Methodology Note

As a global thematic report on children and the Sustainable Development Goals, *Progress for Every Child in the SDG Era* uses internationally comparable data from the global databases held on behalf of the international community by UNICEF and other United Nations agencies.

Similarly, global rather than national targets are used to gauge progress on the SDG indicators, including in the country profiles, which are available at <uni.cf/sdgreport>. UNICEF remains committed to the localization of SDG targets – but in a global report, only the global targets and indicators are available and comparable.

Assessing trajectories towards the global targets

For each of the child-related SDG indicators examined here, countries are assigned to one of five categories, based on their progress towards the target and availability of data, as follows:

- **Target met** – the country has already achieved the global SDG target (although this may change between now and 2030).

- **On track** – the current rate of progress (the average annual rate of change, assessed based on available trend data) is equal to or higher than that required to achieve the global target by 2030.

- **Acceleration needed** – based on current trends, the projected level in 2030 does not meet the global target.

- **Insufficient trend data** – there are not enough data points (usually fewer than two) from the date range in question (usually 2000–2016) to establish a trend and make a projection to 2030.

- **No data** – there are no internationally comparable data available in UNICEF global databases, or none deemed recent enough to use.

- **N/A** – not applicable for the reasons outlined under each relevant indicator listed below.

How countries are assigned to these categories and how the categories are defined – what constitutes meeting the global target, how the rate of progress is determined, and what is considered usable data – vary from one indicator to another, depending on the particularities of the available data.

Indicators by dimension of child rights

Every child survives and thrives

Nutrition

2.2.1 Prevalence of stunting among children under 5

2.2.2a Prevalence of wasting among children under 5

2.2.2b Prevalence of overweight among children under 5

Source for all three nutrition indicators: UNICEF-WHO-World Bank Group, joint child malnutrition estimates, country data set, March 2020 edition, available at <data.unicef.org/resources/jme>, based on DHS, MICS and other nationally representative household surveys.

Country trajectories and assessment towards the stunting, wasting and overweight targets at the national level were determined using the joint malnutrition country dataset (March 2020) and are largely in alignment with the WHO-UNICEF Technical Expert Advisory Group on Nutrition Monitoring rules ('Methodology for Monitoring Progress towards the Global nutrition Targets for 2025: Technical report', World Health Organization and United Nations Children's Fund, June 2017, available at <apps.who.int/iris/bitstream/handle/10665/258938/WHO-NMH-NHD-17.9-eng.pdf;jsessionid=CBAD229BC72DD56F721FA492814183E6?sequence=1>. The interagency assessment on country progress was made towards the 2025 World Health Assembly targets (and not the recently proposed 2030 targets) for this exercise.

Methodology Note

While the WHO-UNICEF 2017 rules were used as much as possible, since this report uses the same 5 categories for all SDG indicators (on track, acceleration needed, target met, insufficient trend data, and no data) (Table 1) the current report does not directly align with the latest WHO-UNICEF country assessments published elsewhere.

The 'on track' category follows the WHO-UNICEF rules for stunting and overweight (Table 2). For wasting the WHO-UNICEF rules applied to categorize a country as 'on track' are instead used to assign an assessment of 'target met' in this report since the rules designate a country as 'on track' if the prevalence is <5% which is the 2025 target; there is no assessment for 'on track' for wasting in this report.

The 'acceleration needed' category is based on a combination of prevalence and average annual progress rates depending on the indicator. However, the 'acceleration needed' category does not exist in the WHO-UNICEF 2017 rules and was made for this report by combining two categories from the WHO-UNICEF 2017 rules of (i) off track: some progress; and (ii) off track: no progress or worsening (Table 1).

This report also made an additional classification not within the WHO-UNICEF 2017 rules. This was applied to any country for which the most recent estimate between 2013 and 2019 was < 3 per cent for stunting or overweight prevalence or < 5 per cent for wasting prevalence. This category of 'target met' was also applied to countries which have already achieved a 40 per cent reduction in the number of stunted children according to their annual progress rates assessment (Table 2). Apart from countries in the 'target met' category, countries that did not have at least two data points since 2008 and at least one data point beyond 2012, were classified as having 'insufficient trend data'. Countries without any data point after 2000 were classified as 'no data'.

Note that for stunting and overweight, the JME group is developing county level model-based estimates which are anticipated for release in 2021. The assessments presented in this report may therefore change in the near future.

Table 1: Differences in labels for child malnutrition target tracking used in this report and the WHO-UNICEF 2017 rules

WHO-UNICEF 2017 rule labels	Labels used in this report
N/A	Target met
On track	On track
Off track, some progress	Acceleration needed
Off track, no progress or worsening	Acceleration needed
N/A	Insufficient trend data
N/A	No data

Country profile footnotes

Table 2: **Progress assessment rules for 2025 global nutrition targets applied in this report**

Label	Stunting (Target: *reduce the number of stunted children by 40 per cent*)	Wasting (Target: *reduce and maintain childhood wasting to less than 5 per cent*)	Overweight (Target: *no increase in childhood overweight*)
Target met	The number of stunted children is 40% less when comparing the most recent prevalence estimate to the baseline year estimate, or prevalence <3 per cent.	Prevalence <5 per cent.*	Prevalence <3 per cent.
On track	AARR ≥ required or prevalence <5 per cent.	NA**	AARR ≥-1.5.
Acceleration needed	AARR < required.	Prevalence ≥5 per cent.	AARR <1.5.
Insufficient trend data	If the most recent data point post 2012 was ≥5.0 per cent, the country did not have ≥2 data points since 2008 with ≥1 more recent than 2012.	No data point after 2012.	If the most recent data point post 2012 was ≥3.0 per cent, the country did not have ≥2 data points since 2008 with ≥1 more recent than 2012.
No data	No data point after 2000.	No data point after 2000.	No data point after 2000.

* Assessment against the wasting target is based on the most recent point estimate, even though confidence intervals are available which in many cases surpass the cut off. Wasting is an acute condition that can change frequently and rapidly, even as rapidly as over the course of a calendar year. Therefore, countries assigned a 'target met' category in this report may fall into the 'acceleration needed' category in subsequent assessments.
** There is no progress assessment which aligns with the 'on track' category for the 2025 wasting target in this report. Within the WHO-UNICEF, rules the "on track" label is applied for these same countries labelled as 'target met' in this report.

Maternal care

3.1.2 Proportion of births attended by skilled health personnel

Joint UNICEF/WHO database 2020 of skilled health personnel, based on population based national household survey data (MICS, DHS and others) and routine health systems.

Projections are based on data from 2000–2019. The threshold for meeting the 'universal coverage' target is 95 per cent. Data are deemed insufficient to establish a trend if there are fewer than two data points, or no data in the period 2014-2019; the country is categorized as having no data if there is none since 2000.

Child mortality

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

3.2.2   Neonatal mortality rate (deaths per 1,000 live births) Source for both child mortality indicators: UN IGME (UNICEF, WHO, United Nations Population Division and World Bank Group).

The data presented in the country profiles for indicators 3.2.1 and 3.2.2 refer to estimates, not the latest year of available data.

Under-five and neonatal mortality rate estimates produced by the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) were used to assess progress. Projections were based on the current mortality level in 2019 and the annual rate of reduction (ARR) in the mortality rate from 2010 to 201. Crisis-free estimates were used for the projections.

For countries with mortality rates above the SDG targets (25 under-five deaths and 12 neonatal deaths per 1,000 live births) in 2019, the ARR was used to project the 2030 mortality rates. For countries with a neonatal mortality rate above the SDG target of 12 deaths per 1,000 live births in 2019, the neonatal mortality rate in 2030 (based on the ARR) was calculated and constrained to not exceed the projected under-five mortality rate in 2030.

Methodology Note

HIV

3.3.1 Number of new HIV infections per 1,000 uninfected population (children under 5)

3.3.1 Number of new HIV infections per 1,000 uninfected population (adolescent 15-19)

3.3.1 Number of new HIV infections per 1,000 uninfected population (adolescent girls 15-19)

3.3.1 Number of new HIV infections per 1,000 uninfected population (adolescent boys 15-19)

Source for all three HIV indicators: UNAIDS 2020 estimates.

Projections of the number of new HIV infections among children and adolescents were calculated using by applying the Average Annual Rate of Change (AARC) between 2010 and 2019 to the years 2020 and 2030. Historical trends of new HIV infections are produced from the AIDS Impact Model (AIM) in Spectrum software and take into account recent trends in HIV incidence and antiretroviral coverage among adults and pregnant women. Model inputs include population statistics, survey data and national HIV programme data, which are reviewed for completeness and quality by UNAIDS, UNICEF, WHO and collaborating partners. The target for children under age 5 is based on the Fast Track target of 20,000 new HIV infections among children globally. The target for adolescents (aged 15–19) is based on the ALL IN and Stay Free target of 75 per cent reduction in new HIV infections between 2010 and 2020. For both children and adolescents, the 2005–2020 AARC necessary to achieve the 2020 target was extrapolated to determine a 2030 target. For both children and adolescents, each country's target was below 0.001 new HIV infections per 1,000 uninfected population. In addition, any country is considered to have met their target if the number of annual new HIV infections for each age group drops below 10.

Country profile footnotes

h   Unpublished estimates.

3.8.1 Population coverage of essential health services

Source: World Health Organization (WHO)

The index of health service coverage is computed as the geometric means of 14 tracer indicators, organized by four broad categories of service coverage: 1) Reproductive, maternal, newborn and child health: including family planning coverage, pregnancy and delivery care, child vaccination with DTP3, child care-seeking for pneumonia symptoms; 2) Infectious disease: indicators related to TB, HIV/AIDS, malaria, also households using improved sanitation facilities; 3) Non-communicable diseases: indicators related to hypertension, diabetes and tobacco, 4) Service capacity and access: indicators related to hospital access, health workforce and health security.

Projections are based on data from 2000–2017. The country is categorized as having no data if there is none since 2000. For this analysis, the threshold for meeting the 'universal coverage' target is 95 per cent.

Immunization

3.b.1 Proportion of the target population covered by all vaccines included in their national programme – MCV1

3.b.1 Proportion of the target population covered by all vaccines included in their national programme – DTP3

Source for both immunization indicators: WHO and UNICEF estimates of national immunization coverage, 2016 revision.

In the absence of an adopted SDG indicator, this report uses DTP3 and MCV1 coverage to gauge progress in immunizing children. DTP3 coverage is traditionally used to measure the performance of immunization programmes, and DTP is one of the few universal vaccines present in all countries. The first dose of measles containing vaccine (MCV1) is likewise used in all countries. Usually, DTP3 is recommended early in the first year of life, while MCV1 is given towards the end of the first year of life. The two vaccines together offer a better assessment of the performance of immunization programmes.

Projections are based on the average annual rate of change in estimated national immunization coverage between 2010 and 2016 for DTP3 and MCV1. The threshold for meeting the target is 95 per cent coverage.

◣ Every child learns

Learning outcomes

4.1.1.c.i Proportion of young people at the end of lower secondary achieving at least a minimum proficiency level in reading

Source: Programme for International Student Assessment (PISA), Programme for International Student Assessment for Development (PISA-D) and National Learning Assessment. Data were extracted from UNESCO Institute for Statistics (UIS), 2020..

4.1.1.c.ii Proportion of young people at the end of lower secondary achieving at least a minimum proficiency level in mathematics

Source: Source: Programme for International Student Assessment (PISA), Programme for International Student Assessment for Development (PISA-D), Trends in International Mathematics and Science Study (TIMMS) and National Learning Assessment. Data were extracted from UNESCO Institute for Statistics (UIS), 2020.

Projections for 4.1.1.c are made based on data reported during 2010-2018, using a logistic regression using all available data points. The target is considered met at or above 90 per cent.

Early learning

4.2.1 Proportion of children 36-59 months who are developmentally on track in health, learning and psychosocial well-being

Source: UNICEF global databases, 2020, based on DHS, MICS and other nationally representative household surveys.

i   Data are available from two points in time but are not directly comparable.

j   Data refer to the oldest child among those aged 36–59 months in the household.

k   Data refer to the youngest child among those aged 36–59 months in the household.

A proxy indicator is used for SDG reporting on indicator 4.2.1 because it will take some time for country uptake and implementation of a new measure (the ECDI2030) and for data to become available from a sufficiently large enough number of countries for SDG reporting.

'Universal ECD' is defined as 100 per cent prevalence. Trends are assessed by comparing the latest two available data points from comparable survey sources. If the calculated average annual rate of change (AARC) was sufficient to reach 'universal ECD' by 2030, the country is considered on track.

Countries marked as having no data represent those for which comparable data are not available in the UNICEF global databases, for varying reasons.

Country profile footnotes

4.2.2 Participation rate in organized learning one year before the official primary entry age

Source: UNESCO Institute for Statistics (UIS), 2020.

Projections are made based on data reported during 2000–2019, using a logistic regression using all available data points. The target is considered met at or above 95 per cent.

Learning environment

4.a.1 (e)(f)(g) Proportion of schools with access to WASH

The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene is preparing estimates for basic drinking water, sanitation and hygiene in schools. The SDG baselines for WASH in schools will be published in early 2018.

Methodology
Note

◘ Every child is protected from violence, exploitation and harmful practices

Countries marked as having 'no data' for child protection indicators represent those for which comparable data are not available in the UNICEF global databases. Reasons vary: Countries may use alternate non-comparable measures, or may have comparable data that are not yet included in UNICEF's global data compilation. Additional reasons for the lack of data on particular indicators are specified below.

Intimate partner violence and sexual violence

5.2.1 **Proportion of ever-partnered women and girls aged 15-19 subjected to physical, sexual or psychological violence by a current or former intimate partner**

5.2.2 **Proportion of women and girls aged 15-19 subjected to sexual violence by persons other than an intimate partner**

16.2.3 **Proportion of young women aged 18-29 who experienced sexual violence by age 18**

16.2.3 **Proportion of young men aged 18-29 who experienced sexual violence by age 18**

Source: For 5.2.1 and 16.2.3, UNICEF global databases, 2019, based on DHS, MICS and other nationally representative household surveys. For 5.2.2, UNICEF global databases, 2019, based on DHS.

A proxy indicator that refers only to experiences of physical and/or sexual violence is used for SDG reporting on indicator 5.2.1, because there is no agreed-upon definition or standard methodology for measuring psychological violence.

For indicators 5.2.1, 5.2.2 and 16.2.3, elimination is defined as 0.1 per cent prevalence or less.

For indicators 5.2.1 and 5.2.2, trends are assessed by comparing two data points from comparable survey sources. If the calculated average annual rate of change (AARC) was sufficient to reach elimination by 2030, the country is considered on track.

For indicator 16.2.3, trends in the prevalence of sexual violence in childhood are assessed by comparing the values across two age cohorts (aged 18–19 and 25–29) from the most recent available

data source. The AARC was calculated over a 7-year period. The country is considered on track if the observed AARC is sufficient to reach elimination by 2030. An additional criterion for a country to be considered on track was a prevalence of 0 per cent for sexual violence ever experienced among those aged 15–17.

Due to very low levels reported for indicators 5.2.2 and 16.2.3 in most countries, the 'on track' analyses that are presented here need to be interpreted with some degree of caution, as the observed changes used to determine a country's progress may be within confidence intervals.

Note that for the 2020 SDG reporting period, the co-custodian agencies for indicators 5.2.1 and 5.2.2 did not submit any data updates since work is ongoing to consult and validate new estimates for 5.2.1 and to agree on an indicator definition for 5.2.2.

Country profile footnotes

l   Currently married girls.

m Based on 25–49 unweighted cases.

n   Refers to girls aged 15–24 years.

o   Data differ from the standard definition.

p   Although these countries are marked as having met the target, it is known that victims of violence are extremely reluctant to report their experience. Due to this major challenge of under-reporting, it is improbable that violence is altogether non-existent, even with a reported prevalence of 0.1 per cent or less.

v   Refers to ever-married women who experienced sexual violence committed by a husband or partner.

Harmful practices

5.3.1 **Proportion of women aged 20-24 who were married or in union before age 18**

5.3.2 **Proportion of girls and women aged 15-49 who have undergone female genital mutilation/cutting**

Source: UNICEF global databases, 2019, based on DHS, MICS and other nationally representative household surveys.

Trends are assessed by comparing the prevalence across age cohorts from the latest available data source. The average annual rate of reduction (AARR) is calculated over a 25-year (for child marriage) or 30-year (for FGM) period and the most recent 10-year period, and the country is considered 'on track' if either AARR is sufficient to reach elimination of the practice (defined as <1 per cent) by 2030. Countries with an FGM prevalence of under 1 per cent among girls aged 15–19 years, or a child marriage prevalence under 1 per cent among women aged 20–24 years, are considered to have met the respective targets.

Countries for which comparable data are not available in the UNICEF global databases include those in which child marriage and FGM are not widespread enough to warrant national-level data collection. Evidence does suggest, however, that harmful practices occur within

population groups throughout the world, including, for example, the practice of FGM in countries that are destinations for migrants from countries where the practice still occurs.

Methodology
Note

8.7.1 Proportion of children aged 5-17 engaged in child labour

Source: SDG global databases, 2020, based on DHS, MICS and other nationally representative household surveys.

While trend data on child labour are available for some countries, changes in the definition applied, the age groups covered, and the methodology used to collect the information over time limit the comparability of available data sources and the ability to measure trends for most countries.

Two indicators are used for measuring child labour for the purpose of SDG reporting. The indicator reported on here is: Proportion of children aged 5-17 years engaged in economic activities and household chores at or above age-specific hourly thresholds:
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 household chores for ages 15-17).

Country profile footnotes

d   Data refer to children aged 5-14 years.

Deaths due to violence

16.1.1   Number of victims aged 0-19 of intentional homicide per 100,000 population

16.1.2   Conflict-related deaths per 100,000 population

16.1.3   Producing reliable estimates of the number and causes of death, particularly among children and adolescents in both conflict and non- conflict settings, is difficult as age disaggregated death registration data in many countries are not systematically collected, accessible, adequately compiled, complete or accurate. Determining cause of death, particularly when victims are very young, can be especially challenging even in countries with advanced and well-functioning health and registration systems. For these reasons, the assessment of trends in child deaths due to violence from official records is limited by the lack of reliable data for most countries.

For indicator 16.1.1, data disaggregated by age are not currently available in the global SDG database and therefore estimates of the number of child victims cannot be produced. This is the rationale for classifying this indicator as no data in the country profiles.

Up until March 2019, indicator 16.1.2 was classified as tier III meaning there was no established methodology for collecting these data. Following the reclassification to tier II, a global SDG database with country values will be developed, but in the meantime, the indicator has been classified in the country profiles as no data.

Violent discipline

16.2.1 Proportion of children aged 1-14 who experienced any physical punishment and/or psychological aggression by caregivers in the past month

Source: UNICEF global databases, 2020, based on DHS, MICS and other nationally representative household surveys. Due to availability of data, the age range used to report on this indicator for most countries differs from the SDG indicator.

'Elimination' is defined as 0 per cent prevalence. Trends in the prevalence of violent discipline are assessed by comparing two data points from comparable survey sources. The average annual rate of change (AARC) was calculated using the exact number of years between each data point. The projected prevalence by 2030 was calculated using the year of the latest data source as a starting point. If observed AARC was sufficient to reach elimination by 2030, the country is considered on track.

Country profile footnotes

t   Data refer to children aged 2–14 years.

u   Data differ from the standard definition.

Birth registration

16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority

Source: UNICEF global databases, 2020, based on DHS, MICS, other nationally representative household surveys, censuses and vital registration systems.

Complete birth registration coverage is defined as 99.5 per cent or higher. Countries identified as having already met the target include those with the most recent survey-based estimates above that threshold, and those with 100 per cent birth registration coverage as pre-determined based on the completeness of their vital registration systems.

An assessment of progress was conducted for each country that had at least two comparable data sources, provided that the most recent data source was from 2010 or later. For each country, the average annual rate of change (AARC) was calculated using the two most recent data points. Given that evidence suggests that progress slows as levels of birth registration approach 100 per cent, a country's observed AARC may no longer be plausible when its projected levels get higher. To adjust for this, the projected birth registration prevalence for each country followed the country's trajectory, starting from the latest data point until the prevalence of birth registration reached a level at which its observed AARC has never been recorded (at least among the countries with available trend data). At this point, the projection scenario

continues forward at the highest AARC observed by any country within that tier. The following
tiers were established (based on starting levels of birth registration): 0-24 per cent, 25-74 per cent, 75-84 per cent, 85-94 per cent and above 95 per cent.

Methodology Note

This country assessment of progress should not be directly compared with previous assessments since the methodology for assessing progress has changed.

For indicator 16.9.1, countries marked as having no data represent those for which data are not available in the UNICEF global databases.

Analyses presented here need to be interpreted with some degree of caution since the changes observed used to determine a country's progress may be within confidence intervals.

Country profile footnotes

d Data differ from the standard definition or refer to only part of a country.

w Estimates of 100 per cent were assumed given that civil registration systems in these countries are complete and all vital events (including births) are registered. Source: Department of Economic and Social Affairs, Statistics Division, last update December 2017.

Country profile footnotes

t Data refer to children aged 2–14 years.

u Data differ from the standard definition.

Analyses presented here need to be interpreted with some degree of caution since the changes observed used to determine a country's progress may be within confidence intervals. While evidence also suggests that the rate of progress stalls once birth registration prevalence levels become very high, these analyses have not accounted for plateau effects.

Country profile footnotes

d Data differ from the standard definition or refer to only part of a country.

w Estimates of 100 per cent were assumed given that civil registration systems in these countries are complete and all vital events (including births) are registered. Source: Department of Economic and Social Affairs, Statistics Division, *Population and Vital Statistics Report*, Series A, vol. LXV, United Nations, New York, 2013.

⁝⁝⁝ Every child lives in a safe and clean environment

Air pollution

3.9.1 Mortality rate attributed to household and ambient air pollution per 100,000 population
Source: SDG Global Database, 2017.

The global target used for this analysis is 5 or fewer deaths.

WASH

6.1.1 Proportion of population using safely managed drinking water services

6.2.1.a Proportion of population using safely managed sanitation services
Countries and regions are classified as having met the global target if use of safely managed services exceeded 99 per cent in 2017. "on track" if the annual rate of change between 2000 and 2017 would be sufficient to reach 99% in 2030, or "acceleration needed". Data are insufficient to establish trends if not estimates were available in 2000 and 2017

1.4.1.a Proportion of population using basic drinking water services

1.4.1.b Proportion of population using basic sanitation services

6.2.1.b Proportion of population with a basic handwashing facility with soap and water available on premises

6.2.1.c Proportion of population practising open defecation
Source for all six WASH indicators: WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP), 2017.

Countries and regions are considered as having met the global targets for basic hand washing, water and sanitation if use exceeded 99 per cent in 2017, and 'on track' if the annual rate of change between 2000 and 2017 would be sufficient to reach 99 per cent coverage in 2030.

Countries and regions are classified as having met the open defecation target if <1 per cent of the population practised open defecation in 2017, and 'on track' if the annual rate of change between 2000 and 2017 would be sufficient to reach <1 per cent open defecation by 2030.

Clean energy

7.1.2 Proportion of population with primary reliance on clean fuels and technology
Source: SDG Global Database, 2017.

The global target used for this analysis is 95 per cent or more.

Country profile footnotes
r   High-income countries with no data are assumed to have transitioned to clean fuels and technologies, and are therefore assumed to have >95 per cent of their population using clean fuels and technologies.
s   In the estimates presented here, values above 95 per cent polluting fuel use are reported as ">95 per cent", and values below 5 per cent as "<5 per cent".

Disaster deaths

13.1.1 Number of deaths caused by disaster per 100,000 population
Source: SDG Global Database, 2017.

This is a disaster-related indicator, hence, progress cannot be assessed based on trend data alone.

Methodology Note

▬ Every child has a fair chance in life

1.1.1 Children living in households in extreme poverty

Source: World Bank, 2017.

This global target is measured at the global level using household survey data in a sample of countries that have data in World Bank databases (PovcalNet, Global Micro Database and World Development Indicators). A baseline estimate for 2013 is the only global data available, and this imputes data for missing countries and extrapolates data from the sample of 89 countries that report data from 2009 onward to produce an estimate for a common year of 2013.

The methodology used to assign a status for trend data at the country level reflects the methodology used to produce the original global estimate. The 89 countries in the sample used to produce the global baseline estimate are recorded as 'having insufficient trend data', while other countries are given the status of 'no data' because they were not in that sample.

Many of these countries will have national-level data that are not available or was for a survey year prior to 2009. All high income countries are assumed to have 'zero' extreme poverty by the World Bank methodology and are assigned the 'no data' status.

Country profile footnotes

a The 2013 estimate may be an extrapolation from a earlier or later survey year. Country-level data are unpublished.

b Country is assumed to have zero extreme poverty in World Bank estimates.

1.2.1 Children living below the national poverty line

Source: Data are compiled from official national government sources such as statistical office tabulations and national household survey and poverty reports, and from official regional databases such as those compiled by Eurostat. National estimates are based on representative household income or expenditure surveys.

The data come from UNICEF's Country Reporting on Indicators for the Goals (CRING), 2016–2017, and do not represent the full extent of available data on child poverty using poverty lines that exist at the national level. For the SDG thematic report, the 49 countries reporting data to CRING have been classified as having 'insufficient trend data', while all others have been assigned to 'no data' – although many countries do have data (and have long trends in data) but are not currently included in CRING.

In addition to reflecting very different national methodologies, this indicator – which refers to the population as a whole – has been modified to be specific to children. Data on this child-specific formulation of the indicator is not publicly available in the SDG Global Database.

Country profile footnotes

c There are only national-level targets to reduce prevalence by 50 per cent, by 2030. There is no global target for this indicator.

d Data differ from the standard definition or refer to only part of a country.

1.2.2 Children living in poverty in all its dimensions

As this SDG explicitly mentions national definitions, the data are from official country reports. Obviously, different countries use different methodologies. Moreover, even if they use the same methodology indicators and thresholds may be different. Thus, country level estimates are not comparable.

Nevertheless, the important point is to measure progress for each country according to their own definition. Consequently, as long as countries routinely measure child poverty trends for each individual country will be gradually available. These estimates can then be aggregated to establish how many countries are on track.

1.3.1 Proportion of child population covered by social protection floors/systems

Source: SDG Global Database, 2017.

This indicator belongs to SDG 1, end extreme poverty in all its forms everywhere. To maintain consistency with the methodology used for indicator 1.1.1, which has 3 per cent or less as its target, the target set for 1.3.1 is 97 per cent or more.

Regional classification

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

Asia
East Asia and the Pacific; South Asia

Americas
North America; Latin America and the Caribbean

Europe
Eastern Europe and Central Asia; Western Europe

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 (UN-OHRLLS)].
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