**GOAL 1 NO POVERTY**

Around 40,000 children (9 per cent) were living below the official poverty line in 2015 (Rp 11,312 per person per day). Many more families are insecure and live on incomes that are only marginally higher. In addition, eight in 10 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population below national poverty line</td>
<td>6.8</td>
</tr>
<tr>
<td>Children &lt; 18 below national poverty line</td>
<td>8.5</td>
</tr>
<tr>
<td>Children &lt; 18 below twice the poverty line</td>
<td>56.1</td>
</tr>
</tbody>
</table>

**GOAL 2 ZERO HUNGER**

Adopting optimal feeding practices is fundamental to a child’s survival, growth and development. Around 44 per cent of infants in North Maluku were exclusively breastfed for the first six months of life in 2015, which is on par with the national average. The prevalence of malnutrition is relatively high, including among those in more affluent households. Some 20 per cent of newborns have a low birthweight, and more than 4 in 10 children under five were stunted (low height for their age) in 2013.

**SDGs for Children in Indonesia**

**Provincial snapshot: North Maluku**

**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.

North Maluku (Maluku Utara) is a youthful province. Its 472,000 children represent 40 per cent of the total population. Three-quarters of children live in rural areas. Increased strategic investments in children are required to fast-track achievement of the SDGs for the province.
Despite progress, child mortality remains very high. For every 1,000 live births, 37 newborn babies died in their first month of life and 85 before their fifth birthday.

Improving women’s access to sexual and reproductive health services is critical. Less than seven in 10 women and youth aged 15-49 years had their need for family planning satisfied with modern methods in 2015, and 64 per cent of births occurred with assistance from a skilled attendant. Access to health services tends to be lower for mothers and children in rural areas.

Close to three-quarters of infants were vaccinated against measles and 57 per cent received the recommended three doses of DTP vaccine in 2015. Continued efforts are needed to reach and sustain high immunisation coverage.

**GOAL 3  GOOD HEALTH AND WELL-BEING**

**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 95 per cent in 2015, though most pre-school children are already in primary school.

North Maluku has achieved near-universal access to primary education. However, children from the poorest households are much less likely to complete secondary school compared with their more affluent peers.

Quality of education is a key concern. Just a quarter of primary school children achieved the minimum national benchmark in reading and only 14 per cent in mathematics.

**Geographic disparities in maternal and child health**

**Wealth disparities in school completion rates**

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

The practice of child marriage is declining. In North Maluku, 10 per cent of women aged 20–24 years were married or in union before the age of 18 in 2015, which is lower than the national average. 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. Around half of the population used a basic sanitation facility at home in 2015, while 15 per cent practised open defecation. Only 20 per cent of schools have sex-separated toilet facilities. The coverage of improved drinking water sources is higher, both in households and schools.2

Disparities based on wealth and place of residence are pronounced, pointing to the importance of integrating equity considerations into policy and practice and further expanding the community-based total sanitation programme.

GOAL 16  PEACE, JUSTICE AND STRONG INSTITUTIONS

Improvements in birth registration rates need to accelerate: only half of children under 5 years of age had a birth certificate in 2015. 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 North Maluku, 17 per cent of all children in detention were unsentenced, which is below the national average.

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

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

**Notes**

*Sources:* National household surveys (SUSENAS, 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](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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