Statistical tables

The statistical tables in this volume present the most recent key statistics on child survival, development and protection for the world's countries, areas and regions. They support UNICEF's focus on progress and results towards internationally agreed-upon goals and compacts relating to children's rights and development.

General note on the data

Data sources

Data presented in the following statistical tables are derived from the UNICEF global databases and are accompanied by definitions, sources and, where necessary, additional footnotes. The indicator data draw on inter-agency estimates and nationally representative household surveys such as Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). In addition, data from administrative sources and other United Nations organizations have been used. More detailed information on the data sources is provided at the end of each table.

The demographic indicators and many of the population-related indicators in these tables were based on the latest population estimates and projections from *World Population Prospects: The 2019 revision* and *World Urbanization Prospects: The 2018 revision* (United Nations Department of Economic and Social Affairs, Population Division). Data quality is likely to be adversely affected for countries that have recently suffered disasters or conflicts, especially where basic country infrastructure has been fragmented or where major population movements have occurred.

In particular, UNICEF assists countries in collecting and analysing data for monitoring the situation of children and women through its international household survey initiative, the Multiple Indicator Cluster Surveys (MICS). Since 1995, as many as 322 surveys have been completed in more than 116 countries and areas. MICS was a major source of data for monitoring progress on the Millennium Development Goals (MDG) indicators and continues to be a major data source during the 2030 Sustainable Development Agenda to measure SDG indicators. More information is available at <mics.unicef.org>.

Regional and global aggregates

Unless otherwise mentioned, regional and global aggregates for indicators were generated as population weighted averages using data from *World Population Prospects: The 2019 revision*. They accord with the relevant age and sex group for each indicator (e.g. total live births for unweighted at birth and number of females aged 15–49 years for maternal anaemia). Again, unless otherwise noted, global and regional estimates are only reported for indicators with a population-level data coverage of at least 50 per cent.

Data comparability

Efforts have been made to maximize the comparability of statistics across countries and time. Nevertheless, data used at the country level may differ in terms of the methods used to collect data or arrive at estimates, and in terms of the populations covered. Furthermore, data presented here are subject to evolving methodologies, revisions of time series data (e.g., immunization, maternal mortality ratios), and changing regional classifications. Also, data comparable from one year to the next are unavailable for some indicators. It is therefore not advisable to compare data from consecutive editions of *The State of the World's Children*.

Further methodological information

Data presented in the following statistical tables generally reflect information compiled and updated from January through August 2019, with specific cutoff time associated with individual indicators described in the 'Main data sources' section underneath each table. The 'last updated' time stamp reflects the time the data were compiled and updated, as part of country consultation or inter-agency processes that are specific to individual topics.

Interested readers are encouraged to visit <data.unicef.org> for methodological details of the indicators and the statistics.

Data presented in the tables are available online at <www.unicef.org/sowc> and via <www.data.unicef.org>. Please refer to these websites for the latest data and for any updates or corrigenda subsequent to printing.

Child mortality estimates

Under-five mortality is used as the principal indicator of progress in child well-being.
www.childmortality.org

Under-five mortality rate (deaths per 1,000 live births)

UNICEF Region	1980	1985	1990	1995	2000	2005	2010	2015	2018
East Asia and Pacific	73	62	57	49	40	29	22	17	15
Europe and Central Asia	44	37	31	27	21	16	12	10	9
Eastern Europe and Central Asia	66	54	46	45	36	26	19	15	13
Western Europe	16	13	10	8	6	5	4	4	4
Latin America and Caribbean	84	68	55	43	33	25	24	18	16
Middle East and North Africa	123	86	65	53	42	34	27	23	22
North America	15	12	11	9	8	8	7	7	6
South Asia	172	150	130	112	94	77	62	49	42
Sub-Saharan Africa	201	188	180	172	153	125	101	85	78
Eastern and Southern Africa	185	172	164	156	136	107	82	64	57
West and Central Africa	217	205	197	188	170	143	120	105	97
Least developed countries	211	192	175	159	137	110	89	71	64
World	**118**	**102**	**93**	**87**	**76**	**63**	**51**	**42**	**39**

Under-five deaths (thousands)

UNICEF Region	1980	1985	1990	1995	2000	2005	2010	2015	2018
East Asia and Pacific	2,622	2,416	2,302	1,706	1,259	910	696	542	462
Europe and Central Asia	571	483	387	305	218	164	135	111	96
Eastern Europe and Central Asia	474	410	329	263	188	138	112	92	78
Western Europe	97	74	57	41	30	26	23	20	18
Latin America and Caribbean	948	786	641	501	377	282	262	190	172
Middle East and North Africa	902	708	547	420	325	271	246	235	220
North America	55	50	47	40	35	35	32	29	27
South Asia	5,585	5,258	4,743	4,191	3,570	2,934	2,279	1,716	1,475
Sub-Saharan Africa	3,396	3,613	3,857	4,087	4,045	3,696	3,304	3,007	2,869
Eastern and Southern Africa	1,631	1,727	1,827	1,908	1,834	1,590	1,322	1,107	1,024
West and Central Africa	1,765	1,886	2,031	2,179	2,212	2,107	1,982	1,900	1,845
Least developed countries	3,580	3,619	3,605	3,558	3,330	2,895	2,508	2,136	1,992
World	**14,080**	**13,314**	**12,524**	**11,250**	**9,831**	**8,292**	**6,955**	**5,828**	**5,322**

Regional classifications

Aggregates presented at the end of each of the 16 statistical tables are calculated using data from countries and areas as classified below.

East Asia and the Pacific

Australia; Brunei Darussalam; Cambodia; China; Cook Islands; Democratic People's Republic of Korea; Fiji; Indonesia; Japan; Kiribati; Lao People's Democratic Republic; Malaysia; Marshall Islands; Micronesia (Federated States of); Mongolia; Myanmar; Nauru; New Zealand; Niue; Palau; Papua New Guinea; Philippines; Republic of Korea; Samoa; Singapore; Solomon Islands; Thailand; Timor-Leste; Tokelau; Tonga; Tuvalu; Vanuatu; Viet Nam

Europe and Central Asia

Eastern Europe and Central Asia; Western Europe

Eastern Europe and Central Asia

Albania; Armenia; Azerbaijan; Belarus; Bosnia and Herzegovina; Bulgaria; Croatia; Georgia; Kazakhstan; Kyrgyzstan; Montenegro; Republic of Moldova; Romania; Russian Federation; Serbia; Tajikistan; North Macedonia; Turkey; Turkmenistan; Ukraine; Uzbekistan

Western Europe

Andorra; Austria; Belgium; Cyprus; Czechia; Denmark; Estonia; Finland; France; Germany; Greece; Holy See; Hungary; Iceland; Ireland; Italy; Latvia; Liechtenstein; Lithuania; Luxembourg; Malta; Monaco; Netherlands; Norway; Poland; Portugal; San Marino; Slovakia; Slovenia; Spain; Sweden; Switzerland; United Kingdom

Latin America and the Caribbean

Anguilla; Antigua and Barbuda; Argentina; Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Brazil; British Virgin Islands; Chile; Colombia; Costa Rica; Cuba; Dominica; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Montserrat; Nicaragua; Panama; Paraguay; Peru; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Suriname; Trinidad and Tobago; Turks and Caicos Islands; Uruguay; Venezuela (Bolivarian Republic of)

Middle East and North Africa

Algeria; Bahrain; Egypt; Iran (Islamic Republic of); Iraq; Israel; Jordan; Kuwait; Lebanon; Libya; Morocco; Oman; Qatar; Saudi Arabia; State of Palestine; Syrian Arab Republic; Tunisia; United Arab Emirates; Yemen

North America

Canada; United States

South Asia

Afghanistan; Bangladesh; Bhutan; India; Maldives; Nepal; Pakistan; Sri Lanka

Sub-Saharan Africa

Eastern and Southern Africa; West and Central Africa

Eastern and Southern Africa

Angola; Botswana; Burundi; Comoros; Djibouti; Eritrea; Eswatini; Ethiopia; Kenya; Lesotho; Madagascar; Malawi; Mauritius; Mozambique; Namibia; Rwanda; Seychelles; Somalia; South Africa; South Sudan; Sudan; Uganda; United Republic of Tanzania; Zambia; Zimbabwe

West and Central Africa

Benin; Burkina Faso; Cabo Verde; Cameroon; Central African Republic; Chad; Congo; Côte d'Ivoire; Democratic Republic of the Congo; Equatorial Guinea; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Liberia; Mali; Mauritania; Niger; Nigeria; Sao Tome and Principe; Senegal; Sierra Leone; Togo

Least developed countries/areas

[Classified as such by the United Nations High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States (UNOHRLLS)].

Afghanistan; Angola; Bangladesh; Benin; Bhutan; Burkina Faso; Burundi; Cambodia; Central African Republic; Chad; Comoros; Democratic Republic of the Congo; Djibouti; Eritrea; Ethiopia; Gambia; Guinea; Guinea-Bissau; Haiti; Kiribati; Lao People's Democratic Republic; Lesotho; Liberia; Madagascar; Malawi; Mali; Mauritania; Mozambique; Myanmar; Nepal; Niger; Rwanda; Sao Tome and Principe; Senegal; Sierra Leone; Solomon Islands; Somalia; South Sudan; Sudan; Timor-Leste; Togo; Tuvalu; Uganda; United Republic of Tanzania; Vanuatu; Yemen; Zambia

Notes on specific tables

TABLE 1. DEMOGRAPHICS

The demographics table contains selected indicators on the most important demographic information of each population, including the total population and population by age, as well as annual population growth rates. Annual number of births is a function of both population size and current fertility. Total fertility rate allows for comparison of fertility levels, internationally. A total fertility level of 2.1 is called 'replacement level' and represents a level at which, in the long term, the population would remain the same size. Life expectancy at birth is a measure of the health status and the development of a population and continues to increase in almost all countries in the world. The dependency ratio is the ratio of the not-working-age population (i.e., the economically 'dependent' population) to the working-age population (15–64 years) and can be divided into child dependency ratio (ratio of children under 15 to working-age population) and old-age dependency ratio (ratio of population 65 and older to working-age population). Total dependency ratio is usually U-shaped over time and development: high fertility leads to a large share of the child population and consequently to a high dependency ratio which then decreases with decreasing fertility before increasing again due to increasing life expectancy and an increasing older population share. The proportion of the urban population and the annual urban population growth rate describe the status and dynamic of the urbanization process. The net migration rate refers to the difference between the number of immigrants and the number of emigrants; a country/area with more immigrants than emigrants shows a positive value, while a country with less immigrants than emigrants shows a negative value.

All demographic indicators are based on *World Population Prospects: The 2019 revision*. Except for total population size, most demographic indicators are published only for countries/areas with a population greater than 90,000.

TABLE 2. CHILD MORTALITY

Each year, in *The State of the World's Children*, UNICEF reports a series of mortality estimates for children. These figures represent the best estimates available at the time of printing and are based on the work of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), which includes UNICEF, the World Health Organization (WHO), the World Bank group and the United Nations Population Division. UN IGME mortality estimates are updated annually through a detailed review of all newly available data points, which often results in adjustments to previously reported estimates. As a result, consecutive editions of *The State of the World's Children* should not be used for analysing mortality trends over time. Comparable global and regional under-five mortality estimates for the period 1990–2018 are presented below. Country-specific mortality indicators, based on the most recent UN IGME estimates, are presented in Table 2 and are available at <data.unicef.org/child-mortality/under-five> and www. childmortality.org, along with methodological notes.

TABLE 3. MATERNAL AND NEWBORN HEALTH

The maternal and newborn health table includes a combination of demographic and intervention coverage indicators. The demographic indicators consist of life expectancy for females, adolescent birth rate, and maternal mortality estimates including number of maternal deaths, maternal mortality ratio, and lifetime risk of maternal death.

The life expectancy and adolescent birth rate indicators come from the United Nations Population Division. The maternal mortality data are estimates generated by the United Nations Maternal Mortality Estimation Inter-Agency group (UN MMEIG), which includes the World Health Organization (WHO), UNICEF, United Nations Population Fund (UNFPA), the World Bank Group, and the United Nations Population Division. UN MMEIG mortality estimates are updated regularly through a detailed review of all newly available data points. This process often results in adjustments to previously reported estimates. As a result, consecutive editions of *The State of the World's Children* should not be used for analysing maternal mortality trends over time.

Intervention coverage indicators encompass indicators for family planning, antenatal care, delivery care and postnatal care for mother and baby. The data for these indicators come from national household survey programmes such as the DHS and MICS and other reproductive health surveys. Regional and global estimates are calculated by using a weighted average method. The variables used for weighting are indicator-specific and applied to each country. They accord with the appropriate target population for each indicator (the denominator) and are derived from the latest edition of the *World Population Prospects*. Only the most recent data points from 2013–2018 for each country were used to calculate regional and global aggregates. India and China were included in the calculation of the regional and global estimates for all indicators with available data.

The maternal and newborn health table also includes some age disaggregations to provide information on adolescent reproductive and maternal health. Specifically, demand for family planning satisfied with modern methods, antenatal care of at least four visits, and skilled attendant at birth are disaggregated for the 15–19 year age group. The disaggregated data for antenatal care of at least four visits and skilled attendant at birth come from the Federal University of Pelotas, International Center for Equity in Health, Brazil. The total and disaggregated data for demand for family planning satisfied with modern methods come from the United Nations Department of Economic and Social Affairs Population Division. Regional and global estimates are calculated with the same methodology described above for the intervention coverage indicators.

TABLE 4. CHILD HEALTH

The child health table includes a set of indicators which capture information on the coverage of effective interventions delivered to children under the age of five years and at the household level. These include a range of immunization indicators (described below), and indicators on interventions for the prevention or treatment of pneumonia, diarrhoea and malaria (the three leading killers of young children). The main data sources for the indicators on prevention and treatment of childhood illnesses are nationally representative household surveys such as the DHS and MICS. Regional and global estimates are calculated by using a weighted average method. Variables used for weighting are indicator-specific and applied to each country. They accord with the appropriate target population for each indicator (the denominator) and are derived from the latest edition of the *World Population Prospects*. Only the most recent data points from 2013–2018 for each country were used to calculate regional and global estimates. For indicators that capture information about households, total population was used. India and China were included in the calculation of the regional and global estimates for all indicators with available data.

Immunization

The child health table presents the WHO and UNICEF estimates of national immunization coverage. Since 2000, these estimates have been updated annually in July, following a consultation process during which countries are provided with draft reports for review and comment. As new empirical data are incorporated into the process for generating the estimates, the revised estimates supersede prior data releases. Coverage levels from earlier revisions are not comparable. A more detailed explanation of the process can be found at <data.unicef.org/child-health/immunization>.

Regional averages for the reported antigens are computed as follows:

➤ For BCG, regional averages include only those countries where BCG is included in the national routine immunization schedule.

➤ For DTP, polio, measles, HepB, Hib, PCV and rotavirus vaccines, regional averages include all countries, as these vaccines are universally recommended by WHO.

➤ For protection at birth (PAB) from tetanus, regional averages include only the countries where maternal and neonatal tetanus is endemic.

TABLE 5 and 6. HIV/AIDS

In 2019, the Joint United Nations Programme on HIV/AIDS (UNAIDS) released new global, regional and country-level HIV and AIDS estimates for 2018 that reflect the most up-to-date epidemiological estimates, as well as coverage data for antiretroviral therapy (ART), prevention of mother-to-child transmission (PMTCT) and early infant diagnosis for HIV. The estimates are based on the most current available science and WHO programme guidelines, which have resulted in improvements in assumptions of the probability of HIV transmission from mother-to-child, fertility among women by age and HIV serostatus, net survival rates for children living with HIV and more. Based on the refined methodology, UNAIDS has retrospectively generated new estimates of HIV prevalence, the number of people living with HIV and those needing treatment, AIDS-related deaths, new HIV infections, and other important trends in the HIV epidemic.

Key indicators on the HIV response for children are divided into two tables: Table 5. HIV/AIDS epidemiology and Table 6. HIV/AIDS interventions.

TABLE 5. HIV/AIDS: EPIDEMIOLOGY

Table 5 includes key indicators that are used to measure trends in the HIV epidemic. Data are disaggregated by 10-year age groups, as children living with HIV under age 10 are all assumed to be infected through mother-to-child transmission. Children aged 10–19 living with HIV additionally include new HIV infections that occur through sexual transmission and injection drug use, depending on the country context. Due to significant gender disparity among adolescents evident in HIV epidemic trends and programmatic response, disaggregates by sex are now included for all HIV/AIDS epidemiology indicators. For better comparison between countries and regions, the indicator on the number of new HIV infections has been replaced with HIV incidence per 1,000 uninfected population. Similarly, the number of AIDS-related deaths has been replaced with AIDS-related mortality per 100,000 population. These two indicators provide relative measures of new HIV infections and AIDS-related deaths and more accurately demonstrate the impact of the HIV response.

TABLE 6. HIV/AIDS: INTERVENTIONS

Table 6 includes indicators on essential interventions in the HIV response for children. These coverage indicators have been revised from previous editions of *The State of the World's Children* to better reflect progress in current HIV/AIDS programmes and policy. For example, the indicator for early infant HIV diagnosis captures information on what percentage of HIV-exposed infants received an HIV test within two months of birth. All coverage indicators are calculated from the most recent and reliable data available from population-based surveys and programme service statistics.

Each coverage indicator is aggregated regionally or globally using a population-weighted average. Due to sometimes sparse data, indicators from population-based surveys are only aggregated if the data in that area represent at least 50 per cent of the adolescent population.

TABLES 7 and 8. NUTRITION

Table 7 encompasses nutrition at birth and feeding practices for infants and young children and Table 8 comprises estimates of malnutrition among pre-school-aged children, school-aged children and women of reproductive age as well as intervention coverage of key micronutrient programmes.

Indicators of low birthweight, thinness and overweight among school-aged children, and maternal underweight and anaemia are modelled estimates and therefore may be different from survey-reported estimates. For all other indicators, when raw data were available, the country-level estimates were re-analysed to conform to standard analysis methods and may therefore differ from survey-reported values.

Low birthweight: Estimates are based on new methods; therefore country, regional and global estimates may not be comparable with those published in previous editions of *The State of the World's Children*.

Unweighted at birth: A new indicator representing the percentage of births without a birthweight in the data source.

Infant and young child feeding: A total of 8 indicators are presented, including the following with recent definitional changes or which are new: (i) Continued breastfeeding (12–23 months) replaces 2 previous indicators of continued breastfeeding at 1 year (12–15 months) and 2 years (20–23 months); (ii) Minimum Dietary Diversity (MDD) (6–23 months) is now defined as the percentage of children 6–23 months of age who received foods from at least 5 out of 8 defined food groups during the previous day (the older version of this indicator reflected consumption of at least 4 out of 7 defined food groups during the previous day); (iii) Minimum Acceptable Diet (MAD) (6–23

months) is revised to align with the change to the MDD definition and (iv) Zero vegetable or fruit consumption (6–23 months) is a new indicator. The indicator definition of Minimum Meal Frequency (MMF) (6–23 months) was also revised in 2018, but related changes to MMF and MAD estimates have not yet been reflected in these tables.

Stunting, wasting and overweight: UNICEF, WHO and the World Bank have continued a process to harmonize anthropometric data used for computation and estimation of regional and global averages and trend analysis. As part of this process, regional and global averages for stunting, wasting and overweight prevalence are derived from a model described in M. de Onis et al (2004), 'Methodology for Estimating Regional and Global Trends of Child Malnutrition' (*International Journal of Epidemiology*, 33, pp. 1260–1270). New global and regional estimates are released every year, which supersede all previous estimates and should not be compared.

Vitamin A supplementation: Emphasizing the importance for children of receiving two annual doses of vitamin A (spaced 4–6 months apart), this report presents only full coverage of vitamin A supplementation. In the absence of a direct method to measure this indicator, full coverage is reported as the lower coverage estimate from semester 1 (Jan–June) and semester 2 (July–Dec), in a given year. The regional and global aggregates only contain the 82 countries indicated as priority countries for national-level programmes. Hence the regional aggregates are published where at least 50 per cent of the population coverage for the priority countries in each region has been met. In other words, East Asia and Pacific estimates are presented despite there being no data for China.

Malnutrition among school-aged children: Indicators under this title reflect the importance of ending malnutrition among children of all ages. Country estimates for malnutrition among school-aged children are based on the NCD Risk Factor Collaboration (NCD-RisC) (2017), 'Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults', *The Lancet*, 390(10113), pp. 2627–2642.

Underweight women 18+ years: This indicator reflects the importance of maternal malnutrition if malnutrition among children is to be eliminated. Country estimates for underweight women are based on the NCD Risk Factor Collaboration (NCD-RisC) (2017), 'Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults', *The Lancet*, 390(10113), pp. 2627–2642.

Anaemia women 15–49 years: This indicator reflects the importance of maternal malnutrition if malnutrition among children is to be eliminated. Country estimates for anaemia are based on WHO (2017), Global Health Observatory (GHO). In: World Health Organization [online]. Geneva, Switzerland. [Cited 1 August 2019] http://apps.who.int/gho/data/node. imr.PREVANEMIA?lang=en; data for adult obesity are based on WHO (2017), Global Health Observatory (GHO).

Iodized salt: The definition of the indicator presented in this report has changed from the past, when it was about households consuming adequately iodized salt. Now it is about salt with any iodine, and therefore global and regional average prevalence estimates are not comparable to the averages published in previous editions of *The State of the World's Children*.

TABLE 9. EARLY CHILDHOOD DEVELOPMENT

Early childhood, which spans the period up to eight years of age, is critical for cognitive, social, emotional and physical development. Optimal brain development requires a stimulating environment, adequate nutrients and social interaction with attentive caregivers. The early childhood development table presents data on some specific indicators with comparable and nationally representative data on the quality of care at home, access to learning materials at home, and access to early childhood care and education. The information in this table is best interpreted alongside data on other areas vital to early childhood development such as nutrition and protection.

Early stimulation and responsive care by adults: Data on this indicator from the DHS were recalculated according to the MICS methodology for comparability. Therefore, the recalculated data presented here will differ from estimates in DHS national reports.

Early stimulation and responsive care by father: Data from the third and fourth rounds of MICS (MICS3 and MICS4) refer to father's engagement in one or more activities to promote learning and school readiness, while the definition was changed in the fifth round (MICS5) to reflect father's engagement in four or more activities. Therefore, estimates of early stimulation and responsive care by fathers from MICS3 and MICS4 are lower than those based on results beginning with MICS5. Data on this indicator from the DHS were recalculated according to the MICS methodology for comparability. Therefore, the recalculated data presented here will differ from estimates in DHS national reports.

Learning materials at home: Playthings: Changes in the definition of this indicator were made between the third and fourth round of MICS (MICS3 and MICS4). In order to allow for comparability with MICS4 and subsequent rounds of MICS, data from MICS3 were recalculated according to the MICS4 indicator definition.

Therefore, the recalculated data presented here will differ from estimates reported in MICS3 national reports.

Children with inadequate supervision: This indicator was previously referred to as 'children left in inadequate care' but has been renamed to more accurately reflect the nature of the underlying construct.

TABLE 10: EDUCATION

This table contains a set of indicators on the following aspects of education of children: equitable access, school completion and learning outcomes.

In particular, indicators on school completion measure children or young people aged 3–5 years above the intended age for the last grade of each level of education who have completed that grade. Completion rate indicates how many school-age children in a given age group have completed the relevant level of education. By choosing an age group which is slightly older than the theoretical age group for completing each level of education, the indicator measures how many children and adolescents enter school more or less on time and progress through the education system without excessive delays.

This table also includes a set of indicators to monitor equitable learning outcomes, which is a target (4.1) of Sustainable Development Goal 4. The minimum proficiency level is the benchmark of basic knowledge in a domain (i.e., mathematics and reading) measured through learning assessment. The indicator shows data published by national governments as well as agencies and organizations specialized in cross-national learning assessments.

Detailed information on the indicators included in this table can be found in UNESCO Institute for Statistics, July 2017. *Metadata for the global and thematic indicators for the follow-up and review of SDG4 and Education 2030*.

TABLE 11. CHILD PROTECTION

Child protection refers to prevention and response to violence, exploitation and abuse of children in all contexts. There are many different child protection violations that children can be subjected to but the lack of comparable data limits reporting on the full spectrum. In view of this, the child protection table presents data on a few issues for which comparable and nationally representative data are available. This includes two manifestations of harmful traditional practices, some forms of violence and exploitation as well as the official recording of births.

Birth registration: Changes in the definition of birth registration were made from the second and third rounds of MICS (MICS2 and MICS3) to the fourth round (MICS4). In order to allow for comparability with later rounds, data from MICS2 and MICS3 on birth registration were recalculated

according to the MICS4 indicator definition. Therefore, the recalculated data presented here may differ from estimates included in MICS2 and MICS3 national reports.

Child labour: This indicator has been replaced by the one used for SDG reporting on indicator 8.7.1 and reflects the proportion of children engaged in economic activities and/or household chores at or above age-specific hourly thresholds (general production boundary basis):

Child labour for the 5 to 11 age range: children working at least 1 hour per week in economic activity and/or involved in unpaid household services for more than 21 hours per week;

Child labour for the 12 to 14 age range: children working for at least 14 hours per week in economic activity and/or involved in unpaid household services for more than 21 hours per week;

Child labour for the 15 to 17 age range: children working for more than 43 hours per week in economic activity. No hourly threshold is set for unpaid household services for ages 15–17.

Country estimates compiled and presented in the global SDG database and reproduced in SOWC have been re-analysed by UNICEF and ILO in accordance with the definitions and criteria detailed above. This means that the country data values will differ from those published in national survey reports.

Child marriage: While the practice is more widespread among girls, marriage in childhood is a rights violation for both sexes. Therefore, the prevalence of child marriage is shown among both males and females. For males, only marriage before age 18 is shown, as marriage before age 15 is exceedingly rare. For females, the global aggregate is calculated as a population-weighted average of the prevalence in each region; for more details about special considerations and assumptions used in these calculations, refer to *Child Marriage: Latest trends and future prospects*, UNICEF, New York, 2018.

Female genital mutilation (FGM): Data on the prevalence of FGM among girls aged 0–14 years were recalculated for technical reasons and may differ from those presented in original DHS and MICS country reports. Beginning with this edition of SOWC, attitudes towards the practice are shown as the share of the population opposing (rather than supporting) FGM, and this measure is now shown among both males and females. Regional estimates on the prevalence of FGM and attitudes towards the practice are based on available data only from practising countries with nationally representative data and therefore reflect the situation among those living in these affected countries within the region, and not the region as a whole, as there are some non-practising countries in each region as well.

Justification of wife-beating among adolescents: Beginning with this edition of SOWC, the age group used for reporting on this indicator has been revised to refer to adolescents aged 15–19.

Violent discipline: Estimates used in UNICEF publications and in MICS country reports prior to 2010 were calculated using household weights that did not take into account the last-stage selection of children for the administration of the child discipline module in MICS surveys. (A random selection of one child within the reference age group is undertaken for the administration of the child discipline module.) In January 2010, it was decided that more accurate estimates are produced by using a household weight that takes the last-stage selection into account. MICS3 data were recalculated using this approach. Additionally, the reference age group for this indicator was revised beginning with MICS5 to children aged 1–14. Therefore, estimates from MICS3 and MICS4 are not directly comparable since they refer to children aged 2–14.

TABLE 12. SOCIAL PROTECTION AND EQUITY

This table provides information about social protection coverage and the magnitude of income inequality, both of which impact the context in which children live. Social protection indicators include *Mothers with newborns receiving cash benefits, Proportion of children covered by social protection* and *Distribution of Social Protection Benefits* (1st quintile, 5th quintile, bottom 40%). While the first two indicators capture the coverage of social protection, the third indicator reflects both incidence and distribution across quintiles. The table gives an overview of the social safety net that households – children in particular – have access to within each country.

Inequality indicators include *Share of household income* (1st quintile, 5th quintile, bottom 40%), *Gini index, Palma index* and *GDP per capita*. The first indicator captures the share of national income each quintile earns within a country. It illustrates the *structure* of income distribution per country while the *Gini coefficient* expresses the *extent* of inequality and how it deviates from a perfectly equal income distribution. In contrast, the *Palma index* concentrates on the income difference between the share of the richest 10 per cent and the poorest 40 per cent of a population. This indicator is more sensitive to the tails of distribution and extreme inequalities. Because changes in income inequality are mainly driven by changes in the income of the richest 10 per cent and the poorest 40 per cent, the Palma index offers insights on distributional changes of income inequality. GDP per capita complements those indicators as it measures the average standard of living of each country.

The Social Protection and Equity indicators data have an annual frequency and are extracted from the *World Bank's World Development Indicators*, *the Atlas of Social Protection* – Indicators of Resilience and Equity and the ILO's *World Social Protection Report*.

TABLE 13. WASH

This table contains a set of indicators on access to basic water, sanitation and hygiene services in households, schools and health care facilities. The drinking water, sanitation and hygiene estimates in this report come from the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP). Full details of the JMP indicator definitions, data sources and methods used to produce national, regional and global estimates can be found at <www.washdata.org>. New estimates are released every two years which supersede all previous estimates and should not be compared.

TABLE 14. ADOLESCENTS

The adolescent table presents a selection of indicators on the well-being of adolescents across various domains of their lives: Health, Protection, Education and learning and Transition to work. While adolescent well-being is broad and cannot be exhaustively captured in a small selection of indicators, the measures in Table 14 are meant to serve as an illustrative sample, and to complement adolescent-relevant indicators which appear throughout the other statistical tables in this publication. The indicators are drawn from the Adolescent Country Tracker, a multi-stakeholder framework grounded in the Sustainable Development Goals which was developed to track adolescent well-being across countries and over time.

NEET and Unemployment: Data on the degree to which adolescents are able to effectively transition to work, illustrated through the measures of those not in employment, education or training (NEET) and the unemployment rate among adolescents aged 15 to 19 years, are drawn from the International Labour Organization (ILO). Metadata and further notes on interpretation of these indicators are available through the 'Metadata' section of <ilo.org/ilostat>.

TABLE 15. ECONOMIC INDICATORS

This table presents a macroeconomic overview of the context affecting children's well-being and development. The indicators included in the table have two descriptive purposes: they reflect the government's fiscal space to finance welfare programmes – as captured by the *Government Revenue and Official Development Assistance (ODA) inflows*; and they display the government expenditure's allocation on key sectors such as health, education, social protection, and foreign aid for DAC member countries. Government expenditure is

given in proportion to each country's GDP and overall public budget. This distinction highlights the relative importance and size of each sector for social policy. A similar distinction is operated for ODA between inflows/outflows in million US$ and inflows/outflows in proportion to each country's Gross National Income.

The Economic Indicators data have an annual frequency and are extracted from the World Bank's World Development Indicators, with the exception of ODA (inflows and outflows). The data for this indicator come from the OECD. Due to a lack of data coverage, *government expenditure on social protection as a percentage of government budget* is calculated by the authors. It represents the ratio of *government expenditure on social protection as a percentage of GDP over government revenue as a percentage of GDP*.

TABLE 16. WOMEN'S ECONOMIC EMPOWERMENT

This table has been added in 2019 in recognition of the beneficial effects of women's economic empowerment on the well-being of children as well as to reflect the intrinsic importance of women's economic empowerment as articulated in Sustainable Development Goal 5: Achieve Gender Equality and Empower all Women and Girls.

Social Institutions and Gender Index (SIGI): The SIGI, a composite measure of gender discrimination in social institutions produced by the Organisation for Economic Co-operation and Development, is based on qualitative and quantitative data through information on formal and informal laws, attitudes and practices. Discriminatory laws, attitudes and practices affect the life course of women and girls, restricting their ability to accumulate human, social and productive assets and to exercise agency and voice over choices that affect their well-being.

Legal frameworks that promote, enforce and monitor gender equality in employment and economic benefits: Equality and non-discrimination on the basis of sex are core principles under the international legal and policy framework, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Platform for Action. Removing discriminatory laws and putting in place legal frameworks that advance gender equality in employment and economic benefits are prerequisites to increasing women's paid work and decent working conditions and, in turn, their economic empowerment. The term 'legal frameworks' is defined broadly to encompass laws, mechanisms and policies/plans to promote, enforce and monitor gender equality. Data derived for this indicator, SDG 5.1.1, are from an assessment of a country's legal frameworks completed by National Statistical Offices and/or National Women's Machinery, and legal practitioners/researchers on gender equality.

Maternity/paternity leave benefits: Parental leave benefits are critical for supporting the health and well-being of children and women's economic empowerment, including infants' survival and healthy development and increased labour force participation and earnings for women. ILO Convention No. 183 provides for 14 weeks of paid maternity benefit to women to whom the instrument applies. While no ILO standard exists specifically on paternity leave, paternity benefits permit working fathers to be more involved in the care of their children and the sharing of household responsibilities. It is important to note, however, that even in countries with legal rights to parental leave, not all workers will have access, such as those employed part-time or employed in the informal economy.

Demand for family planning satisfied with modern methods: Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of children. As measured by SDG Indicator 3.7.1, modern methods of contraception include female and male sterilization, the intra-uterine device (IUD), the implant, injectables, oral contraceptive pills, male and female condoms, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal foam, jelly, cream and sponge), lactational amenorrhea method (LAM), emergency contraception and other modern methods not reported separately (e.g., the contraceptive patch or vaginal ring). To foster cross-country comparability, information for married or in-union women is reported since not all countries collect the information for all women, irrespective of marital status.

Educational attainment: While primary education provides children with the foundation for a lifetime of learning, secondary education equips them with the knowledge and skills needed to become economically empowered adults. Compared to girls with only a primary education, girls with secondary education are less likely to marry as children and become pregnant as adolescents. And while women with primary education earn only marginally more than women with no education, women with secondary education earn twice as much, on average, than women who have not gone to school (see Wodon et al (2018), 'Missed Opportunities: The High Cost of Not Educating Girls', *The Cost of Not Educating Girls Notes Series*. The World Bank, Washington DC).

Labour force participation and unemployment rates: Equal access to the labour market is critical for women's economic empowerment. The labour force participation rate is calculated by expressing the number of persons in the labour force during a given reference period as a percentage of the working-age population (usually aged 15 and above) in the same reference period. The unemployment rate conveys the percentage of persons (usually persons aged 15 and above) in the labour force who are unemployed, reflecting the inability of an economy to generate employment for those persons who want to work but are not doing so even though they are available for employment and actively seeking work. Information on unemployment by sex highlights the greater difficulty, in many cases, that women have in entering the labour market, which can be directly or indirectly linked to a country's gender norms.

Mobile phone ownership: Mobile phone ownership provides individuals with access to information, financial services, employment opportunities and social networks and, as such, is an important asset for fostering women's economic empowerment as recognized under Goal 5 of the 2030 Agenda. As measured by SDG Indicator 5.b.1, an individual owns a mobile cellular phone if he/she has a mobile cellular phone device with at least one active SIM card for personal use. Mobile cellular phones supplied by employers that can be used for personal reasons (to make personal calls, access the Internet, etc.) are included. Individuals who have only active SIM card(s) and not a mobile phone device are excluded. Individuals who have a mobile phone for personal use that is not registered under his/her name are also included. An active SIM card is a SIM card that has been used in the last three months.

Financial inclusion: Measuring women's access to financial services, such as savings, insurance, payments, credit and remittances, is essential for understanding their economic empowerment. Access to financial services can also increase women's bargaining power in the household, with potential benefits for the well-being of children. As measured by SDG Indicator 8.10.2, an account at a financial institution includes respondents who report having an account at a bank or at another type of financial institution, such as a credit union, microfinance institution, cooperative, or the post office (if applicable), or having a debit card in their own name. In addition, it includes respondents who report receiving wages, government transfers, or payments for agricultural products into an account at a financial institution in the past 12 months; paying utility bills or school fees from an account at a financial institution in the past 12 months; or receiving wages or government transfers into a card in the past 12 months. Mobile money account includes respondents who report personally using GSM Association (GSMA) Mobile Money for the Unbanked (MMU) services in the past 12 months to pay bills or to send or receive money. In addition, it includes respondents who report receiving wages, government transfers, or payments for agricultural products through a mobile phone in the past 12 months.

Number of under-five deaths and under-five mortality by country in 2018

Table ordered by the number of unrounded number of deaths. Lower and Upper bound refer to the lower and upper bound of 90% uncertainty intervals

HIGHEST BURDEN OF DEATH AMONG CHILDREN UNDER-5

Countries and areas	Annual number of under–5 deaths (thousands)	Under–5 mortality rate (deaths per 1,000 live births)			Countries and areas	Annual number of under–5 deaths (thousands)	Under–5 mortality rate (deaths per 1,000 live births)		
		Median	Lower bound	Upper bound			Median	Lower bound	Upper bound
India	882	37	33	40	Morocco	15	22	17	29
Nigeria	866	120	97	151	Uzbekistan	15	21	17	27
Pakistan	409	69	56	85	Turkey	14	11	9	12
Democratic Republic of the Congo	296	88	59	129	Rwanda	13	35	21	59
Ethiopia	191	55	45	69	Russian Federation	13	7	6	8
China	146	9	8	10	Venezuela (Bolivarian Republic of)	13	25	21	29
Indonesia	121	25	22	29	Liberia	11	71	50	102
United Republic of Tanzania	107	53	41	69	Guatemala	11	26	21	34
Angola	94	77	36	144	Papua New Guinea	11	48	38	60
Bangladesh	89	30	27	33	Mauritania	11	76	40	143
Niger	83	84	56	125	Colombia	10	14	11	19
Sudan	80	60	46	79	Cambodia	10	28	15	50
Mozambique	79	73	53	104	Tajikistan	10	35	24	51
Mali	75	98	81	117	Congo	9	50	31	83
Chad	75	119	92	150	Peru	8	14	11	19
Afghanistan	74	62	50	75	Lao People's Democratic Republic	8	47	36	61
Uganda	74	46	37	59	Argentina	8	10	10	11
Somalia	73	122	65	233	Syrian Arab Republic	7	17	13	25
Côte d'Ivoire	70	81	66	99	Bolivia (Plurinational State of)	7	27	21	34
Cameroon	66	76	60	96	Thailand	7	9	8	12
Philippines	63	28	22	36	Democratic People's Republic of Korea	6	18	14	23
Kenya	60	41	31	55	Turkmenistan	6	46	19	101
Burkina Faso	56	76	55	105	Dominican Republic	6	29	21	41
Egypt	55	21	16	29	Guinea-Bissau	5	81	53	121
Yemen	47	55	35	84	Gambia	5	58	34	98
Madagascar	45	54	40	71	Ecuador	5	14	13	15
Guinea	44	101	81	128	Lesotho	5	81	57	113
Myanmar	43	46	33	62	Eritrea	4	42	26	67
Brazil	42	14	13	17	Saudi Arabia	4	7	6	9
Ghana	41	48	40	58	Malaysia	4	8	7	8
South Africa	40	34	30	38	Kazakhstan	4	10	10	10
South Sudan	38	99	44	186	Ukraine	4	9	8	10
Benin	38	93	82	106	Azerbaijan	4	22	14	32
Zambia	36	58	44	76	Honduras	4	18	12	26
Viet Nam	33	21	17	25	Equatorial Guinea	4	85	51	134
Malawi	30	50	35	70	Jordan	3	16	13	21
Iraq	29	27	21	34	Tunisia	3	17	16	18
Mexico	28	13	12	13	United Kingdom	3	4	4	5
Sierra Leone	26	105	85	128	France	3	4	4	4
United States	25	7	6	7	Kyrgyzstan	3	19	18	20
Burundi	25	58	40	85	Gabon	3	45	29	69
Algeria	24	23	22	25	State of Palestine	3	20	15	28
Senegal	23	44	34	57	Paraguay	3	20	11	38
Iran (Islamic Republic of)	22	14	9	23	Germany	3	4	3	4
Zimbabwe	21	46	32	65	Namibia	3	40	25	65
Central African Republic	19	116	70	192	Sri Lanka	3	7	6	9
Nepal	18	32	25	41	Nicaragua	2	18	17	19
Togo	18	70	53	92	Japan	2	2	2	3
Haiti	17	65	51	84					

About 15,000 children under 5 years old still die every day

Countries and areas	Annual number of under–5 deaths (thousands)	Under–5 mortality rate (deaths per 1,000 live births)		
		Median	Lower bound	Upper bound
Botswana	2	36	16	73
Canada	2	5	5	5
Comoros	2	67	34	142
Chile	2	7	6	9
Timor-Leste	2	46	28	74
Poland	2	4	4	5
Eswatini	2	54	35	82
El Salvador	2	14	9	21
Libya	2	12	8	18
Italy	1	3	3	3
Romania	1	7	6	9
Mongolia	1	16	10	25
Republic of Korea	1	3	3	4
Spain	1	3	3	3
Djibouti	1	59	37	94
Panama	1	15	9	28
Australia	1	4	4	4
Oman	1	11	11	12
Lebanon	1	7	4	14
United Arab Emirates	1	8	7	9
Jamaica	1	14	9	25
Netherlands	1	4	4	4
Republic of Moldova	1	16	12	21
Israel	1	4	4	4
Costa Rica	1	9	8	10
Cuba	1	5	4	6
Georgia	1	10	8	12
Armenia	1	12	9	16
Fiji	0	26	24	28
Guyana	0	30	19	48
Serbia	0	6	5	6
Kuwait	0	8	7	9
Belgium	0	4	3	4
Bulgaria	0	7	7	8
Solomon Islands	0	20	14	29
Hungary	0	4	4	5
Belarus	0	3	3	4
Bhutan	0	30	19	44
Czechia	0	3	3	4
Greece	0	4	4	5
Uruguay	0	8	7	8
Switzerland	0	4	4	5
New Zealand	0	6	5	7
Trinidad and Tobago	0	18	8	43
Sweden	0	3	3	3
Slovakia	0	6	5	6
Austria	0	4	3	4
Portugal	0	4	4	4
Albania	0	9	8	9

Countries and areas	Annual number of under–5 deaths (thousands)	Under–5 mortality rate (deaths per 1,000 live births)		
		Median	Lower bound	Upper bound
Denmark	0	4	4	5
Ireland	0	4	3	5
Vanuatu	0	26	17	42
North Macedonia	0	10	8	12
Cabo Verde	0	19	16	25
Sao Tome and Principe	0	31	20	49
Mauritius	0	16	14	17
Suriname	0	19	9	40
Qatar	0	7	6	8
Croatia	0	5	4	5
Kiribati	0	53	32	86
Bosnia and Herzegovina	0	6	5	7
Bahrain	0	7	6	9
Norway	0	3	2	3
Singapore	0	3	2	3
Lithuania	0	4	4	5
Belize	0	13	12	15
Finland	0	2	2	2
Latvia	0	4	3	5
Micronesia (Federated States of)	0	31	13	75
Samoa	0	16	11	22
Brunei Darussalam	0	12	10	13
Maldives	0	9	7	11
Bahamas	0	10	8	13
Marshall Islands	0	33	22	50
Slovenia	0	2	2	3
Tonga	0	16	9	26
Barbados	0	12	9	17
Estonia	0	3	2	3
Saint Lucia	0	17	13	22
Dominica	0	36	28	46
Cyprus	0	2	2	3
Malta	0	7	6	9
Grenada	0	15	13	19
Saint Vincent and the Grenadines	0	16	13	20
Seychelles	0	14	11	18
Montenegro	0	3	2	3
Luxembourg	0	2	2	3
Antigua and Barbuda	0	6	5	9
Nauru	0	32	18	55
Iceland	0	2	2	3
Saint Kitts and Nevis	0	12	9	16
Tuvalu	0	24	14	44
Palau	0	18	10	34
Andorra	0	3	2	5
Cook Islands	0	8	5	13
Monaco	0	3	2	5
Niue	0	24	10	56
San Marino	0	2	1	4