

**Progress towards UNICEF  
South Asia's Headline and  
Complementary Results  
(2018–2021)**

**unicef**   
for every child







## Foreword

Approximately 616 million, or one in four children worldwide, live in South Asia. Children under the age of 18 years represent one third of all South Asians from Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka. Given its large child population, South Asia is of pivotal importance to UNICEF and contributes significantly towards the organization's global targets and goals.

UNICEF's Regional Office for South Asia (ROSA) and the eight UNICEF country offices are working in partnership to advance the rights and well-being of every child in South Asia. To achieve our shared goals, the UNICEF South Asia region identified six strategic priority areas – Headline and Complementary Results – to focus on delivery of greater results for children. These were formulated as specific targets and are central to the UNICEF Regional Office Management Plan (ROMP) (2018–2021), aligned with the Global Strategic Plan. The six Headline and Complementary Results are:

1. Reduce newborn deaths from 28 per 1,000 live births in 2016 to 21 per 1,000 live births by 2021. This will save an estimated 500,000 newborns.
2. 10 million fewer children with stunted growth by 2021.

3. 10 million previously out-of-school children enrolled in school by 2021.
4. 500,000 child marriages among girls and boys averted by 2021.
5. No new polio cases by the end of 2021 and 3.3 million additional children fully immunized by 2021 with a focus on the most marginalized.
6. 210 million fewer individuals practise open defecation by 2021.

The **Progress towards UNICEF South Asia's Headline and Complementary Results (2018–2021)** report captures UNICEF's progress across South Asia towards achieving the ambitious regional headline results. Monitoring the progress in South Asia remains a challenge due to the reliance on national household survey data for several of the indicators. Given that these surveys are generally conducted every three to five years makes it challenging to track annual progress. However, ROSA has managed to identify relevant and reliable data sources, proxy indicators and complementary results to track relevant regional progress. This report is the first systematized effort to analyse progress and covers the first half of the ROMP (2018–2019); where available, 2020 figures have also been included. The report was completed in the middle of the response of the COVID-19 pandemic. Therefore,



it refers to some figures related to the impact of COVID where data are available.

The report shows we have made tangible progress in several areas, including ending open defecation, saving newborn lives and averting child marriages. It also highlights some of the areas where more actions and acceleration are needed, including polio eradication and bringing children back to school, especially at secondary level. It also shows some of the persistent data gaps and the need to strengthen data collection systems, including administrative data sources. The COVID-19 pandemic has severely impacted the lives of children and families in the region and has deepened the inequalities; it has also impacted UNICEF's ability to monitor children's lives and contexts. This document will serve as a benchmark to the progress made prior to the onset of COVID-19 and will help us quantify the socioeconomic and health impacts of the global pandemic in our region as we develop the next update of progress in 2021.

This publication would not have been possible without the support and commitment of many people. I especially want to acknowledge the support received from the Data, Analytics, Planning and Monitoring Division at UNICEF headquarters under the leadership of Vidhya Ganesh. My special appreciation to Yanhong

Zhang and his team in Data & Analytics who, in close coordination with the Programme & Planning Team in ROSA, the Regional Advisors and custodians of the Headline and Complementary Results, made the report a reality.

This report is a powerful advocacy and monitoring product for the region, and it will be updated in 2021. It is my hope that you will use these data accordingly and uphold your commitment to invest in the acceleration areas of the Headline and Complementary Results in order to foster equitable results for children in the region.

**Jean Gough**  
Regional Director UNICEF South Asia







# Important progress has been made for children – but what more needs to be done?

Today, one out of three people living in South Asia is a child. Children younger than 18 account for about 616 million of the region's growing population of 1.86 billion, which encompasses eight countries: Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

This statistical snapshot presents key available data on the lives of South Asian children today, divided into five sections. We examine essential elements to their well-being through the lens of health and physical development; outcomes in school; exposure to violence, exploitation and harm; access to clean and safe environments; and progress in reducing poverty.

These data do not address all the issues affecting children in South Asia. Rather, they illustrate the urgent need to prioritize children's rights from a broad range of perspectives. The information and brief analysis in this publication are meant to inform and guide further progress to address gaps in the lives of these children, while recognizing the diversity of their needs across countries.

UNICEF's Regional Office for South Asia recognizes the importance of supporting children from the time they are newborns through adolescence and youth. We are working to ensure every child grows up in an environment that maximizes the chances of a healthy future and a long, productive life, as reflected in our [six Headline and Complementary Results for 2018–2021](#), which are referenced throughout these pages. These targets also aim to take into account the unique needs of girls in South Asia.

The publication of this brochure takes place amid the COVID-19 global crisis. The far-reaching impacts of the pandemic on children have yet to be seen. But we do know this unpredictable and dramatic time will carry many worrisome short- and long-term consequences for children. This document provides an important baseline in understanding where South Asian children stood as the pandemic dawned, and will serve as vital guidance as we navigate their evolving needs.





## Goals for 2021

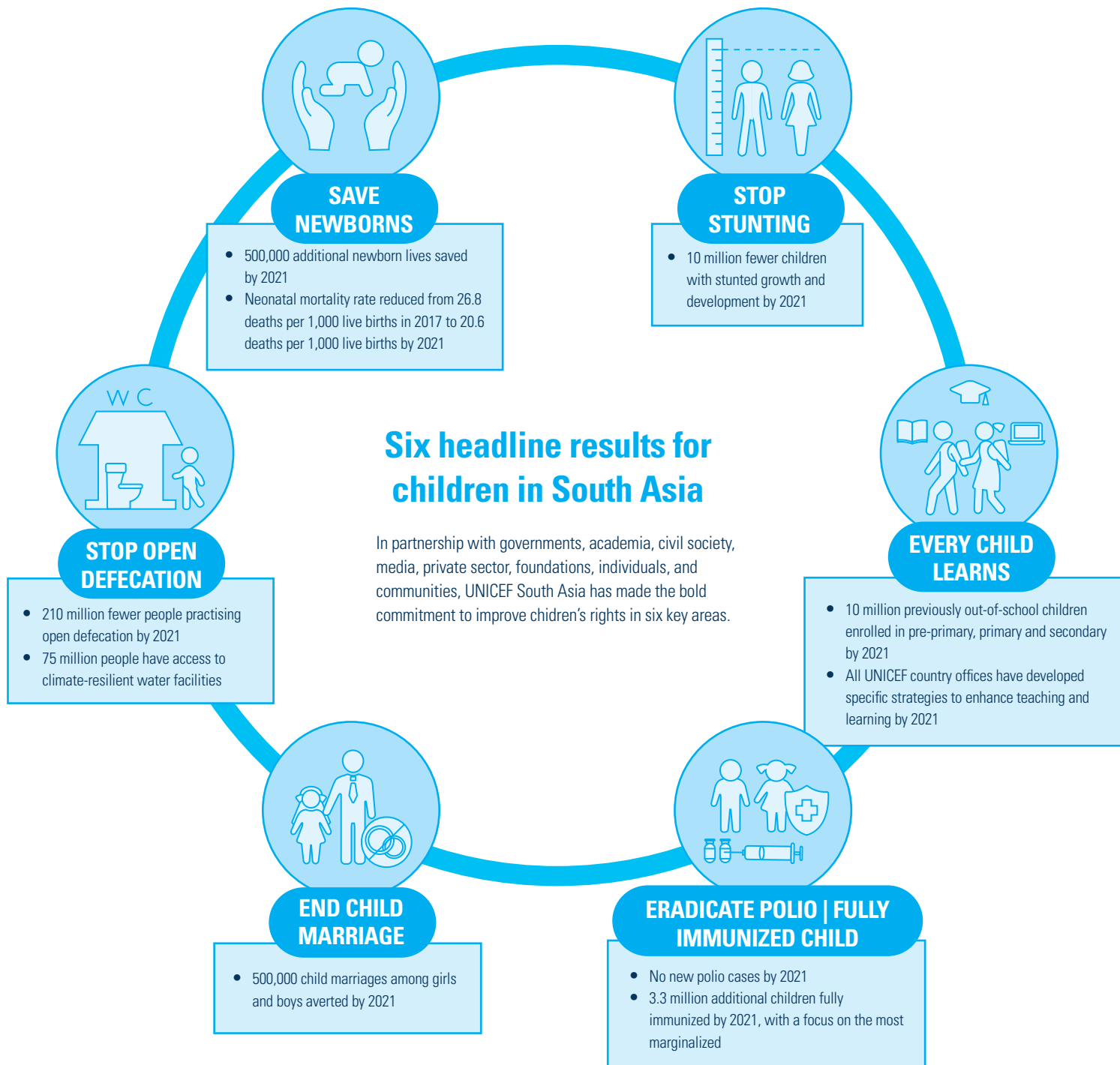
### A bold commitment to children's rights

Over the last 30 years, we have seen rapid economic growth in South Asia. Remarkable improvements have been made in the socioeconomic situation of children. But massive disparities still prevent millions of children from living in dignity and reaching their full potential. Too many children are not afforded the right to make choices about their own future.

The region's Headline and Complementary Results for 2018–2021 recognize the urgency of renewed focus and revitalized targets to tackle pertinent development challenges and achieve the Sustainable Development Goals (SDGs). Concerted action is needed to close the huge equity gaps and realize the rights of millions of children across South Asia.



FIGURE 1. Headline and Complementary Results (2018–2021), UNICEF South Asia Regional Office







## Every child survives and thrives

How healthy are South Asian children and their mothers today? How are children under 5 years of age doing? The answers provide important insight into the overall health and development of the region as a whole. This section considers several vital aspects of children's physical well-being, including trends in nutrition, immunization, and HIV. We also examine the potentially disastrous impacts of COVID-19-related changes to health care on the lives of mothers and young children.

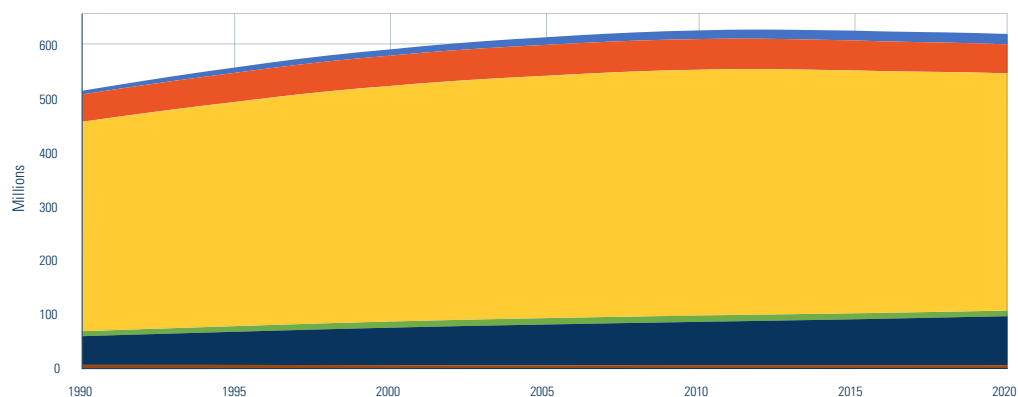


## Child population

### Population growth has slowed considerably across South Asia since the 1990s

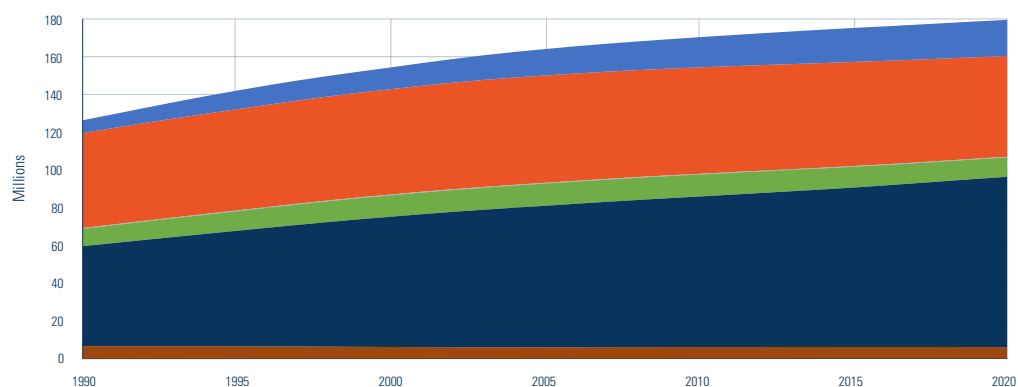
Trends in child populations vary across the region: In Afghanistan, the child population almost tripled over the last 30 years, but other countries have seen much slower growth. Bhutan and Sri Lanka show a shrinking child population, and, though India is home to the most children in the world, their number increased by only 13 per cent over the last 30 years.

**FIGURE 2A.** Trends of child population (aged 0–17 years), by country (1990–2020)



Source: United Nations Population Division, *World Population Prospects 2019*, online edition, rev. 1.

**FIGURE 2B.** Trends of child population (aged 0–17 years), by country, without India (1990–2020)



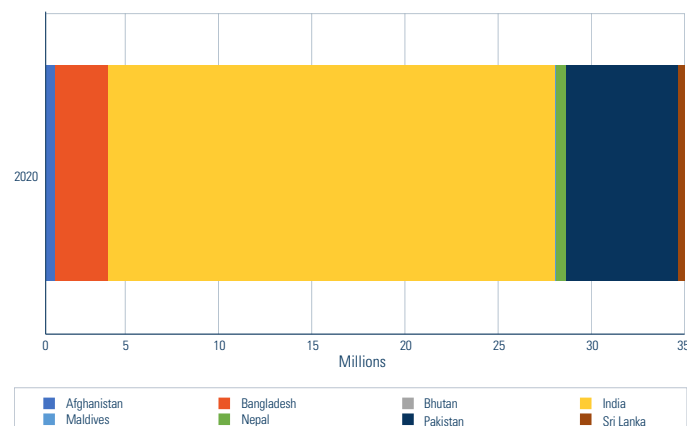
Source: United Nations Population Division, *World Population Prospects 2019*, online edition, rev. 1.

## COVID-19, child health and birth registration

### An estimated 35 million children will be born in South Asia in 2020

With many services across South Asia non-operational during the COVID-19 lockdowns, and the impacts of fear and limited mobility of parents, both supply and demand sides of immunization and birth registration were impacted. We estimate more than 8.8 million babies were born during the first 12 weeks of COVID-19 prevention lockdown. The birth, registration and immunization of these newborns were compromised by parents' limited mobility during lockdowns, parents' fear of contracting COVID from health facilities and the redeployment of staff responsible for essential MNH services to the COVID response.

**FIGURE 3.** Projected number of births, by country (2020)



Source: United Nations Population Division, *World Population Prospects 2019*, online edition, rev. 1.

## Economic growth and birth and death rates

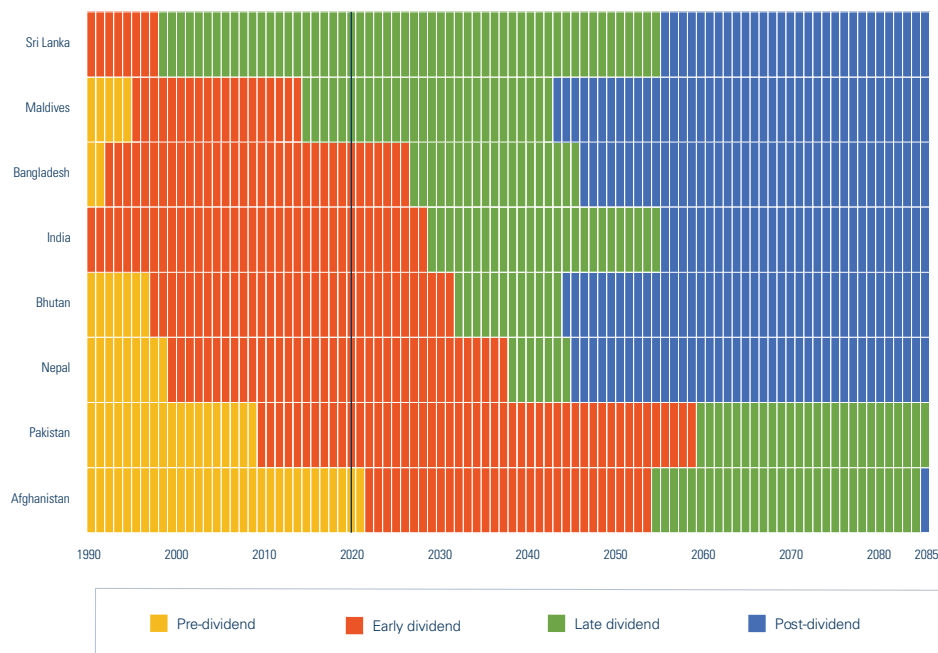
### Most South Asian countries are currently in the early-dividend phase

Demographic dividend is the potential economic growth due to a decline in birth and death rates and the resulting change in age structure. Sri Lanka and Maldives are the only two South Asian countries in the late-dividend period; all others are in the pre- or early-dividend stage. Time is running out for two countries to reap the economic benefits as they will transition to late dividend in the next 10 years. Afghanistan is South Asia's only pre-dividend country.

**Source:** UNICEF analysis based on United Nations Population Division, *World Population Prospects 2019*, online edition, rev. 1.

**Note:** Methodology of demographic dividend type adapted from World Bank, *Global Monitoring Report 2015–2016*, 2016.

**FIGURE 4.** Demographic dividend type over time, by country (1990–2085)



## Under-five mortality

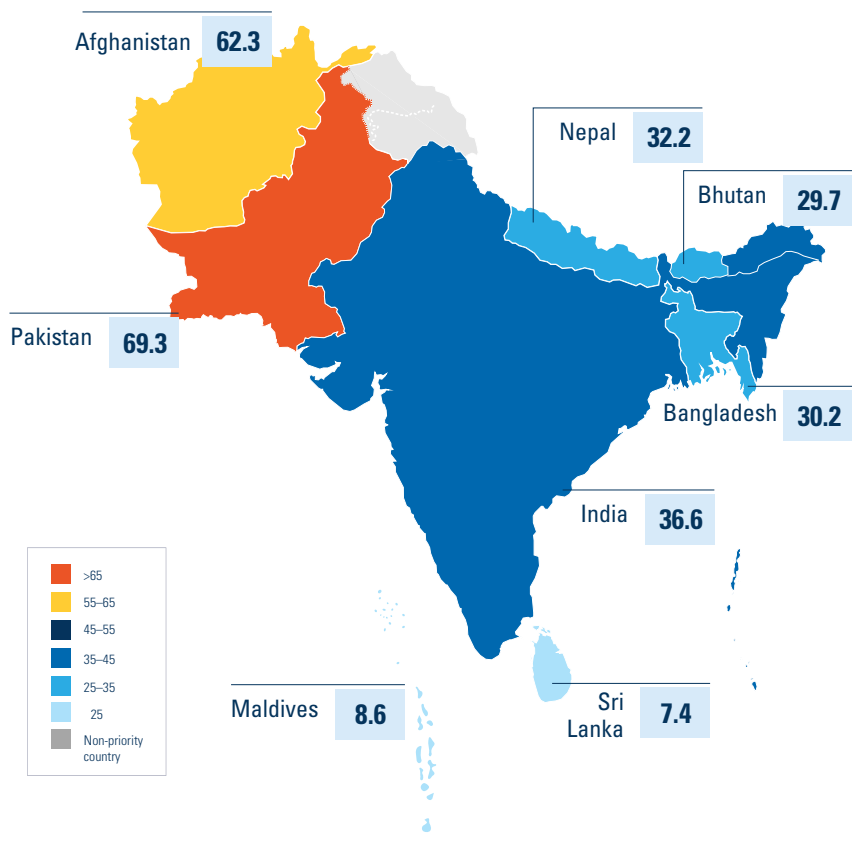
### Under-five mortality rates are high in the region, with Afghanistan and Pakistan lagging behind other countries

**FIGURE 5.** Under-five mortality rate (deaths per 1,000 live births), by country (2018)

Two of the region's eight countries, Afghanistan and Pakistan, must redouble efforts if they are to meet the SDG under-five mortality target (25 or fewer deaths per 1,000 live births) by 2030. Two countries, Maldives and Sri Lanka, have already met the target and the remaining four (Bangladesh, Bhutan, India and Nepal) are on track.

**Source:** United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2019.

**Note:** This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.



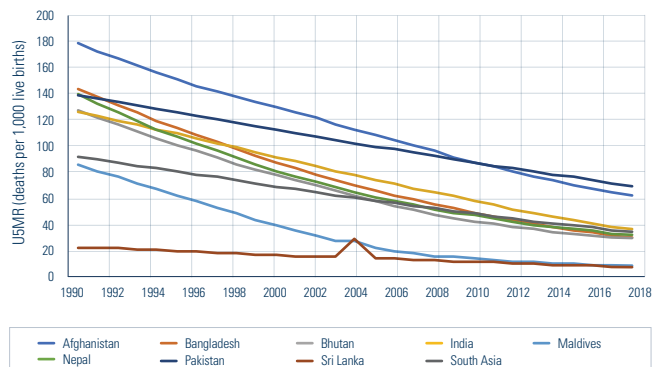


## South Asia has made progress in reducing its under-five mortality rate in the last 30 years; for instance, India's rate declined by 71 per cent from 1990 to 2018

Despite gains, the level of under-five mortality is still high in South Asia. In the region, more than 60 per cent of deaths among children younger than 5 occur during the first month

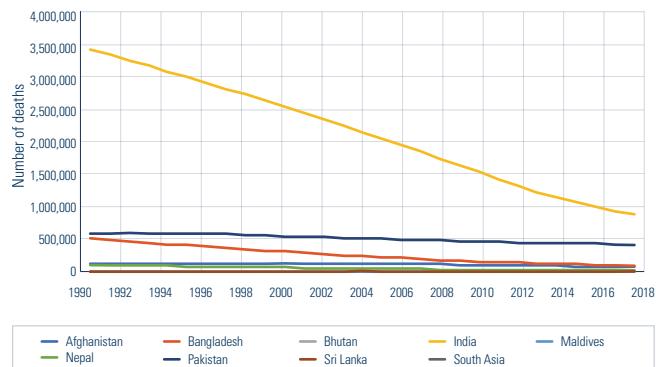
of life. High levels of neonatal mortality must be addressed to meet the SDG by 2030.

**FIGURE 6A.** Under-five mortality rate, by country and region (1990–2018)



Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2019.

**FIGURE 6B.** Under-five deaths, by country and region (1990–2018)



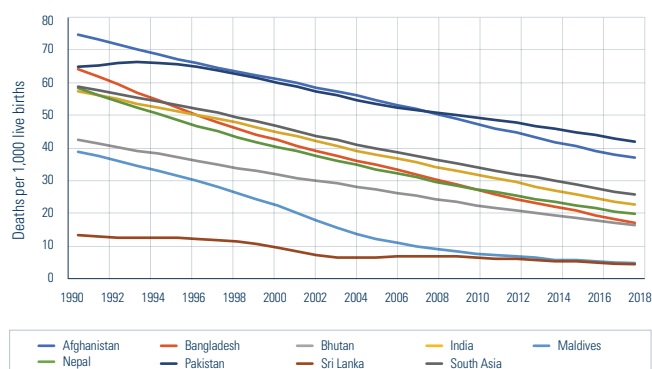
Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2019.

## Fewer newborns are dying today than in 1990 – in India, by a degree of 65 per cent

The Regional Office headline results aim to reduce the number of newborn deaths between 2018 and 2021 by 500,000. While significant declines have been recorded in the

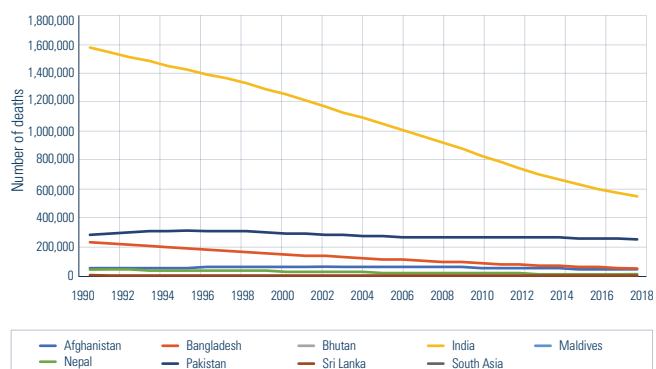
number of newborn deaths, intensified efforts are needed to achieve this headline result.

**FIGURE 7A.** Neonatal mortality rate, by country and region (1990–2018)



Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2019.

**FIGURE 7B.** Neonatal deaths, by country and region (1990–2018)



Source: United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 2019.



### SAVE NEWBORNS

- 500,000 additional newborn lives saved by 2021
- Neonatal mortality rate reduced from 26.8 deaths per 1,000 live births in 2017 to 20.6 deaths per 1,000 live births by 2021

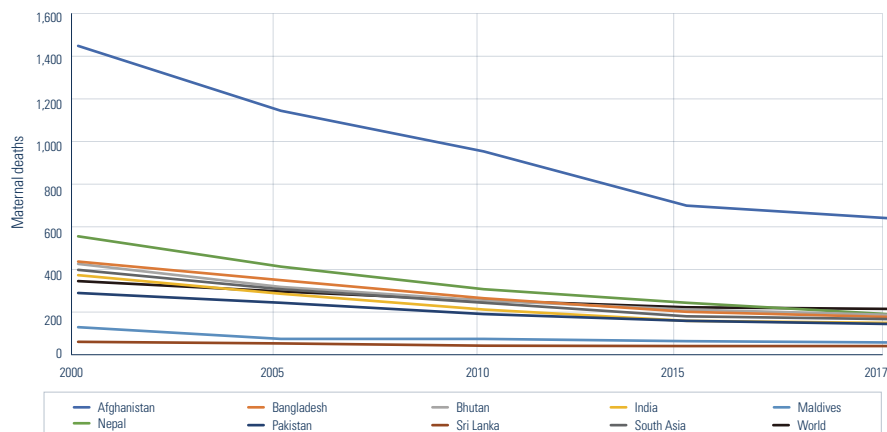
## Maternal deaths

### Maternal mortality rates vary greatly in South Asia, with Afghanistan among the countries with the highest rates globally

Maternal mortality refers to deaths due to complications from pregnancy or childbirth. From 2000 to 2017, South Asia's maternal mortality ratio declined by 59 per cent, from 395 deaths per 100,000 per live births to 163 deaths per 100,000 live births. In South Asia, all countries except Afghanistan fall below the global average of 211 deaths per 100,000 live births.

**Source:** WHO, UNICEF, UNFPA, World Bank Group and United Nations Population Division, *Maternal Mortality: Levels and trends 2000 to 2017, 2019*.

**FIGURE 8.** Number of maternal deaths per 100,000 births, by country, region and globally (2000–2017)



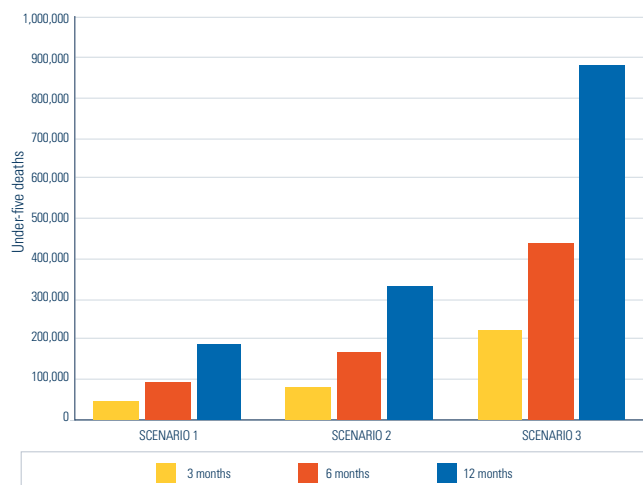
## COVID-19 and under-five and maternal deaths

### Countless lives have been upended by COVID-19 – South Asia's 600 million children are at increased risk of death in the face of potential intervention disruptions

The effects of COVID-19 on delivery of preventative and curative measures across South Asia have yet to show their full impact. Different scenarios developed to project these impacts on the mortality of children and women show

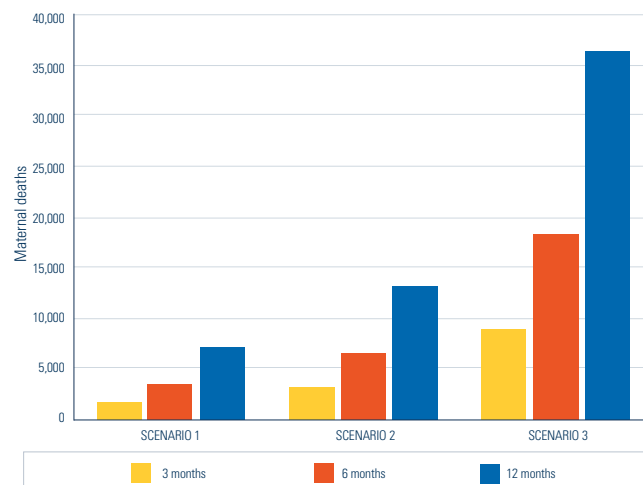
that if the worst case scenarios become reality, more than 880,000 additional under-five deaths and 36,000 maternal deaths could occur in just one year.

**FIGURE 9A.** Additional under-five deaths due to assumed reductions in intervention coverage and increase in wasting prevalence for 3 scenarios in South Asia



**Source:** Robertson, Timothy, et al., 'Early Estimates of the Indirect Effects of the COVID-19 Pandemic on Maternal and Child Mortality in Low-income and Middle-income Countries: A modelling study', *The Lancet Global Health*, 12 May 2020.

**FIGURE 9B.** Additional maternal deaths due to assumed reductions in intervention coverage for 3 scenarios in South Asia



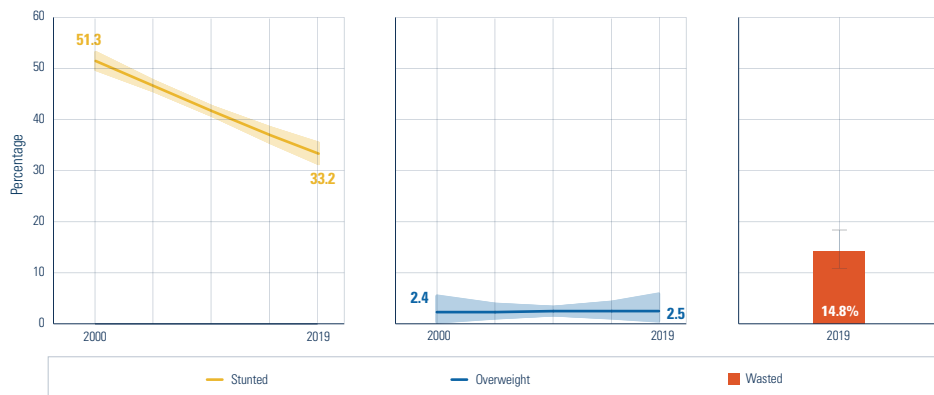
**Source:** Robertson, Timothy, et al., 'Early Estimates of the Indirect Effects of the COVID-19 Pandemic on Maternal and Child Mortality in Low-income and Middle-income Countries: A modelling study', *The Lancet Global Health*, 12 May 2020.



## Nutrition

### Stunting rates are on the decline in South Asia but acceleration of progress is essential if the region is to achieve the headline result

**FIGURE 10A.** Percentage of stunted, overweight and wasted children under age 5, in South Asia (2000–2019)

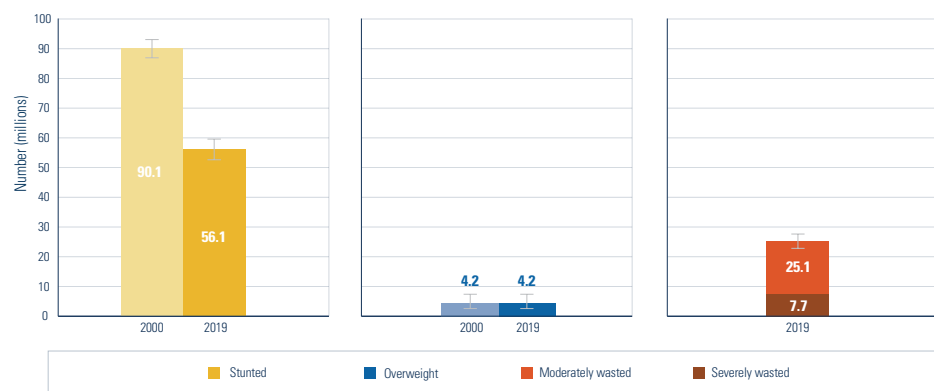


**Source:** UNICEF, WHO, International Bank for Reconstruction and Development/The World Bank, *Levels and Trends in Child Malnutrition: Key findings of the 2020 edition of the Joint Child Malnutrition Estimates, 2020*.

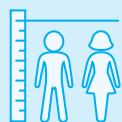
There has been progress towards realizing the regional headline result of reducing the number of children with stunted growth by 10 million between 2016 and 2021: The number of stunted children declined by 4.2 million, going from 60.3 million in 2016 to 56.1 million in 2019. This is promising, but also below what is needed to achieve the regional target by 2021. Furthermore, nearly 15 per cent of children in South Asia are wasted and thus face an increased risk of death in the short term.

### Globally, 144 million children are stunted – 56 million of them, or nearly two in five, live in South Asia

**FIGURE 10B.** Number of stunted, overweight and wasted children under age 5, in South Asia (2000, 2019)



**Source:** UNICEF, WHO, International Bank for Reconstruction and Development/The World Bank, *Levels and Trends in Child Malnutrition: Key findings of the 2020 edition of the Joint Child Malnutrition Estimates, 2020*.



**STOP  
STUNTING**

- 10 million fewer children with stunted growth and development by 2021

## Vitamin A supplementation

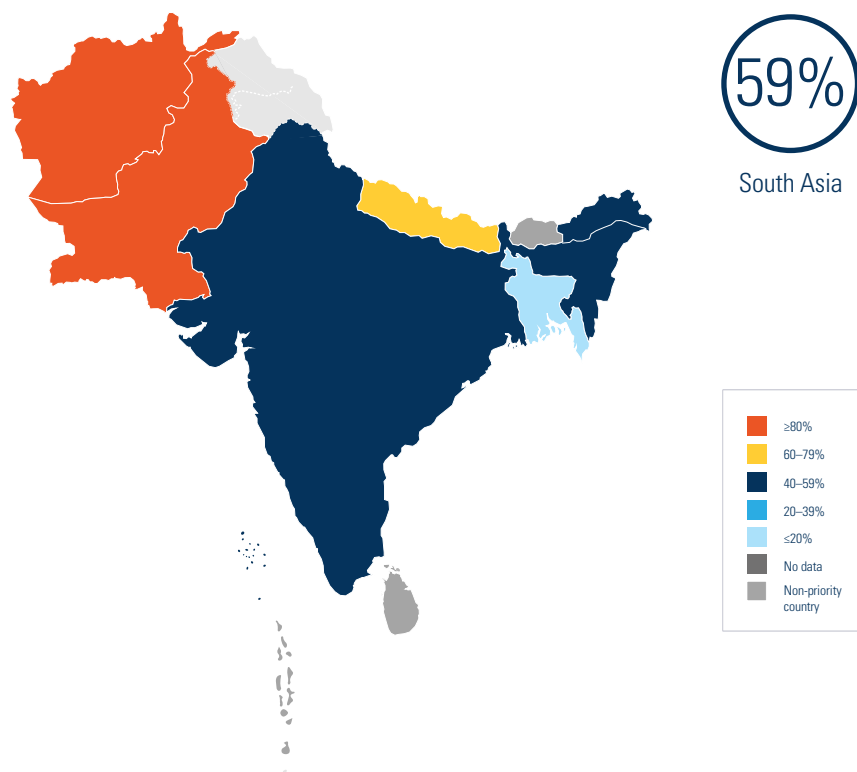
### More than a third of children in need are not receiving the life-saving benefits of vitamin A supplementation in South Asia

Vitamin A supplementation is a proven, low-cost intervention that saves children's lives. But this key child survival activity only reached 59 per cent of children in need in South Asia in 2018. Efforts are needed to ensure that more children are protected and coverage does not drop in countries that relied on supplementary immunization activities for polio as a delivery platform.

**Source:** UNICEF global nutrition database, 2020, based on administrative reports from countries for the 2018 calendar year.

**Note:** This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

**FIGURE 11.** Vitamin A supplementation two-dose coverage, by country (2018)



## Infant and young child feeding

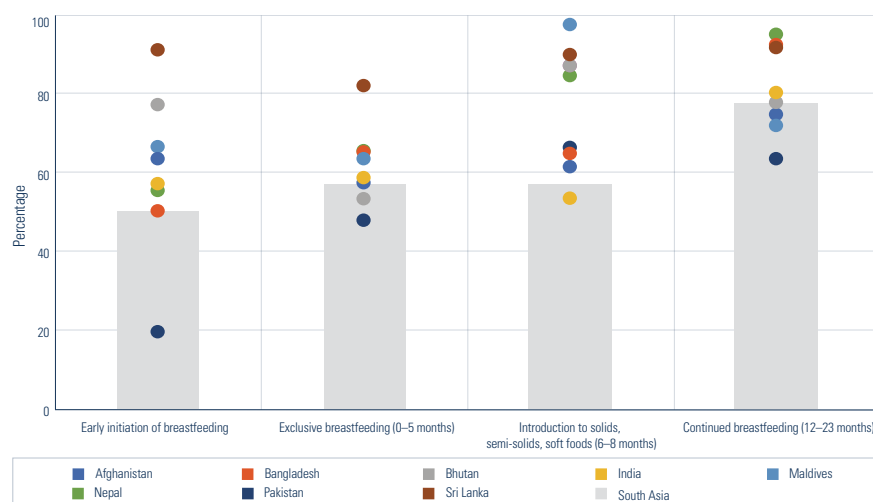
### Adopting optimal feeding practices is fundamental to a child's survival, growth and development, but too few children benefit

Despite the potential life-saving benefits, only one in two newborns in South Asia are put to the breast within the first hour of life and less than three in five infants aged 0–5 months are exclusively breastfed. And, more than two in five infants aged 6–8 months are not yet eating solid foods, posing a threat to their growth and development.

**Source:** UNICEF global databases on infant and young child feeding, 2020.

**Note:** Each dot represents prevalence at the country level. The bar represents the regional aggregate.

**FIGURE 12.** Per cent of children put to breast within 1 hour (2019), exclusively breastfed (2019), introduced to solid foods (2019), continued breastfeeding (2019), by country and region





# Immunization

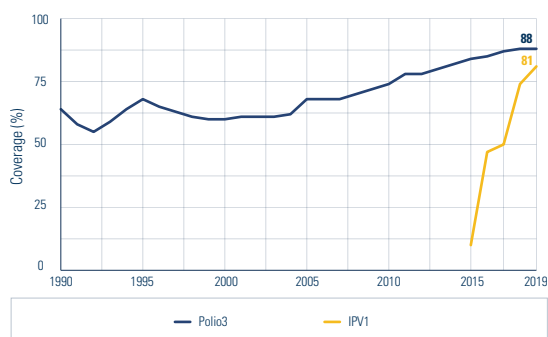


## ERADICATE POLIO | FULLY IMMUNIZED CHILD

- No new polio cases by 2021
- 3.3 million additional children fully immunized by 2021, with a focus on the most marginalized

### Polio immunization rates have significantly improved during the previous three decades, with near universal coverage achieved in Bangladesh, Bhutan, Maldives and Sri Lanka

**FIGURE 13A.** Coverage of Polio3 and IPV1, in South Asia (1990–2019)



Source: WHO/UNICEF estimates of national immunization coverage, 2019 revision.

**FIGURE 13B.** Coverage of Polio3 (%), by country (2019)

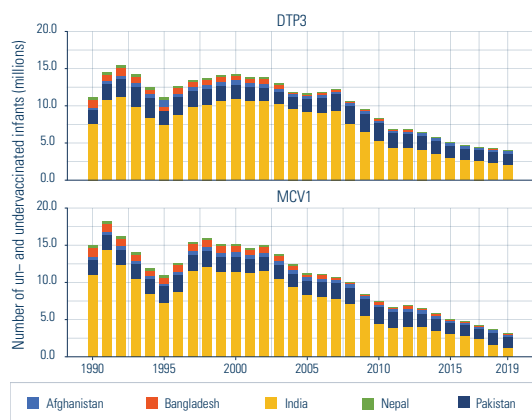
Country	Polio3
Afghanistan	73
Bangladesh	98
Bhutan	97
India	90
Maldives	99
Nepal	92
Pakistan	75
Sri Lanka	99

Source: WHO/UNICEF estimates of national immunization coverage, 2019 revision.

South Asia is the only region in the world where polio is still endemic. Pockets of populations objecting to vaccination and highly mobile, cross-border populations have led to the continued spread of the virus. A key goal in the region is to achieve zero transmission of the virus.

### Despite vaccinating more children than ever before, sustained efforts are needed to maintain high DTP3 and MCV1 coverage levels in South Asia amid COVID-related immunization service disruptions

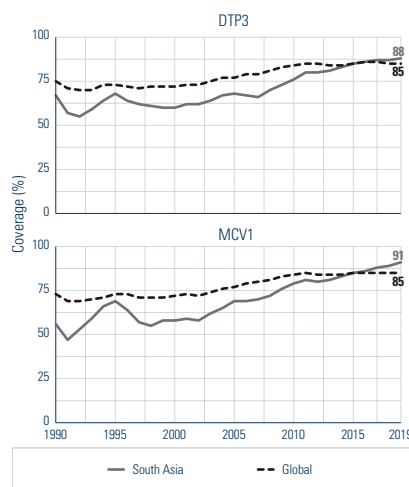
**FIGURE 14A.** Number of un- and undervaccinated infants children to protect against diphtheria, tetanus, and pertussis (DTP) and measles, by country (1990–2019)



Source: WHO/UNICEF estimates of national immunization coverage, 2019 revision; United Nations Population Division, *World Population Prospects 2019*, online edition, rev. 1.

Note: Values <1% of the annual regional total of un- and undervaccinated children are suppressed, i.e., Bhutan, Maldives and Sri Lanka.

**FIGURE 14B.** Coverage of DTP3 and MCV1, in South Asia and globally (1990–2019)



Source: WHO/UNICEF estimates of national immunization coverage, 2019 revision.

Regionally, coverage rates for DTP3 and MCV1 have increased by more than 30 and 40 percentage points, respectively, since 1991; in the same period, the number of vaccinated children grew by more than 10 million and nearly 15 million for DTP3 and MCV1, respectively. But not all countries have achieved and maintained the Global Vaccine Action Plan target of 90 per cent coverage for DTP3. COVID-related impacts are introducing new challenges to maintain coverage and reduce disparities.

## HIV

### Prevalence rates are low, but in highly populous South Asia, 15,000 became infected with HIV in 2019 alone

In 2019, 8,000 (4,300 – 12,000) children were infected with HIV during pregnancy, birth or breastfeeding. South Asia's transmission rate is still at 30.8, far above the global rate of 11.4, and PMTCT coverage is only at 54 per cent. Substantial investments are needed to close these gaps.

**Source:** UNAIDS 2020 estimates.

**Note:** Country-specific data are not available for Bhutan, India, Maldives and Sri Lanka. However, the regional aggregate includes estimates for these countries. Numbers in parentheses reflect lower and upper boundary of estimates.

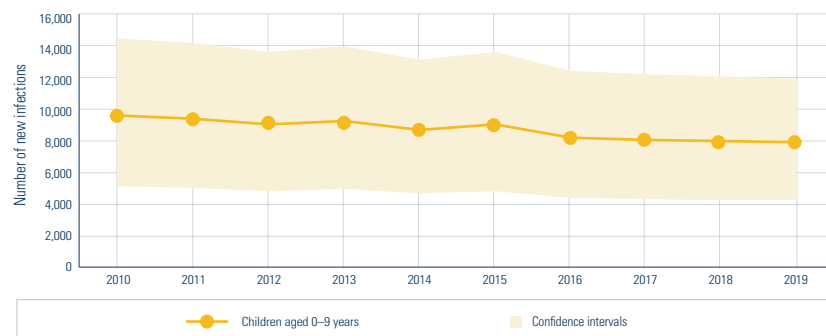
**FIGURE 15.** Number of children and adolescents aged 0–19 years living with HIV, by country (2019)

Country	Number of children and adolescents aged 0–19 years living with HIV
Pakistan	8,600 (6,300 – 12,000)
Nepal	1,700 (1,500 – 2,100)
Afghanistan	720 (<500 – 2500)
Bangladesh	No data
Bhutan	No data
India	No data
Maldives	No data
Sri Lanka	No data
<b>Total</b>	<b>120,000 (76,000 – 180,000)</b>

### Trends in new HIV infections vary by age in South Asia

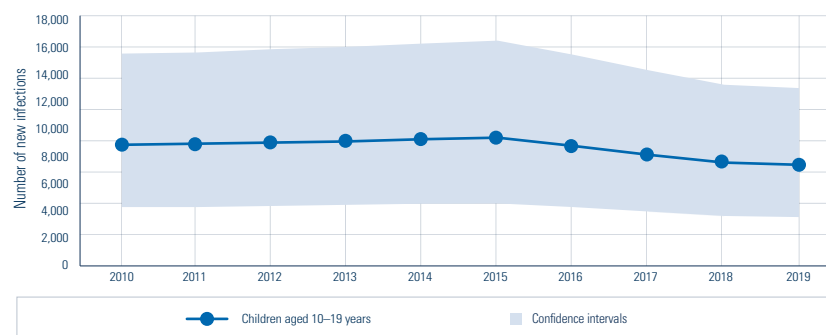
Since 2010, infections have decreased by 16 per cent for older children and 18 per cent for younger children. But more considerable progress has been made in the past five years for adolescents than for children: Infections have decreased by 21 per cent since 2015 for adolescents but only by 12 per cent for children.

**FIGURE 16A.** Number of new HIV infections among children aged 0–9 years, in South Asia (2010–2019)



**Source:** UNAIDS 2020 estimates.

**FIGURE 16B.** Number of new HIV infections among adolescents aged 10–19 years, in South Asia (2010–2019)



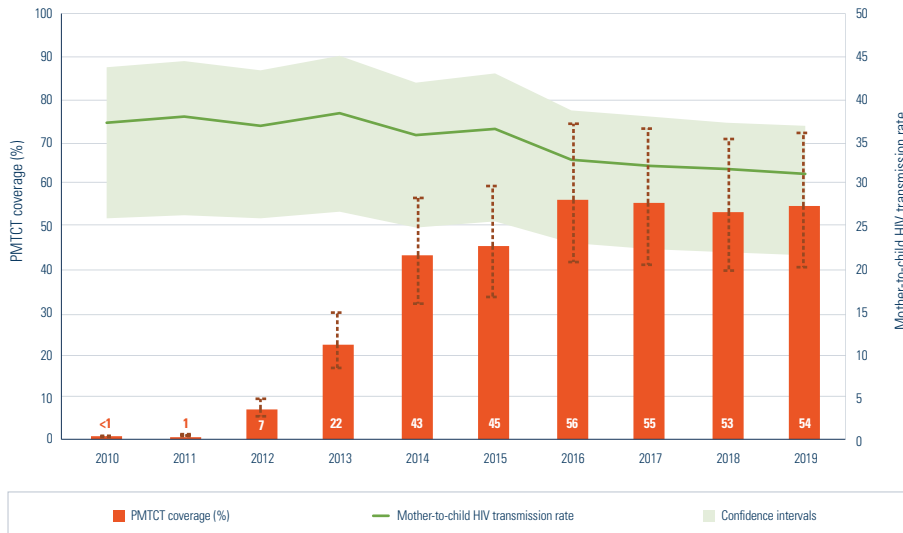
**Source:** UNAIDS 2020 estimates.

**Note:** Almost all sexually transmitted HIV infections are assumed to occur after age 14, since negligible numbers of sexually transmitted infections occur before age 15.



## Gains have been made in prevention of mother-to-child transmission (PMTCT), but almost half of pregnant mothers living with HIV in the region do not receive treatment

**FIGURE 17.** Percentage of pregnant women living with HIV receiving antiretroviral medicines and number of children under 5 infected with HIV for every 100 pregnant women living with HIV, in South Asia (2010–2019)



PMTCT coverage increased from less than 1 per cent in 2010 to 54 per cent in 2019. However, the mother-to-child-transmission rate remains at 30.8 (21.5 – 36.2) per 100 pregnant women living with HIV, higher than the global rate of 11.4 (9.1 – 14.2).

Source: UNAIDS 2020 estimates and Global AIDS Monitoring.





## Every child learns

Education is the cornerstone of a child's cognitive and socioemotional development, personal empowerment and prospects for the future. This includes quality education in a safe environment conducive to learning. In South Asia, 12.4 million primary school-age children and 16.5 million children of lower secondary age are out of school. Millions of children complete primary education without mastering foundational basic numeracy and reading skills.

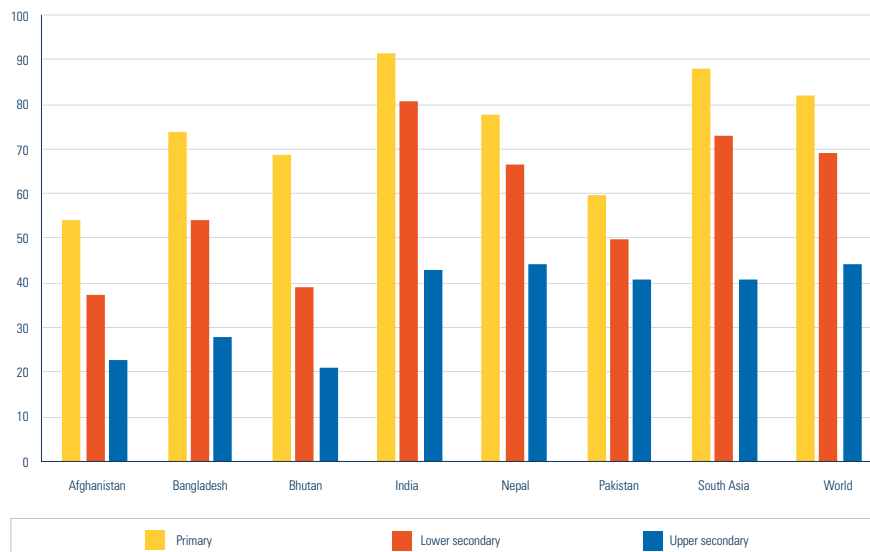


## Completion rates

### Completion rates in India are higher than for most countries in South Asia and are elevating the regional averages

In South Asia, primary education completion rates have gone up in recent years. In contrast, upper secondary completion rates stand at 41 per cent, below the global figure (44 per cent). Across the region, there is strong variation: Afghanistan and Bhutan show lower completion rates, while those in India are higher. With its large population, India highly influences the regional average upwards.

**FIGURE 18.** Completion rate of primary, lower secondary and upper secondary education, by country, region and globally (2010–2018)



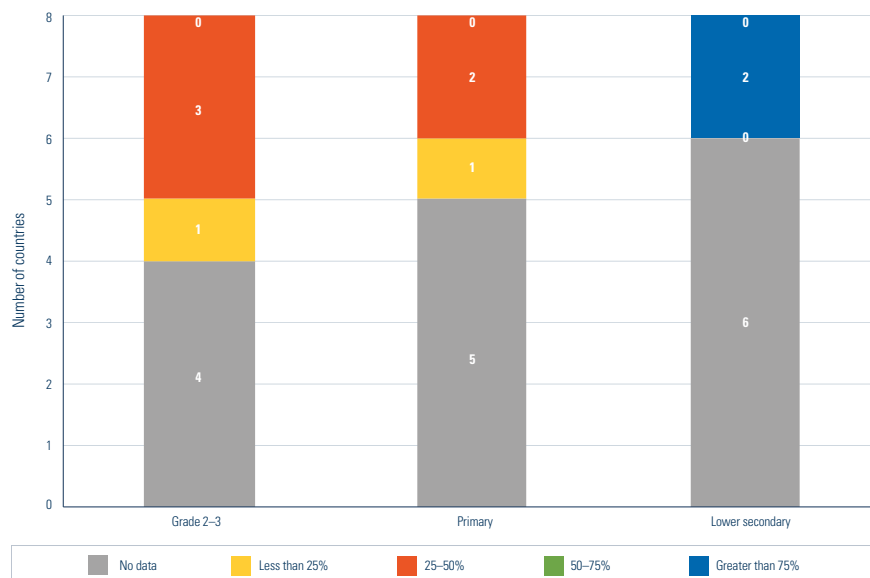
Source: www.data.unicef.org, 2020.

## Learning and access

### The majority of countries in South Asia lack data on reading proficiency

While data are scarce at all three levels – between 50 and 75 per cent of countries have no data – for the few that do have data, the picture is very bleak. For example, at the Grade 2–3 level, fewer than 50 per cent of students have reached minimum reading proficiency in the four countries with available data.

**FIGURE 19.** Proportion of students having reached minimum reading proficiency, in South Asia (2000–2019)



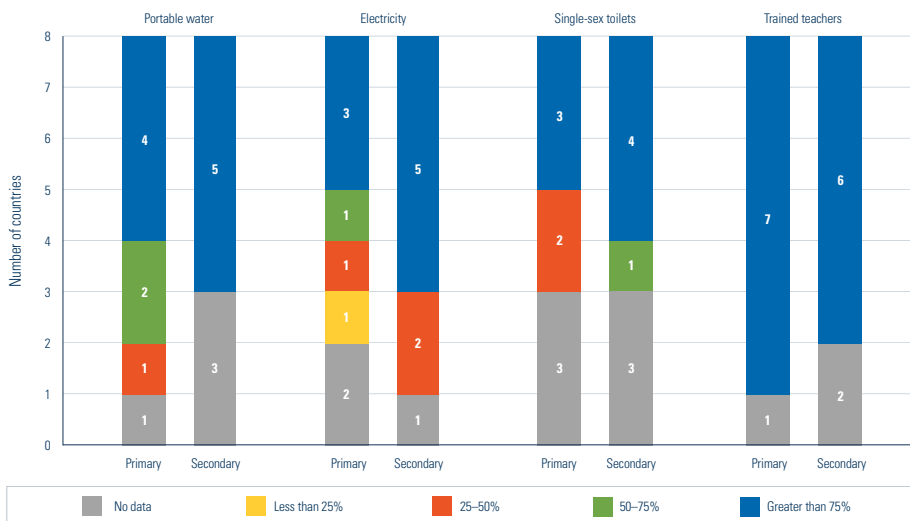
Source: UNESCO Institute for Statistics database, 2019.

## School environment

### In countries where data are available, basic services are generally present

Across South Asia, countries report higher proportions of basic service coverage in upper secondary schools than in primary schools. Data suggest the highest coverage of trained teachers: Seven countries report over 75 per cent coverage in primary education and six report over 75 per cent coverage in secondary education. But only three report school coverage of single-sex toilets higher than 75 per cent in primary education.

**FIGURE 20.** Proportion of primary and secondary schools with basic services, in South Asia (2010–2019)



Source: UNESCO Institute for Statistics database, 2019.

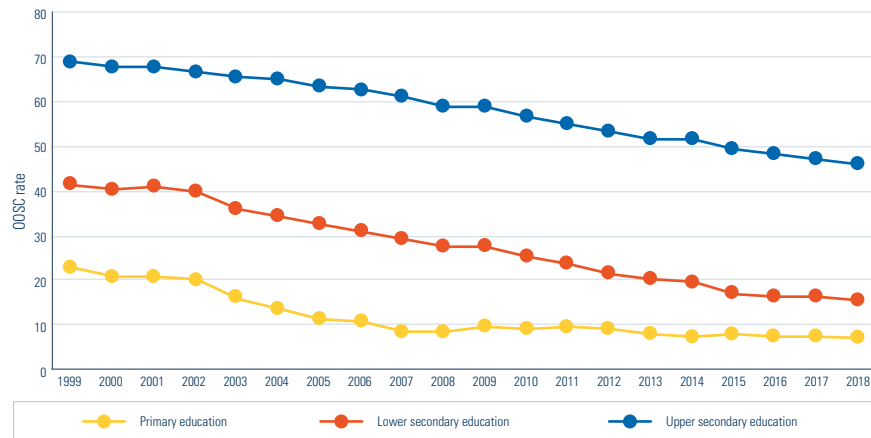




## Out-of-school children (OOSC)

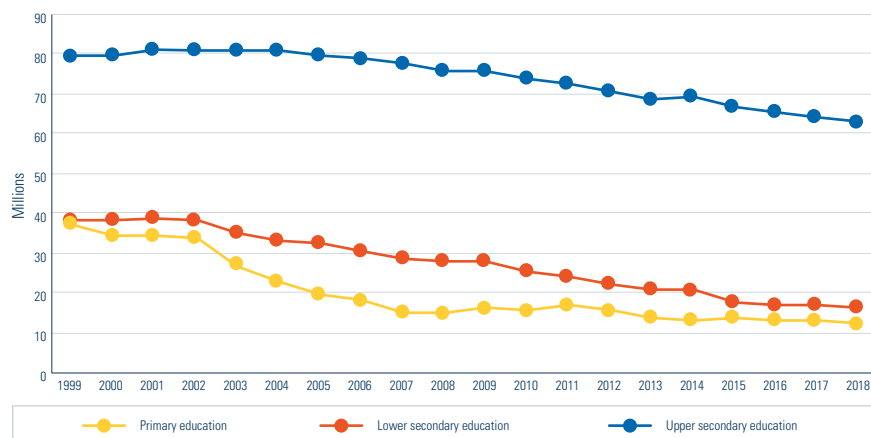
The number of children out of school in South Asia decreased sharply until 2015; progress has since slowed

FIGURE 21A. Rate of OOSC, in South Asia (1999–2018)



Source: UNESCO Institute for Statistics database, 2019.

FIGURE 21B. Number of OOSC, in South Asia (1999–2018)



Source: UNESCO Institute for Statistics database, 2019.

In 1999, over 150 million children in South Asia were out of school. From 1999 to 2015, OOSC rates from primary through upper secondary dropped significantly; however, in 2018, the rates for primary and lower secondary were similar to those of 2015. In 2018, over 90 million children were still out of school in the region, most of whom should have been attending upper secondary education.



**EVERY CHILD  
LEARNS**

- 10 million previously out-of-school children enrolled in pre-primary, primary and secondary by 2021
- All UNICEF country offices have developed specific strategies to enhance teaching and learning by 2021



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

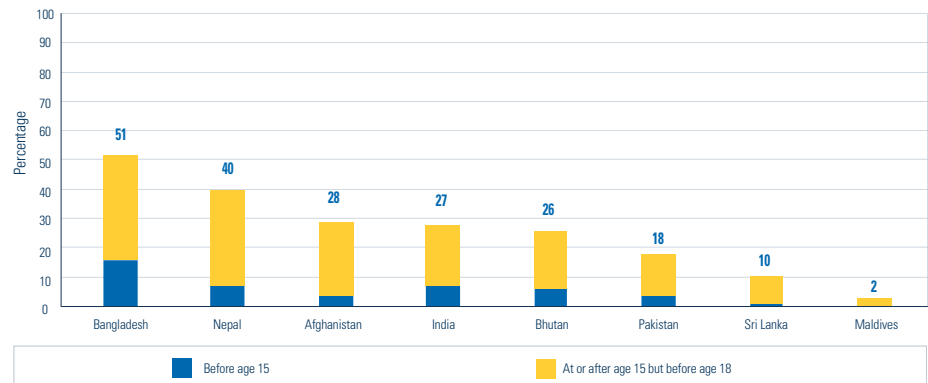
Every child has the right to feel safe and protected and to reach her or his full potential. Child marriage is a gross violation of this right, a practice that is still prevalent in many South Asian countries, as the data in this section show. India, for instance, is home to one in three of the world's child brides. This section also explores birth registration, a critical first step in ensuring lifelong protection by the law and a prerequisite for exercising many rights.

## Child marriage

### Levels of child marriage vary greatly across South Asia – the highest prevalence is seen in Bangladesh, where half of young women were married during childhood

Over the past decade, the proportion of young women married as children decreased by more than a third, from one in two to approximately one in three. Though substantial progress has been made – particularly in India and Maldives – further acceleration is needed to reach the SDG target of eliminating child marriage by 2030.

**FIGURE 22.** Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18, by country (2010–2019)



**Source:** UNICEF global databases, 2020, based on MICS, DHS and other nationally representative surveys, 2010–2019.



### END CHILD MARRIAGE

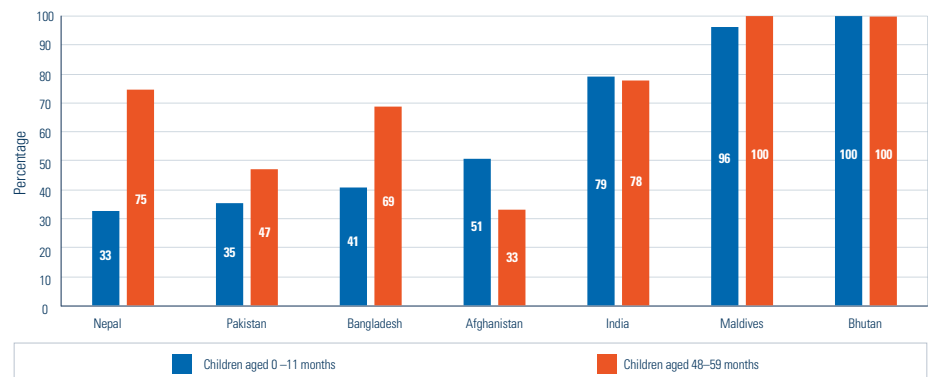
- 500,000 child marriages among girls and boys averted by 2021

## Birth registration

### In countries where fewer children are registered before turning 5, different registration trends are observed by age

Birth registration is universal (or close to universal) in Bhutan and Maldives. In all other countries, recent household surveys show rising coverage levels of birth registration, with Bangladesh making large gains in recent years. Nevertheless, about 30 per cent, or 51 million children under age 5, still do not have their birth registered.

**FIGURE 23.** Percentage of children whose births are registered (by age), by country (2010–2019)



**Source:** UNICEF global databases, 2020, based on MICS, DHS and other nationally representative surveys, 2010–2019.

**Note:** Data by age are not available for Sri Lanka because there is no access to the dataset. Data for Pakistan do not include Jammu and Kashmir and Gilgit-Baltistan regions.





# Every child lives in a safe and clean environment

Great strides have been made in ending open defecation in South Asia, but much work remains: The region accounts for over 60 per cent of the global burden. COVID-19 has reiterated the need for clean water and handwashing in every home, school, and health care facility with dramatic force. Data in South Asia demonstrate that too many families live in homes without access to these life-saving measures. This is cause for great concern and necessitates action.

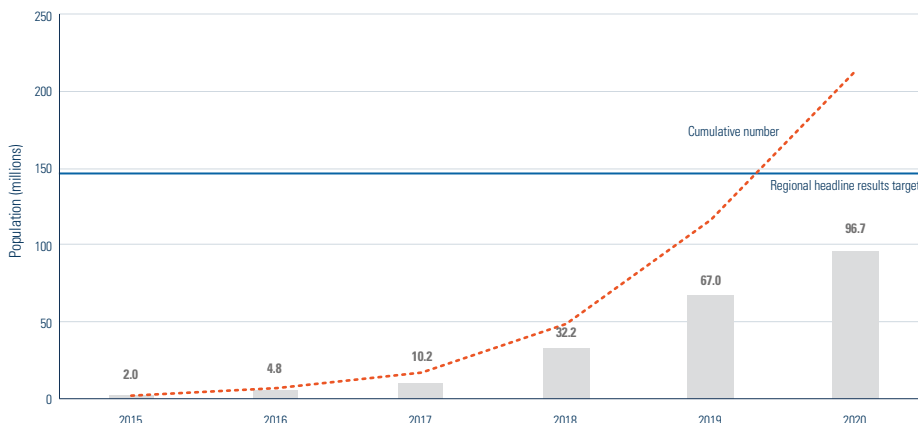


## Open defecation

### An additional 212 million South Asians are now living in communities free of open defecation

The original headline result formulated in 2017 was to reduce the number of open defecators in South Asia by 148 million. By the end of 2019, halfway through implementation, this target had been achieved. The headline result was then adjusted to 210 million fewer people practising open defecation by 2021, with a special focus on water.

**FIGURE 24.** Population living in open-defecation free declared communities, by year of declaration and cumulative total trend (2014–2019)



**Source:** National ODF campaign data and annual reports of UNICEF offices in South Asia, 2014–2019.



**STOP OPEN DEFECATION**

- 210 million fewer people practising open defecation by 2021
- 75 million people have access to climate-resilient water facilities



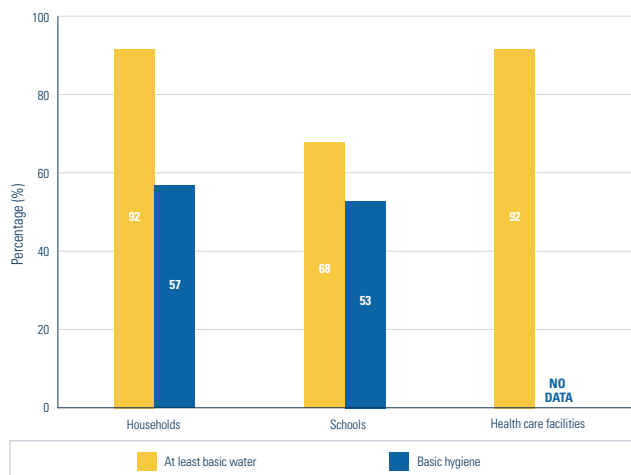
## Handwashing

### Two in five households and half of schools lack basic handwashing facilities with soap and water available

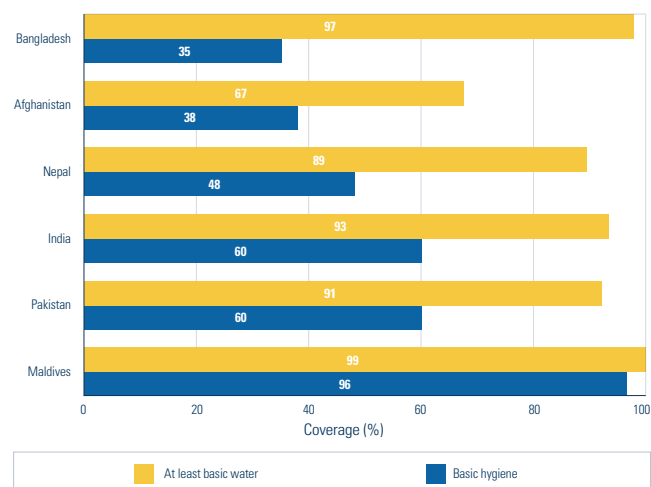
In South Asia, washing hands with soap and water at home and in school receives too low a priority despite availability of basic water services. Availability of water does not seem

to be the limiting factor for having a handwashing facility with soap and water at home.

**FIGURE 25A.** Access to basic hygiene and basic water services in homes (2017), schools and health care facilities (2016), in South Asia



**FIGURE 25B.** Household coverage of basic hygiene and basic water services, in six countries (2017)



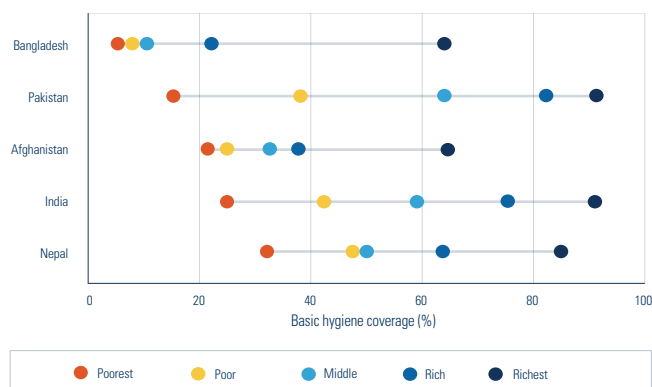
Source: WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene (WASH), 2020. See [South Asia regional WASH snapshot](#).

### Coverage of handwashing facilities varies widely within countries

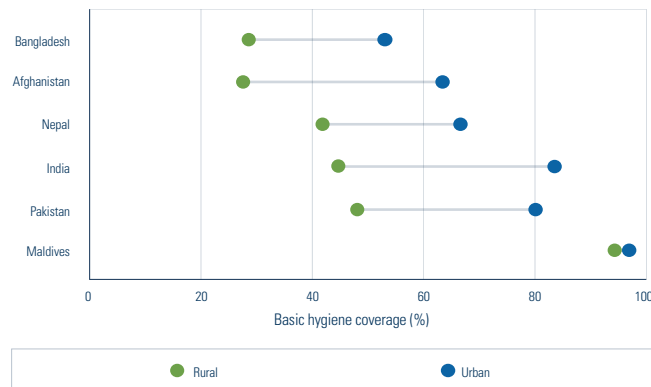
There are large disparities in the availability of handwashing facilities at home between the richest and poorest households in South Asia. In most countries in the region,

facilities equipped with soap and water are more prevalent in urban than in rural areas.

**FIGURE 26A.** Inequalities in the proportion of population with handwashing facilities with soap and water by wealth quintiles, by selected countries (%) (2017)



**FIGURE 26B.** Inequalities in the proportion of population with handwashing facilities with soap and water by urban and rural areas, by selected countries (%) (2017)



Source: WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene (WASH), 2020. See [South Asia regional WASH snapshot](#).









## Every child has a fair chance in life

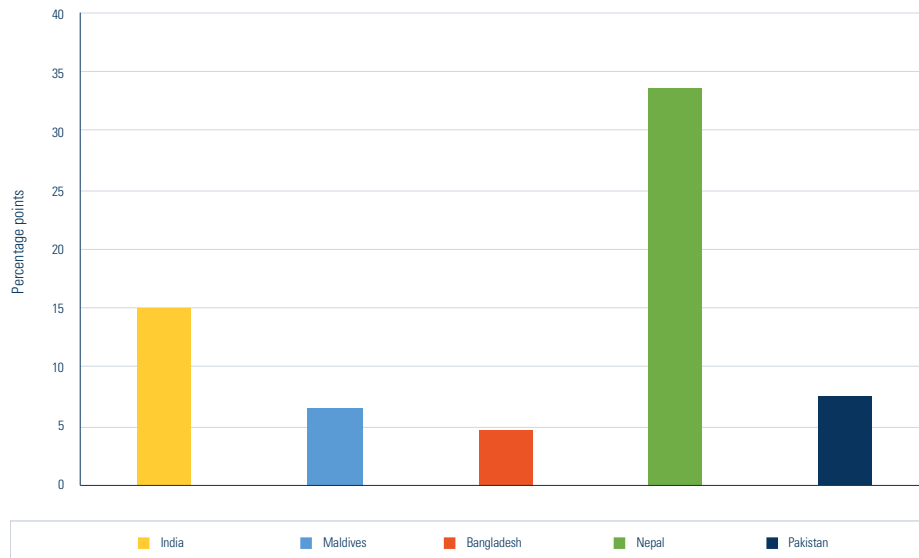
The story of child poverty in South Asia is encouraging. Major advancements have been made in reducing poverty in all countries, with varying degrees of progress. But COVID-19 threatens to send millions more children into poverty. Data on social protection are sparse, but those on public expenditure demonstrate the region is not spending as much as other countries in the world in most sectors. UNICEF leverages these important child poverty data to diagnose problems and advocate for solutions.

## Child poverty

### Children suffer poverty differently from adults – thus the need to measure their poverty directly, in terms of their own deprivations

Decline in terms of percentage points is shown here and presents, for the first time, comparisons strictly comparable across country and through time. About 325 million children are deprived in at least one area – education, health, housing, nutrition, water, and/or sanitation. This staggering number is lower than a decade ago (in spite of population growth).

**FIGURE 27.** Percentage point decline, in five countries (2008–2016)



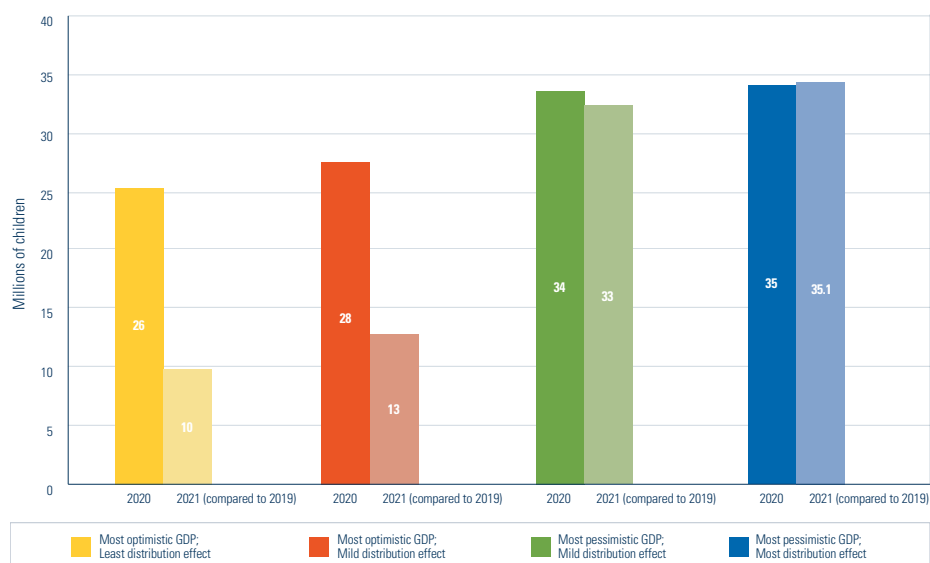
Source: Latest available DHS for each country.

## COVID-19 and children in monetary poor households

### Using national poverty lines, an estimated 170 million children were living in monetary poor households in the region

The most recent World Bank estimates of economic decline due to COVID-19, combined with likely changes in income distribution based on historical trends and experience, show that the number of children living in monetary poor households are likely to increase by almost 30 million in 2020. Depending on how fast the economy recovers, there could be an additional 10 to 35 million South Asian children in monetary poor households in 2021 compared to 2019.

**FIGURE 28.** Additional number of children in monetary poor households, in South Asia (2020–2021)



Source: UNICEF analysis based on data from DHS, MICS, UNU WIDER, IMF, and World Bank.

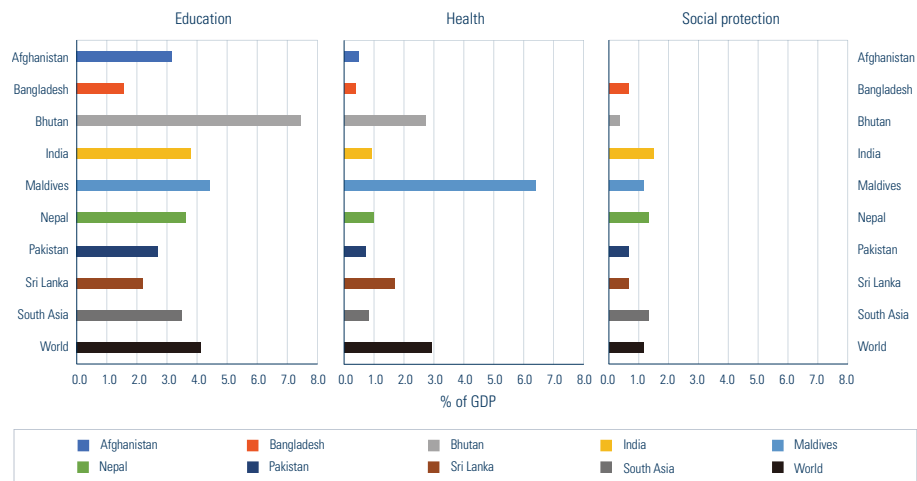


## Investment in children and families

### South Asian children face a magnitude of challenges; large sums should be invested in the social sectors to help and protect them

The regional average for public investment in education and health is below the world average – in some countries, by less than a third or a quarter. Only in the realm of social protection are these investments slightly above the world average. However, many South Asian countries are spending way below these levels and almost none of them have data on coverage of children by social protection systems.

**FIGURE 29.** Public investment in education, health, and social protection (% of GDP), by country, region and globally (2010–2018)



Source: UNICEF, *The State of the World's Children*, 2019.















Data and Analytics Section

Division of Data, Analytics, Planning and Monitoring  
UNICEF

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