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POLICY BRIEF

Multidimensional Child Rights Deprivation Analysis in Indonesia

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This policy brief aims to support dialogue between policy makers on suitable policy orientations regarding children's well-being in Indonesia. There is growing knowledge that children experience poverty and deprivation differently from adults: they have needs and rights to be fulfilled. However, in reality, there are still vulnerabilities and a lack of options when it comes to realizing their rights. Measuring child deprivation provides direct insights into children's level of access to goods and services, that often going beyond the capacity and authority of households when it comes to allocation of shared resources to the benefit of their children. Estimates, based on the most recent 2023 data, reveal that 11.78 per cent of children (approximately 9.5 million) in Indonesia live in monetary poor households. On the other hand, almost four-in-10 children are multidimensionally deprived (37.38 per cent, 29.7 million), facing deprivations in at least two of dimensions of their well-being. Policy recommendations highlight the importance of cross-sectoral and comprehensive approaches to address child poverty and multidimensional deprivation of child rights, aiming to benefit of the poorest and most deprived sub-groups.

INTRODUCTION

Indonesia successfully reduced its poverty rate, measured by household consumption levels, from 17.8 per cent in 2006 to 9.36 per cent in March 2023, while child poverty stood at 11.78 per cent in the same year 2023.[1] In 2017, UNICEF and Badan Pusat Statistik (BPS) estimated multidimensional child deprivations in Indonesia to be as high as 65 per cent based on 2016 National Socioeconomic Survey (Susenas) data and using the Multiple Overlapping Deprivation Analysis (MODA) methodology. Child deprivations were measured using data on six dimensions (housing, facilities, food, education, protection, and health).

Assessing child well-being in Indonesia, using a combination of monetary and multidimensional perspectives, provides an understanding of the situation of vulnerable children in the country reflective of important aspects of their lives. The analysis of child monetary poverty and multidimensional deprivation of children's rights for 2022 was conducted under the Indonesia Government's Cooperation Programme with UNICEF, coordinated by BAPPENAS, BPS, and supported technically by the SMERU Research Institute. This is part of the government's commitment to understanding child welfare, especially those experiencing multidimensional vulnerability. This policy brief is based on the original report[2], updated with 2023 SUSENAS data. The monetary poverty analysis uses the national poverty line as a benchmark, identifying children living in households with per capita income/consumption below this benchmark, while the multidimensional deprivation of child rights directly measures whether children can effectively access what they need and their rights for growth and development to realize their full potential. It is expected that these results will provide important contributions to policy engagement and dialogue around child deprivation reduction and guide policies, programmes and budget allocation to improve children's well-being.

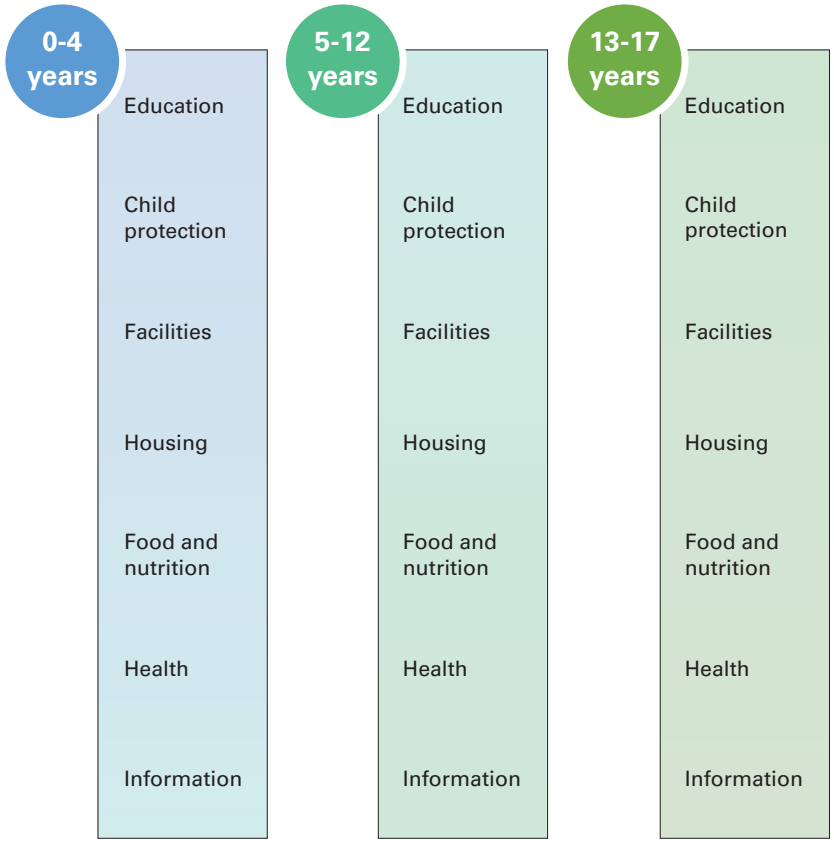
[1] This was measured based on the national poverty line set by Statistics Indonesia (BPS) and the Susenas 2023 data. The most recent poverty rate is 9.05 per cent in March 2024
[2] SMERU and UNICEF (2023), Multiple Overlapping Child Deprivation Analysis for Indonesia, unpublished

METHODOLOGY

The ***monetary poverty analysis used the Foster-Greer-Thorbecke (FGT) poverty measures*** to calculate the poverty headcount rate, poverty gap and poverty severity index for children aged 0-17 years in Indonesia[3] using a national poverty line based on the estimated cost of minimum food consumption of 2,100 calories per person, per day and basic non-food commodities.[4]

The ***Multiple Overlapping Deprivation Analysis (MODA) methodology***[5], developed by the UNICEF Office of Research in Florence, was used to ***measure and identify multidimensional deprivations of child rights among children*** aged 0-17 years old in Indonesia. The methodology builds on existing multidimensional poverty measurements, including UNICEF's Global Study on Child Poverty and Disparities[6] and Oxford Poverty and Human Development Initiative's (OPHI) Multidimensional Poverty Index.[7]

The multidimensional deprivation of child rights analysis uses the dimensions illustrated in the graphic below to measure deprivations among children. A complete list of dimensions, indicators and thresholds used to measure child multidimensional deprivations in Indonesia through Susenas 2023 is available in the main report, while a synthetic list of indicators and dimensions used to measure deprivations of child rights for each age group is available in Annex 1 of this policy brief.



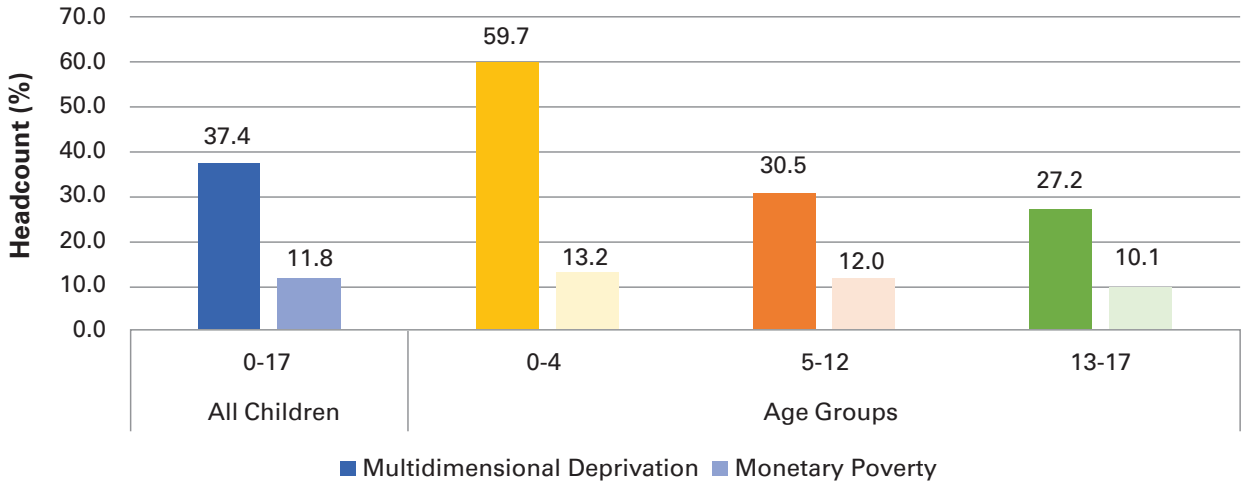
[3] 1) The Poverty headcount index (FGT0 or P0) reflects the proportion of children living in households with per capita expenditure below a defined poverty line; 2) The Poverty gap index (FGT1 or P1) estimates the average distance of children from the poverty line. The lower the index, the less severe the poverty levels are in that specific region; 3) The Poverty severity index (FGT2 or P2) measures the poverty gap and the inequality among the poor. It is the summed average of the square of poverty gaps, relative to the poverty line, and therefore focuses on the poorest individuals.
[4] This national poverty line was set by BPS in 2022 and was adjusted for urban and rural areas based on the differences in cost of living.
[5] The MODA methodology is described technically in more detail in the step-by-step guidelines to MODA (de Neubourg et al., 2012).
[6] see Gordon et al. 2003; UNICEF, 2007.
[7] see Alkire and Santos, 2010; Alkire and Foster, 2011.

RESULTS

In Indonesia, more than three times as many children are multidimensionally deprived compared to children living in monetary poor households.

In 2023, at the national level, 11.78 per cent of children lived in monetary poor households. However, almost four-in-10 children are multidimensionally deprived (37.38 per cent, 29.7 million) meaning they cannot access goods and/or services in at least two domains of their well-being (facing deprivation in at least two dimensions – see list of domains/dimensions in the figure above). The differences are particularly striking for the youngest age group (0-4 years) where 59.7 per cent of children suffer from multidimensional deprivations compared to a monetary poverty rate of 13.2 per cent.

Figure 1. Multidimensional and monetary poverty rates for children aged 0-17 years



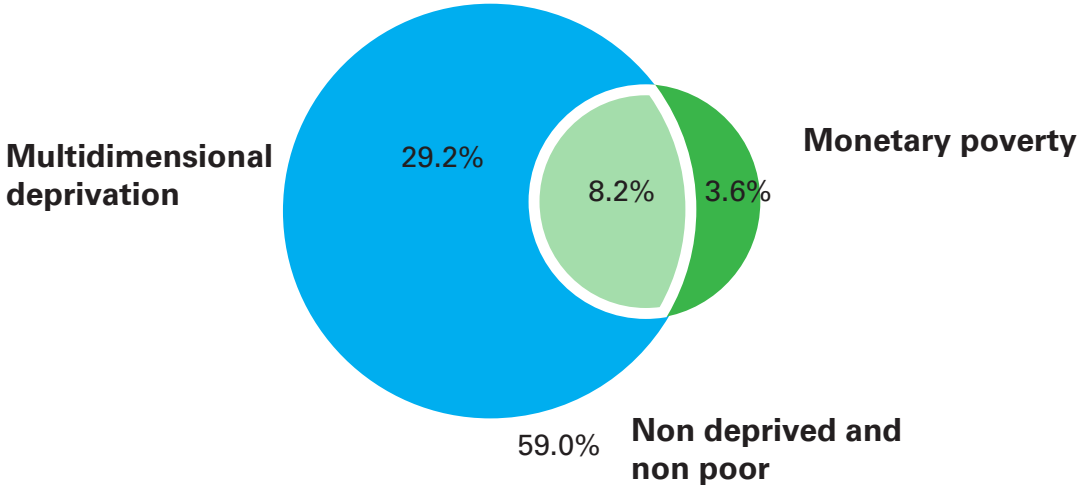
Source : SUSENAS 2023, Badan Pusat Statistik

Approximately 8.2 per cent of Indonesian children (approximately 6.4 million) are both monetary poor and multidimensionally deprived.

While many children in monetary poor families are also deprived, the opposite is not always true: three-in-10 children are multidimensionally deprived, but not monetary poor (29.2 per cent). This illustrates that children living in non-monetary poor households do not always have access to the basic goods and services they need to grow due to unavailability of services or infrastructure, lack of information, socio-cultural factors or other reasons.[8] Additionally, 8.2 per cent of children are simultaneously monetary poor and multidimensionally deprived, while only 3.6 per cent of children are monetary poor – but not multidimensionally deprived. Nearly six-in-10 children are not monetary poor nor multidimensionally deprived (59.0 per cent). In addition to the country's reporting requirements, under the Sustainable Development Goals (SDGs), poverty analyses are often used to inform targeting criteria for administering broader social sector initiatives. Focusing only on insights brought by monetary poverty analyses would risk overshadowing the similarly dire situation faced by children suffering from deprivations in several dimensions of their well-being.

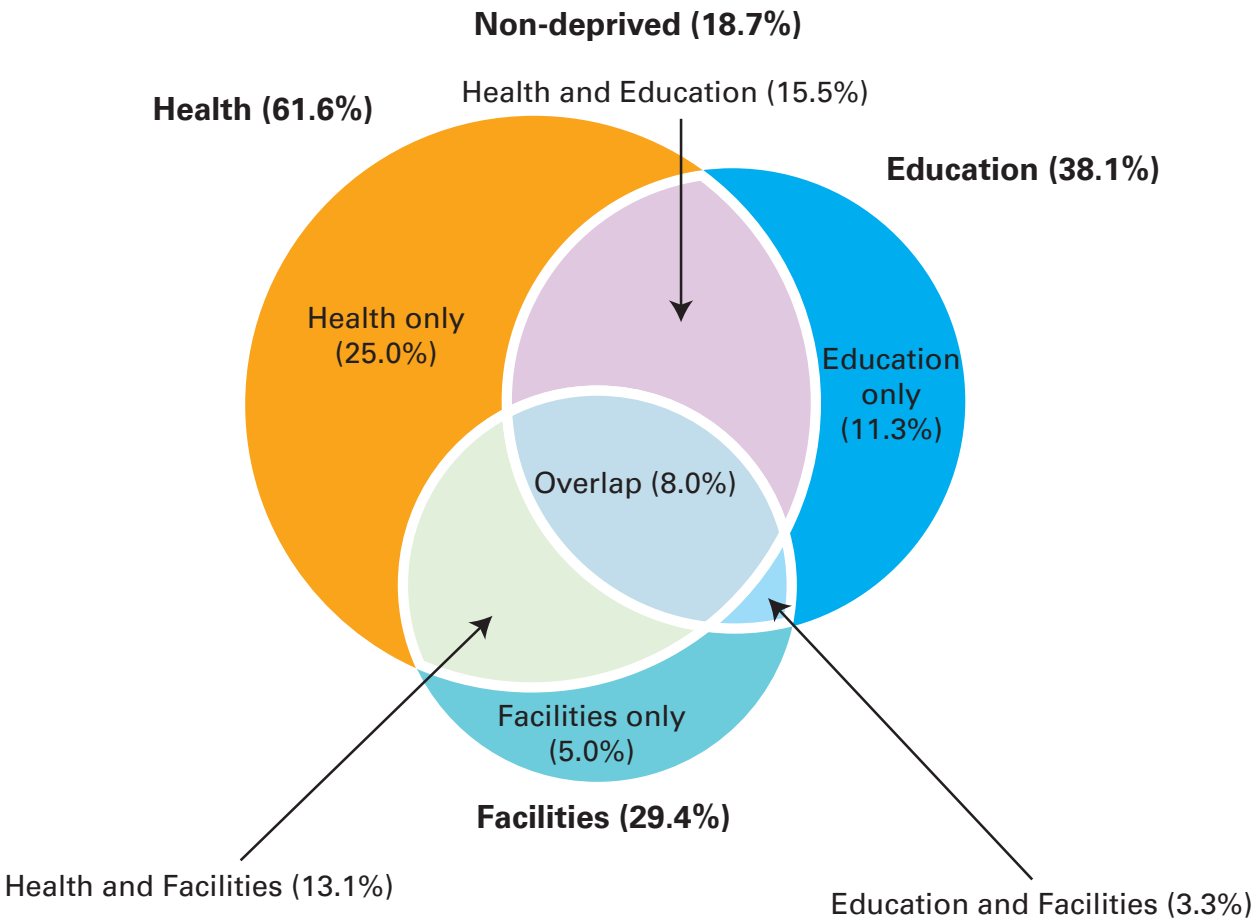
[8] de Neubourg, de Miliano, and Plavgo, 2014

Figure 2. Overlap between monetary poverty and multidimensional deprivations



Source : SUSENAS 2023, Badan Pusat Statistik

Figure 3. Three-way overlaps between the health, education and facilities dimensions, 0-4 years



Source : SUSENAS 2023, Badan Pusat Statistik

Policy recommendation

Adopt a holistic perspective to child welfare measurements and ensure ALL children's access to basic services and fulfilment of their rights. *Children's experiences of poverty and deprivation tend to be multidimensional. A large share of children who are not identified as monetary poor are nevertheless multidimensionally deprived. By proactively identifying the most vulnerable children, cost-effective approaches can be more efficient and sustainable in the medium to long terms. Focusing only on child monetary poverty, on the other hand, would overshadow the multiple deprivations simultaneously experienced by children.*

- *Encourage inter-sectoral dialogue among policy makers for improved policy designs.*
- *Integrate multidimensional deprivations in national and local government agendas.*
- *Promote better coordination and investments between stakeholders across sectors*

Support cross-sectoral approaches to tackle multidimensional child deprivations. *Deprivations in some dimensions are strongly associated and could potentially affect deprivations in others. For children under five years, coordination between educational and health services can be strengthened and additional efforts can be made to adequately disseminate information on good (hygiene) practices. Children whose survival is at risk cannot perform well in school. Conduct further analyses of the overlaps between different dimensions of child well-being according to the life-cycle approach.*

Who are the multidimensionally deprived children?

The share of children who suffer from multiple simultaneous deprivations (or the multidimensional deprivation rates) vary by geographic location and are higher in rural than urban areas. Large discrepancies are observed based on the area of residence, with a multidimensional deprivation rate of 30.8 per cent in urban areas and 46.1 per cent in rural areas. In addition, striking differences between regions were apparent, hence the focus of this analysis.

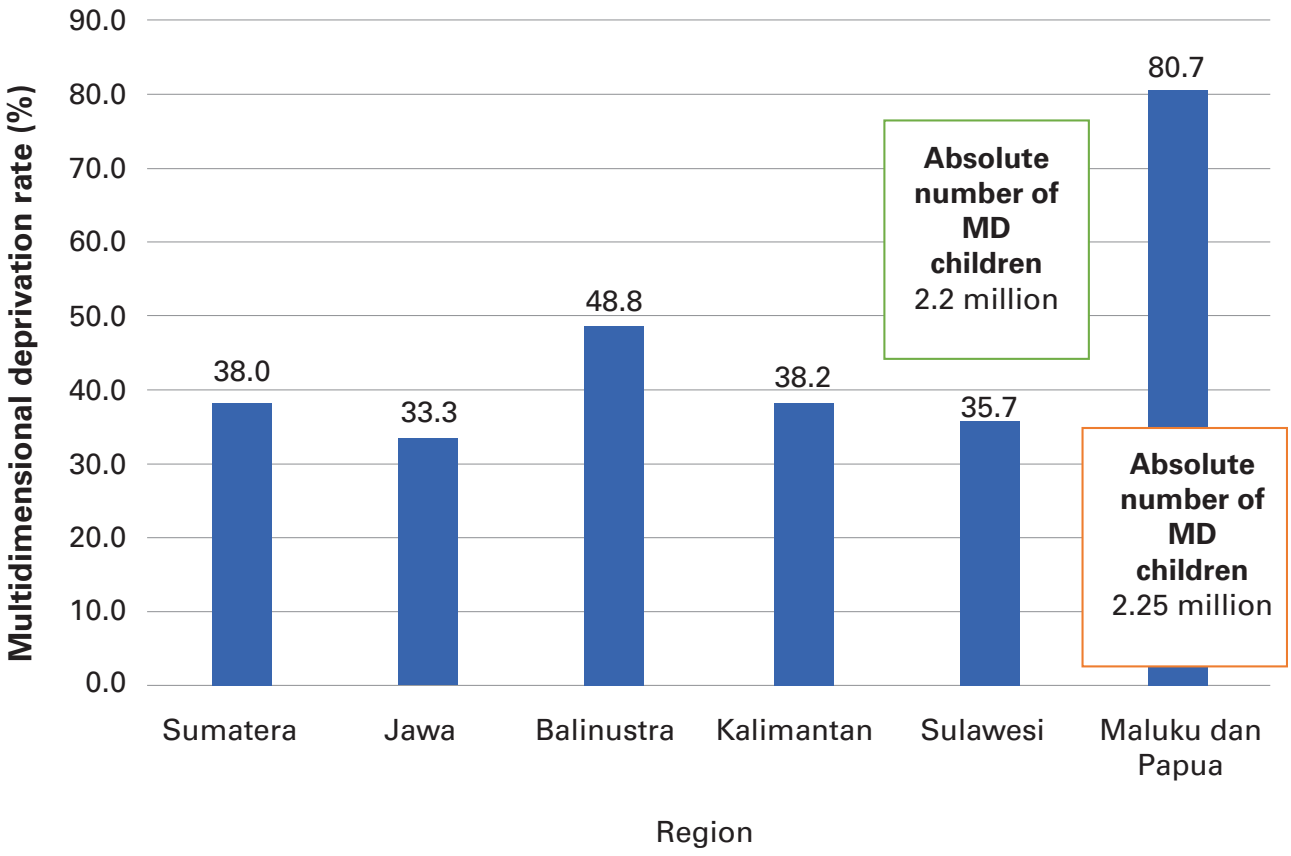
At the regional level, children living in Maluku and Papua present the highest multidimensional deprivation rates. However, large numbers of multidimensionally deprived children live in Jawa.

Figure 4. Multidimensional deprivation rate (%) by region, 0-17 years

Source : SUSENAS 2023, Badan Pusat Statistik

Eight-in-10 children living Maluku and Papua islands are multidimensionally deprived, followed by children living in Balinustra Island where a multidimensional deprivation rate of 48.8 per cent is observed. The latter percentage is mainly affected due to the high rate of multidimensional deprivation in Nusa Tenggara Timur (NTT) province (78.02 per cent). In Sulawesi, Sumatera and Kalimantan, 35.7, 38.0 and 38.2 per cent of children, respectively, are multidimensionally deprived. Moreover, Jawa presents the lowest multidimensional deprivation rate of 33.3 per cent. However, in terms of absolute numbers, Jawa and Sumatra present the highest number of multidimensionally deprived children, 13.9 million and 7.1 million respectively. In Maluku and Papua, approximately 2.25 million children are identified as multidimensionally deprived. Kalimantan indicates the lowest absolute number of multidimensionally deprived children (1.98 million children).

Figure 5. Multidimensional deprivation rate (%) by region and number of multidimensionally deprived (MD) children for selected regions, 0-17 years

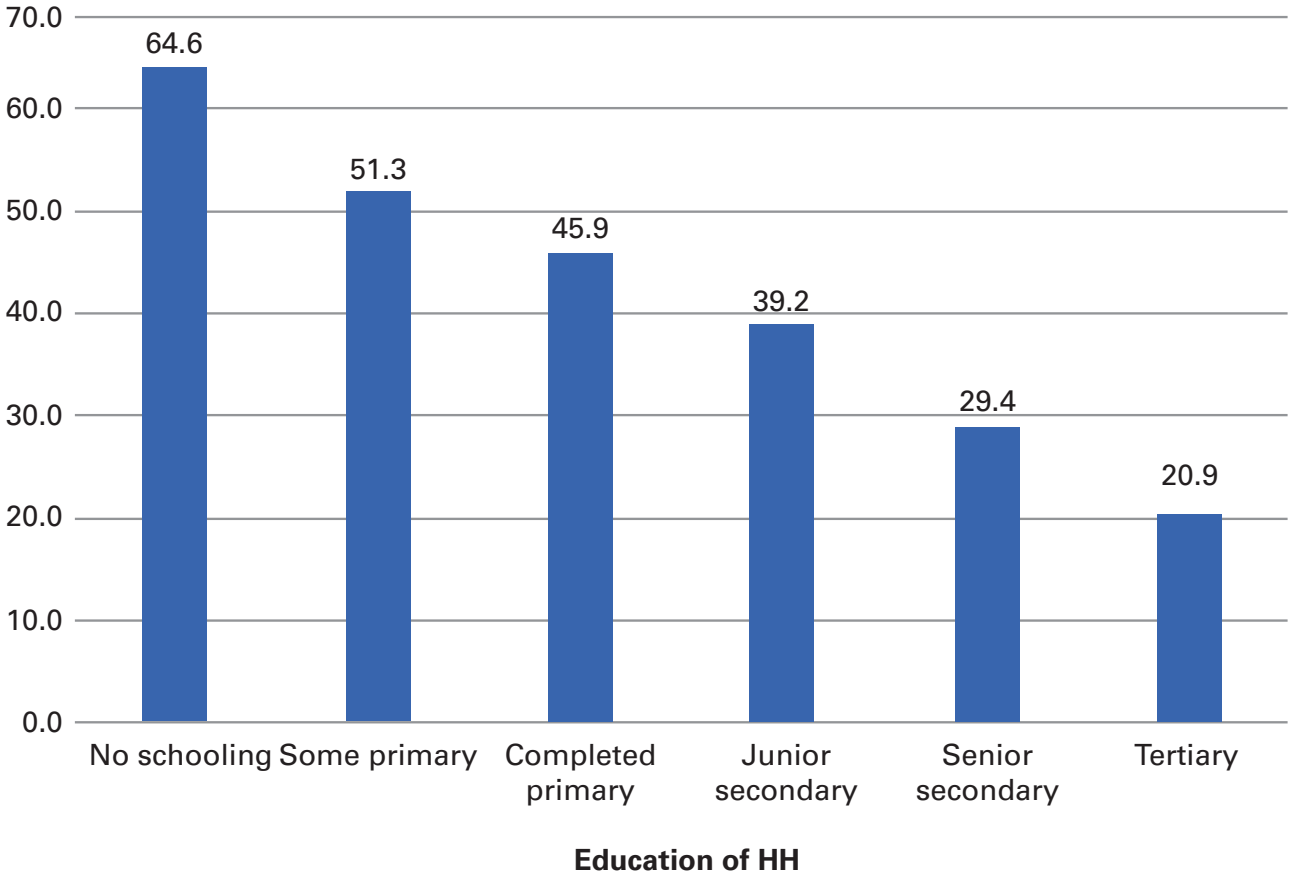


Source : SUSENAS 2023, Badan Pusat Statistik

Higher multidimensional child deprivations are associated with lower education levels of household head

The education level of the household head is associated with deprivations. Approximately 64.6 per cent of children living with household heads without schooling are multidimensionally deprived compared to 20.9 per cent of children with household heads who attained tertiary education.

Figure 6. Multidimensional deprivation rates (%) by the education level of household head, 0-17 years

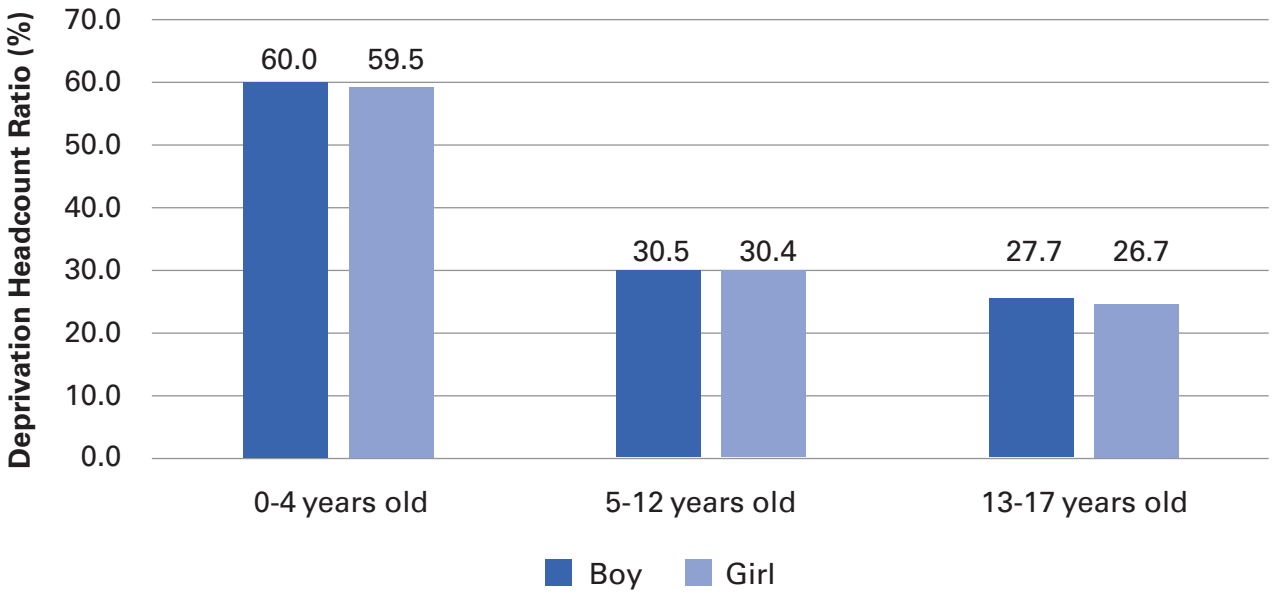


Source : SUSENAS 2023, Badan Pusat Statistik

From a gender perspective, a slightly larger proportion of children living within female-headed households are multidimensionally deprived when compared to children living with male household heads

Adopting a gendered disaggregation of results allows for the strengthening of gender equality advocacy efforts. However, based on 2023 Susenas data in Indonesia, no significant differences between girls and boys are observed when it comes to multidimensional poverty levels. Gendered experiences of deprivation might not be sufficiently reflected in indicators available from the SUSENAS database. This observation highlights the need for further research on the dynamics at work in girls' and boys' experiences of deprivation in Indonesia.

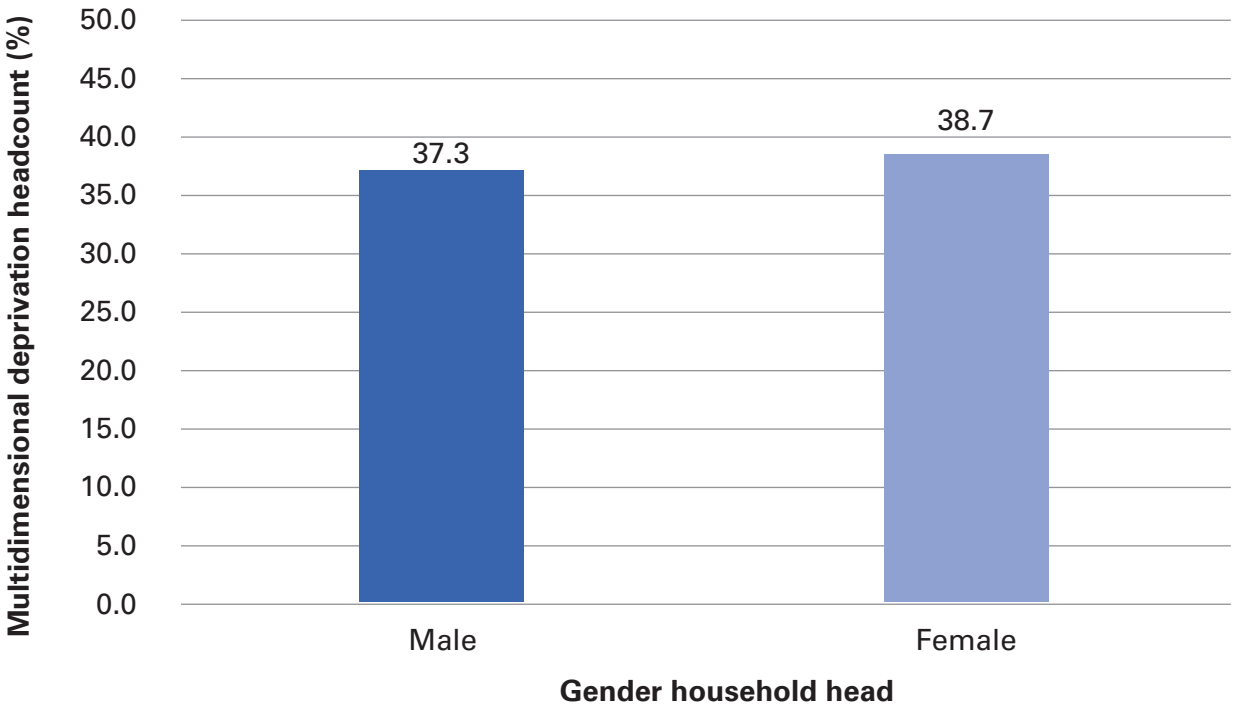
Figure 7. Multidimensional deprivation rates (%) by sex of the child and age groups



Source : SUSENAS 2023, Badan Pusat Statistik

Furthermore, 38.7 per cent of children living with female household heads are multidimensionally deprived compared to 37.3 per cent of children in male-headed households. To make meaningful deductions from these figures, it is important to control for the share of male versus female-headed households that are mono-parental (or constituted by one working aged adult only) or not.

Figure 8. Multidimensional deprivation rates (%) by sex of the household head



Source : SUSENAS 2023, Badan Pusat Statistik

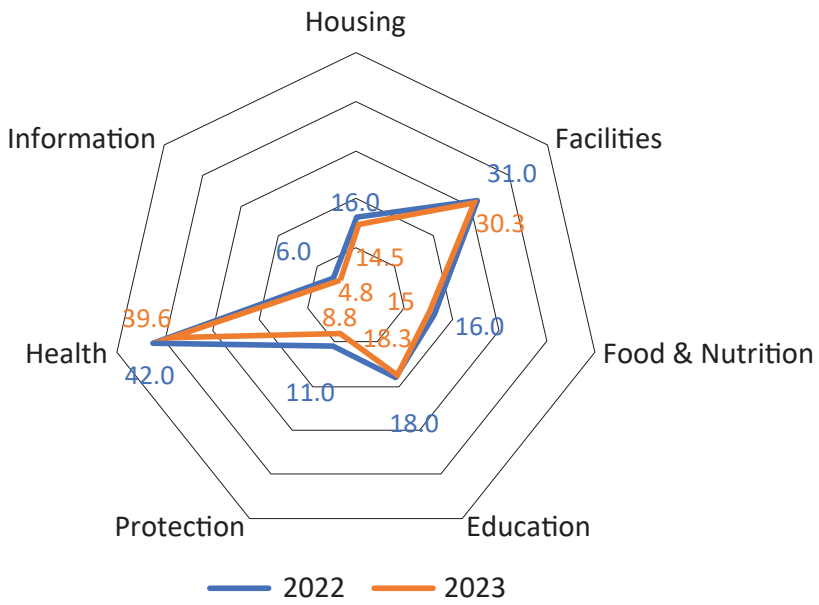
Policy recommendation

Leverage profiling analysis for identifying sub-categories of children requiring prompt social assistance. *Identifying poor and vulnerable children enables clear mapping of policy gaps. While universality of programmes is a desirable response, in line with a rights-based approach to child well-being, constraints in terms of sustainably securing resources are real in many developing countries, including Indonesia. Focused interventions as a first step within a clear medium- to long-term plan is a relevant policy option. The results of this analysis help identify children that would benefit from prompt policy action and could therefore be the first targeted beneficiaries of child-sensitive social protection interventions and/or equity-focused investments in several social sectors.*

- *Address regional discrepancies in terms of multidimensional deprivations and ensure equitable access to basic services.*
- *Strengthen the capacity and coordination of local governments, institutions and organizations.*
- *Implement poverty reduction strategies tailored to local circumstances and poverty profiles. A series of sub-national policy documents could inform these further.*

IN WHICH DIMENSIONS ARE CHILDREN MOST DEPRIVED?

Figure 9. Trend analysis



The results of this analysis, based on Susenas 2023, show a decrease in the share of multidimensionally deprived children when compared to the figures from 2022. Figure 9 shows the multidimensional deprivation headcount ratio at the national level and by area of residence for both years. From 2022 to 2023, multidimensional deprivation in Indonesia fell by 2.82 percentage points, from 40.19 per cent to 37.38 per cent, respectively.

Approximately four-in-10 children are deprived in the health dimension, with the youngest children aged 0-4 years experiencing the highest levels of deprivation.

In 2023, 39.6 per cent of children aged 0-17 years experienced deprivations in health. In particular, 61.7 per cent of children aged 0-4 faced deprivations, as opposed to 35.1 per cent of those aged 5-12 years and 25.7 per cent aged 13-17 years. In line with the lifecycle approach, different indicators are analyzed depending on their relevance to each age group. The health insurance indicator is included for all age groups and the completed immunization indicator only for children aged 12-35 months. Deprivation rates in health insurance are higher among the youngest age group, 47.1 per cent for children aged 0-4 years compared to 25.7 per cent for those aged 13-17 years. One-in-three children aged 12-59 months (33.8 per cent) are not fully immunized.

Although Indonesia is making progress in achieving universal health coverage, through the National Health Insurance policy, some barriers to accessing quality public health services remain. A study by Laksono et al. (2022) revealed that the population living in rural areas, with low education levels belonging to the poorest wealth quintile and young people face more difficulties in accessing health insurance.[9] It is, therefore, crucial to continue investing in the health insurance coverage for ALL people, especially children and vulnerable population groups, through strengthening existing initiatives like social assistance to cover health insurance premiums for the poorest households. Furthermore, as local governments are responsible for providing social services, it is important that financial resources are allocated and spent in an effective and efficient manner to provide quality services for children.

Policy recommendations

Promote equitable access to essential services such as healthcare, especially for the most vulnerable children in Indonesia. *Affordability of social services by poor households needs to be supported through social protection programmes, including health insurance and social assistance. On the supply side, it is important to increase access to quality social services, taking into consideration challenges for remote locations and potential biases associated with children's sex. Not having a birth certificate or residential registration can lead to exclusion from health insurance coverage. This administrative requirement risks sanctioning already vulnerable populations. While most countries in the region do not meet the benchmark of 15 per cent of government budget spent on health, Indonesia's allocation to the health sector at around 5.6 per cent of total national government spending (2024) [10] fares less well than most countries in the region.[11]*

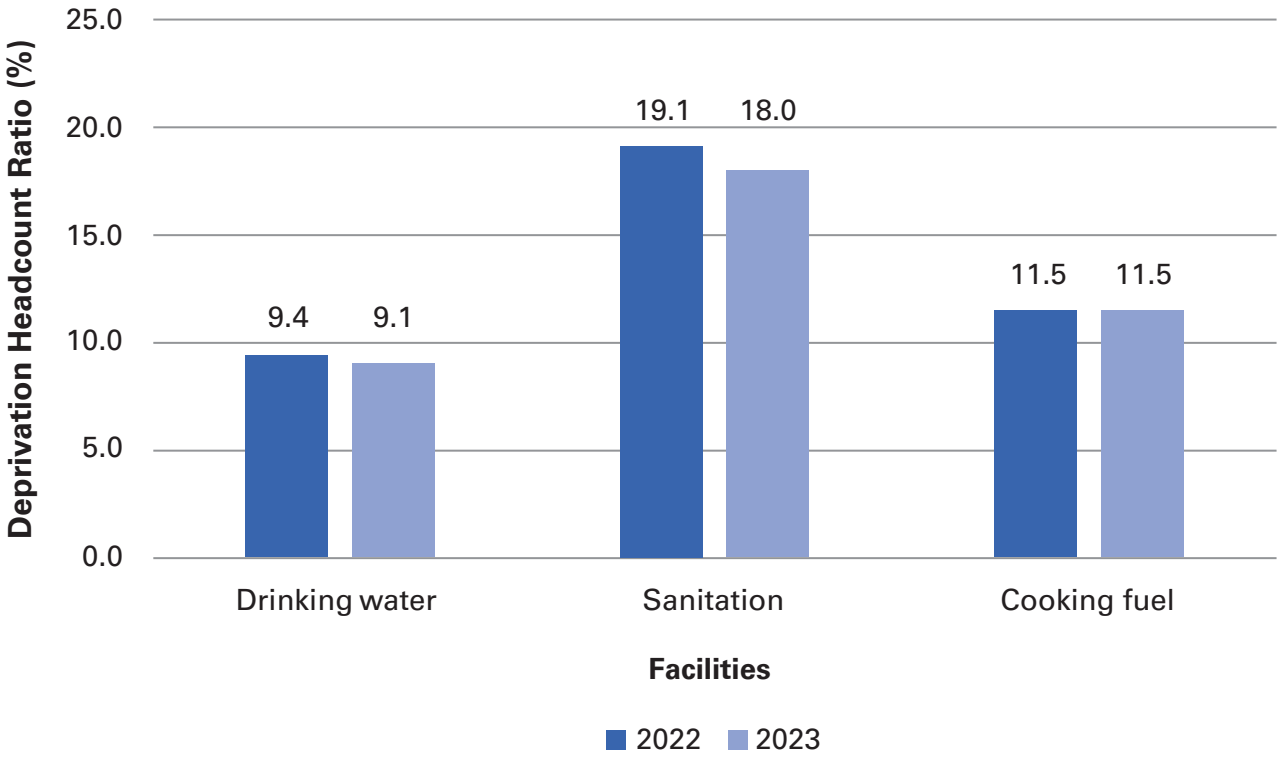
- *Encourage streamlining and simplifying the health insurance registration process as well as expanding the coverage of subsidies through social assistance to increase child coverage.*
- *Adapt health services to take into account the varying needs of children to promote equity among regions and socioeconomic groups.*
- *Improve local governmental capacity and accountability to deliver appropriate quality social services especially health and sanitation services to children.*
- *Promote immunization coverage among children by improving primary health care services and outreach programmes, with a focus on deprived groups.*

[9] Laksono et al., 2022
[10] Ministry of Finance, National Budget, 2024
[11] UNICEF's Child Rights-Based Public Finance East Asia and Pacific regional strategy, 2023.

Around 30.3 per cent of children are deprived in the facilities dimension.

Deprivation levels are similar across all age groups, ranging from 29.4 per cent for children aged 0-4 years to 31.0 per cent for those aged 13-17 years, and are mainly driven by the lack of access to improved sanitation and exposure to solid cooking fuels in the household. Less than one-in-10 children does not have access to an improved water drinking source

Figure 10. Deprivation headcount ratio (%) by each indicator of the facilities dimension in 2022 and 2023, 0-17 years



Source : SUSENAS 2023, Badan Pusat Statistik

In 2023, 86.3 and 39.8 per cent of children aged 3-4 and 5-6 years, respectively did not attend early childhood education.

The educational stimulation of children at a young age is fundamental to their development.[12] Moreover, access to quality education can build human capacity and serve as a tool to escape poverty.[13] However, implementation of early childhood education in Indonesia is fragmented across the country and lacks universal standards.[14] Early childhood education (ECE) is not subsidized by the government and access remains unequally distributed. Coordinated efforts are needed at central and sub-national levels to harmonize the existing policy framework, and its monitoring and evaluation.

[12] Budiharjo, 2017.
[13] The Ministry of National Development Planning (BAPPENAS) UNICEF (2023) "Progress of Child-focused SDGs in Considering the Impact Of the Covid-19 Pandemic during 2015-2021".
[14] Adriany, 2018

Policy recommendation

Implement behavioural change campaigns on the use of adequate sanitation facilities and appropriate cooking fuels. *The government is encouraged to make further efforts to increase access to improved and clean sanitation facilities in schools, health centres.*

Promoting the use of clean fuel to reduce internal pollution and associated health risks associated with solid cooking fuel is of the utmost importance. *Campaigns need to focus on innovative technologies and behavioural change among parents and caregivers.*

The government is encouraged to strengthen implementation of ECE policies as well as a monitoring and evaluation system. *It is also important to improve coordination between early childhood institutions, increase teachers' salaries, invest in universal teacher training as well as ECE infrastructure.*

Multiple deprivations and how they overlap between different dimensions

In particular, 8 per cent of Indonesian children aged under five years suffer from simultaneous deprivations in the health, education and facilities dimensions. This policy brief discusses some examples of the greatest overlaps between dimensions. Nutrition was not included because of its limited overlaps with other dimensions. Figure 3 presents the overlaps between these three dimensions for children aged 0-4 years. Furthermore, it is observed that 15.5 per cent of children are deprived in health and education at the same time, but not in facilities.

CONCLUSION

This policy brief discusses the situation of multidimensional deprivations of child rights among children in Indonesia and overlaps with monetary poverty. In addition to the specific policy recommendations arising from this analysis, Susenas 2023 data provides insights into broader child well-being issues resulting in the following conclusions and recommendations.

Indonesia has secured stable government spending to benefit the social sector over the past five years with approximately 15, 6 and 15 per cent of total government spending allocated to education, health and social protection budgets, respectively. According to recent Ministry of Finance estimates, regional targets for education and social protection spending are partially met.[15] However, compared to other countries in the ASEAN region, Indonesia's health expenditure is lower.[16] Moreover, the efficiency of social sector spending including health and education is behind many ASEAN countries leading to more children being left behind in access to services. It is recommended that the Government of Indonesia increases investments and improves the efficiency of social sector spending to reduce monetary poverty and multidimensional child deprivations. In addition, priority should be given to financing poor regions at sub-national levels to address regional disparities.

[15] UNICEF's Child Rights-Based Public Finance East Asia and Pacific regional strategy, 2023.
[16] The Ministry of National Development Planning (BAPPENAS) and UNICEF (2023) "Progress of Child-focused SDGs in Considering the Impact Of the Covid-19 Pandemic during 2015-2021".

Indeed, this dataset offers great opportunities to further policy-relevant research due to its representativity at sub-national levels and regular data collection protocols supporting the publication of regularly updated data. As such, the additional points highlighted below could pave the way for a policy dialogue to support better measurement of children's well-being in Indonesia.

Adopt a decentralized approach to child poverty and deprivation reduction. Facilitate the dissemination of geographically disaggregated results, through regional briefs, to inform locally relevant policies and strategies. Additional analytical work can support local government in favouring a better understanding of and instating more specific policies for regional specificities.

Rigorously expand access to essential facilities and services for all children in Indonesia. Children living in rural areas and more remote places in general have drastically less access to essential facilities such as safe drinking water, adequate sanitation, affordable and quality early childhood education. There is a need for well-targeted Government of Indonesia investments in these facilities at local level. Aside from investing in the availability of services, more efforts are required to incentivize the population to use improved services and stimulate local authorities to facilitate tracking and more efficient monitoring and reporting of financial resource spending. A nationwide strategy is needed in these areas.

Systematically and routinely report on child poverty and deprivations through a dedicated online platform. In Indonesia, data on monetary child poverty is collected on a regular basis through the Susenas initiative. Moreover, the country has established itself as a champion in reporting on progress towards the SDGs, including through integration of SDG targets in the medium-term development plan. It is desirable to achieve the same level of routine reporting on multidimensional deprivations. In addition to reporting on these figures through regularly published technical documents, providing access to digest key poverty and deprivation measures on a SDG Dashboard would allow prompt monitoring of children's situation and of key sectors like health, ECE and access to facilities to foster political action and civil engagement around these issues.

Ensure the availability of relevant data for older children (aged 5-17 years) to enrich analyses. The Susenas dataset contains more specific indicators for children under five, in particular nutrition and health. To ensure that older children's multidimensional deprivation rates are not underestimated, this paper supports policy dialogue around integration of additional variables to allow for creation of relevant deprivation indicators for children aged 5-17 years.

Carry out additional research to better understand the drivers of multidimensional child deprivations. This analysis focuses on identifying the indicators and dimensions in which children experience deprivations simultaneously. Further studies may help explain the results obtained.

Engage and sensitize the relevant sectoral ministries to improve child-focused sectoral policies. It is crucial to improve the integrated social protection management information system and national social protection programs to make sure that multi-dimensionally deprived children are included and receive adequate benefit. Additionally, efforts should be made to strengthen and expand the care economy.

Annex I: List of dimensions and indicators included for measuring multidimensional child deprivations

Table 1. List of dimensions, indicators and thresholds for measuring multidimensional child poverty in Indonesia using Susenas 2023

DIMENSION	INDICATOR	DEPRIVED IF …	AGE GROUP		
			0–4 YEARS OLD	5–12 YEARS OLD	13–17 YEARS OLD
Nutrition	Calorie Consumption	Child lives in a household with average calorie consumption below 1,400 kcal per capita.			
	Exclusive Breastfeeding	Child is not exclusively breastfed.	0-5 months		
	Minimum Dietary Diversity	Child during the last day or night received foods from fewer than five of the following food groups: (i) grains, roots, and tubers, (ii) legumes and nuts, (iii) dairy products (milk, yogurt, cheese, infant formula), (iv) meat/meat products and fish, (v) eggs, (vi) vitamin A-rich fruits and vegetables, (vii) other fruits and vegetables and (viii) breastmilk.	6-23 months		
Health	Health Insurance	Child has no health insurance.			
	Complete Immunization	Child is not fully immunized, including BCG, DPT, Measles, and Hep-B.	12-59 months		
Education	Preschool Participation	Child aged 3-6 years does not attend preschool.	3-4 years	5-6 years	
	School Participation	Child of compulsory school age does not attend school.		7-12 years	
	Completion of Primary Education	Child did not complete their primary school.			13-15 years
	Completion of Secondary Education	Child did not complete their senior high school.			16-17 years
Child Protection	Birth Registration	Child has no birth certificate.			
	Child Marriage	Child is or had once been married.		10-12 years	
	Child Labour	Child whose work deprives the child of their childhood, potential, dignity, and harmful to physical and mental development..		10-12 years	

DIMENSION	INDICATOR	DEPRIVED IF …	AGE GROUP		
			0–4 YEARS OLD	5–12 YEARS OLD	13–17 YEARS OLD
Facilities	Drinking Water	Child lives in a household with unimproved drinking water: unprotected dug well, unprotected spring, rainwater, tanker truck, bottled water if source of main nondrinking water is unimproved or others.			
	Sanitation	Child lives in a household with unimproved sanitation: flush to pit latrine/open drain/ somewhere else, pit latrine, composting toilet, no facility/bush/field or others.			
	Cooking Fuel	Child lives in a house that does not use electricity or gas as cooking fuel.			
Housing	Overcrowding	Child lives in a house with floor area per capita less than 7.2m^2.			
	Floor Type	Child lives in a house with the widest floor made of bamboo, dirt/soil, or other materials.			
Information	Internet Access	Child lives in a household without internet access.			
	Mobile Phone	Child lives in a household whose members have no mobile phone.			

The MODA approach:

1. *Identifies the **child as the unit of analysis**, rather than the household.*
2. *Adopts **a life-cycle approach**, to reflect the different needs of children throughout their lifecycle, from early childhood to primary childhood and adolescence.*
3. *Enhances sectorial approaches (e.g., nutrition, health and education) by adding an **overlapping deprivation analysis**. This analysis gives insight in which multiple aspects of child poverty are experienced simultaneously and provides information on the level of severity of multidimensional deprivation.*
4. *Supports an **equity-oriented perspective**, through the identification of the socio-economic and geographical characteristics of the most vulnerable children. This, in particular, can inform and guide effective policy design.*

Annex II: MODA Methodology

In line with the union approach, MODA considers a child as deprived in a given dimension if he/she experiences deprivation in at least one of the indicators used to measure deprivation for this dimension. [17] *In addition, each dimension has been taken into account with equal importance to establish the multidimensional child poverty rate. At the multidimensional level, a cut-off approach is adopted, where a deprivation threshold k (with* $0 < k \leq d$*) determines if the child is multidimensionally deprived or not. In Indonesia,* ***a child with two or more deprivations is identified as multidimensionally deprived****, using a threshold of* $k = 2$.

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BPS-Statistics Indonesia	: Ahmad Avenzora, Sapta Hasto Ponco
SMERU Research Institute	: Asri Yusrina, Ulfah Alifia, Sylvia Andriyani Kusumandari, Arif Budi Darmawan
UNICEF Indonesia	: Yoshimi Nishino, Bheta Andhika Arsyad, Bernadetta Ninda Pranantia, Mohammed Shafiqul Islam, Ratnawati Muyanto
Social Policy Research Institute (SPRI)	: Liên Boon, Anaïs Dangeot, Chris de Neubourg

[17] MODA uses the union approach when combining indicators into dimensions to identify children deprived in any of the selected indicators. This approach implies that every child deprived in at least one indicator of a given dimension will be considered deprived in said dimension. This approach is not sensitive, at this stage, to the severity of deprivation because it implies equal weight of indicators making deprivation in a dimension to be independent of the number of indicators a child is deprived in (De Neubourg et al., 2012).

for every child,

Whoever she is.
Wherever he lives.
Every child deserves a childhood.

A future.
A fair chance.
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For each and every child.

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And never give up.

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