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.

South Sumatra (Sumatera Selatan) is a youthful province. Its 2.8 million children represent 35 per cent of the total population. About a third of children live in urban areas. Increased strategic investments in children are required to fast-track achievement of the SDGs for the province.

NO POVERTY

Close to 500,000 children (17 per cent) were living below the official poverty line in 2015 (Rp 10,748 per person per day). Many more families are insecure and live on incomes that are only marginally higher. In addition, about half of all 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>14.2</td>
</tr>
<tr>
<td>Children &lt; 18 below national poverty line</td>
<td>17.3</td>
</tr>
<tr>
<td>Children &lt; 18 below twice the poverty line</td>
<td>66.4</td>
</tr>
</tbody>
</table>

ZERO HUNGER

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

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

<table>
<thead>
<tr>
<th>Low birthweight</th>
<th>Exclusive breastfeeding</th>
<th>Childhood stunting</th>
<th>Childhood overweight</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>52</td>
<td>37</td>
<td>17</td>
</tr>
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</table>
Despite progress, child mortality remains a challenge. For every 1,000 live births, 20 newborn babies died in their first month of life and 37 before their fifth birthday.

Most women have access to delivery care and 90 per cent of births occurred with assistance from a skilled attendant. There is scope to further improve the coverage of reproductive health services, including scaling up access to modern family planning methods.

Three-quarters of infants received the recommended three doses of DTP vaccine and 86 per cent were vaccinated against measles in 2015. Continued efforts are needed to reach and 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 97 per cent, with most pre-school children enrolling early in primary school.

South Sumatra has achieved near-universal access to primary education. Yet, wealth disparities are large: children from the poorest households are nearly 2.5 times less likely to complete secondary school compared with their most affluent peers.

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

Percentage of children attending school, by age
The practice of child marriage is declining. Still one in seven 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.

Wealth disparities in child marriage

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.

Wealth disparities in access to water and sanitation

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Wealth disparities in birth registration

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

On the right side of the scorecard South Sumatra’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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