Multidimensional and monetary poverty among children in Burundi

Synthesis
December 2022

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Acronyms and abbreviations

EICVMB	Integrated Survey on Households Life Conditions in Burundi – *Enquête Intégrée sur les Conditions de Vie des Ménages au Burund*i
INSBU	National Institute of Statistics in Burundi
IYCF – ANJE	Infant and Young Child Feeding – *Alimentation du Nourrisson et du Jeune Enfant*
MODA	Multiple Overlapping Deprivations Analysis
NDP	National Development Plan
OPHI	Oxford Poverty and Human Development Initiative
PSAMAN II	Strategic Multisectoral Plan for Food Security and Nutrition 2nd generation 2019–2023
SDG	Sustainable Development Goals
SMART	Specific, Measurable, Achievable, Relevant, and Time-Bound
SPRI	Social Policy Research Institute
STATA	Statistical Analysis Software
UNDAF	United Nations Development Assistance Framework
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
WHO	World Health Organisation

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Foreword

Burundi continues to implement its National Development Plan 2018-2027 with the objective of achieving a transformation of its economic, demographic and social structures.

Among the tools for implementing the NDP is the National Program for the Consolidation of Peace, Social Stability and the Promotion of Economic Growth (PNCP-SS-PCE), which aims to consolidate peace and socio-economic stability by promoting robust, sustainable and inclusive economic growth and improving the living conditions of the population as a whole, as well as of all vulnerable persons.

Children in Burundi represent nearly half of the total population (Burundi National Institute of Statistics, 2010-2050 population projections) and many live in poverty. Chronic malnutrition af-fects 55.8% of children under the age of five (SMART 2022 survey) and mortality rates are still too high (52.6% per 1,000 births, health statistics directory).

The Burundi Monetary Poverty and Deprivation Analysis (N-MODA) provides a critical mass of analytical information on child poverty and vulnerability disaggregated by age, gender, resi-dence, province, education, and socioeconomic well-being.

This analysis also provides a basis for improving knowledge about child poverty, understan-ding the nature and factors of vulnerability among children, and profiling poor children and fami-lies. It will thus help support the prioritization of children's needs in sector strategies, policies, programs and budgets at national and provincial levels.

The analysis of monetary poverty and child deprivation in Burundi is part of the thematic ana-lyses planned by the Institut National de la Statistique du Burundi (INSBU) following the imple-mentation of the 2019/2020 Burundi Integrated Household Living Conditions Survey (EICVMB 2019/2020). This analysis is the second of its kind after the 2017 survey.

The Ministry of Finance, Budget and Economic Planning would like to thank the technical team made up of officials from the Ministry of Finance, Budget and Economic Planning, the Ministry of Public Health and the Fight against AIDS, the Ministry of National Education and Scientific Research, the Ministry of National Solidarity, Social Affairs, Human Rights and Gender, the Mi-nistry in charge of Youth, the National Institute of Statistics of Burundi and the University Research Center for Economic and Social Development, with the support of UNICEF, which conducted this study.

Hon. Audace NIYONZIMA
Ministre des Finances, du Budget et de la Planification Economique

Minister of Finance, Budget and Economic Planning

Preface ●●●●●●●●●

Burundi is at a key moment in its development and is pursuing structural reforms to consolidate the productive bases of its economy, improve the business climate and revive economic activity. However, this development agenda has been disrupted by the outbreak of the COVID-19 pandemic as well as the difficult economic context induced by the war in Ukraine.

With 47% of its population aged 17 years or less, Burundi cannot adequately plan this development process if it does not know with some precision the poverty profile of this segment of its population. This is especially true since this age group is the one most at risk of being affected by the many poverty-induced deprivations in the various essential areas of their well-being, namely education, health, food, protection, water, sanitation, housing and information.

This analysis is timely, as it updates the child poverty profile based on the 2019-2020 MWIS data, in order to understand children's deprivations, inform policymakers about their situation, and lead reflections to put in place policies and strategies for the country's development that aim to address the identified deprivations.

The methodology used is the Multiple Deprivation Overlap Analysis (MODA). MODA focuses on child poverty using the child as the unit of analysis and makes original contributions to the debate on multidimensional poverty by using (i) a holistic child-centered approach, (ii) a «life-cycle» approach, recognizing that children's needs are not homogeneous during their childhood and (iii) the creation of profiles of deprived children. This method makes it possible to measure and analyze the incidence, intensity and severity of multidimensional poverty according to the geographical location, the characteristics of the children, the households to which they belong and their mothers, with a sectoral analysis on the one hand and a multidimensional analysis on the other.

This analysis also contributes to the establishment of a status report on the situation of Sustainable Development Goal 1 in Burundi.

We encourage all partners - Government, United Nations, civil society, and development partners - to use the elements contained in this report to inform the decision-making process and the development of programs for children, with a view to accompanying Burundi in achieving the 2030 Sustainable Development Goals.

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Synthesis

Burundi faces high poverty rates; however, the country continues to put in place strategies to achieve its poverty reduction goals.

Considering the aftermath of the global pandemic, it is important to identify the most vulnerable populations in Burundi, especially children.

A thorough understanding of the nature of child poverty is essential to inform policy and to develop appropriate programs, to ensure a better childhood and future for these children.

As a result, UNICEF Burundi commissioned a study on multidimensional and monetary child poverty.

1. Introduction

Burundi is an East African country, bordered in the north by Rwanda, in the south and east by Tanzania and in the west by the Democratic Republic of Congo. Its area is 27,834 km², including 25,200 km² of land surfaces and around 2,000 km² of territorial waters of Lake Tanganyika.
With a population of 12,309,600, the country is the second most densely populated country in Africa with a density of over 442 inhabitants/km².

Burundi faces high poverty rates, however, the country continues to put into place strategies to achieve its poverty reduction goals. Considering the aftermath of the global pandemic, it is important to identify the most vulnerable populations, especially children, in Burundi.
A thorough understanding of the nature of child poverty is essential to inform policy and developing appropriate programs to ensure a better childhood and future for these children. As a result, UNICEF Burundi commissioned a study on multidimensional and monetary child poverty.

2. Objectives and methodology

This study focuses on child poverty in Burundi. Poverty is defined, measured and analyzed from two different perspectives: **monetary poverty and multidimensional deprivation (non-monetary poverty) using the Multiple Overlapping Deprivation Analysis (MODA)** methodology developed by the UNICEF Office of Research in Florence[1].

◄◄ *The analysis of the multidimensional child poverty using the National-MODA (N-MODA) in Burundi was done in several stages:*

1. The contextualized selection of dimensions, indicators, thresholds and age groups (Figure 1).
The selection of parameters, age groups, dimensions, indicators and thresholds were identified during a national workshop, in May 2022, bringing together all stakeholders from several sectoral Ministries at the national level, including the University of Burundi, under the coordination of the National Institute of Statistics in Burundi (INSBU) with the support of UNICEF.

2. For each of the age groups, the following analyses were produced:
• **Sectorial analysis:** The percentage of deprived children for each dimension and indicator has been calculated to inform on performance at the sectoral level.
• **Multidimensional analysis:** the number of deprivations for each child are counted to illustrate the distribution of the number of deprivations suffered by children in each age group and according to their profiles. This subsequently allowed an analysis of the intensity and overlap of multidimensional deprivation among children.

This subsequently allowed an analysis of the intensity and overlap of multidimensional deprivation among children.

The dimensions of well-being retained for each age group in the context of Burundi are illustrated in Figure 1.

For the non-monetary poverty analysis, a child is considered to be multidimensionally deprived if he/she suffer from at least three out of seven/eight dimensions[2] of well-being listed below (K=3)[3].

The data used for this analysis comes from the Integrated Household Living Conditions Survey of Burundi (EICVMB) carried out in 2019/2020 by the National Institute of Statistics in Burundi (INSBU).

1. De Neubourg, C., J. Chai, M. de Milliano, I. Plavgo, et Z. Wei (2012), « Step-by-Step Guidelines to the Multiple Overlapping Deprivation Analysis», Working document n° 2012-10, UNICEF Office of Research, Florence.
2. For children aged 0-2 years only 7 dimensions are considered while for children older than 2 years and under 17 years, 8 dimensions are considered in this study.
3. The MODA methodology defines K as a poverty threshold for the multidimensional deprivation analysis. For example, K=3 means that a child is considered poor if he/she is deprived in at least three dimensions of his/her well-being.

**Figure 1.
The dimensions of well-being* selected for children of each age group in the context of Burundi****

* According to the MODA methodology, no weights are assigned to the well-being dimensions used. Each dimension is considered a right of the child and being deprived in one of these dimensions is a violation of one of its rights.

** The MODA methodology defined K as the poverty line for multidimensional poverty analysis. For example, K=3 means that a child is considered poor if he is deprived of at least 3 dimensions of well-being analyzed. K=1 means that a child is poor if the child is deprived of at least one dimension of well-being.

0-2 years	3-7 years	8-13 years	14-17 years
Nutrition	Nutrition	Nutrition	Nutrition
Health	Health	Health	Health
Child protection	Child protection	Child protection	Child protection
Water	Water	Water	Water
Sanitation	Sanitation	Sanitation	Sanitation
Housing	Housing	Housing	Housing
Information	Education	Education	Education
	Information	Information	Information

2. Key results

It was found that child poverty remains widespread in Burundi. The report on child poverty, which includes monetary and non-monetary analysis, gives a clearer picture of the situation of Burundian children. This study can help design appropriate policies to meet the needs of the most disadvantaged children.

The main results of the study are summarized below.

◢◢ Non-monetary poverty in Burundi is higher than monetary poverty.

The analysis of child poverty in Burundi shows different results depending on the measure of poverty. By using **the national monetary poverty line of 1,580 BIF per day** and per adult equivalent, we obtain a child poverty rate of **55,3%**, while with the **approach multidimensionnelle**, multidimensional approach, the child poverty rate rises to **64%**. There is thus a gap of 10 percentage points between monetary poverty and non-monetary poverty.

However, there is a **significant overlap**[4] between monetary and non-monetary poverty (see Figure 2). Indeed, **41.4% of children aged 0 to 17 are poor both monetarily and non-monetarily** (multi-dimensionally), and 22.2% of children are considered not poor.
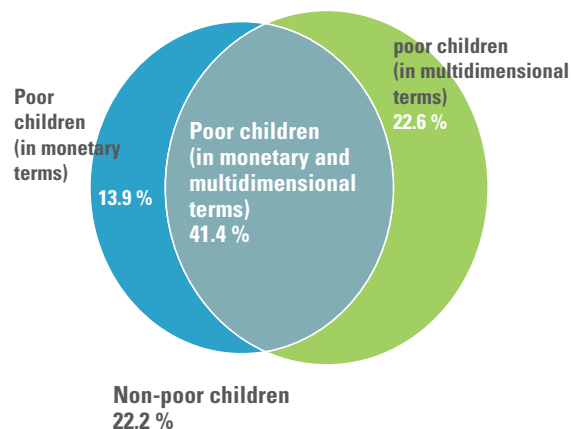
Figure 2 indicates the following observations:

• **Non-monetary child poverty stands at 64.0% in Burundi.** Of these children, 13.9% are only multidimensionally poor and not monetary poor.

These children therefore live in households with an income of more than 1580 BIF per day per adult equivalent but

are deprived in at least 3 of the 7/8 dimensions of child well-being analyzed in this study.

• Among the **55.2% of children who are monetarily poor**, only 13.8% do not also experience **multidimensional deprivation**. This means that these children live in households living on less than 1580 BIF per day per equivalent but are not multidimensionally poor.

Figure 2: Overlap between monetary and multidimensional poverty [5]

Poor children (in monetary terms) 13.9 %

Poor children (in monetary and multidimensional terms) 41.4 %

poor children (in multidimensional terms) 22.6 %

Non-poor children 22.2 %

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4. Overlap is the state of two things, one of which partially overlaps the other. The term «overlap» is used repeatedly in this study and is central to the MODA methodology. Income and non-income poverty overlap. Also, deprivations in the dimensions of child well-being often overlap (are experienced simultaneously). In other words, a single child may be deprived in several dimensions of well-being at once.

5. Non-monetary poverty among children in Burundi affects 64% (22,6%+41,4%) and monetary poverty stands at 55,3% (13,9% + 41,4).

Targets 1.1 & 1.2 of the Sustainable Development Goal (SDG) 1 in the context of Burundi.

One of the main objectives of this study is to define the baseline for targets 1.1 and 1.2 of SDG 1 created in 2015[6]. The components of SDG 1 are listed in the opposite box. In this study, poverty rates are calculated only for children and this can be used as a reference for the SDGs.

In this study, poverty rates are calculated only for children and this can be used as a reference for the SDGs.
• **The first goal (SDG 1.1),** for Burundi, is to reduce the percentage of children living on less than $1.25 a day from 79% to 0%.
• **The second goal (SDG 1.2)** is to reduce non-monetary child poverty by at least half (from 64% to 39.1%) by 2030.

Tableau 1 : The reference rates for targets 1.1 and 1.2 of the SDG 1 at national level (Data Source: ECVMB 2019–2020)				
			2019	**2030**
SGD	Description of the mesure	Poverty threshold	Poverty rate (Reference rate)	Poverty rate (target to achieve)
SDG 1.1	Eradicate extreme poverty for children living on less than $1.25 per day	1,25 $ per day	79.07 %	0 %
SDG 1.2	Reduce by at least half the proportion of children living in poverty in all its dimensions as defined in Burundi	Deprived in at least 3 out of the total number of dimensions of well-being analyzed*	64%	39.1 %**

* See Figure 1 for the total number of dimensions of well-being by age of the child
** Under target 1.2, the multidimensional poverty rate must be reduced by at least half by 2030 from the 2015 rate. The multidimensional child poverty rate was at 78.2% in 2015.

6. Recall that the achievement of the SDGs is set in the period from 2015 to 2030.

Objective 1: Eliminate poverty in all its forms everywhere

Objective 1.1: By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day.

Objective 1.2: By 2030, reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions.

◀◀ The multidimensional approach to child poverty makes more sense than the sectoral approach in the Burundian context.

A small proportion of children, 11.3%, are deprived in only one dimension of child well-being (see Figure 3). The majority suffer from several deprivations at the same time. More specifically **84.1%** of children face **at least two deprivations** out of the eight dimensions analyzed. It should be noted that **95.3%** of children face **at least one deprivation** and **64%** are deprived **tin three or more deprivations.**

Given the intensity of the overlap, coherent policies would be more effective in addressing the deprivations at the same time. In addition, the harmonization of sectoral policies will make it possible to achieve economies of scale and reduce administrative costs, but also to better target the most deprived children, i.e. those who are deprived in several dimensions of their well-being simultaneously.

Figure 3: Deprivation distribution, 0-17 years
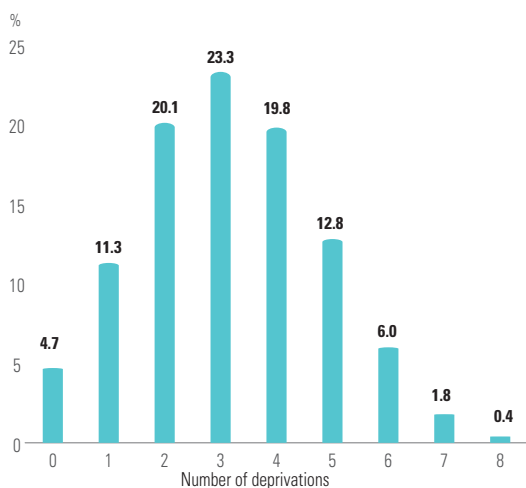
◀◀ The "Nutrition" and "Sanitation" dimensions show the highest proportions of deprived children.

The results obtained show that a very high percentage of children are deprived in the 'Nutrition' and 'Sanitation'dimensions, for all age groups. This situation is mainly driven by the 'Food insecurity' and 'Unimproved toilet' indicators.

The latter is due to the widespread use of **traditional pit latrines without slab**, a type of toilet considered as deprived in this analysis.

Noteworthy among the sectoral results is the increase in deprivation for the **'Child Protection' dimension**, especially among the older age groups.

This dimension is constructed out of two indicators. One of them is **child labor**, which generally increases for older children, while the other is **birth registration**. More and more infants have birth certificates compared to older children. This is important for access to public services such as education and health services.

◢◣ *Profiles of multidimensionally poor children.*

In addition to the geographical location, the profile of vulnerable children was studied on the basis of the socioeconomic characteristics of their households.
Results show higher deprivation rates for children living in smaller households and/or in households where there is a work constraint[7]. This can be explained by the lack of adults with paid employment.

Also, children without health insurance are more deprived. However, the report could not conclude on the gender issue because few indicators were observed at the child level, which generates a lack of variance.

7. The labor force constraint is a variable that indicates the number of people in a household who are depending on members who are active in the labor market. This indicator thus divides the number of non-working persons by the number of working persons.
8. The adjusted multidimensional deprivation headcount ratio (M0) is an index that reflects the incidence as well as the intensity of multidimensional deprivation. This is an index where the value 0 represents low deprivation and the value 1 represents the highest deprivation.

◢◣ *There is a significant disparity between urban and rural areas.*

The results of the analysis show that sectoral and multidimensional deprivation rates are significantly higher in rural areas. Figure 4 presents a higher percentage of multidimensionally poor children living in rural areas (66.7%) than in urban areas (37.9%).

While disadvantaged children in urban areas are deprived on average of **48%** of the total number of dimensions analyzed, poor children in rural areas are, on average, deprived of **53,1%** of the total number of dimensions.
In other words, **the intensity of deprivation is even greater for poor children in rural areas.** The poverty index also confirms this observation with an index of 0.18 for urban areas against 0.36 for rural areas.[8]

**Figure 4: Multidimensional deprivation index (K=3) by urban-rural residence, 0-17 years**
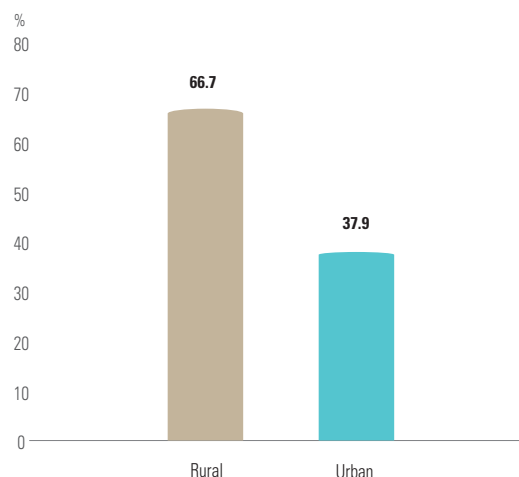
▲▲ *There are large provincial differences.*

Figure 5 displays the multidimensional deprivation rates of children by province. Darker colors indicate higher percentages of deprived children.

Compared to other provinces, Bujumbura Mairie is better off with the lowest non-monetary poverty rate (H) of 38.1% and with an average intensity of deprivation of 44% (A).

On the other hand, the province of Muyinga presents the highest proportion of deprived children (82.1%) and the highest average intensity of deprivation (58.3%, A).

Figure 5: Multidimensional deprivation index (K=3) by province, 0-17 years
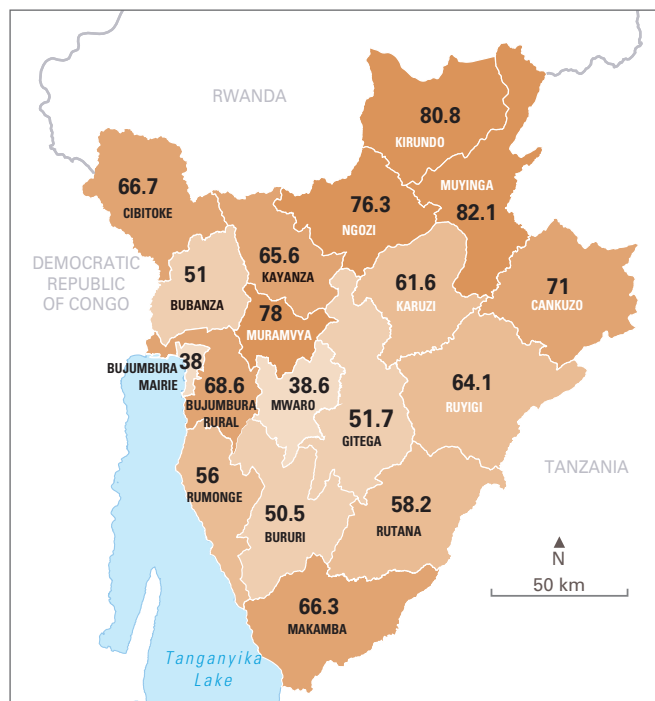
4. Conclusion

This report applies the MODA methodology to analyze the overlap of multiple deprivations. The results provide a basis for measuring and assessing child poverty in Burundi in line with Sustainable Development Goal 1 target 1.2 on "Eliminating poverty in all its forms".

The selection of parameters is contextualized to the current situation in the country, with contributions from the cross-sectional working group on child poverty, using data from EICVBM 2019-20.

However, the limitations of the database must be taken into account when interpreting the results.

Some indicators and dimensions, while relevant, could not be included in the analysis. The deprivation results are therefore limited to the dimensions and indicators indicated in Section 2.3 Parameter Selection.

In addition, an analysis disaggregated by sex of the child could not be carried out as most parameters were measured at the household level.

• As a result, children's multidimensional deprivation has been defined using the following eight dimensions of child well-being: **nutrition, health, protection, education, water, sanitation, housing and information.**

• Approximately **three out of five children in Burundi (64.0%) suffer from multidimensional deprivation**, meaning that they are deprived in at least three of the aforementioned dimensions. On average, multidimensionally deprived children experience **4.1 deprivations at the same time**.

• **The multidimensional deprivation rate of children varies significantly depending on the area in which they live.**
Rural areas have a higher prevalence of multidimensional child poverty (66.7%) than urban areas (37.9%).
Moreover, at the regional level, Bujumbura Mairie presents the lowest level of multidimensional deprivation, while 82.1% of children living in Muyinga are deprived in at least three dimensions of their well-being.
All other regions have deprivation rates ranging from 50.5% to 80.8%.
According to other profile variables, it is possible to identify the characteristics of the most vulnerable children. Subsequently, results indicate a higher deprivation rate for children living in households with fewer member and with a labour constraint[9]. This can be explained by the lack of adults in paid employment.
Moreover, a larger proportion of children without health insurance is deprived in at least three dimensions.
The report was unable to draw conclusions on the issue of gender, as few indicators were observed at the child level, causing a lack of variance.

• **The sectoral deprivation analysis presents the highest deprivation rates for the dimensions Nutrition (all age groups) and Sanitation (all age groups).**
This is mainly due to the indicators food insecurity and unimproved toilet type. The Health dimension shows the lowest deprivation rate for each age group, followed by Child Protection for all ages, except for children aged 14 to 17 years.

• **In addition, it is observed that Burundian children tend to face overlapping deprivation.**
For example, 20.7% of children aged 14 to 17 are simultaneously deprived in the dimensions Nutrition, Child protection, and Education.
The monetary poverty rate stands at 55.3% at the national level for children aged 0-17 years.
Moreover, the overlap between monetary and multidimensional poverty affects 41.4% of children. Only 22.2% of Burundian children suffer from neither monetary deprivation nor multidimensional deprivation.

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9. Labour constraint is a variable that indicates the number of people in a household who depend on members of the labour market. This indicator divides the number of non-active persons by the number of active persons.

5. Policy recommendations

The results of the MODA analysis in Burundi based on the EICVMB 2019-20 database show high deprivation rates in several areas of child well-being as well as an overlap between the selected dimensions.

It is therefore necessary to address deprivations simultaneously and to tackle the underlying causes that generate them:

1. As the majority of children in Burundi experience multiple deprivations, it is important to adopt a long-term **holistic approach** that addresses all major deprivations along the life cycle, to help inform, design and implement multi-sectoral policies that significantly and effectively reduce children's vulnerabilities while maximizing returns in the early years.
Such integrated interventions will lead to a considerable decrease in the severity or depth of poverty and are also more effective.

a. Integrate into the National Integrated Food and Nutrition Program (PRONIANUT) components that
- promote adequate and safe sanitation practices within communities in order to tackle deprivations in the nutrition and sanitation dimensions which are highest for all age groups and which overlap most often
- contribute to improving the reduction and prevention of malnutrition in children.

b. Incorporate into the support measures of the cash for jobs program modules that strengthen the economic inclusion of beneficiaries and raise their awareness of good practices in food, sanitation and adequate hygiene, child protection, and education, including preschool.
c. **Embed and integrate the MODA results** in the review of the National Development Plan, the development of public policies, strategies, programs including municipal development plans.

2. Implement interventions that focus **on the dimensions** that contribute most to multidimensional child poverty. While it is essential to design policies and programs to reduce vulnerabilities in all dimensions of child well-being, in the short term it is recommended that interventions focus on dimensions with higher deprivation rates. In Burundi, the Nutrition and Sanitation dimensions present the highest percentages of deprived children among all age groups.
a. **Promote healthy and diversified eating habits** among parents and communities, particularly among vulnerable populations. This can be embedded and monitored within the framework of the school.
b. **Raise awareness of increased health risks** (e.g. diarrhea) when using shared toilets.

3. Particular attention should be given to the **most vulnerable children**. The study highlights that children with certain geographical and socio-demographic characteristics are more likely to have a higher incidence of multidimensional poverty than other children. The children with the highest multidimensional deprivation rates are those who live in rural areas, those who live in households

where the head has a lower education level and those who live in labour-constrained households.

a. Implement programs focussing on the most vulnerable populations, in particular the provinces with the highest levels of multidimensional poverty, namely Muyinga, Kirundo, Muramvya and Ngozi.

b. Promote access to basic social services and strengthen the capacities of adolescents to become productive members of society by linking education, vocational training, and entrepreneurship.

4. Improve the level of **investment in social protection and other basic social services** to address the multidimensional deprivations experienced by children.

a. Increase the share of the state budget allocated to the social sectors and maintain it above the international standards to which the country has agreed (in particular 15% for health in accordance with the Abuja declaration and 20% for education).

b. Increase the level of investment in sanitation infrastructure and establish mechanisms to facilitate access for the most vulnerable households, with the support of community involvement.

c. Explore the mobilization of innovative financing including, the private sector, in the financing of social protection and basic social services.

5. In order to enable the development, **monitoring and evaluation** of policies, strategies, programs and budgets developed to tackle child poverty, it is desirable to reproduce this analysis.

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Annex: *List of parameters for measuring multidimensional child poverty in Burundi* based on EICVMB 2019–2020

Dimension	Indicator	Threshold	0–2 yrs	3–7 yrs	8–13 yrs	14–17 yrs
Nutrition	Household consumption	**0–17 years:** The child lives in a household which did not consume food from the following four food groups: energy food products (starch-grains and derivatives-fats), vegetable protein products (legumes), animal protein products (meat-fish-eggs) and products containing vitamins (fruits and vegetables) in the last seven days.	x	x	x	x
	Food insecurity	**0–17 years:** Child living in a food insecure household - Food Insecurity Experience Scale (FIES **The child is considered as deprived if the household answered "Yes" to at least four of the following questions, in the last 12 months:** - Were you or other members of your household concerned about not having enough food due to lack of money or other resources? - Were you or other household members unable to eat healthy, nutritious food due to lack of money or other resources? - Have you or other members of the household eaten little variety of food due to lack of money or other resources? - Have you or other household members had to skip a meal because you did not have enough money or other resources to buy food? - Did you or other household members eat less than you thought you should have because of lack of money or other resources? - You or other members of your household were hungry but did not eat because there was not enough money or other resources to buy food? - Did you or other members of your household spent an entire day without food due to lack of money or other resources?	x	x	x	x
Health	Skilled birth attendance	**0–4 years:** The child was not delivered by a skilled birth attendant.	x	x (3–4 yrs)		
	Use of mosquito net	**0–17 years:** The child did not sleep under a mosquito net during the previous night.	x	x	x	x
Education	School attendance	**6–17 years:** The child does not attend school.		x (6–7 yrs)	x	x
	Primary school attainment	**14–17 years:** The child did not complete primary education.				x
	Literacy	**8–17 years:** The child cannot read and write a short text in any of the following languages: French, Kirundi, Swahili and English.			x	x
Child protection	Birth certificate	**0–17 years:** The child does not have a birth certificate.	x	x	x	x
	Child labour (paid and un-paid)	**5–17 years:** The child was paid to do a job over the last 7 days or the child has a job.		x (5–7 yrs)	x	x
Water	Drinking water source	**0–17 years:** The child lives in a household which uses an unimproved drinking water source. **Deprived:** unprotected well, other unprotected sources, river/lake/dam, water from street vendor, other. **Not deprived:** within dwelling/yard, neighbour's tap, public tap, protected borehole, other protected sources, bottled water.	x	x	x	x
	Distance to water source (in minutes)	**0–17 years:** The child lives in a household where the distance to go, fetch water and come back is more than 30 minutes.	x	x	x	x
Sanitation	Toilet type	**0–17 years:** The child lives in a household which uses an unimproved toilet source. **Deprived:** Flush to open drain, bucket toilet, hanging toilet/latrine, traditional pit latrine without slab, no toilet, other. **Not deprived:** Flush to piped sewer system, Flush to septic tank, , Flush to pit latrine, Flush to don't know where, Traditional pit latrines with slab, composting toilet.	x	x	x	x
	Shared toilet	**0–17 years:** The child lives in a household which uses an unimproved toilet source.	x	x	x	x
Housing	Overcrowding	**0–17 years:** The child lives in a household which has on average more than three people per sleeping room (UN-HABITAT definition).	x	x	x	x
	Materials of the roof	**0–17 years:** Child lives in a household where the roof is made of natural or rustic materials, which are not considered permanent. **Deprived:** no roof, thatch/palm/leaves, mats, palm/bamboo, wood planks, cardboard, other. **Not deprived:** metal sheets, wood, zinc/cement fibres, tiles, shingles, cement, tent (Ishitingi/ihema).	x	x	x	x
Information	Access to information and communication devices	**0–17 years:** The child lives in a household or there are no information and communication devices (radio, television or mobile phone).	x	x	x	x