



Food



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Health



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Education

Child Poverty in East Asia and the Pacific: Deprivations and Disparities

A Study of Seven Countries

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**Bangkok, October 2011
UNICEF East Asia and Pacific**

This report has been authored by Alberto Minujin, with research assistance from Diego Born and Skye Dobson. The report has been edited by Qimti Paienjton.

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Printed in Thailand

ISBN 978-974-685-134-3

UNICEF East Asia and Pacific Regional Office
19 Phra Atit Road
Bangkok 10200
Tel: (66 2) 356-9499
Fax: (66 2) 280-3563
E-mail: eapro@unicef.org
www.unicef.org/eapro

About the Author:

Professor **Alberto Minujin** led the first Global Study on child deprivation in the developing world and was linked to the founding of UNICEF's Global Study on Child Poverty and Disparities. Since 2006, Minujin has provided consulting services to UNICEF Iran, Tanzania, Egypt, Ecuador, Mexico, Argentina and New York and to the Government of Provincia de Buenos Aires, Argentina. He has wide experience supporting the development of programs and projects for children and family wellbeing in many countries around the world, including Egypt, Mali, Jordan, and most Latin American countries. Until October 2005 Minujin served as Senior Programme Officer, Policy Analysis at the Global Policy Section in the Division of Policy and Planning of UNICEF Head Quarters, where he worked on social policy, policies for child poverty reduction and equity, budget analysis and human rights issues. He is former Regional Advisor for Social Policy, Monitoring and Evaluation for Latin America and the Caribbean and Programme Coordinator of UNICEF Argentina. Alberto Minujin is a professor at the Graduate Program in International Affairs, New School University, New York and previously at the School of International and Public Affairs, Columbia University, New York. At the New School, he founded and serves as director of the Equity for Children Program.

Research Team:

Diego Born is a sociologist and specialist in production and processing of statistical information. He has worked in operations and sample census in the National Institute of Statistics and Censuses (INDEC) and has been in charge of the organization of specific surveys in the education area of the Directorate of Information and Statistics of the Ministry of Education of the Province of Buenos Aires, in which he is now a consultant.

Skye Dobson is a MA candidate at the New School. She is founder and director of The Wembly Fund and sits on the board of African Children's Haven. In 2010 she began working for ACTogether Uganda, the support-NGO of the Uganda Slum Dwellers Federation. Her research has centered on inequality, education systems, and community empowerment. Skye is presently writing her thesis on community-led urban development and serves as President of Project Africa at the New School.

Qimti Paienjton is a consultant at the Social Policy and Economic Analysis Section at the UNICEF East Asia and Pacific Regional Office (EAPRO), working primarily on child poverty, equity and social protection. Her professional training is in public policy, with a focus on international development.

Acknowledgments:

The author wishes to thank Mahesh Patel at UNICEF EAPRO, who initiated and guided this study, and the following colleagues at UNICEF country offices for their input: Julie Forder (Cambodia), Mizuho Okimoto-Kaewtathip (Lao PDR), Khurelmaa Dashdorj (Mongolia), Augusto Rodriguez (the Philippines), Andrew Claypole and Chayanit Wangdee (Thailand), Patrick Shing (Vanuatu), Geetanjali Narayan, Paul Quarles Van Ufford and Nguyen Van Anh, (Viet Nam), and Reiko Yoshihara (UNICEF Pacific). Comments provided by France Begin, Jill Lawler, Amalee McCoy, David Parker and Samman Thapa, all at UNICEF EAPRO, were also much appreciated, as was editorial assistance from Tanaporn Perapate, Kulanuch Rungnopkhunsri and Sirinrath Tesvisarn, and photo assistance from Kritsada Jirathun.

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Acronyms and Abbreviations

CA	Cluster A (Cambodia, Lao PDR, Mongolia)
CB	Cluster B (Viet Nam, Vanuatu, Philippines, Thailand)
CI	confidence interval
CO	UNICEF Country Office
CPI	child poverty index
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
EAPSR	East Asia and Pacific Sub-Region*
EAPR	East Asia and Pacific Region
EFA	Education for All
GDP	Gross Domestic Product
GNI	Gross National Income
GSO	General Statistics Office (of Viet Nam)
Lao PDR	Lao People's Democratic Republic
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
NGO	nongovernment organization
ODI	Overseas Development Institute
PIDS	Philippines Institute of Development Studies
RO	UNICEF Regional Office
SD	standard deviation
SOWC	State of the World's Children
U18	under 18 years
U5MR	under 5 mortality rate
UNDP	United Nations Development Programme

* For the purpose of this study, EAPSR or subregion refers to the seven countries under analysis in the present report, namely Cambodia, Lao PDR, Mongolia, the Philippines, Thailand, Vanuatu and Viet Nam.

Executive Summary

Poverty reduction begins with children. A child's experience of poverty is very different from that of an adult. Income is but one dimension among many that should be assessed when analyzing child poverty and disparity. Non-monetary deprivation in dimensions such as shelter, food, water, sanitation, education, health, and information is equally, if not more, revealing. Since deprivation along these dimensions can have significant negative consequences on a child's development and future, an examination of multidimensional child poverty and associated disparities is clearly warranted.

As part of UNICEF's Global Study on Child Poverty and Disparities, several countries in East Asia and the Pacific have undertaken national child poverty and disparity studies. In this paper, results from seven of those countries, Cambodia, Lao PDR, Mongolia, the Philippines, Thailand, Vanuatu and Viet Nam, are reviewed. The objective is to identify trends and lessons, generate strategies for UNICEF EAPRO, and to contribute toward a richer conceptualization of the situation of children in the region.

Data from the aforementioned countries indicates substantial reductions in the percentage of children who are severely deprived, with rates falling by one third from 56% in 2000 to 36% in 2006. The percentage of children who suffer from multiple severe deprivations nearly halved, from 27% in 2000 to 14% in 2006. While improvements can be observed in most dimensions of child wellbeing, the multidimensional deprivation analysis reveals that the most statistically significant improvements were found in the water and sanitation dimensions.

However, the analysis also reveals that despite these gains, over 30 million children in the seven countries suffer from at least one severe deprivation. This is more acute in certain segments of the population, representing critical equity challenges. The most notable dimensions of inequity include disparities between rural and urban areas, between provinces or sub-national regions, between different ethnic groups, between small and large households, and between households headed by well-educated and poorly educated adults. Although severe deprivation is visible across all wealth quintiles, children from the poorest and second poorest wealth quintiles are much more likely to be severely deprived compared to children from the richest quintile. Much more can and must be done in each of the seven countries to reduce inequities that block opportunities for children.

Patterns of child poverty in the region are suggestive of a natural clustering of countries. Cambodia, Lao PDR and Mongolia (Cluster A) consistently exhibit higher child poverty rates than the sub-regional average. The Philippines, Thailand, Viet Nam, and Vanuatu (Cluster B) have child poverty rates around or lower than the sub-regional average.

Comparisons within and across these clusters might be useful in guiding regional policies and programs. In Cluster A countries, a significant proportion of the child population is poor, often severely and multiply deprived. UNICEF strategies in these countries must remain focused on ensuring that basic social infrastructure is in place and that universal access to basic services is pursued. In Cluster B countries, a much lower proportion of the population is severely deprived and for the majority of the population the quality of basic services is a more pertinent issue than access. In these countries UNICEF strategies should focus on the extension of basic services to marginalized subgroups, as well as on improving the quality and scope of services provided.

Addressing disparities within countries in both clusters will require focused policies and approaches. Social protection is a key underdeveloped policy area that should be tailored differently in Cluster A and Cluster B countries based upon the different nature of affordability in these clusters and the infrastructural capacity to deliver universal social services. Universal child benefits or targeted cash transfers should be investigated at the country level to assess their feasibility and effectiveness.

Given the multidimensional nature of child poverty, policies and programs for child poverty reduction must go beyond the sectoral approach and promote an integrated strategic vision. Child-sensitive budgeting, monitoring, and analysis can be used to promote child equity. Strategic communication and advocacy, based on evidence from the country studies on child poverty, should be used to influence policy and maintain the momentum of multi-deprivation research and analysis carried out as part of the Global Study.

In all countries, UNICEF's programmatic support of national policies must be increased in order to fulfill child rights. National policies in the seven countries frequently reflect internationally accepted child rights standards, but programmatic, administrative and infrastructural support for these policies are often lacking. Since child poverty is a challenge shared by countries across the region, horizontal collaboration among the seven countries will be invaluable as they work to strengthen child rights and reach the most vulnerable.

Introduction

This report on child poverty and disparity in East Asia and the Pacific is based on the studies of Child Poverty and Disparity developed by Cambodia, Lao PDR, Mongolia, the Philippines, Thailand, Viet Nam and Vanuatu. These seven countries carried out comprehensive child poverty studies between 2007-2010 as part of UNICEF's Global Study on Child Poverty and Disparities. It will also draw upon conversations and reflection sessions with UNICEF EAPR country officers as well as data from MICS and DHS, which was processed by Bristol University for UNICEF.

The Global Study on Child Poverty and Disparities was launched in 2007 in order to draw attention to the daily deprivations suffered by children throughout the world. As part of the Global Study, forty-eight countries from across the globe have completed, or are presently in the process carrying out national studies following UNICEF's global study guidelines. The Global Study aims to generate quality analytical studies that use evidence, in the form of child deprivation analysis, to identify gaps and opportunities in child poverty policy and practice. Several countries from the East Asia and Pacific region that are participating in the Global Study were also included in an earlier landmark study on child poverty developed by UNICEF by 2000 and published in 2003 (Gordon 2000, SOWC 2005, Minujin 2003).¹ This study estimated for the first time child deprivation and poverty in the developing world using a multidimensional methodology and child-specific indicators.

There was a crucial difference, however, between that first study and the present Global Study on child poverty and disparities. The former was conceptualized and directed in a top-down fashion, while the present round of studies has been country-driven under a common methodological framework. Participating countries developed their own studies and utilized local teams to conduct all aspects of the research.² As a consequence, each country has taken critical steps towards the institutionalization of child poverty and disparity analysis, and has enhanced domestic capacity to conduct child-centric monitoring and evaluation. In the process, they have developed a more holistic vision of child wellbeing and recognized the critical need to pursue integrated policies and programmes.

The objective of the present report is to analyze the situation of child deprivation and inequality in the seven countries and assess the evidence, trends, and themes that emerge. Furthermore, the analysis will discuss implications for child poverty reduction policies and programming, which it is hoped will be useful to the UNICEF EAP Regional Office and each of the seven country offices as they attempt to build upon the momentum generated by the study.

The sample size of the seven countries included in this report is quite large. The representative sample provides information on 146,000 children, and so is statistically descriptive of nearly 93 million children in the seven countries. This scope will generate important insights for regional development discourse on the nature and variability of child deprivation and disparity. It is hoped that the report will serve as a useful evidence-base for advocating and developing integrated policies and programmes for the reduction of child poverty and disparity – a principal challenge for countries and development partners in the region.

It is clear from the seven country reports that the child deprivation approach has enabled child development actors in the region to clearly capture the multidimensionality of child poverty, which in turn, has helped practitioners and policymakers alike to better understand the concept and experience of child poverty as distinct from adult poverty. As stated in the Philippines study, “recognition of child poverty as a

¹ UNICEF commissioned The Peter Townsend Poverty Centre at the University of Bristol to conduct this study. The researchers, in collaboration with UNICEF, developed the multidimensional deprivation approach. The study used available data from DHS and MICS ca. 2000. The following countries from EAP were included: Cambodia, China, Lao PDR, Mongolia, Myanmar, The Philippines, Indonesia, and Viet Nam.

² The common methodology included a comparable set of tables on child deprivation that were estimated for UNICEF by the University of Bristol. Those tables were the source of information used in Section II of this report.

distinct issue in the study of poverty is a new development and only achieved universal recognition recently...thorough conceptualization and empirical studies are needed to capture the nuances of child poverty and their implications for policymaking in order to address them” (UNICEF Philippines and PIDS, 2009).

This report aims to capture such nuance and assist in the process of conceptualizing regional child poverty and disparity. Analysis reveals that the seven countries can be grouped into two clusters based on the incidence of national child deprivation. As the title of the report suggests, each cluster, despite sharing a common vision for reducing child poverty and disparity, may need to approach this task differently.

The report will proceed as follows:

Section I addresses contextual, conceptual and methodological issues related to child poverty and inequity. It will start with an examination of the macro-level characteristics of the seven countries in order to ground the situational analysis that follows. We will move on to make the case that focusing on child poverty makes development sense and that a holistic methodology is critical for understanding and reducing childhood deprivation.

Section II discusses child poverty trends in the seven countries, with a particular focus on deprivation and disparity, and also draws distinctions between income and deprivation poverty. Data for this section was obtained from the tables produced for UNICEF by the University of Bristol.

Section III deepens the general analysis presented in the previous section with an examination of the reports produced by each country as part of the Global Study of Child Poverty and Disparities between 2007 and 2010. In particular, this section focuses on the five pillars of child wellbeing and analyzes the policy and programmatic environment in each country in order to identify gaps and opportunities in each domain.

Finally, **Section IV** presents a series of recommendations and lessons learned from the preceding analysis. The objective is to provide some strategic suggestions that could help orient future action at the regional and country level. The overarching objective is to open the debate about how to transform into action the rich evidence on child poverty gathered as part of the Global Study.

SECTION I: Child Poverty and Disparities in EAP: Background

This section begins with a brief overview of the macro-level context in each of the seven countries in order to ground the following conceptual and methodological discussion. It will be shown that despite steady economic growth, the inability for such growth to alone improve the wellbeing of children – particularly those in marginalized populations – demands that the child poverty conceptual framework move beyond monetary deprivation. We will thus introduce a more holistic approach to conceptualizing and measuring child poverty. Such a perspective broadens not only the scope of potential policy and programming, but assists the generation of evidence that can be used to develop and support it.

1.1 Macro-level Characteristics of Countries

Table 1 summarizes population statistics and some basic development indicators for the seven countries included in this study. In general, each of the seven countries exhibited good macroeconomic performance over the last decade. As observed in Table 1, GNI per-capita ranges from \$1,570 in Cambodia to \$6,970 in Thailand. Thailand's GNI per capita is over twice as high as the second highest of the seven countries, the Philippines. The seven-country average GNI per capita is \$3,153, although without Thailand this falls to \$2,517. GDP in the region has increased beyond most analysts' projections. Cambodia's GDP growth averaged almost 10% between 2000 and 2006, while in Mongolia, Lao PDR, and Viet Nam growth rates averaged between 6-8% during the same period. In Thailand and the Philippines, GDP growth was around 5%, and despite Vanuatu's GDP growth being considerably lower than the seven-country average, it was still over 2%.

Table 1: Country Context, 2000-2006

Country	Population (thousands)	Population under 18 years (%)	GDP growth (annual average 2000-2006, %)	GNI per capita, PPP (\$)	Human Development Index		U5MR (per thousand)
					Index value	World ranking	
Cambodia	14562	41.6	9.5	1570	0.575	136	82
Lao PDR	6205	45.5	6.5	1700	0.608	133	75
Mongolia	2641	33.2	5.9	2850	0.720	112	43
Philippines	90348	40.7	4.8	3380	0.745	102	32
Thailand	67386	26.7	5.1	6970	0.786	81	8
Vanuatu	234	45.7	2.2	3290	0.686	123	36
Viet Nam	87096	32.9	7.5	2310	0.718	114	17

Source: World Bank Data (<http://data.worldbank.org>), UNICEF Statistics (<http://www.unicef.org/statistics/index.html>) and Human Development Report 2008.

However, it is now well established that GDP growth and poverty reduction are neither automatically nor linearly correlated and that it is possible for a country have a simultaneous growth of GDP and of income poverty (Stiglitz, 2003; Chang H, 2008). How much poor families and children benefit depends on several factors, among them the pattern of the economic development - in terms of economic sectors driving growth – labour components, income distribution, and social redistribution mechanisms. In countries with high levels of inequality, inequity constitutes a barrier to poverty reduction (UNRISD 2010; Wilkinson, 2010). In the following table, income poverty and inequality are presented and reveal that inequity in terms of income distribution remains a critical issue in the seven countries. The Gini Index in Cambodia, Philippines and Thailand is over 40, while in the rest of the countries it is over 32.

Table 2: Income Inequality and Income Poverty

Country	Income share held by...		Ratio Highest/Lowest	Gini Index (%)	Income poverty (\$1.25/day at PPP) (%)
	Highest 20%	Lowest 20%			
Cambodia	52.0	6.5	8.0	44.2	25.8
Lao PDR	41.4	8.5	4.9	32.6	44.0
Mongolia	44.0	7.1	6.2	36.6	2.2
Philippines	50.4	5.6	9.0	44.0	22.6
Thailand	49.0	6.1	8.0	42.5	2.0
Vanuatu	47.5	5.7	8.3	0.41	9.2
Viet Nam	45.4	7.1	6.4	37.8	21.5

Note: Data corresponds to Cambodia 2007, Lao 2002, Mongolia 2008, Viet Nam 2006, Philippines 2006, Thailand 2004 and Vanuatu 2008. Sources: World Bank Data (<http://data.worldbank.org>); Vanuatu National Statistics Office.

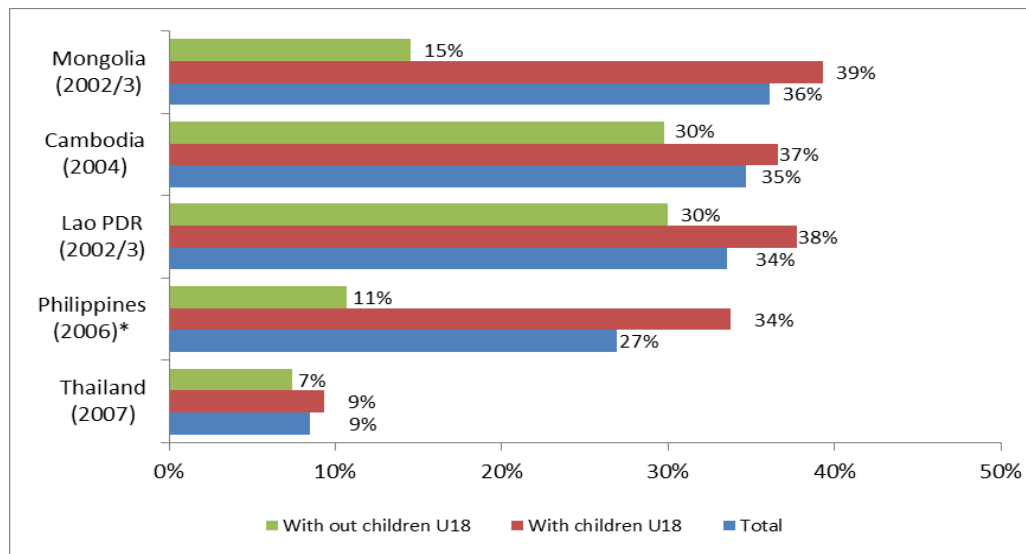
Inequality, however, also manifests in dimensions other than income and must be analysed not only in terms of poverty conceptualized using the adult-centric income and consumption approach, but also in terms of more holistic multidimensional child poverty approach that will be discussed in Section 1.2 and 1.3. Inequality refers to unequal opportunities to pursue a life of one's choosing and these opportunities span multiple dimensions. A recent report by UNICEF EAPR (2010) systematically presents, for the Asia-Pacific region, the various types of inequities faced by children in several dimensions using the MDG framework. Since the MDGs cover almost all the dimensions of child poverty addressed in the Global Study on Child Poverty and Disparities, no attempt will be made to replicate that effort here but some additional insights are presented in Section 2.7.³ Channeling resources towards the most vulnerable first, as is being promoted by UNICEF Executive Director Anthony Lake, is an efficient and effective strategy for MDG achievement and poverty reduction. Disparity analysis in the aforementioned report and in the country reports conducted as part of the Global Study will be instrumental, it is hoped, in the design and implementation of strategies based on the equity approach being advocated.

[1.2 Why Focusing on Child Poverty Makes Development Sense](#)

As Section 1.1 shows, a focus on macroeconomic growth alone is not likely to improve societal wellbeing and human development, particularly as it relates to children. For a long time children were, and in many instances remain, absent in poverty reduction discussions. When the conceptual framework is driven by the income and consumption approaches, the resultant policy and programs are predominantly adult-centric. In 2000, UNICEF published, "Poverty Reduction Begins with Children," hoping to influence the orientation of the Poverty Reduction Strategy launched by the World Bank and World Social Summit. In it UNICEF argued that "poverty reduction must begin with the protection and realization of the human rights of children. Investments in children are the best guarantee for achieving equitable and sustainable human development" (Vandermoortele, 2000). Indeed, childhood is a time of rapid development, physically, emotionally, and intellectually. Throughout childhood and into young adulthood individuals develop the capabilities needed to be productive members of their society. Childhood, however, is also one of the most vulnerable times in the life cycle. As stated in the UNDP Human Development Report 2004, "By the time we are ten, our capacity for basic learning has been determined. By the time we are 15, our body size, reproductive potential and general health has been profoundly influenced" (p.3). Due consideration, therefore, must be paid to children as individuals and citizens whose wellbeing is inextricably linked to that of the future wellbeing of society at large. In order to break the scourge of inter-generational transmission of poverty, as the aforementioned report suggests, the region must invest in children. Evidence shows that children living in poverty have an elevated probability of experiencing poverty in adulthood. As such, the fact that such a large share of the child population in the region is income-poor (as shown in Figure 1), is troublesome.

³ Section 2.7 of the present report complements the work on equity by highlighting 'disparity ratios' or 'relative gaps' instead of 'disparity gaps', which were used in the UNICEF EAPR MDGs paper. It will also complement this work by presenting some analysis on disparities by household characteristics such as household size and education of household head, which were not included in the UNICEF EAPR MDGs paper.

Figure 1: Income Poverty in Select Countries, 2002-2007



*Includes only children under 16 years.

Note: Lao PDR figures are based on population data. Figures for Cambodia, Mongolia, Philippines and Thailand are based on household data. Source: Own elaboration from national child poverty reports.

One must also remain mindful that children make up a significant portion of the region’s population and therefore merit, in fact demand, greater attention in poverty reduction and macroeconomic strategies in general. In some countries, like Lao PDR and Vanuatu, over 40 percent of the population are children. In Mongolia, Viet Nam, and the Philippines, approximately one third of the population are children. It is argued here that children constitute the most important resource countries in the region have this century. In order to face the challenges of development and globalization, the young people of the region must be equipped, nurtured, protected, educated and empowered to lead their countries out of poverty.

[1.3 Conceptualizing Child Poverty: A Multidimensional Deprivation Approach](#)

Conceptualizations of child poverty require a multidimensional approach, one that takes monetary and non-monetary indicators into consideration. This vision of child poverty is in line with the internationally recognized Convention on the Rights of the Child (CRC). The CRC holds that children have the right to a core minimum level of wellbeing, including the right to nutrition, basic education, survival, protection, and the right to grow up in a family. It is clear, when viewed in this light, that the CRC demands that the international community take a multidimensional approach to child poverty.⁴

Mindful of the implications of a more nuanced conceptual framework, UNICEF’s Global Study on Child Poverty and Disparities promotes the use of a holistic combination of child poverty measures. Many of the rights enshrined in the CRC, such as education and health, are treated as dimensions of child poverty in the Global Study methodology⁵ and the denial of those rights are treated as deprivations. As such, any deprivations we refer to throughout this report refer to violations of children’s rights and of internationally accepted standards of child wellbeing.

⁴ As discussed in the introduction of a forthcoming book by Policy Press on child poverty (Minujin A, editor, forthcoming), Amartya Sen’s capability theories have been integral to the formulation of such holistic conceptions of child poverty, as part of what has come to be known as the Human Rights Based Approach paradigm (Sen A, 1999). The resultant strategies start from the premise that poverty results from the deprivation of basic capabilities and thereby seek to address the broad set of inhibitors that constrain individual freedom to live a decent life (Sen A, 1999, p. 41; Minujin et al, 2006; Komarecki M, 2005). In many ways, the CRC can be regarded as the concretization of the human rights paradigm for children and adolescents as it outlines the “set of capabilities every child is entitled to achieve. The denial of these rights compromise his/her level of freedom and limits the opportunities he/she will enjoy in life” (Cappa C. 2010, p. 67).

⁵ Researchers at the Townsend Center at Bristol University developed the methodological formula used for the study and as such, the indicators are often referred to as the Bristol Indicators. “The ‘Bristol’ method was designed to produce meaningful scientific comparisons of child poverty between countries and UNICEF regions” (Gordon D et al, forthcoming).

The Bristol approach to child poverty and its main concepts, as utilized by the country studies under the Global Study common guidelines, are presented in Box 1. As can be seen, the multidimensional deprivation approach is holistic in nature. The thresholds associated with each dimension of poverty, moreover, are adaptable so that community and contextual issues can be taken into account, and the selection of deprivation dimensions can be broadened.⁶

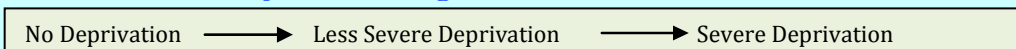
Box 1: A Multidimensional Deprivation Approach to Child Poverty

i) The Bristol Deprivation Approach: The Bristol Deprivation Model was adopted by the Global Study on Child Poverty and Disparities as a method to measure child poverty that not only captures the multidimensional nature of child poverty, but also the depth of poverty. The deprivation measures of child poverty are based on internationally agreed upon dimensions of child wellbeing and the child rights enshrined in the CRC, namely: adequate nutrition, safe drinking water, decent sanitation facilities, health, shelter, education and information. The dimensions shown below were agreed upon at the 1995 World Social Summit.

ii) The Seven Dimensions of Child Poverty

Food	Water	Shelter	Sanitation	Health	Education	Information
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ii) The Continuum of Deprivation along Each Dimension*



iii) Thresholds for Severe and Less Severe Deprivation in Each Dimension

Dimension	Severe Deprivation	Less Severe Deprivation	Age**
Food	Children who are more than 3 SDs below the international reference population for stunting (height for age) or wasting (height for weight) or underweight (weight for age)	Children who are more 2 SDs below the international reference population for stunting (height for age) or wasting (height for weight) or underweight (weight for age)	Under 5 years
Water	Children using surface water such as rivers, ponds, streams and dams, or who it takes 30 minutes or longer to collect water (walk to the water, collect it and return)	Children using water from an unimproved source such as open wells, open springs or surface water or who it takes 30 minutes or longer to collect water (walk to the water, collect it and return)	Under 18 years
Shelter	Children living in dwellings with 5 or more people per room or living in a house with no flooring material (i.e. a mud floor)	Children living in dwellings with 4 or more people per room or living in a house with no flooring material or inadequate roofing	Under 18 years
Sanitation	Children with no access to a toilet of any kind in the vicinity of their dwelling. E.g. No private or communal toilets or latrines.	Children using unimproved sanitation facilities (i.e. pour flush latrines, covered pit latrines, open pit latrines and buckets)	Under 18 years
Health	Children who did not receive immunization against any diseases or who did not receive treatment for a recent illness involving an acute respiratory infection or diarrhoea	Children who have not been immunised (did not receive 8 of the following vaccinations: bcg, dpt1, dpt2, dpt3, polio0, polio1, polio2, polio3, measles) by 2 years of age, or did not receive treatment for a recent illness involving an acute respiratory infection or diarrhoea	Under 5 years
Education	Children of schooling age who have never been to school or who are not currently attending school	Children of schooling age not currently attending school or who did not complete their primary education	7-17 years
Information	Children with no access to a radio or television or telephone or newspaper or computer (i.e. all forms of media)	Children with no access to a radio or television (i.e. broadcast media)	3-17 years

iv) Incidence of Child Poverty Using the Deprivation Approach

Severe Deprivation (1+):

The condition of the being severely deprived in at least one dimension

Multiple Severe Deprivation (2+):

The condition of being severely deprived in two or more dimensions***

*Adapted from Gordon's (2000) theory of relative deprivation.

**Given the age cohorts under consideration, it should be noted that any mention of the incidence of deprivation in this paper refers to incidence among children only.

***This condition is referred to as Absolute Poverty in the Bristol Model, but was renamed for the purpose of this report since the Bristol terminology does not adequately capture how it relates to 'Severe Deprivation'.

⁶ Both Viet Nam and the Philippines chose to adapt the multivariate approach to be more responsive to local context and in the process contributed to methodological advances in measuring child poverty in the region (more information on this process can be found in Section 2.8).

Although not without its limitations,⁷ the Bristol multidimensional deprivation approach is easily interpretable and was designed to maximize the ability for evidence to translate into policies and programs. As the Viet Nam report mentions, “a generally accepted and workable definition and measurement method of child poverty is an important tool for both academics and policy makers. It does not only offer the opportunity to get an insight into children’s poverty status but also gives the possibility to formulate and monitor sound poverty reduction objectives, strategies and policies (UNICEF, Viet Nam, 2008, 14).

1.4 Data Sources

Each of the seven national reports on child poverty from East Asia and the Pacific are based on extensive data analysis in order to illuminate the breadth of context-specific factors that contribute to child poverty and inhibit the realization of child rights in these countries.

The present report draws heavily on the national reports as well as on data tables processed for UNICEF by the University of Bristol – both of which relied on information from two household surveys: the Multiple Indicator Cluster Survey (MICS) and the Demographic and Health Survey (DHS). The scope of the present report is highlighted by Table 3, which lists the original sources and sample sizes of country data analysed in Section II of this paper.

Table 3: Sources and Sample Size of the Countries Included in the Report

Country	Source	Sample size (All households with members aged 0-17)	Number of children under 18 in sample
Cambodia	DHS 2005	12264	33463
Lao PDR	MICS 2006	5389	16263
Mongolia	MICS 2005	5460	11576
Philippines	DHS 2006/7	9831	26768
Thailand	MICS 2006	23012	38954
Vanuatu	MICS 2007	2632	6134
Viet Nam	MICS 2006	6315	12736
TOTAL		64903	145894

Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Tables 1.1.3 and 1.1.2 unweighted, except Vanuatu).

For subregional estimations (i.e. estimations involving an aggregation of numbers from the seven countries), we processed ourselves the data available from the national reports and Bristol tables. These instances are referred to as ‘own elaborations’ henceforth, and the process is documented in Annex 2.

⁷ The limitations include: a) the dimensions do not cover some key issues related with child rights, in particular nothing on child protection; b) it uses household surveys that do not cover (or underestimate) some of the most vulnerable groups, such as those orphaned and abandoned, living in institutions, and street children; c) the use of different age categories could bias the headcount results; and d) the equal weight of different indicators does not provide nor allows prioritization of policy actions (Roelen, K and Gassman F, 2008). Furthermore, thresholds are not always context-specific.

SECTION II: Deprivations and Disparities: A Regional Situation Analysis

In this section we will conduct a comparative analysis of child deprivation and poverty based upon national application of the Bristol Deprivation method. As mentioned previously, the Global Study encourages use of this method so that results are comparable across countries. In order to provide a parameter for comparative analysis, we estimated child deprivation for what will heretofore be referred to as the EAP Sub-Region (EAPSR). For the purpose of this analysis, the EAPSR represents a weighted average of the seven countries included in this report.

2.1 Trends in Child Poverty (Using the Deprivation Approach)⁸

The sub-region has exhibited significant reductions in the percentage of severely deprived children and those suffering multiple severe deprivations.⁹ In the sub-region, the estimated percentage of children suffering from at least one severe deprivation decreased from 56.3% in 2000 to 36% in 2006, while reductions in the rate of children suffering from two or more severe deprivations nearly halved from 26.8% in 2000 to 14.1% in 2006.¹⁰ As shown in Table 4, the total reduction of children suffering from severe deprivation was 36% for the sub region, 32.5% in Viet Nam, 29.6% in the Philippines and 4.7% in Mongolia.

Table 4: Incidence of Child Poverty Using the Deprivation Approach, ca.2000-ca.2006

Country	U18 Population (thousands)		Severe Deprivation (1 +) (%)			Multiple Severe Deprivation (2 +) (%)		
	2000	2006	ca. 2000	ca. 2006	Change * (%)	ca. 2000	ca. 2006	Change* (%)
Cambodia	6832	6062	91.4	90.1	- 1.4	64.4	63.5	-1.3
Lao PDR	2601	2822	76.0	75.2	- 1.1	39.8	51.1	28.4
Mongolia	1066	876	67.2	64.0	- 4.7	37.9	29.0	-23.5
Philippines	33385	36793	44.0	31.0	-29.6	16.0	8.0	-50.0
Thailand		18007		16.0			2.0	
Vanuatu		107		25.2			4.9	
Viet Nam	31139	28653	57.7	39.0	-32.5	30.7	15.0	-51.2
Subregion ¹¹	93756	93320	56.3	36.0	-36.0	26.8	14.1	-47.5
Subregion (thousands)	93756	93320	52815	33632	-19183	25154	13154	-12000

Sources: UNICEF Statistics (<http://www.unicef.org/statistics/index.html>), Bristol (2003), UNICEF Global Study (2007-2008), and own elaborations for subregion.

*Note: Change is calculated as follows: (2006 estimate minus 2000 estimate) divided by 2000 estimate and then multiplied by 100 to get %.

Figure 2 shows the relative reduction of child poverty from ca. 2000 to ca. 2006 in the three countries with fully comparable data.¹² It can be observed that the reduction of multiple severe deprivations was even greater than the reduction of severe deprivation, indicating promising improvements for the most vulnerable children. In the case of Viet Nam and the Philippines, the percentage of children suffering multiple severe deprivations fell by more than 50%. In Mongolia the reduction was more than 20%. When

⁸ There are several methodological issues that complicate this trend analysis. Firstly, the countries of the 'sub-region' are not uniformly represented throughout the duration of the years examined. Thailand and Vanuatu data was only available after 2006. Secondly, from 2000 to 2006 there were changes in measurement standards, mainly in the shelter indicator in Cambodia, Lao PDR and Mongolia, that limit comparability and complicate sub-regional analysis. However, because the estimations consider comparable indicators, and because similar trends were reported by all countries, the observations derived from this six year analysis were deemed useful, despite the anomalies.

⁹ Because of comparability problems this analysis is brief and must be understood as an indication of the prevalent trends. Caution must be exercised when considering the absolute values.

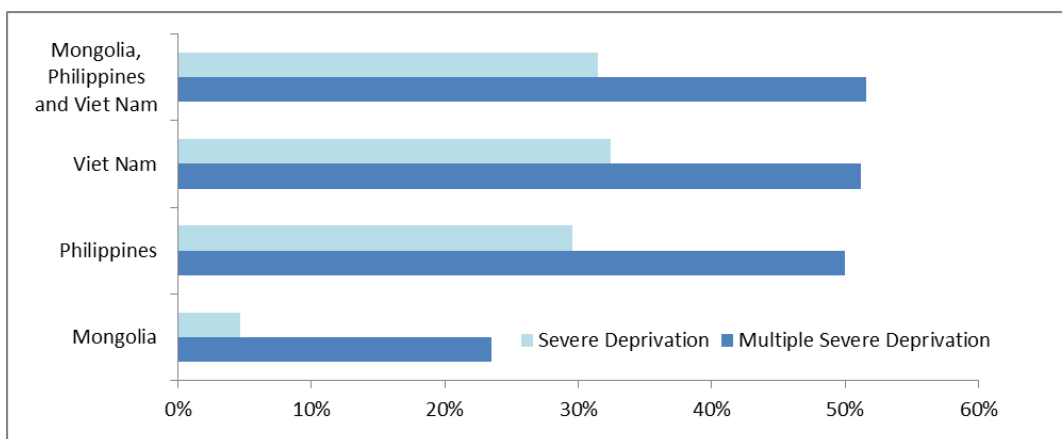
¹⁰ See Annex 1 for the date of the DHS and MICS surveys used in these estimations. We could be overestimating the changes because of the inclusion of Thailand in 2006. However, the results without Thailand give similar trends.

¹¹ In this particular instance, the subregional estimations for the year 2000 include figures from Myanmar (U18 Population: 18733(thousand), Severe Deprivation: 59.8%, and Multiple Severe Deprivation: 23.5%) for more robust estimation.

¹² Cambodia and Lao PDR are not included because their definitions of shelter deprivation changed from 2000 to 2006.

considering deprivation in the EAPSR as a whole, it is necessary to stress that even with the improvement trends observed from 2000 to 2006, it is still estimated that 33 million children in the sub region suffer from at least one severe deprivation and nearly 13 million from two or more severe deprivations.

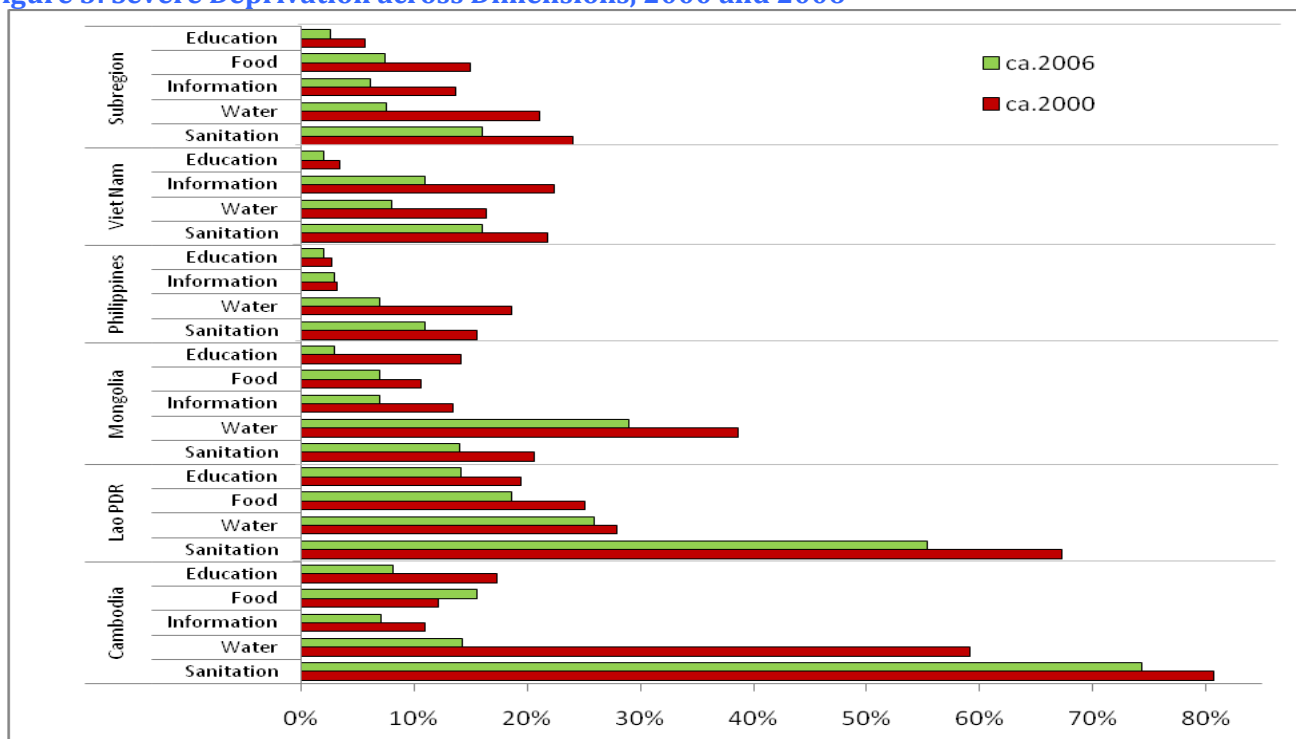
Figure 2: Relative Reduction in Incidence of Child Poverty Using Deprivation Approach, 2000–2006



Sources: Own estimation from Bristol (2003) and UNICEF Global Study on Child Poverty and Disparities (2007-2008).

Table 4 and Figure 2, however, only tell part of the story. Disaggregation by deprivation dimensions, as seen in Figure 3, can reveal more about the nature of these improvements and their impact on child wellbeing. Trend analysis of these relative improvements is a powerful tool for understanding how effective policies and programs have been, and provides evidence that can support strategic interventions.

Figure 3: Severe Deprivation across Dimensions, 2000 and 2006



Note: Includes only those dimensions for which definitions/thresholds remained stable across 2000-2006.

Sources: Bristol (2003), UNICEF Global Study on Child Poverty and Disparities (2007-2008), and own elaborations for the subregion.

Among the dimensions it is possible to compare across 2000 and 2006 (all except health and shelter), although improvements were observed in most dimensions, the most statistically significant improvements

were found in the water and sanitation. In 2000, 21% of children in the subregion suffered from severe water deprivation and 24% from severe sanitation deprivation.¹³ This dropped to 7.6% and 16% respectively by 2006. It is also evident that each of the countries followed this general trend in terms of water and sanitation improvement. It should be noted, however, that such a vast improvement was in large part possible because of the very high incidence of severe deprivation in these dimensions in 2000. Furthermore, even with the improvements, water and sanitation were still among the three dimensions registering the highest incidences of severe deprivation in 2006 (which were sanitation, shelter and water).

When considering the policy and programmatic implications of this data it is important to remember that even though a relatively small proportion of children in the subregion suffers from severe deprivation in the water and sanitation dimensions (7.6% and 16% respectively), this does not imply that the remaining child population has access to safe drinking water and hygienic sanitation facilities.¹⁴ In Viet Nam, for instance, even though only 16% of children are severely deprived of sanitation, over 40% live in dwellings without hygienic sanitation. Thus, despite impressive progress in this area, the health and wellbeing of many children in the region is still threatened by the lack of access to improved water and sanitation.

Figure 3 also highlights significant improvements in particularly child-centered indicators¹⁵, especially regarding access to education. Severe education deprivation in Cambodia, for example, was 20% in 2000, but by 2006 this had fallen to approximately 10%. Like access to water, however, access improvements frequently belie ongoing quality concerns. This is explored further in Box 2.

Box 2: Education in East Asia and the Pacific: Access and Quality Concerns

Access Concerns, Cambodia: Despite progress, basic access to education remains a problem in Cambodia, particularly in certain regions. The Ratanakkiri province, for instance, was reported to have 27% of children out-of-school and school survival rates remain problematic. In the country as a whole, approximately 8% of school-aged children have never been to school and the national primary school dropout rate is 10.8%. Drop-out rates in secondary school are even higher, with 21% of students dropping out at the lower secondary level and 14.4% at the upper secondary level. Reflections with the Cambodian CO suggest demand concerns must also be considered, “Household poverty, low quality of education, the cost of education and remoteness could be barriers to educational demand.” (UNICEF Cambodia, 2009)

Quality Concerns, Thailand: Extending compulsory education in Thailand has resulted in an increased number of children in school. Education indicators from 2007 suggest universal primary education has been achieved. The ongoing challenge, however, is to improve the quality of the education provided so as to improve academic performance indicators. Improvements in administration and management, as well as teacher training and development are believed to be critical in order to reverse the declining standards of academic institutions in the country. The Thai Government’s Education Reform agenda has been making slow progress on attempts to institute student-centered learning and improved academic outcomes. The Thailand Child Poverty and Disparity report notes that the net primary school completion rate was 86.8% and secondary school attendance was around 80%. These challenges have only become more pronounced following the fallout from the global economic crisis. As part of a 2009 stimulus package, the Thai government made one-off payments to all families with school children to pay for school uniforms and books. School and system-level reforms require increased scrutiny.

¹³ See Box 1 for definitions of the indicators and thresholds. Children (0 to 17 years old) considered to be suffering from severe water deprivation were those who had access only to surface water (e.g. rivers) for drinking or who lived in households where the nearest source of water was a distance of more than 30 minutes round trip.

¹⁴ Hygienic sanitation includes flush toilet, suilabh and double vault compost latrine. Toilet directly over water, other facilities or no toilet are considered unhygienic.

¹⁵ Of the seven dimensions of deprivation, three refer to specifically children’s indicators, namely: food, health and education. As the Viet Nam report suggests, these variables can be referred to as ‘child-centred’ wherein measurement is based on the individual child rather than the household. The other four dimensions refer to household conditions that affect children.

2.2 Differences among Countries in Incidence of Child Poverty (Using the Deprivation Approach)

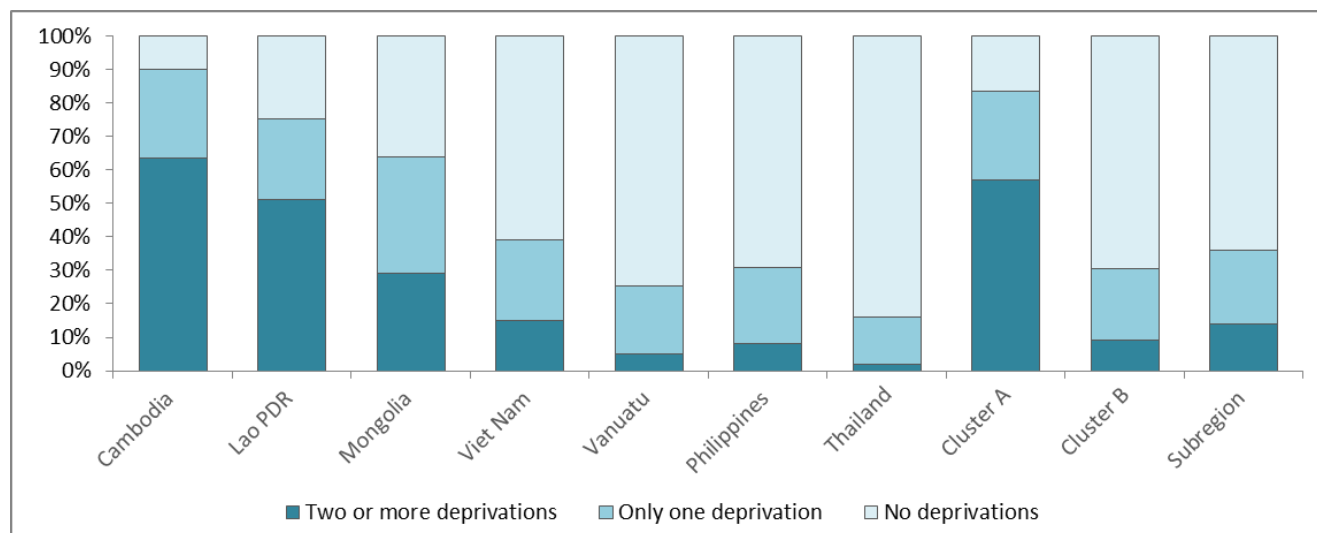
Despite observable variance in the level of deprivation and multiple deprivation, children experience severe deprivation to some extent in each of the countries, suggesting there exists significant potential for regional, horizontal cooperation to reach the region's most vulnerable. Based on our deprivation analysis, specifically the distance to the estimated sub regional averages, we clustered the seven countries into two sub-groups¹⁶:

1) Cluster A (Cambodia, Lao PDR and Mongolia)

2) Cluster B (Viet Nam, Vanuatu, the Philippines and Thailand)

The overall incidence of severe deprivation in countries in Cluster A (CA) was half a standard deviation (SD) above the subregional average, while the incidence in Cluster B (CB) was half a standard deviation below the subregional average. Data in the following section has been disaggregated in terms of these clusters and striking comparisons emerge that may help orient regional policies and programs. The cluster distinctions are maintained throughout this section as we examine trends, incidence of multiple deprivations, income poverty and disparity.

Figure 4: Incidence of Severe Deprivation, 2006



Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4), with own elaborations for subregion and clusters.

Figure 4 and Table 5 highlight the incidence of severe deprivation in countries studied. Table 5 also highlights the dimensions in which countries have similar needs and where their needs diverge. In Cambodia, approximately 90% of children were severely deprived, that is, only 10% of children did not suffer from any severe deprivation. For Lao PDR, the rate of severe deprivation was 75.2%, and in Mongolia it was 64%. In Thailand, we see a dramatically different situation, where a much lower proportion of children (16%) were severely deprived. In terms of multiple severe deprivations, rates range from 63.5% in Cambodia to 2% in Thailand. The range of severe deprivation stretched from 90.1% in Cambodia to 16% in Thailand. These extremes can be contrasted to the subregional average for severe deprivation at 36%, and multiple severe deprivation at 14.1%.

¹⁶ These two clusters of countries happen to correspond to the country typology identified in a 2007 background report prepared for the RMT at EAPRO, which used different socio-economic indicators to identify 'progressing economies' – comparable to our Cluster A – and 'young dragons' – akin to our Cluster B (UNICEF EAPRO 2007).

The weighted average shows the incidence of severe deprivation in Cluster A was 83% while in Cluster B it was 30%. When considering these findings, one must acknowledge the larger child populations in some of the CB countries and its impact on the absolute number of children suffering from severe deprivation. For example, the absolute number of severely deprived children in the Philippines is over 10 million even though only 31% of children suffer from severe deprivation. This can be contrasted with Cambodia where the percentage of children suffering from severe deprivation is 90%, but the absolute number of children suffering severe deprivation is around half that of the Philippines at 5.4 million. As will be discussed in Section IV, the policy implications are different for each case.

Table 5: Incidence of Severe Deprivation, ca. 2006

Deprivations	Cambodia	Lao PDR	Mongolia	Viet Nam	Philippines	Vanuatu	Thailand	CA	CB	EAPSR
Severe Deprivation(1+)	90.0	75.2	64.0	39.0	31.0	25.2	16.0	83.4	30.5	36.0
Multiple Severe Deprivation(2+)	63.5	51.1	29.0	15.0	8.0	4.9	2.0	56.8	9.1	14.1
Shelter	69.9	34.1	52.0	24.0	14.0	13.6	12.0	57.9	17.0	21.3
Sanitation	74.4	55.4	14.0	16.0	11.0	3.2	1.0	63.5	10.5	16.1
Water	14.3	25.9	29.0	8.0	7.0	7.5	2.0	19.0	6.3	7.6
Information	7.1	26.0	7.0	11.0	3.0	*	1.0	12.6	5.3	6.1
Food	15.6	18.6	7.0	*	*	9.9	3.0	15.7	3.0	7.5
Education	8.1	14.2	3.0	2.0	2.0	5.2	1.0	9.4	1.8	2.6
Health	21.0	46.4	8.0	7.0	17.0	17.1	7.0	27.4	11.7	13.3

* Vanuatu data about information deprivation not included due to incompatibility of indicators (severe dep. 51.0%). Philippines and Viet Nam - no data in used source.

Notes: Colors indicate position with respect to the regional average:

Green: Deprivation less than 'regional average - 1/2 SD'

Yellow: Deprivation between 'regional average -1/2 SD' and 'regional average+1/2 SD'

Red: Deprivation higher than 'regional average + 1/2 SD'

Font size indicates position among all the deprivations in the country; the larger size indicates the dimensions with the largest incidence in the country.

Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4), with own elaborations for subregion and clusters.

It is clear from Table 5 that each of the identified deprivations follows a similar incidence pattern. Rates that are higher than the regional average are represented by the color red, and are typically found in Cambodia, Lao PDR, and Mongolia. Conversely, Thailand can be seen to consistently have lower child poverty incidence than the regional average.

When specifically child-centered variables like education are considered, the story is slightly different. Vanuatu reported that 5% of children between 7 and 17 years had never been to school and were not attending school at the time of the survey. In Cambodia, 8% of children were in the same situation. Despite the total incidence of deprivation being lower in Lao PDR than in Cambodia, the country exhibits higher instances of 'child-centered' deprivation, like lack of access to education. To further support the case for a non-aggregate analysis of the data, it is important to highlight that Mongolia also has a high total percentage of children experiencing severe deprivation (64%), but it is in a relatively better position than Cambodia and Lao PDR when child-centered dimensions of deprivation, such as food, education and health, are emphasized.

Table 6 details the deprivations in each of the seven countries, relative to the subregional average. As can be seen in the final column, the subregional average was set at 100. Countries with numbers above 100 fare worse than the EAPSR average, while countries with numbers below 100 fare better than average. Examination of columns CA and CB highlights the distinction made earlier about the different levels of deprivation in these two groups of countries. The implications of such groupings will be discussed later in the paper.

Table 6: Relative Distance from the Subregional Average by Country, 2006

Deprivations	Cambodia	Lao PDR	Mongolia	Viet Nam	Philippines	Vanuatu	Thailand	CA	CB	EAPSR
Severe Deprivation(1+)	250	209	178	108	86	70	44	232	85	100
Multiple Severe Deprivation(2+)	451	362	206	106	57	35	14	403	65	100
Shelter	328	160	244	113	66	66	56	272	80	100
Sanitation	463	344	87	99	68	19	6	395	66	100
Water	188	341	382	105	92	105	26	250	83	100
Information	117	428	115	181	49	*	16	207	88	100
Food	209	249	94	*	*	134	40	210	40	100
Education	313	549	116	77	77	193	39	363	69	100
Health	158	349	60	53	128	128	53	206	88	100

*No data. Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4), with own elaborations for subregion and clusters.

It is important to stress that the national statistics reported in Table 6 frequently belie tremendous national disparity. For instance, even though national indicators in Thailand are among the strongest of studied here, the number of severely deprived children is 52% higher in the southern region than in the central region. Similar pockets of inequality can be found in each of the CB countries.

2.3 Less Severe Deprivation

The approach adopted by the Global Study on Child Poverty defines deprivation as a continuum. As discussed, the continuum of deprivation includes 'less severe' deprivation' as well as 'severe deprivation' While the latter reflects the most extreme situation of deprivation, 'less severe' deprivation thresholds also reflect a fairly serious situation of deprivation for children. (Refer to Box 1 for thresholds of less severe and severe deprivation along each dimension.) In Table 7 we can observe significant changes in the relative incidence of child poverty as measured by deprivation – particularly in Cluster B - when we shift our analysis to the 'less severe' threshold. For example, Vanuatu registered 69.2% of children suffering less severe deprivation, compared with 25.2% suffering severe deprivation. Thailand also shows a marked increase in the incidence of deprivation when the less severe threshold is used, especially on water and food.

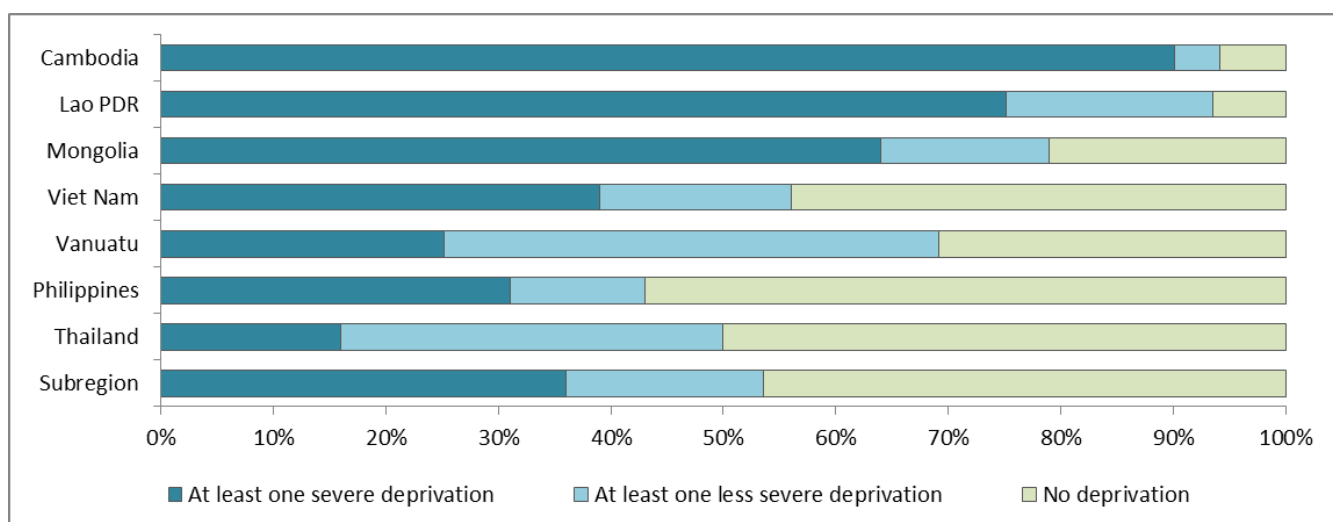
Table 7: Incidence of Less Severe Deprivation, 2006

Deprivations (Less Severe)	Cambodia	Lao PDR	Mongolia	Vanuatu	Viet Nam	Thailand	Philippines	CA	CB	EAPSR
Less Severe Deprivation(1+)	94.2	93.5	79.0	69.2	56.0	50.0	43.0	92.6	49.0	53.6
Multiple 'Less Severe' Dep. (2+)	76.4	72.8	46.0	37.8	28.0	11.0	15.0	72.6	18.6	24.3
Shelter	85.5	54.1	70.0	43.9	33.0	24.0	14.0	75.0	22.7	28.1
Sanitation	74.9	59.7	24.0	37.9	27.0	1.0	16.0	65.9	16.6	21.7
Water	28.9	58.9	38.0	16.1	13.0	30.0	18.0	38.4	18.9	20.9
Information	7.5	27.4	7.0	*	11.0	2.0	4.0	13.2	6.0	6.7
Food	46.7	49.4	24.0	26.4	*	19.0	*	45.5	18.9	28.2
Education	16.5	28.3	8.0	22.8	14.0	1.0	6.0	19.1	7.7	8.9
Health	34.0	64.9	14.0	64.5	27.0	9.0	28.0	41.4	23.7	25.5

* Vanuatu data about information deprivation not included due to incompatibility of indicators (less severe dep. 54.5%). Philippines and Viet Nam: no data in used source. Notes: Colors indicate position respect to the regional average (as indicated under Table 5). Font size indicates position among all the deprivations in the country. Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4), with own elaborations for subregion and clusters.

Figure 5 captures the significant effect the change of threshold has on Cluster B. In Thailand only 16% of children suffered from at least one severe deprivation, while half of them suffered from at least one 'less severe' deprivation. In the case of Vanuatu, the percentage of children suffering one or more 'less severe' deprivations was higher than Viet Nam. The impact of shifting our analysis to less severe deprivation is not as dramatic for countries in Cluster A because of the very high incidence of severe deprivation in those countries.¹⁷ For CB countries, consideration of less severe deprivation is extremely useful for policy design. As was clearly shown in Box 1, less severe deprivation still represents a serious inhibitor to child wellbeing and development and must not be overlooked.

Figure 5: Incidence of 'Severe' and 'Less Severe' Deprivation by Country, 2006

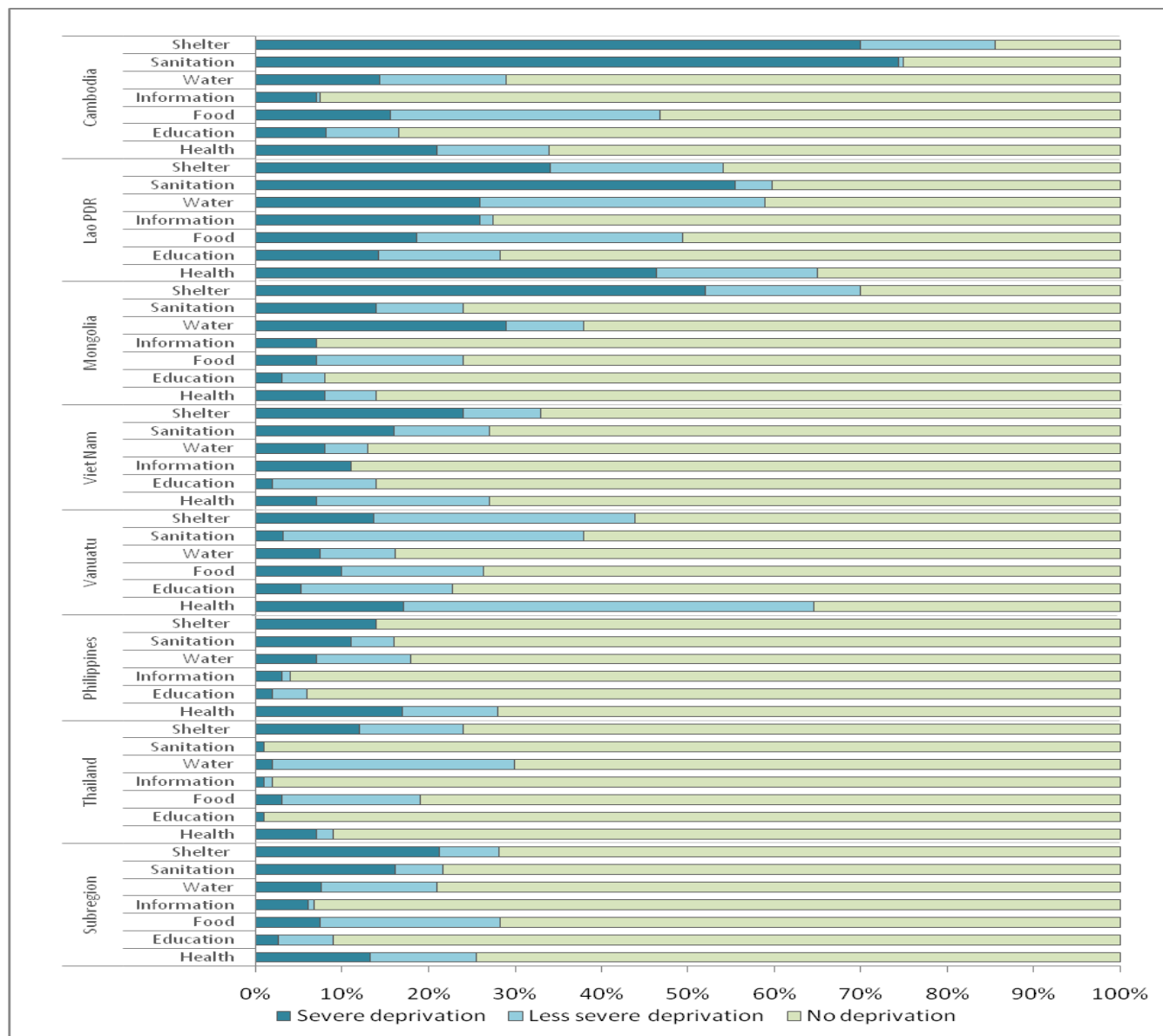


Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4), with own elaborations for subregion.

Figure 6 takes this analysis a step further and compares the incidence of severe deprivation and less severe deprivation among all of the seven deprivation dimensions. Less severe deprivation in shelter, water and food is widely prevalent and in most countries tends to be more extensive than severe deprivation. Where there is a high incidence of less severe deprivation these specific thresholds provide important insights for formulating policy and alert us to important threats to child wellbeing in each dimension that may be overlooked if only severe deprivation is considered.

¹⁷ Using the methodology presented in the Viet Nam report, we estimated a Child Poverty Index for severe and less severe deprivation and a combination of both in the EAPSR. This analysis can be found in Annex 2 and highlights the relative shifts in the incidence of deprivation when the two thresholds are considered. For example, in the case of Thailand, the country had the lowest incidence of severe deprivation in the subregion, but when we consider less severe deprivation the Philippines performs better than Thailand.

Figure 6: Incidence of Severe and Less Severe Deprivation by Dimension, 2006



Note: no data on Vanuatu and on food deprivation in Philippines and Viet Nam.
 Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4), with own elaborations for subregion.

2.4 Child Poverty Indices

While the incidence of severe and less severe deprivation and of multiple severe and less severe deprivation provide a useful snapshot of the prevalence of child poverty across countries, these are somewhat incomplete as summary measures since incidence of deprivation across all dimensions is not cumulatively factored in. In order to compare across countries, a composite index score that takes into account the incidences of deprivation across all dimensions and normalizes these would be much more suitable. The Child Poverty Index for both ‘severe’ and ‘less severe’ deprivation was thus calculated for each country and the scores obtained are shown in Table 8.

Using these indices, it becomes possible to rank countries in the region by their score. Rankings are shown in Figure 7. As can be expected, Cluster A countries (Cambodia, Lao PDR and Mongolia) generally rank lower

than Cluster B countries (Vanuatu, Viet Nam, Philippines and Thailand). However, if the 'less severe' deprivation index is used, Vanuatu (a CA country) actually ranks lower than Mongolia (a CB country).

Table 8: Child Poverty Index, 2006

Child Poverty Index (CPI)	Cambodia	Lao PDR	Mongolia	Viet Nam	Vanuatu	Philippines	Thailand	CA	CB	Sub-region
CPI 'Severe Deprivation'	1632	1183	559	178	114	111	30	1285	88	149
CPI 'Less Severe Deprivation'	2489	2595	1115	506	1500	269	275	2254	309	469

Source: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

Replicating the methodology for calculating a child poverty index used in the Viet Nam Child Poverty Report, CPI 'Severe Deprivation' and CPI 'Less Severe Deprivation' were each calculated as the sum of the squared dimension scores divided by the total number of dimensions. A 'squared dimension score' refers to the square of the incidence of deprivation in that dimension. The dimension scores for CPI 'Severe Deprivation' can be found in Table 5 and the dimension scores for CPI 'Less Severe Deprivation' can be found in Table 7. An example of the CPI calculations, based on the methodology just described, is included in Annex 2.

Even within Clusters, the ranking of countries changes across 'severe' and 'less severe' deprivation index. For instance, Cambodia ranks the lowest when the 'severe deprivation' index is used but it is replaced by Lao PDR when the 'less severe deprivation' index is used. Similarly, Thailand has the highest ranking when the 'severe' index is used but is replaced by Philippines when the 'less severe' index is used. It must also be noted that ranking countries by index gives different results than if we compared countries simply by the incidence of deprivation. For instance, while Mongolia has a higher incidence of "at least one less severe deprivation" compared to Vanuatu (79% and 69% respectively), this is mainly driven by the extremely high incidence of shelter deprivation (70%) in Mongolia. However, once all dimensions are cumulatively taken into account, as is done by the child poverty index, Vanuatu actually has greater child poverty compared to Mongolia, suggesting that addressing child poverty in Vanuatu might require much more a multi-sectoral approach than in Mongolia where addressing shelter deprivation alone would significantly reduce the incidence of child poverty.

Figure 7: Country Rankings by Child Poverty Index, 2006

Ranking by CPI	CPI 'Severe Deprivation'	CPI 'Less Severe Deprivation'
7th	Cambodia	Lao PDR
6	Lao PDR	Cambodia
5	Mongolia	Vanuatu
4	Viet Nam	Mongolia
3	Vanuatu	Viet Nam
2	Philippines	Thailand
1st	Thailand	Philippines

Cluster A
 Cluster B

Ranking:
1st = lowest poverty score among countries studied; 7th = highest poverty score among countries studied

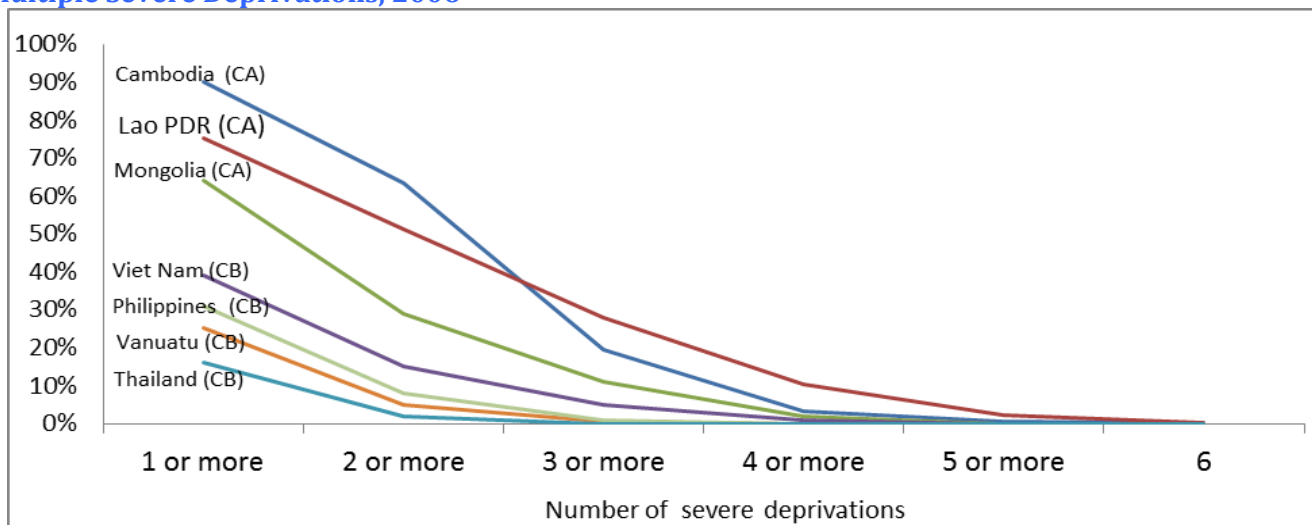
Source: Own elaboration, based on Table 8.

2.5 Multiple Deprivations and Depth of Child Poverty

Child poverty consists of multiple material and non-material deprivations. The multiple deprivation methodology does not imply each deprivation should be considered in isolation from others, but rather that the negative synergy among multiple deprivations is what contributes to the violation of child rights and contributes to stalled societal development. The approach to child poverty must be holistic and the solutions must be integrated. The deprivations that children suffer are only the visible part of an iceberg,

and are usually bound to larger, non-visible, foundations that are at times difficult to measure. The analysis of the multiplicity of deprivations, specifically those disaggregated by location and population group, are key to identifying these foundations and directing targeted policy and programmatic orientation. Figure 8 shows the incidence of multiple severe deprivations in the seven countries.

Figure 8: Multiplicity of Deprivation: Cumulative Percentage of Households with Children Suffering Multiple Severe Deprivations, 2006



Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

Figure 8 shows that for CA countries the incidence of children with 3 or more severe deprivations is significant, while in CB countries there is a much lower incidence. In Cambodia we can see that 60% of children have 2 deprivations and 20% have 3 or more. In Lao PDR the incidence of 3 or more deprivations is the highest in the subregion. We can see that in Cluster B countries, the incidence is concentrated in 1 or 2 severe deprivations. Again, it is important to keep in mind that even in countries with low incidence of multiple severe deprivations, there are often pockets within the country where deprivation incidences are comparable with countries with high rates of multiple severe deprivations. Furthermore, based on evidence presented in Section 2.3, Cluster B countries can be expected to exhibit a much higher incidence of multiple deprivation if 'less severe' thresholds are applied, with the implication that an integrated approach which addresses multiple deprivations would be advisable in all countries.

It is also important to note the most frequent combination of deprivations. In the Philippines, for example, the most frequent deprivation combination was water and sanitation. In Vanuatu, health and shelter combined deprivations were most common, followed by nutrition and water. This information is invaluable for formulating cross-sectoral policies and programmatic interventions.

In order to analyze the extent and concentration of multiple derivations among children, depth measures are useful.¹⁸ Depth indicators for child severe deprivation are presented in Table 9. Depth, in this case, refers to the average number of deprivations suffered by children who are severely deprived.¹⁹ Analysis reveals that the depth of deprivation – that is the average number of deprivations experienced - ranges from 1.13 in Thailand to 2.22 in Lao PDR. These fall either side of the subregional average, which stands at 1.53.

¹⁸ Depth and Severity are usually used in the analysis of income poverty as additional information to the headcount. The numerical method to estimate depth and severity (see Annex 1) of child deprivation used in this report are easy to interpret and follow the notion of depth of poverty as developed by Foster, Greer, and Thorbecke (1984) and Sen's axioms.

¹⁹ Severity, defined as the standard deviation (SD) of the distribution of multiple deprivations, is presented in Annex 1

Table 9: Depth of Severe Deprivation among Children with at Least One Severe Deprivation, 2006

Country	Lao PDR	Cambodia	Mongolia	Viet Nam	Philippines	Vanuatu	Thailand	CA	CB	EAPSR
Depth	2.22	1.96	1.66	1.54	1.29	1.22	1.13	2.01	1.38	1.53

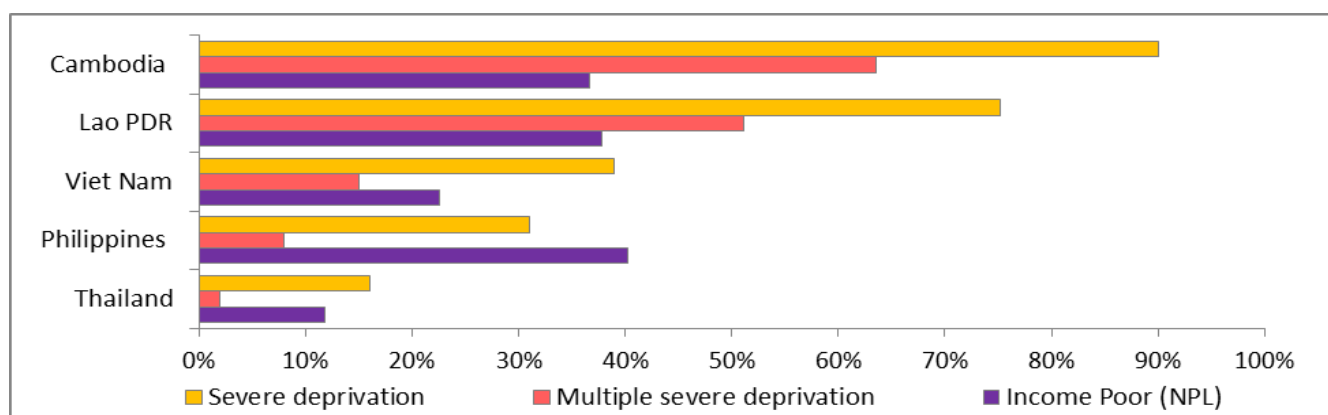
Note: Depth is the average number of deprivations. It is calculated by dividing the sum of the product of number of deprivations and incidence (of each number of deprivations) by the incidence of at least one severe deprivation.

Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4), with own elaboration for subregion and clusters.

2.6 Income Poverty and Deprivation

The multiple deprivation approach to child poverty and the income and consumption approach are different but complementary. Neither can alone capture the totality of child poverty. Thus, it is not an issue of deciding to use one or the other, but best to use both. Each measure has the ability to capture critical information about different populations and threats to child wellbeing. Figure 9 highlights this need by showing how income poverty can underestimate child deprivation and child poverty. This is often particularly relevant to Cluster A countries. In Lao PDR, for example, while the income approach reported 38% incidence of child poverty, 75% of children in the country suffered from one or more severe deprivation. Estimations by the two approaches are closer in the case of Thailand and Viet Nam. The Philippines is the only country of the seven to estimate a higher number of income poor children, wherein it was estimated 31% of children were severely deprived and 40.2% of children were estimated to live in income poor households.

Figure 9: Severe Deprivation, Multiple Severe Deprivation and Income Poverty, 2006



Note: NPL (National Poverty Line) data from Lao (2002/3), Philippines (2006), Thailand (2006) and Viet Nam (2006) refers to child population. Data from Cambodia (2004) refers to households with children. NPL poor in the Philippines refers to children under 15 years and in Vietnam refers to children under 16 years; in the other countries it refers to children under 18 years.

Source: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4) and National Child Poverty Reports.

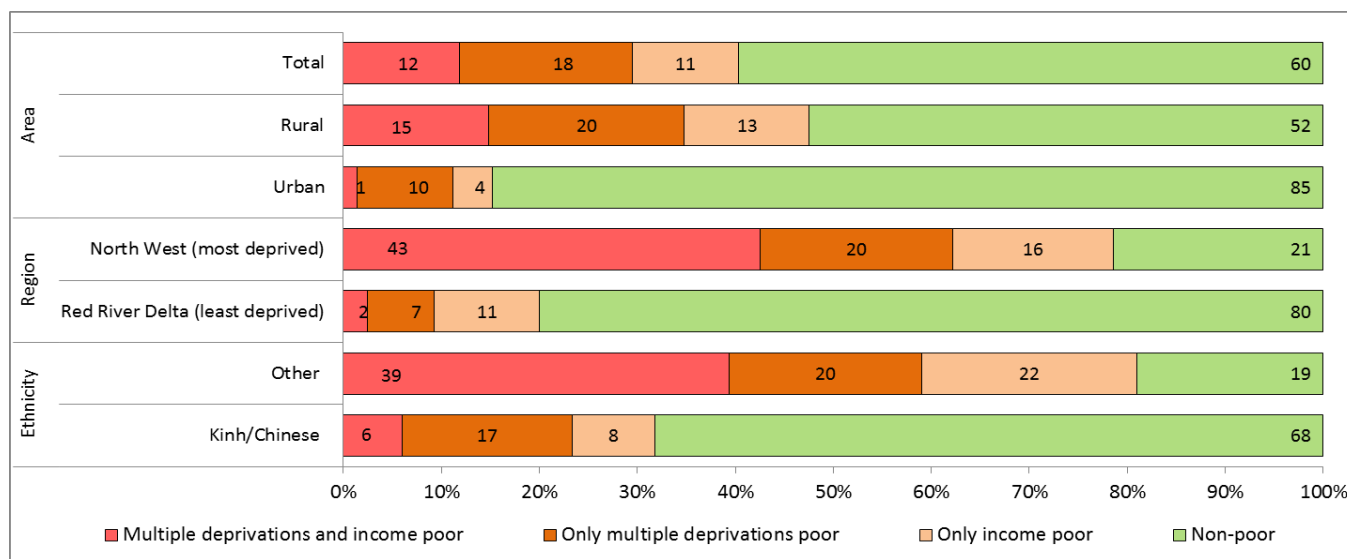
In the case of Cluster B countries, it is important to stress that even though the headcount ratios using the two approaches are similar, policies and programs need to be targeted to three distinct groups: i) those children that suffer from severe deprivation but are not income poor; ii) those that are poor according to both conditions; and iii) those that are not deprived, but are income poor. It is argued here, therefore, that the main issue is not the underestimation of child poverty by the income approach, but rather the need to capture the full picture as measured by a combination of both approaches.²⁰

Figure 10 examines the said phenomenon with an in-depth look at Viet Nam. It reveals that the North West region has the highest incidence of child poverty. Out of a total of 78.6% poor children, most of them, 42.5%, were both deprived and income poor. As shown, only 16.4% were solely income poor. By contrast, in the Red River Delta, of the 20% of children who were poor, more than half (10.7%) were solely income poor. From an equity perspective, the underestimation of poverty by the income or monetary approach, as captured by the orange section of the bars in Figure 10, is greater for population subgroups that are

²⁰ The challenge involved with this kind of integrated and comprehensive measurement of child poverty is the incompatibility of much of the available data. This issue warrants serious attention.

traditionally worse-off, such as rural residents, people living in poorer regions within the country, and ethnic minorities. This suggests that using the multi-dimensional approach to measuring poverty may have greater potential to enhance equity than an income or monetary approach alone.

Figure 10: Poverty Rates and Demographic Characteristics, Viet Nam, 2006



Notes:

- Both methods (income and deprivation) use VHLSS data (2006).
 - The monetary poverty method used is based on the combined food and non-food poverty line from World Bank Vietnam and GSO for 2006. As monetary poverty is based on household poverty, monetary child poverty is based on the percentage of children living in household that are monetary poor.
 - It is considered that a child is poor according to the method of multiple deprivations when the child is poor in at least two domains. (In the case of Viet Nam, 'domains' was the terminology used instead of 'dimensions' but both refer to the same concept.) VHLSS domains and thresholds are different from the MICS and DHS for EAPRO Child Poverty Study Countries indicators. In VHLSS case, the domains included are:
 - *Shelter (0 to 15 years): Living in improper housing or in dwellings without electricity.
 - *Water and sanitation (0 to 15 years): In dwellings without hygienic sanitation or in dwellings without safe drinking water.
 - *Education (5 to 15 years): Not enrolled or not having complete primary school (12 to 15 years).
 - *Health (2 to 4 years): Not having visited a health facility.
 - *Child work (6 to 15 years): Child working.
 - *Social inclusion and protection (0-15 years): With caregivers that are not able to work.
- Source: Own elaboration from Viet Nam Child Poverty Report (Table 11, page 75).

In summary, it is suggested that child poverty analysis based on a combination of deprivation poverty and income (and consumption) poverty is advisable. Such analysis must be used to direct policy and programs toward children suffering particular forms of poverty and ensure the solutions presented are the most relevant and effective for the circumstances. Where deprivation poverty and income poverty are prevalent, cash transfers can be of assistance, but where income poverty is much less than deprivation poverty the expansion of the supply of basic social services should be the principal focus. Such differentiated strategies require extensive disparity analysis, which is what will be discussed in Section 2.8.

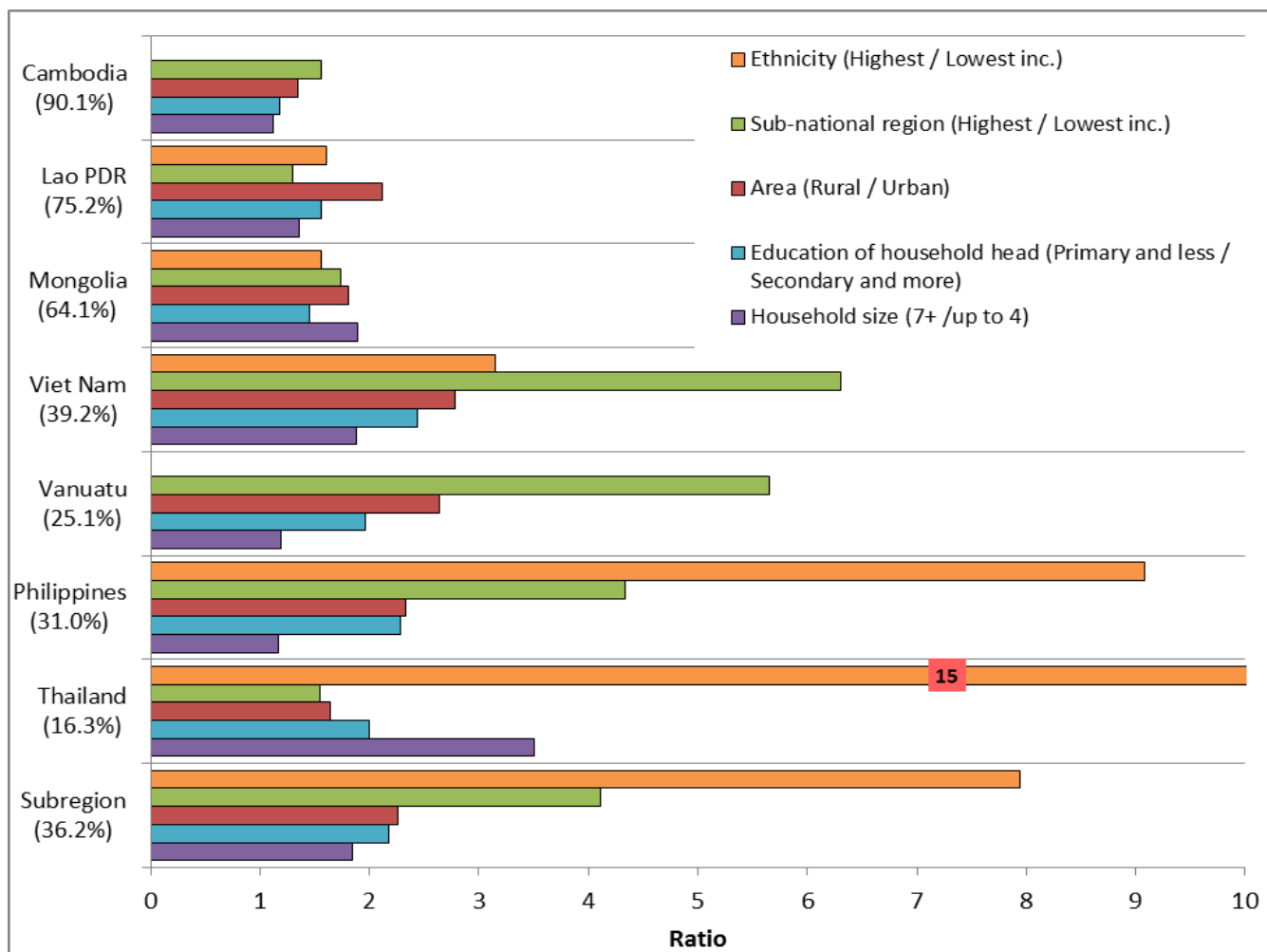
2.7 Disparity and Inequity

As mentioned in Section I, inequity is a significant obstacle to the realization of child rights. In Cluster A and Cluster B countries alike, the lack of equity presents a key challenge. Reducing poverty and achieving equity are complementary objectives in the battle to ensure child wellbeing. We will focus here on some of the most notable dimensions of inequity presented in the country reports, namely: i) the rural/urban divide; ii) sub-national regional disparity; iii) household size; iv) education of the household head; and v) ethnicity.²¹ Figure 11 presents data disaggregated by these categories.²²

²¹ As mentioned in Section I, in order not to overlap with the EAPR report on MDGs, this section will be brief and focus on disparity 'ratios'.

²² There are different ways of expressing the distance between two categories. One is the simple difference, called the disparity gap, another is the relative gap, or disparity ratio. For example, children severely deprived in the rural area in Cambodia was 93.3 % and in the urban 69.3%. The disparity gap, or difference, was 23.7 and the relative gap or ratio rural/urban was 1.3:1 indicating that the incidence in rural areas was 30% higher than in urban areas. The relative gap or ratio measure is used in this report (Minujin, 2003).

Figure 11: Disparity in Incidence of Severe Deprivation, 2006

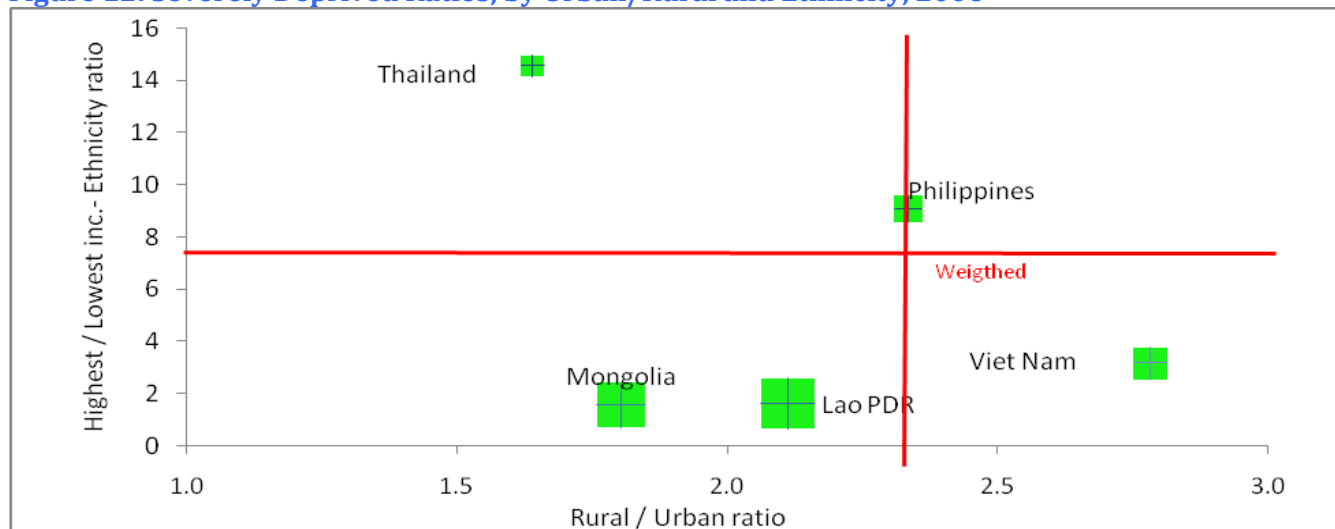


Sources: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.6).

The rural concentration of deprivation is evident in countries studied. While in Cambodia the rural/urban ratio was 1.3:1, (that is to say, the incidence of child deprivation is 30% higher in rural areas compared to urban areas), in Philippines it was 2.3:1, and 2.8:1 in Viet Nam. Geographic inequities are more pronounced among regions within countries than between countries. The ratio of severe deprivation incidence between regions with the highest and lowest deprivation is 6.3:1 in the case of Viet Nam. That is to say, for every child that is severely deprived in the Red River Delta, there are 6 children severely deprived in the North West Region. Similar patterns can be observed in the Philippines. In the case of Thailand, the ratio between the South (highest deprivation) and the North (lowest) was 1.5:1, mirroring the rural-urban ratio that was 1.6:1.

In most of the countries, severe deprivation among children more than doubled in households where the household head had a primary-level education or less, compared to households where the household head had secondary or higher education. The size of the household had almost as strong an effect in some of the countries (Mongolia, Viet Nam and Thailand), where the incidence of severe deprivation almost doubled for households with more than 7 members compared to those with 4 or fewer. Disproportionate poverty and deprivation among some ethnic minorities is an issue in almost all the countries studied. The ratio of the incidence of severe deprivation among ethnic minorities to that of ethnic majority groups ranges from 1.2:1 and 1.6:1 in Lao PDR and Mongolia respectively, to 9.1:1 in the Philippines and 14.6:1 in Thailand.

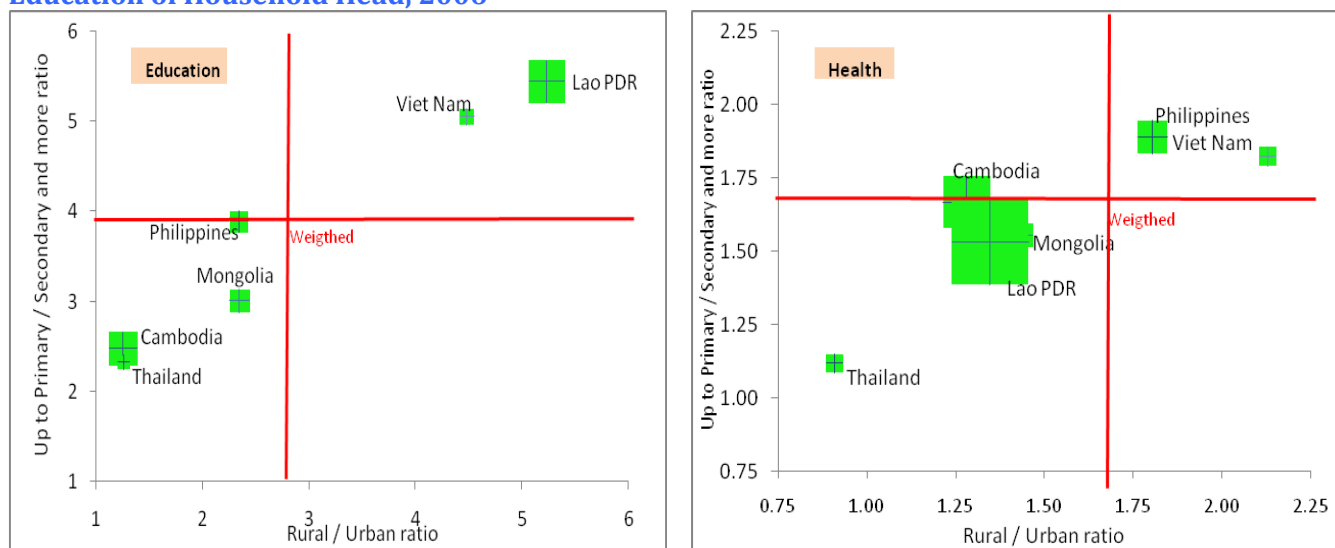
Figure 12: Severely Deprived Ratios, by Urban/Rural and Ethnicity, 2006



Note: Size indicates severe deprivation incidence (national value). No data on ethnicity was available for Vanuatu and Cambodia.
 Source: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.6).

Figure 12 shows the relationship between child deprivation incidence in urban and rural residences, and also between the ethnic majority and ethnic minority. It is evident that there is not always a direct correlation in terms of child deprivation amongst these two populations. Policy formulation needs to address ethnic disparity of access as a distinct category. In Thailand, the incidence of child poverty for ethnic minorities is significant, while the rural –urban gap is relatively low. The opposite was the case in Viet Nam where the rural- urban gap is dominant and ethnic disparity is relatively low (although still higher than in Mongolia and Lao PDR). In the Philippines, there appears to be more correlation amongst these two groups. When analyzing these ratios it is important to remember multiple and overlapping inequities. As noted in the Viet Nam report, when geographical disparity overlaps with ethnic discrimination, deprivations are heavily concentrated in these areas. Such pockets of overlapping deprivation must be the target of enhanced policy and programs. These disparities will be further discussed in relation to the pillars of child wellbeing in Section III. The full tables and additional figures on disparity ratios are presented in Annex 1.

Figure 13: Severe Deprivation Disparity Ratios for Education and Health, by Rural/Urban and Education of Household Head, 2006



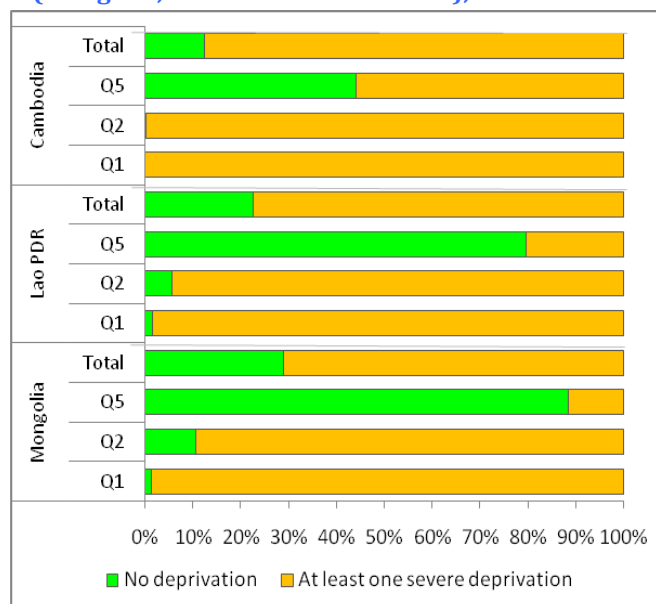
Note: Size indicated health/education severe deprivation incidence (national value). No data available for Vanuatu.
 Source: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 1.1.2).

Figure 13 shows the relative gap or deprivation ratio related to the education level of the head of the household and to rural-urban location. It can be observed in the figure on the left, that the incidence of education deprivation is clearly worse for children in rural populations and for those with household heads with limited education in Lao PDR and Viet Nam.

The figure on the right shows that the incidence of health deprivation was worse in the Philippines and Viet Nam for these populations. These figures highlight the pronounced lack of basic social services in rural areas in Viet Nam, health services in rural Philippines, and education services in rural Lao PDR. These indicators on sub-national disparity must be used to target equity-enhancing policies.

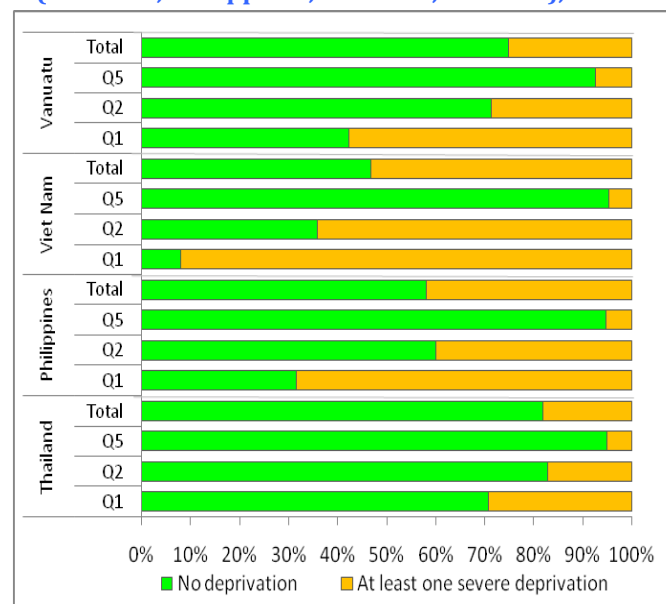
The Bottom Wealth Quintile²³ When discussing disparity, the range between the bottom and top wealth quintiles is often emphasized. Before moving on to Section III, we wish to touch briefly upon the specific issue of wealth poverty and examine the overlapping nature of severe deprivation and poor wealth quintiles. In so doing, it is important to remain mindful that the indicators used to formulate wealth quintiles are usually correlated to, or the same as, the household indicators used to estimate child deprivation poverty. As such, a high correlation between wealth poverty and household deprivation is to be expected. For this reason we choose to focus on the overlap with specifically child-centered dimensions.²⁴ Figure 14(a) and 14(b) present information on child deprivation disparity according to wealth quintile. The tables present data from Cluster A and Cluster B countries and highlight the incidence of deprivation in the various wealth quintiles. The wealthiest quintile is labeled as the fifth quintile (Q5). The second poorest quintile is referred to as Q2, and the poorest as Q1.

Figure 14(a): Deprivation by Wealth Quintile, Cluster A (Mongolia, Lao PDR and Cambodia), 2006



Source: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.6).

Figure 14(b): Deprivation by Wealth Quintile, Cluster B (Thailand, Philippines, Viet Nam, Vanuatu), 2006



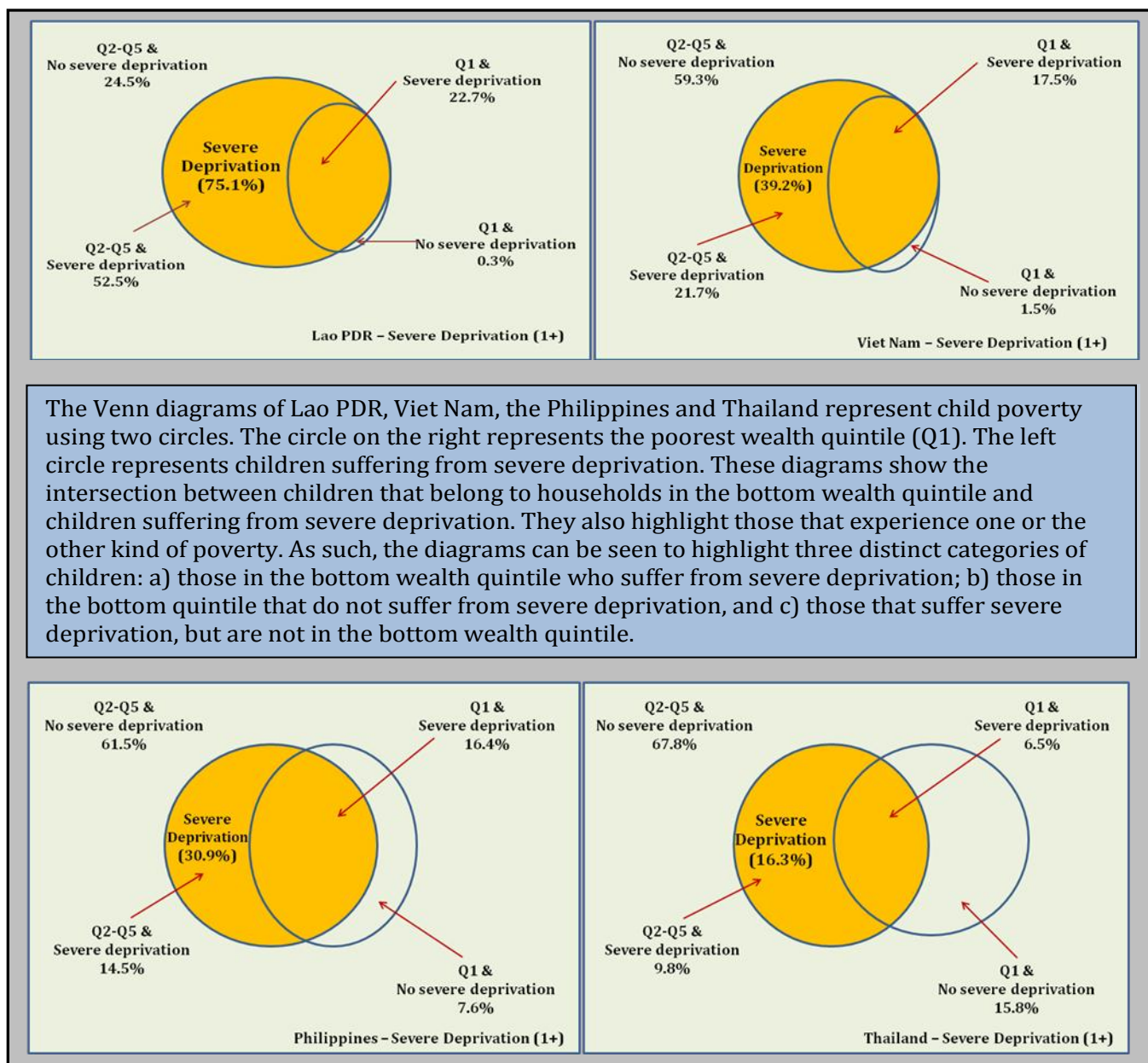
Source: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.6).

In Cluster B countries, 5% or fewer children in the richest quintile are severely deprived, while in Cluster A countries, severe deprivation among the richest quintile ranges from 12 to 55%. In both clusters the incidence of severe child deprivation is concentrated in the poorest quintiles. The level of overlap between the poorest quintile and severe deprivation is clearly observable in the following Venn diagram.

²³ The information on quintiles presented in this section refers to the 'wealth index' estimated by MICS and DHS

²⁴ It is also important to consider that the asset indicators used to estimate the wealth index are binary variables (e.g. owning a radio - 'yes' or 'no') whereas it is an assumption of Principal Component Analysis used that the variables are continuous. This issue could represent a problem for the robustness of the results (see Gordon D and Nandy S, forthcoming).

Figure 15: Severe Deprivation and Wealth Quintile, Lao PDR, Viet Nam, Philippines & Thailand, 2006



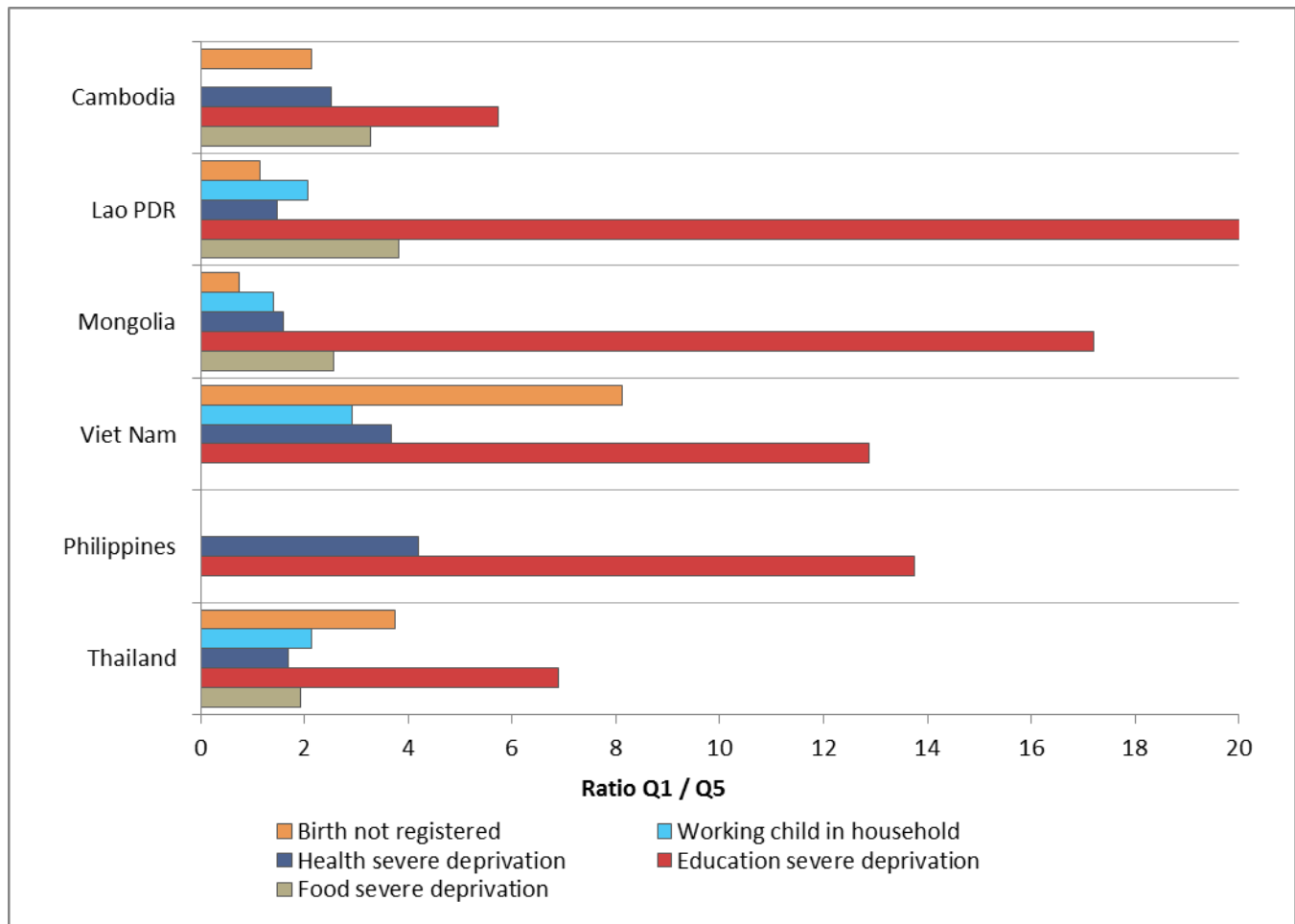
Source: Own elaborations from UNICEF Global Study on Child Poverty and Disparities (Table 2.1.6).

It is clear from Figure 15 that in the case of Lao PDR and Viet Nam, the poorest quintile was in practical terms included in the group suffering from severe deprivation. This was not the situation in Philippines and Thailand. In these countries there is a sizable group of children that belong to the bottom quintile, but who do not suffer from severe deprivation (7.6% in the Philippines and 15.8% in Thailand). Efficient interventions rely upon cognizance of these nuances.

Notable in Figure 16 are the deprivation ratios related to wealth quintile. The incidence of education deprivation is 34 times worse in Lao PDR for the poorest quintile and 7 times worse for the poorest quintile in Thailand. Clearly there is a worrisome lack of access to education for income-poor families. Other dimensions of deprivation are not as responsive to wealth quintile. For example, in the case of birth registration, the ratio was 1.1:1 in Lao PDR and 3.7:1 in Thailand.²⁵

²⁵ Figure 15 present information extracted from the report on birth registration and child labour that are not part of the deprivation dimensions and show relevant information.

Figure 16: Deprivation Disparity Ratios, by Quintile, Poorest (Q1) to Richest (Q5), 2006



Source: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 1.1.2 weighted to population).

2.8 Adapting the Multivariate Deprivation Method to be Country Specific: The Case of Viet Nam and the Philippines

As briefly mentioned in Section 1, both Viet Nam and the Philippines chose to adapt the multidimensional approach to be more responsive to local context. These processes are very informative and warrant further attention. The intention of this section is to draw some lessons from that experience. In the case of Viet Nam the research team developed a consultative process with various child development stakeholders for the specific purpose of formulating the dimensions and thresholds that would be used to define child deprivation in the country. The objective was “to ensure that the approach presented is Vietnam specific, representing areas of poverty that are defined to reflect child poverty by a wide range of stake holders”(UNICEF Viet Nam, 2008). In the case of Philippines the team decided to use a combination of different sources, one of which, the Family Income Expenditure Survey (FIES), allowed the team to utilize a combined method and develop trend analysis (UNICEF Philippines, 2009). In this case, the main objective was to utilize the experience of the national statistical office and ensure their participation and sense of ownership. The thresholds used were aligned with those typically used in the country, which facilitated the use of evidence collected by policy makers and NGOs. Adapting the thresholds has been identified as a strategy for enhancing the ability of the dimensions to capture relative poverty and contextual issues.²⁶

²⁶ It must be noted, however, that the dimensions adopted by the other countries, despite being defined by a global methodology, were widely accepted as representative of the countries that applied them.

Table 10 compares the international thresholds (for deprivation) adopted by UNICEF Global Study on Child Poverty and Disparities (labeled 'Bristol Thresholds') with the country-specific thresholds adopted by Viet Nam and the Philippines. The percentage of child deprivation according to each threshold and the relative difference between the thresholds is presented. In Viet Nam, it can be observed that in all the cases the incidence of deprivation was much higher when using the adapted thresholds. For example, when considering education, 18.7% of children are deprived using the adapted indicators and 2% using the Bristol Thresholds, implying an increase of 16.7 percentage points when the new indicators are considered.

Table 10: Dimensions and Thresholds, Bristol Study and as Adapted by Viet Nam and the Philippines

Dimension		Shelter	Sanitation	Water	Information	Food	Education	Health
Bristol thresholds		Children (0-17 yrs) in dwellings with 5 or more people per room or with no flooring material.	Children (0-17 yrs) who had no access to a toilet of any kind in the vicinity of their dwelling, e.g. no private or communal toilets or latrines.	Children (0-17 yrs) who only had access to surface water (e.g. rivers) for drinking or who lived in households where the nearest source of water was more than 30 minutes round trip away.	Children (3-17 yrs) no access to newspapers, radio or television or computers or phones at home.	Severely malnourished children (0-5 yrs) whose heights and weights were more than 3 SDs below the median of the international reference population.	Children (7-17 yrs) who had never been to school and were not currently attending school.	Children (0-5 yrs) who had not been immunised against any diseases or young children who had a recent illness and had not received any medical advice or treatment.
Viet Nam	Report (2006)	Children (0-15 yrs) in dwellings w/o electricity or in dwellings w/o proper roofing or in dwellings w/o proper flooring.	Children (0-15 yrs) in dwellings without hygienic sanitation.	Children (0-15 yrs) in dwellings without safe drinking water.	*	*	Children (5-15 yrs) not enrolled or children (11-15 yrs) not having completed primary school.	Children (2-4 yrs) not fully immunized.
	Data(%)	24.6	41.1	12.6	*	*	18.7	31.4
	Bristol data(%)	24.0	16.0	8.0	11.0	*	2.0	7.0
	Viet Nam – Bristol (pp.)	0.6	25.1	4.6	*	*	16.7	24.4
Philippines	Report (2006)	Children (0-14 yrs) living in wall and roof that are made of salvaged and/or makeshift materials.	Children (0-14 yrs) living in absence of any toilet facility.	Children (0-14 yrs) that obtain water from springs, rivers and streams, rain and peddlers.	Children (7-14 yrs) that do not have any of the following: radio, television, phone and computer.	Children (0-5 yrs) whose weights were more than 2 SDs below the median of the intl. reference population.	Children (6-16 yrs) not currently attending school.	Children (12-23 months) who have not received vaccinations.
	Data(%)	14.0	11.0	7.0	3.0	26.9	2.0	17.0
	Bristol data(%)	1.1	11.8	11.6	17.1	24.6	9.8	7.3
	Philippines – Bristol (pp.)	13.0	-0.8	-4.6	-14.1	2.3	-7.8	-19.1

*No data.

Notes:

(1) Child Poverty Report Viet Nam data and MICS and DHS for EAPRO Child Poverty Study Countries data based on MICS, 2006.

(2) Child Poverty Report Philippines data based from different sources.

Food: Food and Nutrition Research Institute (FNRI) estimate (year 2005).

Education: Based on the Annual Poverty Indicators Survey (APIS), percentage of children 6–16 years old not currently attending school (year 2004).

Health: Based on sample (1348 cases). National Demographic and Health Survey (NDHS) (year 2003).

Shelter, Sanitation, Water and Information: PIDS estimates on based from Family Income and Expenditure Survey (year 2006).

Sources: Own elaboration from MICS and DHS for EAPRO Child Poverty Study Countries (Table 2.1.4) and Child Poverty Report, Viet Nam and Philippines.

Viet Nam decided to include the following ‘child-focused’ domains and indicators: i) child labour, ii) leisure poverty, and iii) social inclusion and protection with the following results:

Table 11: Child Work, Leisure Poverty and Social Inclusion and Protection, Viet Nam

Domain		Child work	Leisure poverty			Social Inclusion and Protection poverty
Indicator		Children 5-14 yrs working (%)	Toy poverty Children 0-4 yrs not having toys (%)	Book poverty Children 0-4 yrs not having at least 1 book (%)	Leisure poverty (toy poverty and/or book poverty) (%)	Children 0-4 yrs not having birth registration (%)
Total		23.67	29.32	65.63	69.06	12.37
Area	<i>Urban</i>	10.40	10.71	40.41	*	5.73
	<i>Rural</i>	27.19	35.08	73.43	*	14.42
Ethnicity	<i>Kinh/Chinese</i>	21.24	20.74	61.65	*	8.44
	<i>Other</i>	35.81	69.35	84.29	*	30.62

* No data.

Note: “Social Inclusion and Protection” was a dimension arrived at upon multi-stakeholder consultations in Viet Nam. These stakeholders believed child birth registration is more than just a child protection issue, because it impacts social inclusion owing to the plethora of social exclusions that result from not having ones birth registered.

Source: Viet Nam Child Poverty Report (pages 42-43).

It is clear these dimensions are worth highlighting for their significant impact on children’s lives. With regard to child labour, almost 24% of Viet Nam’s children work, and this rate rises to 36% among ethnic minorities. Child labour, and related child trafficking is a serious issue in the region. The right to leisure and recreation is one of the most commonly denied to poor children, at serious detriment to their cognitive development and development of life skills. A lack of access to books, which is linked to decreased school readiness, affects more than 65% of children in the country (40% in urban areas and more than 70% in rural areas). Finally, birth registration is an indicator that was incorporated in the last round of MICS. It is critical to note as it is a right as defined by the CRC and its denial could be indicative of inequity and discrimination. In Box 4 we outline some of the lessons that can be gleaned from the adaptations.

Box 3: Adapting the Indicators: Lessons Learned

1. On the one hand, adapting dimensions and indicators to reflect country specificities is extremely useful for tailoring policies and programs at the national level. This is important for middle-income and low-income countries alike as country-specific thresholds give a more accurate assessment of local child wellbeing. Thresholds can be more responsive to children if they are adapted to account for cultural norms and contextual issues. A good example is that of the ger (a traditional dwelling in Mongolia) which, as a one room dwelling, can skew considerations of shelter deprivation if international standards are used.
2. On the other hand, this approach implies a loss of comparability with other countries and difficulties conducting trend analysis over time. Thus it is advisable to follow a complementary approach, adding country-specific dimensions, indicators and thresholds, while also maintaining the previous indicators and thresholds to allow for regional and international comparison.
3. At the regional and sub-regional level, adapting the method can help define more relevant and responsive development strategies and policy, and foster greater cooperation amongst local stakeholders.
4. Adapting indicators and thresholds to country-specific needs can ensure ownership and recognition from partners and policy makers. It can also be useful, as was the case in the Philippines, to align the deprivation dimensions with national statistical indicators and thresholds.
5. Sensitivity of the indicators is high in some dimensions like education. For example, in the case of Philippines health deprivation rose from 7.3% (Bristol) to 17% using the adapted indicators. The adapted thresholds may provide a more accurate picture of the local situation. It is advisable that sensitivity be analyzed carefully.
6. It is important to add ‘child- focused’ dimensions and indicators of poverty. The Vietnam experience shows how relevant these can be, but also the strong limitations presented by limited available sources of information on deprivation in these areas.

Regional Situational Analysis of Child Poverty: A Summary

2.1 While the percentage of children suffering from severe deprivation has decreased, 33 million children in the subregion are still severely deprived, 13 million of whom are severely deprived in two or more dimensions.

2.2 For the seven countries analysed, the incidence of child poverty (as measured by severe deprivation) varies considerably across the region, stretching from 16% in Thailand to 90% in Cambodia. A very high incidence of severe deprivation is found in three countries (Cluster A - Cambodia, Lao PDR, Mongolia), where an average of 83% of children are severely deprived. In the other four countries analysed (Cluster B - the Philippines, Thailand, Vanuatu, Viet Nam), a relatively lower incidence of severe deprivation is found, averaging at about 30%.

2.3 Child poverty in Cluster B countries is much higher if 'less severe' thresholds of deprivation are applied, averaging at about 50% for the four countries. 'Less severe' deprivation in shelter, food and water is widely spread across the subregion.

2.4 Using composite indices, CPI 'Severe' and CPI 'Less Severe', allows a ranking of countries by their composite scores. Cluster A countries generally have a higher poverty score (and a lower rank) than Cluster B countries as would be expected, except Vanuatu ranks lower than Mongolia with the application of CPI 'Less Severe'. Composite scores provide a more complete picture of the child poverty situation in the country than the incidence of at least one deprivation (or the incidence of two or more deprivations).

2.5 Multiplicity or depth of severe deprivation is higher among children in Cluster A countries compared to their counterparts in Cluster B countries. Over 10% of children in Mongolia suffer from 3 or more severe deprivations, and incidence of multiple deprivation is even higher in Cambodia and Lao PDR.

2.6 Using a combination of income and deprivation approaches for measurement provides a more complete picture of child poverty. Analysis reveals that children can be: i) income poor and not deprived; ii) deprived but not income poor; iii) both income poor and deprived.

2.7 Disparities are rampant in all seven countries analysed, with the rates of child poverty being disproportionately higher among some population subgroups in each country. These include ethnic minorities, rural residents, those in households with more members or with more educated household heads, and those living in disadvantaged provinces or regions within a country. Distinct patterns of inequity are found within each country, wherein the various factors of disadvantage are not always correlated and may interact in different ways in each country.

2.8 Using locally determined thresholds of deprivation, as done in Viet Nam and the Philippines, can be extremely useful addressing child poverty by generating more accurate assessments of local child wellbeing. However, these should complement rather than substitute international standards so that comparability is not compromised.

SECTION III: The Pillars of Child Wellbeing: A Closer Look at the Country Reports

In this section, we will proceed to take a more in-depth look at the Child Poverty and Disparity reports prepared by the seven countries. To frame the discussion we will organize this analysis based upon the five areas of public policy identified by UNICEF to be the critical “pillars of child wellbeing” (Global Study Guide, 23). These pillars: Nutrition; Health; Child Protection; Education; and Social Protection can be seen to overlap with the seven dimensions discussed in Section II. Food, education and health deprivation directly correspond to specific pillars, while shelter, water, sanitation, information are relevant to several of the pillars.

It should be noted that the central aim of analyzing the pillars is to direct attention to specific areas of public policy and public concern (Global Study Guide, 18). Moving from analysis of the deprivation dimensions to analysis of the pillars of wellbeing enhances the comprehensiveness of each country’s research and generates evidence that can influence local public policy debates and strategies. Moreover, examining the pillars highlights how public policy can address child poverty across multiple deprivations.

In general, as is suggested by UNICEF, policy drives outcomes. However, this is not a forgone conclusion and the country reports make it clear that policy alone cannot address child poverty and disparity. Policy can guide and drive outcomes only if backed by capable institutions and comprehensive programmatic support. While it is clear the seven countries have taken great strides toward putting national child welfare policy frameworks and strategies in place, it is also evident that the next step is to ensure these policies and strategies are adequately supported by institutions and programs. Where national policies are in place they are frequently aligned with the CRC and other internationally recognized instruments of child welfare. The realities on the ground, however, indicate there is a long way to go before these ideals are realized. The thorough analysis presented in the country reports will help countries target programmes and policies such that the most vulnerable can be reached and limited resources can be used most efficiently. It should be noted that many, if not most, of the national policies and strategies highlighted in the reports were instituted very recently and much of the data used in the analysis predates their entry into force. As such, it will be critical for the current reports to serve as a baseline from which the effects of the said policies can be evaluated and reassessed. This lag serves, at least in part, to explain the weak links between policy analysis and outcomes analysis in the reports.

At the beginning of the discussion of each pillar, a basic matrix will be presented, one constructed using information presented in each of the countries’ Child Poverty and Disparity reports. This is presented to serve as a brief introduction to the pillars and highlight some of the reports’ major findings. As is apparent from the information in the matrices, the indicators are not always comparable, nor are they extensive. As such, it draws attention to the difficulties inherent to conducting regional comparative studies on the five pillars and perhaps indicates the need for a refined subset of indicators that correspond to each pillar. This issue will be taken up in the conclusion to this section. At the end of the section we will identify gaps and opportunities that emerge from consideration of the country reports as well as implication for countries in the two clusters (CA and CB) identified in Section II.

[3.1 Pillar One: Nutrition](#)

Approximately one third of all under-five deaths are caused by undernutrition. Undernutrition increases children’s vulnerability to infections and jeopardizes their development and cognitive function, especially when it occurs during pregnancy and the first two years of life. For these reasons, undernutrition is associated with reduced adult productivity and the intergenerational transmission of poverty. Undernutrition results from inadequate access to the amount or quality of food needed for growth and development. It is also caused by illness, particularly diarrhea, which drains children’s bodies of vital nutrients. This destructive cycle of undernutrition and illness results in chronic health problems and child mortality. For many children, nutritional deprivation begins before birth as a result of having an

undernourished mother. In infancy, this is exacerbated if the child is not breastfed and especially if not exclusively breastfed during the first 6 months of life. Proper nutrition is thus an essential pillar of child wellbeing, one that must be adequately reflected by comprehensive national policies and programs.

Table 12: Nutrition Pillar: Regional Snapshot

	Cambodia	Lao PDR	Mongolia	Philippines	Thailand	Vanuatu	Viet Nam
	Cluster A Countries (CA)			Cluster B Countries (CB)			
Indicators	- > 49% children (18-23mths) experience stunting - 45.3% of the same age group are underweight	- 40% under 5 experience stunting - 35% children under 5 malnourished - 26% under 6mths exclusively breastfed	-6.9% children under 5 from poorest two quintiles experience severe food deprivation - Shelter deprivation affects 52% of children (in poor families 85.5%) - Central and Khangai regions worst off	-27.6% of children below 5 underweight (2003) - Regional disparity range: 15.7% (NCR) to 36.1% (Bicol) -54% of infants breastfed w/in 1hr of birth -33.5% exclusively breastfed till 6mths	- 12.4% moderately stunted - 9.5% of children moderately underweight - children in the south and north-east fare much worse	- 7% of children severely stunted, 20% moderately stunted - Nationally, 16% of children are moderately underweight - Mother's education and household income are critical to outcomes	No data available at the time country report was published
Policy Framework	- National Nutrition Strategy (2008-2015) - National Vitamin A Policy (2000) - National Infant & Young Children Feeding Practice (2002)	- National Nutrition Policy - National Nutrition Plan of Action	-National Plan of Action for Food Security, Safety and Nutrition (NPAFSSN, 2001) - Health Sector Master Plan (identifies nutrition as a priority issue)	- Philippine Plan of Action for Nutrition (PPAN) - Accelerated Hunger Mitigation Plan (AHMP)	-National Food and Nutrition Plan	-Nutrition Policy - Breastfeeding Policy	*

Source: EAP Country Child Poverty and Disparity Reports (2006-2008)

* Viet Nam policy analysis report forthcoming.

Cambodia Deprivation analysis reveals almost 50% of Cambodian children between 18-23 months suffer from stunting (i.e., low height-for-age) and 45.3% are underweight. The report suggests this is the most vulnerable age-group in terms of nutrition and notes that deprivation is worse in the poorest wealth quintiles and for children whose mothers were not educated. Government expenditure on health has been increasing since 2000 and currently stands at almost 12% (2006). Cambodia has a National Nutrition Strategy in place that specifically relates to child nutrition. The National Vitamin A Policy and National Infant and Young Children Feeding Practice support this agenda, but greater programmatic support is needed to achieve its goals. The report also suggests such support must be better coordinated.

Lao PDR In response to serious nutrition challenges in the country, comprehensive national nutrition policies and intervention strategies were recently instituted. The National Nutrition Strategy and National Plan of Action on Nutrition aim to address undernutrition rates that are among the highest in the region. The report shows 37% of children under the age of five are underweight and 40% experience stunting. It also notes that there has been little improvement in these indicators in recent years. Rural areas, households in the poorest wealth quintiles, and households headed by uneducated parents suffer disproportionately from poor nutrition. The report suggests improving nutrition is not only crucial for human rights and equity, but will be critical to improving the country's macroeconomic environment.

Mongolia Severe food deprivation in Mongolia affects 6.9% of children under 5 years of age in the poorest two wealth quintiles. The report shows that other variables significantly impact the likelihood that a child will be malnourished, namely: gender (boys' nutrition indicators were found to be much worse than girls'), parental education, access to sanitation, the number of children in the household, and geographical location (rural children have worse nutrition indicators). The policy environment is framed by both the National Plan of Action for Food Security, Safety and Nutrition (NPAFSSN, 2001) and the Health Sector Master Plan, which identifies nutrition as a priority issue.

The Philippines Around 27.6% of children under five are underweight in the Philippines. Regional disparity ranges from 15.7% in National Capital Region, to 36.1% in Bicol region. The report suggests breastfeeding within in the first hour of birth must be increased from the present rate of 54% as must the number of children exclusively breastfed for the first six months. The report raised the concern that nationally collected data is not being used for policy making and that inconsistencies in certain data suggest the presently used food poor threshold many not provide an accurate assessment of undernourished children in the country. The Philippines Plan of Action for Nutrition and the Accelerated Hunger Mitigation Plan are the two primary national initiatives for promoting nutrition and combating malnutrition. Interventions ranging from the Department of Health's Food-for-School Program to the Department of Agriculture's Gulayang Masa/Barangay Food Terminal program aim to reduce the number of Filipino's suffering from food shortages. Since 2008, the government has increased attention on nutrition and the National Nutrition Council has massively increased expenditure.

Thailand Thailand's National Food and Nutrition Plan aims to guarantee the security and safety of food in the country. Despite this, 9.5% of children under 5 years of age are considered moderately underweight and 12.4% are moderately stunted (2005). Children in the south and northeast regions of the country fare much worse. The report indicates that the education of the household head, geographic location, and household income affect national child nutrition indicators. The report calls for child development monitoring systems to be revived in order to monitor local administrative organizations and combat persisting challenges to child nutrition. It also suggests continuance of school lunch and milk programs (although this is targeting older children) as well as increased emphasis on nutrition awareness among marginalized populations.

Vanuatu Indicators of malnourishment are noted in the country report to be especially troubling given the Vanuatu's good food security. Nationally, 7% of children are severely stunted, while 20% are moderately stunted. The report shows that a mother's education has a significant influence on child nutrition outcomes and that certain regional discrepancies exist. Vanuatu's Nutrition Policy and Breastfeeding Policy are the two principal national programs related to child nutrition. The National Children's Policy also makes specific mention of the need to prioritize, strengthen, and integrate food and nutrition policies and programs.

Viet Nam Unfortunately nutritional data was not available in the data sets used to compile the Viet Nam report. In addition, policy analysis was not part of the 2006 study. A recent Oxfam report, however, suggests that Viet Nam has cut hunger and reduced poverty from about 58% of the population in 1993 to just 18% today. "To put this in perspective, this means that since 1993 roughly 6,000 people per day have been pulled out of hunger poverty," Oxfam's Viet Nam country director Steve Price-Thomas said. Agricultural land reform, heavy investment in irrigation and agricultural technology, as well as the nurturing of the domestic rice industry are believed to have played a critical role.

Regional Synopsis: Nutrition

While most of the seven countries have national nutrition policies in place, the reports make it clear that programmatic support is presently inadequate, particularly in rural areas and certain geographical regions. The reports show that the education of mothers and the income of household heads both have a significant positive effect on nutrition outcomes. Educated mothers are more likely to exclusively breastfeed their children for the first six months and have a greater awareness about nutrition in general. The reports make it clear, though often not explicitly, that there is tremendous opportunity for cross-sectoral cooperation on nutrition, which is inextricably linked to the education, health, agriculture and social protection.

There is a critical window of opportunity to prevent undernutrition, which begins when the woman is pregnant and lasts until the child reaches two years of age. Undernutrition during this critical period can cause irreversible damage, impacting children's future development. Evidence gathered in the country

reports, particularly as it relates to inequitable nutritional outcomes, should be combined with internationally recognized low-cost, high-impact programmatic interventions, such as promotion of exclusive breastfeeding, timely, hygienic and appropriate complementary feeding practices, appropriate micronutrient interventions and management of severe malnutrition. In this way, evidence from the international and local level can be combined to maximize the efficiency and effectiveness of interventions for child wellbeing.

3.2 Pillar Two: Health

The second pillar of child wellbeing is health. Tremendous gains in child health have been made over the years, but for these to be sustained this pillar must be supported by capable local administrative and infrastructural systems. Moreover, these gains frequently belie increased disparity. Each year, approximately 9 million children worldwide die from preventable and treatable illnesses. Five of these, pneumonia, diarrhea, malaria, measles, and AIDS, account for around half of all under five deaths. Under-nutrition, as just discussed, contributes to around a third of those deaths.

UNICEF recently announced several new policies related to child health, which bear particular relevance to the countries studied here as they pertain to increasing access to the most marginalized. These strategies and policies include training and deploying more community healthcare workers to deliver basic health services to marginalized populations, using mass communication to encourage the poor to seek care, and building maternal ‘waiting homes’ near urban hospitals so that rural women can receive care before delivery.

Table 13: Health Pillar: Regional Snapshot

	Cambodia	Lao PDR	Mongolia	Philippines	Thailand	Vanuatu	Viet Nam
	Cluster A Countries (CA)			Cluster B Countries (CB)			
Indicators	- IMR 95 per 1,000 live births - U5MR 124 per 1,000 live births	- IMR 70 per 1,000 - U5MR 98 per 1,000 - Only 27% of children fully immunized - 19 medical physicians/ health specialists per 100,000	- IMR 19.1 per 1000 live births (2006) - U5MR 23.2 per 1000 live births (2006) - severe health deprivation affects 8.1% of children (higher in poorer, rural households)	-IMR 29/1000 (2003) - U5MR 40/1000 (2003) -CMR 12/1000 (2003) - Number of children being immunized has decreased since 2004 -0.04% of government's budget was spent on child health programs (2007)	-U5MR 10.5 (2006) - 83.3% children 12-23mths recommended vaccines - 99.2% of households have improved sanitation facilities and 94% to improved water sources	- 10% of the national budget spent of health - 20% of the population do not have access to health services (2005) - rural children have worst access	- 31% of Vietnamese children have not received full set of vaccinations - Regional disparity stark, 60% in North West are not fully immunized - access to safe drinking water only 12%
Policy Framework	- Cambodia Child Survival Strategy - Health Strategic Plan	- National Health Sector Development Plan - National Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal and Child Health Services	-Health Sector Development Program - National Housing Strategy of Mongolia -Family Housing Program	- Philippine Plan of Action for Nutrition (PPAN) - Accelerated Hunger Mitigation Plan (AHMP)	- National Health Promotion Plan - Universal Health Insurance Policy	- Health Sector Policy - Master Health Services Plan - Government's PLAS Strategy	*

Source: EAP Country Child Poverty and Disparity Reports (2006-2008)

* Viet Nam policy analysis report forthcoming.

Cambodia Cambodia's public expenditure has continuously increased since 2000 in an effort to achieve the goals of the Cambodia Child Survival Strategy. This strategy aims to reduce under-five and infant mortality rates from 124 and 95 per 1000 live births to 65 and 50, respectively, by 2015. Regional and gender disparity is pronounced in terms of U5MR and IMR, with girls and children from Ratanakkiri and Mondolkiri provinces suffering disproportionately. High out-of-pocket expenses, which account for 79.3 percent of health expenditure, are seen as a major inhibitor of universal access to health services.

Lao PDR The report shows that public health spending in Lao PDR as a percentage of GDP is 2-3 times lower than neighboring countries and low-income countries in general. This lack of budgetary commitment is reflected in troublesome health indicators such as an IMR of 70 and U5MR of 98 per 1,000 live births (2005). Tremendous regional disparities exist, with rural health indicators starkly worse due to disproportionately low access to: health services, improved water sources, and improved sanitation. Founded on the premise of universal access to primary healthcare, the National Health Sector Development Plan is the overarching policy framework for promoting child health. Within this plan, the National Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal and Child Health Services can be seen as the principal guiders of policies and programs to combat child health inequalities. These frameworks, however, are not supported by sufficient government budgetary commitments.

Mongolia Since the transition was made to a market economy, Mongolia's health system has experienced massive budget cuts and massive restructuring. Since 1998 the country has embarked upon the Health Sector Development Program in an effort to improve access, ensure the sector is sustainable, and improve the quality of services provided. The report attributes falling infant mortality rates and under-5 mortality rates to government policy and initiatives. In 2006, U5MR was 23.2 and IMR was 19.1 per 1,000 live births. Although the medical examinations, immunization and hospitalization of children aged 0-16 are free, many poor households cannot afford prescribed medicines. The report focused on the effects of housing deprivations and water supply deprivations as areas of key concern for child health. Limited government finances were cited as the principal challenge.

The Philippines Infant mortality currently stands at 29 per 1,000 live births and while the rate has been decreasing slowly in recent years, the report notes that it has not kept pace with neighboring countries. Wealth quintile, geographic location, and education of the mother have significant effects on health outcomes. The report suggests improving data collection, increasing the healthcare workforce, mobilizing communities, enhancing sustainable financing, identifying the most vulnerable, and investing in infrastructure and management of the healthcare system will be critical to improving child health outcomes. The country's Medium Term Philippine Development Plan (MTPDP) includes health-related goals such as reducing the cost of drugs, expanding health coverage, and improving healthcare management systems. The Department of Health's National Objectives for Health supports these aims and promotes increased responsiveness and equity in the health sector. A plethora of programs have been implemented nationally to support the aforementioned policy frameworks. The Philippine government has declared public health to be its "main priority," but the country report suggests budgetary allocations in the national government budget and the Department of Health do not support this claim (111).

Thailand The introduction of universal health insurance has increased access to free basic health services. The report cites increased access to services as contributing to the falling U5MR, which stood at 10.5 in 2006. While the ratio of doctors to population has improved, infrastructure for delivering health services remain inadequate, particularly in remote, rural areas. Access to improved sanitation and safe drinking water has increased tremendously, but children in the northeast and south suffer disproportionately when it comes to poor health outcomes.

Vanuatu The country's geographic characteristics make healthcare provision difficult and 20% of the population is believed not to have access to health services. Geographic spread has significant implications for the cost of sending health practitioners to dispersed communities and the associated transportation and human resource costs. The Ministry of Health's Health Sector Policy prioritizes primary healthcare and the Government's high-level strategy, PLAS, aims to increase access to healthcare, eradicate malaria, strengthen the Ministry of Health and invest in health training. The study draws attention to wide discrepancies in certain health-related data (particular focus is given to immunization indicators) collected by different agencies.

Viet Nam The report indicates 31% of Vietnamese children have not received the full set of vaccinations and that rural areas suffer disproportionately. Regional differences are also stark, with children in the North East and North West exhibiting non-immunization rates of 53% and 60% respectively. Poor

infrastructure and awareness of the benefits of full immunization are suggested as reasons for this disparity. Visits to professional health facilities are also much lower in these areas. The report also shows that almost half of Vietnam’s children live in dwellings without a hygienic sanitation facility and that access to safe drinking water is only around 12%. Again, rural and regional disparities are pronounced.

Regional Synopsis: Health

The seven countries under examination have implemented national health development policies and strategies. All reports, however, point to the inequitable coverage of the programs that seek to support these policies. Those in rural, remote areas and those in the poorest wealth quintiles suffer disproportionately from health poverty, with many families unable to meet the necessary out-of-pocket costs associated with healthcare. These findings, logically, reflect the disparities noted in nutrition. The reports frequently cite budgetary limitations as a key inhibitor of policy success, limiting the scope and quality of health services provided. This can also be said of access to water and sanitation, which despite rising tremendously in recent years, still excludes many of the region’s poorest children, contributing to diarrheal diseases, high intestinal worm infestation, and high under-five mortality in the poorest wealth quintiles. It should be noted that water and sanitation challenges in remote areas are now being accompanied by challenges in the rapidly growing impoverished urban areas in many of the countries.

3.3 Pillar Three: Child Protection

Child Protection, the third pillar, refers to child rights violations and deficits related to violence, abuse, neglect, exploitation, and crime. Such violations occur across all segments of society (regardless of wealth quintile etc.) and can result in lifelong developmental consequences and inequities. The nature and scale of child protection issues are diverse, multifaceted and interconnected. Statistical data on child protection remains sparse. Therefore, this section is based primarily on two aspects of child protection: child labour and birth registration.

Table 14: Child Protection Pillar: Regional Snapshot

	Cambodia	Lao PDR	Mongolia	Philippines	Thailand	Vanuatu	Viet Nam
	Cluster A Countries (CA)			Cluster B Countries (CB)			
Indicators	<ul style="list-style-type: none"> - 53% of children work (2001) - high levels of injury sustained by child laborers - Birth registration of 2-4yr olds was approximately 74% 	<ul style="list-style-type: none"> - Almost 80% of children report being hit or smacked at home 	<ul style="list-style-type: none"> - 22% of children involved in child labor (2005) - 98% of children under five have been registered 	<ul style="list-style-type: none"> - 1 out of 6 children work to support their family (60% in hazardous environments) - 2.6 million unregistered children (2007) - 50% disabilities acquired -3% 0-17yr old live on streets 	<ul style="list-style-type: none"> - 9.5% of children (5-14yrs) work (highest in north-east, 11%) - 1.2% children under 5 not registered - 2.3% of woman married before 15yrs 	<ul style="list-style-type: none"> - Just over 25% of child births are registered - much variation between regions and wealth quintiles - 7% of girls marry before 15, but in some regions up to 12% 	<ul style="list-style-type: none"> - between 9-24% of children believed to be engaged in some form of child labor - 12% of children do not have their births registered
Policy Framework	<ul style="list-style-type: none"> - National Plan on Trafficking in Persons and Sexual Exploitation - National Plan of Action on the Worst Forms of Child Labour - Plan of Action for Orphans, Children Affected by HIV and Other Vulnerable Children 	<ul style="list-style-type: none"> - National Plan for Action on Commercial Sexual Exploitation of Children - Labour and Social Welfare Masterplan 2007-2020 	<ul style="list-style-type: none"> - National Program of Action for the Development and Protection of Children 	<ul style="list-style-type: none"> -National Strategic Framework for Plan Development for Children (PNSFPDC – Child 21) -National Plan of Action for Children (NPAC) 	<ul style="list-style-type: none"> - National Policy and Strategy on Family Development 	<ul style="list-style-type: none"> - National Children’s Policy 	*

Source: EAP Country Child Poverty and Disparity Reports (2006-2008)

* Viet Nam policy analysis report forthcoming.

Cambodia The report states that 53% (2001) of children work (mostly in agriculture, forestry, fisheries and hunting), and that this is worse for boys, particularly in rural areas. It also draws attention to high levels of injury sustained by child labourers and suggests a need to focus on the most intolerable forms of child labour and address these immediately. Birth registration of 2-4 year olds stands at approximately 74%, but is much lower in rural areas.²⁷ The report suggests increased data collection on child protection is critical, especially as it relates to trafficking and juvenile crime. Child protection in Cambodia is mainly supported by the following policy frameworks: the National Plan on Trafficking in Persons and Sexual Exploitation, the National Plan of Action on the Worst Forms of Child Labour, the National Plan of Action for Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia, the Policy on Alternative Care of Children, and the Minimum Standards on Alternative Care for Children. Despite these frameworks and their constitute programs, child protection outcomes require continued attention.

Lao PDR The legal framework for child protection is in place in Lao PDR, but the policy framework is in a nascent stage. The National Plan for Action on Commercial Sexual Exploitation of Children was approved in 2008 in an attempt to address child prostitution, child pornography and the trafficking of children for sexual purposes. The report identifies Lao-Tai, from the lowlands of the country, as the main victims of child trafficking. Increasing numbers of children are being implicated in drug-related offences, which has led to increasing rates of child detention. Like Thailand, the Lao PDR report contends rapid social changes and cultural traditions have presented challenges to the child protection agenda and the country is yet to formulate a national policy to support this pillar. As such, the institutional support systems necessary to promote child protection are not in place.

Mongolia The country report argues there is no “integrated structure of child protection services and common understanding on the subject.” Nevertheless, the country has a high rate of birth registration (98%) and efforts to reduce the number of street children have shown promising results. Child labour remains a concern as the report states 22% of children are engaged in child labor and there are still many children working as domestic servants. The report argues that there is insufficient data on child protection issues and as such, many issues remain unregulated by the government.

The Philippines The country hosts some 2.6 million unregistered children, the majority of whom are Muslim and indigenous peoples (2007). Recent programming has targeted these vulnerable populations and the numbers are reducing significantly. The report notes that over 50% of childhood disabilities are acquired and that malnutrition and poor sanitation associated with extreme poverty are the leading causes. Those in poor remote areas and densely populated urban poor communities are disproportionately affected. Child labour affects 1 out of 6 Filipino children, 60% of whom work in hazardous environments. Generally, the incidence of child abuse has decreased. The country’s Child 21 plan provides the overarching framework for child protection in the Philippines. The National Plan of Action for Children was formulated to help realize its vision, as was the Child Friendly Movement (CFM). The report urges greater inter-agency data sharing and collection.

Thailand The report cites the rapidly changing socio-economic landscape for many of the country’s child protection challenges. Economic pressures on parents and high rates of domestic migration may lead to greater vulnerabilities in terms of neglect and exploitation. Children involved in migration, moreover, are particularly at risk of being trafficked and exploited. While the vast majority of children have their birth registered, 98.8%, there are indications that disaggregated measurements would reveal particularly low rates of birth registration in remote parts of the country, often where ethnic minority groups reside. The report indicates that 9.5% of children work and that this percentage is higher in the northeast (11%). In terms of child marriage, 2.3% of Thai women marry before the age of 15 years.

²⁷ The right to birth registration, which can be seen as a cross-cutting right that affects all other sectors, is essential to ensuring that children have an official record of their age, birthplace, name and family ties. As such, it can help to secure citizenship for children and thereby facilitate access to health, education, protection and social services throughout their lives.

Vanuatu Country-wide 7% of children marry before the age of 15, and 23.6% before the age of 18. These figures vary according to region and wealth quintile. The report notes that just over 25% of children in the country have their births registered and that child labour, in the context of family-based and community-based work, is customarily accepted in many parts of the country. This highlights the challenges Vanuatu has experienced in passing child protection laws which are perceived by many to be in conflict with customary laws and practices.

Viet Nam Due to variable survey techniques, data on child protection as measured by child labor varies significantly (9-24%) depending on the data source. The report suggests the “true” figure is probably somewhere in the middle. Regardless of the source, rural children engage in child work (mostly in agriculture and fishery) far more often than their urban counterparts. Regional disparity in child labour outcomes reflects that of health and education. In terms of birth registration, the report states that 12% of children aged 0-4 do not have their birth registered. The country report does not address the threat to child protection posed by child trafficking and this indicator was not included in the country-specific multivariate methodology.

Regional Synopsis: Child Protection

In general, information related to child protection, including the range of complex, inter-connected, and often compounding, forms of child protection violations (such as sexual exploitation and abuse, neglect, criminalization of children in need of care and protection, detention as a first response, child labour, trafficking, corporal punishment, unnecessary institutionalization, abandonment, abduction, exploitation for child pornography, illegal adoption and violence in homes, schools and the community) is poorly represented in national data. Often the data simply is not available, while at other times it varies tremendously depending upon the source. At times, this results in country reports that focus on birth registration and child labour as the primary components of child protection. Regionally, cooperation to combat child trafficking and sexual exploitation has increased, but the country reports show that many marginalized populations are still highly vulnerable. In general, child protection interventions have largely been issue-based and ad hoc, rarely addressing the underlying causes of child protection challenges. Comprehensive and integrated laws, policies, structures, and capacities to effectively protect children are just beginning to be put into place.

3.4 Pillar Four: Education

The fourth pillar of child wellbeing, education, is a fundamental entitlement of all children. Education is essential for individual and societal development. The positive externalities associated with investment in education include better health, increased macroeconomic growth, greater equality, as well as the potential to stop the intergenerational transfer of poverty. UNICEF places particular emphasis on the ‘multiplier effect’ of educating girls and on the centrality of education to achieving the MDG targets. UNICEF research shows that educated girls are more productive at home, better paid in the workplace, and better equipped to participate in social, economic and political decision-making. They are more likely to marry later, have fewer children, and have children more likely to survive, be better nourished, and better educated. Each of the country reports reviewed here point to the better child outcomes – in multiple dimensions of poverty – achieved by children whose mothers were educated.

Table 15: Education Pillar: Regional Snapshot

	Cambodia	Lao PDR	Mongolia	Philippines	Thailand	Vanuatu	Viet Nam
	Cluster A Countries (CA)			Cluster B Countries (CB)			
Indicators	<ul style="list-style-type: none"> - 10.8% primary school dropout rate - 21% lower secondary school dropout rate - primary school students to teacher ration approx. 54:1 	<ul style="list-style-type: none"> - Primary enrollment rate 91.6% (2009) - 59% of children from the poorest quintiles attend school - 65% of children entering 1st grade complete 5th 	<ul style="list-style-type: none"> - Primary education enrollment fell from 96.6%(2002) to 91.4% (2006) - 6.1 % of children living in poor families are deprived of education (2005) - enrollment influenced by number of children in household and income 	<ul style="list-style-type: none"> - Between 2002 and 2006 elementary participation rates decreased (2007 level is the same as 1990) - 3 out of 5 youths attend secondary school - Literacy (10-14yrs) 95% - 9.6% of GDP allocated to basic education 	<ul style="list-style-type: none"> - Universal primary education achieved - 86.8% completion rate - 79.9% attend secondary school 	<ul style="list-style-type: none"> - Basic education not compulsory - attendance lowest among lowest in Pacific - Literacy rate 74% (rural 69%) - 21.08% of government budget spent on education (2008) 	<ul style="list-style-type: none"> -Approx. 1 out of 10 children don't complete primary school - education poverty twice as high in rural areas - significant regional disparity
Policy Framework	<ul style="list-style-type: none"> - Child Friendly School Policy - Education for All National Plan (2003–2015) - Education Strategic Plan - Education Sector Support Programme 	<ul style="list-style-type: none"> - Education Sector Development Framework - Inclusive Education Policy - Early Childhood Development Policy 	<ul style="list-style-type: none"> - Government Policy on Education - Basic Guidelines for Education Sector Reform - National Program for Pre-school Education Development -Informal Education Development 	<ul style="list-style-type: none"> - Philippine Education for All Plan - Medium-Term Philippine Development Plan 	<ul style="list-style-type: none"> - National Education Plan - Master Plan for Early Childhood Development 	<ul style="list-style-type: none"> - Vanuatu Education Sector Strategy - Vanuatu Education Support Action Plan - Vanuatu Education Road Map 	*

Source: EAP Country Child Poverty and Disparity Reports (2006-2008)

* Viet Nam policy analysis report forthcoming.

Cambodia. The Cambodian government provides free education in public schools for at least nine years. Despite this policy, education poverty rates differ significantly for children in the lowest and highest wealth quintiles. The report highlights school dropout rates (10.8% primary, and 21% lower secondary school) and a very high primary student to teacher ratio of approximately 54:1. Cambodia’s Education for All National Plan (2003–2015), Education Strategic Plan 2006–2010, Education Sector Support Programme (2006–2010), and Child Friendly School Policy (2007) are the key policy instruments for addressing education poverty and disparities. Their effectiveness can be enhanced by ensuring ongoing sectoral inequity analysis informs targeted implementation.

Lao PDR Lao PDR’s Education Sector Development Framework (2009) was instituted following a collaborative effort to identify the country’s poorest and most educationally deprived districts. In an effort to achieve Education for All, this policy framework specifically targets the country’s most vulnerable and has led to the drafting of the Inclusive Education Policy and Early Childhood Development Policy. As with the health sector, Lao’s public expenditure on education is limited and has actually decreased in recent years (2005-2008). Though access to education facilities has increased dramatically, rural children still suffer from a low village-to-school ratio (up to 20:1). Only 65% of children who enter first grade complete fifth grade and this rate is worse for poor, rural girls.

Mongolia Deprivation analysis using data from 2005 indicates 6.1% of poor children are deprived of education. Disparity analysis, moreover, suggests rural children are less likely to attend primary school and much less likely to attend secondary school than their urban counterparts. Like the country’s health sector, the education sector has had difficulty transitioning to a market-based economy, suffering from large funding cuts. Privatization of the animal husbandry sector is believed to have played a large role in high school drop-out rates amongst males. Recent reforms have not been thoroughly evaluated, the report contends, due to a lack of surveys and assessments on impacts. The report contends the quality and responsiveness of education must be improved to combat poor academic performance indicators.

The Philippines Participation rates for elementary school are troubling. Between 2002 and 2006 rates decreased and the 2007 participation rate is reported to be the same as that of 1990. In terms of secondary education, only 3 out of 5 youths participate. Male youths, moreover, have a 20% lower participation in secondary school than females, who also display higher completion rates and performance indicators than males. Aside from gender, household income, education of mother, household size, and geographical location impact participation and completion rates. The report suggests additional resources must be made available for the education sector and the efficacy and relevance of the education provided in the nation's schools must improve. The education provisions in the Medium-Term Philippine Development Plan are routed in the Education for All program and the MDGs. The Philippine Education for All Plan is the long-term guiding strategy for improving education outcomes and achieving the country's goal of functional literacy for all. To do this, the Department of Education is undertaking a package of reforms called Basic Education Sector Reform Agenda (BESRA) and implementing Alternative Learning System programs. Though government budget allocations have been climbing in recent years, the percentage of GDP spent on basic education in 2008 was only a little higher than it was in 2002. In addition, the Department of Education's budget has only grown by 0.39% (in real terms) annually since 2000.

Thailand Extending compulsory education in Thailand has resulted in an increased number of children in school and 2007 education indicators suggest universal primary education has been achieved and remains stable. The ongoing challenge, however, is to improve the quality of the education provided so as to improve academic performance indicators and, the report suggests, improve social responsibility. The report suggests a need to emphasize teacher-training and investment in up-to-date teaching materials and techniques. Other areas in need of improvement are dropout rates (23.2%) and secondary school attendance, which currently stands at 79.9%.

Vanuatu Education outcomes are disturbing at present as dropout rates are high and the country has the highest proportion of children who have never been to school in East Asia. Significant differences in education outcomes exist between geographical regions, wealth quintile, and depending on whether or not a child's mother was educated. Education is not compulsory in Vanuatu and participation rates have been among the lowest in the Pacific despite almost a quarter of the national budget being spent on education. This, however, is potentially on the verge of transforming with the introduction of the Educational Roadmap, which aims to ensure access to quality education. In 2010, the government announced that school fees would be abolished for primary school, which is expected to increase attendance and national education outcomes.

Viet Nam Universal gross primary enrollment has virtually been achieved in Viet Nam, but the report shows that approximately 1 in 5 children are not in the appropriate grade and approximately 1 in 10 do not complete primary school. Education indicators are typically two times worse in rural areas, and the North West and Mekong River Delta regions have consistently higher education poverty.

Regional Synopsis: Education

Most countries in the region have embraced the goal of universal primary education. Vanuatu remains the only country where education is not compulsory, but the government recently abolished primary school fee. A great many challenges remain in all countries, however, in terms of the quality of education, completion rates, secondary enrollment, and equitable access. Lao PDR and Cambodia presently face the most dire education poverty, but have taken decisive steps toward improving the policy environment. These efforts must now be met by increased mobilization of resources to devote to the support programs and institutions responsible for carrying out that policy. Targeted and well-monitored public expenditure in this area has a high rate of return and can help break intergenerational poverty cycles.

3.5 Pillar Five: Social Protection

The final pillar is social protection. UNICEF believes that governments have an obligation to provide social protection to the most vulnerable segments of their population. UNICEF's definition of child-sensitive social protection encompasses social assistance and economic support directed at the family or at the individual child, as well as social services including family and community support and alternative care (Kamerman and Gateino-Gabel 2006). It involves a set of public and private measures that protect society from social and economic distress, such as social assistance, income support in the form of cash transfers, childcare grants, tax benefits, social pensions, and improved accessibility of social services. As such, indicators for this pillar comprise of the proportion of people in need of these measures. Social protection policies and programs are designed to reduce poverty, protect the rights of the vulnerable, and increase social equity. According to Kamerman and Gatiemo-Gabel, "Children constitute the largest vulnerable group in most countries yet social protection for children remains far less developed than for the elderly everywhere" (p. 30).

Table 16: Social Protection: Regional Snapshot

	Cambodia	Lao PDR	Mongolia	Philippines	Thailand	Vanuatu	Viet Nam
	Cluster A Countries (CA)			Cluster B Countries (CB)			
Indicators	- 901,733 households live below the national poverty line (NIS 2004)	- share of expenditure by the poorest 20 percent was only 8 percent - Increasing consumption shares are noted only in the highest quintile over the past 15 years	- 99% of children in the poorest wealth quintile suffer from at least one severe deprivations - multiple deprivations are far more common on poorer wealth quintiles	- ARMM, Bicol, Western Visayas, MIMAROPA, and SOCCSKSARGEN have disproportionately low child welfare indicators - households in the lowest wealth quintile display disproportionately low health and education outcomes	- 19.4% of children orphan - 1.85 million children have disabilities, over 40% of these live in the northeast	- Households in the poorest wealth quintile have 8 times the incidence of severe deprivation of those in the wealthiest - Rural households and those with an uneducated mother suffer disproportionately	- 8% of children (0-15) live in a household of which the head caregiver is unable to work
Policy Framework	- Law on Social Security (2004) - not supported by policy and programs - National Social Protection Strategy	- Not in place	- National Program of Action for the Development and Protection of Children - Child Money Program -Community-based Welfare Service	- Food-for-School Program (FSP) - Pantawid Pamilyang Pilipino Program (4Ps)	- Universal Health Insurance Policy	- Country Program Action Plan - National Disability Policy	*

Source: EAP Country Child Poverty and Disparity Reports (2006-2008)

* Viet Nam policy analysis report forthcoming.

Cambodia Cambodia's 2004 Law on Social Security had not, at the time the country report was authored, been adequately supported by plans, policies or programs. To date, the principal forms of social protection involve exemption from user fees in public health facilities and social health insurance. The report suggests access to such social protection was limited and that price continues to constitute a major barrier to access to health services. The report notes that cash transfer schemes and child support grants are under investigation and three pilot sites being prepared. It also notes that the government relies on donor support for many of its social support initiatives, which raises sustainability concerns.

Lao PDR Social protection was not discussed as a separate pillar in the Lao PDR report. It should be noted, however, that the Lao PDR government has identified 47 priority districts, which it is targeting as part of its overarching strategy for poverty reduction. In addition, as part of the Ministry of Health's National Strategy and Planning Framework for the Integrated Package of Maternal, Neonatal and Child Health Services (2009-15), various measures to address disparities in health outcomes were identified that can be seen to constitute social protection measures, including conditional cash and food transfers. While the report does not provide information on whether these measures have been implemented, it does suggest that

development of child-sensitive social protection mechanisms are critical for protecting children from chronic poverty.

Mongolia The country report shows that state funding for social welfare services has increased dramatically in recent years, yet it also states “social welfare allowances are not flexible enough to meet the needs and demands of vulnerable families and children” and that their impact on poverty is hard to determine. Part of the problem, the report contends, is that social welfare policy inadequately targets the poorest families. The Child Money Program, for instance, allocates assistance to children irrespective of their family background. The report shows that the effect on poverty and disparity was far greater when the program targeted income-poor households. The recently launched Community-based Welfare Service aims to address this. It is suggested by the authors that the criteria for evaluating social welfare services be better defined.

The Philippines The country report documents two principal social assistance programs that impact Filipino children. The first, the Food-for-School Program (FSP), is a conditional in-kind transfer program that aims to address hunger and improve school dropout rates by providing families with rice if they keep their children in school. Preliminary evaluation suggests the program has improved education and nutrition outcomes. The Pantawid Pamilyang Pilipino Program (4Ps) is also a conditional cash transfer program. It provides educational grants to families whose children are enrolled in and attend school at least 85% of the time and health grants to families who comply with various health-related conditionalities (such as immunizing children, and ensuring young children attend regular preventative check ups). This social safety net program is yet to be comprehensively evaluated and it is not clear the data will be available to do so. The report makes concrete suggestions for improving social safety net programs and suggests targeting accuracy will need to improve.

Thailand The shortage of qualified and trained staff and a lack of interagency cooperation are suggested to be the principal challenges to social protection services in Thailand. The report reviews a number of social protection initiatives and concludes that successful interventions are implemented and evaluated over an extended period and encourage community participation and networking to ensure sustainability. Innovative financing of children’s social welfare programs, such as scholarships funded by the government lottery, are promising.

Vanuatu Social Protection is an emerging focus in Vanuatu. UNDP is assisting the Government to strengthen planning and management systems related to equitable poverty reduction and implement social protection services. Targeting social protection policies will need to address the impact that region, education of the mother, and household income have on child wellbeing indicators.

Viet Nam Social protection was not discussed as a separate pillar and was included in an analytical domain entitled “Social inclusion and protection,” which included aspects of child protection and social protection. Relevant data presented include the finding that 8% of all children aged 0-15 live in a household in which the head caregiver is unable to work. This indicator of disparity is, contrary to most in Viet Nam, worse in urban areas and the report suggests this may be due to the old age and/or disability of many urban household heads.

Regional Synopsis: Social Protection

Social protection is an emerging, if not fully understood, concept in the region. Many of the reports confuse child protection with social protection and it is clear the policy and institutional frameworks for social protection are in nascent stages at best. The impact of the global financial crisis and natural disasters (see Box 4) can be seen to have strengthened the need for social protection as a means of ensuring basic human dignity, as well as promoting social and economic security. For children, social protection is especially critical as a tool for promoting equity. Some of the reports detail experiments with social protection policy, but these recently implemented policies and programmes cannot, in many cases, be evaluated yet. If found to be successful in increasing social protection outcomes for children, these policies and programmes will need to be dramatically scaled up and coordinated within comprehensive national strategies. As the

Mongolia report points out, targeting such policies to the most vulnerable is absolutely critical if full benefits are to be realized.

Box 4: Natural Disasters and the Need for Social Protection

The readiness of the countries to cope with the impact of natural disasters is particularly relevant for poor children and women. Studies show that children and women belonging to the poorest segments of society are the ones most affected by natural disasters.

“Women and children appear to be more vulnerable to the impacts of natural disasters. They find it harder than men to escape from a catastrophic event due to their smaller average size and physical strength. Pregnant and nursing women, and those with small children, are particularly vulnerable. Women may also be subject to cultural restrictions on their mobility, including dress codes and seclusion practices” (UNICEF UK, 2008). From 1975 to 2004, over a million people in East Asia lost their lives because of natural disasters mostly from earthquakes and related tsunamis. In 2004 alone, over 62 million people were affected in East Asia by disasters, most of them children and women from vulnerable groups (UNICEF, 2005). In 2005, of the 90,000 people killed by natural disasters, 90% lived in Asia.

Poverty and lack of development exacerbate people’s vulnerability to all extreme weather hazards. People in low-income countries are four times more likely to die in natural disasters than people in high-income countries (UNICEF UK, 2008). It is important to call attention to this issue and the threat it poses to child wellbeing in the region.

3.6 Pillars of Child Wellbeing: Gaps and Opportunities

Gaps: Analysis of the pillars of child wellbeing reveal that lack of programmatic support of child wellbeing policies is one of the primary obstacles to child welfare in the region. In general, the policy environment is guided by internationally agreed upon priorities and principles. In order for these policies to be effective, however, the programmatic support mechanisms need to be in place and be adequately supported by the necessary resources. This, of course, is an ongoing struggle for each of the countries analyzed here.

Tight resources and limited public finance necessitate targeted policies and programmes in order to maximize efficiency. The reports have gone a long way towards mobilizing the evidence and capacity required to monitor and evaluate, in a targeted way, policies and programs for child wellbeing. However, each of the countries report challenges in obtaining accurate and consistent data. Not only do different agencies use different definitions and criteria to determine their indicators, but these criteria often change over time, which makes trend analysis problematic. Advocating for enhanced data collection and management mechanisms will therefore be critical to eliminating irregularities and increasing policy and programmatic efficiency.

Another related challenge is the lag between policy implementation and policy outcomes, as well as the difficulty in measuring the isolated effects of particular policies and programs on outcomes. This lag explains, at least in part, the difficulty some of the reports had conducting evidence-based policy analysis. Many of the policy frameworks highlighted in the reports have been instituted quite recently and their impacts are therefore not captured by the indicators presented. However, given the cyclical nature of the policy process, available indicators can inform ongoing policy formulation and design.

Opportunities: Many opportunities have arisen from embarking upon the Child Poverty and Disparity studies. The countries involved have remarked upon the consultative, partnership-building, and capacity-building nature of the work involved. The following assessment was provided by the Viet Nam CO:

The knowledge transfer or learning process has taken place in various ways: 1) on-the-job training for the General Statistics Office (firstly on data verification for the calculation of child poverty rates/indices based on 2006 data, and subsequently through the application, by GSO staff, of the model and the calculation of the child poverty rates/indices using 2008 data - with distant support from the international experts); and 2) provision of technical training on how to use micro simulation methods in cost analysis for child benefits (scheduled November 2010). Ownership of the child poverty approach by GSO is reflected in the inclusion of child poverty calculations in the report of the 2008 household living standards survey as well as in the inclusion of additional child poverty indicators in the 2010 questionnaire of the same survey (UNICEF Viet Nam).

Such ownership is significant and should be expected to enhance the sustainability of monitoring and evaluation efforts using the multidimensional child poverty method. Furthermore, the partnerships forged during the study are helping to push child-sensitive poverty reduction strategies forward at the national level (Thailand, Viet Nam) Promising steps have been taken to take the results of the studies to sectoral ministries and key program and policy informants. Country offices should be encouraged to share their successes and challenges on this front with other COs in the region and develop strategic plans and best practices for these activities.

The preceding analysis shows that opportunities for cross-cutting policies and programs involving the health, education, and social protection sectors are also emerging. This is a key aim of the Global Study and one that is in reach if the participating countries continue to use the gathered evidence, and, as suggested by the Cambodia CO, take a step back and try to identify cross-sectoral opportunities (Reflection Interview). Cross-sectoral cooperation can increase the mobilization of resources and enhance the comprehensiveness and compatibility of data collected. These opportunities can, in many cases, be low-cost and produce very high returns. Policies such as Philippines Rooming-In and Breastfeeding Act of 1992 – which required that public and private hospitals promote exclusively breastfeeding in the first six months – produce benefits to the child nutrition, child health, and education sector. A supporting program (Pantawid Pamilyang Pilipino Program) provides cash grants to pregnant women who attend breastfeeding counseling. These kinds of cost-effective, cross-sectoral actions must be vigorously pursued.

Cluster A and Cluster B If we return to the country groupings suggested in Section II, i.e. CA and CB, we see that in terms of the policy environment, there is very little difference in terms of the guiding policy frameworks. This reinforces the idea presented earlier that the overarching goals are the same, but the strategies for achieving them need to be different. The policy frameworks for the most part reflect internationally recognized standards, in line with the CRC. Implementation of these plans and policies and their outcomes, however, is what differs. While both clusters exhibit problems with equity and concentration of poverty and deprivation in certain populations, Cluster A countries have a greater segment of their population in this situation and suffer from greater infrastructural challenges when it comes to widespread service provision. The capacity of these governments to invest in such infrastructure was undoubtedly impeded by the global financial crisis and the resultant reduction in demand for exports and GDP growth.

Because the pillars were identified for their centrality to child wellbeing, they provide a deeper understanding of the situation of children in the seven countries. The challenge, however, is for deprivation indicators to be better linked to these pillars so progress can be better monitored and regional comparisons made more effectively.

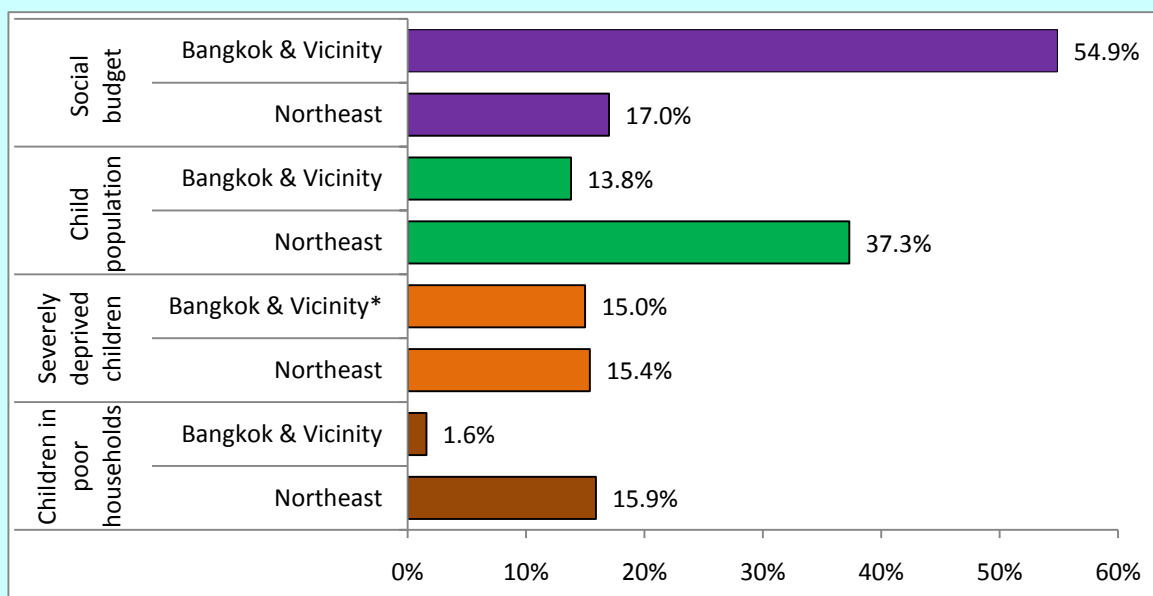
For Cluster B countries, the comprehensive disaggregated analysis of these pillars that was conducted as part of the Global Study is of critical strategic importance to achieving national policy aims and the MDG targets. For Cluster A countries, a key challenge is that “the study is ... rather descriptive [in] nature. It informs where the problems are, but does not necessarily inform what needs to be done, how, by whom and what implementation modalities need to be utilized” (conversation with Mongolia CO). The Mongolia team notes the infrastructural challenges mentioned earlier and the difficulties these present for UNICEF,

which has limited involvement in the water, sanitation, and housing infrastructure sectors.

Finding ways for the evidence gathered as part of the Global Study to influence and inform strategies in these sectors will be an important next step. It is critically important, for example, that deprivation evidence inform budgetary allocations, which is why the Global Study recommends such analysis. Budget analysis was a weakness in many of the country reports, but as the following box shows, this kind of analysis can make a strong case for reforming budgets in favor of child equity.

Box 5: Social Budget Analysis in Thailand

The following figure shows a portion of the social budget analysis conducted in Thailand. It reveals a clear imbalance in favor of the Bangkok area, which received 54.9% of the social budget despite hosting only 13.8% of the country's children. By contrast, the Northeast region of the country, which hosts 37.3% of the child population, received 17.0% of the social budget²⁸.



Sources: Social budget, Child population: National Economic and Social Development Board (NESDB); Severely deprived children: MICS 2006; Children in poor households: Socio-Economic Survey, National Statistics Office. Figures have been rounded to 1 decimal place.

These disparate investments exist despite the fact that the incidence of children living in income-poor households was nearly zero in Bangkok and more than 15% in the Northeast region. In Cluster A and Cluster B countries alike, such evidence must be used in advocacy efforts aimed at providing for the most vulnerable children.

²⁸ Although the social budget allocation figures are reflective of the existing inequity in the country, it is important to note that data on budget disbursement, had it been readily available, would have provided a more complete picture, and also that some of the skewing of the budget in favor of Bangkok & Vicinity may be explained by allocations toward tertiary education (concentrated in greater Bangkok) which is not directly relevant in the context of addressing child poverty.

SECTION IV: Conclusions and Recommendations

The situation facing children who suffer severe deprivation and absolute poverty in the seven countries shows marked improvement in recent years. However, as discussed:

- a) Millions of children still suffer from severe deprivation, less severe deprivation, and multiple severe deprivations.
- b) Inequity is rampant, with demonstrably high levels of disparity along social indicators. Child poverty, as measured by severe deprivation in food, education, and health, disproportionately affects children living in rural areas, those belonging to families in the bottom wealth quintile, and those who belong to ethnic minorities. Gini coefficient analysis reveals income inequality to have remained stagnant or increased in all seven countries in recent years despite steady GDP growth.

Much more can and must be done in all countries to reduce inequities faced by children and adolescents in the region. This report aims to assist the UNICEF in East Asia and the Pacific to identify and implement strategies to do just that. Of course, there is no single recipe or magic bullet that addresses the complexity of multidimensional child poverty and inequity. It is neither the objective of this report, nor a desirable goal, to issue specific recommendations in terms of country policies and programs. Country Offices and their partners have, and should continue, to take that role.

Instead, this report intends to promote discussion, debate, and collaboration amongst UNICEF Country Offices, the Regional Office, and partners in the region, based on evidence collected as part of the Global Study on Child Poverty and Disparities. Such conversations can generate the positive energy and momentum required to holistically address child poverty and disparity and can constitute a powerful tool to open windows of opportunities at the policy and programmatic level.

This final list of comments and recommendations is not exhaustive. Rather, it highlights issues that are emphasized in the reports and that the analysis suggests are particularly relevant for moving the agenda on child poverty and disparity reduction forward. Each point in this final section is relevant for each of the countries studied, but clearly the relative relevance of each point will vary by country. Where countries are found to be more advanced in a particular dimension, valuable horizontal cooperation opportunities could be explored. The hope is that the list of issues presented here, and the recommendations suggested, are comprehensive enough to spark discussion and action in the region.

One Shared Vision but Different Strategies: Cluster-Specific Recommendations

The analysis shows that countries in the region have a clear, shared vision when it comes to child poverty. This can be synthesized as follows:

- i) Policies to reduce poverty must start with children;
- ii) Child poverty is multidimensional and goes far beyond income poverty;
- iii) Inequity is a critical obstacle to reducing child poverty and fulfilling child rights.

Under this common, clear vision, different strategies should be applied to achieve the overarching goal of eliminating child poverty and fulfilling child rights. This will necessitate balancing policy and programmatic action on two fronts: On the one hand, universality of access to basic consumption and social services, encapsulated in the seven dimensions and five pillars, must be pursued. Simultaneously, the quality and scope of these public goods and services must be enhanced.

Universal access to quality services will require different strategies from country to country according to their political, economic and social dynamics. Historical, cultural, economic, social and geopolitical contexts and forces vary greatly across countries. In spite of these differences and their implications for policymaking, it may still be a potentially useful analytical exercise to cluster the seven countries into two groups: Cluster A and Cluster B. The main findings and strategy implications for each cluster are presented below.

Cluster A	Cluster B
<p><u>Main Findings</u></p> <ul style="list-style-type: none"> • Incidence of Severe Deprivation: 83.4% • Incidence of 'Less Severe' Deprivation: 92.6% • Depth (Multiplicity) of Severe Deprivation: 2.01 • Income and Deprivation: More overlap – almost all children who are income poor are also severely deprived • Disparities are rampant <p><u>Strategy Implications</u></p> <p>In Cluster A countries (Cambodia, Lao PDR and Mongolia), most children suffer from at least one severe deprivation and, on average, one out of every two children suffer two or more deprivations. This suggests that the vast majority of the populations in these countries do not have access to basic services.</p> <p>Lack of supply of those basic services is a central issue, as are the inhibiting demand side forces associated with insufficient income. It is necessary for these countries to examine relevant user fees and their impact on access. In addition, hidden costs must also be carefully scrutinized. Free healthcare access is frequently undermined by transport costs and the high out-of-pocket expenses associated with medicines and specialized care. As mentioned earlier, the desired impact of free education on universal access can be undermined by required expenditures on uniforms, transport, and books.</p> <p>Given that Cluster A countries are also the ones that face severe resource limitations, ensuring universal access to a <i>basic</i> package of quality services, essentially the pursuit of a minimum social floor, is strongly recommended.</p>	<p><u>Main Findings</u></p> <ul style="list-style-type: none"> • Incidence of Severe Deprivation: 30.5% • Incidence of 'Less Severe' Deprivation: 49.0% • Depth (Multiplicity) of Severe Deprivation: 1.38 • Income and Deprivation: Less overlap – many children who are income poor are not severely deprived • Disparities are rampant <p><u>Strategy Implications</u></p> <p>In Cluster B countries (Philippines, Thailand, Vanuatu and Viet Nam), severe deprivation is less prevalent, while 'less severe' deprivation is more widespread.</p> <p>Lack of access to basic services is concentrated in certain geographical areas and amongst excluded groups. Issues such as the quality and scope of services, and disparities therein, usually affect a much greater share of the population. Under these circumstances, a two-pronged approach is strongly recommended for these countries:</p> <ol style="list-style-type: none"> a) Addressing access to basic services among those in remote areas and those belonging to marginalized groups; b) Expanding the frontiers of services in order to enrich their capacity to enhance child wellbeing. <p>Frontiers in the education sector, for example, can be expanded by increasing the number of years of free education, and including preschool. Social service frontiers can also be expanded by enhancing training, increasing the number and quality of healthcare providers, and strengthening the quality of social service infrastructure. Essentially, both quality and scope of services merits attention in these countries.</p>
<p>Note: The conclusions presented in each cluster are merely suggested guidelines for conceptualizing and prioritizing development strategies in the subregion. Clearly, each country will have unique contextual issues that need to be considered when formulating targeted policies and programs.</p>	

Final Comments and General Recommendations

- **Enhance equity through policies to reduce child poverty:** Any equity and disparity reduction policy must start with child poverty reduction at its center. It is recommended that this be clear on regional and country poverty reduction agendas.
- **Promote the multidimensional deprivation approach:** The multidimensional deprivation approach to child poverty can be considered a stand-alone component of the poverty agenda, one that is well established in the region. The multidimensional and child-focused approach to child poverty provides important and holistic evidence about child wellbeing based on disaggregated data analysis. The approach has the potential to be a very valuable supplement to typical sectoral situation analysis, and should therefore be actively promoted.
- **Emphasize the complementarities of monetary and deprivation approaches to poverty:** The multiple-deprivation approach to child poverty and the monetary approach to child poverty are complementary ways of gathering information about the situation of children and their families. As stressed in some of the reports and discussed in Section II, each method identifies different groups of children, for whom development interventions need to be different. “Only using the monetary approach as input into the policy process would result in the exclusion of children that are only captured by the child poverty approach but are not poor according to the monetary method”(UNICEF Viet Nam, 2008).
- **Increase awareness through research:** The process of producing national Child Poverty and Disparity Reports raises awareness about child poverty and opens the possibility of influencing the policy agenda. Two comments by countries bear mentioning: the Thailand report concluded that “The partnership around the poverty study provided an entry point to discuss ways of exploring [child poverty] issues, including the possible role for entitlement-based social transfers.” The Viet Nam report concluded: “The participatory approach to the study design has created awareness among development players on the multidimensional nature of poverty and particularly poverty among children.” Based on these experiences, other countries could be encouraged to conduct child poverty studies.
- **Maintain momentum:** It is important to maintain the momentum created in the countries from having developed and launched the study on child poverty and disparity. It is recommended that strategic communication and advocacy pieces be developed and utilized to influence policy. The country network created for the study should be maintained and nurtured.
- **Develop advocacy and communications strategies:** Influencing the policy agenda requires the strategic allocation and investment of resources in an advocacy, communications and dissemination plans. Advocacy is key to influencing policy and program development. The country reports should be used to emphasize the efficiency and effectiveness of evidence-based policy. Network development, capacity building, workshops and high-level presentations also play an important role in building a multilevel communications strategy. UNICEF Philippines, in partnership with PIDS, offers a good example. A series of policy briefs entitled “The Filipino Child” present acute problems and key intervention results related to children living in poverty. For instance, Policy Brief No. 3 emphasizes the

multiple dimensions of child poverty and Policy Brief No. 6 focuses on schooling disparities.²⁹ These short and clear notes are specifically geared toward influencing policy. Countries in the region are encouraged to develop explicit, strategically-oriented communications materials that target particular audiences such as policy makers, media, private sector, academia and NGOs. Participation by children and adolescents should be considered as part of this strategy.

- **Enhance links between policy and evidence:** Moving forward, as suggested in Section III, the links between the evidence provided by the studies and policy analysis must be strengthened. To progress strategically requires: a) continued commitment to evidence-based policy, and b) providing more concrete recommendations based on the study results. Country Offices should specify clearly the implications of the evidence presented in the child poverty report and generate strategies for influencing relevant policies and programmes.

The strength of the deprivation approach is that it allows analysts to assess various deprivations and identify specific and concrete measures to improve the lives of children. To promote enhanced action, it is recommended that a selection of the most significant deprivations and disparities be identified by each country office, based upon evidence presented in their reports. This will allow countries to prioritize issues and link these to the current policy agenda. Such prioritization can yield powerful policy recommendations, streamline opportunities and communication between partners and stakeholders, and influence national political priorities. These policy-oriented activities should form part of the strategic orientation to promote poverty reduction and enhance equity in the region. The Regional Office should promote horizontal cooperation on relevant best practices in this area.³⁰

- **Promote inter-sectoral advocacy:** Policies and programs for child poverty reduction generally lack an integrated strategic vision. The sectoral approach prevails. As stated by UNICEF Pacific, “In this respect, UNICEF’s work with government to raise awareness and understanding on poverty and deprivation of children... is fundamentally important as it provides the evidence that yields the entry point to bring children’s issues in the mainstream development and poverty alleviation agenda, rather than remaining as sectoral issues limited to the domain of Ministry of Education, Health and Social Welfare/Justice.” This approach is particularly necessary for the child protection and social protection pillars of child well-being. Ad-hoc and fragmented measures currently in place have not been effective in ensuring adequate protection and fulfillment of child rights. Inter-sectoral advocacy and collaboration with governments to develop comprehensive, integrated national child protection systems and social protection systems should continue to be pursued. The evidence gathered on deprivations and the pillars of child wellbeing in the country reports will be invaluable for such efforts.
- **Promote social protection for holistic poverty reduction:** Social protection tools such as universal child benefits and targeted cash transfers tend to be very effective in improving the living conditions of children in poor families. Countries such as Viet Nam and Thailand, reported that the child poverty study encouraged them to move in the direction of promoting such policy measures. Mongolia has already been implementing such a program. The main effectiveness of child benefits and cash transfers lies in reducing child income poverty and positively influencing nutrition, health and education. However, child benefits and cash transfers are not the only social protection tools for addressing child poverty. Other social protection measures such as health insurance for the poor, education stipends for

²⁹ www.unicef.org/philippines/brief03_fnl.pdf

³⁰ In fact all the UNICEF COs interviewed for this report mention this as the central task to which they are or will be committed.

girls, and employment guarantees for parents can also be effective. UNICEF should develop a sound and doable social protection strategy for the region, taking into account the lessons learned in countries already implementing social protection policies and programs.

- **Examine budgetary initiatives and fiscal space:** Public resource allocation plays a central role in promoting, fulfilling and protecting child rights. Budget analysis, monitoring and lobbying in support of child rights could be a powerful tool to promote equity and increase programmatic support for child wellbeing policies. It can open dialogue with finance ministries and influence macroeconomic policy. In some cases, the child poverty reports cite a lack of reliable and useful budget information. In most, the need for strengthening budgetary assessment is acknowledged. It is highly recommended that EAPRO promote and develop child-sensitive budgetary assessment.
- **Improve child-sensitivity of household surveys:** To generate stronger evidence on child poverty it is recommended that UNICEF continue to advocate for additional child wellbeing indicators to be incorporated in national household surveys.
- **Promote trend analysis:** As stressed in the reports, analyzing trends on child poverty and disparity can be a powerful tool for evaluating policy. It is recommended that UNICEF promotes this kind of research.

The preceding comments and recommendations are based upon the findings of the country studies and the Bristol indicator analysis conducted in Section II. It is clear countries have gathered a tremendous amount of information from conducting the studies and it is hoped the recommendations can assist them in their efforts to move the agenda forward and maximize the utility of the information collected. In the following box, we present a few outstanding issues that were not sufficiently addressed by the reports nor captured by the Bristol indicator analysis. These issues may need to be addressed in the next round of country studies and incorporated in future deprivation indicator sets.

Box 6: Issues in Need of Additional Research

1. Migration, remittances and children left behind: Internal and external migrations constitute an increasingly important phenomenon in each of the countries studied. Migration affects children in a variety of important ways. In the case of external migration, remittances from overseas workers constitute an important source of country and family wealth and income. In the Philippines, for example, remittances have risen sharply, from \$6 billion in 2000 to over \$12 billion (constituting 12.5% of GDP) in 2006³¹. Studies show that families frequently invest this additional income in their children, leading to a positive impact on child wellbeing. While overseas workers' remittances help drive economic growth, the social costs and benefits, especially as they relate to children, remain largely unmeasured.

The Thailand study shows that 20.9% of children in rural areas do not live with their parents. This relates to an internal rural to urban migration or to an international migration. Most of the countries report a negative impact on family structure and children because of migration, especially among poor families. Low school achievement and high drop-out rates, child labor, abuse and child neglect may result from high migration rates. Migration is also linked to exploitation and trafficking, especially in the case of adolescents girls. Young people who migrate are said to be vulnerable to exploitation by traffickers (NGO Group, 2005). It is recommended that collaborative, multi-country research efforts be promoted by the RO that involve all affected countries in the region. The RO should develop and disseminate research on migration issues in an effort to generate evidence for actions that reduce child poverty and disparities associated with the phenomenon. Regional strategies, programs and agreements should be promoted that address shared international migration concerns.

2. Urban poverty: The studies analyzed in this report and the analysis presented in Section II show that child poverty is more acute in rural areas. However, urban data often masks huge inequalities between rich and poor areas (Barlett S, 2003). The analysis of wealth quintiles shows this to some extent. It is recommended that further research be undertaken to acquire more evidence about children living in urban poor settlements. This is highly relevant for EAPR given the important rural to urban migration process and the high density of urban populations in many of the countries.

3. Adolescents and adolescent girls: Given the demographic transitions in EAPR, adolescents represent a major proportion of the child population and can be seen to suffer from several simultaneous discriminations and invisibilities. International research is conclusive when it comes to the efficiency and effectiveness of investing in adolescent girls due to the plethora of positive externalities it spawns. Despite having the capacity to constitute a productive and positive social force, adolescents are frequently perceived by society in negative terms. This group's relevance to child poverty was not emphasized sufficiently in the reports. It is recommended that the information provided in the reports be reviewed with this lens.

4. The voice of children and adolescents: When children and adolescents express their own points of view related to how they experience poverty, perspectives emerge that are fresh and enlightening. In the case of Mongolia, for example, the report cites instances when children and adolescents were consulted. Children and adolescents expressed that "dressing and belongings create disparities" for them. Also, they report that their parents do not pay attention to them. Such qualitative analysis provides valuable insights. International experience shows that participatory approach methodology is a useful tool, especially for adolescents. It is recommended that giving a voice to children and adolescents on the issue of child poverty will enhance a basic understanding of the issue. While we frequently speak about the issue of child participation, planning for such inclusion rarely constitutes part of the basic reporting strategy. The quantitative information in the Global Study could be enhanced and complemented by qualitative and participatory research that gives voice to the perspective of children on their problems and possible solutions.

5. Other: There are other several issues that warrant examination in future conversations on child development and poverty reduction in the region. These range from the catastrophic impact of natural disasters on children in the region and the increasing prevalence of obesity among children living in poverty.

³¹ Bangko Sentral Pilipinas (BSP), as cited in the January 2008 issue Of Asia Focus published by the Federal Reserve Bank of San Francisco, (http://www.frbsf.org/publications/banking/asiafocus/2008/Asia_Focus_Jan_08.pdf).

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**Child Poverty in East Asia and the Pacific:
Deprivations and Disparities**

A Study of Seven Countries

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A. Estimations for Cluster A, Cluster B and Subregion, including examples

B. Calculation of Disparity Ratios – Some Examples

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Annex 3: Sample Tables: UNICEF Global Study on Child Poverty and Disparities

A. Table 2.1.4 – Child poverty as multiple deprivations

B. Table 2.1.6 – Correlates of severe deprivations

Annex 1: Statistical Tables and Figures

This annex includes all the tables that provide data for the figures included in the report. It also includes some additional tables and figures that were not included but could be useful for further analysis. The order of the tables and figures in this Annex follow the Report. In each case, the number of the corresponding Table or Figure in the Report is indicated in parentheses.

Table A1: Population by age for EAP Countries (except China and Indonesia), 2008 (Table 1)

Country	Population (thousands),					
	Total	18 years and more	Under 18 years	5 to 17 years	Under 5 years	
Cambodia	14562	8500	6062	4451	1611	
Cook Islands	20	12	8	6	2	
Korea, D.P.R. of	23819	17323	6496	4921	1575	
Fiji	844	525	319	232	87	
Kiribati	97	61	36	26	10	
Lao PDR	6205	3383	2822	2046	776	
Malaysia	27014	17342	9672	6940	2732	
Marshall Islands	61	39	22	16	6	
Micronesia	110	61	49	35	14	
Mongolia	2641	1765	876	647	229	
Myanmar	49563	33402	16161	11532	4629	
Nauru	10	6	4	3	1	
Niue	2	1	1	1	0	
Palau	20	13	7	5	2	
Papua New Guinea	6577	3521	3056	2106	950	
Philippines	90348	53555	36793	26092	10701	
Samoa	179	94	85	63	22	
Solomon Islands	511	276	235	162	73	
Thailand	67386	49379	18007	13164	4843	
Timor-Leste	1098	526	572	387	185	
Tonga	104	59	45	31	14	
Tuvalu	10	6	4	3	1	
Vanuatu	234	127	107	74	33	
Viet Nam	87096	58443	28653	21337	7316	
EAP without China and Indonesia	378511	248419	130092	94280	35812	
Cambodia, Lao PDR, Mongolia, Philippines, Thailand, Vanuatu and Viet Nam	Population	268472	175152	93320	67811	25509
	% of EAP without China & Indonesia	70.9	70.5	71.7	71.9	71.2

Note: Grey indicates countries included in the Report.

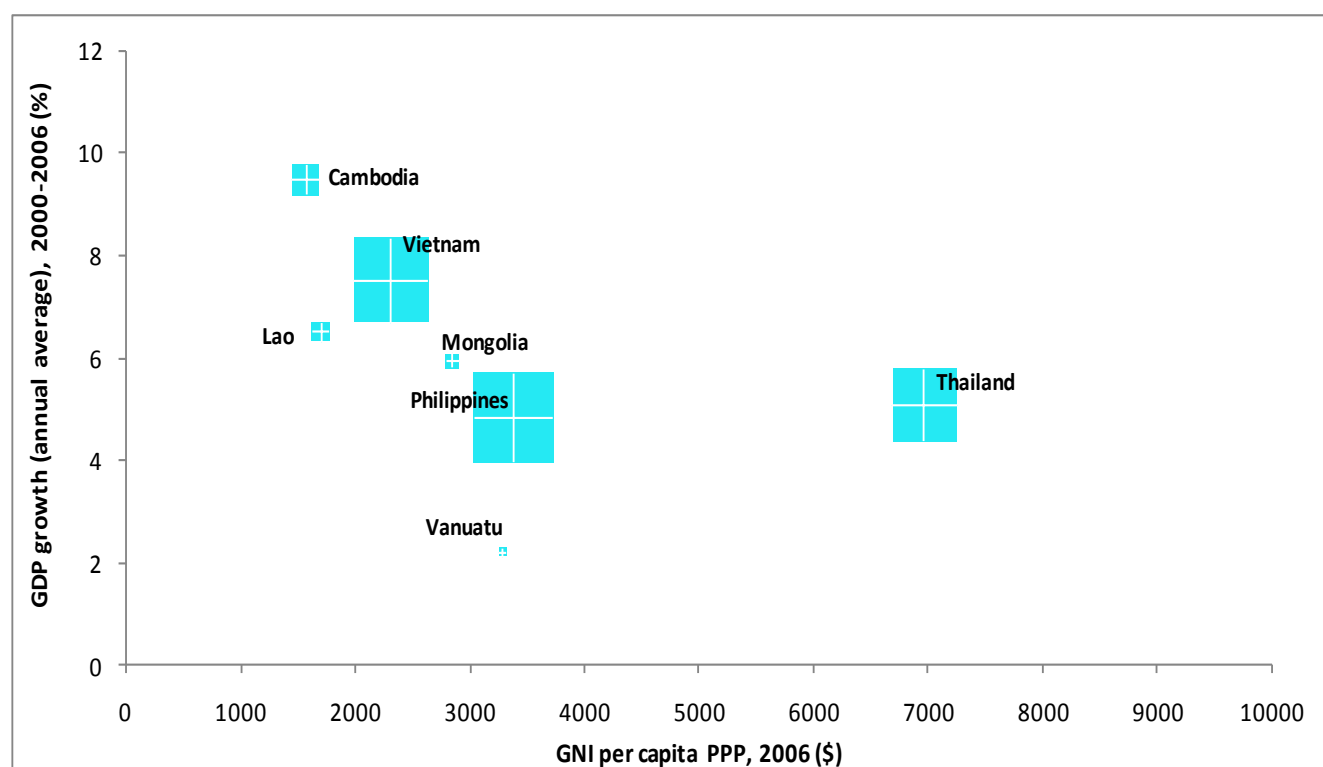
Source: UNICEF Statistics (<http://www.unicef.org/statistics/index.html>).

Table A2: Demographic characteristics, EAP countries included in the report, 2008 (Table 1)

Country	Population (thousands)		Population Under 18 years (%)			Population annual growth rate (%)			Crude birth rate (%)		
	Total	Under 18 years	Under 18	5 to 17 years	Under 5 years	1970-1990	1990-2000	2000-2008	1970	1990	2008
Cambodia	14,562	6,062	41.6	30.6	11.1	1.7	2.8	1.7	42	44	25
Lao PDR	6,205	2,822	45.5	33.0	12.5	2.2	2.5	1.7	43	41	27
Mongolia	2,641	876	33.2	24.5	8.7	2.8	0.8	1.3	42	33	19
Viet Nam	87,096	28,653	32.9	24.5	8.4	2.2	1.7	1.3	41	31	17
Vanuatu	234	107	45.7	31.6	14.1	2.8	2.4	2.6	43	37	30
Philippines	90,348	36,793	40.7	28.9	11.8	2.7	2.2	1.9	40	33	25
Thailand	67,386	18,007	26.7	19.5	7.2	2.1	1.0	1.0	37	20	15

Source: UNICEF Statistics (<http://www.unicef.org/statistics/index.html>).

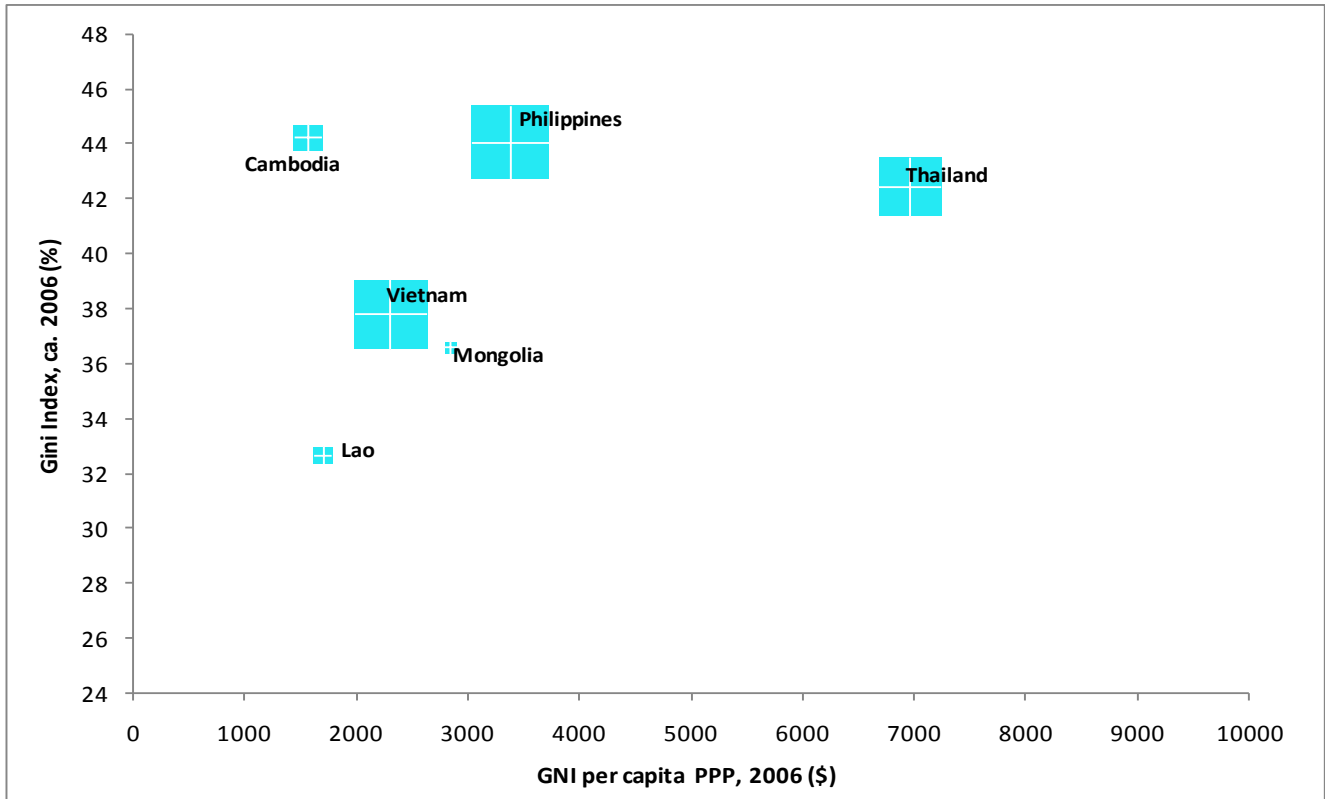
Figure A1: Population, GNI per capita PPP and GDP growth by Country, 2000-2006 (Table1)



Note: Size indicated population.

Source: World Bank Data (<http://data.worldbank.org/>).

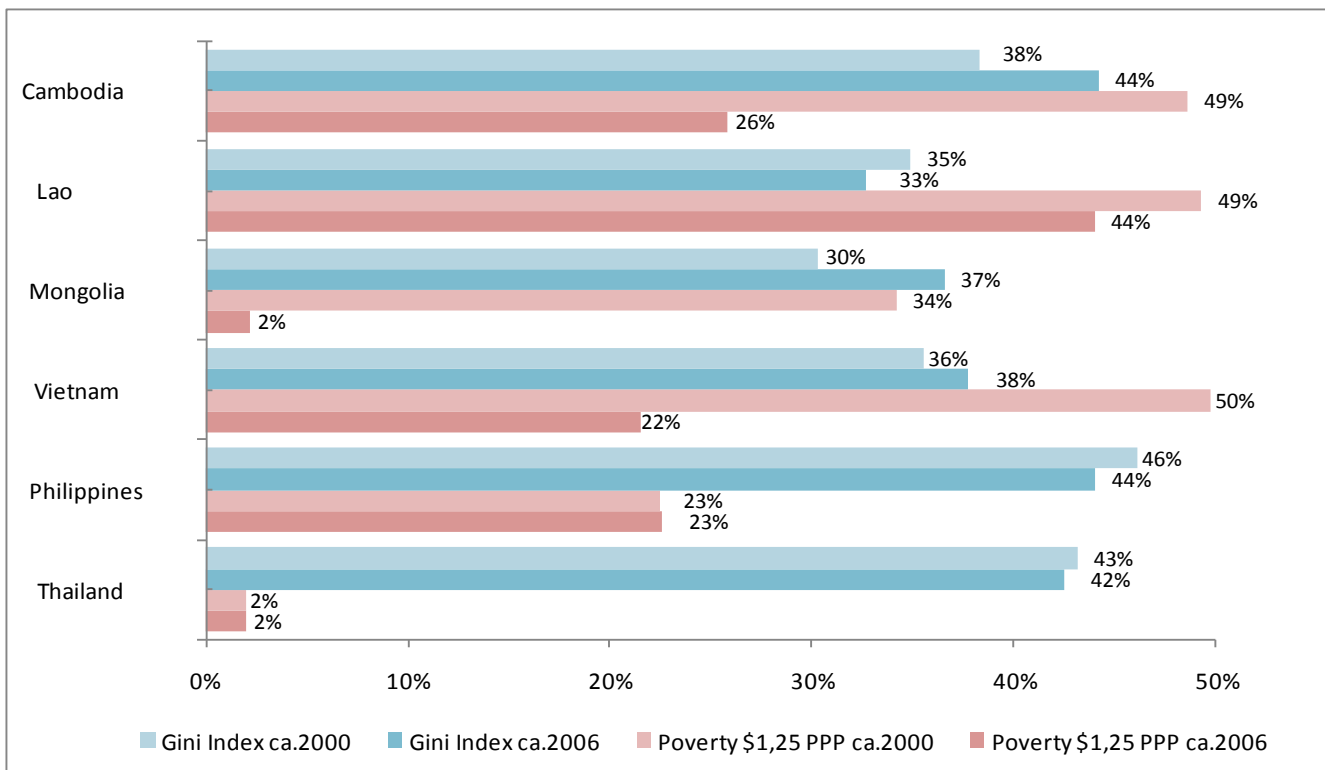
Figure A2: Inequality and income poverty, 2006 (Table 2)



Notes: Size indicates population. Gini data corresponds to Cambodia 2007, Lao PDR 2002, Mongolia 2008, Viet Nam 2006, Philippines 2006, and Thailand 2004.

Source: World Bank Data (<http://data.worldbank.org/>).

Figure A3: Inequality and income poverty, 2000 and 2006 (Table 2)



Source: World Bank Data (<http://data.worldbank.org/>).

Table A3: Countries, sources and years, ca.2000 - ca.2006 (Tables 3 & 4)

Country	2000	2006
Cambodia	DHS 2000	DHS 2005
Lao PDR	MICS 2000	MICS 2006
Mongolia	MICS 2000	MICS 2005
Myanmar	MICS 2000	
Philippines	DHS 1998	DHS 2006/7
Thailand		MICS 2006
Vanuatu		MICS 2007
Viet Nam	MICS 2000	MICS 2006

Table A4: Dimensions in which children are severely deprived, by Country and Subregion, 2000-2006 (Figure 3)

Country	Domain	ca.2000 (%)	ca.2006 (%)
Cambodia	Sanitation	80.8	74.4
	Water	59.1	14.3
	Information	11.0	7.1
	Food	12.2	15.6
	Education	17.3	8.1
Lao	Sanitation	67.3	55.4
	Water	27.9	25.9
	Food	25.1	18.6
	Education	19.5	14.2
Mongolia	Sanitation	20.6	14.0
	Water	38.7	29.0
	Information	13.4	7.0
	Food	10.6	7.0
	Education	14.2	3.0
Viet Nam	Sanitation	21.9	16.0
	Water	16.3	8.0
	Information	22.4	11.0
	Education	3.4	2.0
Philippines	Sanitation	15.6	11.0
	Water	18.7	7.0
	Information	3.1	3.0
	Education	2.7	2.0
Subregion	Sanitation	24.1	16.1
	Water	21.1	7.6
	Information	13.6	6.1
	Food	14.9	7.5
	Education	5.6	2.6

Note: Includes only comparable deprivations.

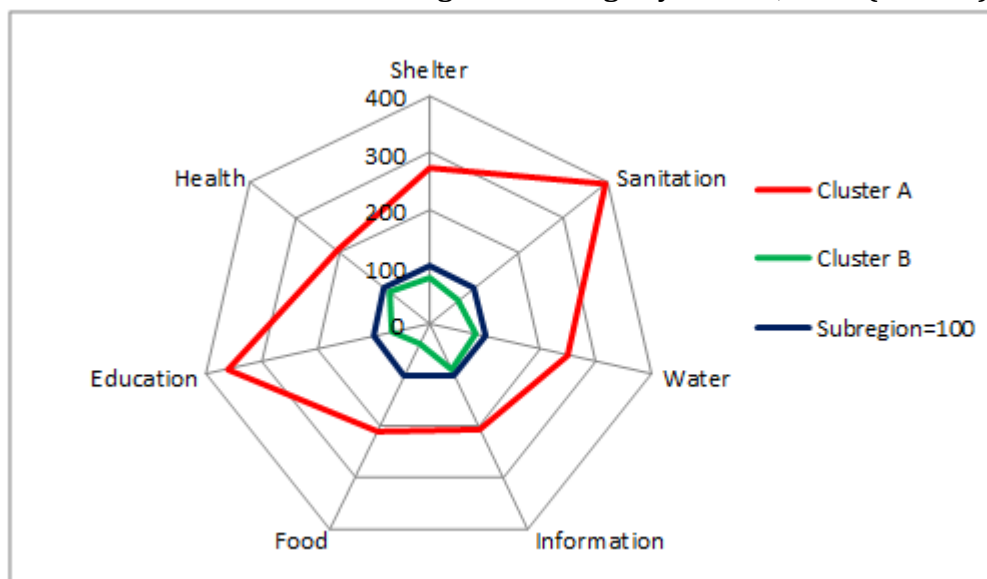
Sources: Own elaboration from Bristol (2003) and UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

Table A5: Severe deprivation and multiple severe deprivation in the highest and the lowest incidence national subregion, Thailand and Lao PDR, 2006 (Section 2.2)

Country	National subregion	Severe Deprivation (1 or more deprivations) (%)	Multiple Severe Deprivation (2 or more deprivations) (%)	Population under 18 years (% of country)	Population under 18 years living in rural areas (% of region)
Thailand	Total	16.0	2.0	100	73.0
	Lowest incidence (Central, including BKK)	15.0	0.9	29.3	50.7
	Highest incidence (South)	22.9	3.8	15.5	76.9
	Ratio (Highest/Lowest)	1.5	4.1		
Lao PDR	Total	75.2	51.1	100	78.9
	Lowest incidence (Centre)	66.4	41.2	43.8	70.9
	Highest incidence (South)	86.5	59.8	22.2	86.0
	Ratio (Highest/Lowest)	1.3	1.5		

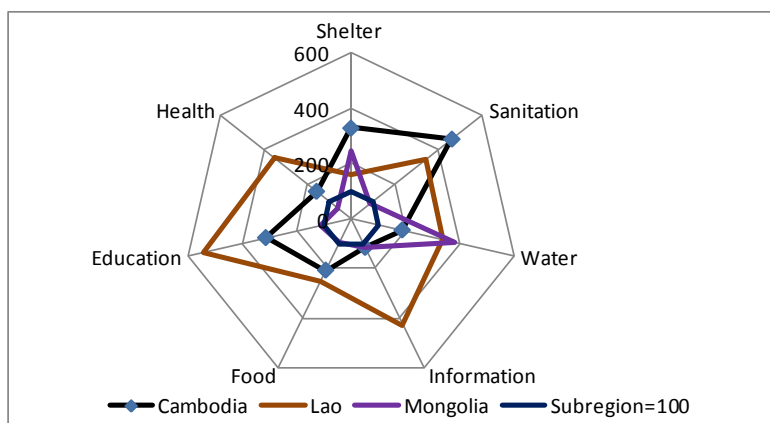
Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

Figure A4(a): Severe deprivation by domain, Relative distance from the subregional average by Cluster, 2006 (Table 6)



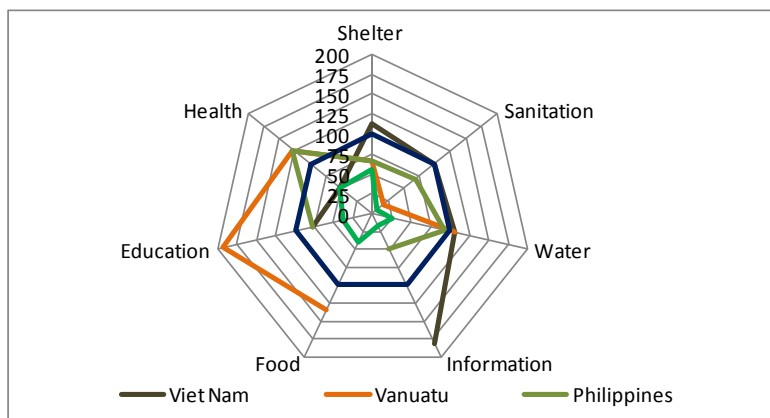
Sources: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

Figure A4(b): Severe deprivation by domain. Relative distance from the subregional average, Cluster A (Cambodia, Lao PDR and Mongolia), 2006 (Table 6)



Source: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

Figure A4(c): Severe deprivation by domain. Relative distance from the subregional average, Cluster B (Viet Nam, Vanuatu, Philippines and Thailand), 2006 (Table 6)



Sources: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

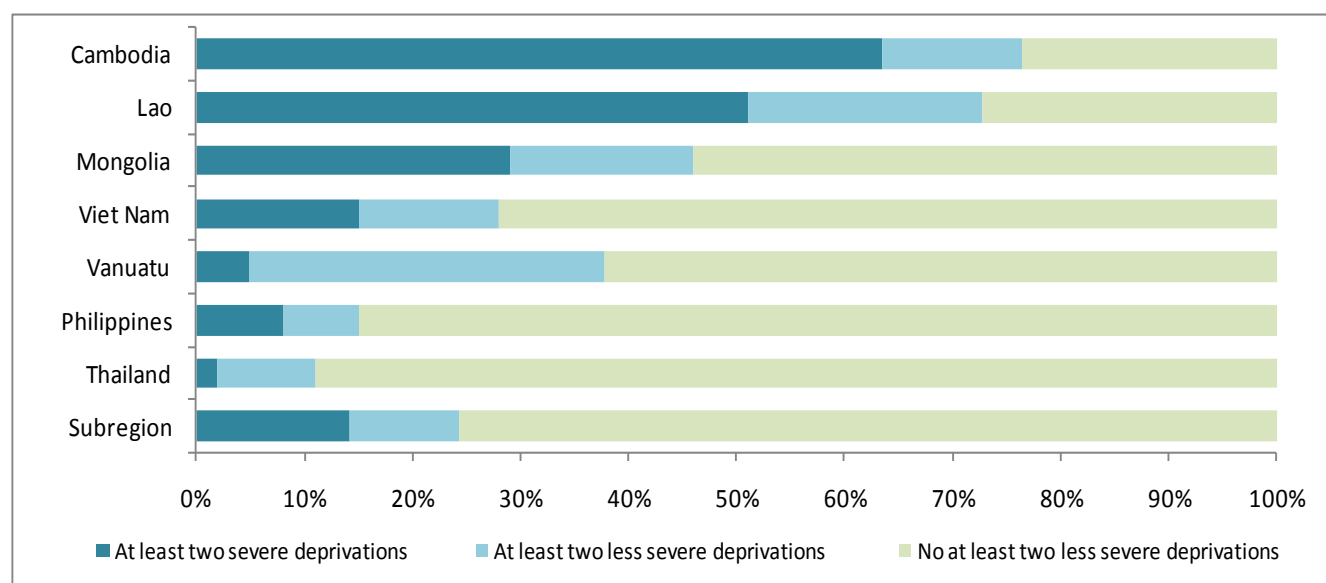
Table A6: Less severe deprivation.
Relative distance from the subregional average by Country, 2006 (Table 7)

Deprivations	Cambodia	Lao	Mongolia	Viet Nam	Vanuatu	Philippines	Thailand	CA	CB	Subregion
Severely Deprived (1 or more deprivations)	176	175	147	105	129	80	93	173	91	100
Absolute Poverty (2 or more deprivations)	315	300	190	115	156	62	45	299	77	100
Shelter	304	192	249	117	156	50	85	267	81	100
Sanitation	345	275	111	124	175	74	5	304	76	100
Water	138	282	182	62	77	86	144	184	90	100
Information	111	407	104	163	*	59	30	196	89	100
Food	165	175	85	*	94	*	67	161	67	100
Education	185	317	90	157	255	67	11	214	87	100
Health	134	255	55	106	253	110	35	163	93	100

* No data.

Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4). with own estimation for subregion and clusters.

Figure A5: Incidence of at least two severe or less severe deprivations by country, 2006 (Figure 5)

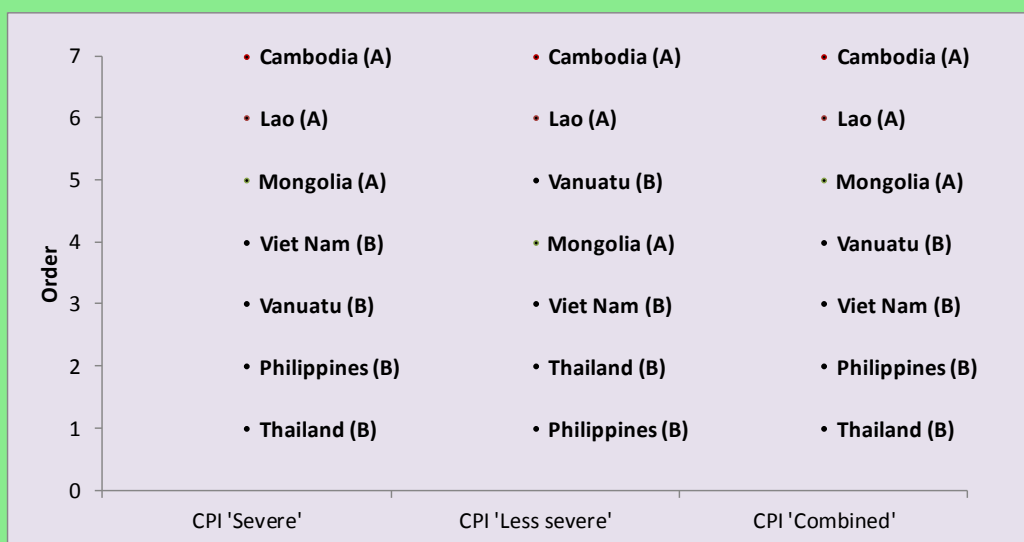


Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

Box A1: Child Poverty Index (Table 8 and Figure 7)

A Child Poverty Index (CPI) makes it possible to summarize the incidence of the deprivation in all domains. CPI 'Severe' and CPI 'Less Severe' were each calculated as the sum of the squared domain scores divided by the total number of domains. Either measure has limitations however: CPI 'Severe' does not take into account 'Less Severe' deprivation; CPI 'Less Severe' incorporates less severe deprivation but all deprivations (severe or less severe) have the same weight. Another measure, CPI 'Combined', is proposed to overcome these limitations in measurement. CPI 'Combined' is a summary measure of both types of deprivations and was calculated as follows: $CPI\ 'severe' + ((\text{sum of the squared domain scores resulting from the subtraction of the rate of severe deprivation to the rate of 'less severe' deprivation, divided by the total number of domains}) / 2)$.

CPI		Cambodia	Lao	Mongolia	Viet Nam	Vanuatu	Philippines	Thailand	CA	CB	Sub-region
CPI - 'Severe'	Value	1632	1183	559	178	114	111	30	1285	88	149
	Order	7°	6°	5°	4°	3°	2°	1°			
CPI - 'Less severe'	Value	2489	2595	1115	506	1500	269	275	2254	309	469
	Order	7°	6°	4°	3°	5°	1°	2°			
CPI - Combined	Value	1751	1397	620	243	506	135	115	1439	143	212
	Order	7°	6°	5°	3°	4°	2°	1°			



Order: 1 (best) to 7 (worst).

Sources: Own elaboration from MICS and DHS for EAPRO Child Poverty Study Countries (Table 2.1.4) and Child Poverty Report, Vanuatu.

Table A7: Children by number of severe deprivations by country, 2006 (Figure 8)

Number of Deprivations	Cambodia	Lao	Mongolia	Viet Nam	Vanuatu	Philippines	Thailand	CA	CB	EAPSR
0	9.9	24.8	36.0	61.0	74.8	69.0	84.0	16.6	69.5	64.0
1	26.6	24.1	35.0	24.0	20.3	23.0	14.0	26.6	21.4	21.9
2	44.2	23.1	18.0	10.0	4.3	7.0	2.0	35.7	6.9	10.0
3	16.2	17.8	9.0	4.0	0.6	1.0	0.0	16.0	1.8	3.3
4	2.8	8.0	2.0	1.0	0.0	0.0	0.0	4.2	0.3	0.7
5	0.4	2.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.1
6	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

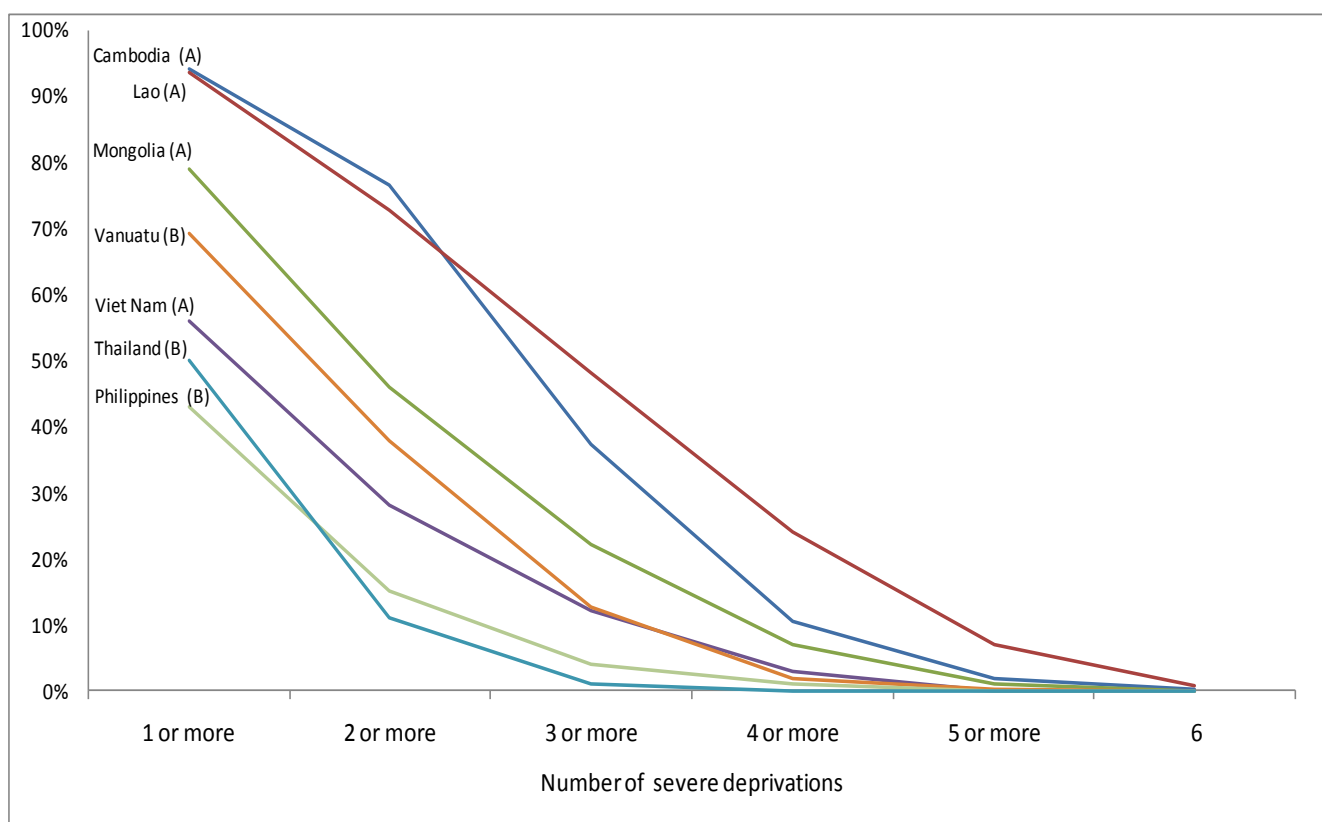
Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4), with own estimation for subregion and clusters.

Table A8: Children by number of less severe deprivations by country, 2006 (Figure 8)

Number of Deprivations	Cambodia	Lao	Mongolia	Viet Nam	Vanuatu	Philippines	Thailand	CA	CB	EAPSR
0	5.8	6.5	21.0	44.0	30.8	57.0	50.0	7.4	51.0	46.4
1	17.8	20.7	33.0	28.0	31.4	28.0	39.0	20.0	30.4	29.3
2	39.3	24.8	24.0	16.0	25.2	11.0	10.0	33.7	12.5	14.7
3	26.7	23.9	15.0	9.0	10.7	3.0	1.0	24.8	4.6	6.7
4	8.6	17.1	6.0	3.0	1.8	1.0	0.0	10.9	1.5	2.5
5	1.8	6.2	1.0	0.0	0.1	0.0	0.0	3.0	0.0	0.3
6	0.1	0.8	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0
7	0.0	0.0	0.0				0.0	0.0	0.0	0.0

Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4), with own estimation for subregion and clusters.

Figure A6: Multiplicity of Deprivation: Cumulative percentage of households with children suffering multiple 'less severe' deprivations, 2006 (Figure 8)



Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

Table A9: Depth and severity of severe deprivation among all children, children with at least one deprivation and child with at least two deprivations, by Country, 2006 (Table 9)

Population SubGroup	Country	Cambodia	Lao PDR	Mongolia	Viet Nam	Vanuatu	Philippines	Thailand	CA	CB	EAPSR
Among all children	Depth	1.77	1.67	1.06	0.60	0.31	0.40	0.18	1.67	0.42	0.55
	Severity (confidence interval)	2.71	3.04	2.08	1.48	0.87	1.05	0.60	2.78	1.14	1.41
Among children with at least one deprivation	Depth	1.96	2.22	1.66	1.54	1.22	1.29	1.13	2.01	1.38	1.53
	Severity (confidence interval)	2.76	3.47	2.65	2.73	2.21	2.29	2.10	2.96	2.51	2.75
Among children with at least two deprivations	Depth	2.36	2.79	2.45	2.40	2.12	2.13	2.00	2.48	2.27	2.36
	Severity (confidence interval)	3.17	4.24	3.92	4.25	3.89	3.81	3.70	3.54	4.14	4.23

Note: Depth was defined as average of deprivations. Severity was defined as the standard deviation of the multiple deprivation distribution. Giving that the square of the distance to the average or depth of deprivations is used, the situation of children that suffer from simultaneous deprivations is stressed (Minujin A and Delamonica E, 2005). The combination of those two measures, depth and severity provides a sort of 'confidence interval' (CI), which assists in the analysis of concentrated deprivation.

Sources: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

Table A10: Depth and severity of child 'less severe' deprivation among all children, children with at least one deprivation and child with at least two deprivations by country, 2006 (Table 9)

Population SubGroup	Country	Cambodia	Lao PDR	Mongolia	Viet Nam	Vanuatu	Philippines	Thailand	CA	CB	EAPSR
Among all children	Depth	2.20	2.46	1.55	0.99	1.22	0.63	0.62	2.22	0.75	0.91
	Severity (confidence interval)	3.29	3.94	2.75	2.08	2.25	1.48	1.30	3.47	1.68	1.97
Among children with at least one deprivation	Depth	2.34	2.63	1.96	1.77	1.76	1.47	1.24	2.39	1.53	1.69
	Severity (confidence interval)	3.32	4.02	3.05	2.93	2.71	2.54	1.98	3.53	2.61	2.87
Among children with at least two deprivations	Depth	2.65	3.10	2.65	2.54	2.39	2.33	2.09	2.78	2.41	2.52
	Severity (confidence interval)	3.58	4.46	4.01	4.18	3.65	4.09	3.50	3.89	4.13	4.27

Sources: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

Table A11(a): Disparities in child poverty incidence by area of residence, household size and education of household head, 2006 (Figure 11)

Country	Variable		Type of area of residence			Household size			Education of household head		
	Number of deprivations	National average	Rural	Urban	Rural / Urban	7 +	Up to 4	7+ / up to 4	Primary and less	Secondary and more	Primary and less / Secondary and more
Cambodia	1+	90.1	93.3	69.6	1.3	91.3	81.9	1.1	93.6	79.2	1.2
	2+	63.5	68.2	34.5	2.0	70.0	34.1	2.1	69.2	45.8	1.5
Lao PDR	1+	75.2	84.5	40.0	2.1	82.2	60.7	1.4	83.1	53.2	1.6
	2+	51.1	60.7	14.8	4.1	59.6	33.8	1.8	60.1	26.1	2.3
Mongolia	1+	64.1	84.1	46.6	1.8	83.5	44.0	1.9	86.1	59.3	1.5
	2+	29.5	52.7	9.2	5.7	37.5	20.3	1.8	56.0	23.6	2.4
Viet Nam	1+	39.2	45.4	16.3	2.8	55.3	29.5	1.9	54.7	22.5	2.4
	2+	15.7	19.3	2.7	7.2	25.6	10.3	2.5	25.2	5.6	4.5
Vanuatu	1+	25.2	28.9	11.0	2.6	27.8	23.4	1.2	25.4	14.8	1.7
	2+	4.9	6.1	0.7	8.4	6.0	3.9	1.5	3.6	1.8	1.9
Philippines	1+	31.0	42.7	18.3	2.3	34.2	29.4	1.2	44.5	19.5	2.3
	2+	8.2	12.8	3.1	4.1	9.2	7.5	1.2	14.5	2.9	5.1
Thailand	1+	16.3	18.3	11.1	1.6	23.5	6.7	3.5	18.7	9.4	2.0
	2+	1.8	2.2	0.7	3.4	3.3	0.5	6.0	2.2	0.7	3.1
Subregion	1+	36.2	43.8	20.6	2.3	44.3	29.6	1.8	47.4	23.7	2.2
	2+	14.4	18.2	5.0	4.8	18.8	9.7	2.6	20.7	7.0	4.2

Note: Vanuatu ratio in household size was calculated among 7+ and 3-4 members, and ratio in education of household head among primary and secondary.

Sources: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

Table A11(b): Disparities in child poverty incidence by region and ethnicity, 2006 (Figure 11)

Country	Variable		Region				Ethnicity			
	Number of deprivations	National average	Highest incidence	Lowest incidence	Highest / Lowest	Var. Coef.	Highest incidence	Lowest incidence	Highest / Lowest	Var. Coef.
Cambodia	1+	90.1	95.6	61.1	1.6	9.4	*	*	*	*
	2+	63.5	82.9	19.0	4.4	20.7	*	*	*	*
Lao PDR	1+	75.2	86.5	66.4	1.3	10.9	100.0	62.2	1.6	19.0
	2+	51.1	59.8	41.2	1.5	17.1	79.4	33.3	2.4	38.9
Mongolia	1+	64.1	78.7	45.2	1.7	21.4	81.2	52.2	1.6	7.8
	2+	29.5	45.5	9.1	5.0	52.5	57.8	22.9	2.5	21.6
Viet Nam	1+	39.2	74.0	11.7	6.3	45.8	99.5	31.6	3.1	45.7
	2+	15.7	47.3	2.0	23.8	78.2	97.9	8.4	11.6	119.1
Vanuatu	1+	25.2	51.6	9.1	5.7	*	*	*	*	*
	2+	4.9	9.1	0.4	23.4	*	*	*	*	*
Philippines	1+	31.0	53.4	12.3	4.3	41.3	63.6	7.0	9.1	32.6
	2+	8.2	21.2	0.4	48.9	74.5	26.3	0.0	3,2**	62.3
Thailand	1+	16.3	22.9	14.9	1.5	17.2	76.3	5.2	14.6	30.1
	2+	1.8	3.8	0.9	4.1	56.5	23.5	0.0	2,1**	99.2
Subregion	1+	36.2			4.1	34.9			7.9	35.7
	2+	14.4			27.8	66.7			5.7	87.4

* No are data for this variable in the country.

**Ratio among lowest and national average (gap among lowest and highest is higher than 50).

Sources: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.4).

Table A12(a): Disparity ratios of severe deprivation by dimension (Shelter, Sanitation, Water, Information), 2006 (Figures 12 & 13)

Country	Variable		Type of area of residence	Household size	Education of household head	Region	Ethnicity
	Deprivations	National average	Rural / Urban	7+ / up to 4	Primary and less / Secondary and more	Highest / Lowest incidence	Highest / Lowest incidence
Cambodia	Shelter	69.7	1.2	6.4	1.1	1.5	*
	Sanitation	74.4	2.1	0.9	1.5	5.4	*
	Water	14.3	2.2	1.2	1.5	3,4**	*
	Information	7.0	2.3	0.7	3.1	39.7	*
Lao PDR	Shelter	34.0	2.1	5.9	1.9	2.2	5.1
	Sanitation	55.3	3.8	1.4	2.0	1.5	1.9
	Water	25.9	6.6	1.6	2.3	1.7	1.9
	Information	25.7	3.8	1.2	2.3	1.4	2.5
Mongolia	Shelter	52.2	1.7	4.0	1.6	1.7	2.1
	Sanitation	13.6	10.9	1.0	3.3	11.7	32.4
	Water	28.6	5.7	1.1	1.8	4.2	3.5
	Information	7.1	5.5	1.3	3.2	8.7	8.2
Viet Nam	Shelter	24.5	2.7	2.6	2.6	12.5	5.2
	Sanitation	16.2	4.5	2.2	3.9	13.6	9.5
	Water	7.7	14.5	1.7	3.9	19.5	5.1
	Information	11.1	4.6	1.7	3.1	11.6	10.4
Philippines	Shelter	14.1	1.8	1.0	1.7	9.1	4,4**
	Sanitation	11.4	3.6	1.4	5.1	43.6	8,7**
	Water	7.0	5.6	1.7	3.6	35.4	4,3**
	Information	3.0	3.4	0.8	7.3	61.8	3,2**
Thailand	Shelter	11.7	1.6	13.1	2.1	1.6	4,5**
	Sanitation	1.0	8.1	1.9	4.9	28.5	13,6**
	Water	1.6	16.2	1.8	3.3	16.9	40,9**
	Information	1.2	2.9	0.7	4.4	3.0	11,4**
Subregion	Shelter	21.4	2.0	4.4	2.0	7.9	4.7
	Sanitation	16.3	4.7	1.7	4.4	27.4	10.0
	Water	7.4	10.2	1.7	3.4	23.5	12.0
	Information	6.1	3.6	1.1	5.0	31.2	7.3

* No are data for this variable in the country.

**Ratio among lowest and national average (ratio among lowest and highest is higher than 50).

Sources: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.2).

Table A12(b): Disparity ratios of severe deprivation by dimension (Food, Education, Health), 2006 (Figures 12 & 13)

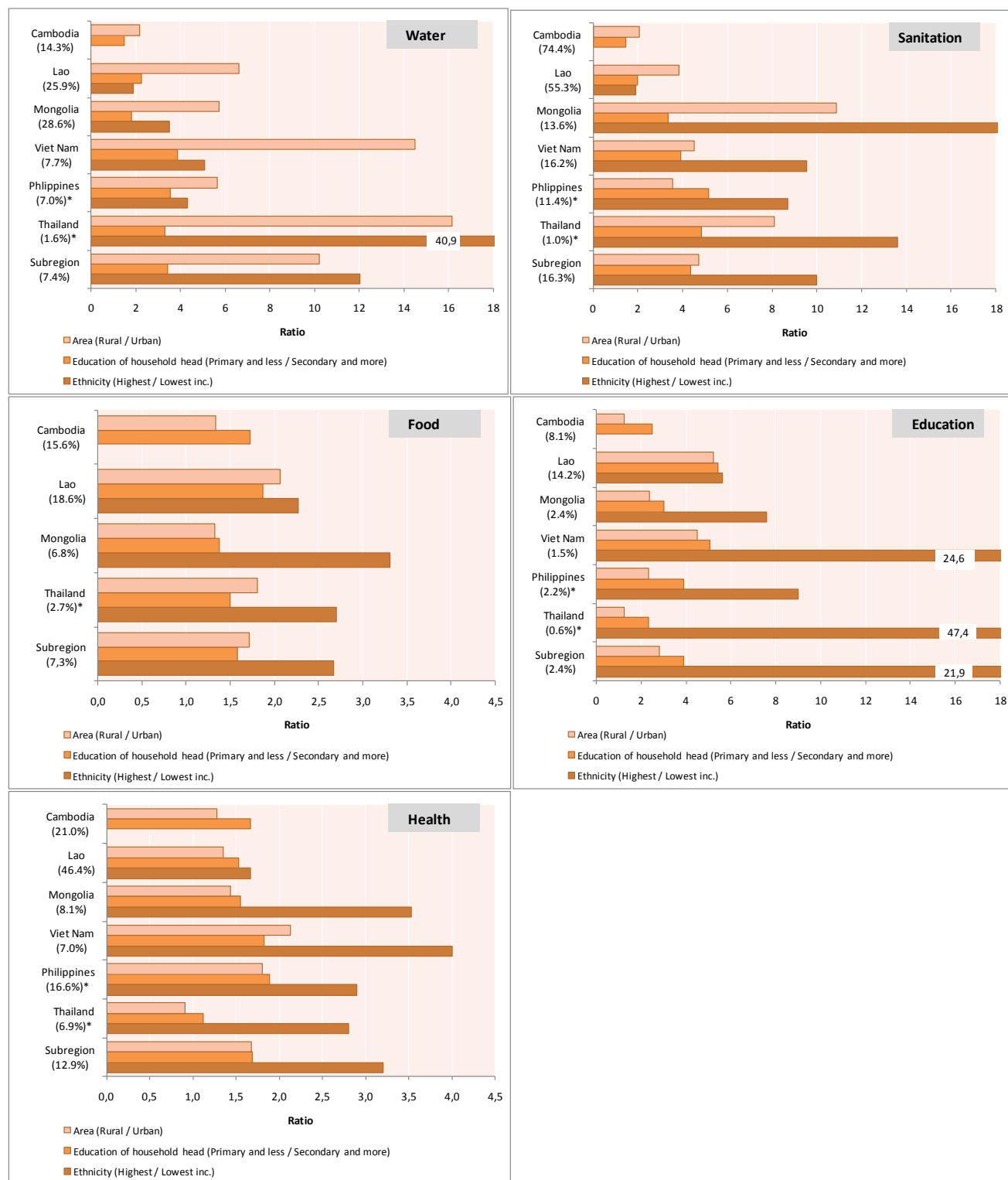
Country	Variable		Type of area of residence	Household size	Education of household head	Region	Ethnicity
	Deprivations	National average	Rural / Urban	7+ / up to 4	Up to primary/ Secondary+	Highest / Lowest incidence	Highest / Lowest incidence
Cambodia	Education	8.1	1.3	1.2	2.5	12.4	*
	Food	15.6	1.3	1.0	1.7	6.0	*
	Health	21.0	1.3	1.2	1.7	4.5	*
Lao PDR	Education	14.2	5.2	2.6	5.4	1.6	5.6
	Food	18.6	2.1	1.5	1.9	1.6	2.3
	Health	46.4	1.3	1.2	1.5	1.5	1.7
Mongolia	Education	2.4	2.3	1.8	3.0	2.4	7.6
	Food	6.8	1.3	1.8	1.4	2.2	3.3
	Health	8.1	1.4	0.8	1.6	1.9	3.5
Viet Nam	Education	1.5	4.5	3.7	5.0	24.0	24.6
	Food	*	*	*	*	*	*
	Health	7.0	2.1	1.2	1.8	5.5	4.0
Philippines	Education	2.2	2.3	1.7	3.9	46.3	9,0**
	Food	*	*	*	*	*	*
	Health	16.6	1.8	1.4	1.9	4.1	2,9**
Thailand	Education	0.6	1.3	1.8	2.3	3.7	47,4**
	Food	2.7	1.8	1.5	1.5	2.5	2,7**
	Health	6.9	0.9	0.9	1.1	1.3	2,8**
Subregion	Education	2.4	2.8	2.3	3.9	27.2	21.9
	Food	7.3	1.7	1.4	1.6	3.1	2.7
	Health	12.9	1.7	1.2	1.7	3.9	3.2

* No are data for this variable in the country.

**Ratio among lowest and national average (ratio among lowest and highest is higher than 50).

Sources: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.2).

Figure A7: Disparity ratios on severe deprivations, 2006 (Tables A12(a) & A12(b))



*Ethnicity: ratio among lowest and national average (gap among lowest and highest is higher than 50).

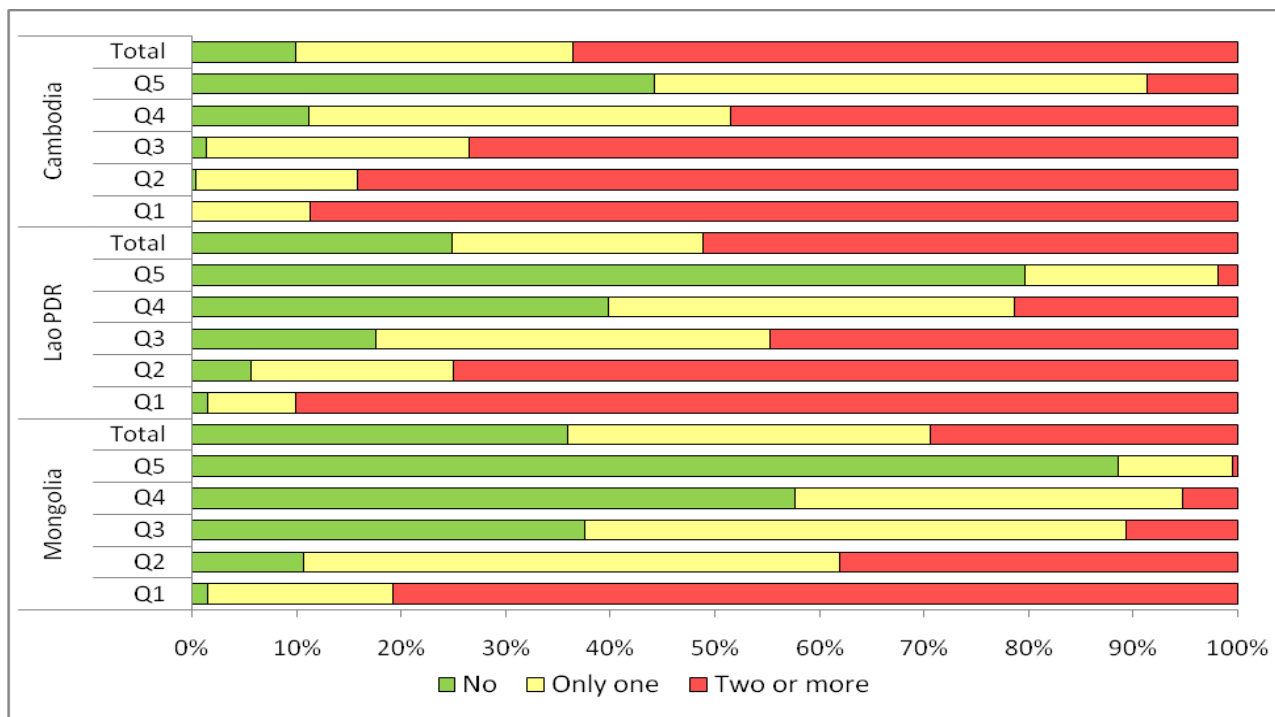
Sources: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 1.1.2).

Table A13: Number of severe deprivations by wealth quintile (Figures 14(a) & 14(b))

Country	Wealth quintile HH	Number of deprivations (%)			Country	Wealth quintile HH	Number of deprivations (%)		
		None	Only one	Two or more			None	Only one	Two or more
Cambodia	Q1	0.0	11.3	88.7	Vanuatu	Q1	42.3	40.2	17.6
	Q2	0.3	15.5	84.2		Q2	71.4	25.2	3.4
	Q3	1.4	25.1	73.4		Q3	82.6	15.7	1.7
	Q4	11.1	40.4	48.5		Q4	90.3	9.5	0.2
	Q5	44.2	47.1	8.7		Q5	92.6	7.1	0.3
	Total	9.9	26.6	63.5		Total	74.8	20.3	4.9
Lao PDR	Q1	1.5	8.4	90.1	Philippines	Q1	31.6	41.1	27.3
	Q2	5.7	19.3	75.0		Q2	59.9	33.8	6.3
	Q3	17.6	37.6	44.7		Q3	83.5	15.6	1.0
	Q4	39.9	38.8	21.4		Q4	91.1	8.6	0.3
	Q5	79.6	18.5	1.8		Q5	94.6	5.4	0.0
	Total	24.8	24.1	51.1		Total	69.0	22.8	8.2
Mongolia	Q1	1.4	17.8	80.8	Thailand	Q1	70.7	24.1	5.2
	Q2	10.7	51.3	38.0		Q2	82.8	15.8	1.4
	Q3	37.6	51.7	10.7		Q3	84.0	14.6	1.4
	Q4	57.6	37.0	5.3		Q4	89.2	10.5	0.3
	Q5	88.5	11.0	0.5		Q5	95.0	4.9	0.1
	Total	35.9	34.7	29.5		Total	83.7	14.5	1.8
Viet Nam	Q1	8.0	31.3	60.7					
	Q2	35.9	46.6	17.5					
	Q3	71.8	25.2	3.0					
	Q4	89.0	10.5	0.6					
	Q5	95.2	4.8	0.0					
	Total	60.8	23.5	15.7					

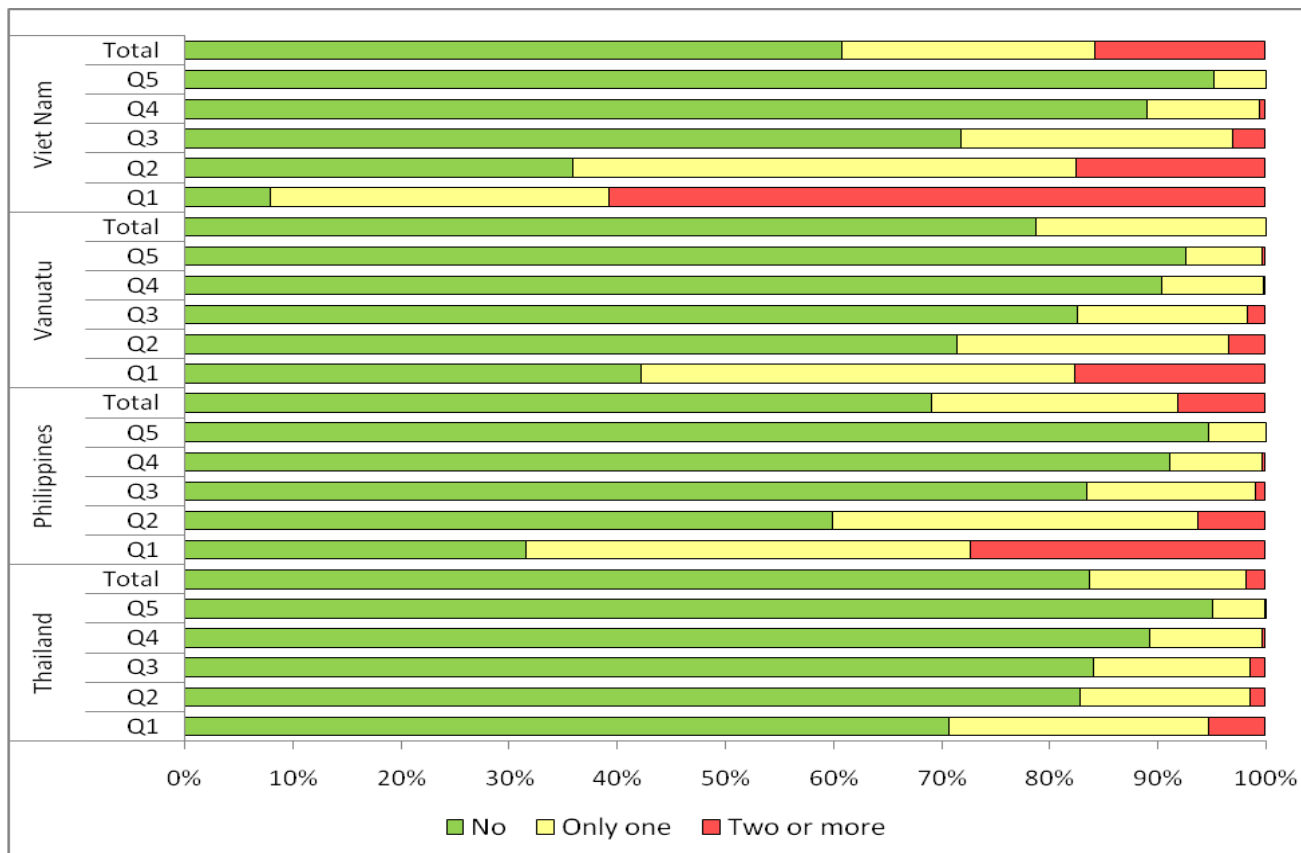
Sources: Own elaboration from UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.6).

Figure A8(a): Number of severe deprivations by wealth quintile, Mongolia, Lao PDR and Cambodia, 2006 (Figure 14(a))



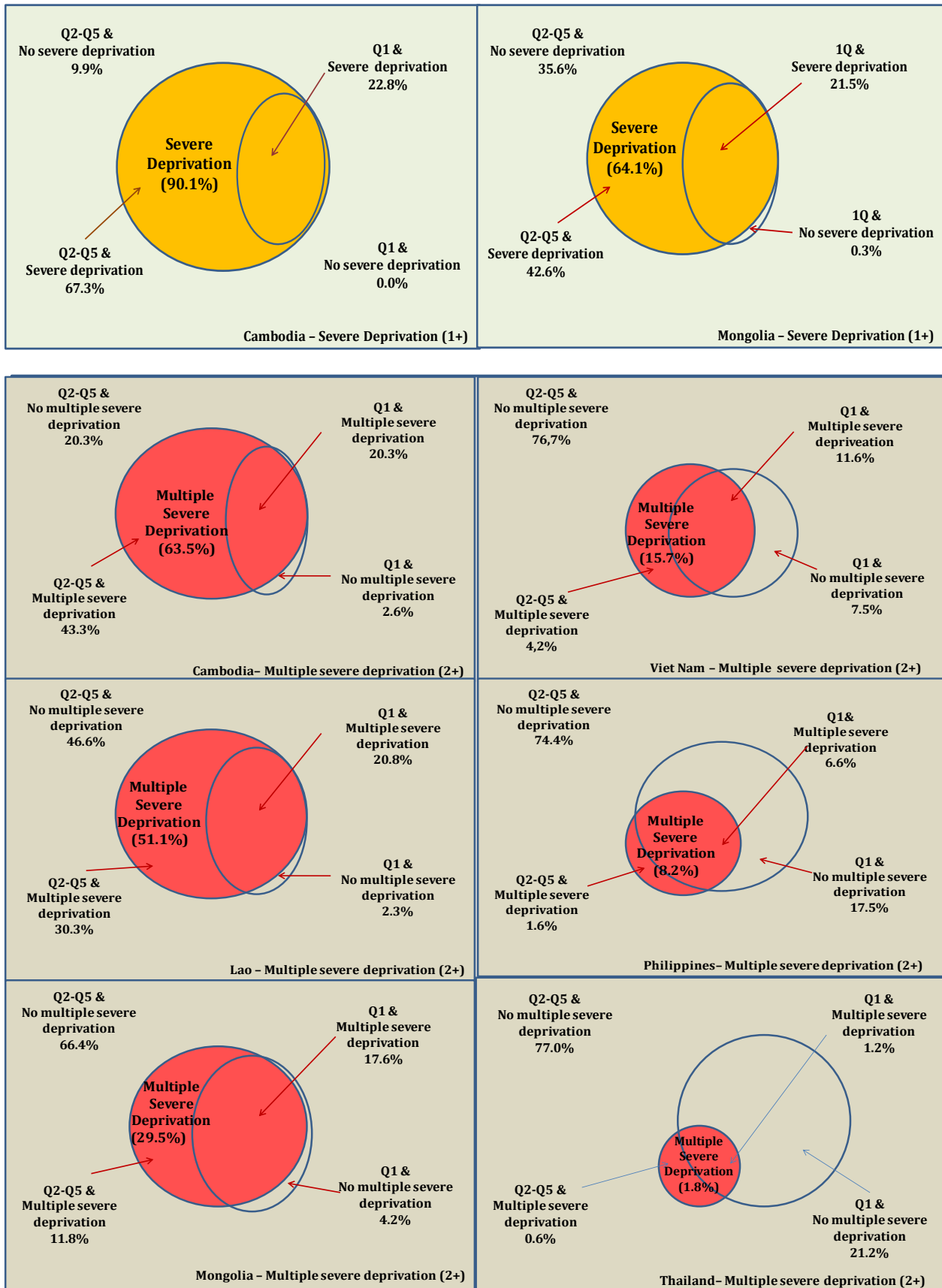
Source: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.6).

Figure A8(b): Number of severe deprivations by wealth quintile, Thailand, Philippines, Vanuatu and Viet Nam, 2006 (Figure 14(b))



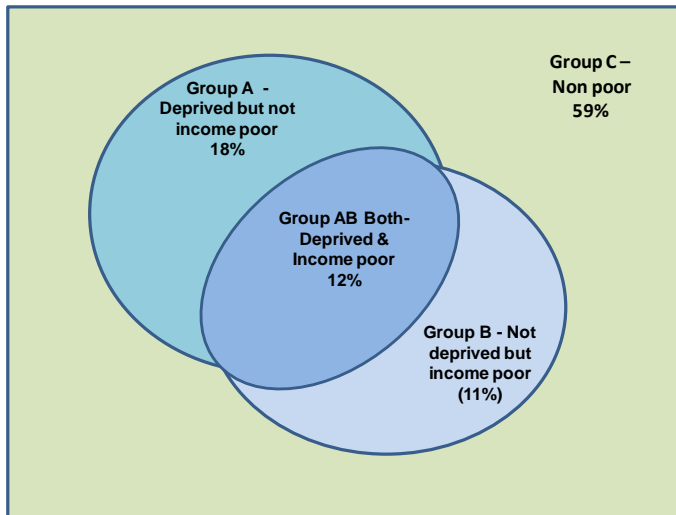
Sources: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.6).

Figure A9: Severe deprivation and multiple severe deprivation by country, 2006 (Figure 15)



Source: Own elaboration UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.6).

Figure A10: Deprivation as distinct from income poverty, Viet Nam 2006 (Figure 15)



Source: Viet Nam Child poverty Report, (page 74).

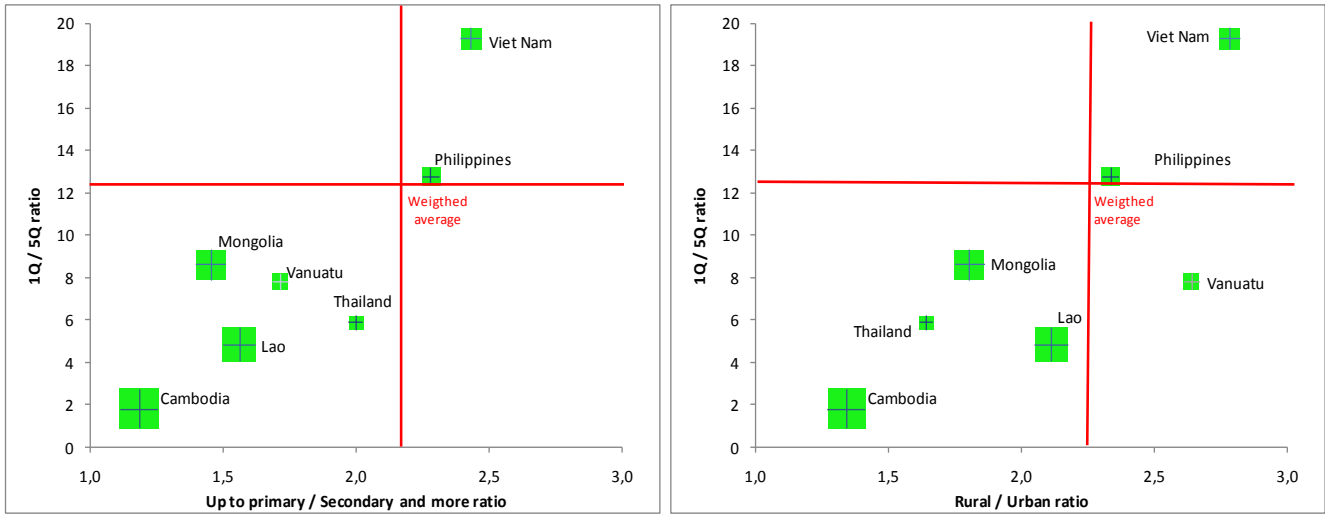
Table A14: Child characteristics by wealth ratio, 2006 (Figure 16)

Country	Wealth quintile	Food severe deprivation (%)	Education severe deprivation (%)	Health severe deprivation (%)	Working child in household (%)	Birth not registered (%)	Country	Wealth quintile	Food severe deprivation (%)	Education severe deprivation (%)	Health severe deprivation (%)	Working child in household (%)	Birth not registered (%)
Cambodia	Total	15.6	8.2	21.0	*	62.1	Viet Nam	Total	*	1.5	7.0	33.0	11.0
	1Q	22.2	16.6	27.8	*	83.2		1Q	*	4.3	11.6	41.4	24.3
	2Q	18.4	10.7	22.8	*	65.3		2Q	*	1.6	7.9	42.4	14.9
	3Q	13.2	6.3	21.2	*	60.7		3Q	*	1.0	5.9	36.7	7.1
	4Q	13.8	3.8	17.1	*	51.4		4Q	*	0.4	6.7	29.2	6.6
	5Q	6.8	2.9	11.1	*	39.1		5Q	*	0.3	3.1	14.2	3.0
	Ratio 1Q/5Q	3.3	5.7	2.5	*	2.1		Ratio 1Q/5Q	*	12.9	3.7	2.9	8.1
	Ratio 3Q/5Q	1.9	2.2	1.9	*	1.6		Ratio 3Q/5Q	*	3.1	1.9	2.6	2.4
Lao PDR	Total	18.6	14.0	46.4	28.0	84.7	Philippines	Total	*	2.2	16.6	*	*
	1Q	27.2	33.4	51.7	28.8	85.0		1Q	*	6.4	29.2	*	*
	2Q	19.8	21.8	56.2	32.0	89.8		2Q	*	1.9	17.5	*	*
	3Q	16.7	10.2	40.6	31.9	84.7		3Q	*	1.1	11.4	*	*
	4Q	10.5	3.1	37.0	28.3	83.8		4Q	*	0.6	9.3	*	*
	5Q	7.1	1.0	34.8	13.9	74.1		5Q	*	0.5	7.0	*	*
	Ratio 1Q/5Q	3.8	34.1	1.5	2.1	1.1		Ratio 1Q/5Q	*	13.7	4.2	*	*
	Ratio 3Q/5Q	2.3	10.4	1.2	2.3	1.1		Ratio 3Q/5Q	*	2.4	1.6	*	*
Mongolia	Total	6.8	2.4	8.1	58.6	2.1	Thailand	Total	2.7	0.6	6.9	12.3	1.5
	1Q	9.1	6.0	11.0	61.3	1.6		1Q	2.8	1.4	8.8	17.6	2.8
	2Q	8.8	3.0	9.0	62.9	2.4		2Q	3.1	0.7	5.3	13.6	1.8
	3Q	6.4	1.5	7.2	61.7	2.7		3Q	3.7	0.6	7.6	13.2	1.5
	4Q	4.7	0.8	5.0	58.5	1.9		4Q	2.3	0.4	7.4	9.8	0.8
	5Q	3.6	0.4	6.9	43.5	2.1		5Q	1.5	0.2	5.2	8.2	0.7
	Ratio 1Q/5Q	2.6	17.2	1.6	1.4	0.7		Ratio 1Q/5Q	1.9	6.9	1.7	2.1	3.7
	Ratio 3Q/5Q	1.8	4.2	1.1	1.4	1.3		Ratio 3Q/5Q	2.5	3.1	1.5	1.6	2.0

* No data.

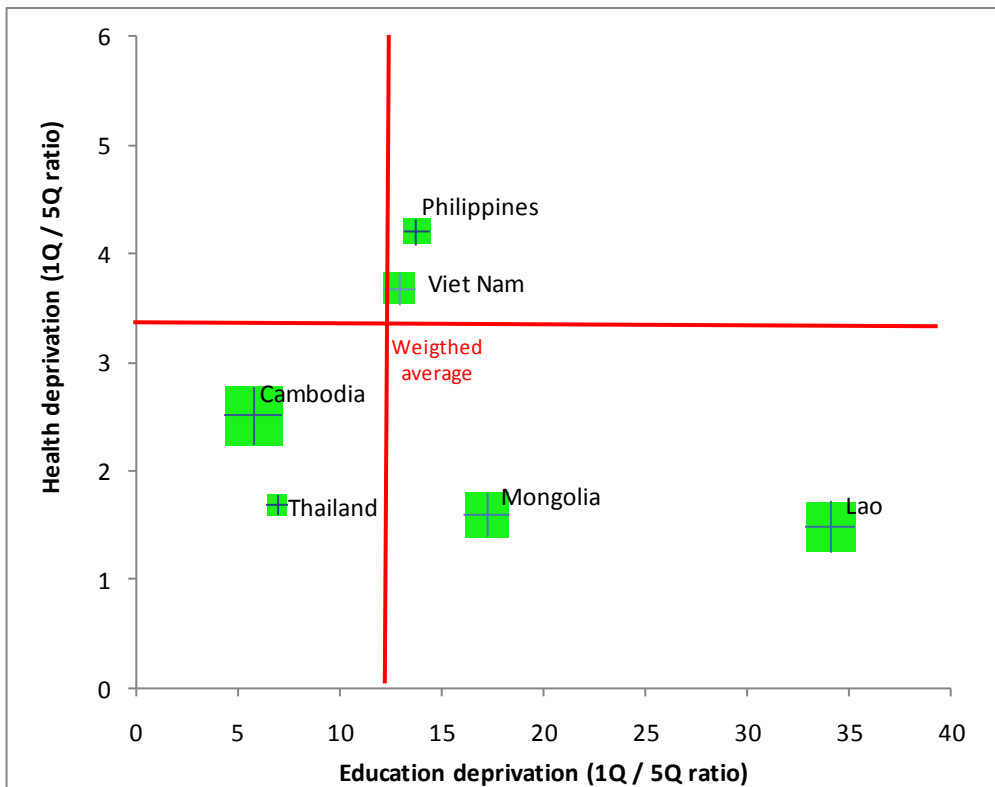
Source: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.2).

Figure A11: Severe deprivation disparity ratio of wealth (Q1/Q5), rural/urban and education of the household head, 2006 (Section 2.7)



Note: Size indicated severely deprived incidence (national value). Vanuatu ratio in education of household head was calculated among primary and secondary.
 Source: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Table 2.1.6).

Figure A12: Education and health severe deprivation by Q1/Q5 disparity ratio, 2006 (Section 2.7)



Note: Size indicated severely deprived incidence (national value).
 Source: UNICEF Global Study on Child Poverty and Disparities 2007-2008 (Tables 1.1.2 & 2.1.6).

Annex 2: Methodologies for Own Estimations and Other Calculations

A. Estimations for Cluster A, Cluster B and Subregion, including examples

The estimation of Cluster A, Cluster B and Sub region (integrated by the seven countries included in this report) results from a weighted average of children living with severe deprivation and with multiple severe deprivation in each country.

The weighted average was calculated using the following different age groups in concordance with the age group consider in each deprivation dimension (see Box 1):

- Children under 18 years old: Shelter, Water, and Sanitation.
- Children 3 to 17 years old: Information.
- Children 7 to 17 years old: Education³².
- Children under 5 years old: Food, Health.

The incidence of severe deprivation on each of the deprivation dimension was estimated separate using the appropriate age group and the weight presented in the table below for ca. 2006. The head count or total incidence of deprivation was estimated as a weighted average of the incidence in each country³³.

For ca. 2000, population data was taken from the 2002 SOWC Report, and refers to 2000. For ca. 2006, population data is taken from UNICEF Statistics, and refers to 2008.

Table A13. Participation in total population EAP countries included in the report, 2008 (%)

Country	Total		18 years and more		Under 18 years		5 to 17 years		Under 5 years	
	Subregion	Cluster	Subregion	Cluster	Subregion	Cluster	Subregion	Cluster	Subregion	Cluster
Cambodia	5.4	62.2	4.9	62.3	6.5	62.1	6.6	62.3	6.3	61.6
Lao PDR	2.3	26.5	1.9	24.8	3.0	28.9	3.0	28.6	3.0	29.7
Mongolia	1.0	11.3	1.0	12.9	0.9	9.0	1.0	9.1	0.9	8.8
Cluster A	8.7	100.0	7.8	100.0	10.5	100.0	10.5	100.0	10.3	100.0
Viet Nam	32.4	35.5	33.4	36.2	30.7	34.3	31.5	35.2	28.7	32.0
Vanuatu	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Philippines	33.7	36.9	30.6	33.2	39.4	44.0	38.5	43.0	41.9	46.7
Thailand	25.1	27.5	28.2	30.6	19.3	21.5	19.4	21.7	19.0	21.2
Cluster B	91.3	100.0	92.2	100.0	89.5	100.0	89.5	100.0	89.7	100.0
Subregion	100.0		100.0		100.0		100.0		100.0	

Source: UNICEF Statistics (<http://www.unicef.org/statistics/index.html>).

³² In the case of the estimation ca. 2006 the age group used for education was 5 to 17 years old.

³³ In case of working with micro data, and not macro data as in our case, each household with children under 18 is classified as sever deprived or multiple severe deprived according with the situation of the children in the house. The incidence of severe deprivation and multiple severe deprivations is applied to the population under 18.

Some examples of own estimations/elaborations for clusters and subregions:

Estimation of Severe Deprivation in the Water dimension

Water severe deprivation (Table 5): Cambodia 14.3%, Lao 25.9%, Mongolia 29.0%, Viet Nam 8.0%, Vanuatu 7.5%, Philippines 7.0%, Thailand 2.0%.

Weights: Population under 18 years old in each country (Table A15, column five for Subregion and column six for clusters)

Water severe deprivation **Cluster A** (Cambodia, Lao, Mongolia) = $14.3 \times 0.621 + 25.9 \times 0.289 + 29.0 \times 0.09 = 19.0\%$.

Water severe deprivation **Cluster B** (Viet Nam, Vanuatu, Philippines, Thailand) = **6.3%**.

Water severe deprivation **Subregion** = **7.6%**.

Estimation of Severe Deprivation in the Food dimension

Food severe deprivation (Table 5): Cambodia 15.6%, Lao 18.6%, Mongolia 7.0%, Vanuatu 9.9%, Thailand 3.0%.

Weights: Population under 5 years old in each country (Table A15, column nine for Subregion and ten for clusters)

Food severe deprivation **Cluster A** (Cambodia, Lao, Mongolia) = **15.7%**.

Food severe deprivation **Cluster B** (Vanuatu, Thailand) = **3.0%**.

Food severe deprivation **Subregion** = **7.5%**.

Note: Viet Nam and Philippines no data.

B. Calculation of Disparity Ratios – Some Examples

Viet Nam Severe Deprivation: Ethnicity Ratio Figure 10 & Table A11 (b)		
Ethnicity	At least one severe deprivation (%)	
Kinh	31.6	Lowest Incidence
Muong	46.5	
Tay	47.8	
Thai	77.6	
Other	81.6	
H Mong	99.5	Highest Incidence
Ratio: H Mong (99.5%) / Kinh (31.6%) = 3.1 .		
Source: MICS and DHS for EAPRO Child Poverty Study Countries (Table 2.1.6)		

Severe deprivation: Rural / Urban Ratio

Severe deprivation Ratios (Table A11(a)): Cambodia 1.3, Lao 2.1, Mongolia 1.8, Viet Nam 2.8, Vanuatu 2.6, Philippines 2.3, Thailand 1.6.

Weights: Population under 18 years old in each country (Table A15, column five)

Severe deprivation Ratio Subregion = **2.3**.

Philippines Severe deprivation by domain: Rural / Urban Ratio Figure 11 & Tables A12 (a) (b)				
Domain	Deprived or not	Place of residence		Rural / Urban Ratio
		Rural	Urban	
Shelter	Not deprived	15,370	15,755	
	Deprived	3,380	1,742	
	Deprived (%)	18.0%	10.0%	1.8
Sanitation	Not deprived	14,957	16,363	
	Deprived	3,200	849	
	Deprived (%)	17.6%	4.9%	3.6
Water	Not deprived	16,586	17,138	
	Deprived	2,164	359	
	Deprived (%)	11.5%	2.0%	5.6
Information	Not deprived	17,906	17,268	
	Deprived	844	228	
	Deprived (%)	4.5%	1.3%	3.4
Food	No data			
Education	Not deprived	10,716	10,036	
	Deprived	343	135	
	Deprived (%)	3.1%	1.3%	2.3
Health	Not deprived	3,880	4,297	
	Deprived	1,051	575	
	Deprived (%)	21.3%	11.8%	1.8

Source: MICS and DHS for EAPRO Child Poverty Study Countries (Table 1.1.2 weighted to pop)

C. Calculation of the Child Poverty Indices – An Example

CAMBODIA	Shelter	Sanitation	Water	Information	Food	Education	Health
Severe Deprivation	69.9	74.4	14.3	7.1	15.6	8.1	21
Less Severe Deprivation	85.5	74.9	28.9	7.5	46.7	16.5	34

CPI 'Severe Deprivation':

$$((69.9)^2 + (74.4)^2 + (14.3)^2 + (7.1)^2 + (15.6)^2 + (8.1)^2 + (21)^2) / 7 = 1632$$

CPI 'Less Severe Deprivation':

$$((85.5)^2 + (74.9)^2 + (28.9)^2 + (7.5)^2 + (46.7)^2 + (16.5)^2 + (34)^2) / 7 = 2489$$

Annex 3: Sample Tables – UNICEF Global Study on Child Poverty and Disparities

Sample Tables 2.1.4 & 2.1.6, Lao PDR

A. Table 2.1.4 – Child poverty as multiple deprivations (most recent MICS/DHS survey)

Country	Number of children in relevant age cohort, (estimates in 1,000s)	Of which experiencing 'severe' deprivation, %	Of which experiencing 'less severe' deprivation, %
a) Incidence (prevalence) of deprivation			
1. Shelter	15,746	34.1	54.1
2. Sanitation	15,746	55.4	59.7
3. Water	15,746	25.9	58.9
4. Information	15,746	26.0	27.4
5. Food	4,030	18.6	49.4
6. Education	9,688	14.2	28.3
7. Health	4,030	46.4	64.9
Total	15,746		
b) The incidence of the most frequent combinations of deprivations			
The most frequent case of any deprivation*	Sanitation	55.4	
Two most frequent combinations*	Sanitation/Health	32.6	
Two second most frequent combinations*	Sanitation/Shelter	24.2	
Three most frequent combinations*			
Three second most frequent combinations*			
The most frequent associate of food*	Sanitation	14.3	
The most frequent associate of education*	Sanitation	11.5	
The most frequent associate of health*	Sanitation	32.6	
c) The incidence of multiple deprivations			
No deprivations		24.8	6.5
Only one (any) deprivation		24.1	20.7
Two of any deprivations		23.1	24.8
Three of any deprivations		17.8	23.9
Four of any deprivations		8.0	17.1
Five of any deprivations		2.0	6.2
Six of any deprivations		0.1	0.8
Seven of any deprivations		0.0	0.0

B. Table 2.1.6 – Correlates of severe deprivations (by individual, households and geographic dimensions; in 2005 or last available year)

		At least one severe deprivation		At least two severe deprivations		Number of Children in sample
		Number	%	Number	%	Number
Age group by sex	Male, 0-2 years	1,039	83.8	799	64.5	1,239
	Male, 3-4 years	715	86.7	539	65.4	825
	Male, 5-9 years	1,862	77.6	1,306	54.4	2,399
	Male, 10-14 years	1,625	70.0	1,014	43.6	2,323
	Male, 15-17 years	821	65.6	492	39.3	1,252
	Female, 0-2 years	1,015	84.2	710	58.9	1,205
	Female, 3-4 years	661	86.8	525	69.0	761
	Female, 5-9 years	1,791	78.0	1,215	52.9	2,296
	Female, 10-14 years	1,681	70.1	1,066	44.4	2,399
Female, 15-17 years	626	59.8	379	36.2	1,047	

		At least one severe deprivation		At least two severe deprivations		Number of Children in sample
		Number	%	Number	%	Number
Household size	< 3 members	37	75.9	27	54.7	49
	3-4 members	1,501	60.7	836	33.8	2,473
	5-6 members	3,838	71.6	2,497	46.6	5,361
	7+	6,460	82.2	4,685	59.6	7,864
Education level of Head of Household	No education	3,531	90.0	2,776	70.8	3,923
	Primary	5,889	79.6	4,036	54.6	7,397
	Secondary	2,221	53.2	1,090	26.1	4,171
	Non-standard	154	76.4	115	57.2	201
Sex of Head of Household	Male	11,095	75.7	7,617	52.0	14,647
	Female	741	67.4	427	38.9	1,098
Household wealth quintile	Poorest	3,580	98.5	3,274	90.1	3,634
	Second	3,323	94.3	2,643	75.0	3,524
	Middle	2,691	82.4	1,462	44.7	3,267
	Fourth	1,752	60.1	622	21.4	2,913
	Richest	490	20.4	44	1.8	2,407
Ethnicity	Lao	5,336	62.2	2,857	33.3	8,577
	Khamu	1,826	87.0	1,341	63.9	2,099
	Mong	1,895	93.8	1,605	79.4	2,021
	Other ethnic group	2,765	91.1	2,235	73.6	3,036
	Missing	13	100.0	8	60.5	13
Religion	Buddhism	5,709	63.8	3,083	34.5	8,946
	Christianity	260	74.5	152	43.5	349
	Islam	16	100.0	16	100.0	16
	Secular-Nonreligious-Agnostic-Atheist	5,739	90.9	4,706	74.5	6,314
	DK or Other	111	92.2	87	72.1	121
Language	Lao	5,815	62.9	3,157	34.2	9,242
	Khamu	1,763	87.7	1,292	64.3	2,010
	Mong	1,909	93.9	1,621	79.7	2,033
	Other language	2,340	95.4	1,970	80.3	2,453
Adult of primary working age in household	No	113	76.7	68	45.7	148
Working child in household	Yes	11,723	75.2	7,977	51.1	15,598
	No	7,638	74.5	5,227	51.0	10,254
Adult(s) with chronic illness in household	Yes	3,191	79.8	2,209	55.3	3,997
	No data					
Disabled child in household	No	5,216	80.1	3,729	57.2	6,515
	Yes	503	86.3	363	62.1	583
Single parent (adult) household	No	11,527	75.1	7,849	51.2	15,344
	Yes	309	77.0	195	48.6	401
Orphan child in household	No	10,568	75.3	7,176	51.1	14,037
	Yes	1,261	74.6	863	51.1	1,690
High dependency ratio (4+ children per adult)	No	11,575	74.8	7,823	50.6	15,472
	Yes	261	95.4	221	80.9	273
Elder person (70+) in household	No	10,527	75.0	7,172	51.1	14,031
	Yes	1,309	76.3	872	50.9	1,715
Region	North	4,234	79.0	3,113	58.1	5,357
	Centre	4,570	66.4	2,835	41.2	6,884
	South	3,031	86.5	2,096	59.8	3,504
Place of residence	Urban	1,319	40.0	489	14.8	3,299
	Rural	10,517	84.5	7,555	60.7	12,447
Total		11,836	75.2	8,044	51.1	15,746

Definitions: Orphan children are considered those for whom one or both biological parents are dead.

UNICEF East Asia and Pacific

19 Phra Atit Road
Bangkok 10200, Thailand
Tel: (66 2) 356-9499
Fax: (66 2) 280-3563
www.unicef.org/eapro

ISBN 978-974-685-134-3