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

Lampung is a youthful province. Its 2.7 million children represent 34 per cent of the total population. Two out of three children live in urban areas. Increased strategic investments in children are required to fast-track achievement of the SDGs for the province.

GOAL 1 NO POVERTY

Around 468,000 children (17 per cent) were living below the official poverty line in 2015 (Rp 11,112 per person per day). Many more families are insecure and live on incomes that are only marginally higher. In addition, 73 per cent of children experienced deprivations in two or more non-income dimensions of poverty, with persistent disparities between urban and rural areas.¹

<table>
<thead>
<tr>
<th>Per cent</th>
<th>Number (millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population below national poverty line</td>
<td>14.3</td>
</tr>
<tr>
<td>Children &lt; 18 below national poverty line</td>
<td>17.1</td>
</tr>
<tr>
<td>Children &lt; 18 below twice the poverty line</td>
<td>71.9</td>
</tr>
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</table>

GOAL 2 ZERO HUNGER

Adopting optimal feeding practices is fundamental to a child’s survival, growth and development. Half of infants in Lampung are exclusively breastfed for the first six months of life, which is just above the national average.

The prevalence of malnutrition is high, including among those in more affluent households. Some 11 per cent of newborns have a low birthweight, and more than four in 10 children under five were stunted (low height for their age) in 2013.

Wealth disparities in child feeding and nutrition outcomes
GOAL 3 GOOD HEALTH AND WELL-BEING

Despite progress, child mortality remains a challenge. For every 1,000 live births, 20 newborn babies died in their first month of life and 38 before their fifth birthday.

A majority of women have access to delivery care, with 88 per cent of births occurring with assistance from a skilled attendant. However, there is scope to improve the coverage of reproductive health services, including further scaling up access to modern family planning methods.

Eighty-three per cent of infants received the recommended three doses of DTP vaccine and 90 per cent were vaccinated against measles in 2015, which is higher than the national average. Continued efforts are needed to sustain high immunisation coverage in rural and urban areas.

Geographic disparities in maternal and child health

GOAL 4 QUALITY EDUCATION

Children’s school readiness can be improved through early childhood development programmes. The participation rate in organised learning among 6-year-olds was 98 per cent in 2015, though most pre-school children are already in primary school.

Lampung has achieved near-universal access to primary education. However, children from the poorest households are nearly three times less likely to complete secondary school compared with their most affluent peers.

Quality of education remains a key concern. Only six in 10 primary school children achieved the minimum national benchmark in reading and two in 10 in mathematics.
**GOAL 5 GENDER EQUALITY**

The practice of child marriage is declining. In Lampung, some 11 per cent of women aged 20–24 years were married or in union before the age of 18 in 2015. Levels of child marriage are higher among girls from the poorest households.

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

**GOAL 6 CLEAN WATER AND SANITATION**

Achieving universal access to drinking water, sanitation and hygiene is crucial to further progress in health, education and poverty eradication. Less than half of the population used a basic sanitation facility at home in 2015, while 7 per cent practised open defecation. Forty-eight per cent of schools have sex-separated toilet facilities. Access to improved drinking water sources is higher, both in households and schools. Disparities based on wealth and place of residence are pronounced, pointing to the importance of integrating equity considerations into policy and practice. Progress is being made through the implementation of the community-based total sanitation programme.

**GOAL 16 PEACE, JUSTICE AND STRONG INSTITUTIONS**

Progress is ongoing in improving levels of birth registration. In 2015, 76 per cent of children under 5 years of age had a birth certificate. There are large differences between urban and rural areas and based on households’ wealth status, due to financial and supply-side barriers.

Deprivation of liberty remains a common form of punishment for juvenile offenders, in violation of the principle that this should be a measure of last resort. In Lampung, 22 per cent of all children in detention were unsentenced, which is on par with the national average.

Little or no data is available on other child protection issues, such as violence against children and trafficking.
The scorecard summarises Lampung’s performance for a selection of SDG indicators compared to other provinces in the country. For each indicator, the graph shows Lampung’s average value as well as the provinces with the highest and the lowest data value.

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

<table>
<thead>
<tr>
<th>SDG 1</th>
<th>SDG 2</th>
<th>SDG 3</th>
<th>SDG 4</th>
<th>SDG 5</th>
<th>SDG 6</th>
<th>SDG 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children below poverty line (%)</td>
<td>Multidimensional child deprivation (%)</td>
<td>Exclusive breastfeeding (%)</td>
<td>Childhood stunting (%)</td>
<td>Need for family planning met (% of women)</td>
<td>Skilled attendant at birth (%)</td>
<td>Neonatal mortality (per 1,000 live births)</td>
</tr>
<tr>
<td>0  20  40  60  80  100</td>
<td>0  20  40  60  80  100</td>
<td>0  20  40  60  80  100</td>
<td>0  20  40  60  80  100</td>
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<td>0  20  40  60  80  100</td>
</tr>
</tbody>
</table>

Ranks: 23 for Children below poverty line, 27 for Multidimensional child deprivation, 9 for Exclusive breastfeeding, 29 for Childhood stunting, 5 for Need for family planning met, 18 for Skilled attendant at birth, 14 for Neonatal mortality, 9 for Full immunisation coverage, 20 for Minimum proficiency in math, 8 for Minimum proficiency in reading, 14 for Child marriage, 31 for Improved drinking water, 27 for Basic sanitation, 12 for Birth registration.

Notes

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

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

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

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