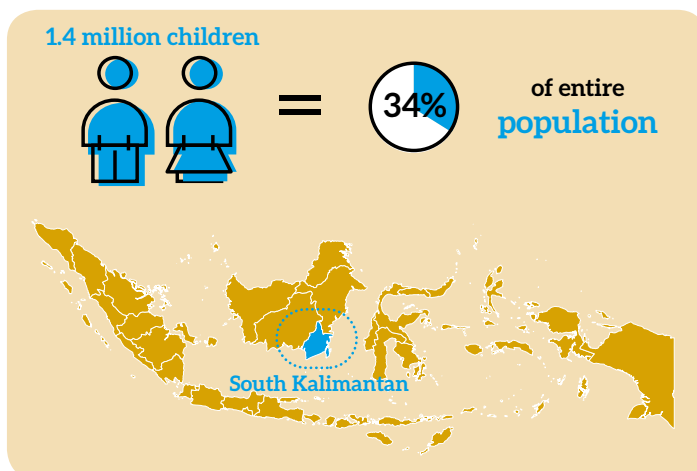




Introduction

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 Kalimantan (*Kalimantan Selatan*) is a youthful province. Its 1.4 million children represent 34 per cent of the total population. Nearly six in 10 children live in rural areas. Increased strategic investments in children are required to fast-track achievement of the SDGs for the province.



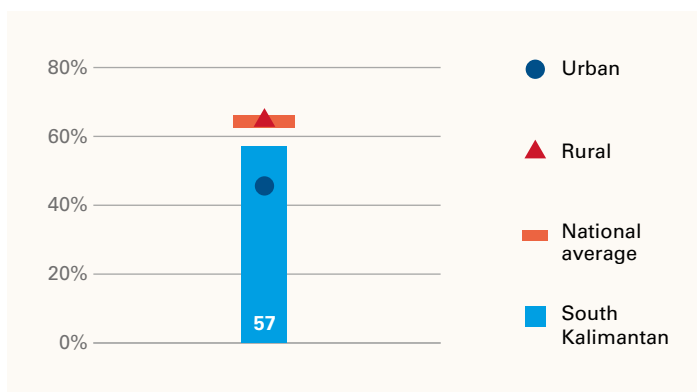
GOAL 1 NO POVERTY



Some 86,000 children (6 per cent) were living below the official poverty line in 2015 (Rp 11,222 per person per day). Many more families are insecure and live on incomes that are only marginally higher. In addition, 57 per cent of children experienced deprivations in two or more non-income dimensions of poverty, with persistent disparities between urban and rural areas.¹

Multidimensional child poverty in South Kalimantan

	Per cent	Number
Population below national poverty line	5.0	199,000
Children < 18 below national poverty line	6.4	86,000
Children < 18 below twice the poverty line	48.9	666,000



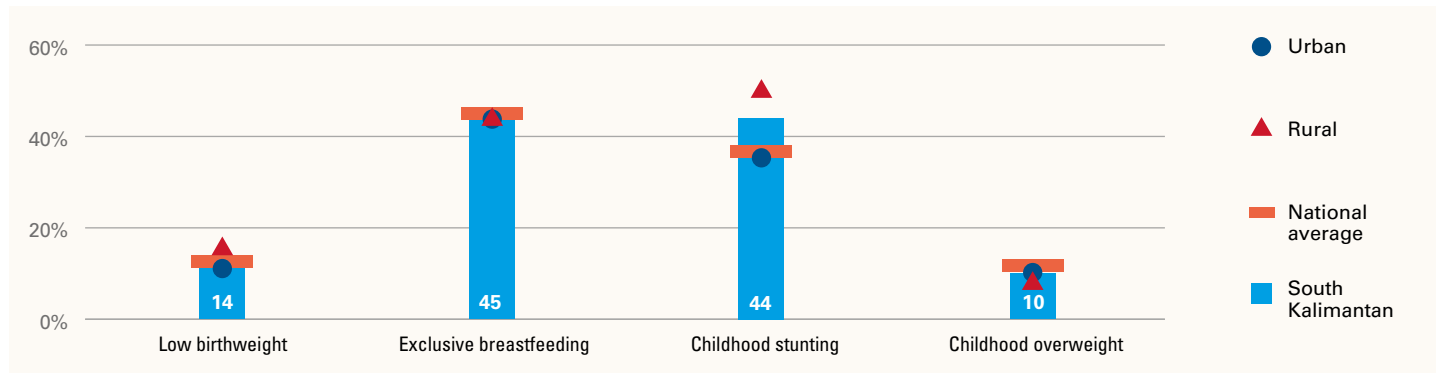
GOAL 2 ZERO HUNGER



Adopting optimal feeding practices is fundamental to a child's survival, growth and development. About 45 per cent of infants were exclusively breastfed for the first six months of life, which is on par with the national average.

The prevalence of malnutrition is relatively high, including among those in urban households. Some 14 per cent of newborns have a low birthweight, and 44 per cent of children under five were stunted (low height for their age) in 2013.

Geographic disparities in child feeding and nutrition outcomes



GOAL 3 GOOD HEALTH AND WELL-BEING



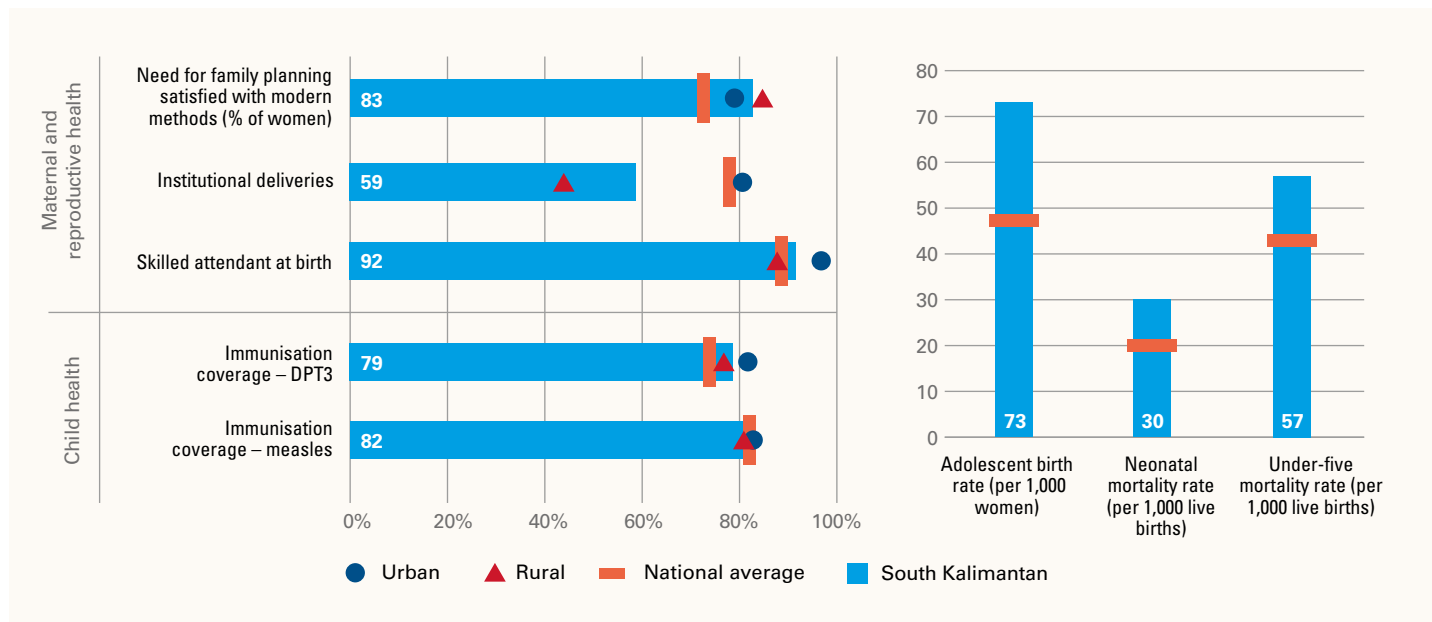
Despite progress, child mortality remains relatively high. For every 1,000 live births, 30 newborn babies died in their first month of life and 57 before their fifth birthday.

Most women have access to delivery care and 92 per cent of births occurred with assistance from a skilled attendant. However, there is scope to further improve the coverage of

reproductive health services, including further scaling up access to modern family planning methods.

Nearly four out of five infants received the recommended three doses of DTP vaccine and 82 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

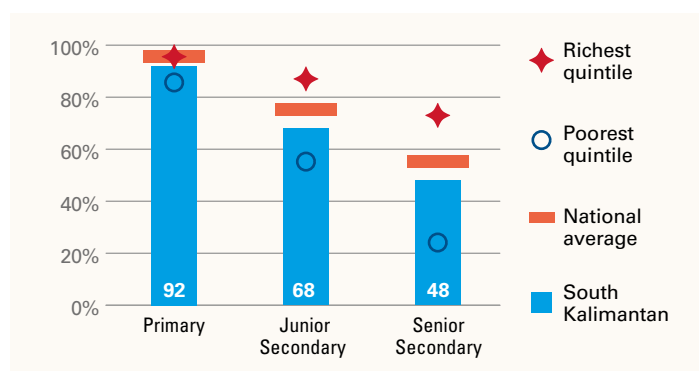


Children's school readiness can be improved through early childhood development programmes. The participation rate in organised learning among 6-year-olds was 97 per cent in 2015, though most pre-school children are already in primary school.

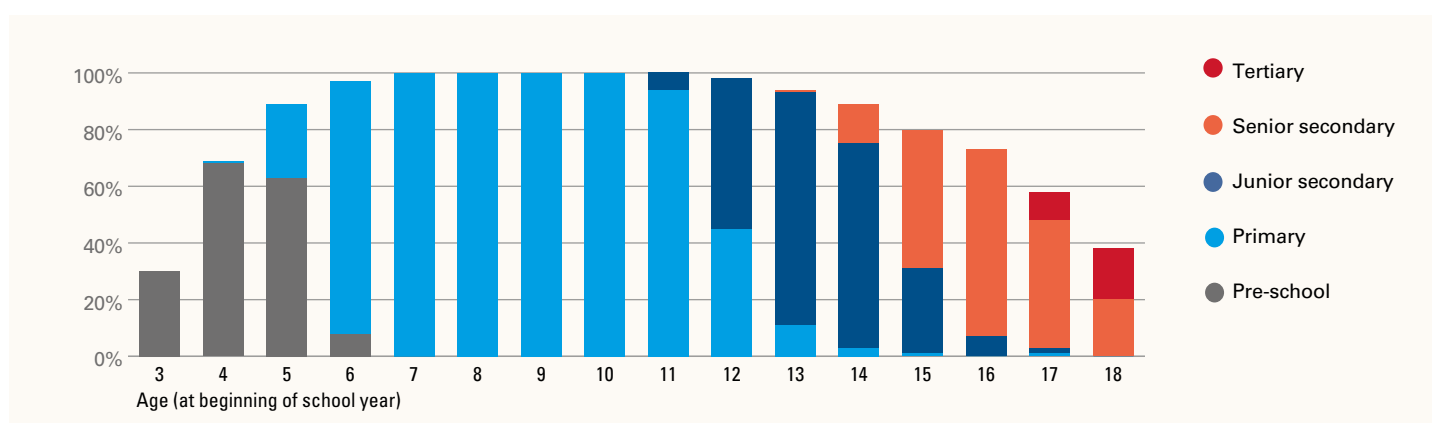
South Kalimantan has achieved near-universal access to primary education. However, children from the poorest households are three times less likely to complete secondary school compared with their most affluent peers.

Quality of education remains a key concern. Just over half of primary school children achieved the minimum national benchmark in reading and only a fifth in mathematics.

Wealth disparities in school completion rates



Percentage of children attending school, by age



GOAL 5 GENDER EQUALITY



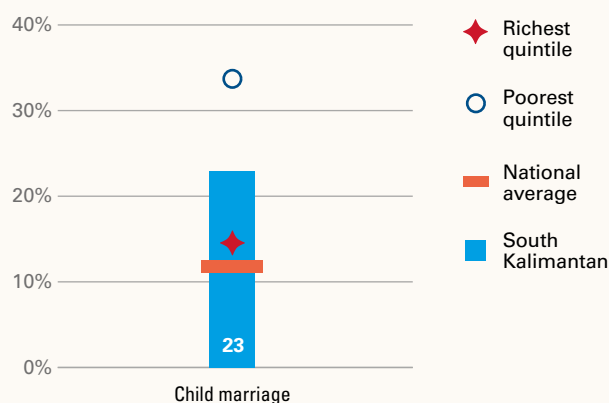
South Kalimantan has one of the highest child marriage rates in the country. Nearly one in four women aged 20–24 years was married or in union before the age of 18 in 2015. Levels of child marriage are higher among girls from the poorest households.

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.

23% of women **are married before 18**



Wealth disparities in child marriage



GOAL 6 CLEAN WATER AND SANITATION

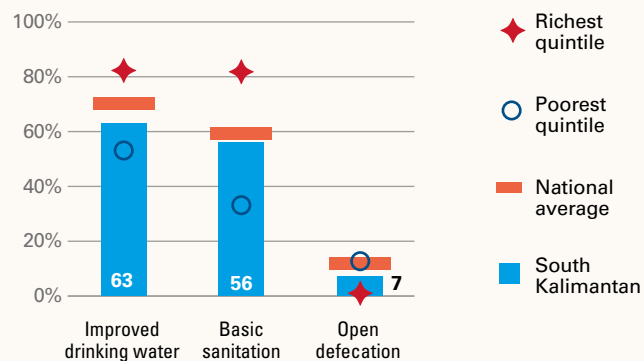


Achieving universal access to drinking water, sanitation and hygiene is crucial to further progress in health, education and poverty eradication. Fifty-six per cent of the population used a basic sanitation facility at home in 2015, while 7 per cent practised open defecation. Less than half of schools 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. Progress is being made through the implementation of the community-based total sanitation programme.

Wealth disparities in access to water and sanitation



School environment

Schools with basic water services (%)	89
Schools with sex-disaggregated sanitation facilities (%)	47

Community

Villages and wards implementing community-based total sanitation (%)	41
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GOAL 16 PEACE, JUSTICE AND STRONG INSTITUTIONS

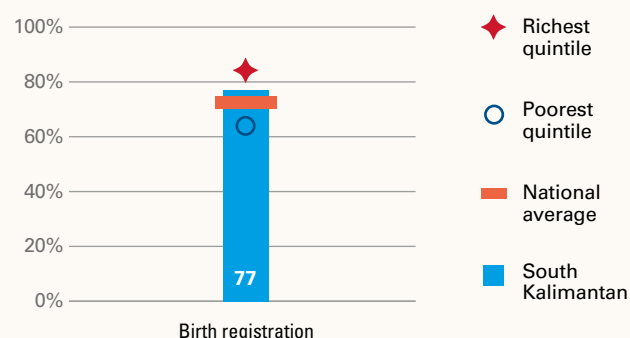


Progress is ongoing in improving levels of birth registration. In 2015, three in four children under 5 years of age had a birth certificate. There remain, however, significant differences between urban and rural areas and based on households' wealth status, due to financial and supply-side barriers.

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 South Kalimantan, 14 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.

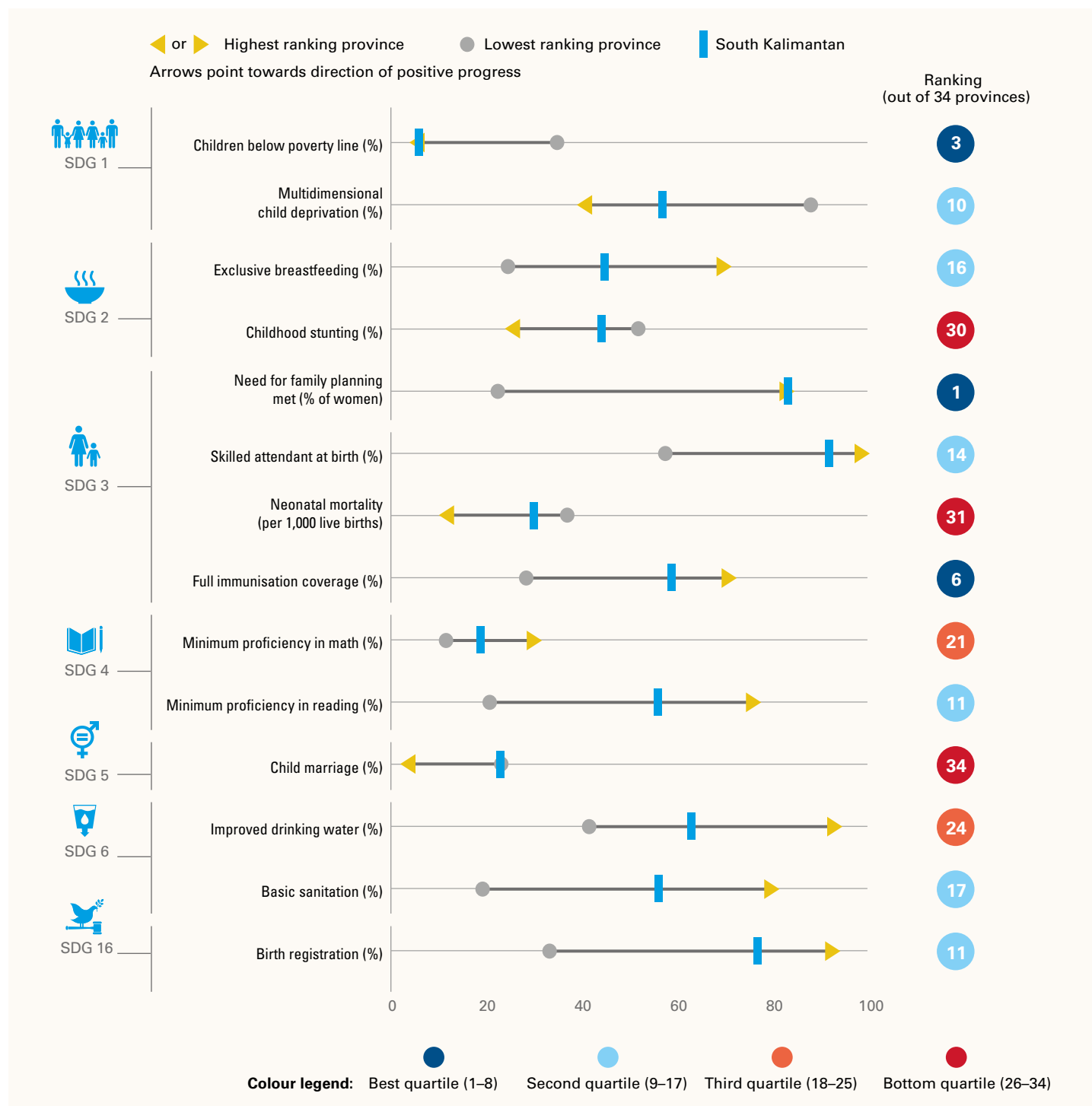
Wealth disparities in birth registration



PROVINCIAL SCORECARD

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

On the right side of the scorecard South Kalimantan'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>

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

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

For more information please email jakarta@unicef.org