

# Methodology Note

This note describes the technical details of the global assessment of progress towards achieving a set of child-focused SDG targets using internationally comparable data from the global databases held on behalf of the international community by UNICEF and other United Nations agencies.

The assessments are based on global targets rather than national targets to gauge progress on the SDG indicators, including country profiles, which are available at <uni.cf/sdgreport>. UNICEF remains committed to the localization of SDG targets.

## Assessing trajectories towards the global targets

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

- **Target met** – the country has already achieved the global SDG target (although this may change between now and 2030).
- **On track** – the projected estimate for 2030 (based on current trends) meets or exceeds the global target.
- **Acceleration needed** – the projected estimate for 2030 (based on current trends) does not meet the global target.
- **Insufficient trend data** – there are not enough data points (usually fewer than two) from the date range in question to establish a trend and make a projection to 2030.
- **No data** – there are no internationally comparable data available in UNICEF global databases, or none deemed recent enough to use.
- **N/A** – not applicable for the reasons outlined under each relevant indicator listed below.

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

## Indicators by dimension of child rights

### Every child survives and thrives

#### Nutrition

##### 2.2.1 Prevalence of stunting among children under 5

##### 2.2.2a Prevalence of wasting among children under 5

##### 2.2.2b Prevalence of overweight among children under 5

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

Country trajectories and assessment towards the stunting, wasting and overweight targets at the national level were determined using the joint malnutrition country estimates (Latest edition online ) and are largely in alignment with those found in *latest key findings report of the joint child malnutrition estimates*. The latest data can be found at: <https://data.unicef.org/topic/nutrition/malnutrition/>

Whereas WHO-UNICEF rules used in the latest *joint child malnutrition estimates* report were used as much as possible, the current report may not directly align with the latest WHO-UNICEF country assessments published elsewhere. This report uses the same five categories for all SDG indicators (on track, acceleration needed, target met, insufficient trend data, and no data). See Table 1 for a summary of the rules used in this report and a comparison of the labels used in the latest JME report and in this report.

The WHO-UNICEF rules for stunting, wasting and overweight were used for all categories in this report, with the following variations:

- The 'on track' and 'target met' categories used in this report are combined into one category of 'on track' in the JME report, meaning that countries labelled as 'target met' in this report are labelled 'on track' in the latest JME report.

<sup>1</sup> Depending on the time of publication, the wasting data used in the assessment presented in this report may be from an earlier data release than the latest available online.

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- The 'acceleration needed' category in this report simply requires that the current Annual Average Rate of Reduction (AARR) be less than the AARR required to achieve the target. The WHO-UNICEF rules further split those with AARR less than that needed to meet the target into smaller groups to allow sub-assessments of "some progress", "no progress" and "worsening" (see further details in footnotes of Table 1).
- The categories of 'insufficient trend data' and 'no data' used in this report are combined into one category of 'assessment not possible' in the JME report.

\*\* Assessment for the wasting target is based on the most recent point estimate in the JME dataset, even though confidence intervals are available which in many cases surpass the cut off. Wasting is an acute condition that can change frequently and rapidly, even as rapidly as over the course of a calendar year. Therefore, countries assigned a 'target met' category in this report may fall into the 'acceleration needed' category in subsequent assessments.

\*\*\* There is not an overall category for "off track" in the latest JME report. The AARR ranges for the three sub-categories of "off Track" in the JME report are: **Stunting**: "some progress" AARR < required, but > 0.5, "no progress"  $-0.5 \leq \text{AARR} < 0.5$ , "worsening" AARR < -0.5; **Wasting**: "some progress" AARR < required, but > 2.0, "no progress"  $-2.0 \leq \text{AARR} < 2.0$ , "worsening" AARR < -2.0; and **Overweight**: "some progress" AARR < required, but > 1.5, "no progress"  $-1.5 \leq \text{AARR} < 1.5$ , "worsening" AARR < -1.5.

**Table 1: Progress assessment rules for 2030 global nutrition targets applied in this report, compared to the JME report**

Label used in this report	Label used in the latest JME Report	Rules Applied in this report		
		Stunting (Target: reduce the number of stunted children in 2012 by 50 per cent)	Wasting (Target: reduce and maintain childhood wasting to less than 3 per cent)	Overweight (Target: reduce and maintain childhood overweight to less than 3 per cent)
Target met	On track*	The most recent estimate for number of stunted children is 50% less than the 2012 estimate, OR The most recent prevalence <3 per cent	The most recent prevalence <3 per cent**	The most recent prevalence <3 per cent
On track		AARR ≥ required	AARR ≥ required	AARR ≥ required
Acceleration needed	Off track, some progress***	AARR < required	AARR < required	AARR < required
	Off track, no progress***			
	Off track, worsening***			
Insufficient trend data	Assessment not possible	No input (e.g., survey) data more recent than 2000, OR if modelled estimates remain pending final review	Did not have at least two data points between 2005 and 2020, with at least one point more recent than 2012	No input (e.g., survey) data more recent than 2000, OR if modelled estimates remain pending final review
		Country did not have any input (e.g., survey) data for modelling	No data point after 2000	Country did not have any input (e.g., survey) data for modelling

\* The rules used in this report for "Target met" are part of the rules for "On track" in the latest JME report, i.e., those that have met the target according to this report are labelled as "on track" in the latest JME report.

## Maternal care

### 3.1.1 Maternal mortality ratio

Source: UN-MMEIG estimates: World Health Organization, UNICEF, United Nations Population Fund and The World Bank.

For categorization of current MMR level, we have used thresholds of low (<100), moderate (100-299), and high (≥300) (<https://www.who.int/publications/i/item/9789241516488>). Based on this, the final assessments are: target met (low), on track (moderate) and acceleration needed (high).

### 3.1.2 Proportion of births attended by skilled health personnel

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

Projections are based on historical data. The threshold for meeting the 'universal coverage' target is 95 per cent. Data are deemed insufficient to establish a trend if there are fewer than two data points, or no data in the most recent 6-year period; the country is categorized as having no data if there is no data since 2001.

### 3.7.2 Adolescent birth rate per 1,000 women (aged 15-19 years)

As there are no pre-established targets for reaching specific levels of adolescent birth rate, we have assessed countries based on the current levels and on three categories (World Fertility 2019 (un.org)): low (<19), moderate (19-80) and high (>80). Based on this, the final assessments are: target met (low), on track (moderate), and acceleration needed (high).

## Child mortality

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

### 3.2.2 Neonatal mortality rate (deaths per 1,000 live births)

Source for both child mortality indicators: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME) 2021.

The data presented in the country profiles for indicators 3.2.1 and 3.2.2 refer to estimates, not the latest year of available empirical data (i.e., all countries have estimates up to a common reference year that are based on empirical data when available or extrapolation of the recent trend).

Progress assessment is based on under-five mortality rate (U5MR) and neonatal mortality rate (NMR) estimates produced by the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). To assess progress for countries that have not already met the SDG targets, projections of U5MR and NMR were produced by projecting annual U5MR and NMR at the country level using the annual rate of reduction (ARR) for the recent past (i.e., usually about 10 years prior to the common reference year) for the respective indicator. Crisis-free estimates were used for the calculation of the ARR. If a country had a negative ARR (i.e., an increase in mortality in the recent past), the rate was held constant at the level of the latest reference year. If a country reached the current lowest observed mortality rate during the projection period, the mortality rate was held constant at that lowest observed level for the remainder of the projection period, assuming the mortality rate will not be zero but without certainty as to what the lowest possible rate will be. Projected neonatal mortality rates were constrained to not exceed projected under-five mortality rates.

## HIV

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

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

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

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

Source for all four HIV indicators: UNAIDS estimates.

Projections of the number of new HIV infections among children and adolescents were calculated by applying the Average Annual Rate of Change (AARC) between 2010 and 2020 to the year 2030. Historical

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

### Country profile footnotes

h Unpublished estimates.

### 3.8.1 Population coverage of essential health services

Source: World Health Organization (WHO).

The index of health service coverage is computed as the geometric means of 14 tracer indicators, organized by four broad categories of service coverage: 1) reproductive, maternal, newborn and child health: including family planning coverage, pregnancy and delivery care, child vaccination with DTP3, and child care-seeking for pneumonia symptoms; 2) infectious disease: indicators related to TB, HIV/AIDS, malaria, and households using improved sanitation facilities; 3) non-communicable diseases: indicators related to hypertension, diabetes, and tobacco; 4) service capacity and access: indicators related to hospital access, health workforce, and health security. Projections are based on data from 2015–2019. The country is categorized as having no data if there is none since 2015. For this analysis, the threshold for meeting the 'universal coverage' target is 95 per cent.

## Immunization

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

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

Source for both immunization indicators: WHO and UNICEF estimates of national immunization coverage (WUENIC).

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This report uses DTP3 and MCV1 coverage to gauge progress in immunizing children. DTP3 coverage is traditionally used to measure the performance of immunization programmes, and DTP is one of the few universal vaccines present in all countries. The first dose of measles containing vaccine (MCV1) is likewise used in all countries. Usually, DTP3 is recommended early in the first year of life, while MCV1 is given towards the end of the first year of life. The two vaccines together offer a better assessment of the performance of immunization programmes. Projections are based on the average annual rate of change in estimated national immunization coverage from baseline for DTP3 and MCV1. The threshold for meeting the target is 95 per cent coverage.

## Every child learns

### Learning outcomes

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

Source: Programme for International Student Assessment (PISA), Programme for International Student Assessment for Development (PISA-D) and National Learning Assessment. **4.1.1.c.ii** Proportion of young people at the end

#### **of lower secondary achieving at least a minimum proficiency level in mathematics**

Source: Programme for International Student Assessment (PISA), Programme for International Student Assessment for Development (PISA-D), Trends in International Mathematics and Science Study (TIMSS) and National Learning Assessment. Projections for 4.1.1.c are made based on data reported between 2012–2022, using a logistic regression on all available data points. The target is considered met at or above 90 per cent.

### Early learning

#### **4.2.1** Proportion of children 24–59 months who are developmentally on track in health, learning and psychosocial well-being

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

Since 2015, a proxy indicator (proportion of children aged 36–59 months who are developmentally on track in at least three of the

following four domains: literacy-numeracy, physical development, social-emotional development and learning) has been used for SDG reporting on indicator 4.2.1. It will take some time for country uptake and implementation of a new measure (the ECDI2030) and for data to become available from a sufficiently large enough number of countries for SDG reporting.

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

Countries labeled as having “no data” represent those for which comparable data are not available in the UNICEF global databases.

#### Country profile footnotes

- i Data are available from two points in time but are not directly comparable.
- j Data refer to the oldest child among those aged 36–59 months in the household.
- k Data refer to the youngest child among those aged 36–59 months in the household.

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

Source: UNESCO Institute for Statistics (UIS), 2022.

Projections are made based on data reported between 2000–2021, using a logistic regression on all available data points. The target is considered met at or above 95 per cent.

### Learning environment

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

Source: The WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene (WASH) publishes estimates for basic drinking water, sanitation, and hygiene in schools in even years - the most recent update was in 2022.

The JMP does not produce combined WASH estimates in schools and there is no agreed methodology for such an indicator yet. The values (both status and progress) reported here for combined WASH are estimated by taking the minimum of basic drinking water, basic sanitation and basic hygiene estimates for the baseline, reporting year and progress.

## ■ Every child is protected from violence, exploitation and harmful practices

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

### Intimate partner violence and sexual violence

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

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

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

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

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

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

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

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

For indicator 16.2.3, trends in the prevalence of sexual violence in childhood are assessed by comparing the values across two age cohorts (aged 18–19 and 25–29) from the most recent available data source. The AARC was calculated over a 7-year period. The country is considered on track if the observed AARC is sufficient to reach elimination by 2030. An additional criterion for a country to be considered on track was a prevalence of 0 per cent for sexual violence ever experienced among those aged 15–17.

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

Note that for official SDG reporting, the co-custodian agencies for indicator 5.2.2 have never submitted any data updates since work is ongoing to consult and agree on an indicator definition. For official SDG reporting on indicator 5.2.1, estimates are only reported for the age group 15 years and above and ages 15 to 49 years.

#### Country profile footnotes

- l** Currently married girls.
- m** Based on 25–49 unweighted cases.
- n** Refers to girls aged 15–24 years.
- o** Data differ from the standard definition.
- p** Although these countries are marked as having met the target, it is known that victims of violence are extremely reluctant to report their experience. Due to this major challenge of under-reporting, it is improbable that violence is altogether non-existent, even with a reported prevalence of 0.1 per cent or less.
- v** Refers to ever-married women who experienced sexual violence committed by a husband or partner.

### Harmful practices

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

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

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

Trends are assessed by comparing the prevalence across age cohorts from the latest available data source. The average annual rate of reduction (AARR) is calculated over a 25-year (for child marriage) or

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30-year (for FGM) period and the most recent 10-year period, and the country is considered 'on track' if either AARR is sufficient to reach elimination of the practice (defined as <1 per cent) by 2030. Countries with an FGM prevalence of under 1 per cent among girls aged 15–19 years, or a child marriage prevalence under 1 per cent among women aged 20–24 years, are considered to have met the respective targets.

Countries for which comparable data are not available in the UNICEF global databases include those in which child marriage and FGM are not widespread enough to warrant national-level data collection. Evidence does suggest, however, that harmful practices occur within population groups throughout the world, including, for example, the practice of FGM in countries that are destinations for migrants from countries where the practice still occurs.

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

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

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

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

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

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

*Child labour for the 15 to 17 age range:* children working for more than 43 hours per week in economic activity (no hourly threshold is set for household chores for ages 15-17).

#### Country profile footnotes

<sup>d</sup> Data refer to children aged 5-14 years.

## Deaths due to violence

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

### 16.1.2 Conflict-related deaths per 100,000 population

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

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

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

## Violent discipline

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

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

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

In some countries, data points are available from older survey sources, but these are not comparable to the latest data point due to a difference in the age group reported, with older surveys often referring only to children aged 2-14 years. In such cases, countries were classified as having insufficient trend data.



## Country profile footnotes

- t Data refer to children aged 2–14 years.
- u Data differ from the standard definition.

## Birth registration

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

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

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

An assessment of progress was conducted for each country that had at least two comparable data sources, provided that the most recent data source was from 2010 or later. For each country, the average annual rate of change (AARC) was calculated using the two most recent data points (at least two years apart). Given that evidence suggests that progress slows as levels of birth registration approach 100 per cent, a country's observed AARC may no longer be plausible when its projected levels get higher. To adjust for this, the projected birth registration prevalence for each country followed the country's trajectory, starting from the latest data point until the prevalence of birth registration reached a level at which its observed AARC has never been recorded (at least among the countries with available trend data). At this point, the projection scenario continues forward at the highest AARC observed by any country within that tier. The following tiers were established (based on starting levels of birth registration): 0-24 per cent, 25-74 per cent, 75-84 per cent, 85-94 per cent and above 95 per cent.

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

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

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

## Country profile footnotes

- d Data differ from the standard definition or refer to only part of a country.
- w Estimates of 100 per cent were assumed given that civil registration systems in these countries are complete and all vital events (including births) are registered. Source: Department of Economic and Social Affairs, Statistics Division, last update December 2017.
- t Data refer to children aged 2–14 years.
- u Data differ from the standard definition.

## Every child lives in a safe and clean environment

### Air pollution

#### SDG 3.9.1 Mortality rate attributed to household and ambient air pollution per 100,000 population (Age-standardized)

Source: World Health Organization (WHO) as reported in the SDG Global Database .

Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

For comparison purposes we have included the age-standardized version of this indicator.

### WASH - Drinking water, sanitation and hygiene

#### 6.1.1 Proportion of population using safely managed drinking water services

##### 6.2.1.a Proportion of population using safely managed sanitation services

Countries and regions are classified as having "met the global target" for the use of safely managed drinking water and sanitation services (SDG 6.1.1 and SDG 6.2.1.a) if the proportion of population using such services

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exceeded 99% in the last estimation year or update (e.g. year 2020 for the JMP report published in 2021), “on track” if the annual rate of change between 2000 and the last update would be sufficient to reach 99% in 2030, or “acceleration needed” if the current annual rate of change between 2000 and the last update would not be sufficient to reach 99% in 2030.

#### 1.4.1.a Proportion of population using basic drinking water services

#### 1.4.1.b Proportion of population using basic sanitation services

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

#### 6.2.1.c Proportion of population practising open defecation

Countries and regions are classified as having “met the global targets” for basic drinking water, sanitation and hygiene services (SDGs 1.4.1.a, 1.4.1.b and 6.2.1.b) if the proportion of population using such services exceeded 99% in the last update, and “on track” if the annual rate of change between 2000 and the last update would be sufficient to reach 99% coverage in 2030.

Countries and regions are classified as having met the open defecation target (SDG 6.2.1.c) if <1% of the population practised open defecation in the last update, and “on track” if the annual rate of change between 2000 and the last update would be sufficient to reach <1% open defecation by 2030.

Source for all six WASH indicators: WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) household estimates.

## Clean energy

#### 7.1.2 Proportion of population with primary reliance on clean fuels and technology

Source: SDG Global Database.

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

#### Country profile footnotes

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

## Disaster deaths

#### 13.1.1 Number of deaths caused by disaster per 100,000 population

Source: SDG Global Database.

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

## Every child has a fair chance in life

#### 1.1.1 Children living in households with less than PPP \$1.90 a day

Source: World Bank.

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

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

Many of these countries will have national-level data that are not available or was for a survey year prior to 2009. The proportion of households in high-income countries with income or expenditure below PPP US 1.90 is almost zero. However, this does not mean poverty, even very severe or extreme poverty, is not present in these countries. Thus, they were assigned the ‘no data’ status.

#### Country profile footnotes

- a The estimate may be an extrapolation from an earlier or later survey year. Country-level data are unpublished.
- b Country is assumed to have zero extreme poverty in World Bank estimates.



## 1.2.1 Children living in households below the national poverty line

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

The latest data come from UNICEF's Country Reporting and Validation Exercise (CRAVE) and do not represent the full extent of available data on child poverty using poverty lines that exist at the national level.

In addition to reflecting slightly different assumptions in the construction of national poverty lines, this indicator – which refers to the population as a whole – has been modified to be specific to children for inclusion in CRAVE. Data on this child-specific formulation of the indicator is not publicly available in the SDG Global Database.

## 1.2.2 Children living poverty in all its dimensions

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

Nevertheless, the important point is to measure progress for each country according to their own definition. Consequently, as long as countries routinely measure child poverty trends for each individual

country will be gradually available. These estimates can then be aggregated to establish how many countries are on track

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

Source: SDG Global Database.

Social protection systems include contributory and non-contributory schemes for children, pregnant women with newborns, people in active age, older persons, for victims of work injuries and persons with disabilities. Social protection floors provide at least a basic level in all main contingencies along the life cycle, as defined in the Social Protection Floors Recommendation 2012 (no. 202) referred to in SDG 1.3.

### Country profile footnotes

- c There are only national-level targets to reduce prevalence by 50 per cent, by 2030. There is no global target for this indicator.
- d Data differ from the standard definition or refer to only part of a country.

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# Regional classification

## East Asia and the Pacific

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

## Europe and Central Asia

Eastern Europe and Central Asia; Western Europe

## Eastern Europe and Central Asia

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

## Western Europe

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

## Latin America and the Caribbean

Anguilla; Antigua and Barbuda; Argentina; Bahamas; Barbados; Belize; Bolivia (Plurinational State of); Brazil; British Virgin Islands; Chile; Colombia; Costa Rica; Cuba; Dominica; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti;

Honduras; Jamaica; Mexico; Montserrat; Nicaragua; Panama; Paraguay; Peru; Saint Kitts and Nevis; Saint Lucia; Saint Vincent and the Grenadines; Suriname; Trinidad and Tobago; Turks and Caicos Islands; Uruguay; Venezuela (Bolivarian Republic of)

## Middle East and North Africa

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

## North America

Canada; United States

## South Asia

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

## Sub-Saharan Africa

Eastern and Southern Africa; West and Central Africa

## Eastern and Southern Africa

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

## West and Central Africa

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

## Asia

East Asia and the Pacific; South Asia

## Americas

North America; Latin America and the Caribbean

## Europe

Eastern Europe and Central Asia; Western Europe

## Least developed countries/areas

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

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