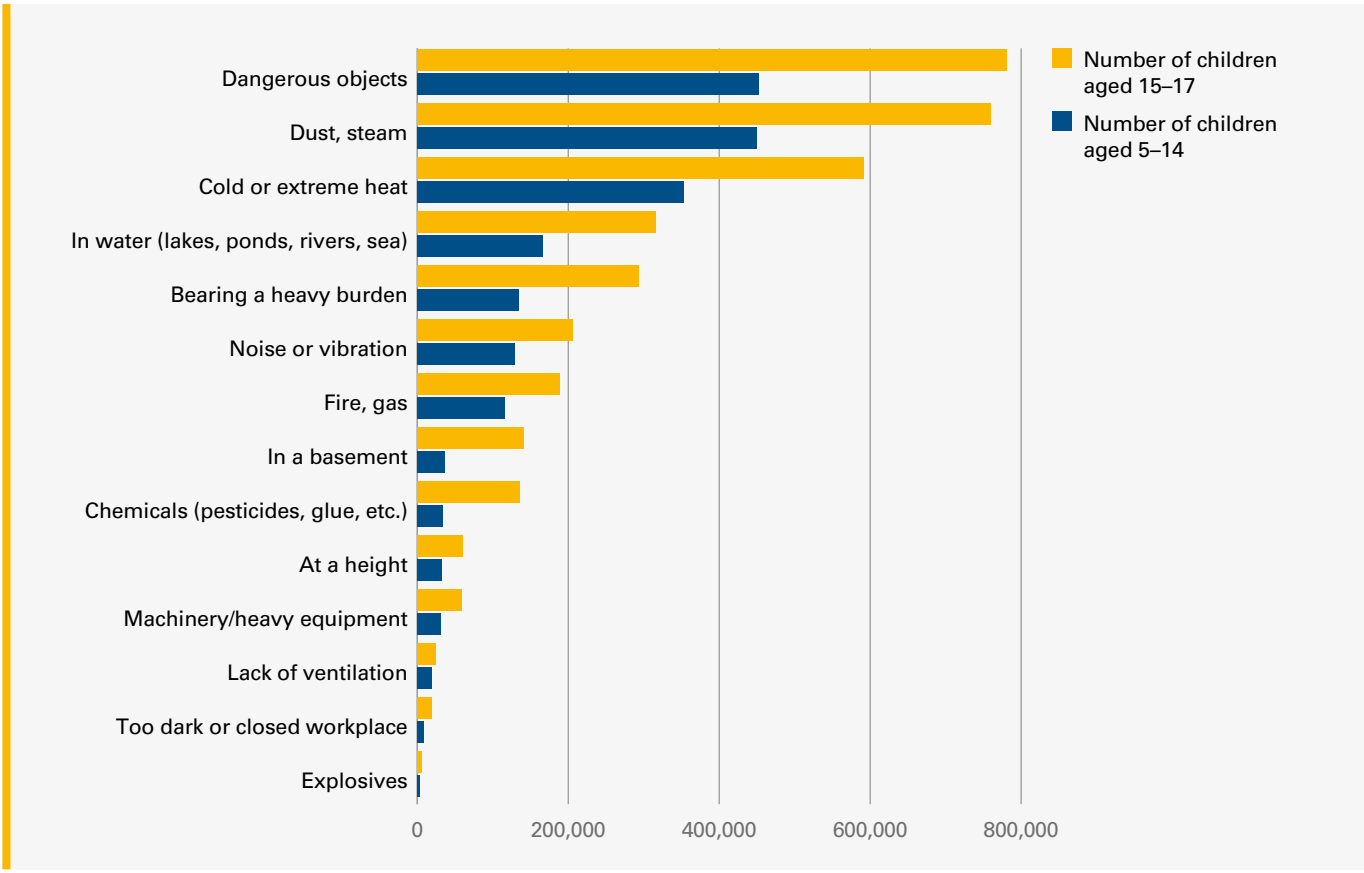


Source: Indonesia Child Labour Survey 2009

Figure 8.D

Child labourers are often exposed to a range of work hazards

Number of child labourers exposed to specific work hazards, by age, 2009



Note: The Indonesia Child Labour Survey 2009 did not include all forms of hazardous work – the data only records physical hazards, not moral hazards.

Source: Indonesia Child Labour Survey 2009

WHAT CAN BE DONE TO ACCELERATE PROGRESS TOWARDS GOAL 8?

- Fast-track financing and implementation of the National Action Plan for the Elimination of the Worst Forms of Child Labour (2002–2022) and the Roadmap Towards a Child Labour-Free Indonesia in 2022.
- Incorporate a standard child labour module into the SAKERNAS that collects comprehensive data on child labour among 5–17 year-olds, including hazardous work and the worst forms of child labour.

GOAL

13

CLIMATE ACTION

Indonesia is committed to reducing its greenhouse gas emissions by at least **29%** by 2030

1 million
Indonesians were affected by disasters in 2015

306
educational facilities were damaged by natural disasters in 2015

Climate action

WHAT THIS GOAL IS ABOUT

Sustainable Development Goal 13 calls for urgent action to combat climate change and its impacts and to build resilience in responding to climate-related hazards and natural disasters. Climate change presents a major threat to development, and its harmful impacts disproportionately burden the poorest and most vulnerable. Over the last decade, Indonesia was consistently ranked as one of the top five countries most frequently hit by natural disasters, together with China, the United States of America, India and the Philippines.[19]

Increased surface temperatures have already changed the pattern and intensity of rainfall, causing higher risks of floods during the rainfall season and prolonged droughts during the dry season.[20] As an archipelago nation, Indonesia is also highly vulnerable to slow onset events such as rising sea levels because much of the economic infrastructure and up to 60 per cent of the population is located in coastal zones.

Climate change and disaster risk are inherently cross-cutting issues with important linkages to other SDGs related to poverty, gender, health, water and sanitation, among others. Though no one is immune to the effects of climate change, children are particularly vulnerable. The risks confronting children are diverse, ranging from direct physical impacts from extreme events and disasters to impacts on their ability to attend school, psychological stress and nutritional challenges. Vector-borne diseases such as malaria and dengue are expected to spread due to rising temperatures and increased rainfall. Good risk reduction strategies can help to prevent natural hazards (for example, earthquakes, droughts, floods and storms) from becoming harmful disasters that threaten children's survival, development and protection.

The Government of Indonesia is a signatory to the 2015 Paris Agreement to limit global temperature rise to well below two degrees Celsius and the Sendai Framework for Disaster Risk Reduction 2015–2030. It has put in place a National Action Plan for Climate Change and the National Medium-Term Development Plan 2015–2019 outlines the need to further mainstream disaster management into development planning. Indonesia spent 0.9 per cent of the national budget and 0.38 per cent of sub-national budgets on risk reduction and risk prevention in 2015. The National Disaster Management Plan for 2015–2019 and Disaster Management Policy and Strategy 2015–2019 articulate Indonesia's growing commitment to finance disaster risk reduction mainstreaming.

Table 13.A

Priority targets for children	Selected indicators to measure progress	Type of indicator	Baseline value	Data source
13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries	Number of deaths attributed to disasters per 100,000 people (2005–2015 annual average)	Global indicator	0.657	DIBI
	Number of missing persons attributed to disasters per 100,000 people (2005–2015 annual average)	Global indicator	0.106	DIBI
	Number of directly affected persons attributed to disasters per 100,000 people (2005–2015 annual average)	Global indicator	986	DIBI

Note: In the global SDG indicator framework, the indicators on disaster-affected people are repeated under Goal 1 and Goal 11. To avoid duplication, this report only includes them under Goal 13.

STATUS OF PRIORITY INDICATORS FOR CHILDREN

RESILIENCE AND ADAPTIVE CAPACITY TO CLIMATE-RELATED HAZARDS AND NATURAL DISASTERS

SDG Target 13.1 aims to strengthen resilience and adaptive capacity to climate-related hazards and natural disasters. A key SDG indicator to track progress towards this target is the number of deaths, missing persons and persons affected by disasters, expressed per 100,000 people. According to the disaster database (DIBI) maintained by the Indonesian National Board for Disaster Management, the average annual number of deaths due to disasters was 1,562 over the period 2005–2015 – equivalent to 0.657 deaths per 100,000 people. On average, 252 people went missing every year due to disasters (or 0.106 per 100,000 people) and over 2.3 million people (or 986 per 100,000 people) were affected annually during the period 2005–2015.

There are significant regional disparities across the country; for instance, the average annual number of people affected by disasters ranges from less than 10 per 100,000 people in Kepulauan Riau and Bali to well above 2,000 per 100,000 people in Kalimantan Selatan, DI Yogyakarta and Aceh (Figure 13.A). Floods and landslides were the most common hazards impacting on people and communities between 2005 and 2015 (Figure 13.B), while earthquakes and tsunamis are the deadliest hazards (Figure 13.C). Between 2005 and 2015, over 70 per cent of deaths due to disasters were caused by earthquakes and tsunamis, largely due to the high number of casualties from the 2006 Bantul earthquake.

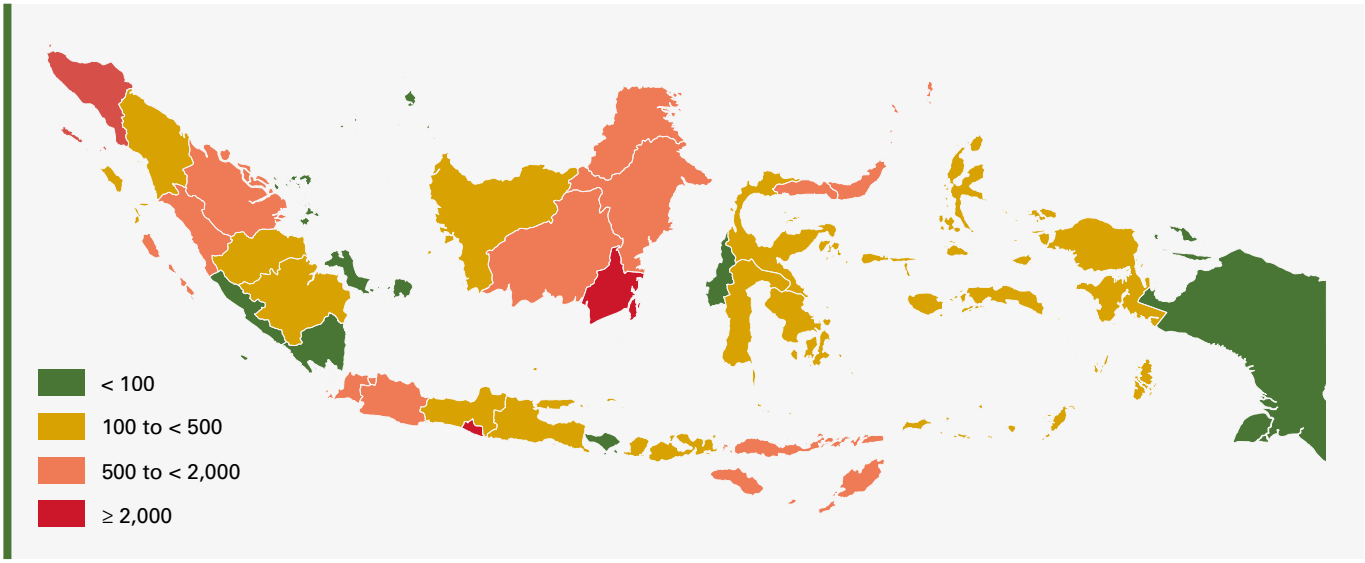
The limited availability of age- and sex-disaggregated data hampers efforts to better understand the impact of hazardous events specifically on children and other vulnerable groups, such as persons with disabilities. Research does confirm the high vulnerability of women and children. For example, during the 2004 tsunami, over 20 per cent of the victims in Aceh were children aged 0–9 years and nearly two thirds of the people reported dead or missing were women.[21]

Disasters can also hinder children's survival and development by limiting their access to essential services, such as health and education facilities. An estimated 75 per cent of schools in Indonesia are located in disaster-prone areas and around 5 million students were impacted by school closures in 2015.[22] Thirty-two health facilities and 306 schools were damaged by disasters in 2015, according to the DIBI database.

Figure 13.A

People's exposure to hazards and natural disasters varies significantly across the country

Number of people affected by disasters per 100,000 people, by province, annual average for the period 2005–2015

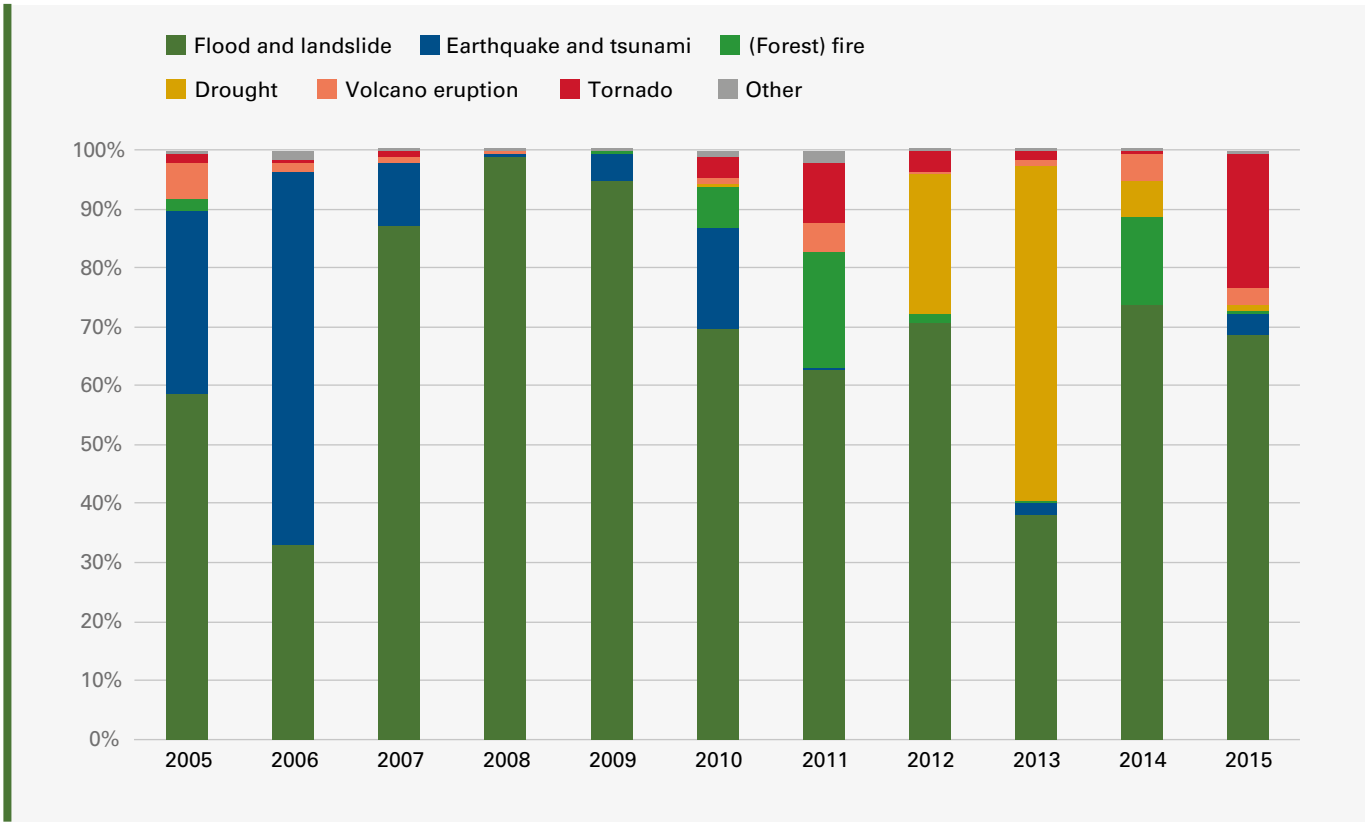


Source: DIBI and Census 2010

Figure 13.B

Floods and landslides are the most common hazards impacting on people and communities

Percentage distribution of people affected, by hazard type, 2005–2015

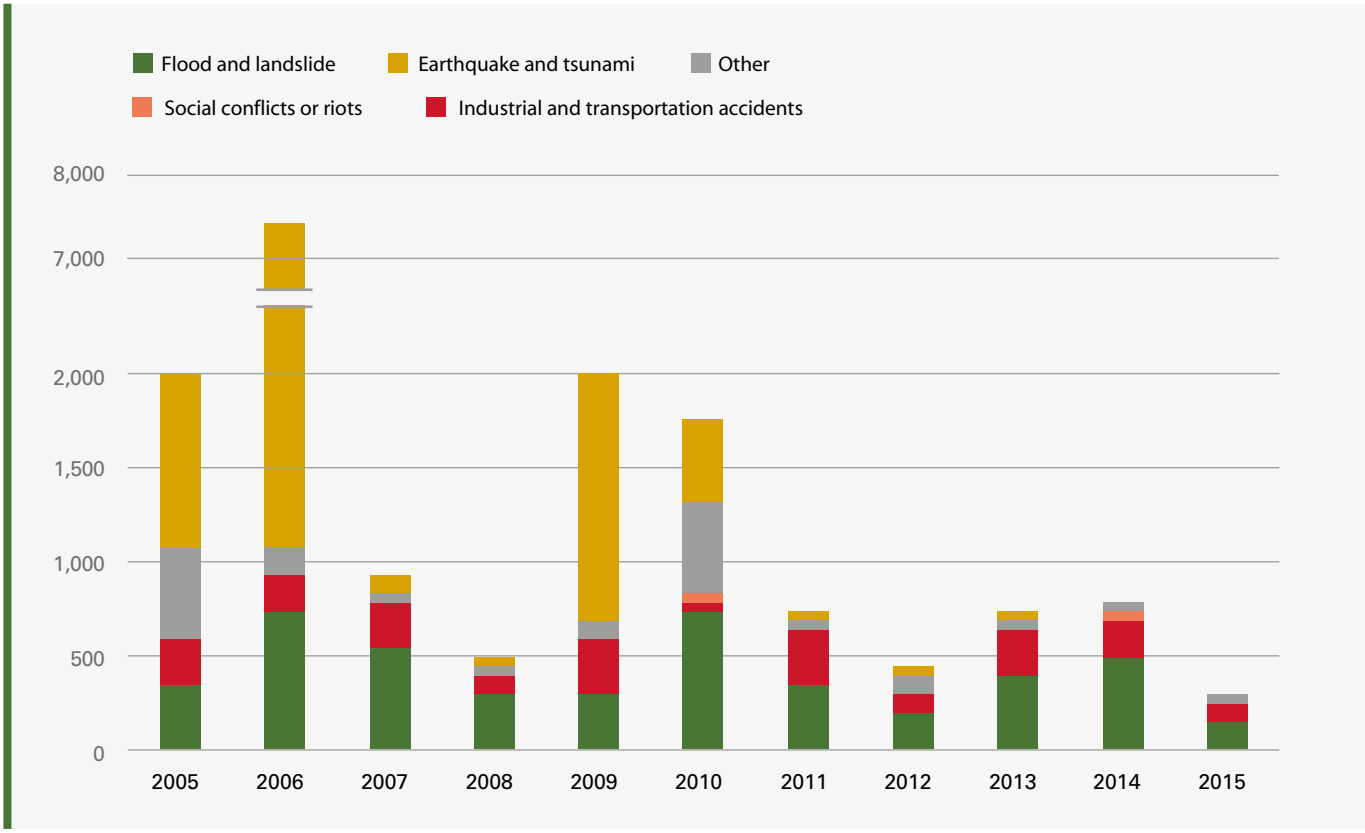


Source: DIBI

Figure 13.C

Earthquakes and tsunamis are the deadliest hazards in Indonesia

Number of deaths due to disasters, by disaster, 2005–2015



Source: DIBI

CLIMATE CHANGE MITIGATION

Reducing greenhouse gas emissions is a core component of climate action. Indonesia's intended nationally determined contribution includes an unconditional commitment to reduce greenhouse gas emissions by 29 per cent against the business as usual scenario by 2030 and a conditional 41 per cent reduction with sufficient international support. Unlike other major global emitters of greenhouse gases, Indonesia's emissions predominantly come from deforestation and peat fires, largely due to slash-and-burn methods for clearing new land for agriculture (Figure 13.D and Figure 13.E). Such practices also have direct harmful effects on children. For example, children are particularly at risk of respiratory diseases due to haze. Forest fires, which are common and reached a high in 2015, harm biodiversity and increase the impact of disasters such as landslides, floods and tornados.[23]

EDUCATION AND AWARENESS-RAISING

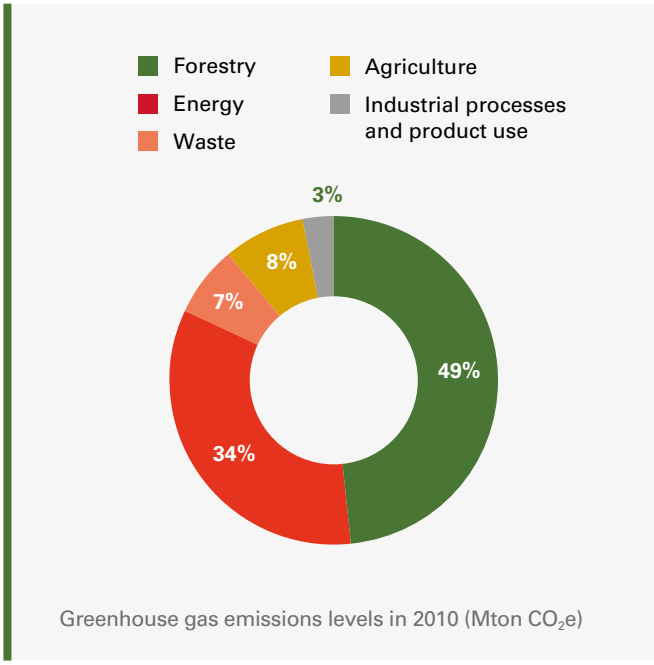
SDG Target 13.3 seeks to improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning. Children require the knowledge, skills and resources to adapt to the reality of climate change now and in the future. Accordingly, it is critical to fully incorporate climate change mitigation, adaptation, impact reduction and early warning into educational curricula at the primary, secondary and tertiary levels.

Indonesia has already started including climate change education in its education system at all levels. However, systems will be needed to measure the extent to which climate change has been mainstreamed into education to track progress against this target.

Figure 13.D

Indonesia's greenhouse gas emissions come mainly from deforestation and peat fires

Percentage distribution of Indonesia's total greenhouse gases, by source, 2010

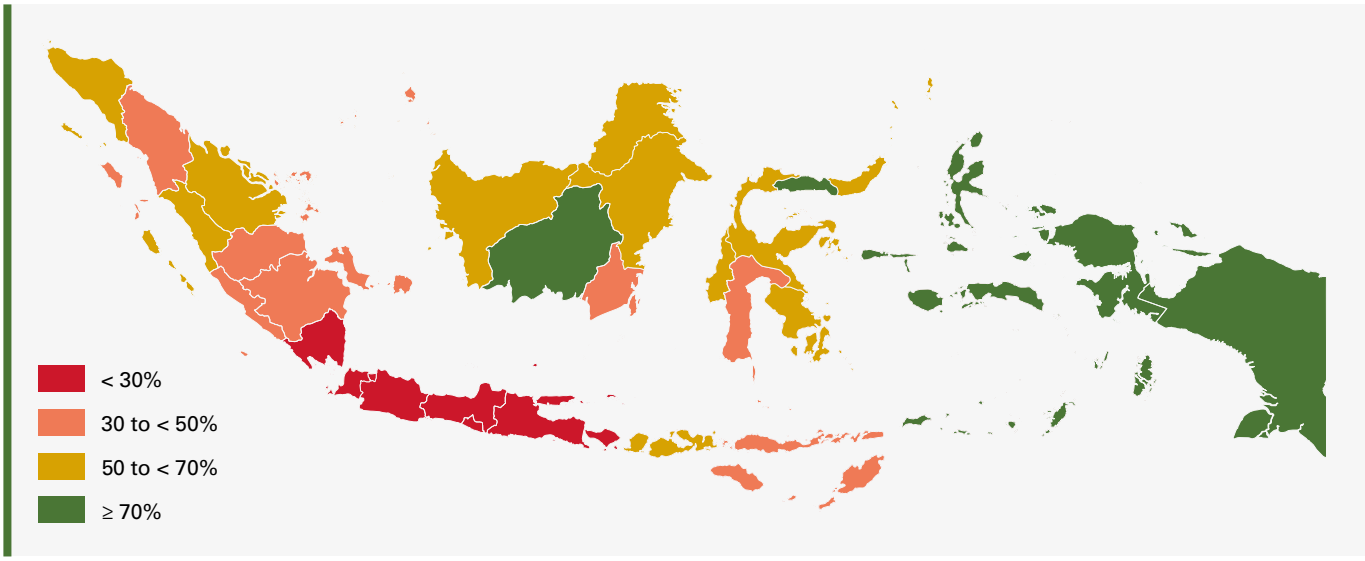


Source: Nationally Defined Contribution to the United Nations Framework Convention on Climate Change, 2016

Figure 13.E

Areas of high deforestation experience reduced biodiversity and are at higher risk of disasters

Percentage of land area covered by forest, 2015



Source: *Data Informasi – Ditjen Planologi Kehutanan dan tata Lingkungan*, 2015

PERSPECTIVES: YOUNG PEOPLE IN INDONESIA UNDERSTAND THAT CLIMATE CHANGE POSES A THREAT TO INDONESIA

Some children in Indonesia worry that the threat of climate change is not readily understood. For example, Dewi, a junior high school student, says: "I feel a bit worried, because there are still a lot of people who are not aware about the climate change that is happening."[24]

Feedback from Indonesia's young U-Reporters, however, shows that many young people in Indonesia are aware of climate change and are concerned about the threat that it poses globally and to Indonesia. Among the U-Reporters, 97 per cent of males and 98 per cent of females think that climate change poses some kind of threat to human life globally. Similarly, when asked more specifically, "Is climate change a threat in Indonesia", 96 per cent of males and 98 per cent of females agree that it poses some kind of threat.

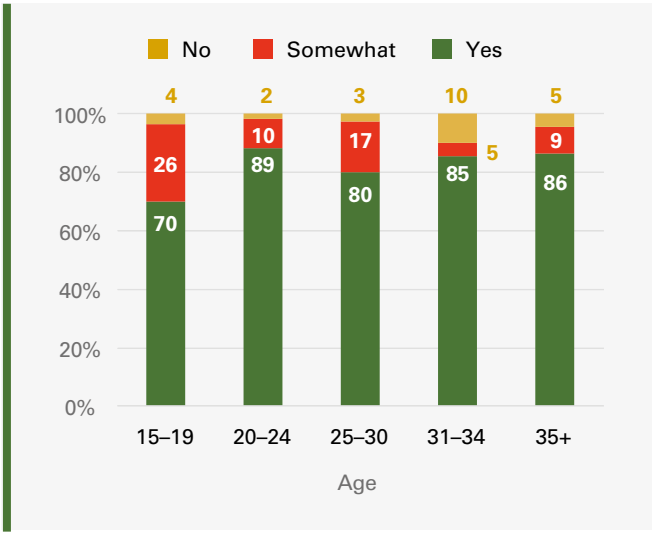
Most U-Reporters think that climate change will affect everyone equally, but many are particularly worried about the affect it will have on children: 26 per cent of 15–19 year-old U-Reporters feel that climate change will affect children the most. Furthermore, they recognize the importance of educating youth on climate change: eight in 10 U-Reporters think that education is extremely important in supporting youth to cope with climate change.

Source: Results of U-Report Poll on Climate Change for the United Nations Security Council, 2017

Figure 13.F

Children and young people understand climate change is a threat to Indonesia

Percentage of children and young people responding to the question: "Is climate change a threat in Indonesia?", by age group, 2016/2017

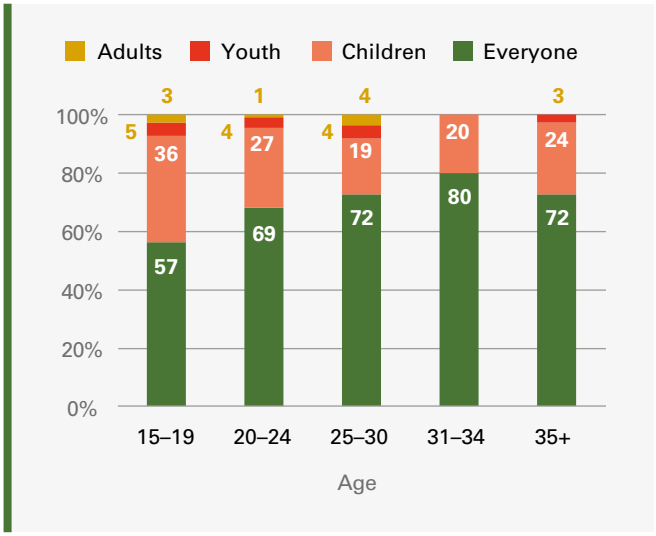


Source: U-Report UNICEF 2017

Figure 13.G

Children and young people realize they are just as or even more affected by climate change than adults

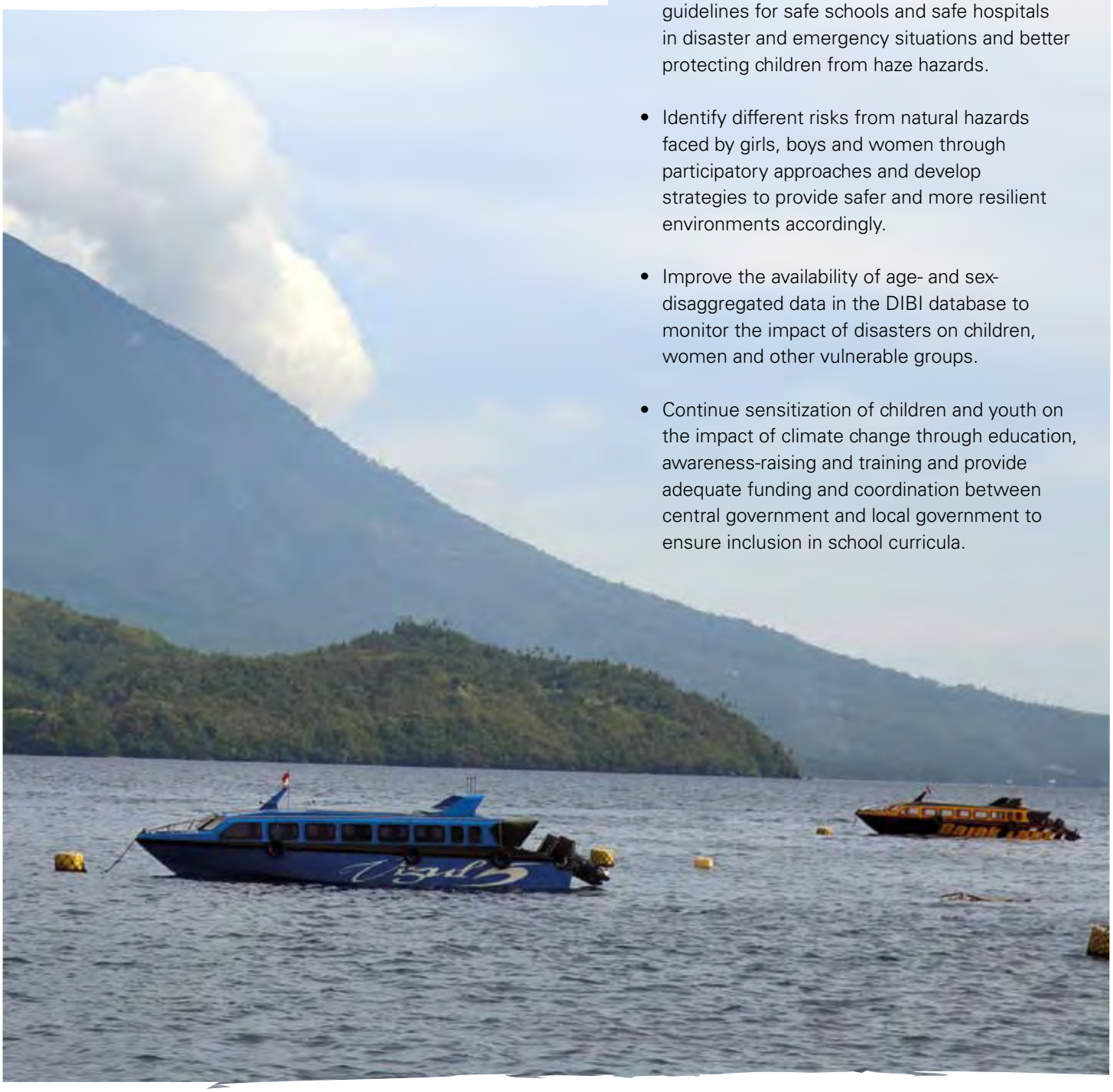
Percentage of children and young people responding to the question: "Who is the most affected by climate change?", by age group, 2016/2017

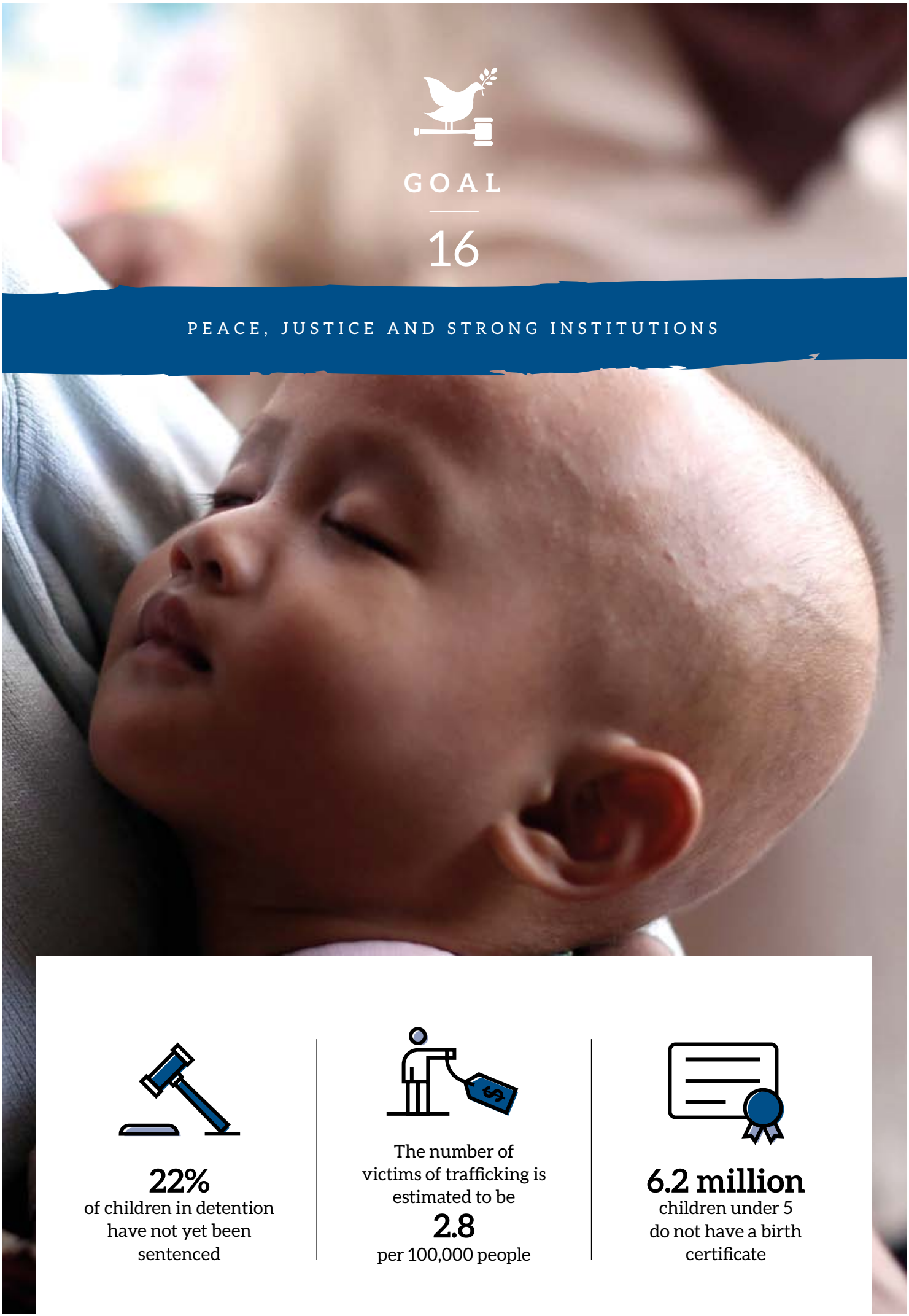


Source: U-Report UNICEF 2017

WHAT CAN BE DONE TO ACCELERATE PROGRESS TOWARDS GOAL 13?

- Ensure sufficient financing for and high-quality implementation of the National Action Plan for Climate Change and the National Disaster Management Plan.
- Prioritize children and women in climate change adaptation and disaster risk reduction efforts at national and sub-national levels, including scaling up local implementation of policies and guidelines for safe schools and safe hospitals in disaster and emergency situations and better protecting children from haze hazards.
- Identify different risks from natural hazards faced by girls, boys and women through participatory approaches and develop strategies to provide safer and more resilient environments accordingly.
- Improve the availability of age- and sex-disaggregated data in the DIBI database to monitor the impact of disasters on children, women and other vulnerable groups.
- Continue sensitization of children and youth on the impact of climate change through education, awareness-raising and training and provide adequate funding and coordination between central government and local government to ensure inclusion in school curricula.





GOAL

16

PEACE, JUSTICE AND STRONG INSTITUTIONS

22%
of children in detention have not yet been sentenced

The number of victims of trafficking is estimated to be
2.8
per 100,000 people

6.2 million
children under 5 do not have a birth certificate

Peace, justice and strong institutions

WHAT THIS GOAL IS ABOUT

Sustainable Development Goal 16 is dedicated to the promotion of peaceful and inclusive societies for sustainable development, the provision of access to justice for all, and building effective, accountable institutions at all levels. Peace and security, underpinned by strong rule of law and access to justice, is fundamental for sustainable development. Crime and violence threatens the lives of men and women, and boys and girls, while also undermining inclusive social and economic development and growth. For example, homicide rates in developing countries are twice that of developed countries, and armed conflict continues to displace people around the world, leaving large populations in need of humanitarian assistance.

All children have the right to be protected from violence, abuse and exploitation. Various forms of violence against children, including discipline that involves physical punishment and/or psychological aggression, are pervasive. Not only can violence expose children to immediate and long-term physical harm, it can have long-lasting negative psychological, social and economic impacts. Globally, there is a lack of data on violence against children, with countries facing a range of challenges in maintaining accurate and up-to-date prevalence estimates. A strong and child-friendly justice system is critical to ensuring that children in contact with the law have access to justice and are protected from harm, whether they are victims or witnesses, or are suspected or accused of committing a crime. Without a quality child justice system, children can be denied protection and justice, and can be re-victimized and harmed through the justice process itself.

Birth registration is critical in providing children with a legal identity, and helps to safeguard many of their civil, political, economic, social and cultural rights.

Indonesia has invested heavily in legal reforms to strengthen children's protection from violence and has developed a National Strategy on the Elimination of Violence Against Children (2016–2020) with an accompanying Action Plan. Indonesia's commitment to achieving this goal is also reflected in its decision to become a Pathfinder Country for the Global Partnership to End Violence Against Children. Through the Partnership, Indonesia can provide global leadership in achieving targets to end violence against children, exchanging lessons and innovations in support of this goal. The Juvenile Criminal Justice System Law which came into effect in 2012 introduced a range of international standards into the juvenile justice system and increased the age of criminal responsibility from 8 to 12 years.

Table 16.A

Priority targets for children	Selected indicators to measure progress	Type of indicator	Baseline value	Data source
16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children	Number of victims of human trafficking per 100,000 people	Global indicator	2.8	Anti-Trafficking Task Force
16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all	Unsentenced detainees as proportion of overall prison population	Global indicator	22% (children) 32% (total population)	Ministry of Law and Human Rights
16.9 By 2030, provide legal identity for all, including birth registration	Proportion of children under 5 years of age whose births have been registered	Global indicator	73%	SUSENAS 2015

Note: There are no nationally representative data for several priority indicators for children under Goal 16 that conform to the SDG indicator methodologies.

STATUS OF PRIORITY INDICATORS FOR CHILDREN

VIOLENCE AGAINST CHILDREN

Violence against children imposes high short- and long-term costs on children, their families and their communities. Like many countries, Indonesia faces challenges in generating reliable and up-to-date information on all forms of violence against children, hindered by the limited quality of available child protection databases. Existing national indicators on the prevalence of violence against children do not fully conform to the global SDG methodologies. For instance, they are limited to one or two particular forms of violence, and are typically limited to certain locations or settings. Addressing data limitations will help Indonesia to leverage an improved evidence base to end violence against children. Despite limited data, there is stakeholder consensus that children continue to experience all forms of violence at unacceptable levels. It is important to increase the availability of prevalence data on physical, sexual and psychological violence in all settings to fully monitor progress for children in achieving this goal.

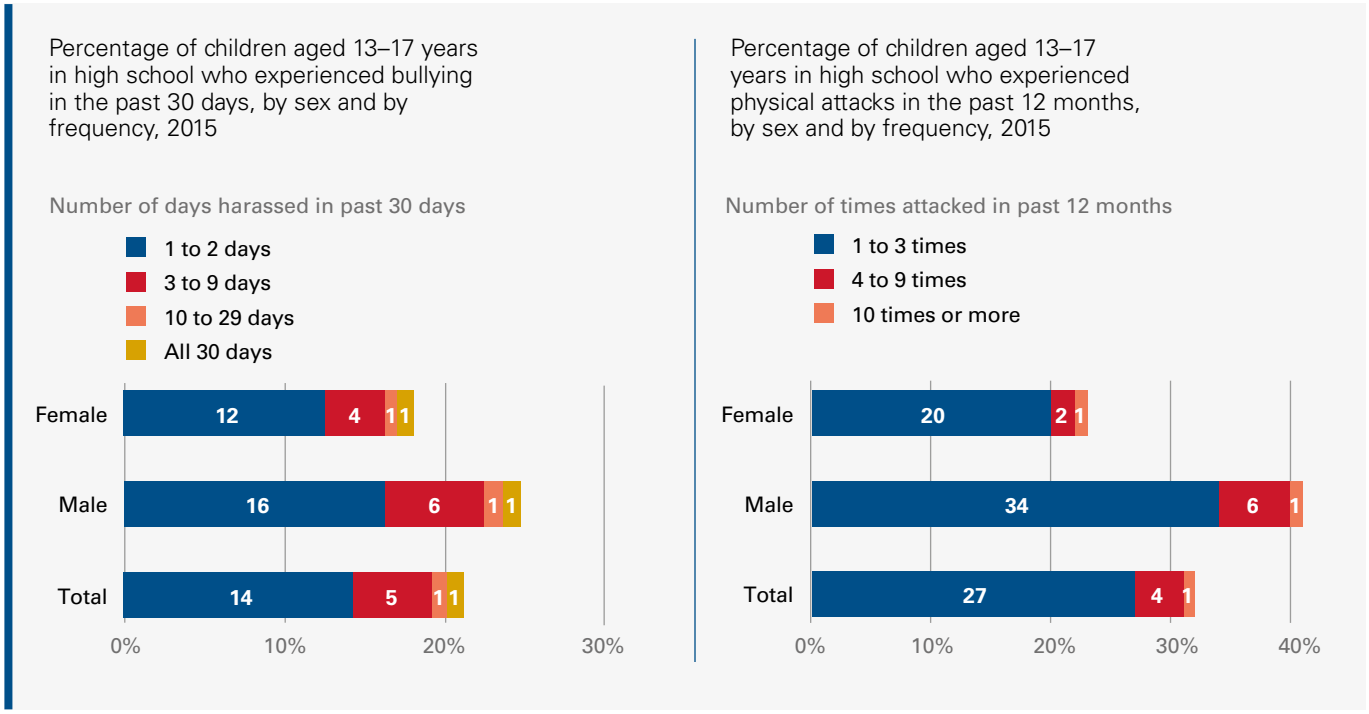
Two recent studies have provided nationally representative data on certain aspects of violence against children. The Global School-Based Health Survey (2015) offers important data on physical violence and bullying among high school students, demonstrating the need to invest in safe school environments and anti-bullying programmes in schools. In total, 32 per cent of children aged 13–17 years had been physically attacked in the past 12 months, while 20 per cent had been bullied (Figure 16.A). For a small proportion of these children, these attacks were frequent and persistent: 1 per cent of children were physically attacked at least 10 times in the past 12 months, and 1 per cent of children had been harassed and bullied daily in the past month. The recently completed SPHPN (2016) includes data on girls aged 15–17 years of age. Disaggregated analysis of this data can provide some information on how adolescent girls aged 15–17 years experience violence. Given the lack of data on violence against children, this secondary analysis, along with new data collection on violence against children, is urgently needed.

HUMAN TRAFFICKING

Trafficking exposes children to violence, abuse and exploitation, and is another concern for Indonesia: 16 per cent of reported trafficking victims in Indonesia are

Figure 16.A

High school students, particularly boys, often face physical attacks and harassment



Source: Global School Health Survey 2015

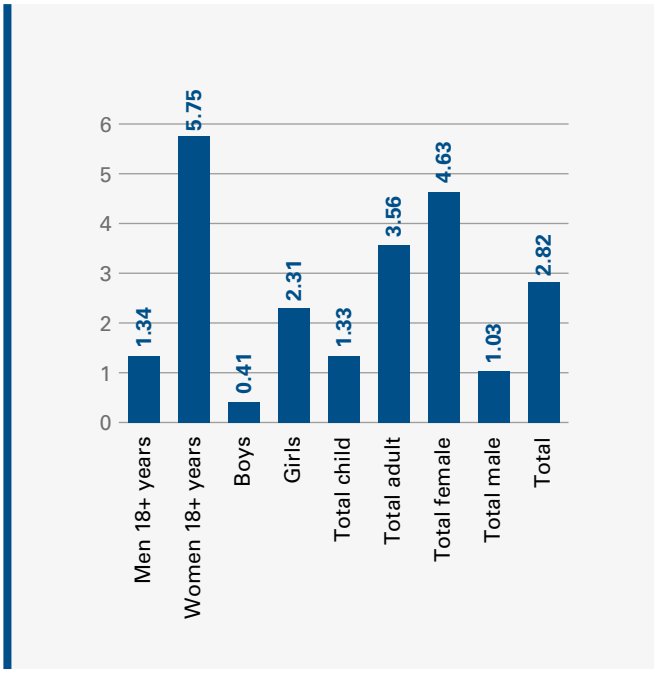
children.[25] Children, mostly girls, are trafficked internally and abroad for commercial sexual exploitation and domestic work. In some cases, girls are trafficked internally to mining areas and tourism sites for commercial sexual exploitation. The Indonesian National Police have set up a data system for trafficking, but the focus is on the number of cases rather than details of the victim.

Based on data compiled by the Indonesian Task Force of Prevention and Law Enforcement regarding Trafficking, the number of victims of trafficking was estimated to be 2.8 per 100,000 people in 2015 (Figure 16.B). For children, this rate reduces to 1.3. Trafficking appears to be a highly gendered issue: women and girls are almost five times more likely to be assisted due to trafficking than men and boys respectively. The vast majority of these victims were Indonesians: all 950 of the girls, 4,888 of the women, 166 of the boys and 647 of the men. Most of the foreign trafficking victims recorded were adult males from Myanmar and Cambodia. Eight out of 10 victims (82 per cent) of trafficking in Indonesia have been trafficked internationally. It bears noting that these figures are based only on reported cases: accordingly, these should be considered low estimates of the real prevalence of trafficking across the country.

Figure 16.B

Women and girls are over four times more likely to be trafficked than men and boys

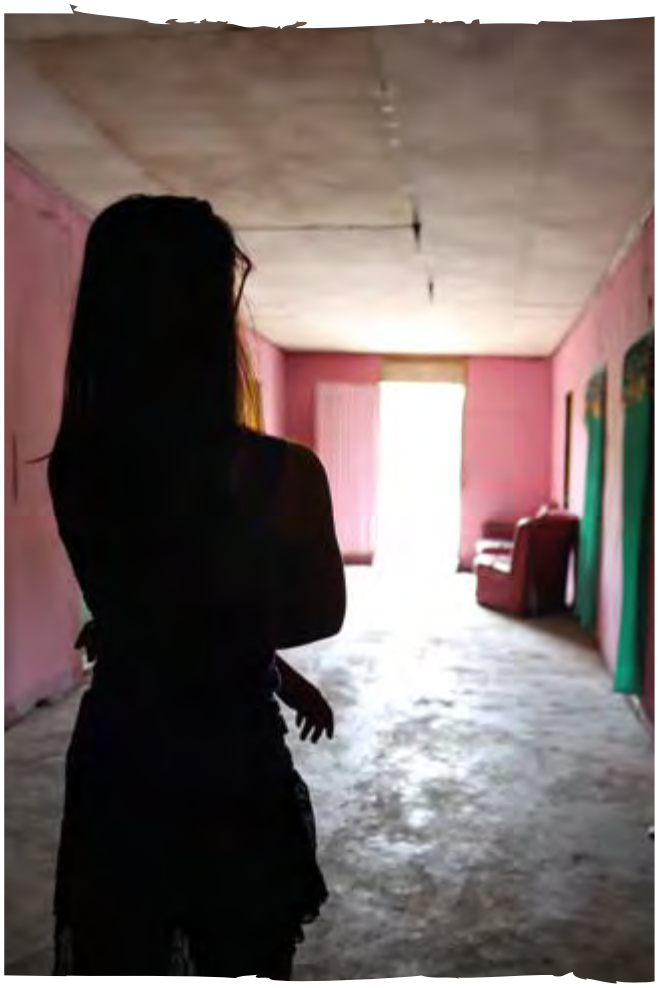
Number of victims of trafficking per 100,000 people, by sex and age



Source: Calculations based on reported cases of trafficking compiled by the Task Force of Prevention and Law Enforcement regarding Trafficking (cited in *Pencegahan dan Penanganan Tindak Pidana Perdagangan Orang Laporan*, 2015).

THE CHILD JUSTICE SYSTEM

If people believe that the justice system is accessible, safe and effective, they will be more likely to report crime to the relevant authorities. Therefore, the proportion of victims of violence in the past 12 months who reported their experience to the police is a helpful measure of how the justice system is perceived by the public. To track this indicator, we need two sets of data: firstly, we need to know how many cases have been reported to the police; and secondly, we need to know the real prevalence of violence. Only by comparing reports to the real prevalence of crime is it possible to know, for example, whether an increase in reported cases means that crime is increasing, or whether people are becoming



more likely to report crime that happens to them. Police data on reports of crime is available and is disaggregated by province and type of crime, but it is not disaggregated by age to allow an analysis of cases involving child victims. More importantly, as noted above, there is no reliable prevalence data on violence against children to compare the reported rates to. Once there is improved data available on the prevalence of violence against children, baselines for this indicator can be established and progress can be tracked meaningfully.

A second measure of how well the justice system is working is to consider unsentenced detainees as a proportion of the total prison population. This assesses how efficiently people move through trial and sentencing processes. It also helps to understand to what extent people who have not been convicted of a crime (and who may not even have been charged) are being detained. The global SDG indicator is measured using both the adult and child prison population. However, it is important to track this indicator specifically as it applies to children as the detention of children should be used only as a last resort, and be for the least amount of time necessary. As such, a high proportion of unsentenced child detainees compared to all children in detention is cause for concern.

It is important to keep in mind that rushed trials do not always deliver justice: it is equally important to ensure that the justice system is providing good quality services and delivering fair outcomes while also avoiding the unnecessary detention of children.

Table 16.B

One in five children in detention are unsentenced, with girls more likely to be detained without a conviction than boys

Unsentenced child detainees as proportion of overall child prison population, by sex, 2014

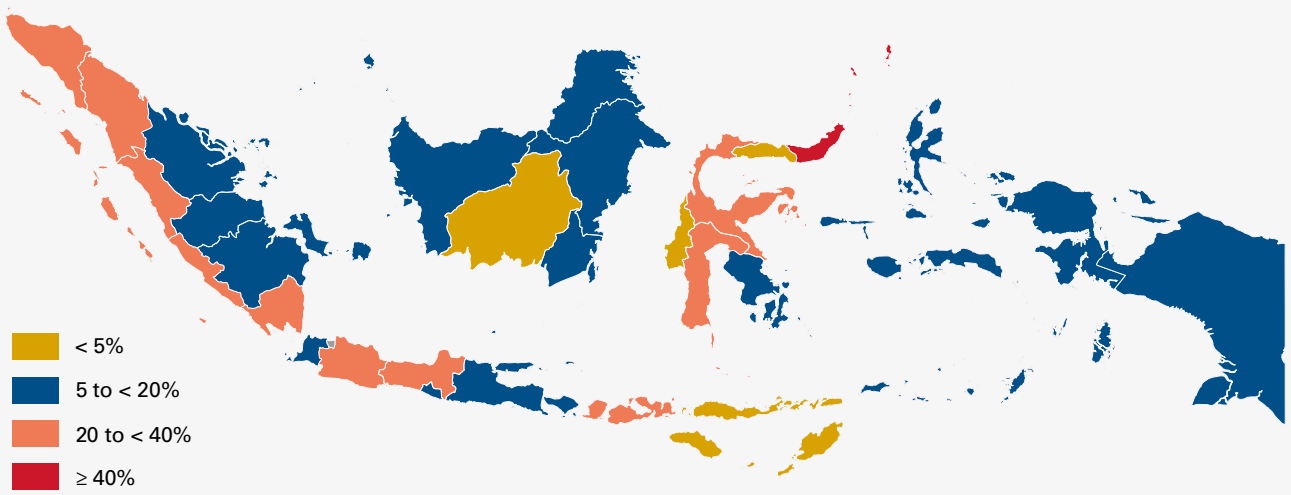
	Boys	Girls	Total
Number of children in detention	3,567	106	3,673
Number of unsentenced children in detention	759	37	796
Percentage of children in detention not yet sentenced	21%	35%	22%

Source: Administrative data from the Ministry of Law and Human Rights, available at https://data.go.id/. Figures for 2015 have not yet been released.

Figure 16.C

The proportion of children in detention who are unsentenced varies significantly by province

Unsentenced children as a proportion of the overall prison population, by province, 2014



Source: Administrative data from the Ministry of Law and Human Rights, available at https://data.go.id/. Figures for 2015 have not yet been released.

Nationwide, 22 per cent of all children in detention were awaiting sentencing in 2014 (Table 16.B). While the absolute number of girls in detention was relatively low, there is a higher proportion of unsentenced girls in detention (35 per cent). There are significant geographical disparities: in four provinces, less than 5 per cent of detained children were unsentenced (Maluku, Gorontalo, Nusa Tenggara Timur and Kalimantan Tengah) compared with 49 per cent in DKI Jakarta and 61 per cent in Sulawesi Utara (Figure 16.C). Prior to the enactment of the new Juvenile Criminal Justice System Law, children were being held in prison and detention facilities at higher rates.[26]

Across the entire population – including adults – the proportion of detained people who are unsentenced in Indonesia was 32 per cent. This figure is comparable with global and regional averages: in 2012–2014, the global average was 30 per cent, and in South-East Asia the average was 32 per cent.[27]

BIRTH REGISTRATION

Birth registration is the first step in securing a child's legal identity, safeguarding its individual rights and facilitating its access to justice and social services. Continued investment that builds on the success of recent years will help Indonesia to achieve the SDG target of providing a legal identity for all, including birth registration, by 2030.

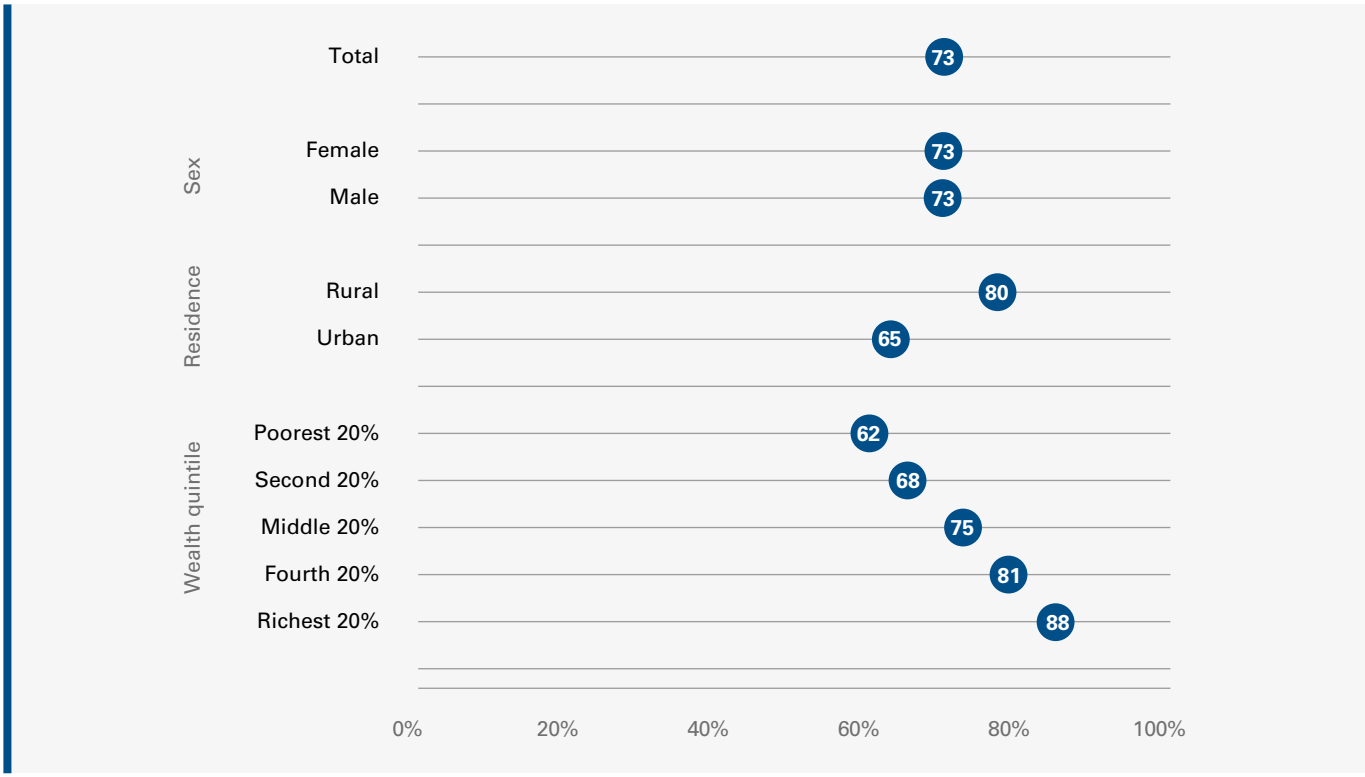
Indonesia has made good progress in ensuring all children have their birth registered: 73 per cent of children under 5 years of age were reported to have a birth certificate in 2015. There are no noticeable differences between boys and girls, but regional disparities are pronounced. Children in urban areas are more likely to have a birth certificate than children in rural areas (80 per cent compared to 65 per cent) (Figure 16.D). Provincial rates for birth certificates among children range from a low of 34 per cent in Nusa Tenggara Timur to a high of 93 per cent in DI Yogyakarta (Figure 16.E). Coverage of birth registration is 26 percentage points lower among children from the poorest households compared with those from the wealthiest quintile.

Understanding barriers to birth registration is important for policy and planning purposes. Averaged across all wealth quintiles, not having the money to pay for registration (27 per cent) and not having been issued the birth certificate (27 per cent) were the most common reasons for a child not having a birth certificate (Table 16.C). Among the richest households, not having received the birth certificate accounted for around half (47 per cent) of the children missing out. This infers that improving systems to generate and issue the certificate can help to accelerate progress against this indicator. For poorer households, financial barriers were more of a concern: 37 per cent of the poorest quintile and 30 per cent of the second poorest quintile said they did not have the money to pay the registration fee. Across all wealth quintiles, information and accessibility of services hindered some households from securing a birth certificate for their child: 6 per cent did not know how to get one, and 7 per cent thought the office was too far away. Less than one in 10 people reported that they failed to register their child due to lack of interest or demand in birth registration (reporting either 'not necessary' or 'don't care/lazy'). To this end, addressing supply side barriers to birth registration is critical.

Figure 16.D

Most children under 5 years have their birth registered, but those in low income homes and in rural areas are more likely to miss out

Percentage of children under 5 years of age with a birth certificate, by selected characteristics, 2015

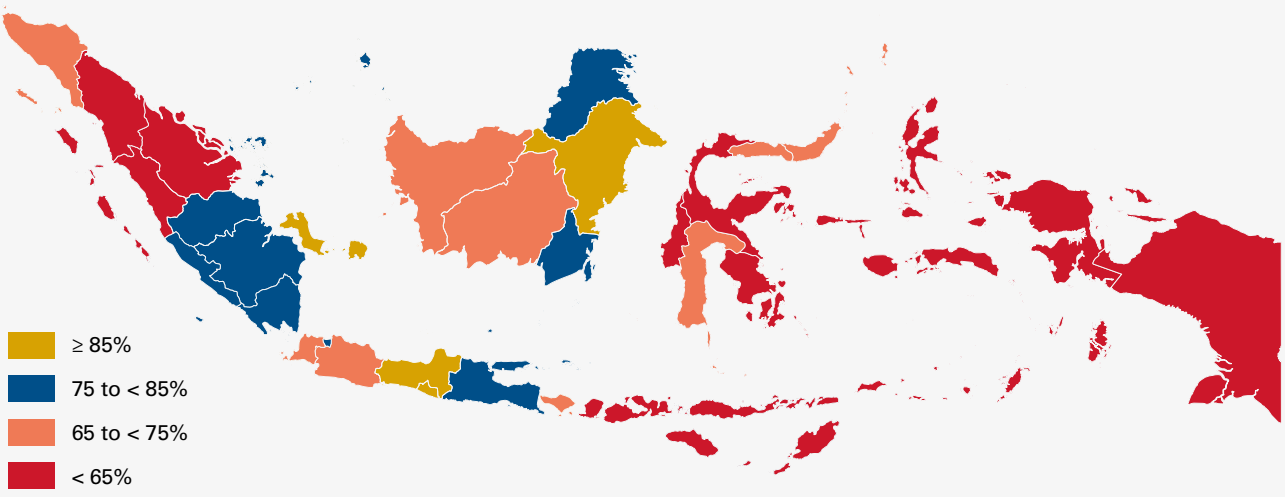


Source: SUSENAS 2015

Figure 16.E

There are significant regional disparities in birth registration

Percentage of children under 5 years of age with a birth certificate, by province, 2015



Source: SUSENAS 2015

Table 16.C

For the poorest households, affordability is the most commonly reported barrier to children having a birth certificate

Percentage distribution of unregistered children under 5 according to reasons given for not having a birth certificate, by household consumption quintile, 2015

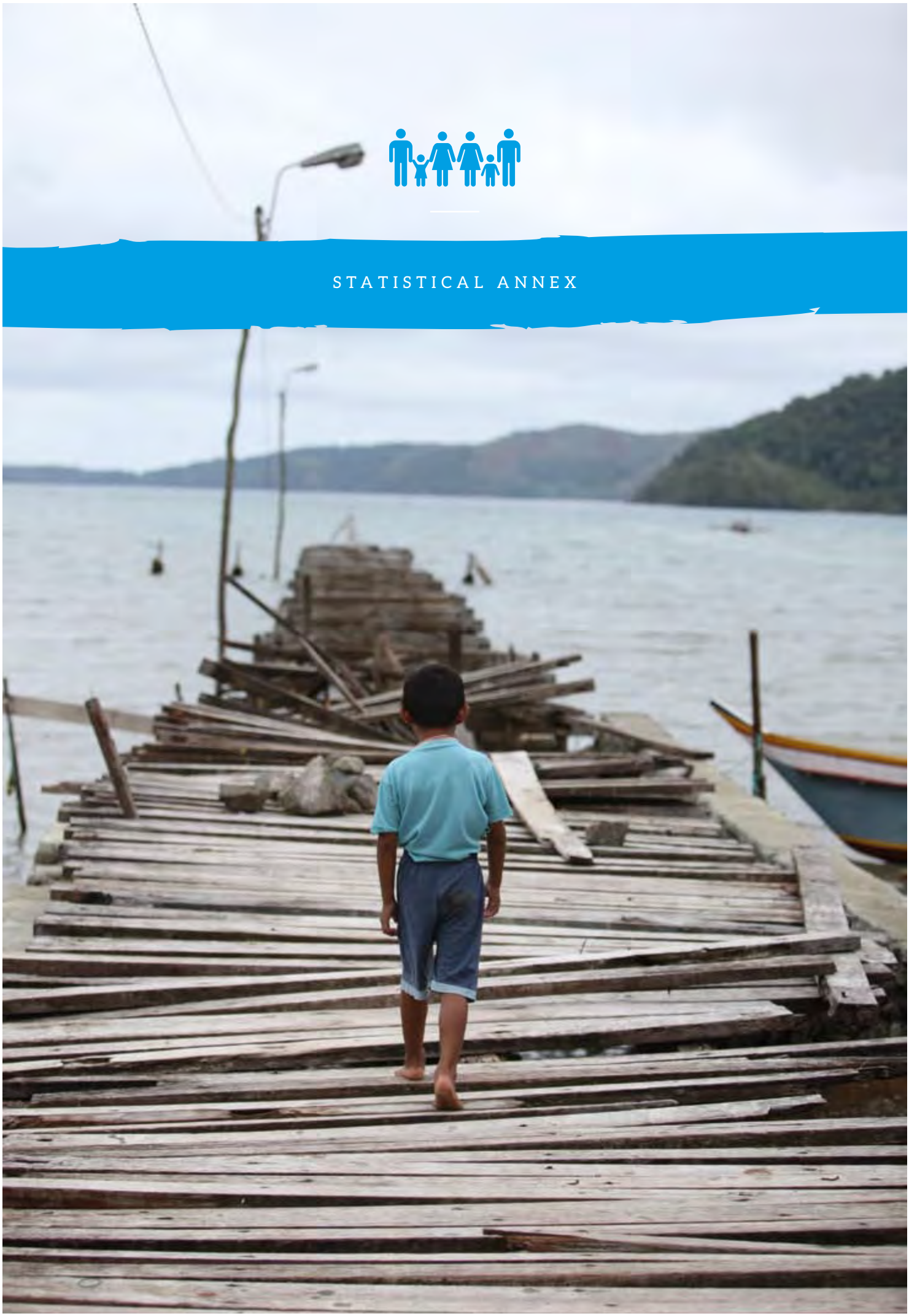
	Poorest 20%	Second 20%	Middle 20%	Fourth 20%	Richest 20%	Total
Birth certificate has not been issued	21	25	31	36	47	27
No money to pay for registration fee	37	30	21	12	3	27
The office is far away	7	8	8	7	6	7
Don't know birth should be registered	1	1	1	1	0	1
Don't know how to get it	7	6	7	6	5	6
Not necessary	5	5	5	5	3	5
Don't care/lazy	4	4	4	6	5	4
Other	18	21	23	27	30	21
Total	**100**	**100**	**100**	**100**	**100**	**100**

Source: SUSENAS 2015

WHAT CAN BE DONE TO ACCELERATE PROGRESS TOWARDS GOAL 16?

- Invest in nationally representative data on the prevalence and drivers of all forms of violence against children in all settings, and undertake secondary analysis of data on girls aged 15–17 years through the SPHPN (2016).
- Fast-track and fully finance implementation of the National Strategy on the Elimination of Violence Against Children (2016–2020) and its Action Plan.
- Finance and implement components of the National Action Plan on Preventing Trafficking in Persons (2015–2019) that address the issue of child trafficking.
- Fully implement the revised Juvenile Criminal Justice System Law (No 11/2012).
- Scale up birth registration models with a focus on supply-side bottlenecks, including by exploring innovative technology solutions to increase the accessibility and affordability of birth registration for excluded children and their families.

STATISTICAL ANNEX



Statistical annex

CONTENTS

SDG 1: NO POVERTY

	Children deprived in 2+ non-income dimensions of poverty (%), 2016 [1.2.2] [b]	Population below international poverty line of US$1.9 (PPP) per day, 2015 [1.1.1] [a]						Population below international poverty line of US$3.1 (PPP) per day, 2015 [a]					
		Number			Percent			Number			Percent		
		Total	Children < 18 yrs	Adults 18+ yrs	Total	Children < 18 yrs	Adults 18+ yrs	Total	Children < 18 yrs	Adults 18+ yrs	Total	Children < 18 yrs	Adults 18+ yrs
Indonesia	**65**	**18,406,963**	**7,342,438**	**11,064,524**	**7**	**9**	**7**	**81,583,230**	**30,946,302**	**50,636,929**	**32**	**37**	**30**
Sex													
Male	66	8,945,506	3,779,367	5,166,139	7	9	6	40,346,489	15,840,923	24,505,566	32	37	29
Female	64	9,461,456	3,563,071	5,898,385	8	9	7	41,236,742	15,105,378	26,131,363	33	37	31
Place of residence													
Urban	56	5,939,407	2,303,845	3,635,561	5	6	4	31,512,790	11,889,322	19,623,468	25	29	23
Rural	74	12,467,556	5,038,593	7,428,963	10	12	9	50,070,441	19,056,980	31,013,461	40	44	37
Wealth quintile													
Poorest 20%	86	18,406,963	7,342,438	11,064,524	36	37	35	50,979,754	19,696,104	31,283,649	100	100	100
Second 20%	76	–	–	–	–	–	–	30,603,477	11,250,198	19,353,280	60	61	60
Middle 20%	65	–	–	–	–	–	–	–	–	–	–	–	–
Fourth 20%	52	–	–	–	–	–	–	–	–	–	–	–	–
Richest 20%	34	–	–	–	–	–	–	–	–	–	–	–	–
Highest education of household head													
None	84	2,657,387	860,384	1,797,003	18	24	16	7,926,176	2,261,792	5,664,384	54	62	51
Some primary	80	5,004,945	1,848,076	3,156,869	12	16	11	18,700,348	6,238,096	12,462,252	46	54	43
Primary	70	6,953,002	2,866,754	4,086,248	9	11	8	31,200,514	12,054,021	19,146,494	40	47	37
Junior secondary	72	2,271,488	1,043,513	1,227,974	6	7	5	12,340,671	5,272,058	7,068,613	30	36	27
Senior secondary	69	1,439,894	684,851	755,043	2	3	2	10,402,455	4,668,814	5,733,642	17	22	15
Tertiary education	50	80,247	38,860	41,387	0	1	0	1,013,066	451,522	561,544	5	6	4
Province													
Aceh	55	204,475	101,656	102,819	4	6	3	1,438,368	633,914	804,453	29	34	26
Sumatera Utara	72	469,822	257,890	211,932	3	5	3	3,788,294	1,874,780	1,913,514	27	35	22
Sumatera Barat	71	53,421	29,110	24,312	1	2	1	958,310	439,652	518,657	18	23	16
Riau	63	86,510	48,031	38,479	1	2	1	1,015,861	476,099	539,762	16	20	14
Jambi	69	122,104	54,249	67,855	4	5	3	840,542	342,550	497,992	25	30	22
Sumatera Selatan	51	666,345	282,974	383,371	8	10	7	2,946,470	1,183,159	1,763,311	37	42	34
Bengkulu	75	103,145	45,313	57,832	6	7	5	585,952	227,472	358,480	31	35	29
Lampung	73	537,750	226,439	311,311	7	8	6	3,064,777	1,172,123	1,892,654	38	43	35
Kepulauan Bangka Belitung	43	400	284	116	–	0	–	43,705	18,362	25,343	3	4	3
Kepulauan Riau	41	9,158	4,591	4,567	1	1	0	144,861	62,312	82,549	7	9	6
DKI Jakarta	55	6,685	3,343	3,343	0	0	–	291,537	123,522	168,015	3	4	2
Jawa Barat	68	3,050,573	1,265,808	1,784,765	7	8	6	14,950,317	5,746,590	9,203,726	32	37	30
Jawa Tengah	64	3,702,665	1,247,522	2,455,143	11	12	11	14,295,286	4,694,289	9,600,998	42	46	41
DI Yogyakarta	47	312,691	95,176	217,515	9	10	8	1,241,725	361,301	880,424	34	38	32
Jawa Timur	65	3,418,036	1,063,686	2,354,350	9	10	9	14,568,064	4,481,035	10,087,029	38	41	36
Banten	65	319,554	140,853	178,701	3	3	2	2,619,976	1,105,927	1,514,049	22	27	19
Bali	43	93,971	34,067	59,904	2	3	2	819,379	293,465	525,914	20	24	18
Nusa Tenggara Barat	65	559,027	243,523	315,504	12	14	10	2,124,290	875,037	1,249,253	44	50	41
Nusa Tenggara Timur	87	1,084,382	555,127	529,256	21	26	18	3,017,902	1,416,213	1,601,688	59	65	54
Kalimantan Barat	72	203,447	91,425	112,022	4	5	4	1,344,534	559,288	785,246	28	33	26
Kalimantan Tengah	70	44,546	20,479	24,067	2	2	2	469,987	190,787	279,200	19	22	17
Kalimantan Selatan	57	80,053	36,538	43,515	2	3	2	760,075	309,385	450,690	19	23	17
Kalimantan Timur	44	9,440	4,458	4,983	0	0	0	194,282	82,442	111,839	6	7	5
Kalimantan Utara	59	1,481	834	647	0	0	0	35,349	17,558	17,790	6	7	5
Sulawesi Utara	68	160,681	66,645	94,037	7	9	6	765,939	288,185	477,753	32	38	29
Sulawesi Tengah	75	190,630	87,378	103,252	7	9	6	1,031,432	432,996	598,436	36	43	32
Sulawesi Selatan	55	1,369,976	585,972	784,004	16	20	14	3,756,472	1,498,763	2,257,709	44	50	41
Sulawesi Tenggara	62	455,343	226,106	229,237	18	23	15	1,163,746	541,711	622,035	47	54	42
Gorontalo	66	247,529	103,622	143,907	22	26	20	545,281	215,253	330,028	48	54	45
Sulawesi Barat	61	214,300	104,308	109,991	17	20	14	641,026	286,670	354,356	50	56	45
Maluku	76	60,091	31,499	28,592	4	5	3	494,326	238,506	255,820	29	35	25
Maluku Utara	80	14,512	7,571	6,941	1	2	1	262,921	127,056	135,866	23	27	20
Papua Barat	75	61,823	29,520	32,303	7	9	6	248,097	114,631	133,466	28	35	25
Papua	88	492,396	246,442	245,953	16	21	13	1,114,153	515,269	598,883	37	44	32

NOTES **a** Data are based on analysis of the SUSENAS March 2015.

b This indicator refers to the percentage of children 0–17 years who are deprived in two or more of the following dimensions: housing; basic facilities; food; health; education; protection. Data are based on analysis of the SUSENAS March 2016. For details on the methodology, see: *Badan Pusat Statistik (2017). Analisis Kemiskinan Anak dan Deprivasi Hak-hak Dasar Anak di Indonesia.*

Population below the national poverty line, 2015 [1.2.1] [a]						Population below twice the national poverty line, 2015 [a]						Beneficiaries of PKH, 2015 [c]		Beneficiaries of PIP, 2015 [d]
Number			Percent			Number			Percent					
Total	Children < 18 yrs	Adults 18+ yrs	Total	Children < 18 yrs	Adults 18+ yrs	Total	Children < 18 yrs	Adults 18+ yrs	Total	Children < 18 yrs	Adults 18+ yrs	Individuals	Households	Individuals
28,607,856	11,537,027	17,070,829	11	14	10	137,541,490	50,678,271	86,863,219	54	60	51	7,133,466	3,510,054	20,311,253
13,969,184	5,900,685	8,068,499	11	14	10	68,665,453	25,936,354	42,729,099	54	60	50	–	–	–
14,638,672	5,636,342	9,002,330	12	14	11	68,876,037	24,741,917	44,134,121	54	60	52	–	–	–
10,657,093	4,254,038	6,403,056	8	10	7	57,089,071	20,994,719	36,094,352	44	51	41	–	–	–
17,950,763	7,282,990	10,667,773	14	17	13	80,452,420	29,683,552	50,768,867	64	69	61	–	–	–
27,455,429	11,039,202	16,416,227	54	56	53	50,979,754	19,696,104	31,283,649	100	100	100	–	–	–
1,152,427	497,826	654,601	2	3	2	50,583,786	18,349,114	32,234,672	99	99	99	–	–	–
–	–	–	–	–	–	31,559,378	11,056,477	20,502,901	62	65	61	–	–	–
–	–	–	–	–	–	4,418,573	1,576,576	2,841,998	9	10	8	–	–	–
–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
3,531,225	1,113,881	2,417,344	24	30	22	10,962,995	2,985,665	7,977,330	75	81	72	–	–	–
7,044,470	2,564,976	4,479,493	17	22	15	28,384,838	8,988,981	19,395,857	70	78	66	–	–	–
10,678,843	4,407,291	6,271,552	14	17	12	50,248,285	18,555,626	31,692,659	65	72	62	–	–	–
4,145,595	1,902,028	2,243,567	10	13	9	22,968,576	9,362,723	13,605,854	56	64	52	–	–	–
3,022,622	1,462,731	1,559,891	5	7	4	22,238,917	9,610,922	12,627,995	37	45	33	–	–	–
185,102	86,120	98,983	1	1	1	2,737,878	1,174,354	1,563,524	13	16	11	–	–	–
852,322	389,508	462,814	17	21	15	3,598,474	1,439,545	2,158,930	72	77	69	–	94,949	642,085
1,464,664	768,686	695,978	11	14	8	8,397,700	3,730,321	4,667,379	60	70	54	–	215,681	1,441,637
379,913	185,655	194,259	7	10	6	2,967,203	1,212,633	1,754,570	57	64	53	–	55,181	501,650
531,632	264,971	266,662	8	11	7	3,369,137	1,421,726	1,947,411	53	61	49	–	41,883	386,258
300,901	128,282	172,619	9	11	8	1,868,729	695,417	1,173,312	55	60	53	–	30,098	217,687
1,146,231	483,701	662,529	14	17	13	4,857,902	1,858,273	2,999,629	60	66	57	–	108,860	669,015
334,478	135,939	198,539	18	21	16	1,252,929	460,199	792,730	67	71	65	–	30,595	171,721
1,164,023	467,876	696,147	14	17	13	5,446,349	1,962,411	3,483,938	67	72	65	–	147,115	756,253
74,167	30,541	43,626	5	7	5	742,342	273,715	468,628	54	59	51	–	6,259	50,617
122,530	52,653	69,877	6	8	5	785,983	317,378	468,605	40	47	37	–	7,796	102,311
399,004	166,380	232,624	4	6	3	3,773,133	1,416,583	2,356,550	37	48	33	–	21,990	349,018
4,436,629	1,818,170	2,618,459	10	12	8	22,474,117	8,361,463	14,112,654	48	54	45	–	599,696	3,314,139
4,578,583	1,538,477	3,040,106	14	15	13	20,678,523	6,664,573	14,013,950	61	65	60	–	642,734	2,556,697
550,494	168,856	381,639	15	18	14	1,978,175	557,731	1,420,444	54	58	52	–	28,311	235,969
4,790,761	1,489,922	3,300,839	12	14	12	20,562,983	6,190,718	14,372,265	53	56	52	–	604,295	2,545,116
702,552	316,783	385,769	6	8	5	5,099,052	2,028,366	3,070,687	43	50	39	–	120,967	774,876
196,849	73,199	123,649	5	6	4	1,515,184	512,214	1,002,971	37	42	34	–	22,944	191,634
824,304	356,803	467,500	17	21	15	3,161,454	1,237,823	1,923,631	66	71	63	–	114,091	654,095
1,160,821	591,283	569,538	23	27	19	3,795,149	1,729,559	2,065,590	74	79	70	–	152,234	959,011
383,939	171,744	212,195	8	10	7	2,543,779	1,006,491	1,537,288	53	59	50	–	46,780	363,739
147,841	64,935	82,906	6	8	5	1,107,894	428,793	679,100	45	50	42	–	15,456	118,846
198,578	86,500	112,078	5	6	4	1,728,167	665,926	1,062,241	43	49	41	–	27,564	187,439
213,013	86,785	126,228	6	7	6	1,593,015	615,833	977,182	47	53	43	–	21,076	168,921
39,721	20,170	19,551	6	8	5	371,994	159,129	212,865	58	65	54	–	4,998	45,345
208,765	85,792	122,973	9	11	7	1,093,979	395,311	698,668	45	52	42	–	31,556	226,715
421,993	185,455	236,539	15	18	13	1,815,831	704,914	1,110,917	63	69	60	–	49,124	331,928
798,264	354,342	443,922	9	12	8	4,000,554	1,584,629	2,415,925	47	53	44	–	100,473	682,140
322,140	164,092	158,048	13	16	11	1,325,151	608,301	716,849	53	61	48	–	39,631	281,722
207,069	88,284	118,786	18	22	16	641,926	249,119	392,808	57	63	54	–	27,625	138,330
160,620	81,250	79,370	12	16	10	766,142	334,970	431,172	59	65	55	–	24,016	148,831
328,845	163,745	165,100	20	24	16	1,107,109	502,143	604,967	66	74	60	–	35,226	264,695
79,982	40,266	39,716	7	9	6	575,155	264,926	310,229	49	56	45	–	15,767	109,447
225,902	103,981	121,921	26	31	22	528,263	225,259	303,005	60	68	56	–	13,851	143,919
860,326	412,003	448,324	28	35	24	2,018,017	861,884	1,156,134	66	74	61	–	11,232	579,447

c Data on individuals refer to the number of pregnant women and children living in recipient households. *Source:* Directorate Social Protection and Social Assistance (*Linjamsos*), Ministry of Social Affairs and TNP2K.

d Data refer to the planned number of beneficiaries (children 6–21 years old) in 2015. Information on the actual (realized) number of beneficiaries was not available. *Source*: TNP2K.

SDG 2: ZERO HUNGER

	Low birthweight (%), 2015 [a]	Early initiation of breast-feeding (%), 2015 [b]	Exclusive breastfeeding < 6 months (%), 2015 [c]	Stunting (%), 2013 [2.2.1] [d]		Wasting (%), 2013 [2.2.2] [e]		Overweight (%), 2013 [2.2.2] [f]	Anaemia among women 15+ years (%), 2013 [g]	
				Severe	Moderate & severe	Severe	Moderate & severe	Moderate & severe	Pregnant women	Non-pregnant women
Indonesia	**13**	**42**	**45**	**18**	**37**	**5**	**12**	**12**	**37**	**23**
Sex										
Male	–	–	44	19	38	6	13	12	–	–
Female	–	–	45	17	36	5	12	12	–	–
Place of residence										
Urban	12	45	43	15	33	5	11	12	36	22
Rural	14	39	47	21	42	6	13	12	38	23
Wealth quintile										
Poorest 20%	13	42	53	25	48	7	14	10	–	–
Second 20%	14	41	48	20	42	6	13	11	–	–
Middle 20%	13	41	41	18	39	5	12	12	–	–
Fourth 20%	12	43	39	15	32	5	12	11	–	–
Richest 20%	13	42	40	14	29	4	11	14	–	–
Highest education of household head										
None	16	39	44	21	41	7	13	11	–	–
Some primary	14	40	43	20	41	6	12	11	–	–
Primary	14	41	46	20	42	6	13	11	–	–
Junior secondary	12	41	46	18	38	6	13	12	–	–
Senior secondary	12	43	43	15	32	5	11	12	–	–
Tertiary education	12	45	48	13	27	4	10	15	–	–
Province										
Aceh	16	40	33	20	42	6	16	10	–	–
Sumatera Utara	11	26	30	23	43	8	15	13	–	–
Sumatera Barat	12	40	48	18	39	5	13	10	–	–
Riau	13	32	37	20	37	7	16	14	–	–
Jambi	11	34	44	19	38	6	14	13	–	–
Sumatera Selatan	14	42	52	20	37	6	12	17	–	–
Bengkulu	10	34	40	23	40	7	15	16	–	–
Lampung	11	42	50	28	43	6	12	21	–	–
Kepulauan Bangka Belitung	14	35	25	13	29	4	10	14	–	–
Kepulauan Riau	8	41	34	10	26	6	12	9	–	–
DKI Jakarta	14	54	38	12	28	4	10	12	–	–
Jawa Barat	13	47	45	17	35	5	11	12	–	–
Jawa Tengah	10	50	52	17	37	5	11	12	–	–
DI Yogyakarta	9	58	70	8	27	5	9	10	–	–
Jawa Timur	11	44	44	17	36	4	11	12	–	–
Banten	16	36	32	16	33	7	14	12	–	–
Bali	9	37	45	13	33	3	9	13	–	–
Nusa Tenggara Barat	14	55	70	21	45	5	12	9	–	–
Nusa Tenggara Timur	17	45	57	26	52	7	16	8	–	–
Kalimantan Barat	20	30	35	23	39	10	19	13	–	–
Kalimantan Tengah	16	31	41	18	41	5	12	11	–	–
Kalimantan Selatan	14	41	45	20	44	5	13	10	–	–
Kalimantan Timur	14	41	47	12	28	4	12	13	–	–
Kalimantan Utara	15	49	54	12	28	4	12	–	–	–
Sulawesi Utara	14	30	35	17	35	3	10	11	–	–
Sulawesi Tengah	16	30	43	18	41	4	9	9	–	–
Sulawesi Selatan	18	42	53	16	41	4	11	7	–	–
Sulawesi Tenggara	12	34	46	21	43	6	11	10	–	–
Gorontalo	20	28	26	15	39	6	12	7	–	–
Sulawesi Barat	18	28	54	22	48	5	11	8	–	–
Maluku	18	24	49	20	41	6	16	6	–	–
Maluku Utara	20	30	44	18	41	4	12	7	–	–
Papua Barat	20	25	39	22	45	6	15	8	–	–
Papua	15	27	48	25	40	8	15	15	–	–

NOTES

a This indicator refers to the percentage of last live-born children (to ever-married women 15–49 years) in the two years preceding the survey that are reported to have weighed below 2,500 grams at birth. Data are based on analysis of the SUSENAS March 2015.

b This indicator refers to the percentage of last live-born children (to ever-married women 15–49 years) in the two years preceding the survey who were breastfed within one hour of birth. Data are based on analysis of the SUSENAS 2015.

c This indicator refers to the percentage of children aged 0–5 months who are fed exclusively with breast-milk in the 24 hours prior to the survey. Data are based on analysis of the SUSENAS March 2015.

d This indicator refers to the percentage of children aged 0–59 months who are below minus three standard deviations (severe) or below minus two standard deviations (moderate and severe) from median height-for-age of the WHO child growth standards. *Source:* RISKESDAS 2013.

e This indicator refers to the percentage of children aged 0–59 months who are below minus three standard deviations (severe) or below minus two standard deviations (moderate and severe) from median weight-for-height of the WHO child growth standards. *Source:* RISKESDAS 2013.

f This indicator refers to the percentage of children aged 0–59 months who are above two standard deviations (moderate and severe) from median weight-for-height of the WHO child growth standards. *Source:* RISKESDAS 2013.

g *Source:* RISKESDAS 2013.

SDG 3: GOOD HEALTH AND WELL-BEING

	Need for family planning satisfied with modern methods (% of women), 2015 [3.7.1] [a]	Adolescent birth rate (per 1,000 women), 2012 [3.7.2] [b]	Skilled attendant at birth (%), 2015 [3.1.2] [c]	Institutional deliveries (%), 2015 [d]	Under-five mortality rate (U5MR), 2003–2012 [3.2.1] [e]	Neonatal mortality rate, 2003–2012 [3.2.2] [f]	Immunization coverage (%), 2015 [3.8.1] [g]			Number of new HIV infections (per 1,000 uninfected people), 2015 [3.3.1] [h]		
							DPT3	Measles	All basic	0–14 years	15+ years	Total
Indonesia	73	48	89	78	43	20	74	82	49	0.07	0.37	0.28
Sex												
Male	–	–	–	–	49	24	75	83	50	–	–	–
Female	–	–	–	–	37	16	74	81	48	–	–	–
Place of residence												
Urban	71	32	95	91	34	15	78	84	53	–	–	–
Rural	76	70	84	64	52	24	70	81	46	–	–	–
Wealth quintile												
Poorest 20%	73	93	83	68	70	29	72	80	47	–	–	–
Second 20%	77	72	87	72	43	21	71	80	47	–	–	–
Middle 20%	75	45	90	77	39	23	75	81	49	–	–	–
Fourth 20%	73	35	94	84	34	15	75	85	51	–	–	–
Richest 20%	66	13	97	92	23	10	82	88	53	–	–	–
Highest education of household head												
None	54	–	76	64	96	31	66	72	43	–	–	–
Some primary	70	–	83	69	76	37	68	78	43	–	–	–
Primary	77	–	86	71	52	24	72	81	49	–	–	–
Junior secondary	77	–	91	78	32	15	74	82	50	–	–	–
Senior secondary	74	–	95	86	32	16	79	86	52	–	–	–
Tertiary education	65	–	96	93	18	10	81	88	54	–	–	–
Province												
Aceh	60	25	94	69	52	28	52	67	34	–	–	–
Sumatera Utara	59	32	92	58	54	26	60	70	35	–	–	–
Sumatera Barat	62	26	94	86	34	17	64	73	41	–	–	–
Riau	70	42	87	63	28	15	66	74	42	–	–	–
Jambi	78	75	86	51	36	16	76	83	52	–	–	–
Sumatera Selatan	81	66	90	69	37	20	75	86	42	–	–	–
Bengkulu	80	51	94	53	35	21	84	90	53	–	–	–
Lampung	80	59	88	79	38	20	83	90	56	–	–	–
Kepulauan Bangka Belitung	76	61	95	82	32	20	82	87	66	–	–	–
Kepulauan Riau	63	33	95	91	42	21	85	92	66	–	–	–
DKI Jakarta	66	20	98	100	31	15	81	84	47	–	–	–
Jawa Barat	78	52	87	80	38	17	74	83	50	–	–	–
Jawa Tengah	77	35	98	95	38	22	85	89	62	–	–	–
DI Yogyakarta	69	32	99	100	30	18	96	93	57	–	–	–
Jawa Timur	76	53	95	92	34	14	79	85	54	–	–	–
Banten	73	32	84	72	38	23	64	74	39	–	–	–
Bali	75	44	96	100	33	18	91	93	71	–	–	–
Nusa Tenggara Barat	75	75	93	88	75	33	80	90	57	–	–	–
Nusa Tenggara Timur	52	39	71	65	58	26	71	85	43	–	–	–
Kalimantan Barat	78	104	81	54	37	18	63	73	42	–	–	–
Kalimantan Tengah	81	91	81	44	56	25	67	81	43	–	–	–
Kalimantan Selatan	83	73	92	59	57	30	79	82	59	–	–	–
Kalimantan Timur	74	50	92	81	31	12	78	85	54	–	–	–
Kalimantan Utara	71	50	94	75	31	12	80	82	60	–	–	–
Sulawesi Utara	78	68	87	74	37	23	80	90	50	–	–	–
Sulawesi Tengah	73	91	78	54	85	26	66	79	47	–	–	–
Sulawesi Selatan	62	53	89	75	37	13	75	83	49	–	–	–
Sulawesi Tenggara	65	57	76	41	55	25	73	83	38	–	–	–
Gorontalo	80	62	85	74	78	26	78	84	55	–	–	–
Sulawesi Barat	62	101	72	53	70	26	67	77	42	–	–	–
Maluku	53	51	59	27	60	24	61	75	40	–	–	–
Maluku Utara	66	60	64	41	85	37	57	72	31	–	–	–
Papua Barat	56	82	75	55	109	35	56	75	29	–	–	–
Papua	23	53	58	48	115	27	52	66	30	–	–	–

Tuberculosis incidence (per 100,000 people), 2015 [3.3.2] [i]			Current tobacco smokers (%), 2015 [3.a.1] [j]		Health insurance coverage (%), 2015 [3.8.1] [k]			Density of health workers (per 100,000 population), 2015 [3.c.1] [l]			
0–14 years	15+ years	Total	Population 15+ years	Children 5–17 years	Children	Adults	Total	Doctors	Dentists	Nurses	Midwives
104	**506**	**395**	**30**	**1.5**	**47**	**52**	**51**	**16**	**5**	**88**	**44**
106	600	459	59	2.9	48	52	50	–	–	–	–
103	413	328	1	0.1	47	53	51	–	–	–	–
–	–	–	28	1.3	50	55	53	–	–	–	–
–	–	–	32	1.7	45	49	48	–	–	–	–
–	–	–	27	1.2	47	53	51	–	–	–	–
–	–	–	32	1.7	44	49	47	–	–	–	–
–	–	–	33	1.7	44	48	46	–	–	–	–
–	–	–	32	1.8	46	49	48	–	–	–	–
–	–	–	27	1.2	58	61	60	–	–	–	–
–	–	–	29	3.0	43	50	48	–	–	–	–
–	–	–	34	2.8	46	51	49	–	–	–	–
–	–	–	33	1.9	44	47	46	–	–	–	–
–	–	–	32	1.2	42	47	45	–	–	–	–
–	–	–	27	0.7	50	56	54	–	–	–	–
–	–	–	18	0.2	67	73	71	–	–	–	–
–	–	–	30	0.8	80	87	84	31	6	168	124
–	–	–	29	0.9	39	43	42	24	7	72	63
–	–	–	32	1.6	46	51	49	20	8	113	83
–	–	–	31	1.1	46	50	49	17	5	88	68
–	–	–	31	1.4	32	36	34	19	5	109	73
–	–	–	33	1.9	77	79	78	15	3	113	87
–	–	–	34	1.9	43	48	46	20	5	144	133
–	–	–	34	1.7	38	43	41	13	3	51	31
–	–	–	31	1.5	46	50	48	24	6	175	67
–	–	–	29	0.5	62	65	64	27	7	122	50
–	–	–	27	1.2	60	63	62	26	9	115	21
–	–	–	34	1.8	41	48	46	11	4	48	21
–	–	–	29	1.8	46	52	50	14	4	86	37
–	–	–	24	1.3	69	75	73	28	9	123	27
–	–	–	29	1.5	36	41	39	11	4	70	37
–	–	–	33	1.9	41	47	45	12	4	68	41
–	–	–	23	1.1	86	87	86	28	7	101	44
–	–	–	32	2.3	43	48	46	11	2	80	35
–	–	–	26	0.9	56	63	60	13	3	96	37
–	–	–	29	1.5	28	33	31	14	3	89	41
–	–	–	31	1.2	36	42	40	21	4	156	57
–	–	–	26	1.4	51	54	53	18	4	100	47
–	–	–	26	0.6	70	73	72	25	7	187	65
–	–	–	29	1.0	53	59	57	32	8	211	73
–	–	–	29	0.7	47	52	50	39	4	142	33
–	–	–	33	1.8	50	54	52	18	4	140	49
–	–	–	26	1.3	71	75	74	17	7	131	54
–	–	–	29	1.1	52	59	56	15	5	109	44
–	–	–	34	2.2	63	70	68	22	4	96	63
–	–	–	28	1.4	53	59	57	13	5	138	95
–	–	–	27	0.7	43	52	48	19	5	157	48
–	–	–	31	0.7	55	58	57	21	4	156	110
–	–	–	29	0.9	59	70	66	25	5	166	52
–	–	–	27	1.3	60	64	63	24	4	124	36

NOTES

a This indicator refers to the percentage of ever-married women 15–49 years who have their need for family planning satisfied with modern methods (female sterilization, male sterilization, pill, intrauterine contraceptive device, injectables, implants, male condom, female condom). Data are based on analysis of the SUSENAS March 2015.

b This indicator refers to the age-specific fertility rate for the three years preceding the survey for age group 15–19 expressed per 1,000 women. *Source:* IDHS 2012.

c This indicator refers to the percentage of ever-married women 15–49 years who had a live birth in the two years preceding the survey attended by obstetricians, midwives, nurses or other health professionals. Data are based on analysis of the SUSENAS March 2015.

d This indicator refers to the percentage of ever-married women 15–49 years who had a live birth in the two years preceding the survey delivered in a health facility. Data are based on analysis of the SUSENAS March 2015.

e U5MR is the probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births. The mortality rates shown are for the 10-year period preceding the survey. *Source:* IDHS 2012.

f This indicator refers to the probability of dying within the first month of life, expressed per 1,000 live births. The mortality rates shown are for the 10-year period preceding the survey. *Source:* IDHS 2012.

g Immunization coverage is the percentage of children aged 12–23 months who received specific vaccines at any time before the survey, as validated by card or mother's recall. DPT3 is the third dose of DPT vaccine. All basic vaccination is measured by coverage of BCG, Polio4 (four doses of polio vaccine), DPT3 (third dose of DPT vaccine), HepB3 (third dose of hepatitis B vaccine) and MMR (measles, mumps and rubella vaccine). Data are based on analysis of the SUSENAS 2015.

h Data are based on modelled estimates of the number of new HIV infections in 2015, expressed per 1,000 uninfected people using population figures from the SUSENAS 2015. For details on the modelling approach, see: Ministry of Health (2015). Documentation of Preliminary Modeling Update Work Undertaken to Provide Input into the Investment Case Analysis and the National HIV Strategic and Action Plan 2015–2019.

i This indicator refers to the number of incident cases of TB (all forms), expressed per 100,000 population. *Source:* Estimates generated by the WHO for the Global Tuberculosis Report and population figures by UNDESA's *World Population Prospects: The 2017 Revision*.

j This indicator refers to the percentage of the population 15+ years and 5–17 years reported to smoke tobacco during the month preceding the survey. Data are based on analysis of the SUSENAS March 2015.

k Data are based on analysis of the SUSENAS March 2015.

l *Source: Indonesia Health Profile 2015*, Ministry of Health.

SDG 4: QUALITY EDUCATION

	Early learning			Primary education				
	Participation rate in organized learning (% of 6-year-olds), 2015 [4.2.2] [a]	ECE attendance (% of 3–4 year-olds), 2015 [b]	School readiness (%), 2015 [c]	Adjusted net attendance rate (%), 2015 [d]	Out-of-school children of primary school age, 2015 [e]	Achievement of minimum proficiency (%), 2016 [4.1.1] [f]		Completion rate (%), 2015 [g]
						Reading	Math	
Indonesia	**96**	**22**	**48**	**99**	**183,319**	**53**	**23**	**96**
Sex								
Male	95	21	47	99	95,106	–	–	95
Female	96	24	48	99	88,212			97
Place of residence								
Urban	97	24	53	100	34,449	–	–	97
Rural	95	21	43	99	148,870	–	–	94
Wealth quintile								
Poorest 20%	93	19	39	99	89,186	–	–	92
Second 20%	96	18	44	99	43,100	–	–	94
Middle 20%	96	21	49	100	21,116	–	–	96
Fourth 20%	97	25	51	100	18,254	–	–	97
Richest 20%	98	33	60	100	11,663	–	–	99
Highest education of household head								
None	84	20	30	95	62,983	–	–	84
Some primary	94	16	39	99	37,147	–	–	91
Primary	96	19	44	100	38,013	–	–	96
Junior secondary	96	21	48	100	18,608	–	–	97
Senior secondary	97	26	53	100	21,814	–	–	98
Tertiary education	98	35	60	100	4,754	–	–	99
Province								
Aceh	99	17	45	100	256	53	23	98
Sumatera Utara	96	9	39	100	2,337	50	26	96
Sumatera Barat	95	10	49	100	624	63	24	93
Riau	95	12	49	99	6,390	67	23	95
Jambi	97	22	48	100	933	53	22	97
Sumatera Selatan	97	14	41	100	3,110	54	20	94
Bengkulu	96	10	45	100	210	52	22	96
Lampung	98	16	54	100	1,339	60	20	97
Kepulauan Bangka Belitung	95	14	50	99	1,056	60	25	90
Kepulauan Riau	95	19	47	100	145	76	29	97
DKI Jakarta	97	28	46	100	555	51	24	99
Jawa Barat	97	19	45	100	24,739	57	25	97
Jawa Tengah	98	34	58	100	12,945	58	22	97
DI Yogyakarta	98	58	68	100	269	75	30	98
Jawa Timur	97	37	58	100	5,911	69	29	97
Banten	95	19	39	100	1,500	47	21	95
Bali	97	12	59	100	743	50	26	98
Nusa Tenggara Barat	97	25	42	100	2,960	39	19	97
Nusa Tenggara Timur	93	18	30	99	9,733	35	23	89
Kalimantan Barat	91	10	21	99	7,209	41	23	91
Kalimantan Tengah	97	20	55	100	1,335	39	17	96
Kalimantan Selatan	97	27	67	100	1,188	56	19	92
Kalimantan Timur	98	19	44	100	1,045	63	19	98
Kalimantan Utara	95	16	41	99	1,172	39	15	97
Sulawesi Utara	99	16	52	99	2,311	26	14	93
Sulawesi Tengah	93	24	52	98	5,995	30	12	94
Sulawesi Selatan	97	15	51	99	5,488	29	18	94
Sulawesi Tenggara	97	16	50	100	1,146	49	23	93
Gorontalo	96	33	61	99	1,651	26	18	86
Sulawesi Barat	91	23	50	98	3,158	21	16	93
Maluku	95	21	31	100	321	31	12	96
Maluku Utara	94	20	30	100	787	27	14	93
Papua Barat	86	23	27	98	1,932	54	18	90
Papua	60	9	22	83	72,826	39	16	70

Junior secondary education					Senior secondary education		
Adjusted net attendance rate (%), 2015 [h]	Out-of-school children of junior secondary age, 2015 [i]	Achievement of minimum proficiency (%), 2015 [4.1.1] [j]		Completion rate (%), 2015 [k]	Adjusted net attendance rate (%), 2015 [l]	Out-of-school children of senior secondary age, 2015 [m]	Completion rate (%), 2015 [n]
		Reading	Math				
87	1,808,072	44	31	76	57	4,997,048	56
85	1,067,981	38	30	74	56	2,650,008	57
89	740,091	51	32	78	59	2,347,041	56
91	604,098	–	–	84	65	2,158,892	70
83	1,203,974	–	–	65	50	2,838,156	41
78	684,159	–	–	58	43	1,302,969	31
84	457,720	–	–	67	50	1,153,816	41
88	334,580	–	–	73	56	1,056,385	51
92	220,663	–	–	82	63	894,212	64
95	110,950	–	–	91	74	589,666	82
67	242,595	–	–	48	36	438,502	29
76	512,837	–	–	59	41	1,143,154	37
84	692,449	–	–	68	50	1,857,954	44
92	182,957	–	–	83	62	710,509	53
95	144,829	–	–	94	73	699,075	84
97	32,406	–	–	94	84	147,854	92
94	16,470	–	–	90	66	86,096	74
90	85,783	–	–	82	59	287,318	64
86	44,317	–	–	81	66	84,568	65
87	45,969	–	–	76	57	131,675	62
89	21,058	–	–	77	54	73,884	56
87	59,465	–	–	76	53	183,891	56
90	11,249	–	–	76	61	36,349	60
89	52,365	–	–	62	51	190,816	47
85	11,238	–	–	65	49	32,156	48
96	3,636	–	–	87	60	28,703	80
92	32,978	–	–	87	57	174,634	80
85	372,201	–	–	74	53	1,028,814	49
89	204,045	–	–	72	58	625,608	48
95	8,917	–	–	89	74	42,139	80
87	237,423	–	–	78	62	640,806	57
87	86,474	–	–	77	50	282,236	56
94	12,502	–	–	85	68	55,979	72
91	24,325	–	–	77	70	70,427	55
75	83,490	–	–	64	58	99,706	48
79	58,732	–	–	60	52	106,254	42
87	18,872	–	–	66	47	60,202	46
83	35,530	–	–	68	53	82,867	48
93	12,572	–	–	85	61	58,596	71
87	4,684	–	–	78	60	11,961	61
91	10,300	–	–	80	54	48,472	61
82	29,669	–	–	70	59	50,602	54
86	71,341	–	–	72	57	178,666	57
87	20,385	–	–	81	60	51,115	65
83	10,946	–	–	65	56	24,453	47
83	14,049	–	–	61	60	24,043	44
89	12,812	–	–	87	71	24,185	67
91	6,695	–	–	78	57	24,029	65
81	9,884	–	–	73	61	15,628	62
61	77,696	–	–	51	47	80,171	38

NOTES

a This indicator refers to the percentage of 6-year-olds who participated in organized early learning (pre-school or primary education). Data are based on analysis of the SUSENAS March 2015.

b This indicator refers to the percentage of children aged 36–59 months who attend an organized early learning/care and education programme. Data are based on analysis of the SUSENAS March 2015.

c This indicator refers to the percentage of children attending first grade of primary school who attended pre-school the previous year. Data are based on analysis of the SUSENAS March 2015.

d This indicator is defined as the percentage of children of official primary school age (7–12 years) who are in primary school or above; attendance in pre-school education, the level below, is not included. Data are based on analysis of the SUSENAS March 2015.

e This indicator refers to the number children of official primary school age (7–12 years) who are not attending primary or secondary school. Data are based on analysis of the SUSENAS March 2015.

f This indicator refers to the percentage of children in Grade 4 of primary education achieving at least a minimum proficiency in reading and mathematics. *Source:* INAP 2016.

g This indicator refers to the percentage of 15–17 year-olds who have completed primary education. Data are based on analysis of the SUSENAS March 2015.

h This indicator is defined as the percentage of children of official lower secondary school age (13–15 years) who are in secondary school or above. Data are based on analysis of the SUSENAS March 2015.

i This indicator refers to the number of children of lower secondary school age (13–15 years) who are not attending secondary school. Data are based on analysis of the SUSENAS March 2015.

j This indicator refers to the percentage of 15-year-old children achieving at least a minimum proficiency in reading and mathematics. *Source:* OECD (2016). *PISA 2015 Results (Volume I): Excellence and Equity in Education.*

k This indicator refers to the percentage of 18–20 year-olds who have completed lower secondary school. Data are based on analysis of the SUSENAS March 2015.

l This indicator is defined as the percentage of children of official senior secondary school age (16–18 years) who are in secondary school or above. Data are based on analysis of the SUSENAS March 2015.

m This indicator refers to the number children of higher secondary school age (16–18 years) who are not attending secondary or tertiary school. Data are based on analysis of the SUSENAS March 2015.

n This indicator refers to the percentage of 21–23 year olds who have completed senior secondary. Data are based on analysis of the SUSENAS March 2015.

SDG 5: GENDER EQUALITY

	Child marriage (%), 2015 [5.3.1] [a]		Intimate partner violence (% of women 15–64 years), 2016 [5.2.1] [b]		Non–partner sexual violence (% of women 15–64 years), 2016 [5.2.2] [c]	
	Married by 15	Married by 18	In past 12 months	In lifetime	In past 12 months	In lifetime
Indonesia	0.6	12	10	28	–	14
Sex						
Male	–	–	–	–	–	–
Female	0.6	12	–	–	–	–
Place of residence						
Urban	0.3	7	–	–	–	–
Rural	1.0	18	–	–	–	–
Wealth quintile						
Poorest 20%	1.0	19	–	–	–	–
Second 20%	0.9	17	–	–	–	–
Middle 20%	0.6	14	–	–	–	–
Fourth 20%	0.4	10	–	–	–	–
Richest 20%	0.3	4	–	–	–	–
Highest education of household head						
None	1.2	13	–	–	–	–
Some primary	1.0	15	–	–	–	–
Primary	0.7	16	–	–	–	–
Junior secondary	0.5	15	–	–	–	–
Senior secondary	0.4	7	–	–	–	–
Tertiary education	0.1	2	–	–	–	–
Province						
Aceh	0.3	4	–	–	–	–
Sumatera Utara	0.1	6	–	–	–	–
Sumatera Barat	0.3	6	–	–	–	–
Riau	0.1	9	–	–	–	–
Jambi	1.3	15	–	–	–	–
Sumatera Selatan	0.8	14	–	–	–	–
Bengkulu	0.7	13	–	–	–	–
Lampung	1.1	11	–	–	–	–
Kepulauan Bangka Belitung	1.1	16	–	–	–	–
Kepulauan Riau	0.6	4	–	–	–	–
DKI Jakarta	0.2	5	–	–	–	–
Jawa Barat	0.6	14	–	–	–	–
Jawa Tengah	0.1	11	–	–	–	–
DI Yogyakarta	0.0	5	–	–	–	–
Jawa Timur	0.8	15	–	–	–	–
Banten	0.2	9	–	–	–	–
Bali	0.3	9	–	–	–	–
Nusa Tenggara Barat	0.4	15	–	–	–	–
Nusa Tenggara Timur	0.7	9	–	–	–	–
Kalimantan Barat	1.0	17	–	–	–	–
Kalimantan Tengah	1.9	22	–	–	–	–
Kalimantan Selatan	1.9	23	–	–	–	–
Kalimantan Timur	0.8	15	–	–	–	–
Kalimantan Utara	1.2	15	–	–	–	–
Sulawesi Utara	1.2	16	–	–	–	–
Sulawesi Tengah	2.1	19	–	–	–	–
Sulawesi Selatan	0.9	14	–	–	–	–
Sulawesi Tenggara	1.3	17	–	–	–	–
Gorontalo	1.3	16	–	–	–	–
Sulawesi Barat	2.3	21	–	–	–	–
Maluku	0.7	10	–	–	–	–
Maluku Utara	0.8	10	–	–	–	–
Papua Barat	0.8	15	–	–	–	–
Papua	0.7	14	–	–	–	–

NOTES

a This indicator refers to the percentage of women 20–24 years old who were first married or in union before they were 15 years old and percentage of women 20–24 years old who were first married or in union before they were 18 years old. Data are based on analysis of the SUSENAS March 2015.

b This indicator refers to the percentage of ever-married women and girls 15–64 years old who have experienced physical, sexual, and/or emotional abuse by an intimate partner, in the 12 months preceding the survey or in their lifetime. *Source:* SPHPN 2016.

c This indicator refers to the percentage of ever-married women and girls 15–64 years old who have experienced sexual violence by persons other than an intimate partner, in the 12 months preceding the survey or in their lifetime. *Source:* SPHPN 2016.

SDG 6: CLEAN WATER AND SANITATION

	WASH at home				WASH in schools [4.a.1] e		Villages and wards implementing community-based total sanitation (%), 2015 f
	Use of improved drinking water sources (%), 2015 a	Use of basic sanitation facilities (%), 2015 b	Open defecation (%), 2015 c	Households with basic handwashing facilities (%), 2012 [6.2.1] d	Schools with basic water services (%), 2016	Schools with sex-separated sanitation facilities (%), 2016	
Indonesia	**71**	**60**	**12**	**92**	**85**	**49**	**33**
Sex							
Male	71	60	12	–	–	–	–
Female	71	60	12	–	–	–	–
Place of residence							
Urban	81	74	5	96	–	–	–
Rural	61	46	20	89	–	–	–
Wealth quintile							
Poorest 20%	60	40	24	77	–	–	–
Second 20%	64	50	17	90	–	–	–
Middle 20%	69	59	12	94	–	–	–
Fourth 20%	76	69	6	97	–	–	–
Richest 20%	87	82	2	99	–	–	–
Highest education of household head							
None	59	36	29	–	–	–	–
Some primary	62	44	22	–	–	–	–
Primary	65	53	15	–	–	–	–
Junior secondary	71	62	9	–	–	–	–
Senior secondary	81	75	4	–	–	–	–
Tertiary education	89	87	1	–	–	–	–
Province							
Aceh	62	53	22	–	78	42	13
Sumatera Utara	71	65	12	–	78	47	8
Sumatera Barat	67	49	25	–	82	51	39
Riau	76	50	8	–	84	53	32
Jambi	64	57	16	–	84	44	23
Sumatera Selatan	67	59	13	–	89	54	52
Bengkulu	42	40	16	–	85	45	25
Lampung	56	45	7	–	89	48	32
Kepulauan Bangka Belitung	72	79	11	–	90	81	75
Kepulauan Riau	85	69	2	–	86	63	35
DKI Jakarta	93	80	0	–	99	59	2
Jawa Barat	68	66	8	–	89	50	36
Jawa Tengah	73	65	11	–	96	62	48
DI Yogyakarta	80	76	2	–	97	73	94
Jawa Timur	76	59	13	–	92	48	61
Banten	68	64	16	–	89	48	24
Bali	91	72	8	–	91	56	44
Nusa Tenggara Barat	71	53	25	–	82	45	91
Nusa Tenggara Timur	62	20	18	–	50	41	62
Kalimantan Barat	71	41	19	–	73	57	20
Kalimantan Tengah	58	34	9	–	82	38	38
Kalimantan Selatan	63	56	7	–	89	47	41
Kalimantan Timur	79	69	3	–	81	57	8
Kalimantan Utara	85	49	8	–	72	45	4
Sulawesi Utara	72	57	11	–	84	41	7
Sulawesi Tengah	60	49	27	–	78	36	26
Sulawesi Selatan	73	66	13	–	84	46	32
Sulawesi Tenggara	77	58	18	–	69	34	25
Gorontalo	67	40	28	–	84	48	33
Sulawesi Barat	53	45	31	–	75	28	54
Maluku	62	53	21	–	73	27	8
Maluku Utara	58	52	15	–	76	20	13
Papua Barat	72	52	7	–	66	34	17
Papua	53	27	33	–	59	27	6

NOTES

a This indicator is defined as the percentage of the population using an improved source of drinking water, including: piped water; boreholes, protected wells and springs, or rainwater collection if they are at least 10 metres away from the nearest place where excreta is deposited; and bottled water if the household uses an improved water source for other domestic purposes, such as cooking and washing. Data are based on analysis of the SUSENAS March 2015.

b This indicator refers to the percentage of the population using an improved sanitation facility not shared with other households. Data are based on analysis of the SUSENAS March 2015.

c This indicator refers to the percentage of the population practicing open defecation (defecating in fields, open bodies of water or other open spaces). Data are based on analysis of the SUSENAS March 2015.

d This indicator refers to the percentage of households with soap and water at a handwashing facility commonly used by family members. *Source:* IDHS 2012.

e Data are based on the 2016 School Statistics (*Statistik Sekolah*) from the Ministry of Education and Culture and include primary, secondary and vocational schools.

f *Source:* Indonesia Health Profile 2015, Ministry of Health.

SDG 8: DECENT WORK AND ECONOMIC GROWTH

	Child labour (%), 2009 [8.7.1] [a]
Indonesia	**6.9**
Sex	
Male	7.7
Female	6.0
Place of residence	
Urban	4.5
Rural	8.2
Wealth quintile	
Poorest 20%	–
Second 20%	–
Middle 20%	–
Fourth 20%	–
Richest 20%	–
Highest education of household head	
None	–
Some primary	–
Primary	–
Junior secondary	–
Senior secondary	–
Tertiary education	–
Province	
Aceh	–
Sumatera Utara	–
Sumatera Barat	–
Riau	–
Jambi	–
Sumatera Selatan	–
Bengkulu	–
Lampung	–
Kepulauan Bangka Belitung	–
Kepulauan Riau	–
DKI Jakarta	–
Jawa Barat	–
Jawa Tengah	–
DI Yogyakarta	–
Jawa Timur	–
Banten	–
Bali	–
Nusa Tenggara Barat	–
Nusa Tenggara Timur	–
Kalimantan Barat	–
Kalimantan Tengah	–
Kalimantan Selatan	–
Kalimantan Timur	–
Kalimantan Utara	–
Sulawesi Utara	–
Sulawesi Tengah	–
Sulawesi Selatan	–
Sulawesi Tenggara	–
Gorontalo	–
Sulawesi Barat	–
Maluku	–
Maluku Utara	–
Papua Barat	–
Papua	–

NOTES

a This indicator refers to the percentage of children aged 5–17 engaged in harmful child labour. *Source:* Indonesia Child Labour Survey 2009.

SDG 13: CLIMATE ACTION

	Deaths due to disasters, annual average for 2005–2015 [13.1.1] [a]		Missing persons attributed to disasters, annual average for 2005–2015 [13.1.1] [a]		Persons affected by disasters, annual average for 2005–2015 [a]		Education facilities affected by disasters, 2015 [13.1.1] [b]		Health facilities affected by disasters, 2015 [c]	
	Number	Per 100,000 people	Number	Per 100,000 people	Number	Per 100,000 people	Number	Percentage	Number	Percentage
Indonesia	1,562	0.66	252	0.11	2,342,650	986	306	0.1	32	0.3
Sex										
Male	–	–	–	–	–	–	–	–	–	–
Female	–	–	–	–	–	–	–	–	–	–
Place of residence										
Urban	–	–	–	–	–	–	–	–	–	–
Rural	–	–	–	–	–	–	–	–	–	–
Wealth quintile										
Poorest 20%	–	–	–	–	–	–	–	–	–	–
Second 20%	–	–	–	–	–	–	–	–	–	–
Middle 20%	–	–	–	–	–	–	–	–	–	–
Fourth 20%	–	–	–	–	–	–	–	–	–	–
Richest 20%	–	–	–	–	–	–	–	–	–	–
Highest education of household head										
None	–	–	–	–	–	–	–	–	–	–
Some primary	–	–	–	–	–	–	–	–	–	–
Primary	–	–	–	–	–	–	–	–	–	–
Junior secondary	–	–	–	–	–	–	–	–	–	–
Senior secondary	–	–	–	–	–	–	–	–	–	–
Tertiary education	–	–	–	–	–	–	–	–	–	–
Province										
Aceh	27	0.59	4	0.09	126,825	2,822	54	1.0	0	0.0
Sumatera Utara	120	0.92	4	0.03	46,299	357	4	0.0	0	0.0
Sumatera Barat	183	3.77	9	0.19	31,714	654	3	0.1	0	0.0
Riau	4	0.07	0	0.00	64,969	1,173	1	0.1	0	0.0
Jambi	3	0.09	0	0.00	10,725	347	19	0.5	4	1.9
Sumatera Selatan	13	0.18	0	0.00	27,717	372	18	0.3	0	0.0
Bengkulu	3	0.16	3	0.16	849	50	1	0.0	0	0.0
Lampung	6	0.08	1	0.02	2,622	34	0	0.0	1	0.3
Kepulauan Bangka Belitung	10	0.78	3	0.24	359	29	78	11.0	1	1.8
Kepulauan Riau	5	0.29	0	0.01	134	8	2	0.0	0	0.0
DKI Jakarta	28	0.29	0	0.00	125,186	1,303	0	0.0	0	0.0
Jawa Barat	134	0.31	15	0.04	386,062	897	17	0.1	1	0.1
Jawa Tengah	196	0.60	36	0.11	149,947	463	14	0.1	2	0.2
DI Yogyakarta	451	13.06	0	0.00	114,840	3,321	1	0.0	0	0.0
Jawa Timur	68	0.18	19	0.05	157,558	420	10	0.0	2	0.2
Banten	20	0.19	11	0.11	66,401	625	2	0.0	1	0.3
Bali	10	0.25	3	0.07	359	9	0	0.0	0	0.0
Nusa Tenggara Barat	8	0.18	1	0.01	19,394	431	1	0.0	1	0.5
Nusa Tenggara Timur	36	0.76	19	0.40	24,025	513	21	0.3	16	3.9
Kalimantan Barat	7	0.15	0	0.01	15,502	353	4	0.1	0	0.0
Kalimantan Tengah	9	0.43	8	0.35	12,750	576	13	0.3	0	0.0
Kalimantan Selatan	17	0.46	3	0.07	836,379	23,062	1	0.0	0	0.0
Kalimantan Timur	22	0.61	4	0.11	37,161	1,046	17	0.6	0	0.0
Kalimantan Utara	–	–	–	–	–	–	78	11.0	1	1.8
Sulawesi Utara	15	0.68	9	0.38	21,288	938	1	0.0	0	0.0
Sulawesi Tengah	18	0.68	4	0.16	12,278	466	10	0.2	0	0.0
Sulawesi Selatan	42	0.53	33	0.41	13,458	167	1	0.0	0	0.0
Sulawesi Tenggara	15	0.66	9	0.39	6,697	300	0	0.0	0	0.0
Gorontalo	3	0.26	1	0.06	18,016	1,732	0	0.0	0	0.0
Sulawesi Barat	14	1.23	21	1.81	1,145	99	1	0.1	0	0.0
Maluku	21	1.39	18	1.17	3,524	230	2	0.1	0	0.0
Maluku Utara	3	0.26	2	0.15	3,162	305	2	0.1	0	0.0
Papua Barat	17	2.21	11	1.42	3,251	428	7	0.5	3	1.8
Papua	43	1.52	2	0.06	1,738	61	0	0.0	0	0.0

NOTES

a Data are based on information recorded in the DIBI by the Indonesian National Board for Disaster Management and population figures from the Census 2010. Data for North Kalimantan are still recorded under East Kalimantan.

b Data are based on information recorded in the DIBI by the Indonesian National Board for Disaster Management and 2016 School Statistics (*Statistik Sekolah*) from the Ministry of Education and Culture on the number of education facilities.

c Data are based on information recorded in the DIBI by the Indonesian National Board for Disaster Management and figures from the *Laporan Akhir Riset Fasilitas Kesehatan* (RIFASKES) 2011 by the Ministry of Health on the number of health facilities.

SDG 16: PEACE, JUSTICE AND STRONG INSTITUTIONS

	Victims of human trafficking, 2015 [a]						Unsentenced detainees as a proportion of overall prison population (%), 2015 [b]		Children under age 5 with a birth certificate (%), 2015 [c]		
	Children 0–17 years		Adults 18+ years		Total						
	Number	Per 100,000 population	Number	Per 100,000 population	Number	Per 100,000 population	Total	Children	Seen	Not seen	Total
Indonesia	1,126	1.33	6,067	3.56	6,067	3.56	32	22	58	15	73
Sex											
Male	–	–	–	–	–	–	–	21	58	15	73
Female	–	–	–	–	–	–	–	35	58	15	73
Place of residence											
Urban	–	–	–	–	–	–	–	–	62	18	80
Rural	–	–	–	–	–	–	–	–	54	11	65
Wealth quintile											
Poorest 20%	–	–	–	–	–	–	–	–	50	11	62
Second 20%	–	–	–	–	–	–	–	–	54	13	67
Middle 20%	–	–	–	–	–	–	–	–	59	14	73
Fourth 20%	–	–	–	–	–	–	–	–	64	17	81
Richest 20%	–	–	–	–	–	–	–	–	67	19	87
Highest education of household head											
None	–	–	–	–	–	–	–	–	40	13	53
Some primary	–	–	–	–	–	–	–	–	48	13	61
Primary	–	–	–	–	–	–	–	–	55	13	68
Junior secondary	–	–	–	–	–	–	–	–	59	14	72
Senior secondary	–	–	–	–	–	–	–	–	64	17	81
Tertiary education	–	–	–	–	–	–	–	–	70	19	90
Province											
Aceh	–	–	–	–	–	–	24	24	59	12	70
Sumatera Utara	–	–	–	–	–	–	37	33	44	11	54
Sumatera Barat	–	–	–	–	–	–	26	24	52	12	64
Riau	–	–	–	–	–	–	28	14	56	8	65
Jambi	–	–	–	–	–	–	27	7	69	13	82
Sumatera Selatan	–	–	–	–	–	–	30	19	61	19	80
Bengkulu	–	–	–	–	–	–	27	23	65	17	82
Lampung	–	–	–	–	–	–	36	22	65	11	76
Kepulauan Bangka Belitung	–	–	–	–	–	–	31	13	79	11	90
Kepulauan Riau	–	–	–	–	–	–	24	9	77	11	89
DKI Jakarta	–	–	–	–	–	–	43	48	61	30	91
Jawa Barat	–	–	–	–	–	–	25	28	58	16	74
Jawa Tengah	–	–	–	–	–	–	30	22	73	14	87
DI Yogyakarta	–	–	–	–	–	–	32	11	76	17	93
Jawa Timur	–	–	–	–	–	–	36	19	66	13	79
Banten	–	–	–	–	–	–	32	11	49	18	67
Bali	–	–	–	–	–	–	28	14	54	17	71
Nusa Tenggara Barat	–	–	–	–	–	–	31	25	44	12	56
Nusa Tenggara Timur	–	–	–	–	–	–	16	1	26	8	34
Kalimantan Barat	–	–	–	–	–	–	33	8	57	16	72
Kalimantan Tengah	–	–	–	–	–	–	24	2	56	16	72
Kalimantan Selatan	–	–	–	–	–	–	28	14	64	13	77
Kalimantan Timur	–	–	–	–	–	–	29	12	62	24	86
Kalimantan Utara	–	–	–	–	–	–	29	12	59	16	75
Sulawesi Utara	–	–	–	–	–	–	37	61	51	16	66
Sulawesi Tengah	–	–	–	–	–	–	36	26	34	13	47
Sulawesi Selatan	–	–	–	–	–	–	44	36	54	17	71
Sulawesi Tenggara	–	–	–	–	–	–	38	12	49	11	60
Gorontalo	–	–	–	–	–	–	30	4	60	12	71
Sulawesi Barat	–	–	–	–	–	–	35	0	55	10	65
Maluku	–	–	–	–	–	–	30	6	31	11	41
Maluku Utara	–	–	–	–	–	–	31	17	39	14	53
Papua Barat	–	–	–	–	–	–	40	7	29	23	52
Papua	–	–	–	–	–	–	20	13	25	14	38

NOTES

a Data are based on reported cases of trafficking compiled by the Task Force of Prevention and Law Enforcement regarding Trafficking (cited in: *Pencegahan dan Penanganan Tindak Pidana Perdagangan Orang Laporan*, 2015) and population figures from the SUSENAS 2015.

b Data are based on figures from the Ministry of Law and Human Rights, available at https://data.go.id/. Data for 2015 have not yet been released.

c This indicator refers to the percentage of children under age 5 reported to have a birth certificate, regardless of whether or not it was seen by the interviewer. Data are based on analysis of the SUSENAS March 2015.

Endnotes

GOAL 1

1. For example: Bah, Adama. (2013). *Estimating Vulnerability to Poverty Using Panel Data: Evidence from Indonesia*. TNP2K Working Paper 02-2013. See also: Widyanti, W. D., Sumarto, S., & Suryahadi, A. (2001). *Short-term Poverty Dynamics: Evidence from Rural indonesia*. Jakarta: SMERU Research Institute.
2. Details on the MODA methodology are available in: Badan Pusat Statistik (2017). *Analisis Kemiskinan Anak dan Deprivasi Hak-hak Dasar Anak di Indonesia*.

GOAL 2

3. World Bank (2015). *Nutrition at a glance: Indonesia*. See also: Torlesse, H., Cronin, A. A., Sebayang, S. K., & Nandy, R. (2016). Determinants of stunting in Indonesian children: evidence from a cross-sectional survey indicate a prominent role for the water, sanitation and hygiene sector in stunting reduction. *BMC Public Health*, *16*(1), 669.

GOAL 3

4. There is considerable uncertainty around levels of maternal mortality in the country with varying estimates depending on the data source and methodology used. For instance, the national maternal mortality ratio was 263 according to the 2010 Census, after correcting for underreported pregnancy-related deaths. Trend analysis based on data from the Demographic and Health Survey (IDHS) suggests that the maternal mortality ratio declined from 390 deaths per 100,000 live births during the five-year period 1989–1994 to 230 deaths per 100,000 live births during 2002–2007, and then increased to 360 during 2007–2012. However, the IDHS calculations are based on a very small sample of maternal deaths, with high sampling errors and overlapping confidence intervals.
5. See: Ministry of Health (2016). *Indonesian Health Profile 2015*. & Ministry of Health (2015). *Documentation of Preliminary Modeling Update Work Undertaken to Provide Input into the Investment Case Analysis and the National HIV Strategic and Action Plan 2015–2019*. Estimates of the total population size were derived from the SUSENAS 2015.
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GOAL 4

8. OECD (2016). *PISA 2015 Results (Volume I): Excellence and Equity in Education*.

GOAL 5

9. Rabi, A., (2015). *Cost of inaction: Child and adolescent marriage in Indonesia*; and Wodon, Q., Male, C., Nayihouba, A., Onagoruwa, A., Savadogo, A., Yedan, A., Edmeades, J., Kes, A., John, N., Murithi, L. (2017). *Economic impacts of child marriage: Global synthesis report*.

GOAL 6

10. Torlesse, H., Cronin, A. A., Sebayang, S. K., & Nandy, R. (2016). Determinants of stunting in Indonesian children: evidence from a cross-sectional survey indicate a prominent role for the water, sanitation and hygiene sector in stunting reduction. *BMC Public Health*, *16*(1), 669.
11. Ministry of Health (2016). *Indonesian Health Profile 2015*.
12. When using the MDG definitions, 81 per cent of households had access to an improved drinking water source and 86 per cent had improved sanitation. However, using the SDG definitions, less than 9 per cent and 46 per cent had access to safely managed drinking water and sanitation, respectively. See: BPS, Bappenas, Ministry of Health, and UNICEF (2017). *Mewujudkan Aksesibilitas Air Minum Dan Sanitasi Yang Aman-Berkelanjutan Bagi Semua (Achieving safe and accessible Drinking Water and Sustainable Sanitation for All)*. Catalogue 6206006. ISBN: 978-602-438-028-1.
13. Ministry of Health (2012). *Laporan Akhir Riset Fasilitas Kesehatan 2011 – Rumah Sakit (RIFASKES)*.
14. Torlesse, H., Cronin, A. A., Sebayang, S. K., & Nandy, R. (2016). Determinants of stunting in Indonesian children: evidence from a cross-sectional survey indicate a prominent role for the water, sanitation and hygiene sector in stunting reduction. *BMC Public Health, 16*(1), 669. See also: WHO, UNICEF, and USAID (2015). *Improving Nutrition Outcomes with Better Water, Sanitation and Hygiene: Practical Solutions for Policy and Programmes.*
15. Ministry of Health (2013). *Riset Kesehatan Dasar (RISKESDAS) 2013*.

GOAL 8

16. International Labour Organization, ILOSTAT database; accessed from The World Bank database: http://data.worldbank.org.

17. Government of the United States (2015). *Indonesia - Findings on the Worst Forms of Child Labour*.

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GOAL 13

19. Guha-sapir, D., Hoyois, P. & Below, R. (2015). *Annual Disaster Statistical Review 2015: The Numbers and Trends*

20. National Disaster Management Authority (BNBP) (2016). *Indonesia's Disaster Risk Management Baseline Status Report 2015*.

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22. See: National Disaster Management Authority (BNBP) (2016). *Indonesia's Disaster Risk Management Baseline Status Report 2015*.

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24. UNICEF (2011). *Children and Climate Change: The Impacts of Climate Change on Nutrition and Migration Affecting Children in Indonesia*.

GOAL 16

25. Calculations based on reported cases of trafficking compiled by the Task Force of Prevention and Law Enforcement regarding Trafficking (cited in: *Pencegahan dan Penanganan Tindak Pidana Perdagangan Orang Laporan*, 2015).

26. UNICEF Indonesia (2013). *Child Protection Fact Sheet: Juvenile Justice*.

27. United Nations (2016). *The Sustainable Development Goals Report*.

Kementerian PPN/
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SUSTAINABLE DEVELOPMENT GOALS