Child Poverty in Zimbabwe



A Multiple Overlapping Deprivation Analysis



August 2021







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Foreword

This report presents the multidimensional child deprivation analysis for Zimbabwe, applying the Multiple Overlapping Deprivation Analysis (MODA) methodology that measures various aspects of child poverty. The data used for this analysis was collected by the Zimbabwe National Statistics Agency (ZIMSTAT), through the Multiple Indicator Cluster Survey (MICS), in 2019. The analysis takes the child as the unit of analysis and applied a life-cycle approach in the selection of dimensions and indicators to capture the different deprivations children experience at different stages of their life.

The objective of the report is to present Child Poverty in Zimbabwe using a direct method of child poverty measurement which analyses deprivations experienced by the child. The report goes beyond mere deprivation rates and identifies the depth of child poverty by analysing the extent to which the different deprivations are experienced simultaneously – multiple / overlapping deprivations. In this analysis, Child Poverty is defined as non-fulfilment of children's rights to survival, development, protection and participation, anchored in the United Nation's Convention on the Rights of the Child.

The report is the second for Zimbabwe, following the production of the first report in 2016, based on MICS 2014 data, and aims to monitor and evaluate the progress in achieving development for children as per the Sustainable Development Goal (SDG) 1.2. The data from this report will assist the Zimbabwean Government, Development Partners and the donor community to take stock of where the country is in achieving these child focused Sustainable Development Goals (SDGs).

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Dr. Tajudeen Oyewale UNICEF Representative, Zimbabwe

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Acronyms and Abbreviations

GDP	Gross Domestic Product
HDI	Human Development Index
IPRSP	Interim Poverty Reduction Strategy Paper
MODA	Multiple Overlapping Deprivation Analysis
MICS	Multiple Indicator Cluster Survey
NAP	National Action Plan
OPHI	Oxford Poverty and Human Development Initiative
SDG	Sustainable Development Goal
TSP	Transitional Stabilization Programme
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
US\$	United States Dollar
WHO	World Health Organization
ZIMSTAT	Zimbabwe National Statistical Agency

Executive Summary

Purpose and Aim

Like many countries in Africa, Zimbabwe has a relatively young and rapidly growing population. At the national level, 79 per cent of all households have at least one child under the age of 18 and 53 per cent have at least one child under the age of five (MICS6, 2019). Among Zimbabwean children, 61 per cent are income poor and 36 per cent are food poor, with children living in rural areas experiencing higher levels of poverty (MICS6, 2019). This means there is a strong need to understand the complexity of child poverty and address child vulnerabilities. This report describes the multiple and overlapping deprivations facing children in Zimbabwe in order to better inform policies and implement adequate interventions.

The report builds on a multidimensional child poverty study carried out in 2016 in the country (UNICEF Zimbabwe, 2016) and aims to monitor and evaluate the progress in achieving development for children as per the Sustainable Development Goal (SDG) 1.2. The objective of SDG 1.2 is to reduce at least by half the proportion of children of all ages living in poverty in all its dimensions according to national definitions.

Approach

This report measures child poverty using UNICEF's Multiple Overlapping Deprivation Analysis (MODA) methodology (Neubourg et al., 2013). The MODA methodology was explicitly designed to quantify children's vulnerabilities using a holistic approach in order to help identify their multidimensional nature and to support the identification of interventions that more accurately meet the needs of children. Understanding the complexity of child poverty is key to develop policy responses that ensure maximum impact on child development and well-being.

The Multidimensional child poverty analysis in Zimbabwe employs empirical evidence from the 2019 Multiple Indicator Cluster Survey (MICS).

To better capture child deprivation in relation to their developmental stage, the analysis disaggregates the results into four age groups: 0–23 months, 24–59 months, 5–14 years and 15–17 years.

Key Findings

 An estimated 60.7 per cent of all children in Zimbabwe are multidimensionally poor. This means they are simultaneously deprived in three or more dimensions of their well-being.

- When comparing a limited number of dimensions over the years, the trend analysis shows that Zimbabwe made progress in reducing the multidimensional child poverty rate by 6 per cent from 2014 to 2019. The intensity of deprivation has also decreased slightly over time, and children experienced deprivations in a lower number of dimensions in 2019 compared to 2014.
- Multidimensional child poverty affects a higher proportion of younger children. An estimated 89.3 per cent of children aged 0–23 months are multidimensionally poor compared to 75.1 per cent of children aged 24–59 months, 54.5 per cent of children aged 5–14 years, and 44.8 per cent of children aged 15–17 years.
- Multidimensional child poverty is significantly higher in rural areas compared to urban areas (69.2% and 37.6%, respectively). Of all regions, Bulawayo (37%), Harare (39%) and Mashonaland East (56.3%) have the lowest proportion of multidimensionally poor children. The province of Matabeleland North, on the other hand, has the highest rate of multidimensional child poverty, as more than 7 out 10 children are multidimensionally poor (73.4%).
- Multidimensional poverty is higher among children living in households with more members. Similarly, a larger proportion of multidimensionally poor children live in households with a higher number of children. Children under five are more likely to be multidimensionally poor when living in households that experienced at least one case of child mortality in the last five years (72.3% as opposed to 63.8% for those who experienced no child mortality). Multidimensional child poverty is slightly higher among children living in female headed households (62.4% as compared to 59.6% for male headed household). Up to 71 per cent of all children whose household heads have no education, pre-primary or primary education are deprived in at least three dimensions of well-being compared to 53 per cent of children whose household heads attained secondary or higher education. Labour constraint households are also worse off when it comes to multidimensional child poverty compared to households which do not have labour constraints (67.5% versus 57.2%, respectively). Differences in child poverty based on gender are insignificant.
- There is no complete overlap between multidimensional and monetary poverty among children in Zimbabwe. This means that children who are monetarily poor are not necessarily multidimensionally deprived and those who are multidimensionally poor are not always monetarily poor.

Recommendations

Based on the findings of the study, the following policy recommendations are suggested:

 Adopt an intrasectoral approach for policies targeting children. In Zimbabwe there are large overlaps between dimensions of well-being, which reflects negatively on the severity of deprivation among children. For example, 55.4 per cent of children aged 0–23 months face deprivation in the dimensions Nutrition, Sanitation and Child Protection simultaneously. In addition, 18.5 per cent of children aged 15–17 years are deprived in the dimensions Education, Water and Sanitation at the same time. Given the overlap, there is a need to look at multisectoral solutions to implement policy actions. Integrated cross-sectoral actions have a greater potential for reducing the multidimensional deprivation at different stages of a child's life cycle.

- Social and fiscal policies should target the most vulnerable children. The study finds that certain groups of children are particularly vulnerable in Zimbabwe, with a high incidence of multidimensional poverty. Particular attention should be given to children living in rural areas and in Matabeleland North, those living in large and households and those with labour constraints, and those at risk of child marriage and early pregnancy, among others. Interventions tailored to target these groups of children must be considered in the short to medium term. In addition, interventions should focus on nutrition and protection for younger children. Social protection programmes with a 'cash plus' component are an example of such interventions (Neubourg et al., 2021), as they integrate complementary services that target sectoral vulnerabilities. Ensuring that social protection programmes are based on country-specific evidence and regular monitoring will help to achieve a higher positive impact on the most vulnerable children and their families.
- Improve data collection to create a robust framework for measuring and monitoring child well-being. The Multiple Indicator Cluster Surveys (MICS) focus mostly on children younger than five, such that the information on older children is limited. Available data on children are also collected from adults and are largely crosssectional in design. These data limit the capacity to integrate child reports and voices in observing changes in child development across childhood. It is further recommended to integrate longitudinal designs in data collection on children and families. Similarly, large-scale surveys should include questionnaires aiming at child-specific responses when collecting data on children.





1. Introduction

Zimbabwe is a landlocked country in Southern Africa. It has a population count of 14.6 million inhabitants and a gross domestic product (GDP) per capita of US\$1.464 in 2019 (World Bank, 2020). Following a decade of economic growth, Zimbabwe achieved the status of a lower middle-income country in 2019, and has a vision of becoming an upper middle-income country by 2030 (Republic of Zimbabwe, 2018). The socioeconomic progress was made possible by national efforts such as the Interim Poverty Reduction Strategy Paper (IPRSP) 2016–2018, the Transitional Stabilization Programme (TSP) 2018–2020, and by other national engagements that include National Action Plans on ending Child Marriages 2018, and Orphans and Vulnerable Children Phase II (NAP II 2011–2015).

Despite this progress, Zimbabwe scores low in human development measurements. Specifically, it ranks 150th out of a total of 189 countries on the Human Development Index (HDI) (UNDP, 2020). In 2019, Zimbabwe's GINI coefficient was 50.3 (World Bank, 2020), which indicates a high level of income inequality. Indeed, 35 per cent of the national income is held by the richest 10 per cent of the population, and the poorest 40 per cent hold just 15 per cent (UNDP, 2020). It is estimated that 70 per cent of the population is living below the national income poverty line, and one third (34%) of all Zimbabweans live with less than US\$1.90 a day (UNDP, 2020). The total employment rate in Zimbabwe stands at 79 per cent, but 43 per cent of those employed are working poor, in that they live on less than US\$3.20 (in purchasing power parity terms) per day (UNDP, 2020).

Zimbabwe has a relatively young and rapidly growing population. At the national level, 79 per cent of all households have at least one child under the age of 18 and 53 per cent have at least one child under the age of five (MICS6, 2019). Children under 18 represent 47.1 per cent of the total population in the country (ZIMSTAT and UNFPA, 2017). Some of these children are vulnerable to a range of deprivations. For instance, 61 per cent and 36 per cent of all children are income and food poor, respectively, with children living in rural areas experiencing higher levels of poverty (MICS6, 2019a). The literacy rate in the country stands at 89 per cent (UNDP, 2020), which is relatively high for the region. However, the quality of education is very poor. For instance, only 86 per cent of primary school teachers are trained to teach - i.e., have received the minimum organized teacher training required for teaching at the primary level (UNDP, 2020). At the same time, 23 per cent of children who enrol in primary school drop out before reaching the last grade of primary education (UNDP, 2020). Children living in poorer households are less likely to go to school and more likely to report being ill (MICS6, 2019). Zimbabwe reports a relatively high number of deaths, 25 per 100,000 population, due to diarrhoea, intestinal nematode infections and protein-energy malnutrition that are attributable to inadequate water, sanitation and hygiene services (WHO, 2020). Less than half of all children under five years of age (49%) have their births registered with the civil authority in Zimbabwe (United Nations Statistics Division, 2020).

These data suggest that children in Zimbabwe may experience patterns of multidimensional deprivations, in that child vulnerabilities may simultaneously encompass various domains of a child's life such as education, nutrition, and health, to name a few. In 2016, UNICEF Zimbabwe conducted an analysis of children's multidimensional poverty using the 2014 Multiple Indicator Cluster Survey (MICS) and found that 60 per cent of all children in the country were simultaneously deprived in two or more dimensions of well-being (UNICEF Zimbabwe, 2016). At the national level, 26 per cent of the population are multidimensionally poor, measured with indicators for health, education, and standard of living (UNDP, 2020). Overall, children in Zimbabwe are at higher risk of experiencing multiple deprivations compared to the adult population.

The deprivations of children in Zimbabwe are likely to be exacerbated by the COVID-19 pandemic. Because of the pandemic, Zimbabwe is experiencing an economic crisis, with disruptions in economic activities, limited employment growth and a decrease in living standards. The country's gross domestic product (GDP) contracted by 8 per cent in 2020 for a second year in a row (Word Bank, 2020). The pandemic caused a massive loss of jobs in 2020 and added 1.3 million to the number of extreme poor, which now account for almost 49 per cent of the entire population (World Bank, 2021). The closure of schools due to the pandemic affected the education of children in Zimbabwe. Of all children who attended schools before the pandemic, less than 40 per cent engaged in education and learning activities after the school closures, with children in rural areas being less involved in education during the period of COVID-19 (World Bank and ZIMSTAT, 2020). According to the same source, few children used learning applications and watched educational programmes on TV in both rural and urban areas. Furthermore, food security, and access to health services were problematic for large segments of the population, with the extreme poor more affected than the non-poor (World Bank and ZIMSTAT, 2020). The situation of children and families in Zimbabwe mirrors similar developments in other regions of the world, which points to the need to monitor and address the deprivation of children and families with data and social protection tools (Richardson et al., 2020). In Zimbabwe, one such policy tool is the Transitional Stabilization Programme (TSP), which needs to account for the pandemic impact in its two 5-year plans (2020-2025 and 2025-2030), and include social protection mechanisms to counter the effects of COVID-19 on the economy and society.

This study is timely in that there is an urgent need to empirically measure the multiple and overlapping child deprivations in Zimbabwe to better inform the targeting of policy actions. The report follows on the previous analysis of child poverty in the country (UNICEF Zimbabwe, 2016) and aims to produce statistics to monitor and assess Zimbabwe's progress in achieving the development agenda for children as per the target 1.2 of SDG 1 (see Table 1). In doing so, the analysis employs UNICEF's multiple overlapping deprivation analysis (MODA) (Neubourg et al., 2013). This methodology is designed to fit the needs of children and to stimulate the design of child-sensitive social protection (Neubourg et al., 2018; Neubourg et al., 2021). Data for this study are provided by the 2019 MICS.

Table 1: Target 1.2 of Sustainable Development Goal (SDG) 1

Target 1.2 of SDG 1:By 2030, reduce at least to
and children of all ages I

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 report is in three parts. The first part presents the MODA methodology, data, the selected parameters, the analytical strategy, and the limitations of the study. The second part details the main results of the multidimensional child poverty study in Zimbabwe (i.e., the single deprivation analysis, the deprivation distribution, the multiple deprivation overlap, and the multiple deprivation indices). The last part concludes on the core results and presents context-fit policy recommendations.



2. Methodology

2.1 MODA

This study employs UNICEF's MODA methodology (Neubourg et al., 2013). MODA is a methodological tool aiming at measuring the complex features of child deprivation while accounting for the local context. The MODA methodology integrates elements of the traditional income-based measures of poverty, such as the Global Study on Child Poverty and Disparities (Gordon et al., 2003), and the Oxford Poverty and Human Development Initiative (OPHI) Multidimensional Poverty Index (Alkire and Foster, 2011). However, while the traditional methodologies integrate a holistic approach to measuring poverty at the level of the household, and concentrate on monetary measurements, the MODA methodology adopts a broader definition of well-being, at the level of the child, by concentrating on multiple dimensions that are crucial for long-term child development in a specific country context. Understanding the complex features of child poverty is key to developing child-sensitive policy responses that ensure a maximum impact on children and society (Neubourg et al. 2018).

The MODA methodology brings novelty to the measurement of child poverty in four main ways. First, MODA has the child as the unit of measurement and analysis, where possible, rather than the household. Children have different needs and often experience poverty and deprivation differently than adults. The MODA methodology relies on individual-level data to identify different children within the household, so that differences in age, gender and access to resources can be identified and accounted for in the measurement of multidimensional poverty. Second, children's needs may differ at different stages of development. MODA integrates a lifecycle approach in measuring child poverty, by targeting different dimensions and indicators that are specifically linked to developmental needs of children in early childhood, primary childhood and adolescence. Third, MODA looks at child poverty from different angles, by measuring the number of deprivations that children experience simultaneously. In doing so, the approach is able to focus on the most vulnerable children and better target the policy response. Many children are simultaneously deprived in more than one area at a time and policy sectors need an evidence-based analysis on the deprivation overlap to address children's needs more efficiently. Finally, MODA includes an equity focus, in that it recognizes that child poverty is worse among certain groups in the country than in others. Therefore, MODA is designed to include profiles of child poverty that integrate splits across gender, geographical units and socioeconomic characteristics.

The step-by-step methodological guidelines of MODA are provided in UNICEF's technical reports (see for instance, Neubourg et al., 2013). More recently, a robustness check analysis of MODA revealed the high reliability of the methodology when a variety of parametric changes were performed in the context of Nigeria (Fagbeja and Cebotari, 2021). The robustness check highlighted the importance of contextualizing the measurement and analysis in the national realm.

2.2 Data and sample

This study uses empirical evidence from the Zimbabwe Multiple Indicator Cluster Survey (MICS). The data were collected in 2019 by the Zimbabwe National Statistics Agency (ZIMSTAT). The survey draws on a national representative sample of 12,012 households in the country's 10 provinces. The MICS 2019 response rate was 98 per cent.

The main sampling strata within each province is the urban–rural setting. Within the sampling strata, the sample of households were selected in two stages: first, at the level of census enumeration areas (462 clusters) within each stratum, and second, at the level of households who were selected within each sample enumeration area. Sample weights were included in the data to ensure a national representative fit of the sample within selected clusters.

The survey employed six questionnaires. First, a household questionnaire was administered to the household head to collect basic demographic information on all usual residents, the household, and the dwelling. Second, a water quality testing questionnaire was administered in five households in each cluster of the sample. Third, all women aged 15–49 years responded to an individual-women questionnaire in each household. This questionnaire collected information on women's demographics, fertility, attitudes towards domestic violence, HIV/AIDS, health, and other indicators. Fourth, a questionnaire similar to that asked to women was administered to a subsample of individual men aged 15–49 in every second selected household. Fifth, an underfive questionnaire was administered to the mother, or to the child's primary caregiver, to collect data on this segment of the child population in all selected households. Finally, a questionnaire was administered to the mother or caretaker targeting children aged 5–17. In each household, this questionnaire was filled for one randomly selected child in this age range. All questionnaires were customized, translated, and administered in the local Shona and Ndebele languages.

The survey followed a strict ethical protocol for the fieldwork preparation, training, quality control, and data management and storage. Full details of the Zimbabwe MICS 2019 survey are available in the survey findings report (ZIMSTAT and UNICEF, 2019).

2.3 Selected parameters

The selection of indicators and dimensions for this study is dependent on the MICS 2019 data set. The choice of indicators and dimensions also relies on the Convention on the Rights of the Child (CRC), and the Sustainable Development Goals (SDG) as a guiding framework to measure multidimensional child poverty. The final selection of dimensions and indicators for this study was done in common agreement with national stakeholders in Zimbabwe and UNICEF. The selected dimensions for each age group are presented in Table 2.

MODA uses the union approach to aggregate indicators into dimensions. The union approach implies that when a child is deprived in at least one indicator in a dimension, the child is therefore

deprived in that dimension. All indicators have equal weights in the dimension, as it is assumed that children's needs are equally important in the measurement of well-being that is captured by the dimension. Similarly, each dimension is equally important for children, as they are all relevant for children and their development.





Considering MODA's life-cycle approach, the dimensions are clustered in four age groups (0– 23 months, 24–59 months, 5–14 years and 15–17 years) to better reflect the needs of children and their development at different stages of childhood. The dimensions included in the four age groups cluster the information at different levels. The dimensions of Nutrition, Health, Child Development, Education and Child protection include information related directly to the child. The dimensions of Sanitation, Water, Housing, and Information record the household-level data. Because of data constraints and relevance, some dimensions may not apply for all age groups. For example, the dimension of Education applies only for the two oldest age cohorts, while Nutrition is measured only for the two youngest cohorts. At the same time, the dimensions of Water, Sanitation, Housing and Information cover children in all age groups.

¹Child development is measured by the indicators 'Early childhood education attendance' and 'Child–adult interaction' for children aged 24–59 months.

Dimension	Indicator	0–23 months	24 –59 months	5–14 years	15–17 years
Nutrition	Exclusive breastfeeding	X (0−5 months)			
	Minimum acceptable food frequency & diversity	X (6–23 months)			
	Stunting	Х	Х		
Health	Skilled birth attendance	Х			
	Vaccinations (full immunization)	Х			
Child development	Early childhood education attendance		X (4 years)		
	Child-adult interaction		Х		
Child protection	Birth certificate	Х	Х		
	Inadequate supervision	Х	Х		
	Violent discipline	X (1-2 years)	Х	Х	
Education	School attendance			Х	Х
Water	Level of water service	Х	Х	Х	Х
	Water Quantity	Х	Х	Х	Х
Sanitation	Level of sanitation service	Х	Х	Х	Х
	Handwashing	Х	Х	Х	Х
Housing	Overcrowding	Х	Х	Х	Х
	Electricity	Х	Х	Х	Х
	Materials floor	Х	Х	Х	Х
Information	Access to information devices	Х	Х	Х	Х

Table 3: List of dimensions and indicators by age group

Each dimension is measured by a set of indicators as shown in Table 3. The full description of indicators, dimensions, and thresholds that have been used in this study is included in Annex 1.

2.4 Analytical approach

MODA applies four steps in the analysis of multidimensional child poverty.

The single deprivation analysis, also known as sector-specific analysis, details the proportion of children deprived in each indicator and in each dimension. It provides a generic overview of deprivations as reflected in each indicator and dimension across the four age groups. The single deprivation analysis also includes profiling indicators such as gender, region and urban–rural location to reveal child vulnerabilities at these specific levels.

The deprivation count is the analytical step that presents the distribution of deprivations across dimensions. The deprivation count explores the depth of vulnerability for each age group, and is also performed in relation to the profiling variables.

The multidimensional deprivation overlap is the step that measures different deprivations that children experience simultaneously. For the two youngest age groups, the combination of deprivations may range between no deprivation to a maximum of seven deprivations. For the age group 5–14 years, the range of deprivations is zero to six, while for children in the oldest age group, the range of deprivations that children may experience at a time is zero to five.

The last step of MODA is the analysis of multiple deprivation indices and include the headcount ratio, which is the incidence of multiple deprivation in various dimensions; the average intensity, which counts the number of deprivations that a child has as a percentage of all measured deprivations; and the adjusted deprivation headcount that calculates both the incidence and the depth of poverty.

The study also analyses the characteristics of multidimensionally poor children in order to identify the most vulnerable ones. A chi-squared test is carried out to assess whether the difference between the categories of children analysed is significant (a star (*) denotes that there is a significant difference).

The detailed step-by-step analytical approach of MODA is detailed in the technical note by Neubourg and colleagues (2013).

2.5 Limitations and data constraints

This study is constrained in its empirical and conceptual scale by a number of limitations. The empirical baseline of this study is dependent on the purpose and availability of measurements within the MICS 6 data. The survey includes only a limited number of indicators that are collected specifically on children. Although household-level indicators are relevant, they do not always capture the needs of children, especially when there is more than one child in the household, and when children are of different age and gender.

MICS data are also cross-sectional, and provide empirical evidence at a single point in time. The measurements are therefore not able to fully account for the time-changing characteristics in the lives of children. More effort must be made to collect longitudinal data that capture the changes in child characteristics that occur over time.

The data on children are also provided by adults, which limits the framework in which children's views and voices are measured by indicators. We know from studies conducted in the Global South that children and adults report differently on child well-being, with adults tending to overreport when both are asked to measure specific dimensions of a child's welfare (Cebotari et al., 2016). There is a need to capture children's voices through empirical data and use this evidence to better quantify multidimensional child poverty.

Some key dimensions of children's well-being such as nutrition and health could not be captured for all age groups because of the unavailability of data in the report. Further, MICS data contain more information for children younger than five, such that a higher number dimensions could be used to measure the poverty level of younger children as compared to the older ones. A total of 7 dimensions was included for children under the age of 5, 6 dimensions for children aged 5–14 years, and 5 dimensions for children aged 15–17 years . Since the poverty status of a children is defined by whether he/she is deprived in at least three dimensions, younger children have more chances of being poor since more dimensions are used to measure their well-being. The percentage of poor children in the older age groups is thus underestimated.

A number of indicators could also not be included and clustered in dimensions of well-being following the sampling of children in MICS data. For instance, data on child labour, child marriage, early pregnancy, and child disabilities are available only for some children in the sampled households, which renders the inclusion of these indicators in dimensions problematic. However, the analysis includes these indicators, when possible, as profiling variables to identify the characteristics of the most vulnerable children who experience multiple deprivations at the same time.

3. Results

3.1 Multidimensional child poverty in Zimbabwe

Figure 1 shows the proportion of children facing multidimensional poverty by each of the four age groups and for all children. This analysis considers a child as multidimensionally poor if (s) he suffers from deprivation in at least three dimensions of well-being (e.g., Nutrition, Health, Child Protection, Development, Education, Water, Sanitation, Housing, and Information). In Zimbabwe, 60.7 per cent of children aged 0–17 experience at least 3 deprivations at the same time.



Moreover, 89.3 per cent of children aged 0–23 months, 75.1 per cent of children aged 24–59 months, 54.5 per cent of children aged 5–14 years, and 44.8 per cent of children aged 15–17 years are multidimensionally poor.



Figure 1: Multidimensional child poverty (%) at the national level for each age group, using a threshold of K=3

Source: Authors' calculation based on Zimbabwe MICS6 2019

As per Sustainable Development Goal 1.2, there is a need to reduce the proportion of multidimensionally poor children (0–17 years), from 60.7 per cent to at least 30.4 per cent by 2030. Very few children in Zimbabwe are not deprived in any dimension of well-being, in that 96.7 per cent of all children have at least 1 deprivation and 14.7 per cent are simultaneously deprived in 5 or more dimensions (see Figure 2Figure 2). It is important to note that the number of total possible deprivations varies across age groups due to data availability. A total of 7 dimensions was included for children under the age of 5, 6 dimensions for children aged 5–14 years, and 5 dimensions for children aged 15–17 years. In the count of multidimensional deprivation, children with 6 and 7 deprivations are those up to the age of 14.





Source: Authors' calculation based on Zimbabwe MICS6 2019

The multidimensional deprivation indices for children aged 0–17 years at the national level and disaggregated by area of residence and province are shown in Table 4. The multidimensional deprivation headcount (H) (%) presents the proportion of children who are multidimensionally poor. It is observed that children living in rural areas face higher levels of multidimensional poverty compared to children living in urban areas (69.2% versus 37.6%, respectively). At the provincial level, children living in Bulawayo and Harare are best off, with a multidimensional poverty rate of 37.9 per cent and 39.2 per cent, respectively, whereas 73.1 per cent of children living in Matabeleland North are multidimensionally poor.

The average number of deprivations among the deprived (A) indicates that on average the multidimensionally poor children experience deprivation in 3.8 out of a total of 7 dimensions at the national level. Differences based on geographical location are minimal as all multidimensionally poor children face more or less the same number of deprivations on average, regardless of their area of residence.

	Multidimensional deprivation headcount (H)*, %	Average no. of deprivations among the deprived (A)*	Adjusted multidimensional deprivation headcount (M0)*
National	60.7	60.1	0.37
Rural	69.2	61.2	0.42
Urban	37.6	54.7	0.21
Harare	39.2	54.9	0.21
Masvingo	68.3	60.1	0.41
Midlands	62.6	61.7	0.38
Matabeleland South	66.5	60.3	0.40
Matabeleland North	73.1	62.3	0.46
Mashonaland West	64.9	61.9	0.40
Mashonaland East	56.5	59.9	0.34
Mashonaland Central	67.8	60.9	0.41
Manicaland	65.9	59.8	0.39
Bulawayo	37.9	54.2	0.20

Table 4: Multidimensional deprivation indices at the national, rural, urban and provincial level when using a threshold of K=3, 0–17 years

Source: Authors' calculation based on Zimbabwe MICS6 2019

The adjusted multidimensional deprivation headcount (M0) is an index, ranging from 0 to 1, based on the combination of the deprivation incidence and intensity. M0 cannot be interpreted on its own and is used to compare different population groups. The lower the index, the better off a population group is. For example, Bulawayo and Harare are doing best in terms of multidimensional child poverty (M0 is 0.20 and 0.21 respectively) as opposed to Matabeleland North, which has a score of 0.46 on the index.

3.2 Sectoral deprivation analysis

3.2.1 Children aged 0-23 months

The deprivation rate by each indicator for children aged 0–23 months is presented in Figure 3. Among this population of children, 85.2 per cent do not meet the WHO's standards for minimum

acceptable diet², while 58.6 per cent of children under 6 months old are not exclusively breastfed. In addition, more than 6 out of 10 children do not have a birth certificate or are not registered with the Registrar General's office. According to the national vaccination schedule, 55.5 per cent of children are not fully immunized. Another 73.2 per cent live in households with no access to basic sanitation facilities.



Figure 3: Deprivation headcount ratio (%) by each indicator at the national level, 0–23 months

Source: Authors' calculation based on Zimbabwe MICS6 2019

²The child does not meet the WHO's standards for minimum acceptable diet when s(he) does not acquire the minimum meal frequency and/or diversity. Minimum meal frequency is defined as: 2 times for breastfed infants 6–8 months, 3 times for breastfed children 9–23 months, 4 times for non-breastfed children 6–23 months. Dietary diversity refers to the child receiving 4 or more of the following food groups: (1) grains, roots and tubers, (2) legumes and nuts, (3) dairy products (milk, yogurt, cheese), (4) flesh foods (meat, fish, poultry and liver/organ meats), (5) eggs, (6) vitamin A rich fruits and vegetables, and (7) other fruits and vegetables

In order to aggregate indicators into dimensions, this analysis applies the union approach. A child is considered deprived in a dimension if he/she is deprived in at least one of its indicators. For example, a child aged 0–23 months is deprived in Sanitation if he/she suffers from deprivation in at least one of the following indicators: 'Basic sanitation' and 'Basic hygiene service'. The highest deprivation rates for the youngest age group are observed for Sanitation, Child protection and Nutrition (85.2%, 79.6% and 77.6%, respectively) (see Figure 4). An average of eight out of 100 children are deprived in the Information dimension.

Deprivation Headcount Ration (%) 0 10 20 30 40 50 60 70 80 100 90 Nutrition 77.6 Health 59.4 Dimensions Protection 79.6 Water 50.7 Sanitation 85.2 Housing 65.5 8.2 Information

Figure 4: Deprivation headcount ratio (%) by each dimension at the national level, 0–23 months

Source: Authors' calculation based on Zimbabwe MICS6 2019

3.2.2 Children aged 24-59 months

Approximately a quarter of children aged 24–59 months suffer from stunting (25.3%), while 64.8 per cent are exposed to physical discipline³(see Figure 5). Among children aged 4 years, 54.0 per cent are not enrolled in early child development or education. Furthermore, 67.5 per cent of children live in households with no basic sanitation service available and 52.9 per cent lack access to an equipped handwashing place⁴. Nearly 5 out of 10 children live in households that are sharing their toilet facilities, and 46.5 per cent live in households with no access to electricity.

⁴The handwashing place should have water and soap, detergent or other materials available

³Physical discipline includes hitting or slapping a child on the face/head/ears, hitting child on the bottom or elsewhere with belt, brush, stick and beating child up as hard as one could.



Figure 5: Deprivation headcount ratio (%) by each indicator at the national level, 24–59 months

Source: Authors' calculation based on Zimbabwe MICS6 2019

Figure 6 shows the deprivation rates by dimension for children aged 24–59 months. Data show that 82.0 per cent of children in this age group suffer from deprivation in Sanitation, which is measured by the indicators 'Basic sanitation service' and 'Basic hygiene service'. Moreover, more than eight out of 10 children are deprived in the Protection dimension whereas 64.3 per cent face deprivation in Housing. A quarter of children this age experience deprivation in the Nutrition dimension (25.3%).



Figure 6: Deprivation headcount ratio (%) by each dimension at the national level, 24–59 months

Source: Authors' calculation based on Zimbabwe MICS6 2019

3.2.3 Children aged 5-14 years

As shown in Figure 7, 9.1 per cent of children aged 5–14 years do not attend school. Similar to the previous age groups, 64.7 per cent of children have no access to basic sanitation services while the availability of a handwashing place with water and soap, detergent or other materials in the household remains problematic for 54.4 per cent of children. Furthermore, 49.1 per cent of children in this age group live in households with no electricity, and 47.6 per cent are exposed to physical discipline.



Figure 7: Deprivation headcount ratio (%) by each indicator at the national level, 5–14 years

Source: Authors' calculation based on Zimbabwe MICS6 2019

As this analysis uses the union approach, 81.1 per cent of children aged 5–14 years are considered to be deprived in the Sanitation dimension (see Figure 8). In addition, 63.1 per cent of children experience at least one deprivation in relation to their Housing dimension (including 'Overcrowding', 'Access to electricity' and 'Floor material'). The third highest deprivation rate for children of this age is found in the Water dimension (53.1%).



Figure 8: Deprivation headcount ratio (%) by each dimension at the national level, 5–14 years

Source: Authors' calculation based on Zimbabwe MICS6 2019

3.2.4 Children aged 15-17 years

The highest deprivation rate among children aged 15–17 years is in the indicator 'Basic sanitation', in which 58.7 per cent of children are deprived (see Figure 9). In addition, 46.8 per cent of children live in households with no access to electricity, whereas approximately four out of 10 children are not attending school (39.8%).


Figure 9: Deprivation headcount ratio (%) by each indicator at the national level, 15–17 years

When aggregating indicators to dimensions, it is found that 77.2 per cent of children in this age group are deprived in Sanitation (see Figure 10). More than five out of 10 children aged 15–17 years are deprived in Housing, and 49.8 per cent are deprived in the Water dimension ('Water service level' and 'Water quantity').





3.3 Multidimensional deprivation analysis

3.3.1 Deprivation distribution

Figures 11–14 show the distribution of the number of deprivations experienced by children of each age group. It is found that in all age groups most children are deprived in at least one dimension, while very few children face deprivation in all of the dimensions analysed. For example, only 6.7 per cent of children aged 15–17 years are not deprived in any dimensions. Of all children aged 0–23 months, 56.5 per cent experience 4 to 5 simultaneous deprivations. Similarly, 54.7 per cent of children aged 24–59 months are deprived in 3 to 4 dimensions at the same time. The deprivation distribution is slightly skewed to the left for the older age groups, with fewer children deprived in more than 3 dimensions, as the total number of possible deprivations decreases⁵. In particular, 58.8 per cent and 55.8 per cent of children aged 5–14 years and 15–17 years, respectively, face deprivation in 2 to 3 dimensions of well-being.

⁶Children under 5 can be deprived in a total of 7 dimensions, children aged 5–14 years can face a total of 6 deprivations and children aged 15–17 years may have a total of deprivations.



Figure 11: Deprivation distribution at the national level, 0–23 months

Figure 12: Deprivation distribution at the national level, 24–59 months



Figure 13: Deprivation distribution at the national level, 5–14 years



Figure 14: Deprivation distribution at the national level, 15–17 years



3.3.2 Overlap between deprivations

3.3.2.1 Overlap by dimension

Many children deprived in a specific dimension are also simultaneously deprived in at least three or more other dimensions. For example, 79.6 per cent of children aged 0–23 months are deprived in the Protection dimension, and of those children, up to 44.6 per cent experience deprivations in 4 or more other dimensions of well-being (see Figure 15). Less than 1 per cent of children are deprived in Protection only. Similar results are observed for all dimensions and all the age groups.



Figure 15: Overlap by each dimension, 0–23 months



Figure 16: Overlap by each dimension, 24–59 months

Figure 17: Overlap by each dimension, 5–14 years



The overlap by each dimension for the oldest age group (15–17 years) is slightly less pronounced, as fewer dimensions are being considered due to data limitations. Out of 77.2 per cent of children deprived in Sanitation, 17.4 per cent are simultaneously deprived in 3 or more other dimensions (see Figure 18). In addition, 10.9 per cent of children in this age group are deprived in Sanitation only.





Source: Authors' calculation based on Zimbabwe MICS6 2019

3.3.2.2 Three-way overlap

To design multisectoral policies, it is important to assess which deprivations overlap for children in each of the four age groups. This section considers the overlap between combinations of three deprivations. All possible combinations of deprivation overlap of three dimensions are presented in Annex 5. For brevity, only one example for each age group in the form of a Venn Diagram is shown here. The Venn Diagram provides the following information: (1) deprivation rates for each dimension separately; (2) deprivation overlap between any two dimensions; (3) deprivation overlap between all dimensions; and (4) the proportion of children that are not deprived in any of the included dimensions.

Figure 19: Three-way overlap between the dimensions Nutrition, Sanitation & Child protection, 0–23 months



Source: Authors' calculation based on Zimbabwe MICS6 2019

Figure 19 shows the deprivation overlap between the dimensions of Nutrition, Sanitation and Child protection, among children aged 0–23 months. It is found that 55.4 per cent of all children in this age group are simultaneously deprived in these three dimensions, while very few children are only deprived in only one of the three dimensions (2.8% in Nutrition, 4.2% in Sanitation and 2.9% in Child protection). This implies that in terms of policymaking, targeting these three areas of vulnerability simultaneously would impact a large proportion of children in this age consisting of food items, sanitation kit including soap, and assistance to acquire the necessary registration documents when a child is born. The package could also include improvements to existing toilet facilities of the beneficiary household.

For children aged 24–59 months, the overlap between the dimensions of Development, Sanitation and Housing is taken as an example (see Figure 20). It is observed here again that deprivation in only one of the dimensions is quite low. Around 4 out of 10 children (40.0%) this age are deprived in both Sanitation and Housing. Policies addressing issues of sanitation and housing simultaneously will be highly beneficial and will contribute to reducing poverty intensity for this age group. There is also a significant proportion of children (17.4%) deprived in all 3 dimensions.

Specific trends are observed with regard to the overlap between the dimensions of Education, Water and Sanitation for children aged 5–14 years (see Figure 21) and 15–17 years (see Figure 22). Notably, 40.3 per cent of children aged 5–14 years and 18.5 per cent of children aged 15–17 years face deprivation in all three dimensions analysed. The deprivation levels in only one dimension are relatively low, except for deprivation in Sanitation only, which affects 32.9 per cent of children aged 5–14 years and 22.9 per cent of children aged 15–17. For these age groups, the deprivation in Sanitation only is highly problematic and must be the target for sectoral policy responses.

Figure 20: Three-way overlap between the dimensions Development, Sanitation & Housing, 24–59 months



Specific trends are observed with regard to the overlap between the dimensions of Education, Water and Sanitation for children aged 5–14 years (see Figure 21) and 15–17 years (see Figure 22). Notably, 40.3 per cent of children aged 5–14 years and 18.5 per cent of children aged 15–17 years face deprivation in all three dimensions analysed. The deprivation levels in only one dimension are relatively low, except for deprivation in Sanitation only, which affects 32.9 per cent of children aged 5–14 years and 22.9 per cent of children aged 15–17. For these age groups, the deprivation in Sanitation only is highly problematic and must be the target for sectoral policy responses.

Figure 21: Three-way overlap between the dimensions Education, Water & Sanitation, 5–14 years



Figure 22: Three-way overlap between the dimensions Education, Water & Sanitation, 15–17 years



Source: Authors' calculation based on Zimbabwe MICS6 2019

3.4 Profile of the most vulnerable children

3.4.1 Sectoral deprivation analysis

Area of residence

Children living in rural areas show higher deprivation rates than children living in urban areas for all dimensions and age groups, except in the Protection dimension for children aged 5–14 years. The proportion of children in this age group that are deprived in Protection is slightly higher for the urban locations compared to rural areas (53.7% versus 45.5%, respectively) (see Figure 24). Across all age groups, the largest discrepancy between urban and rural can be seen in the Housing dimension. Figure 23 shows that 79.5 per cent of children aged 0–23 months and living in rural areas are deprived in Housing compared to 33.5 per cent of their peers living in urban areas.



Figure 23: Deprivation headcount ratio (%) by each dimension and area of residence, 0–23 months

Figure 24: Deprivation headcount ratio (%) by each dimension and area of residence, 5–14 years



Note: All the differences in deprivation rates marked by * are statistically significant at 10% according to the Chi-squared test of independence

Region

Table 5 presents the results in deprivations at the regional level for children aged 24–59 months. Children living in Matabeleland North are most deprived, displaying the highest deprivation level in the dimensions of Development, Sanitation, Housing and Information. Three out of 10 children living in Mashonaland Central and Manicaland experience deprivation in the Nutrition dimension while 88.8 per cent of children living in Masvingo are deprived in Protection. On the other hand, children living in Harare and Bulawayo are doing better in most of the dimensions analysed compared to other regions in the country.

Table 5: Deprivation headcount ratio (%) by each dimension at the regional level, 24–59 months

	Nutrition *	Development *	Protection *	Water *	Sanitation *	Housing *	Information *
Harare	23.7	24.1	80.7	30.2	73.2	32.3	0.9
Masvingo	21.5	18.8	89.0	60.5	85.5	69.3	10.5
Midlands	23.3	24.0	86.8	52.6	80.4	64.8	7.3
Matabeleland South	25.4	31.0	81.1	62.7	91.1	66.2	8.8
Matabeleland North	25.4	37.3	76.1	57.3	92.5	85.5	12.6
Mashonaland West	22.9	31.7	86.1	52.5	85.5	68.8	7.5
Mashonaland East	25.8	30.7	83.1	45.1	79.3	68.5	5.9
Mashonaland Central	31.0	28.5	83.0	49.1	77.7	78.0	11.1
Manicaland	30.4	22.0	86.4	52.0	87.4	76.8	8.5
Bulawayo	19.5	15.9	72.8	63.8	63.5	23.8	1.3

Source: Authors' calculation based on Zimbabwe MICS6 2019

Note: All the differences in deprivation rates marked by * are statistically significant at 10% according to the Chi-squared test of independence

Under-five child mortality

For some of the dimensions such as Housing and Information, higher levels of deprivation are found for children living in households with at least one case of under-five mortality in the last five years. For example, 75.1 per cent of children aged 0–23 months living in households with at least one case of under-five mortality suffer from deprivation in Health compared to 59.2 per cent of children living in households with no case of under-five mortality (see Figure 25).

Figure 25: Deprivation headcount ratio (%) by dimension and U5 child mortality in the household in the last 5 years, 0–23 months



Figure 26: Deprivation headcount ratio (%) by dimension and U5 child mortality in the household in the last 5 years, 24–59 months



Source: Authors' calculation based on Zimbabwe MICS6 2019

Note: All the differences in deprivation rates marked by * are statistically significant at 10% according to the Chi-squared test of independence

Gender of the child

Differences based on the gender of the child are relatively small for all age groups. Nearly 8 of 10 boys aged 0–23 months are deprived in Nutrition compared to 75.6 per cent of girls this age (see Figure 27). Among children aged 24–59 months, a slightly higher proportion of boys compared to girls suffer from deprivation in the Nutrition dimension (28.0% and 22.6%, respectively) (see Figure 28). In addition, 9.9 per cent of boys aged 5–14 years are deprived in Education as opposed to 8.3 per cent of girls (see Figure 29). Despite being small in scale, all these disparities are statistically significant, meaning that gender differences apply consistently across the mentioned dimensions within the age group. For children aged 15–17, girls are slightly more deprived in Education compared to boys (41.1% and 38.5%, respectively), but this difference is not statistically significant (see Figure 30).

Figure 27: Deprivation headcount ratio (%) by dimension and gender of the child, 0–23 months



Figure 28: Deprivation headcount ratio (%) by dimension and gender of the child, 24–59 months







Figure 30: Deprivation headcount ratio (%) by dimension and gender of the child, 15–17 years



Note: All the differences in deprivation rates marked by * are statistically significant at 10% according to the Chi-squared test of independence

	Percentage of	f multidimensionally poor children		
		0 10 20 30 40 50 60 70 80 90 100		
	National	60.7		
<u>م</u> . به	Rural	69.2		
Are of ence	Urban	37.6		
	Harare	39.1		
	Masvingo	67.9		
	Midlands	62.0		
*0	Matabeleland South	66.5		
nce	Matabeleland North	73.4		
TOVI	Mashonaland West	64.9		
Ē	Mashonaland East	56.3		
	Mashonaland Central	67.6		
	Manicaland	65.8		
	Bulawayo	37.0		
<u>a</u>	5 or more members	61.2		
eho e*	3-4 members	60.7		
ous	1-2 members	40.8		
τ	Female	43.0		
Se) of th hour shol	Male	50.6		
	Secondary or higher education	53.0		
Edu ation leve hous	No education pre-primary or primary	70.6		
	Above median number of children	63.9		
and of a	Less than or equal to median number of children	54.1		
si t si	No child mortality in the last 5 years	63.8		
Chill lity ear	At least one case of child mortality in the last 5 years	72.3		
<u> </u>	Labour constraint: dependency ratio>2	67.5		
abc. cons aint	Household is not labour constraint	d is not labour constraint		
	No child in the household has a health insurance	63.4		
heal	At least one child in the household has a health insurance	17.7		
<u>ة ت الم</u>	Middle secondary or higher	54.9		
Educe ation leve of the	No education pre-primary or primary	78.3		
	Currently married or living together	63.4		
Mari of the noth	Not in union	61.3		
<u> </u>	<20 years	70.6		
e of her a *(0-₄ ars)	20-34 years	62.8		
Age birth, ye	35+ years	66.0		
age r	Living with at least one biological parent	54.7		
livin mer	Not living with parents	62.6		
 ∠	Female	60.4		
of th chili	Male	61.0		
0	1et	60.1		
	2nd-3rd	61.6		
Birth er*((ears	210-510 Ath_6th	71 /		
orde V	711-001	01.2		
	7.01	01.3		

Figure 31: Percentage of multidimensionally poor children disaggregated by their characteristics

3.4.2 Profile of the multidimensionally poor children

This section analyses the different geographical, demographic and household characteristics of the multidimensionally poor children (0–17 years) in Zimbabwe (see Figure 31). It is particularly important to know the profile of multidimensionally poor children in order to design appropriate policies to target them.

Where do the poor children live?

As discussed previously, 60.7 per cent of children in Zimbabwe are multidimensionally poor. However, the disaggregation of poverty among rural and urban areas shows major disparities in the country, with 69.2 per cent of rural children being multidimensionally poor as compared to 37.6 per cent of urban children. As expected, Bulawayo and Harare present the lowest proportion of multidimensionally poor children of 37.0 per cent and 39.1 per cent respectively followed by Mashonaland East with 56.3 per cent. Matabeleland North, on the other hand, has the highest rate of multidimensional child poverty with more than 7 out 10 of its children being poor (73.4%). All the other provinces record multidimensional poverty rates ranging between 62 and 68 per cent.

What are the characteristics of the households poor children live in?

The findings of the study show that multidimensionally poor children tend to live in households with some particular features. Multidimensional poverty is higher among children living in households with more members (49.8% for households with 1-2 members as compared to 60.7% and 61.2% for households with 3-4 and 5 or more members respectively). In the same line, a larger proportion of poor children live in households with a higher number of children (63.9% in comparison to 54.1% of households with less than or the median number of children). Children under five are more likely to suffer from multidimensional poverty when living in households that experienced at least one case of child mortality in the last five years (72.3% as opposed to 63.8% for those who experienced no child mortality). Furthermore, multidimensional child poverty is slightly higher among children living in female headed households (62.4% as compared to 59.6% for male headed household). A higher education level of the household head is correlated with lower levels of multidimensional child poverty. Around 70.6 per cent of children whose household heads have no education, pre-primary or primary education, face deprivation in at least 3 dimensions of their well-being as opposed to 53.0 per cent among children whose household heads attained secondary or higher education. It is noteworthy that child poverty still exists in more than 1 in 2 households even if the head achieved at least secondary education. One of the reasons could be that a higher education is not equivalent to a well-paying job. Labour constraint households are worse off by around 10 percentage points when it comes to child poverty (67.5% versus 57.2% for households which do not face labour constraint). The multidimensional child poverty rate is more than 3.5 times higher in households where children do not have health insurance (63.4%) as compared to those with health insurance (17.7%).

What are the characteristics of the parents of the poor children?

While the marital status of the mother does not significantly affect the multidimensional poverty level of children, the education level of the mother plays an important role. The child poverty rate is as high as 78.3 per cent among children whose mothers attained no education, preprimary or primary education as opposed to 54.9 per cent of children with mothers who achieved middle, secondary or higher education. The education level of the father in relation to child poverty level could not be analysed due to lack of information for more than 50 per cent of the fathers. In terms of living arrangements, it is found that multidimensional child poverty is higher for children not living with their parents than for those living with at least one biological parent (62.6% versus 54.7%).

What are the individual characteristics of the poor children?

The analysis reveals that the sex of the child does not significantly affect his/her multidimensional poverty status. However, a higher proportion of multidimensional child poverty is presented for children with a higher birth order. 81.3 per cent of children whose birth order is more than 7 are poor as compared to 60.1 per cent among the first born.

3.5 Multidimensional child poverty versus monetary poverty

Children who are multidimensionally poor are not always monetarily poor and vice versa. It is therefore important to make a distinction between monetary and multidimensional poverty when assessing child vulnerability. A comparison is carried out between multidimensional and monetary child poverty rate by geographical location. As mentioned previously, a child is considered to be multidimensionally poor if he/she is deprived in at least three dimensions of his/her well-being. A child is defined as monetarily poor if that child lives in a household where its members are living below the national poverty line⁵.

Table 6 shows the multidimensional and monetary child poverty rate at national level and the disaggregation by urban and rural area. At national level, there is only a slight difference between the two rates with 60.7 per cent of children being multidimensionally poor while 61.3 per cent are monetarily poor. However, larger disparities are observed at rural/urban level. In rural areas, monetary poverty (76.3%) is higher than multidimensional poverty (69.2%) among children. On the other hand, in urban areas, multidimensional poverty (37.6%) is higher than monetary poverty (20.0%). The lower cost of living in rural areas could explain why some families are able to provide their children with their basic needs despite being poor in monetary terms. Likewise, the higher cost of living in urban areas could explain why some children in some households suffer from multidimensional poverty despite not being monetarily poor. However, more research needs to be carried out to confirm the latter statement and to find the other reasons that might explain this finding.

⁵TA child is defined as poor if he/she lives in a household whose total expenditure falls below the amount required to meet all its basic needs (food needed to provide 2,100 calories per adult equivalent and non-food needs) (ZimStats, 2019).



Table 6: Multidimensional and monetary child poverty rates in Zimbabwe

Source: *Authors' calculation based on Zimbabwe MICS6 2019 ** ZIMSTATS (2019a). Zimbabwe Child Poverty Report

The comparison between multidimensional and monetary poverty by province is shown in Figure 32. Monetary poverty is higher than multidimensional poverty for all provinces with the exception of Bulawayo. In Bulawayo, the multidimensional poverty rate is slightly higher than the monetary poverty rate (37.9% as compared to 36.6%). On the other the other hand, in Harare, monetary poverty is slightly higher than multidimensional poverty (45.3% versus 39.2%). For the other provinces, there is quite a large disparity between the two measures of poverty (ranging from 12–25%), with a higher rate of monetary poverty. Again, the lower cost of living in the latter provinces could explain why despite being monetarily poor, children are not multidimensionally poor. Nonetheless, further research is required to explain the difference between the rates of multidimensional and monetary poverty in each province.



Figure 32: Multidimensional child poverty rate (left)* and monetary child poverty rate (right)** by province

Source: *Authors' calculation based on Zimbabwe MICS6 2019 ** ZIMSTATS(2019a). Zimbabwe Child Poverty Report.

3.6 Trend analysis between 2014 and 2019

This section discusses the evolution of multidimensional child poverty in Zimbabwe between 2014 and 2019. To track this trend in child poverty over time, the Multiple Indicator Cluster Surveys (MICS) of 2014 and 2019 are used. In 2016, a multidimensional poverty measurement for children was constructed based on MICS 2014 data. The same indicators and dimensions (see Annex 2) were selected for this trend analysis, based on the parameters that were used in 2016. One exception was made to exclude the indicator 'Mother's HIV/AIDS knowledge' because of its absence in MICS 2019. Similar to the previous chapter, results are presented by the type of analysis: (a) sectoral deprivation analysis and (b) multidimensional deprivation analysis. In accordance with the life-cycle approach, findings are disaggregated by the following age groups of children: 0–23 months, 24–59 months, 5–14 years and 15–17 years.

3.6.1 Sectoral deprivation analysis

3.6.1.1 Children aged 0-23 months

As shown in Figure 33, deprivation levels in the dimensions Health and Physical development decreased from 2014 to 2019 for children aged 0–23 months. Most notably, within the Health

dimension the proportion of children deprived in vaccinations declined by 15.9 percentage points. In 2019, on the other hand, the deprivation rates in the dimensions Nutrition, Water and Sanitation increased slightly compared to 2014. In particular, the dimension of Nutrition shows an increase of 6.6 per cent due to a higher level of deprivation experienced in the indicator 'Infant and young child feeding'. Deprivation in the Water dimension which is composed of the indicators 'Water service' and 'Distance to water service' has increased with 2.4 per cent over time,.



Figure 33: Trend analysis. Deprivation headcount ratios (%) in each indicator and dimension, 0–23 months



Source: Authors' calculation based on Zimbabwe MICS5 2014 and MICS6 2019

3.6.1.2 Children aged 24-59 months

Among children aged 24–59 months, the deprivation rates decreased for most indicators and dimensions (see Figure 34). A large discrepancy is observed with regard to the health conditions of children in this age group. In 2014, 48.9 per cent of children faced deprivation in the Health dimension compared to only 8.2 per cent in 2019. Within the Health dimension, a considerable decline in the level of deprivation is observed in the 'Vaccination' indicator, from 42.3 per cent in 2014 to just 3.7 per cent in 2019. Similar to the previous age group, a slightly higher proportion of children are deprived in the Water dimension in 2019 (36.2%) compared to 2014 (34.7%). The deprivation rates in the Physical development dimension have also decreased over time, especially in the indicator 'Stunting' (4.7%).



Figure 34: Trend analysis. Deprivation headcount rates (%) in each indicator and dimension, 24–59 months



Source: Authors' calculation based on Zimbabwe MICS5 2014 and MICS6 2019

3.6.1.3 Children aged 5-14 years

The levels of deprivation declined from 2014 to 2019 among children aged 5–14 years, except for the Water and Sanitation dimensions (see Figure 35). The Health dimension, measured by the indicator 'Solid cooking fuels', shows a decrease of 7.5 percentage points. Similarly, the Education and Information dimensions show moderate improvements over time. In 2019, 38.7 per cent of children this age experienced deprivation in Water compared to a deprivation rate of 35.7 per cent in 2014. This is mainly driven by the indicator 'Distance to water service'. In the dimension of Sanitation, the deprivation rates in 'Basic hygiene service' have increased, while those in 'Sanitation service' and 'Shared toilet facilities' have decreased.



Figure 35: Trend analysis. Deprivation headcount rates (%) in each indicator and dimension, 5–14 years



Source: Authors' calculation based on Zimbabwe MICS5 2014 and MICS6 2019

3.6.1.4 Children aged 15-17 years

Figure 36 shows the deprivation rates in each indicator and dimension for children aged 15–17 years for 2014 and 2019. In line with the results of previous age groups, children in this age group present lower deprivation rates in the dimensions of Health, Education and Information over time. For example, in the Health dimension, the exposure to solid cooking fuels inside the household dropped from 12.4 per cent to 3.5 per cent. In the Sanitation dimension, the deprivation rates in the indicator 'Basic hygiene service' have increased, while the rates in the two remaining indicators in the dimension have decreased over time. Furthermore, the proportion of children deprived in the indicator 'School attendance' grew by 1.2 per cent, while the deprivation in 'School attainment' almost halved between 2014 and 2019.



Figure 36: Trend analysis. Deprivation headcount rates (%) in each indicator and dimension, 15–17 years

20 12.4 9.3 7.9 3.5 0 Health Education Water Sanitation Information Dimensions 2014 2019

Source: Authors' calculation based on Zimbabwe MICS5 2014 and MICS6 2019

3.6.2 Multidimensional deprivation analysis

3.6.2.1 Deprivation distribution

It is observed that the proportion of children deprived in one or two dimensions increased slightly from 2014 to 2019 (see Figure 37). However, in 2019, fewer children experienced three to five deprivations at the same time compared to 2014. Children in Zimbabwe are still facing multiple deprivations simultaneously, yet the intensity of deprivation has decreased. In other words, most children were still multidimensionally deprived in 2019, but in a lower number of dimensions than in 2014. Children aged 24–59 months show the most progress, with a deprivation distribution more skewed to the left in 2019 compared to 2014.











Source: Authors' calculation based on Zimbabwe MICS5 2014 and MICS6 2019

3.6.2.2 Multidimensional deprivation indices

From 2014 to 2019, the proportion of multidimensionally poor children declined for all age groups (see Table 7). The highest decrease was observed for children aged 24–59 months (49.6% in 2014 compared to 34.3% in 2019). Among all children (0–17 years), 27.1 per cent faced at least three deprivations at the same time in 2014 while in 2019 the multidimensional poverty rate stood at 21.0 per cent. However, the average intensity among the multidimensionally poor children remained relatively stable across time (3.3% in 2014 versus 3.2% in 2019). The adjusted multidimensional deprivation headcount (M0) confirms that Zimbabwean children were overall better off in 2019. The index stood at 0.18 in 2014 and fell to 0.14 in 2019.



Table 7: Trend analysis. Multidimensional deprivation indices, for each age group

Source: Authors' calculation based on Zimbabwe MICS5 2014 and MICS6 2019



4. Conclusion and Recommendations

This report gives an overview of Zimbabwe's progress in addressing child deprivation as per the SDG 1.1 and aims to improve the design of adequate policies. The analysis employs the Multiple Overlapping Deprivation Analysis (MODA) methodology and contextualizes the selection of parameters to the current situation in Zimbabwe by using MICS 6 data collected in 2019. As per MODA's life-cycle approach, the results are disaggregated by four age groups: 0–23 months, 24–59 months, 5–14 years and 15–17 years.

In measuring child poverty in Zimbabwe, nine dimensions of child well-being have been considered, namely Nutrition, Health, Protection, Education, Development, Water, Sanitation, Housing and Information. Of all children in the country, 96.7 per cent are deprived in at least one dimension of well-being. The depth of vulnerability varies across dimensions and age groups, from a 7.7 per cent deprivation rate in Information among children aged 15–17 years, to an 85.2 per cent deprivation rate in Sanitation for children aged 0–23 months. The large disparity in deprivation rates calls for reflection on where the need for policy interventions is greatest to reduce the major vulnerabilities among child populations and across the life cycle. A child is considered to be multidimensionally poor if he/she suffers simultaneously from at least three dimensions of well-being. Multidimensional poverty affects 60.7 per cent of all children in the country. The disaggregation of results by age groups shows that 89.3 per cent of children aged 0–23 months, 75.1 per cent of children aged 24–59 months, 54.5 per cent of children aged 5–14 years, and 44.8 per cent of children aged 15–17 years are multidimensionally poor.

In addition, there are large overlaps across different dimensions of child well-being, which reflects on the severity of poverty in the country. Child poverty is also more severe among children with certain individual, household and geographical characteristics. For instance, children living in rural areas are more likely to be multidimensionally poor compared to children living in urban settings. Furthermore, children living in peripheral regions such as Matabeleland North show higher rates of multidimensional poverty. Children that live in households with more members, are under a male headed household, and live with adults who attained less than secondary education levels are also more at risk of poverty. Multidimensional poverty is more prevalent among girls who are or have been married or pregnant. At the same time, there are no significant differences based on gender, despite small differences that are observed for some dimensions of well-being such as Nutrition and Education.

Based on the findings of the study, the following policy and programme recommendations were formulated:

- Adopt an intrasectoral approach for policies targeting children. In Zimbabwe there
 are large overlaps between dimensions of well-being, which reflects negatively on the
 severity of deprivation among children. Given the overlaps, there is a need to look
 at multisectoral solutions to implement policy actions. The integrated cross-sectoral
 actions have a greater potential for reducing the multidimensional deprivation at
 different stages of a child's life cycle.
- Target the most vulnerable children. The study finds that certain groups of children are particularly vulnerable in Zimbabwe, with a high incidence of multidimensional poverty. Particular attention should be given to children living in rural areas and Matabeleland North, those living in large and labour constraint households, and those at risk of child marriage and early pregnancy, among others. The concentration of deprivations across geographical lines and individual characteristics poses the risk of segregation and social exclusion for children, with adverse effects on their social development and transition to adulthood. Interventions tailored to target these groups of children must be considered in the short to medium term. In addition, interventions should focus on nutrition and protection for younger children, and on improving housing, sanitation, and access to information for all children. Social protection programmes with a 'cash plus' component are examples of such interventions (Neubourg et al., 2021), as they integrate complementary services that target sectoral vulnerabilities. Ensuring that social protection programmes are based on country-specific evidence and regular monitoring will help achieve a higher positive impact on vulnerable children and their families.
- Improve data collection to create a robust framework for measuring and monitoring child well-being. The Multiple Indicator Cluster Surveys (MICS) focus mostly on children younger than five, such that the information on older children is limited. Available data on children are also collected from adults and are largely cross-sectional in design. These data limit the capacity to integrate child reports and voices in observing changes in child development across the childhood. It is further recommended to integrate longitudinal designs in data collection on children and families. Similarly, large-scale surveys should include questionnaires aiming at child-specific responses when collecting data on children.
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Annex 1. List of indicators, dimensions and thresholds used for measuring multidimensional child poverty

Table A.1: List of dimensions, indicators and thresholds for measuring child povertyusing MICS 6

	Indicator	Threshold (Child is deprived if)	0–23 months	24–59 months	5–14 years	15–17 years
Nutrition	Exclusive breastfeeding	0–5 months: Child is not exclusively breastfed	X (0-5 months)			
	Minimum acceptable food frequency & diversity	 6–23 months: Child is not meeting the WHO standards for meal frequency & diversity Minimum meal frequency is defined as: 2 times for breastfed infants 6–8 months 3 times for breastfed children 9– 23 months 4 times for non-breastfed children 6–23 months Dietary diversity refers to the child receiving 4 or more of the following food groups: 1. grains, roots and tubers 2. legumes and nuts 3. dairy products (milk, yogurt, cheese) 4. flesh foods (meat, fish, poultry and liver/organ meats) 5. eggs 6. vitamin A rich fruits and vegetables 7. other fruits and vegetables 	X (6-23 months)			
	Stunting	0–4 years: Child's height for age is <-2 SD from international median (WHO 2006)	Х	Х		
Health	Skilled birth attendance	0–23 months: Unskilled birth attendant assisted with child's birth Skilled: doctor, nurse or midwife, community health officer/nurse Unskilled: traditional birth attendant, village health volunteer, traditional health practitioner, relatives or friends, no one, other	X			

	Indicator	Threshold (Child is deprived if)	0–23 months	24–59 months	5–14 years	15–17 years
Health	Vaccinations (full immunization)	0–23 months: Child did not receive all vaccinations (BCG, Polio, DPT, Measles, Yellow fever) recommended in the national immunization schedule according to his/her age.	Х			
Child development	Early childhood education attendance	48–59 months: Child does not attend any early childhood education.		X (4 years)		
	Child–adult interaction	2–4 years: No household member age 15 or over engages in any of the listed activities with the child (read books/told stories/sang song/took outside/played with/ named or counted).		Х		
Child protection	Inadequate supervision	0–4 years: Child left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the last week.	Х	Х		
	Birth certificate/Registration	0–4 years: Child has no birth certificate and is not registered with the births and deaths registry.	Х	Х		
	Violent discipline	1–14 years: Adults use physical ways (shook child, spanked, hit or slapped child on bottom with bare hand, hitting or slapping a child on the face/head/ears/hand/arm/leg, hit child on the bottom or elsewhere with belt, brush, stick, beat child up as hard as one could and choke or burn (him/her) on purpose) to teach children the right behaviour or to address a behaviour problem.	X (1-2 years)	X	X	
Education	School attendance	5–17 years: Child of compulsory school age is not attending school (UNESCO Compulsory school age).			Х	Х
Water	Level of water service	0–17 years: HH main source of drinking water is unimproved or HH's time needed to go, get water, and come back is more than 30 minutes (WHO). Improved water sources: piped into dwelling, piped into plot or yard, piped into neighbour's plot, public tap/standpipe, tube well/borehole, protected dug well, protected spring, rainwater, bottled water, sachet water. Unimproved water sources:	X	X	X	X

	Indicator	Threshold (Child is deprived if)	0–23 months	24–59 months	5–14 years	15–17 years
Water	Level of water service	unprotected spring, cart with small tank / drum, tanker truck, surface water (river, dam, pond), other.	Х	Х	Х	Х
	Water Quantity	0–17 years: HH did not have sufficient quantities of drinking water at least once in the last month.	Х	Х	Х	Х
Sanitation	Level of sanitation service	0–17 years: HH does not have access to improved sanitation services that are not shared with other households. Improved toilet: flush piped to sewerage, flush to septic tank, flush to pit (latrine), flush to don't know where, ventilated improved pit latrine, pit latrine with slab, composting toilet, pit latrine with seat. Unimproved toilet: flush to an open drain, pit latrine without slab /open pit, bucket, hanging toilet, mobile toilet, no facility/bush/field, other.	Х	Х	X	X
	Hand washing	0–17 years: There is no availability of a place with water and soap, detergent or other materials ¹ for handwashing in the household.	X	X	Х	Х
Housing ²	Overcrowding	0–17 years: HH has on average four or more people per sleeping room.	х	Х	Х	Х
	Electricity	0–17 years: HH has no electricity.	Х	Х	Х	Х
	Materials floor	0–17 years: The floor is made of unimproved/rudimentary materials.	Х	Х	X	X
Information ³	Access to information devices	0–17 years: HH has not reported having any of the following: TV, radio, phone, mobile phone, and computer.	Х	Х	Х	Х

¹Other materials used for hand washing are ash/mud/sand, used only by around 1 per cent of the households in Zimbabwe. ²The housing dimension was not part of the previous MODA because its underlying indicators were used to create a wealth index as a proxy for monetary poverty. Subsequently, a comparative analysis was made between multidimensional and monetary poverty among children in Zimbabwe. ³The indicator was used for children aged five years and above in the previous MODA.

Annex 2. List of indicators, dimensions and thresholds used for measuring multidimensional child poverty for the trend analysis

	Indicator	Threshold (Child is deprived if)	0–23 months	24–59 months	5–14 years	15–17 years
Nutrition	Exclusive breastfeeding	0–5 months: Child is not exclusively breastfed	X (0-5 months)			
	Minimum acceptable food frequency & diversity	 6–23 months: Child is not meeting the WHO standards for meal frequency & diversity Minimum meal frequency is defined as: 2 times for breastfed infants 6–8 months 3 times for breastfed children 9– 23 months 4 times for non-breastfed children 6–23 months Dietary diversity refers to the child receiving 4 or more of the following food groups: 1. grains, roots and tubers 2. legumes and nuts 3. dairy products (milk, yogurt, cheese) 4. flesh foods (meat, fish, poultry and liver/organ meats) 5. eggs 6. vitamin A rich fruits and vegetables 7. other fruits and vegetables 	X (6-23 months)			
	Stunting	0–4 years: Child's height for age is <-2 SD from international median (WHO 2006)	Х	Х		
Health	Skilled birth attendance	0–23 months: Unskilled birth attendant assisted with child's birth Skilled : doctor, nurse or midwife, community health officer/nurse Unskilled : traditional birth attendant, village health volunteer, traditional health practitioner, relatives or friends, no one, other	X			

Water	Water source	0–17 years: Child lives in a household where the main source of drinking water is unimproved (WHO standards) (unimproved sources: unprotected well, unprotected spring, tanker truck, small cart with tank/drum, surface water (river, lake, dam, etc.), bottled water if non-drinking water is unimproved, other) and is not or is inappropriately treated (inappropriate: let it stand, strain through cloth, other).	Х	Х	X	X
	Distance to water source	0–17 years: Child lives in a household where the time needed to go, get water, and come back is more than 30 minutes (WHO standards).	Х	Х	Х	Х
Sanitation	Handwashing	0–17 years: Child lives in a household where water and soap is not available for handwashing in the household.	Х	Х	Х	Х
	Toilet type	2–17 years: Child lives in a household which uses unimproved toilet (WHO) (unimproved sources: flush/pour flush to elsewhere, pit latrine without slab/open bit, bucket, no facilities, bush or field).		Х	Х	Х
	Sharing of toilet facility	2–17 years: Child lives in a household where the toilet facilities are shared by two or more households.		Х	Х	Х
Information	Availability of information/communication devices	5–17 years: Child lives in a household which does not have at least one of the following information devices: TV, radio, phone, mobile phone, computer			Х	Х

Annex 3. Dimensional deprivation rates by age group and all profiling variables

		Nutrition	Health	Protection	Water	Sanitation	Housing	Information
National	National	77.6	59.4	79.6	50.7	85.2	65.5	8.2
Area of	Rural	79.7	62.1	85.6	56.0	87.3	79.5	11.3
residence	Urban	72.9	53.3	66.0	38.6	80.3	33.5	1.2
Provinces	Harare	73.4	55.7	66.7	33.9	82.8	33.6	0.8
	Masvingo	78.1	60.4	88.7	56.1	88.6	69.5	12.7
	Midlands	81.3	57.3	80.1	55.9	83.8	63.3	9.2
	Matabeleland South	74.5	54.4	77.6	61.3	88.7	67.4	8.1
	Matabeleland North	81.5	54.7	72.8 54.3 92.9		86.1	17.4	
	Mashonaland West	80.5	67.9	86.4	53.4	90.2	71.8	9.2
	Mashonaland East	79.6	59.8	82.1	42.8	78.9	71.3	6.3
	Mashonaland Central	73.4	63.8	82.2	54.5	83.1	81.7	11.0
	Manicaland	78.3	60.0	83.3	51.5	88.0	77.3	8.8
	Bulawayo	72.8	45.2	61.5	61.0	63.8	28.9	0.0
Household size	5 or more members	77.7	61.4	81.7	55.0	83.0	65.5	6.7
	3–4 members	77.1	56.7	76.9	45.0	87.8	66.1	9.9
	1–2 members	83.8	53.3	70.2	34.0	96.4	55.2	18.5
Sex of the	Female	80.6	59.6	80.7	51.0	84.7	65.7	13.2
household head	Male	76.2	59.3	79.1	50.5	85.4	65.4	5.8
Education level of household	Secondary or higher education	75.0	56.6	75.9	45.4	83.3	57.3	5.1
head	No education, pre- primary or primary	82.5	64.7	86.4	60.5	88.5	80.5	13.8
Number of children in the	Above median number of children	79.0	62.6	83.3	55.8	84.8	68.9	7.8
household	Less than or equal to median number of children	75.7	55.1	74.6	43.8	85.6	60.9	8.8
Under-5 mortality	No child mortality in the last 5 years	77.0	59.2	79.5	50.4	85.4	65.1	7.7
	At least one case of child mortality in the last 5 years	80.9	75.1	84.5	53.7	81.9	74.9	14.4
Labour constraint	Labour constraint: dependency ratio>2	82.4	65.1	84.7	58.7	87.3	75.9	12.5
	Hld no labour constraint	76.3	57.8	78.2	48.4	84.6	62.6	7.0

Table A.3.1: Dimensional deprivation rates by all profiling variables, 0–23 months

Sex of the child	Girl	75.6	60.0	79.4	52.2	85.8	65.1	9.3
	Воу	79.6	58.8	79.8	49.1	84.6	65.8	7.1
Birth order	7+	88.4	82.3	85.3	72.0	95.0	91.6	22.2
	4 to 6	80.7	65.2	83.8	54.1	86.7	74.8	7.6
	2 to 3	75.6	57.1	77.8	46.3	84.3	62.8	7.3
	1	74.6	59.1	78.1	51.5	84.5	58.3	8.1
Health insurance	No child in the household has health insurance	78.1	60.2	81.2	52.1	86.0	67.7	8.6
	At least one child in the household has health insurance	66.3	42.4	44.5	19.1	67.9	17.4	0.0
Education level of the mother	Middle, secondary or higher	74.2	57.3	75.7	46.0	82.3	58.0	5.3
	No education, pre- primary or primary	85.3	67.6	90.4	62.7	92.7	85.2	15.5
Marital status of the mother	Currently married or living together	77.1	60.2	79.1	51.1	85.4	65.4	7.5
	Not in union	78.9	59.9	84.9	48.3	84.1	67.8	12.0
Age of mother	35+	79.2	64.7	78.1	56.1	84.8	65.0	6.0
at birth	20–34	76.6	58.9	77.9	48.3	85.1	64.5	7.6
	<20	77.5	63.8	87.8	55.0	86.9	71.8	12.2
Living arrangements	Living with at least one biological parent	83.6	43.1	80.7	51.3	79.1	63.6	11.5
	Not living with parents	77.4	60.1	79.6	50.6	85.4	65.6	8.1

		Nutrition	Development	Protection	Water	Sanitation	Housing	Information
National	National	25.3	25.9	83.8	50.6	82.0	64.3	7.3
Area of	Rural	27.1	28.5	86.0	55.8	85.8	78.1	9.8
residence	Urban	20.7	19.4	78.3	37.9	72.4	30.1	1.1
Provinces	Harare	23.7	24.1	80.7	30.2	73.2	32.3	0.9
	Masvingo	21.5	18.8	89.0	60.5	85.5	69.3	10.5
	Midlands	23.3	24.0	86.8	52.6	80.4	64.8	7.3
	Matabeleland South	25.4	31.0	81.1	62.7	91.1	66.2	8.8
	Matabeleland North	25.4	37.3	76.1	57.3	92.5	85.5	12.6
	Mashonaland West	22.9	31.7	86.1	52.5	85.5	68.8	7.5
	Mashonaland East	25.8	30.7	83.1	45.1	79.3	68.5	5.9
	Mashonaland Central	31.0	28.5	83.0	49.1	77.7	78.0	11.1
	Manicaland	30.4	22.0	86.4	52.0	87.4	76.8	8.5
	Bulawayo	19.5	15.9	/2.8	63.8	63.5	23.8	1.3
Housenold size	5 or more members	26.2	29.0	83.5	53.4	80.1	65.2	7.0
	3–4 members	24.1	21.2	84.7	46.5	84.7	64.1	7.6
	1–2 members	16.6	15.7	/9.8	39.9	91.0	45.4	12.5
Sex of the	Female	25.6	26.0	85.4	52.3	82.8	62.7	10.8
head	Male	25.1	25.9	82.9	49.7	81.5	65.2	5.4
Education level of household	Secondary or higher education	23.2	22.5	82.8	43.9	78.6	54.8	4.1
head	No education, pre-primary or primary	28.4	31.2	85.3	60.9	87.3	79.0	12.3
Number of children in the	Above median number of children	26.7	29.8	84.7	54.6	82.2	69.0	8.0
household	Less than or equal to median number of children	23.0	19.9	82.5	44.5	81.7	57.1	6.3
Under-5 mortality	No child mortality in the last 5 years	25.3	25.3	84.5	49.5	82.7	63.7	7.0
	At least one case of child mortality in the last 5 years	34.8	23.6	85.6	55.0	82.7	77.2	11.4

Table A.3.2: Dimensional deprivation rates by all profiling variables, 24–59 months

Labour constraint	Labour constraint: dependency ratio>2 Hld no labour	27.0	31.4	86.0	58.7	86.0	74.5	5.8
	constraint	27.7	24.0	05.0	77.7		00.7	5.0
Sex of the	Girl	22.6	25.0	82.2	50.7	82.3	63.8	7.0
сппа	Male	28.0	26.9	85.5	50.6	81.6	64.8	7.7
Birth order	7+	42.2	34.0	87.3	64.7	90.7	88.1	14.2
	4 to 6	26.3	30.1	85.5	55.2	86.4	72.3	8.7
	2 to 3	24.2	21.7	84.2	45.8	80.3	60.4	5.7
	1	23.0	19.8	84.0	44.4	80.9	54.9	7.5
Health insurance	No child in the household has health insurance	26.0	27.3	84.2	52.1	83.5	67.0	7.7
	At least one child in the household has health insurance	13.0	3.0	76.0	25.0	54.9	17.6	0.3
Education level of the mother	Middle, secondary or higher	22.8	21.5	82.9	42.9	78.3	54.7	4.3
	No education, pre-primary or primary	31.3	31.9	88.0	63.4	91.1	84.0	13.3
Marital status of the mother	Currently married or living together	25.3	24.7	84.4	49.5	82.9	64.6	6.8
	Not in union	26.7	25.7	85.4	49.4	79.5	61.0	9.3
Age of	35+	25.8	24.7	83.3	53.7	81.4	60.7	8.1
mother at	20–34	25.2	24.1	84.5	48.3	82.1	63.1	6.4
Dirth	<20	25.6	24.2	86.7	47.8	86.5	69.9	10.9
Living arrangements	Living with at least one biological parent	24.3	31.6	81.4	57.1	78.5	68.5	7.4
	Not living with parents	25.4	24.8	84.3	49.3	82.7	63.5	7.3

		Education	Protection	Water	Sanitation	Housing	Information
National	National	9.1	47.6	40.9	19.9	64.7	54.4
Area of	Rural	9.9	45.5	51.9	15.7	67.6	59.8
residence	Urban	6.6	53.7	9.0	32.2	56.1	38.6
Provinces	Harare	7.0	58.1	12.5	24.9	61.9	38.2
	Masvingo	7.1	49.9	50.9	21.3	73.0	56.2
	Midlands	9.3	48.2	52.6	14.4	61.3	60.0
	Matabeleland South	11.4	42.7	54.0	30.0	58.3	76.0
	Matabeleland North	12.0	34.9	51.1	15.0	77.6	65.2
	Mashonaland West	12.5	46.1	41.8	19.3	64.9	60.2
	Mashonaland East	8.6	45.2	38.0	14.6	60.4	50.1
	Mashonaland Central	13.5	48.8	41.8	16.4	69.8	33.1
	Manicaland	6.3	45.8	46.7	12.8	65.7	64.1
	Bulawayo	4.2	50.8	2.8	59.7	42.0	33.5
Household	5 or more members	9.7	48.6	43.7	19.9	63.0	56.1
size	3–4 members	7.8	46.6	34.4	20.3	68.8	50.8
	1–2 members	6.1	30.0	33.6	13.8	67.8	47.1
Sex of the	Female	9.4	50.0	41.6	20.4	66.1	56.7
household head	Male	8.9	46.0	40.5	19.6	63.8	52.9
Education level of	Secondary or higher education	6.6	50.9	31.1	22.3	60.9	49.0
household head	No education, pre-primary or primary	12.0	43.8	52.4	17.1	69.2	60.8
Number of children in	Above median number of children	9.8	49.7	44.7	19.9	65.3	57.4
the household	Less than or equal to median number of children	7.3	42.5	31.7	19.9	63.1	47.1
Labour constraint	Labour constraint: dependency ratio>2	10.0	46.6	48.6	20.0	67.4	59.4
	Hld no labour constraint	8.5	48.2	36.3	19.8	63.1	51.4
Sex of the	Girl	8.3	47.6	40.2	19.9	65.2	54.1
child	Воу	9.9	47.7	41.6	19.9	64.3	54.8
Health insurance	No child in the household has health insurance	9.4	47.1	43.0	19.9	65.9	55.9
	At least one child in the household has health insurance	2.8	56.0	8.2	20.2	43.8	31.4
Education	Middle, secondary or higher	6.0	52.4	31.1	20.8	61.7	48.6
level of the mother	No education, pre-primary or primary	14.8	49.7	53.9	17.9	76.7	65.0
Marital status of the	Currently married or living together	8.9	52.4	40.1	19.7	67.5	53.8
mother	Not in union	11.1	46.0	37.2	20.0	66.4	59.2
Living arrangements	Living with at least one biological parent	9.6	40.4	42.8	20.1	58.5	54.5
	Not living with parents	8.9	50.2	40.2	19.9	67.0	54.4

Table A.3.3: Dimensional deprivation rates by all profiling variables, 5–14 years

		Education	Water	Sanitation	Housing	Information
National	National	39.8	49.8	77.2	56.8	7.7
Area of	Rural	43.7	53.8	81.7	71.2	10.1
residence	Urban	29.0	38.7	65.0	17.6	1.3
Provinces	Harare	30.7	34.9	69.4	21.2	0.5
	Masvingo	38.5	55.6	82.1	59.1	10.8
	Midlands	38.3	55.6	74.9	58.7	11.7
	Matabeleland South	57.5	61.2	82.1	56.4	7.4
	Matabeleland North	62.8	50.0	90.2	82.7	12.2
	Mashonaland West	46.6	52.2	83.4	64.0	9.0
	Mashonaland East	38.6	48.6	73.8	58.7	6.6
	Mashonaland Central	52.2	45.7	74.3	74.5	10.5
	Manicaland	23.3	45.8	79.3	65.6	6.1
	Bulawayo	26.5	60.1	56.2	15.0	2.9
Household size	5 or more members	40.2	52.2	77.0	58.0	5.8
	3–4 members	37.5	45.6	76.5	54.7	9.9
	1–2 members	44.2	40.2	82.6	52.3	19.9
Sex of the	Female	40.0	50.2	79.2	60.0	10.4
household head	Male	39.6	49.4	75.7	54.4	5.8
Education level	Secondary or higher education	33.0	43.8	73.2	44.4	4.2
of household head	No education, pre-primary or primary	47.9	56.8	82.1	71.6	11.9
Number of	Above median number of children	41.0	53.4	79.6	60.2	6.7
children in the household	Less than or equal to median number of children	37.3	42.4	72.4	49.9	9.9
Labour	Labour constraint: dependency ratio>2	43.0	54.4	82.3	64.5	12.4
constraint	Hld no labour constraint	37.6	46.8	73.9	51.7	4.7
Sex of the child	Girl	41.1	49.6	75.7	55.7	7.5
	Воу	38.5	49.9	78.5	57.7	8.0
Health insurance	No child in the household has health insurance	40.1	51.7	78.4	59.6	7.8
	At least one child in the household has health insurance	28.8	20.7	49.6	6.7	0.0
Early marriage	Girl is/has been married or pregnant	39.9	49.9	76.7	28.8	24.9
and pregnancy status (girls 15– 17 vears)	Girl has never married or pregnant	46.9	83.2	69.1	0.0	0.0
Education level	Middle, secondary or higher	31.0	43.6	74.4	43.0	2.2
of the mother	No education, pre-primary or primary	48.4	61.7	85.7	77.8	10.6
Marital status	Currently married or living together	36.9	51.5	77.8	54.3	4.5
of the mother	Not in union	38.7	45.2	81.1	60.5	8.1
Living	Living with at least one biological parent	47.6	49.6	74.2	52.6	9.1
arrangements	Not living with parents	34.2	49.8	79.3	59.7	6.8

Table A.3.4: Dimensional deprivation rates by all profiling variables, 15–17 years

Annex 4: Deprivation distribution by age group and all profiling variables

		Number of deprivations								
		0	1	2	3	4	5	6	7	
National	National	0.4	2.6	7.8	15.6	27.0	29.5	14.8	2.5	
Area of	Rural	0.1	1.3	4.4	10.7	25.5	34.6	19.9	3.5	
residence	Urban	1.1	5.5	15.6	26.7	30.2	17.9	3.1	0.0	
Provinces	Harare	1.6	3.7	14.3	29.9	30.8	17.0	2.6	0.2	
	Masvingo	0.0	1.6	4.0	13.8	24.4	36.4	15.5	4.3	
	Midlands	0.0	4.2	9.0	10.0	28.0	28.5	17.9	2.4	
	Matabeleland South	0.0	2.8	5.7	16.3	28.2	28.1	17.0	2.0	
	Matabeleland North	0.5	1.3	4.1	12.9	22.4	34.9	20.0	3.8	
	Mashonaland West	0.0	0.3	7.4	8.9	26.7	33.9	18.9	4.0	
	Mashonaland East	0.0	3.9	10.3	11.3	28.3	28.2	18.0	0.0	
	Mashonaland Central	0.0	2.0	3.8	14.8	25.6	34.7	14.3	4.9	
	Manicaland	0.6	2.1	4.1	13.1	26.3	32.2	19.3	2.2	
	Bulawayo	0.6	6.2	18.3	30.1	26.1	17.0	1.7	0.0	
Household size	5 or more members	0.3	2.7	7.9	14.0	26.7	29.2	17.0	2.3	
	3–4 members	0.5	2.2	7.8	17.6	27.2	30.7	11.7	2.4	
	1–2 members	0.0	6.7	6.3	21.8	29.0	17.8	10.2	8.2	
Sex of the	Female	0.0	2.6	7.9	14.9	24.8	30.2	15.7	4.0	
nousenoid nead	Male	0.6	2.6	7.8	15.9	28.0	29.1	14.4	1.7	
Education level of household	Secondary or higher education	0.6	3.4	10.4	19.0	28.5	26.3	10.8	1.0	
neau	No education, pre-primary or primary	0.0	1.0	3.1	9.2	24.2	35.2	22.2	5.1	
Number of children in the	Above median number of children	0.1	2.1	6.6	13.3	26.1	31.4	17.9	2.6	
nousenola	Less than or equal to median number of children	0.8	3.3	9.4	18.6	28.2	26.8	10.6	2.3	
Under-5 mortality	No child mortality in the last 5 years	0.4	2.4	8.0	15.7	27.4	29.9	13.9	2.4	
	At least one case of child mortality in the last 5 years	0.0	3.6	3.0	13.5	19.9	27.3	29.8	2.9	

Table A.4.1: Deprivation distributions rates by all profiling variables, 0–23 months

Labour constraint	Labour constraint: dependency ratio>2	0.0	1.5	3.7	11.4	23.7	34.1	21.0	4.6
	Hld no labour constraint	0.5	2.9	8.9	16.7	27.9	28.2	13.1	1.9
Sex of the child	Girl	0.6	2.6	7.5	15.6	26.4	28.8	16.0	2.6
	Воу	0.2	2.5	8.1	15.6	27.5	30.1	13.7	2.4
Birth order	7+	0.0	0.0	0.0	2.8	12.7	35.2	43.7	5.7
	4 to 6	0.0	1.3	5.4	12.1	26.4	32.3	20.5	2.1
	2 to 3	0.7	2.8	9.1	17.8	27.1	28.8	11.8	2.0
	1	0.3	3.2	8.3	17.4	28.9	28.3	10.7	3.0
Health insurance	No child in the household has health insurance	0.2	2.0	6.8	15.2	27.3	30.5	15.5	2.6
	At least one child in the household has health insurance	4.8	14.5	30.4	24.4	20.3	5.6	0.0	0.0
Education level	Middle, secondary or higher	0.5	3.2	10.4	18.8	29.2	26.6	10.3	1.0
or the mother	No education, pre-primary or primary	0.0	0.4	0.7	7.5	21.1	37.5	26.8	6.1
Marital status of the mother	Currently married or living together	0.4	2.4	7.7	15.7	27.5	28.9	15.0	2.3
	Not in union	0.0	2.5	7.4	15.2	22.5	34.7	14.3	3.4
Age of mother at	35+	0.0	3.2	6.4	16.6	23.6	29.5	18.9	1.9
Dirth	20–34	0.6	2.7	8.6	16.1	27.8	28.2	14.1	2.0
	<20	0.0	0.9	4.8	12.9	25.5	36.5	14.9	4.5
Living arrangements	Living with at least one biological parent	0.7	5.1	10.3	9.8	32.9	26.2	11.7	3.6
	Not living with parents	0.4	2.5	7.7	15.8	26.7	29.6	14.9	2.4

				Nur	nber of d	leprivati	ons		
		0	1	2	3	4	5	6	7
National	National	1.4	7.0	16.6	27.2	27.5	15.9	4.1	0.4
Area of residence	Rural	0.8	3.5	11.7	25.8	32.0	20.4	5.4	0.5
	Urban	2.8	15.7	28.8	30.8	16.3	4.7	0.7	0.0
Provinces	Harare	2.0	15.2	28.7	31.5	16.9	4.6	0.8	0.3
	Masvingo	1.2	3.2	14.0	27.8	33.1	17.0	3.8	0.0
	Midlands	2.1	7.5	17.3	24.0	27.1	16.4	5.1	0.6
	Matabeleland South	0.2	2.3	11.7	34.2	27.4	17.8	6.1	0.3
	Matabeleland North	0.5	3.1	7.8	25.2	34.2	21.0	7.1	1.1
	Mashonaland West	0.9	5.9	16.3	22.0	30.3	19.0	5.1	0.4
	Mashonaland East	3.0	5.4	17.2	26.3	26.7	17.1	3.8	0.5
	Mashonaland Central	0.7	4.2	13.2	28.5	31.9	15.6	5.4	0.4
	Manicaland	0.3	6.5	10.5	26.6	29.7	21.7	4.2	0.4
	Bulawayo	3.0	14.6	29.9	32.3	13.8	5.0	1.3	0.0
Household size	5 or more members	1.5	7.8	14.8	25.8	27.6	17.6	4.5	0.5
	3–4 members	1.2	5.6	18.9	29.6	27.5	13.7	3.5	0.1
	1–2 members	0.0	7.2	29.6	30.4	24.9	5.3	1.5	1.2
Sex of the	Female	1.5	5.6	15.9	28.1	27.5	15.8	4.8	0.7
nousenoiu neau	Male	1.3	7.7	16.9	26.8	27.5	15.9	3.7	0.2
Education level of household head	Secondary or higher education	1.7	9.7	21.2	29.0	24.6	11.4	2.4	0.1
	No education, pre-primary or primary	0.8	2.9	9.5	24.7	31.8	22.7	6.7	0.8
Number of children in the household	Above median number of children	1.2	6.0	13.6	25.8	29.4	18.4	5.0	0.6
	Less than or equal to median number of children	1.7	8.4	21.1	29.4	24.5	12.0	2.7	0.1
Under-5 mortality	No child mortality in the last 5 years	1.3	7.1	16.7	27.3	27.9	15.4	4.0	0.3
	At least one case of child mortality in the last 5 years	1.4	5.3	9.7	30.2	24.9	18.8	7.6	2.1

Table A.4.2: Deprivation distribution by all profiling variables, 24–59 months

Labour constraint	Labour constraint: dependency ratio>2	1.0	3.8	10.2	24.9	32.5	20.3	6.5	0.6
	HId no labour constraint	1.5	8.1	18.9	28.1	25.7	14.3	3.2	0.3
Sex of the child	Girl	1.5	7.6	17.2	27.3	27.6	14.7	3.9	0.3
	Воу	1.2	6.3	16.0	27.2	27.4	17.2	4.3	0.4
Birth order	7+	0.5	0.9	7.7	20.1	26.9	29.9	11.7	2.3
	4 to 6	1.5	4.2	11.3	26.5	31.1	19.4	5.6	0.4
	2 to 3	1.0	9.2	18.1	30.6	25.1	12.3	3.5	0.2
	1	1.8	9.4	21.9	25.8	25.7	12.3	2.7	0.4
Health insurance	No child in the household has health insurance	1.1	5.6	15.3	27.7	28.7	16.8	4.3	0.4
	At least one child in the household has health insurance	5.3	31.2	38.3	19.7	5.3	0.3	0.0	0.0
Education level of	Middle, secondary or higher	1.9	9.7	21.1	29.6	24.6	10.8	2.2	0.1
the mother	No education, pre-primary or primary	0.0	1.5	7.1	23.4	33.5	25.4	8.1	1.0
Marital status of the mother	Currently married or living together	1.2	7.0	16.6	27.9	27.4	15.5	4.0	0.4
	Not in union	1.7	7.7	16.7	25.8	27.9	15.5	4.5	0.3
Age of mother at	35+	2.0	6.8	18.2	26.5	24.0	17.1	5.3	0.2
DIFUI	20–34	1.3	8.2	16.1	28.6	27.0	14.6	4.0	0.4
	<20	0.8	4.3	17.5	25.8	30.2	15.9	4.6	0.9
Living arrangements	Living with at least one biological parent	1.7	4.5	15.9	25.7	30.2	18.9	2.9	0.3
	Not living with parents	1.3	7.5	16.7	27.5	26.9	15.3	4.3	0.4

				Numbe	r of depr	ivations		
		0	1	2	3	4	5	6
National	National	3.7	14.6	27.2	31.6	18.7	3.8	0.3
Area of	Rural	2.3	10.1	24.3	35.4	22.6	5.0	0.4
residence	Urban	7.8	27.8	35.9	20.7	7.3	0.5	0.0
Provinces	Harare	8.0	25.5	37.7	20.2	7.7	0.8	0.2
	Masvingo	3.1	9.6	25.0	35.3	23.0	3.9	0.2
	Midlands	3.6	17.0	21.8	32.0	18.8	6.3	0.6
	Matabeleland South	1.7	9.4	29.0	36.2	18.5	4.1	1.1
	Matabeleland North	1.7	6.5	26.0	34.5	24.4	6.4	0.4
	Mashonaland West	2.6	15.3	24.5	31.7	20.4	5.1	0.4
	Mashonaland East	3.7	16.7	30.3	29.5	16.9	2.7	0.2
	Mashonaland Central	2.3	12.2	23.7	34.0	22.1	5.1	0.6
	Manicaland	2.8	11.2	25.0	36.1	21.9	3.0	0.0
	Bulawayo	10.4	23.8	36.3	21.8	7.4	0.3	0.0
Household size	5 or more members	3.6	14.4	26.0	31.6	19.7	4.2	0.4
	3–4 members	3.8	14.4	30.0	32.2	16.4	2.9	0.3
	1–2 members	5.8	21.3	31.7	25.4	13.8	1.9	0.0
Sex of the	Female	3.3	11.7	27.1	31.8	20.7	4.9	0.5
household head	Male	4.0	16.6	27.3	31.5	17.4	3.0	0.2
Education level of household	Secondary or higher education	5.3	19.6	30.0	29.0	14.0	2.1	0.1
head	No education, pre-primary or primary	1.9	8.7	24.0	34.7	24.2	5.9	0.6
Number of children in the	Above median number of children	3.0	12.6	25.4	32.9	21.2	4.5	0.4
household	Less than or equal to median number of children	5.5	19.5	31.8	28.4	12.7	2.0	0.1
Labour constraint	Labour constraint: dependency ratio>2	2.6	9.9	23.4	36.0	22.3	5.2	0.6
	Hld no labour constraint	4.4	17.4	29.5	29.0	16.5	3.0	0.2
Sex of the child	Girl	3.9	14.4	27.6	32.0	18.2	3.6	0.3
	Воу	3.6	14.8	26.8	31.3	19.3	4.0	0.3
Health insurance	No child in the household has health insurance	3.2	13.0	26.6	32.9	19.8	4.1	0.3
	At least one child in the household has health insurance	13.3	37.0	36.8	11.1	1.7	0.1	0.0
Education level	Middle, secondary or higher	4.7	18.6	31.4	28.9	14.6	1.8	0.1
of the mother	No education, pre-primary or primary	1.3	6.0	20.3	35.3	28.7	7.6	0.8
Marital status of	Currently married or living	3.3	14.3	26.9	31.4	19.8	3.9	0.3
the mother	together Not in union	3.9	11.8	29.0	30.5	20.5	4.0	0.4

Table A.4.3: Deprivation distribution by all profiling variables, 5–14 years

			1	Number of	f deprivation	าร	
		0	1	2	3	4	5
National	National	6.7	20.0	28.5	27.3	15.4	2.2
Area of residence	Rural	3.8	13.6	26.9	32.7	20.0	3.0
	Urban	14.5	37.5	32.7	12.6	2.8	0.0
Provinces	Harare	11.0	41.5	31.5	12.0	3.7	0.2
	Masvingo	3.2	19.6	23.8	36.0	16.0	1.3
	Midlands	8.1	20.7	22.7	24.1	21.2	3.3
	Matabeleland South	3.2	14.8	24.5	32.7	21.4	3.4
	Matabeleland North	1.1	9.1	18.3	38.5	28.4	4.6
	Mashonaland West	6.6	13.3	26.1	30.0	20.8	3.3
	Mashonaland East	6.8	19.7	32.3	25.1	14.0	2.2
	Mashonaland Central	3.5	12.6	31.0	32.8	16.8	3.4
	Manicaland	8.2	17.0	34.9	27.5	11.2	1.2
	Bulawayo	14.7	29.9	37.9	15.0	2.5	0.0
Household size	5 or more members	6.5	19.8	27.6	28.1	16.4	1.7
	3–4 members	8.2	19.6	30.8	25.4	12.7	3.2
	1–2 members	2.4	23.7	28.6	26.7	15.1	3.5
Sex of the	Female	6.3	18.0	28.4	27.1	17.3	2.9
nousenoid nead	Male	7.0	21.5	28.6	27.4	13.9	1.7
Education level of	Secondary or higher education	9.7	26.4	30.7	22.6	9.4	1.0
nousenoid nead	No education, pre-primary or primary	3.1	12.2	25.8	32.9	22.5	3.6
Number of children in the household	Above median number of children	5.6	17.9	27.9	29.2	17.4	1.9
	Less than or equal to median number of children	8.9	24.2	29.6	23.4	11.1	2.8
Labour constraint	Labour constraint: dependency ratio >2	3.9	15.0	27.6	30.8	19.3	3.4
	Hld no labour constraint	8.5	23.2	29.1	25.0	12.8	1.4
Sex of the child	Girl	7.9	19.6	27.8	26.8	15.5	2.4
	Воу	5.6	20.4	29.1	27.7	15.2	2.0
Health insurance	No child in the household has health insurance	5.6	18.9	28.7	28.1	16.2	2.4
	At least one child in the household has health insurance	31.1	38.4	24.1	6.4	0.0	0.0
Early marriage and pregnancy status	Girl is/has been married or pregnant	5.8	22.7	33.1	22.4	16.1	0.0
(girls 15–17 years)	Girl has never married or pregnant	0.0	16.8	67.2	16.0	0.0	0.0
Education level of	Middle, secondary or higher	10.0	25.6	33.0	23.2	7.7	0.4
the mother	No education, pre-primary or primary	2.2	10.4	21.9	36.2	25.2	4.1
Marital status of the mother	Currently married or living together	7.8	19.7	28.8	28.4	13.7	1.5
	Not in union	4.8	21.3	29.7	26.1	15.5	2.5
Living arrangements	Living with at least one biological parent	6.2	21.3	27.5	25.8	16.7	2.5
	Not living with parents	7.0	19.1	29.2	28.3	14.4	2.0

Table A.4.4: Deprivation distribution rates by all profiling variables, 15–17 years

Annex 5: Multidimensional poverty indices by all age groups and profiling variables

Table A.5.1: Multidimensional poverty indices by all profiling variables, 0–23 months

	k=7	0.03	0.04	0.00	0.00	0.04	0.02	0.02	0.04	0.04	0.00	0.05	0.02	0.00	0.02	0.02	0.08	0.04	0.02	0.01	. 0.05	0.03	0.02	. 0.02
unt (MO)	k=6	0.15	0.21	0.03	0.02	0.18	0.18	0.17	0.21	0.20	0.15	0.17	0.19	0.02	0.17	0.12	0.17	0.17	0.14	0.10	0.24	0.18	0.11	0.14
leadcor	k=5	0.36	0.45	0.16	0.15	0. 44	0.38	0.37	0.46	0.44	0.36	0.42	0.42	0.14	0.38	0.34	0.30	0.39	0.35	0.29	0.49	0.40	0.31	0.36
vation h	k=4	0.52	09.0	0.33	0.32	0.58	0.54	0.53	0.59	0.60	0.52	0.57	0.57	0.29	0.53	0.50	0.46	0.53	0.51	0.45	0.63	0.55	0.47	0.51
ed depri	k=3	0.58	0.65	0.44	0.45	0.64	0.58	0.60	0.64	0.63	0.57	0.63	0.62	0.41	0.59	0.57	0.56	0.60	0.58	0.54	0.67	0.61	0.55	0.58
Adjuste	k=2	0.61	0.66	0.49	0.49	0.65	0.61	0.61	0.65	0.66	09.0	0.64	0.64	0.47	0.61	0.60	0.57	0.62	0.60	0.57	0.68	0.63	0.57	0.60
	k=1	0.61	0.66	0.49	0.50	0.65	0.62	0.62	0.66	0.66	09.0	0.64	0.64	0.48	0.62	0.60	0.58	0.62	0.60	0.57	0.68	0.63	0.58	0.61
orived	k=7	7.0	7.0		7.0	7.0	7.0	7.0	7.0	7.0		7.0	7.0		7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0
the dep	k=6	6.1	6.2	6.0	6.1	6.2	6.1	6.1	6.2	6.2	6.0	6.3	6.1	6.0	6.1	6.2	6.5	6.2	6.1	6.1	6.2	6.1	6.2	6.2
among	k=5	5.4	5.5	5.2	5.2	5.4	5.5	5.5	5.5	5.5	5.4	5.5	5.4	5.1	5.4	5.4	5.7	5.5	5.4	5.3	5.5	5.4	5.4	5.4
ntensity . of dep	k=4	4.9	5.0	4.5	4.5	5.0	4.9	4.9	5.1	5.0	4.9	5.0	5.0	4.5	4.9	4.9	5.0	5.0	4.9	4.8	5.1	5.0	4.8	4.9
ivation i \), in no	k=3	4.6	4.8	4.0	3.9	4.7	4.7	4.6	4.8	4.8	4.6	4.7	4.7	3.9	4.6	4.5	4.5	4.7	4.5	4.4	4.9	4.7	4. 4.	4.6
ge depr (/	k=2	4.4	4.7	3.6	3.6	4.6	4.5	4.4	4.7	4.6	4.3	4.6	4.6	3.5	4.4	4.3	4.3	4. 4.	4.3	4.1	4.8 8	4.5	4.2	4.3
Avera	k=1	4.3	4.6	3.5	3.5	4.5	4.3	4.3	4.6	4.6	4.2	4.5	4.5	3.4	4.3	4.2	4.1	4. 4.	4.2	4.0	4.8 8	4. 4.	4.1	4.3
	k=7	2.5	3.5	0.0	0.2	4.3	2.4	2.0	3.8	4.0	0.0	4.9	2.2	0.0	2.3	2.4	8.2	4.0	1.7	1.0	5.1	2.6	2.3	2.4
ł) in %	k=6	17.3	23.5	3.1	2.8	19.8	20.3	19.0	23.9	22.9	18.0	19.2	21.5	1.7	19.2	14.1	18.3	19.7	16.1	11.8	27.4	20.5	12.9	16.2
ratio (F	k=5	46.7	58.0	21.0	19.8	56.2	48.8	47.0	58.8	56.8	46.2	53.8	53.7	18.7	48.4	44.7	36.1	49.9	45.2	38.1	62.6	51.9	39.7	46.1
adcount	k=4	73.7	83.6	51.2	50.5	80.6	76.8	75.3	81.2	83.4	74.5	79.4	80.0	44.8	75.1	72.0	65.2	74.7	73.2	66.6	86.7	78.0	67.9	73.5
ation he	k=3	89.3	94.3	77.9	80.4	94.4	86.8	91.5	94.1	92.3	85.8	94.2	93.1	74.9	89.2	89.6	87.0	89.6	89.1	85.6	96.0	91.3	86.5	89.1
Depriva	k=2	97.0	98.6	93.4	94.7	98.4	95.8	97.2	98.1	99.7	96.1	98.0	97.3	93.2	97.0	97.3	93.3	97.4	96.9	96.0	<u> 0.0</u>	97.9	95.9	97.2
	k=1	9.6	99.9	98.9	98.4	0 100.	100. 0	0 100.	99.5	100. 0	100. 0	100. 0	99.4	99.4	99.7	99.5	0 100.	100. 0	99.4	99.4	0.0	0.0	99.2	<u> 9</u> .66
		National	Rural	Urban	Harare	Masvingo	Midlands	Matabeleland South	Matabeleland North	Mashonaland West	Mashonaland East	Mashonaland Central	Manicaland	Bulawayo	5 or more members	3-4 members	1-2 members	Female	Male	Secondary or higher education	No education, pre-primary or primary	Above median number of children	Less than or equal to median number of children	No child mortality in the last 5 years
		National	Area of	aplianical	Provinces										Household size			Sex of the household	head	Education level of household	head	Number of children in the household		Under-5 mortality

	Labour constraint		Sex of the	CUILD	Birth order				Health insurance		Education level of the mother		Marital status of the mother		Age of mother at birth			Living arrangements	
At least one case of child mortality in the last 5 years	Labour constraint: dependency ratio>2	HId no labour constraint	Girl	Boy	7+	4 to 6	2 to 3	-	No child in the household has health insurance	At least one child in the household has health insurance	Middle, secondary or higher	No education, pre-primary or primary	Currently married or living together	Not in union	35+	20–34	<20	Living with at least one biological parent	Not living with
0. 0	100. 0	99.5	99.4	99.8	0 <u>1</u> 00.	100. 0	99.3	99.7	<u>9</u> 9.8	95.2	<u> 99.5</u>	0.00	<u> 9</u> .66	100. 0	0 <u>1</u> 00.	99.4	100. 0	99.3	99.6
96.4	98.5	96.6	96.8	97.3	0 <u>1</u> 00.	98.7	96.5	96.5	97.8	80.7	96.2	9.66	97.2	97.5	96.8	96.8	99.1	94.3	97.2
93.5	94.7	87.7	89.3	89.2	0 <u>1</u> 00.	93.3	87.4	88.2	91.0	50.3	85.9	98.9	89.4	90.1	90.4	88.2	94.3	84.0	89.5
79.9	83.3	71.0	73.7	73.7	97.2	81.3	69.6	70.9	75.9	25.9	67.0	91.5	73.7	74.9	73.9	72.1	81.4	74.2	73.7
60.0	59.7	43.1	47.3	46.2	84.6	54.9	42.6	42.0	48.6	5.6	37.9	70.4	46.2	52.4	50.2	44.3	55.9	41.4	46.9
32.7	25.6	14.9	18.5	16.0	49.3	22.5	13.8	13.7	18.0	0.0	11.3	32.9	17.3	17.7	20.8	16.1	19.4	15.2	17.3
2.9	4.6	1.9	2.6	2.4	5.7	2.1	2.0	3.0	2.6	0.0	1.0	6.1	2.3	3.4	1.9	2.0	4.5	3.6	2.4
4.7	4.7	4.2	4.3	4.3	5.4	4.5	4.1	4.2	4.3	2.7	4.0	5.0	4.3	4.4	4.3	4.2	4.6	4.2	4.3
4.8	4.7	4.3	4.4	4.3	5.4	4.6	4.2	4.3	4.4	3.0	4.1	5.0	4.4	4.5	4.5	4.3	4.6	4.3	4.4
4.9	4. 8.	4.5	4.6	4.6	5.4	4.7	4.5	4.5	4.6	3.0	4. 4.	5.0	4.6	4.7	4.6	4.5	4.7	4.6	4.6
5.2	5.	4.8	4.9	4.9	5.4	5.0	4.8	4.8	4.9	4 2	4. 8.	5.2	4.9	5.0	5.0	4.9	5.0	4.8	4.9
5.6	5.5	5.4	5.5	5.4	5.7	5.5	5.4	5.4	5.4	5.0	5.3	5.6	5.4	5.4	5.5	5.4	5.4	5.5	5.4
6.1	6.2	6.1	6.1	6.2	6.1	6.1	6.2	6.2	6.1		6.1	6.2	6.1	6.2	6.1	6.1	6.2	6.2	6.1
7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0		7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0
0.67	0.67	0.59	0.61	0.61	0.77	0.65	0.59	0.59	0.62	0.37	0.57	0.71	0.61	0.62	0.62	0.60	0.65	0.59	0.61
0.66	0.66	0.59	0.61	0.60	0.77	0.65	0.58	0.59	0.62	0.35	0.57	0.71	0.61	0.62	0.62	0.60	0.65	0.58	0.61
0.65	0.65	0.56	0.59	0.58	0.77	0.63	0.56	0.56	0.60	0.26	0.54	0.71	0.58	0.60	0.60	0.57	0.63	0.55	0.58
0.59	0.61	0.49	0.52	0.51	0.76	0.58	0.48	0.49	0.53	0.16	0.46	0.68	0.52	0.53	0.53	0.50	0.58	0.51	0.52
0.48	0.47	0.33	0.37	0.36	0.68	0.43	0.33	0.32	0.38	0.04	0.29	0.56	0.36	0.40	0.39	0.34	0.43	0.32	0.36
0.28	0.23	0.13	0.16	0.14	0.43	0.20	0.12	0.12	0.16	00.0	0.10	0.29	0.15	0.16	0.18	0.14	0.17	0.14	0.15
0.03	0.05	0.02	0.03	0.02	0.06	0.02	0.02	0.03	0.03	0.00	0.01	0.06	0.02	0.03	0.02	0.02	0.05	0.04	0.02

Table A.5.2: Multidimensional poverty indices by all profiling variables, 24–59 months

	k=7	0.00	0.01	0.00	0.00	0.00	0.01	00.0	0.01	00.0	0.00	00.0	0.00	0.00	0.01	0.00	0.01	0.01	0.00	00.0	0.01	0.01	0.00	0.00
(M0)	k=6	0.04	0.05	0.01	0.01	0.03	0.05	0.06	0.07	0.05	0.04	0.05	0.04	0.01	0.04	0.03	0.02	0.05	0.03	0.02	0.07	0.05	0.03	0.04
eadcour	k=5	0.15	0.20	0.04	0.04	0.15	0.17	0.18	0.22	0.18	0.16	0.16	0.20	0.05	0.17	0.13	0.06	0.16	0.15	0.10	0.23	0.18	0.11	0.15
/ation he	k=4	0.31	0.38	0.13	0.14	0.34	0.32	0.34	0.42	0.36	0.31	0.34	0.37	0.13	0.33	0.29	0.20	0.32	0.31	0.24	0.41	0.35	0.25	0.31
ed depriv	k=3	0.43	0.49	0.27	0.27	0.46	0.42	0.49	0.53	0.45	0.43	0.47	0.48	0.27	0.44	0.41	0.33	0.44	0.42	0.37	0.52	0.46	0.38	0.42
Adjuste	k=2	0.47	0.52	0.35	0.36	0.50	0.47	0.52	0.55	0:50	0.47	0:50	0.51	0.35	0.48	0.47	0.42	0.49	0.47	0.43	0.54	0.50	0.44	0.47
	k=1	0.48	0.53	0.37	0.38	0.51	0.48	0.52	0.55	0.51	0.48	0.51	0.52	0.37	0.49	0.47	0.43	0.49	0.48	0.44	0.55	0.51	0.45	0.48
orived	k=7	7.0	7.0		7.0		7.0	7.0	7.0	7.0	7.0	7.0	7.0		7.0	7.0	7.0	7.0	7.0	7.0	7.0	2.0	7.0	7.0
l the de s	k=6	6.1	6.1	6.0	6.3	6.0	6.1	6.1	6.1	6.1	6.1	6.1	6.1	6.0	6.1	6.0	6.4	6.1	6.1	6.0	6.1	6.1	6.0	6.1
/ among privation	k=5	5.2	5.3	5.1	5.2	5.2	5.3	5.3	5.3	5.2	5.2	5.3	5.2	5.2	5.3	5.2	5.5	5.3	5.2	5.2	5.3	5.3	5.2	5.2
intensity o. of dep	k=4	4.5	4.6	4.3	4.3	4.5	4.6	4.6	4.6	4.6	4.5	4.5	4.6	4. 4	4.6	4.5	4.4	4.6	4.5	4. 4	4.6	4.6	4.5	4.5
rivation A), in no	k=3	4.0	4.1	3.5	3.6	4.0	4.1	4.0	4.2	4.1	4.0	4.0	4.1	3.5	4.0	3.9	3.7	4.0	4.0	3.8	4.2	4.1	3.8	4.0
age dep)	k=2	3.6	3.8	3.0	3.0	3.7	3.7	3.7	4.0	3.7	3.6	3.7	3.8	3.0	3.7	3.5	3.2	3.7	3.6	3.4 4.	4.0	3.8 .0	ю 4	3.6
Avera	k=1	3.4	3.7	2.7	2.7	3.6	3.5	3.7	3.9	3.6	3.5	3.6	3.6	2.7	3.5	3.4	3.0	3.5	3.4	3.2	3.9	3.6	3.2	3.4 2.4
	k=7	0.4	0.5	0.0	0.3	0.0	0.6	0.3	1.	0.4	0.5	0.4	0.4	0.0	0.5	0.1	1.2	0.7	0.2	0.1	0.8	0.6	0.1	0.3
H) in %	k=6	4.5	6.0	0.7	1.0	3.8	5.6	6.4	8.2	5.6	4.3	5.9	4.6	1.3	5.0	3.6	2.7	5.5	3.9	2.4	7.6	5.5	2.9	4. 4.
nt ratio (k=5	20.4	26.4	5.4	5.7	20.7	22.1	24.2	29.2	24.5	21.4	21.4	26.3	6.4	22.6	17.3	7.9	21.4	19.8	13.9	30.3	24.0	14.9	19.8
eadcoui	k=4	47.9	58.3	21.8	22.6	53.9	49.1	51.6	63.4	54.9	48.1	53.4	56.1	20.2	50.2	44.7	32.8	48.8	47.3	38.5	62.2	53.4	39.4	47.7
/ation h	k=3	75.1	84.1	52.6	54.1	81.7	73.1	85.8	88.6	76.9	74.4	81.8 8	82.7	52.5	76.0	74.4	63.2	76.9	74.1	67.5	86.8	79.2	68.8	74.9
Depriv	k=2	91.7	95.8	81.4	82.7	92.6	90.4	97.5	96.3	93.2	91.6	95.1	93.2	82.4	90.7	93.3	92.8	92.9	91.0	88.6	96.3	92.8	89.9	91.6
	k=1	98.7	99.2	97.2	98.0	98.8	97.9	99.8	99.5	99.1	97.0	99.3	99.7	97.0	98.5	98.8	00.0	98.5	98.7	98.3	99.2	98.9	98.3	98.7
		National	Rural	Urban	Harare	Masvingo	Midlands	Matabeleland South	Matabeleland North	Mashonaland West	Mashonaland East	Mashonaland Central	Manicaland	Bulawayo	5 or more members	3-4 members	1-2 members	Female	Male	Secondary or higher education	No education, pre-primary or primary	Above median number of children	Less than or equal to median number of children	No child mortality in the last 5 years
		National	Area of	lesidence	Provinces										Household size			Sex of the	head	Education level of household	head	Number of children in the household		Under-5 mortality

	k=7	0.00	0.01	0.00	0.00	0.00	0.01	00.0	0.01	0.00	0.00	0.00	0.00	00.0	0.01	0.00	0.01	0.01	0.00	0.00	0.01	0.01	0.00	0.00
nt (MO)	k=6	0.04	0.05	0.01	0.01	0.03	0.05	0.06	0.07	0.05	0.04	0.05	0.04	0.01	0.04	0.03	0.02	0.05	0.03	0.02	0.07	0.05	0.03	0.04
eadcou	k=5	0.15	0.20	0.04	0.04	0.15	0.17	0.18	0.22	0.18	0.16	0.16	0.20	0.05	0.17	0.13	0.06	0.16	0.15	0.10	0.23	0.18	0.11	0.15
vation h	k=4	0.31	0.38	0.13	0.14	0.34	0.32	0.34	0.42	0.36	0.31	0.34	0.37	0.13	0.33	0.29	0.20	0.32	0.31	0.24	0.41	0.35	0.25	0.31
ed depri	k=3	0.43	0.49	0.27	0.27	0.46	0.42	0.49	0.53	0.45	0.43	0.47	0.48	0.27	0.44	0.41	0.33	0.44	0.42	0.37	0.52	0.46	0.38	0.42
Adjust	k=2	0.47	0.52	0.35	0.36	0.50	0.47	0.52	0.55	0.50	0.47	0.50	0.51	0.35	0.48	0.47	0.42	0.49	0.47	0.43	0.54	0.50	0.44	0.47
	k=1	0.48	0.53	0.37	0.38	0.51	0.48	0.52	0.55	0.51	0.48	0.51	0.52	0.37	0.49	0.47	0.43	0.49	0.48	0.44	0.55	0.51	0.45	0.48
prived	k=7	7.0	7.0		7.0		7.0	7.0	7.0	7.0	7.0	7.0	7.0		7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0	7.0
g the de Is	k=6	6.1	6.1	6.0	6.3	6.0	6.1	6.1	6.1	6.1	6.1	6.1	6.1	0.0	6.1	6.0	6.4	6.1	6.1	0.0	6.1	6.1	6.0	6.1
y among privatior	k=5	5.2	5.3	5.1	5.2	5.2	5.3	5.3	5.3	5.2	5.2	5.3	5.2	5.2	5.3	5.2	5.5	5.3	5.2	5.2	5.3	5.3	5.2	5.2
intensit o. of del	k=4	4.5	4.6	4.3	4.3	4.5	4.6	4.6	4.6	4.6	4.5	4.5	4.6	4 4	4.6	4.5	4. 4.	4.6	4.5	4 4	4.6	4.6 6	4.5	4.5
orivation (A), in n	k=3	4.0	4.1	3.5	3.6	4.0	4.1	4.0	4.2	4.1	4.0	4.0	4.1	3.5	4.0	3.9	3.7	4.0	4.0	3.8 3	4.2	4	3. 9. 9.	4.0
age dep	k=2	3.6	3.8	3.0	3.0	3.7	3.7	3.7	4.0	3.7	3.6	3.7	3.8	3.0	3.7	3.5	3.2	3.7	3.6	3.4	4.0	3.8 .0	3.4	3.6
Aver	k=1	3.4	3.7	2.7	2.7	3.6	3.5	3.7	3.9	3.6	3.5	3.6	3.6	2.7	3.5	3.4 4	3.0	3.5	3.4	3.2	3.9	3.6	3.2	Э.4
	k=7	0.4	0.5	0.0	0.3	0.0	0.6	0.3	<u>+</u>	0.4	0.5	0.4	0.4	0.0	0.5	0.1	1.2	0.7	0.2	0.1	0.8	0.6	0.1	0.3
(H) in %	k=6	4.5	6.0	0.7	1.0	3.8	5.6	6.4	8.2	5.6	4.3	5.9	4.6	1.3	5.0	3.6	2.7	5.5	3.9	2.4	7.6	5.5	2.9	4 4.
nt ratio	k=5	20.4	26.4	5.4	5.7	20.7	22.1	24.2	29.2	24.5	21.4	21.4	26.3	6.4	22.6	17.3	7.9	21.4	19.8	13.9	30.3	24.0	14.9	19.8
leadcou	k=4	47.9	58.3	21.8	22.6	53.9	49.1	51.6	63.4	54.9	48.1	53.4	56.1	20.2	50.2	44.7	32.8	48.8	47.3	38.5	62.2	53.4	39.4	47.7
ivation h	k=3	75.1	84.1	52.6	54.1	81.7	73.1	85.8	88.6	76.9	74.4	81.8	82.7	52.5	76.0	74.4	63.2	76.9	74.1	67.5	86.8	79.2	68.8	74.9
Depri	k=2	91.7	95.8	81.4	82.7	95.6	90.4	97.5	96.3	93.2	91.6	95.1	93.2	82.4	90.7	93.3	92.8	92.9	91.0	88.6	96.3	92.8	89.9	91.6
	k=1	98.7	99.2	97.2	98.0	98.8	97.9	99.8	99.5	99.1	97.0	99.3	99.7	97.0	98.5	98.8	0 100.	98.5	98.7	98.3	99.2	98.9 0	98.3	98.7
		National	Rural	Urban	Harare	Masvingo	Midlands	Matabeleland South	Matabeleland North	Mashonaland West	Mashonaland East	Mashonaland Central	Manicaland	Bulawayo	5 or more members	3-4 members	1-2 members	Female	Male	Secondary or higher education	No education, pre-primary or primary	Above median number of children	Less than or equal to median number of children	No child mortality in the last 5 years
		National	Area of	esidence	Provinces										Household size			Sex of the	head	Education level of household	head	Number of children in the household		Under-5 mortality

Table A.5.3: Multidimensional poverty indices by all profiling variables, 5–14 years

headcount (M0)	k=4 k=5 k=6	0.16 0.04 0.00	0.20 0.05 0.00	0.05 0.00 0.00	0.06 0.01 0.00	0.19 0.03 0.00	0.18 0.06 0.01	0.17 0.05 0.01	0.22 0.06 0.00	0.18 0.05 0.00	0.02 0.00	0.20 0.05 0.01	0.17 0.03 0.00	0.05 0.00 0.00	0.04 0.00	0.14 0.03 0.00	0.11 0.02 0.00	0.18 0.05 0.01	0.03 0.00	0.11 0.02 0.00	0.22 0.06 0.01	0.18 0.04 0.00	
deprivation	k=3	0.32 (0.37 0	0.16 0	0.16 0	0.36 0	0.34 0	0.35 (0.39 (0.34 (0.28 (0.37 (0.35 0	0.16 0	0.33 (0.30 0	0.24 0	0.34 0	0.30 0	0.26 (0.39 (0.35 (
Adjusted c	1 k=2	3 0.41	7 0.45	2 0.28	3 0.29	6 0.45	4 0.42	6 0.45	9 0.48	5 0.42	1 0.39	.7 0.45	5 0.44	2 0.28	4 0.42	2 0.40	8 0.34	5 0.43	2 0.39	9 0.36	8 0.47	5 0.43	
he	k=6 k=	6.0 0.4	6.0 0.4	6.0 0.3	6.0 0.3	6.0 0.4	6.0 0.4	6.0 0.4	6.0 0.4	6.0 0.4	6.0 0.4	6.0 0.4	0.4	0.3	6.0 0.4	6.0 0.4	0.3	6.0 0.4	6.0 0.4	6.0 0.3	6.0 0.4	6.0 0.4	
ty among t	k=5	5.1	5.1	5.1	5.2	5.0	5.1	5.2	5.1	5.1	5.1	5.1	5.0	5.0	5.1	5.1	5.0	5.1	5.1	5.1	5.1	5.1	
tion intensi in no. of de	=3 k=4	5 4.2	5 4.2	3 4.1	3 4.1	5 4.2	6 4.3	5 4.3	6 4.2	6 4.2	5 4.2	6 4.2	5 4.1	3 4.0	5 4.2	5 4.2	4.1	6 4.2	5 4.2	4.1	.6 4.2	5 4.2	
ige depriva prived (A),	k=2 k=	3.0 3.	3.1 3.	2.6 3.	2.6 3.	3.1 3.	3.1 3.	3.0 3.	3.1 3.	3.1 3.	2.9 3.	3.1 3.	3.0 3.	2.6 3.	3.0 3.	2.9 3.	2.8 3.	3.1 3.	3.0 3.	2.9 3.	3.2 3.	3.1 3.	
Avera	k=1	2.7	2.9	2.1	2.1	2.9	2.8	2.8	3.0	2.8	2.6	2.9	2.8	2.2	2.7	2.6	2.4	2.8	2.6	2.5	3.0	2.8	
H) in %	=5 k=6	.1 0.3	6.4 0.4	0.0 0.0	.0 0.2	.0 0.2	0.6	5.2 1.1	0.4	6.5 0.4	9 0.2	6.7 0.6	0.0 0.0	0.0	1.6 0.4	3.2 0.3	0.0 6.	6.5 0.5	3.2 0.2	2.2 0.1	0.6	1.9 0.4	
ount ratio (k=4 k	22.9 4	28.0	7.9 (8.6	27.0 4	25.6 6	23.7	31.2	25.9	19.8	27.8	24.9	7.7 0	24.3 4	19.6	15.8 1	26.1	20.6	16.1	30.6	26.1 4	
ion heado	k=3	7 54.5	63.4	1 28.6	28.9	3 62.3	1 57.6	59.9	7 65.8	1 57.6	3 49.3	61.8	0.61.0	3 29.5	9 55.9	3 51.8	9 41.2) 57.9	1 52.1	1 45.1	4 65.3	4 59.0	
Deprivat	k=1 k=2	96.3 81.7	37.7 87.6	92.2 64.4	32.0 66.5	96.9 87.3	96.4 79.4	98.3 88.6	98.3 91.7	97.4 82.	96.3 79.6	97.7 85.5	97.2 86.(39.6 65.8	96.4 81.9	96.2 81.8	94.2 72.6	96.7 85.(96.0 79.4	94.7 75.1	98.1 89.4	97.0 84.4	
		National	Rural	Urban	Harare	Masvingo	Midlands	Matabeleland South	Matabeleland South	Mashonaland (West	Mashonaland East	Mashonaland Central	Manicaland	Bulawayo {	5 or more the members	3-4 members	1–2 members	Female	Male	Secondary or (No education, pre-primary or primary	Above median number of children	
		National	Area of	asilabilea	Provinces										Household size			Sex of the	head	Education level of household	head	Number of children in the household	

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00.0	00.0	00.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
0.03	0.03	0.04	0.04	0.00	0.02	0.07	0.04	0.04	0.03	0.04
0.14	0.16	0.17	0.17	0.01	0.11	0.26	0.17	0.17	0.14	0.17
0.28	0.32	0.32	0.34	0.07	0.26	0.44	0.33	0.33	0.30	0.32
0.38	0.41	0.41	0.42	0.19	0.36	0.51	0.42	0.42	0.40	0.41
0.41	0.43	0.44	0.45	0.25	0.39	0.52	0.44	0.44	0.42	0.44
6.0	6.0	6.0	6.0		6.0	6.0	6.0	6.0	6.0	6.0
5.1	5.1	5.1	5.1	5.0	5.0	5.1	5.1	5.1	5.1	5.1
4.2	4.2	4.2	4.2	4.0	4. 1	4.3	4.2	4.2	4.2	4.2
3.5	3.5	3.5	3.5	3.1	3.4	3.6	3.5	3.5	3.5	3.5
2.9	3.0	3.0	3.0	2.3	2.8	3.3	3.0	3.0	3.0	3.0
2.6	2.7	2.7	2.8	1.7	2.5	3.1	2.7	2.8	2.6	2.7
0.2	0.3	0.3	0.3	0.0	0.1	0.8	0.3	4.0	0.2	0.4
3.1	4.0	4.3	4. 4.	0.1	1.9	8.4	4.3	4.4	3.6	4.4
19.7	22.1	23.6	24.3	1.7	16.5	37.1	24.0	24.9	20.2	23.8
48.7	54.1	54.8	57.2	12.9	45.4	72.4	55.5	55.3	52.8	55.1
78.2	81.7	81.7	83.8 83.8	49.7	76.7	92.7	82.3	84.3	79.9	82.3
95.6	96.1	96.4	96.8	86.7	95.3	98.7	96.7	96.1	95.4	96.6
HId no labour constraint	Girl	Boy	No child in the household has health insurance	At least one child in the household has health insurance	Middle, secondary or higher	No education, pre-primary or primary	Currently married or living together	Not in union	Living with at least one biological parent	Not living with parents
	Sex of the child		Health insurance		Education level of the mother		Marital status of the mother		Living arrangements	

		Depriv	vation I	neadco in %	unt rati	o (H)	Ave amor	rage de ng the o of d	eprivati deprive eprivat	on inte d (A), i ions	nsity n no.		Adjuste head	ed dep lcount	rivation (M0)	
		k=1	k= 2	k= 3	k= 4	k= 5	k= 1	k= 2	k= 3	k= 4	k= 5	k= 1	k= 2	k= 3	k= 4	k= 5
National	National	93.3	73. 3	44. 8	17. 5	2.2	2.5	2.9	3.4	4.1	5.0	0.4 6	0.4 2	0.3 1	0.1 5	0.0 2
Area of residence	Rural	96.2	82. 6	55. 7	23. 0	3.0	2.7	3.0	3.5	4.1	5.0	0.5 2	0.4 9	0.3 9	0.1 9	0.0 3
	Urban	85.5	48. 0	15. 3	2.8	0.0	1.8	2.4	3.2	4.0		0.3 0	0.2 3	0.1 0	0.0 2	0.0 0
Provinces	Harare	89.0	47. 5	16. 0	4.0	0.2	1.8	2.4	3.3	4.1	5.0	0.3 1	0.2 3	0.1 0	0.0 3	0.0 0
	Masvingo	96.8	77. 2	53. 4	17. 3	1.3	2.5	2.9	3.4	4.1	5.0	0.4 9	0.4 5	0.3 6	0.1 4	0.0 1
	Midlands	91.9	71. 2	48. 5	24. 4	3.3	2.6	3.1	3.6	4.1	5.0	0.4 8	0.4 4	0.3 5	0.2 0	0.0 3
	Matabeleland South	96.8	82. 0	57. 5	24. 8	3.4	2.7	3.1	3.5	4.1	5.0	0.5 3	0.5 0	0.4 0	0.2 1	0.0 3
	Matabeleland North	98.9	89. 8	71. 6	33. 0	4.6	3.0	3.2	3.5	4.1	5.0	0.6 0	0.5 8	0.5 1	0.2 7	0.0 5
	Mashonaland West	93.4	80. 2	54. 1	24. 1	3.3	2.7	3.0	3.5	4.1	5.0	0.5 1	0.4 8	0.3 8	0.2 0	0.0 3
	Mashonaland East	93.2	73. 5	41. 2	16. 2	2.2	2.4	2.8	3.4	4.1	5.0	0.4 5	0.4 1	0.2 8	0.1 3	0.0 2
	Mashonaland Central	96.5	84. 0	53. 0	20. 2	3.4	2.7	2.9	3.5	4.2	5.0	0.5 1	0.4 9	0.3 7	0.1 7	0.0 3
	Manicaland	91.8	74. 9	39. 9	12. 4	1.2	2.4	2.7	3.3	4.1	5.0	0.4 4	0.4 1	0.2 7	0.1 0	0.0 1
	Bulawayo	85.3	55. 4	17. 5	2.5	0.0	1.9	2.4	3.1	4.0		0.3 2	0.2 6	0.1 1	0.0 2	0.0 0
Household size	5 or more members	93.5	73. 7	46. 2	18. 1	1.7	2.5	2.9	3.4	4.1	5.0	0.4 7	0.4 3	0.3 2	0.1 5	0.0 2
	3–4 members	91.8	72. 2	41. 3	15. 9	3.2	2.4	2.8	3.5	4.2	5.0	0.4 5	0.4 1	0.2 9	0.1 3	0.0 3
	1–2 members	97.6	73. 9	45. 3	18. 6	3.5	2.5	2.9	3.5	4.2	5.0	0.4 8	0.4 3	0.3 2	0.1 6	0.0 4
Sex of the household	Female	93.7	75. 7	47. 3	20. 2	2.9	2.6	2.9	3.5	4.1	5.0	0.4 8	0.4 4	0.3 3	0.1 7	0.0 3
head	Male	93.1	71. 6	43. 0	15. 6	1.7	2.4	2.8	3.4	4.1	5.0	0.4 5	0.4 1	0.2 9	0.1 3	0.0 2
Education level of	Secondary or higher education	90.3	63. 8	33. 1	10. 5	1.0	2.2	2.7	3.4	4.1	5.0	0.4 0	0.3 5	0.2 2	0.0 9	0.0 1
household head	No education, pre- primary or primary	97.0	84. 8	59. 0	26. 0	3.6	2.8	3.0	3.5	4.1	5.0	0.5 4	0.5 2	0.4 1	0.2 2	0.0 4
Number of children in	Above median number of children	94.4	76. 5	48. 6	19. 4	1.9	2.6	2.9	3.4	4.1	5.0	0.4 8	0.4 5	0.3 3	0.1 6	0.0 2
the household	Less than or equal to median number of	91.1	66. 9	37. 3	13. 9	2.8	2.3	2.8	3.5	4.2	5.0	0.4 2	0.3 8	0.2 6	0.1 2	0.0 3
Labour	Labour constraint:	96.1	81.	53.	22.	3.4	2.7	3.0	3.5	4.2	5.0	0.5	0.4	0.3	0.1	0.0
constraint	Hid no labour	91.5	68. 3	39.	14.	1.4	2.4	2.8	3.4	4.1	5.0	0.4	0.3	0.2	0.1	0.0
Sex of the	Girl	92.1	72.	44.	18.	2.4	2.5	2.9	3.5	4.1	5.0	0.4	0.4	0.3	0.1	0.0
ciniu	Воу	94.4	74.	44. 0	17.	2.0	2.5	2.9	3.4	4.1	5.0	0.4	0.4	0.3	0.1	0.0
Health insurance	No child in the household has health insurance	94.4	75. 5	46. 7	18. 6	2.4	2.5	2.9	3.5	4.1	5.0	0.4 8	0.4 4	0.3 2	4 0.1 5	0.0 2
	At least one child in the household has health insurance	68.9	30. 5	6.4	0.0	0.0	1.5	2.2	3.0			0.2 1	0.1 4	0.0 4	0.0 0	0.0 0

Table A.5.4: Multidimensional poverty indices by all profiling variables, 15–17 years

Early marriage and	Girl is/has been married or pregnant	94.2	71. 5	38. 4	16. 1		2.3	2.8	3.4	4.0		0.4 4	0.4 0	0.2 6	0.1 3	0.0 0
pregnancy status (girls 15–17 years)	Girl has never married or pregnant	100. 0	83. 2	16. 0	0.0		2.0	2.2	3.0			0.4 0	0.3 7	0.1 0	0.0 0	0.0 0
Education level of the	Middle, secondary or higher	90.0	64. 3	31. 4	8.1	0.4	2.2	2.6	3.3	4.1	5.0	0.3 9	0.3 4	0.2 1	0.0 7	0.0 0
mother	No education, pre- primary or primary	97.8	87. 4	65. 5	29. 3	4.1	2.9	3.1	3.5	4.1	5.0	0.5 7	0.5 5	0.4 6	0.2 4	0.0 4
Marital status of the mother	Currently married or living together	92.2	72. 4	43. 7	15. 2	1.5	2.4	2.8	3.4	4.1	5.0	0.4 5	0.4 1	0.3 0	0.1 3	0.0 2
	Not in union	95.2	73. 8	44. 1	18. 0	2.5	2.5	2.9	3.5	4.1	5.0	0.4 7	0.4 2	0.3 1	0.1 5	0.0 3
Living arrangements	Living with at least one biological parent	93.8	72. 5	45. 0	19. 2	2.5	2.5	2.9	3.5	4.1	5.0	0.4 7	0.4 2	0.3 1	0.1 6	0.0 3
	Not living with parents	93.0	73. 9	44. 7	16. 3	2.0	2.5	2.9	3.4	4.1	5.0	0.4 6	0.4 2	0.3 1	0.1 4	0.0 2

Annex 6: Three-way overlap between all combinations of dimensions by age group

Table A.6.1: Three-way overlap between all combinations of dimensions, 0–23 months

Combination of three dimensions	Overlap between all dimensions (%)	Overlap between first two dimensions (%)	Overlap between first and third dimensions (%)	Overlap between second and third dimensions (%)	Deprivation in only first dimension (%)	Deprivation in only second dimension (%)	Deprivation in only third dimension (%)	Deprived in none of the three dimensions (%)
Sanitation, Housing, Information	7.4	51.8	0.6	0.1	25.3	6.2	0.0	8.5
Water, Housing, Information	4.5	31.6	0.4	3.0	14.2	26.4	0.3	19.7
Water, Sanitation, Information	4.9	39.2	0.0	3.2	6.6	38.0	0.1	8.1
Water, Sanitation, Housing	32.7	11.3	3.4	26.5	3.3	14.7	2.9	5.3
Protection, Housing, Information	6.8	49.0	0.5	0.7	23.2	8.9	0.1	10.6
Protection, Sanitation, Information	7.2	62.0	0.1	0.8	10.3	15.1	0.0	4.4
Protection, Sanitation, Housing	50.8	18.5	5.1	8.4	5.3	7.5	1:2	3.2
Protection, Water, Information	4.4	38.2	3.0	0.5	34.1	7.6	0.3	12.0
Protection, Water, Housing	31.5	11.1	24.4	4.6	12.7	3.5	5.0	7.3
Protection, Water, Sanitation	37.3	5.3	31.9	6.7	5.1	1.3	9.2	3.1
Health, Housing, Information	5.2	35.2	0.5	2.3	18.5	22.8	0.1	15.3
Health, Sanitation, Information	5.6	45.2	0.1	2.4	8.4	31.9	0.0	6.2
Health, Sanitation, Housing	36.4	14.4	3.9	22.8	4.6	11.5	2.3	3.9
Health, Water, Information	3.6	27.7	2.1	1.3	26.0	18.1	1.1	20.1
Health, Water, Housing	23.1	8.2	17.3	13.0	10.8	6.3	12.1	9.1
Health, Water, Sanitation	27.5	3.8	23.4	16.6	4.7	2.8	17.8	3.4
Health, Protection, Information	5.3	43.1	0.5	2.1	10.6	29.2	0.3	9.0
Health, Protection, Housing	35.0	13.4	5.4	20.9	5.7	10.4	4.2	5.1
Health, Protection, Sanitation	42.4	6.0	8.5	26.9	2.5	4.4	7.5	1.9
Health, Protection, Water	26.5	21.9	4.8	16.1	6.3	15.2	3.3	6.0
Nutrition, Housing, Information	6.4	46.2	0.6	1.2	24.3	11.7	0.0	9.6
Nutrition, Sanitation, Information	6.8	60.4	0.1	1.2	10.1	16.8	0.0	4.6

Nutrition, Sanitation, Housing	48.1	19.1	4.5	11.1	5.8	6.9	1.8	2.7
Nutrition Water, Information	4.2	36.1	2.8	0.8	34.4	9.7	0.5	11.6
Nutrition, Water, Housing	29.1	11.1	23.4	6.9	13.8	3.5	6.0	6.1
Nutrition, Water, Sanitation	35.2	5.0	32.0	8.8	5.3	1.7	9.2	2.9
Nutrition, Protection, Information	6.2	56.6	0.7	1.1	13.9	15.7	0.1	5.7
Nutrition, Protection, Housing	45.1	17.7	7.5	10.8	7.1	6.0	2.1	3.6
Nutrition, Protection, Sanitation	55.4	7.5	11.8	13.8	2.8	2.9	4.2	1.6
Nutrition, Protection, Water	34.0	28.8	6.2	8.5	8.4	8.2	1.9	3.8
Nutrition, Health, Information	4.7	38.6	2.3	1.1	31.9	15.1	0.1	6.2
Nutrition, Health, Housing	29.9	13.4	22.7	10.5	11.5	5.7	2.4	4.0
Nutrition, Health, Sanitation	37.5	5.8	29.7	13.4	4.5	2.8	4.6	1.8
Nutrition, Health, Water	23.4	19.9	16.8	7.9	17.4	8.2	2.5%	3.8%
Nutrition, Health, Protection	36.1	7.2	26.7	12.3	7.5	3.9	4.5%	1.9%

Combination of three dimensions Sanitation, Housing, Information Water, Housing, Information Water, Sanitation, Information Water, Sanitation, Housing Protection, Housing, Information Protection, Sanitation, Information Protection, Water, Information	Overlap between all dimensions (%) (%) (%) (%) (%) (%) (%) (%) (%) (%)	Overlap between first two dimensions (%) (%) (%) (%) 31.7 31.7 31.7 31.7 31.7 31.7 33.4 (%) 63.4 19.9 33.1	Overlap between first and third dimensions (%) 0.4 0.3 0.3 0.3 0.3 0.3 0.4 0.4 0.4 0.4 0.4 2.2	Overlap between second and third dimensions (%) 0.5 0.5 2.4 2.4 2.4 2.4 2.4 2.4 2.4 2.4 2.7 0.7 0.7 0.5	Deprivation in only first dimension (%) (%) (%) (%) (%) (%) (%) (%) (%) (%)	Deprivation in only second dimension (%) (%) (%) (%) (%) (%) (%) (%) (%) (%)	Deprivation in only third dimension (%) (%) 0.1 0.1 0.1 0.1 0.1 1.1	
Protection, Water, Housing Protection, Water, Sanitation	31.8 38.2	11.6 5.2	23.7 31.3	4.4 5.9	16.7 9.0	2.8	4 0	4. 0.
Development, Housing, Information Development, Sanitation, Information	2.5 2.5	16.8 19.6	0.2 0.2	4.3 4.3	6.3 3.5	40.6 55.5	0	
Development, Sanitation, Housing	17.4	4.8 11 0	2.0	40.0 2.8	1.8	19.8 33 0	4.0	- L
Development, water, milormation Development, Water, Housing	2.0 11.1	2.8	0.0 8.3	25.1	3.7	33.9 11.6	19.6	~
Development, Water, Sanitation	12.7	1.2	9.4	31.3	2.6	5.4	28.5	10
Development, Protection, Information	2.5	19.7	0.3	4.0	3.5	57.6	0.5	
Development, Protection, Housing	16.9	5.3	2.5	38.6	1.3	23.1	6.4	
Development, Protection, Sanitation	18.9	3.2	3.2	50.6	0.5	11.1	9.2	
Development, Protection, Water	11.9	10.3	2.0	31.6	1.7	30.1	5.1	
Nutrition, Housing, Information	2.2	14.9	0.1	4.7	7.4	42.6	0.3	

Table A.6.2: Three-way overlap between all combinations of dimensions, 24–59 months

Nutrition, Sanitation, Information	2.1	18.8	0.2	4.7	3.5	56.3	0.3	14.1
Nutrition, Sanitation, Housing	15.5	5.5	1.6	41.9	2.1	19.1	5.3	9.0
Nutrition Water, Information	1.6	11.5	0.7	3.2	10.8	34.3	1.8	36.1
Nutrition, Water, Housing	9.8	3.3	7.3	26.5	4.2	11.1	20.8	17.1
Nutrition, Water, Sanitation	11.6	1.5	9.4	32.5	2.1	5.0	28.5	9.3
Nutrition, Protection, Information	2.1	18.6	0.2	4.4	3.6	58.7	0.6	11.8
Nutrition, Protection, Housing	14.9	5.8	2.1	40.5	1.8	22.6	6.7	5.6
Nutrition, Protection, Sanitation	17.9	2.8	3.0	51.6	0.8	11.5	9.4	2.9
Nutrition, Protection, Water	11.5	9.2	1.6	31.9	2.3	31.2	5.6	6.7
Nutrition, Development, Information	0.7	5.3	1.7	2.1	16.9	17.8	2.9	52.6
Nutrition, Development, Housing	4.6	1.4	12.5	14.8	6.1	5.1	32.5	23.0
Nutrition, Development, Sanitation	5.3	0.7	15.7	16.9	3.0	3.0	44.2	11.3
Nutrition, Development, Water	3.2	2.8	9.9	10.7	8.7	9.2	26.8	28.7
Nutrition, Development, Protection	5.2	0.7	15.5	16.9	3.1	3.0	46.2	9.3

Combination of three dimensions	Overlap between all dimensions (%)	Overlap between first two dimensions (%)	Overlap between first and third dimensions (%)	Overlap between second and third dimensions (%)	Deprivation in only first dimension (%)	Deprivation in only second dimension (%)	Deprivation in only third dimension (%)	Deprived ir none of the three dimensions (%)
Sanitation, Housing, Information	7.5	48.2	0.7	0.5	24.7	6.9	0.0	11.4
Water, Housing, Information	5.1	32.3	0.5	2.8	15.1	22.8	0.2	21.0
Water, Sanitation, Information	5.4	39.7	0.3	2.8	7.8	33.2	0.3	10.6
Water, Sanitation, Housing	33.8	11.3	3.7	21.9	4.4	14.2	3.8	7.1
Protection, Housing, Information	3.0	25.0	0.3	5.0	16.3	30.1	0.5	19.8
Protection, Sanitation, Information	3.1	33.4	0.2	5.1	7.9	39.5	0.3	10.5
Protection, Sanitation, Housing	25.0	11.5	3.0	30.7	5.1	13.9	4.4	6.4
Protection, Water, Information	2.2	21.4	1.1	3.5	19.8	26.0	2.0	24.0
Protection, Water, Housing	16.6	7.0	11.4	20.8	9.6	8.6	14.2	11.7
Protection, Water, Sanitation	20.2	3.4	16.3	24.9	4.7	4.6	19.8	6.2
Education, Housing, Information	1.5	5.5	0.1	6.5	2.0	49.7	0.7	34.1
Education, Sanitation, Information	1.5	6.4	0.1	6.7	1.1	66.5	0.4	17.3
Education, Sanitation, Housing	6.4	1.6	0.6	49.3	0.5	23.8	6.8	10.9
Education, Water, Information	1.0	4.3	0.7	4.7	3.1	43.1	2.4	40.7
Education, Water, Housing	4.2	1.0	2.7	33.2	1.1	14.6	22.9	20.2
Education, Water, Sanitation	4.8	0.5	3.2	40.3	0.6	7.5	32.9	10.2
Education, Protection, Information	0.7	3.4	1.0	2.6	4.1	37.9	4.5	45.8
Education, Protection, Housing	3.1	0.9	3.9	24.9	1.2	15.7	31.2	19.1
Education, Protection, Sanitation	3.6	0.4	4.4	32.9	0.7	7.7	40.3	10.1
Education, Protection, Water	2.4	1.6	2.8	21.2	2.2	19.4	26.6	23.7

Table A.6.3: Three-way overlap between all combinations of dimensions, 5–14 years

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education, nousing, nformation Education, Sanitation, nformation education, Sanitation, Housing education, Water, Housing iducation, Water, Housing iducation, Water, Sanitation	3.7 3.9 23.0 2.4 15.8 18.5	22.2 28.3 9.2 19.2 5.8 3.1	0.3 0.2 2.9 1.6 10.1	3.1 3.3 26.0 16.6 22.1	13.5 7.4 4.7 16.5 8.1 8.4	27.0 41.7 19.0 25.8 11.6 6.1	0.0 0.4 4.9 14.2 22.9

Annex 7. Decomposition of the adjusted multidimensional deprivation headcount (MO)



Figure 38: Decomposition when using a threshold of K=3, 0–23 months

Figure 39: Decomposition when using a threshold of K=3, 24–59 months





Figure 40: Decomposition when using a threshold of K=3, 5–14 years

Figure 41: Decomposition when using a threshold of K=3, 15–17 years




