HOW FAMILIES COPE WITH POVERTY IN ASIA

Save the Children

Lessons from a multi-country review of Household Economy Analysis and Cost of the Diet Assessments, 2011–15

This report was written by Vanessa Self, with Rachel Childs and Laura Swift.

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Cover photo: Najma, a recipient of a cash grant, holding her ten months old daughter, Suneeta, Sujawal District, Sindh Province, Pakistan

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Save the Children's kitchen gardening livelihood project is set up to help improve nutritious diversity in children's diets and to provide families with additional income, Muzzafargarh District, Pakistan.

PHOTO: AYESHA VELLANI/SAVE THE CHILDREN

Key messages

WHAT IS THE SITUATION IN ASIA?

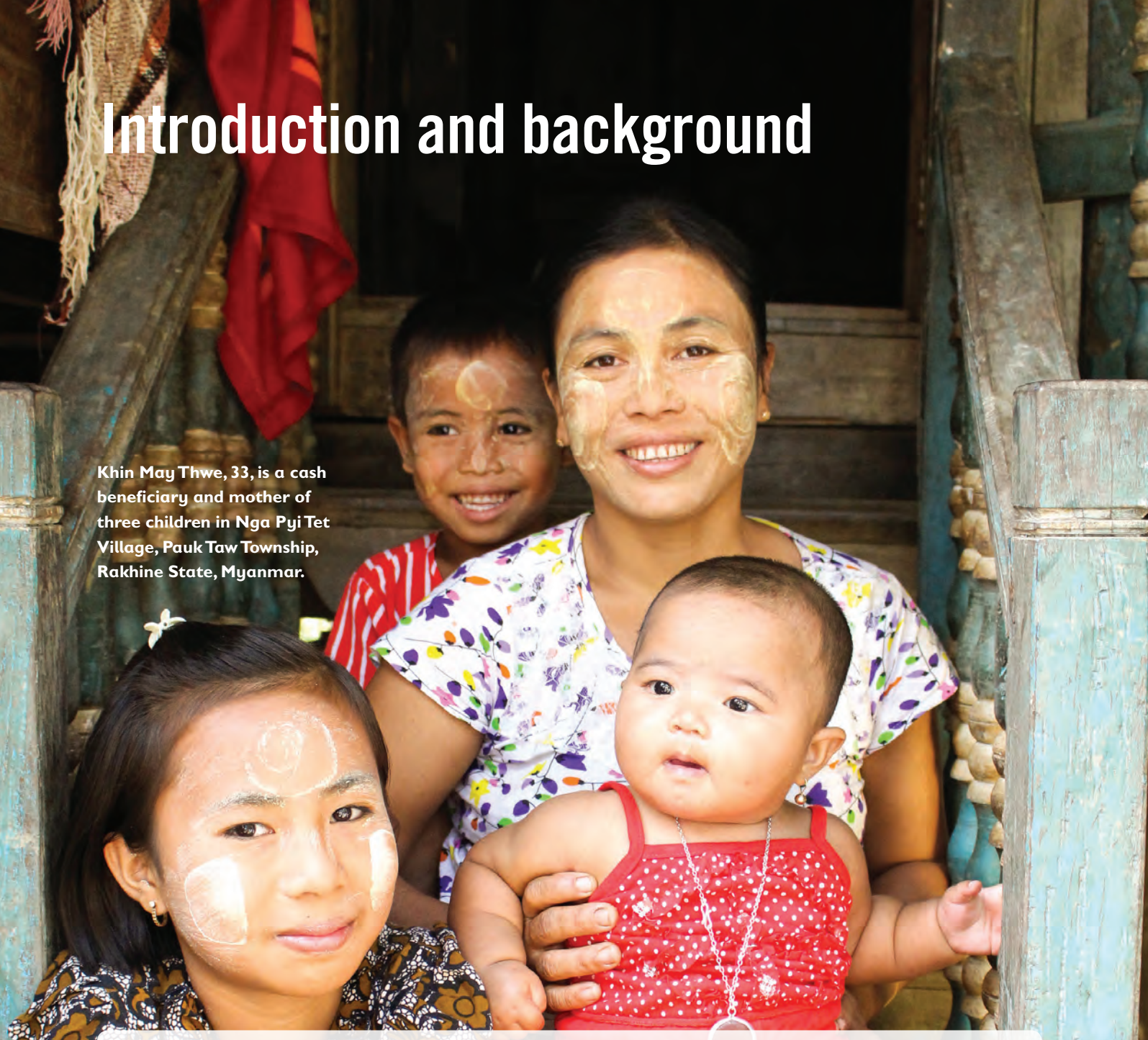
- Across the region, considerable **inequality exists between wealth groups:** better-off households earn between three and nine times as much as the very poor households. Compared to the better off households, the poorest households have little in the way of income, assets and livelihood options: they have little to no access to land which is a key determinant of wealth and vulnerability in agriculture zones, limited access to (fair) credit and savings mechanisms, and precarious livelihood strategies which depend largely on unreliable casual labour and to a lesser extent on income from work migration.
- **The poorest households** are **more vulnerable to economic and environmental shocks:** because of their limited coping capacity due to their lack of savings and assets, the region's frequent climatic and economic shocks hit the poorest households in the region hardest. In times of stress, poor households are likely to use coping strategies such as removing children from school, taking high-interest or unfavourable loans, which can have negative effects on children's access to food, education, a safe environment, and items essential for their wellbeing. In some livelihood zones, children in poorer households are more likely to be engaged in harmful child labour in order to contribute economically to the household's income.
- Women in particular face challenges in accessing sufficient food and income, which limits households' overall food and income levels and their ability to invest in their children. Women have fewer livelihood options than men because they face more social and cultural restrictions. Across the livelihood zones, women tend to have limited skills, literacy and mobility compared to men. In the rural areas where women do engage in paid work, the work is limited to short periods throughout the year or they are paid less per day than men doing the same job. In urban areas, women may work long hours in factories without maternity benefits.
- **Even in 'normal' times, many poor households cannot afford nutritious food to prevent malnutrition, or to invest in their children's education, health and other basic non-food needs.** Although nutritious foods are available in the majority of local markets, very poor and poor households do not have sufficient income to purchase these foods, as well as essential non-food expenditures. On average, very poor households would need to increase their annual income by almost 1.5 times to be able to afford a nutritious diet in addition to other essential non-food expenditures.
- In addition to poverty, cultural beliefs and practices, such as food taboos and preferences, and sub-optimal breast-feeding practices also affect the nutrition status of children from all wealth groups. Sub-optimal breast-feeding practices are common throughout the region. These practices increase the cost of a nutritious diet for children under the age of two as families must substitute breast milk for alternative foodstuffs and complementary foods to fill the nutrient and calorie gap left by breastfeeding at less than recommended levels.

WHAT NEEDS TO BE DONE?

- **Design livelihoods and social protection programmes and polices based on a clear understanding of household economy to ensure realistic income targets linked to the cost of children's basic needs:** economic strengthening programmes should be designed in such a way to enable households to obtain sufficient and reliable income to meet specific needs throughout the year, especially those for children. Programme targets should be based on a clear analysis of household economy to ensure that the household economic barriers to achieving specific children's well-being outcomes can be reduced by planned interventions.

- **Design programmes to address non-economic barriers to children's well-being, including poor households' limited coping capacity, income and assets, as well as cultural norms and practices:** programmes should not assume that increasing household income or food production will alone automatically benefit children. Livelihoods and social protection programmes should include complementary activities to address broader policy and cultural systems that affect children's well-being including access to land, cultural norms about expenditure choices and child feeding, migration, and natural resources degradation. Social behaviour change communication approaches should be used to address the barriers of accessing and consuming nutritious foods and utilizing appropriate child feeding and care.
- Complementary environmental impact assessments should be undertaken to identify sustainable response options that enable households to better prepare for and manage risk and to care for their children.
- Support women's empowerment, to enable them to partake in culturally and religiously acceptable livelihood strategies to contribute to household income, while recognizing their workload in the home, including childcare.
- **Invest in a child-focused analysis of household income and needs:** to design economic strengthening programmes in the way described above, practitioners and policy makers need robust and context specific household economy data. The HEA methodology should be modified to highlight the impact of poverty and shocks on childcare, as well as on child protection, education, learning and nutrition.
- The Cost of the Diet framework should be used more regularly alongside HEA to inform programming that will have sustainable impacts for children, such as identifying the lowest-cost nutritious foods that are locally available to reduce the cost of a nutritious diet throughout the year, and determining transfer values for cash-based food security or social protection programmes.

Introduction and background



Khin May Thwe, 33, is a cash beneficiary and mother of three children in Nga Pyi Tet Village, Pauk Taw Township, Rakhine State, Myanmar.

PHOTO: SAVE THE CHILDREN, MYANMAR

Purpose of this review

This aim of this review is to improve our understanding of what drives household poverty and food insecurity and how the poorest households – and children in particular – in Asia are affected by poverty and food insecurity. It is intended primarily for economic strengthening and nutrition practitioners and policy-makers in the region.

More specifically, this review aims to answer the following questions:

1. What regional trends can be observed in terms of household poverty and access to nutritious food?
2. What do the studies in this review tell us about child poverty in Asia?
3. How can this analysis be applied to economic strengthening programmes to make them more child sensitive, particularly in relation to nutrition outcomes for children?
4. What can be learned from this experience to ensure that analysis using the Household Economy Approach is more child sensitive in future?

Background

The Regional Overview of Food Insecurity carried out by the Food and Agriculture Organization in 2016[1] highlighted that, while countries in the region met or exceeded the Millennium Development Goal (MDG) on hunger several years before the deadline, the 2030 hunger target of the Sustainable Development Goals to fully eliminate undernutrition across the region remains a huge challenge. Furthermore, it highlights that in many countries in the region progress in defeating hunger has slowed over the last five years compared with the preceding two decades.

In order to understand better the food security and livelihoods challenges in Asia, and how these relate to undernutrition and broader child wellbeing, Save the Children has conducted a retrospective synthesis review of its analyses in the region. This review draws on the data, findings and recommendations from 15 studies carried out in five countries in Asia – Bangladesh, Myanmar, Nepal, Pakistan and the Philippines – between 2011 and 2015 (see Table 1).

This review uses the Household Economy Approach (HEA) and the Cost of the Diet methods, which have informed Save the Children's context analysis and programme design in relation to food insecurity, vulnerable livelihoods and/or undernutrition. The HEA and Cost of the Diet have provided a wealth of information on the material resources households have access to in different contexts around the world. While traditionally used to understand the economic situation of households, these tools also have the potential to help us better understand the relationship between household livelihoods and children's ability survive, develop and thrive. Children's poverty is often largely an outcome of their household's (lack of) income – in addition to a range of social-cultural factors, and to how individuals within the household choose or are able to spend their income in relation to their children. In many cases, households know what is best for their children and want to invest in their wellbeing but face severe economic constraints linked to their livelihood strategies. The findings presented in this review provide insight into these economic constraints.

TABLE 1 OVERVIEW OF ALL HEA AND COST OF THE DIET STUDIES COVERED IN THE REVIEW

Country	Location	Livelihood zone	Year completed	Study (full name and hyperlink where available)
Bangladesh	Khulna	Fish Cultivation Livelihood Zone	2012	A Cost of the Diet analysis in Khulna district of Bangladesh
Bangladesh	Khulna		2012	Household Economy Assessment Baseline Training Report Fish Cultivation Livelihood Zone
Bangladesh	Sylhet	Agricultural Plain Zone	2013	A Cost of the Diet analysis in Sylhet Division, Bangladesh
Bangladesh	Sylhet		2013	Bangladesh Livelihood Baseline Profile: Sylhet Agricultural Plain Livelihood Zone
Myanmar	Hlaingthayar	Urban Zone	2013	A Cost of Diet analysis in the peri-urban township of Hlaingthayar, Myanmar
Myanmar	Hlaingthayar		2013	Hlaingthayar Urban Household Economy Assessment
Myanmar	Rakhine State	Embankment Paddy Zone Coastal Fishing Zone Inland Agriculture Zone	2014	A Cost of the Diet analysis in three livelihood zones in Rakhine State, Myanmar
Myanmar	Rakhine State		2013	Three Livelihood Zones in Tatlan Project Areas of Rakhine State, Myanmar
Myanmar	Rakhine State	Muslim Coastal IDP Camp Sub-Zone	2013	Rapid HEA Assessment Report Rakhine State, Myanmar: Muslim Coastal IDP Camp Sub-Zone
Nepal	Dolakha	Mid-hill Zone	2015	Rapid HEA Assessment Report, Save the Children, Nepal: Dolakha Mid-hill Livelihood Zone
Pakistan	Muzaffargarh, Punjab	Irrigated Food and Cash Crop Farming with Casual Labour	2011	Assessing the cost of a nutritious diet in Muzaffargarh, southern Punjab, Pakistan
Pakistan	Muzaffargarh, Punjab		2011	Livelihood Baseline Report
Pakistan	Shikarpur	Rain-fed Crop and Livestock Zone (sub-zone: Irrigated Rice and Wheat Production with Casual Labour)	2013	A Cost of the Diet analysis in the Shikarpur district of Pakistan
Pakistan	Shikarpur		2013	Livelihood Baseline Report
Philippines	Eastern Leyte, Tacloban	Peri Urban Coastal Zone Tacloban City Coastal	2014	Rapid Household Economy Approach: Recovery Analysis for Urban and Peri-Urban Coastal Zones in Eastern Leyte

Methods

HOUSEHOLD ECONOMY APPROACH

The Household Economy Approach (HEA), originally developed in the early 1990s, is a livelihoods-based framework for analysing the way households obtain access to the things they need to survive and prosper. It helps determine households' food and income needs and can support the identification of appropriate means of assistance, whether short-term emergency interventions, or longer-term development programmes or policy changes. It is based on the principle that an understanding of how households usually make ends meet is essential for assessing how livelihoods will be affected by acute or medium-term economic or ecological change and for planning interventions that will support, rather than undermine, their existing survival strategies.

Central to HEA is an analysis of:

1. how households in different circumstances get the food and cash they need, and the assets they own or use
2. the opportunities open to households for their livelihoods and the constraints they face
3. the coping options open to households at times of crisis.

This analysis of households is disaggregated by different wealth groups, which are typically the better off, middle, poor, and very poor. (The "very poor" are referred to "the poorest households" throughout this document.)

Figure 1 gives a visual representation of the HEA framework. The first bar in the chart represents total access to food and income in a normal year: the baseline. All food and income sources are converted into their calorie equivalencies and then compared with the internationally accepted standard of 2,100 kilocalories (kcals) per person per day.

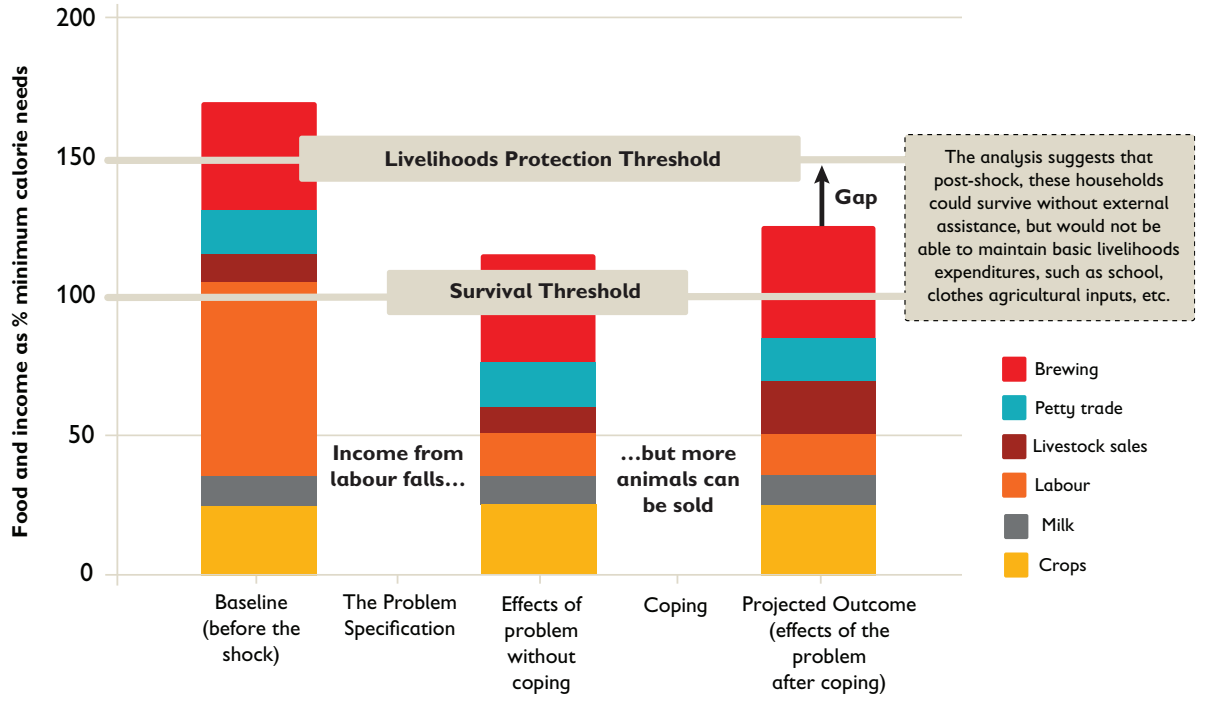
The second bar in the chart shows the effects of the shock without including households' coping mechanisms. The third bar takes into account households' coping abilities. It shows the final projected outcome in terms of households' ability to meet minimum food needs, and compares it to two thresholds:

- **the 'survival threshold':** 2,100 kcals per person, plus the cost of cooking fuel and water for human consumption
- **the 'livelihoods protection threshold':** basic survival needs, plus income to protect livelihoods, such as basic education and healthcare, basic livelihoods inputs, and items required to maintain a minimum standard of living within the local context such as tea or coffee.

The conceptual framework of HEA, then, is:
Baseline + Hazard + Response (Coping) = Outcome

Although HEA's unit of analysis is the household, it provides a picture of the resources that are available to the *children* in the household and whether these resources are sufficient for children to survive, develop and thrive. While children experience poverty in different ways from adults, they are vulnerable to the decisions made within the household unit, as they are less able to address or change their situation. Although the HEA tool is usually only used for food security and livelihoods programming, it highlights the economic drivers behind household choices in all sectors (health, nutrition, education and protection). Therefore, the analyses can give an insight into the reasoning behind many household decisions that directly affect children, such as whether children attend school or have to contribute to household income.

FIGURE 1 HEA FRAMEWORK



HEA DATA COLLECTION METHODS

An HEA baseline is primarily based on data on food, income, expenditure and coping strategies for each wealth group (usually four) within a livelihood zone. There are three main steps to conduct a baseline:

1. identify the livelihood zone, which is an area within which people share broadly the same patterns of access to food and income, and have the same access to markets
2. identify the wealth groups within the livelihood zone, to characterise typical households as per their capacities to exploit different food and income options
3. analyse livelihood strategies to understand the different wealth groups' food, income and expenditure patterns.

For the baseline, interviewees are asked to provide information on a 'normal' year, which will not necessarily be the current year.

Within HEA, wealth is relative to local standards and defined by local key informants. The typical wealth groups are: the very poor, poor, middle and better-off. Details on wealth groups and livelihoods strategies are mostly collected through interviews and focus group discussions at the district and community (or village) levels:

- Information on general food and income sources are collected at the district level, from both key informants and secondary data sources.
- The wealth breakdown exercise is carried out through focus group discussions with key informants at the community level.
- Specific wealth group data and information is collected through focus group discussions for each wealth group at the community level; around six to 10 households from each wealth group participate in each focus group discussion.

For a full HEA baseline, information is collected from eight to 12 communities (or villages) within one livelihood zone. The exact number of villages depends on the variation between different villages, the number of livelihoods strategies found in the area, availability of reliable secondary / background data, physical accessibility within the zone, etc. In total, then, eight to 12 wealth-grouping exercises with key informants and 32 to 48 wealth-group focus group discussions (four wealth groups in each of the 8–12 villages) are carried out for each HEA baseline. Both the key informant and wealth group discussions are carried out in the form of semi-structured interviews. Data collection teams should include both staff who know the local context well built baseline storage

spreadsheet, and cleaned and analysed collectively by the team, under the leadership of an experienced HEA practitioner. An HEA baseline is usually 'valid' for five to 10 years, as long as there is no significant change to households' food and income sources.

For more information on possible uses of HEA livelihood baselines, key concepts related to livelihoods and HEA, and the HEA methodology, readers are referred to *The Household Economy Approach: A Guide for Programme Planners and Policy-Makers* and *The Practitioners' Guide to HEA.*[3]

In a humanitarian context where resources are usually constrained (human, financial, time), a rapid version of the full HEA baseline can be carried out, as was the case in Nepal post-earthquake and the Philippines post-typhoon. The framework for a rapid HEA is the same as for a full HEA. What differs is the total quantity of data collected: four or five villages are usually surveyed, as opposed to eight to 12.

THE COST OF THE DIET TOOL

The Cost of the Diet method and software platform were initially conceived and developed by Save the Children in 2005 to understand the extent to which poverty affects the ability of individuals and households in different contexts to meet their energy, protein, fat and micronutrient needs. The tool generates a diet for different individuals and families that would meet their nutrient needs (as defined by WHO for each age group) at minimum cost based on locally available foods. The Cost of the Diet tool was designed to provide an analysis of the affordability of diets and understand the difficulties in accessing certain nutrients using locally available foods at different times of the year. The software uses three streams of information: nutrients from foods, human requirements for nutrients and the local cost of food. The nutrient from food information comes from FAO food composition tables. The human needs for nutrients information comes from WHO/FAO dietary recommendations. And the cost of foods is collected through market surveys in the livelihood zone of interest. The software pulls these three streams of information together to find the cheapest combination of foods that meet human nutrient requirements.

Analysis can be performed at household or individual level, since reference nutrient intakes are maintained for each population group. Thus the tool can be used to determine whether households are able to afford a diet that meets not only the nutrient needs for an individual child but the whole household in which the child lives.

The software generates four standard diets:

Energy-only diet: a lowest-cost diet that only meets the average energy requirements of the family.

Macronutrients diet: a lowest-cost diet that meets the recommended energy, protein and fat requirements of the typical family.

Minimum-cost nutritious diet: the lowest-cost combination of foods that meets the average energy requirements and the recommended macro- and micronutrient intake of the typical family.

Food habits diet: the lowest-cost combination of foods that meet energy and macro- and micronutrient requirements, while also reflecting people's typical dietary habits. It sets minimum and maximum constraints to control the number of times a week specific food items are included in the diet to increase the likelihood that the proposed diet is acceptable to the local population. This diet therefore reflects people's typical dietary patterns and, when compared with the minimum-cost nutritious diet, illustrates the extra cost of meeting average energy and recommended nutrient intakes when typical dietary habits, such as the main staple foods and food taboos, are taken into account.

COST OF THE DIET DATA COLLECTION

The following data is collected from the livelihood zone of interest and entered into the cost of the diet software:

- Food prices are collected through local market surveys, based on a food list, developed by key informants and local data collectors. The items on the list change according to the season and also include home-grown 'free' foods.
- Typical food consumption habits and dietary patterns are collected via interviews and focus group discussions. These are conducted in a minimum of four villages, with eight women responsible for food preparation per group, two from each wealth group identified by the HEA.

The context

BACKGROUND ON DATASETS (2011–15)

This review is based on data collected through HEA and Cost of the Diet assessments across 12 livelihood zones, primarily rural livelihood zones in development contexts in South-East and South Asia. These include Punjab and Shikarpur in Pakistan, Rakhine embankment, coastal and inland zones in Myanmar, and Khulna and Sylhet in Bangladesh.

The findings were supported by additional studies in urban and/or humanitarian contexts in urban Hlaingthayar in Myanmar, an IDP camp in Myanmar, Dolakha in Nepal (post-earthquake), and urban and peri-urban zones in Eastern Leyte in the Philippines (post-typhoon), though there is no Cost of the Diet data available for the latter four.

A significant proportion of the population in each of the livelihood zones studied live under the World Bank international extreme poverty line. At the time of the studies, this figure was $1.25 per person per day. This has since been recalculated and updated to $1.90 per person per day. Table 2 compares the income levels of households in each livelihood zone against the poverty threshold.

FIGURE 2 MAP SHOWING OF THE COUNTRIES COVERED IN THIS REVIEW

TABLE 2 PERCENTAGE OF PEOPLE IN EACH LIVELIHOOD ZONE LIVING UNDER $1.25 USD PER PERSON PER DAY

Location or Livelihood zone	% households living on less than 1.25USD per person per day
Punjab , Pakistan	87%
Shikarpur, Pakistan	100%
Embankment paddy, Rakhine, Myanmar	100%
Coastal, Rakhine, Myanmar	61%
Inland fishing, Rakhine, Myanmar	83%
Hlaingthayar urban, Myanmar	40%
IDP Camp, Myanmar	85%
Khulna, Bangladesh	88%
Sylhet, Bangladesh	87%
Peri-urban, Philippines	33%
Urban (Tacloban), Philippines	0%
Dolakha, Nepal	90%

Findings related to regional trends in household poverty and vulnerability, and in access to nutritious food

ACCESS TO AND/OR OWNERSHIP OF LAND IS A KEY DETERMINANT OF WEALTH AND VULNERABILITY IN AGRICULTURAL ZONES

The HEA includes a wealth breakdown whereby wealth groups within each population are identified based on their ability to exploit different options for obtaining food and cash income and thus their ability to survive in a crisis. This includes land ownership, capital and livestock, educational status and access to political and social networks. Table 3 shows that in all of the rural, agriculture-based zones reviewed, land ownership and/or access to land (through rental or sharecrop arrangements) is a significant determinant of wealth as it determines households' ability to produce food, including crops for consumption and sale. Land ownership is often entrenched and under the control of the middle and better off wealth groups. In all of the rural zones those who are very poor have no access to land except for Dolakha, where they can access only poor-quality land. This makes them very reliant on agriculture labour in the fields of the middle and better-off households, increasing their vulnerability to shocks and stresses.

PHOTO: SAVE THE CHILDREN, MYANMAR

Village covered by the Tat Lan Programme, Rakhine State.

TABLE 3 KEY CHARACTERISTICS DEFINING WEALTH

Location	Context	Key characteristics defining wealth	Main income source of the Very Poor
Embankment zone, Myanmar	Rural agriculture	Land ownership	Agricultural labour
Inland agriculture zone, Myanmar	Rural agriculture	Land ownership	Agricultural labour
Dolakha, Nepal	Peri-urban, humanitarian (post-earthquake)	Land ownership (amount and quality of land owned) Income earned from migration by productive household members	Labour migration Agriculture labour
Khulna, Bangladesh	Rural fishing	Land ownership for productive uses Land access (rental)	Off-farm labour
Shikarpur, Pakistan	Rural agriculture	Land and livestock ownership Land access (rental and sharecropping) Economically active household members	Agriculture labour Off-farm labour (construction, domestic labour)
Punjab, Pakistan	Rural agriculture	Land and livestock ownership Land access (rental and sharecropping)	Agricultural labour Off-farm labour (construction, milling)
Sylhet, Bangladesh	Rural agriculture	Land ownership Land access (rental and sharecropping)	Agricultural labour Off-farm labour (construction, quarrying)
Tacloban peri-urban coastal zone, Philippines	Peri-urban, humanitarian (post-typhoon)	Productive asset ownership Income source and level Household size Access to credit	Casual labour (fishing, domestic work, etc)
Tacloban city coastal zone, Philippines	Urban and humanitarian (post-typhoon)	Productive asset ownership Income source and level Education	Casual labour (fishing, domestic work, etc)
Coastal zone, Myanmar	Rural fishing	Type of fishing equipment used	Fishing Casual labour (fishing, processing)
Hlaingthayar, Myanmar	Peri-urban	Number and type of income sources	Casual labour (construction, domestic work, etc)
Muslim IDP Camp Subzone, Rakhine, Myanmar	IDP camp (conflict)	Productive asset ownership Income source and level	Casual labour (unskilled) Child labour Petty trade

Wealth determinants outside of agriculture zones are more context-specific. In coastal zones, fishing equipment is a key wealth determinant as it determines households' ability to catch fish for consumption and sale. In almost all rural areas, livestock is also an important wealth determinant, as it can act as a buffer which can be sold in times of distress. In urban contexts, poverty is much more defined by the nature of the income source.

CONSIDERABLE INEQUALITY EXISTS BETWEEN WEALTH GROUPS IN ALL STUDY ZONES

The HEA collects income levels and allows trends in income levels to be analysed across the region. These income figures are broken down by wealth groups, with community representatives themselves defining the characteristics of each wealth group, including income sources, land access, asset ownership, etc. As Figure 3 illustrates, there are clear zonal differences in income among better-off households, reflecting differences both in the cost of living and in the earning potential of different livelihood strategies.

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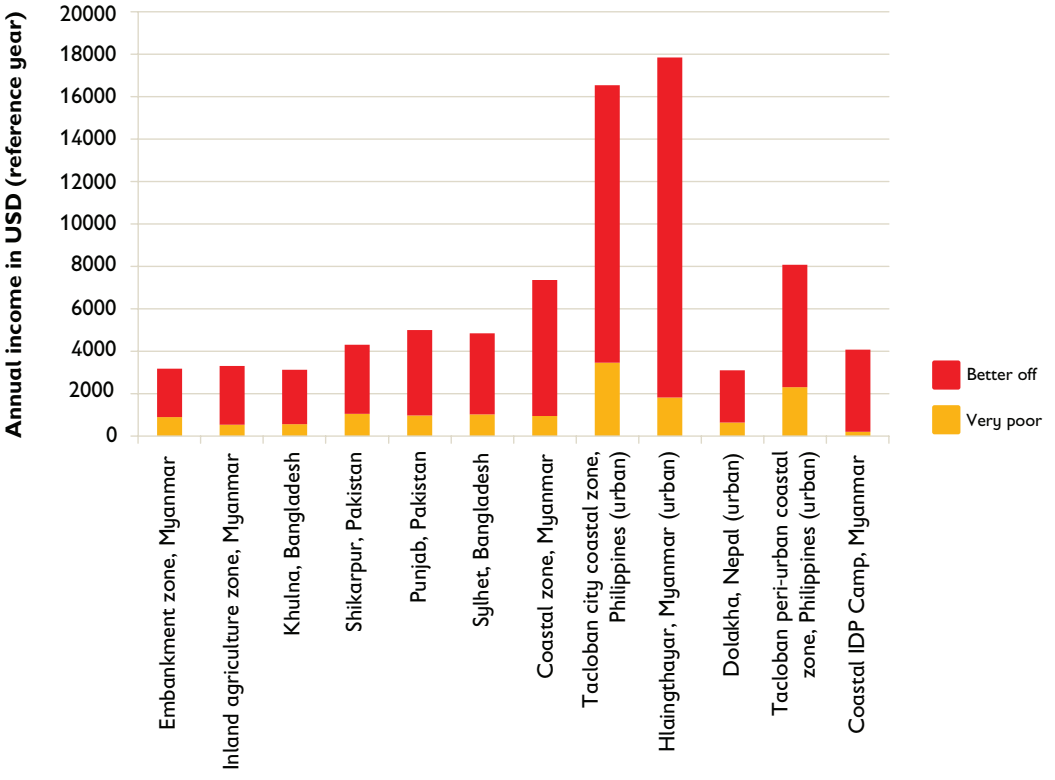
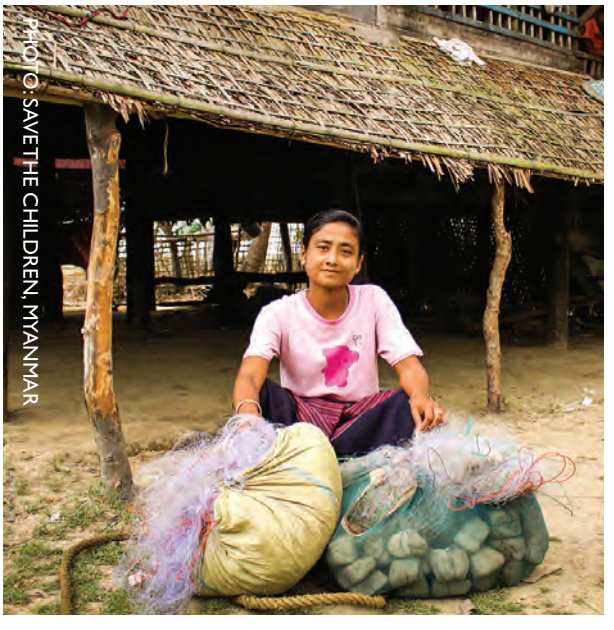
FIGURE 3 AVERAGE ANNUAL INCOME OF BETTER-OFF AND POOREST HOUSEHOLDS



Among the poorest households differences between livelihood zones are far less pronounced. Poor households in the urban areas had only marginally higher average incomes than the poor in the coastal or rural study zones, which is surprising given the many purchases that urban households have. In all zones, levels of inequality are significant, with better-off household earning between three and nine times as much as the very poor households in peri-urban and urban zones, and between three and seven times as much as the very poor in rural zones. Inequality is most significant in the IDP camp in Myanmar where the better off earn about 19 times more than the very poor.



Woman participating in fishery training, Tat Lan Programme, Rakhine State, Myanmar.

This suggests that while certain households or types of households have been able to benefit from livelihood opportunities, those opportunities and wealth have not trickled down to the poorest households, where incomes remain similarly low across the livelihood zones. A common example of this in rural areas is agriculture, with better-off households who own land and technology are able to expand their incomes, while poorer households without land and with limited skills remain dependent on casual labour. In Hlaingthayar, a peri-urban area where the disparity in income between wealth groups was the largest of all the zones, the upper-middle income households have a variety of income sources including shops that they own, a government salary or income from skilled labour, and some have an additional income source from property or vehicle rental. Better-off households generally own larger businesses and obtain income from property and vehicle rental. The poorest households on the other hand are limited to irregular and unskilled labour. For men and boys this is construction work or other labouring without a contract, and women and girls either engage in similar unskilled labour (e.g., loading/unloading), laundry and domestic work or small-scale petty trade.

HOUSEHOLDS LIVING IN POVERTY ARE VULNERABLE TO A WIDE RANGE OF SHOCKS, WHICH CAN RESULT IN COPING STRATEGIES THAT CAN BE HARMFUL FOR HOUSEHOLDS AND THEIR CHILDREN

Models of global climate hazard and poverty projections also predict that climate change will continue to affect South Asia,[5] with an increase in drought, floods and cyclones in some areas. When households resort to harmful coping strategies it slows down their recovery rate and they become less resilient to future shocks. The wealth group discussions in the HEA assessments asks household members what hazards they tend to face and strategies they use to cope with these hazards. An analysis of these hazards across the assessments show that households in Asia are subject to a range of chronic and frequent hazards, including floods, cyclones, typhoons, conflict, earthquakes, drought, crop pests and disease.

In all of the zones where coping strategies for hazards were examined, better-off households sell assets (mostly livestock) during times of stress (although ownership and sales of livestock are limited in both zones in Bangladesh due to lack of grazing land, prevalence of disease and lack of adequate veterinary care), whereas the low asset ownership of the very poor means they are less able to do this.[6] Very poor households reported being able to rely on asset sales in times of shock in just three of the 12 zones.

In addition to low asset ownership among very poor households across all livelihood zones, vulnerability is exacerbated by the fact that poorer households are more dependent on casual labour and self-employment which are unreliable (ie, rather than guaranteed or predictable) low-level income sources. During times of shock, a common coping strategy is to migrate for casual labour. In eight of the zones, very poor households cited engaging in migration labour to cope during times of stress. In one zone in Myanmar, very poor households will also sell their labour in advance, which has the effect of decreasing their daily wage (by up to 50%). This contrasts with better–off households, who migrate for labour as a coping strategy in only two zones.

Nepal, the Philippines and the IDP camp in Myanmar, the three humanitarian contexts studied, highlighted how major shocks can leave households struggling to survive. The typhoon in Tacloban significantly affected all wealth groups' income sources, particularly in the peri-urban zone. Because all groups rely heavily on market purchases for their food needs, in the months following the typhoon in Tacloban access to food was severely affected. Without significant humanitarian assistance, very poor and poor households' in both urban and peri-urban zones would have been unable to meet their basic (2,100 kcal per person per day) food requirements. The situation was similar in Nepal post-earthquake: the HEA analysis showed that all four wealth groups did not have the means to meet both basic (energy-only) food and non-food needs (including healthcare, school, clothing and soap), especially the very poor and poor households. In the IDP in Myanmar, the analysis showed that without the substantial humanitarian support being provided,

the very poor and poor households would have only been able to meet a small portion of their basic food requirements; the middle and better off households would have been able to meet their basic food requirements but not their non-food needs. The impact of crises may significantly disadvantage the poor in the future, as they have fewer assets and savings to cope with subsequent shocks.

HOUSEHOLDS LIVING IN POVERTY ARE VULNERABLE TO MARKET FLUCTUATIONS

The HEA collects information on the sources of food for households in different wealth groups, including own production, payment in kind, gifts, exchanges, foraged wild foods and of course food purchased in the market. This allows for analysis on the extent to which they are dependent on markets to meet their food needs. Across the zones, on average the very poor purchase 93% of their food needs while the better off purchase 50%. Figure 4 shows that in all but one of the rural contexts, the reliance on markets for food decreases with increased wealth. The only exception to this trend is Khulna, where water logging, high tidal water, and soil salinity are chronic problems that limit the types and adequacy of food production in this livelihood zone for all wealth groups. In the two urban contexts, as one would expect, reliance on markets was more even across wealth groups. It is important to note that reliance on markets for food does not necessarily make households vulnerable; however, if households have low incomes *and* are unable to produce their own food, they are very vulnerable to increases in market prices.

In urban areas, all wealth groups rely heavily on market purchases; however, the poorest households are less able to cope with rising food prices. To assess the impact that a food price increase may have on households' ability to access a healthy diet, the Cost of the Diet tool was used to model the effect of the food price rises that resulted from the 2010 floods in Shikarpur in Pakistan. The results showed an increase of 45% in the annual cost of a nutritious diet for very poor households, representing 126% of total income versus 81% of total income pre-shock.

7

FIGURE 4 PERCENTAGE OF KILOCALORIES PURCHASED FROM THE MARKET

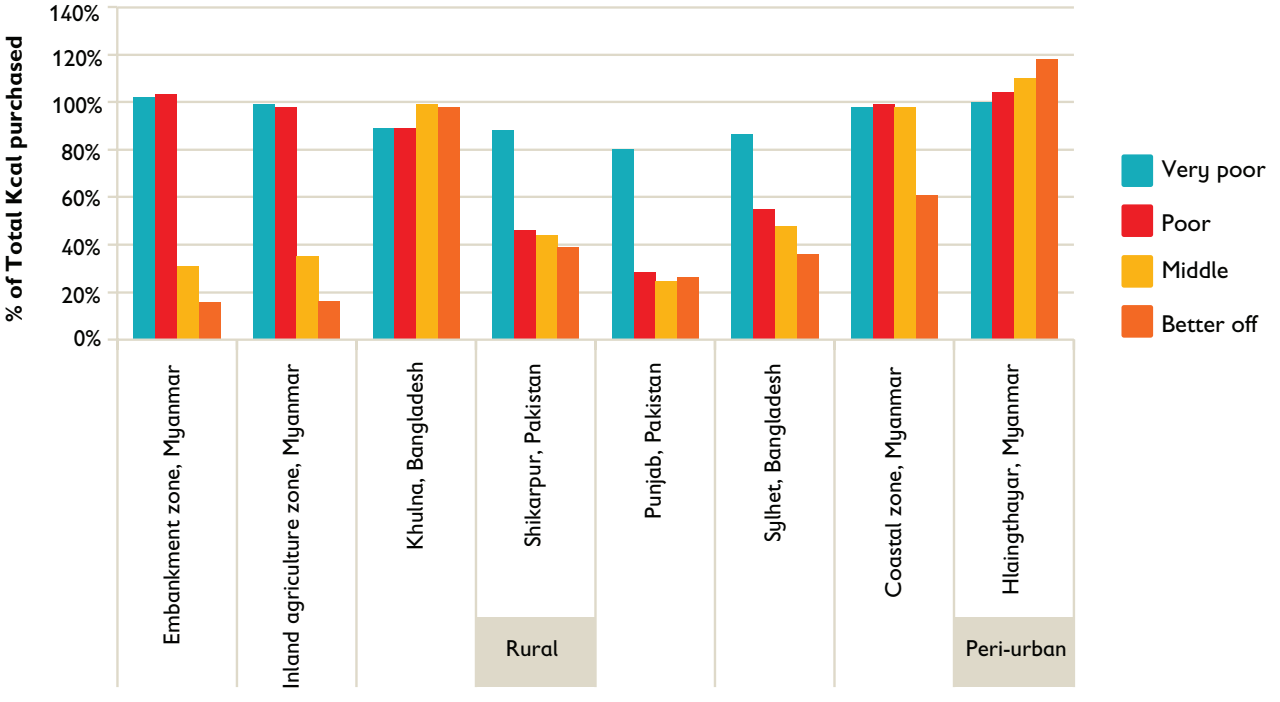


PHOTO: SAVE THE CHILDREN MYANMAR

Girl participating in a youth skills project, Rakhine State, Myanmar.

FOR MANY HOUSEHOLDS, PARTICULARLY IN RURAL CONTEXTS, VULNERABILITY IS SEASONAL

In general, in the rural areas, income for all wealth groups revolves around the agriculture seasonal calendar. Very poor households are reliant on casual labour wages from agriculture activities (planting, wedding, harvesting) while better-off households profit from sales, usually immediately post-harvest. This means that income is concentrated in one month for better–off households. Even in the Coastal Fishing Zone in Rakhine state where fishing dominates over agriculture, better–off households' income peaks dramatically in November during the rice harvest. During the lull of the agriculture calendar, casual labour opportunities are lower for very poor households. In Shikarpur, for example, very poor households rely on loans and purchases on credit during a couple of months of the year when agriculture labour opportunities are lowest.

In most zones, there is a typical 'lean season' that falls during the rainy season or the period prior to the harvest or major food production. During this period food stocks are lower and market prices are highest. That said, in agriculture zones, this period also tends to coincide with a high demand for agriculture labour, which enables very poor and poor households to somewhat offset the high food prices.

In urban areas, seasonality is less pronounced, however, it still has some effect on income generation and therefore on households' ability to absorb shocks. For example, in the urban zone of Tacloban the difficult season coincides with the period of the year when household expenses are highest, particularly education enrolment fees and other social obligations, as well as the holiday season.

WOMEN HAVE FEWER LIVELIHOOD OPTIONS THAN MEN AND FACE NUMEROUS SOCIAL AND CULTURAL RESTRICTIONS

Across all livelihood zones, women were reported to have fewer livelihood options than men. The reasons cited were predominantly limited skills and literacy, and cultural norms around mobility and gender-based allocation of roles. For example, both Sylhet in Bangladesh and Shikarpur in Pakistan are particularly conservative areas in relation to women, where it is not considered culturally appropriate for women to visit markets or to travel unaccompanied outside of the home for work.

In the two zones in Bangladesh agricultural activities are carried out exclusively by men, with the exception of some vegetable cultivation on domestic land by women. Female-headed households are likely to engage in domestic work. In Pakistan, women are slightly more engaged in agriculture activities as they contribute to the harvesting of wheat and/or rice and picking cotton, as well as planting these crops in Shikarpur; however the activities only last a few weeks during the year. In Nepal, while women engage in some casual day labour (mostly agriculture), they are paid less per day than men doing the same job. Some home-based small-scale agriculture activities are carried out by women, such as rearing of small ruminants, but this depends on household access to small livestock and/or homestead land.

MIGRATION IS A KEY LIVELIHOOD STRATEGY FOR MANY POOR HOUSEHOLDS, BOTH SEASONALLY AND IN TIMES OF CRISIS

During the HEA wealth group discussions on sources of income, households are asked whether they migrate for work. In most of the zones, migration is not a common regular income source for the poorest households, perhaps because they cannot afford the travel costs. In Dolakha, however, migration for work is an important income source for all wealth groups during the non-agriculture periods of the year. Poorer wealth groups tend to migrate domestically or next-door to India, while the better-off households can afford to travel to the Gulf.

During times of stress, however, the poorest households in most of the zones use migration to cope. In Khulna, Slyhet, Punjab and the zones in Rakhine state, very poor and poor households will send a family member (usually male) to a neighbouring location in search of casual labour; better-off households use labour migration to cope during difficult times in the Embankment zone in Rakhine state. The absence of a male family member may add stress to women and children's workload,

both in and out of the home. While the HEA focuses primarily on the short-term economic dimension of migration, in many situations, poor men migrating alone can be at risk of exploitation, enslavement, injury and even death, with concomitant impact on their families' long-term wellbeing.

POOR HOUSEHOLDS HAVE LIMITED ACCESS TO AFFORDABLE CREDIT AND SAVINGS MECHANISM, LEAVING THEM VULNERABLE TO INDEBTEDNESS AND LESS ABLE TO FACE SHOCKS

HEA results show that many poorer households across Asia have no savings or limited access to fair loans. In all of the zones except Shikarpur, very poor households often purchase food on credit during difficult periods at no or low interest rates. In both zones in Bangladesh, very poor households will also access loans from micro-finance institutions at interest rates of up to 25%. In the Coastal Zone in Rakhine state and in Dolakha in Nepal, better-off households provide loans to the very poor at high interest rates – up to 24% in Dolakha versus the normal 16% rates charged by the cooperatives for which the very poor do not qualify.

In addition, in all of the analysed zones, very poor households had no savings, compared with better-off households who had savings in most zones. In Shikarpur, for example, at the end of the reference year better-off households' savings totalled 2% of their total annual income, whereas very poor households were debt to the equivalent of 6% of their annual income. In some contexts, such as in Rakhine, households who are able to grow and harvest agricultural produce (for example, through a sharecropping arrangement) sell their yield in advance (i.e., before it is harvested) at a low price – which amounts to an expensive form of credit. During environmental or economic shocks very poor households' fragile financial situation becomes more stressed, often resulting in reduced expenditure for staple foods and forcing some people to migrate for work.

Nishal, 18 months, lives with his grandmother Samcheiki and grandfather in Marbu Village Development Committee (VDC) in Dolakha district, Nepal.

Findings related to child poverty

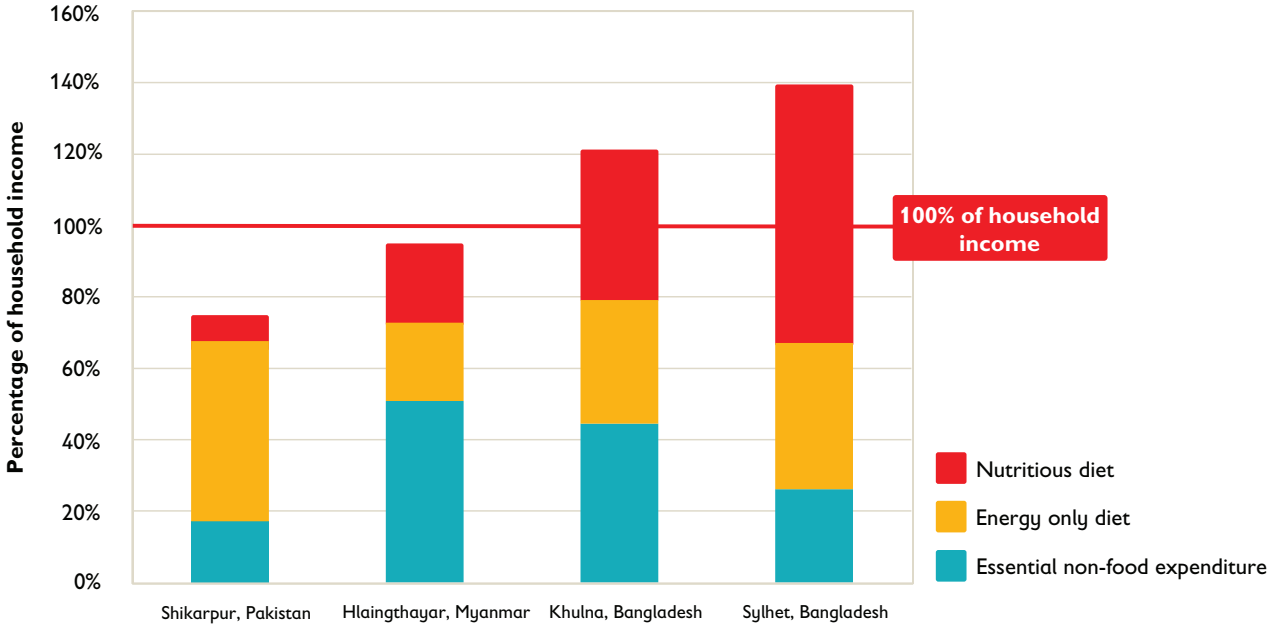
POORER HOUSEHOLDS WITH CHILDREN ARE NOT ABLE TO PURCHASE THE NUTRITIOUS FOOD REQUIRED TO PREVENT MALNUTRITION BECAUSE IT IS NOT AFFORDABLE

In all of the study zones where a Cost of the Diet analysis was carried out, the prevalence of chronic malnutrition among children under five (measured by stunting) is high – eg, 33% in Khulna, 49% in Sylhet, 39% in Rakhine State, 37% in Muzaffargarh and 45% in Sindh.

Cost of the Diet analyses have revealed that in most of the contexts studied, nutritious foods were available in local markets but not affordable for the poorest households. Across the six livelihood zones where Cost of the Diet analyses were conducted (in Bangladesh, Pakistan and Myanmar), data shows that very poor and poor households cannot afford a diet that meets all nutrient and energy requirements, as well as essential non-food expenditures, including healthcare, clothes, schooling and soap. The average percentage point difference between household income and the cost of a nutritious diet plus essential non-food expenditure (affordability gap) was 48% and 22% for very poor and poor households respectively. This means that on average very poor households would need to increase their annual income by almost 1.5 times to be able to afford a nutritious diet in addition to other essential non-food expenditures.

Figure 5, which uses data captured during Cost of the Diet assessments, shows that all households in these non-emergency contexts were able to reach survival thresholds (meeting energy and basic household needs). However, very poor households in Sylhet and Khulna were unable to afford a diet that would meet all of their nutrition requirements using locally available foods. This data reflects the diet for the entire household rather than children specifically. Given young children's higher relative nutrient requirements, children in these households face a serious risk of micronutrient deficiencies and chronic malnutrition, with potentially damaging impact on their physical and mental development.

FIGURE 5 AFFORDABILITY OF AN ENERGY-ONLY AND NUTRITIOUS DIET FOR THE POOREST WEALTH GROUP



A clear trend across all contexts was the link between income poverty and proportionate expenditure on staple foods. Data from across the HEA study zones shows that very poor households spend on average 33% of their cash income just meeting basic energy needs, compared with 3% for better-off households[8]. The most striking comparison is in Shikarpur, where the percentage of income spent on staple foods is 57% for very poor households and 4% for the better off. These figures illustrate why very poor households can face severe limitations in the investments they are able to make in their children's nutrition beyond meeting their basic energy needs.

FIGURE 6 AVERAGE PERCENTAGE OF INCOME SPENT ON STAPLE FOOD BY WEALTH GROUP ACROSS ALL LIVELIHOOD ZONES[9]

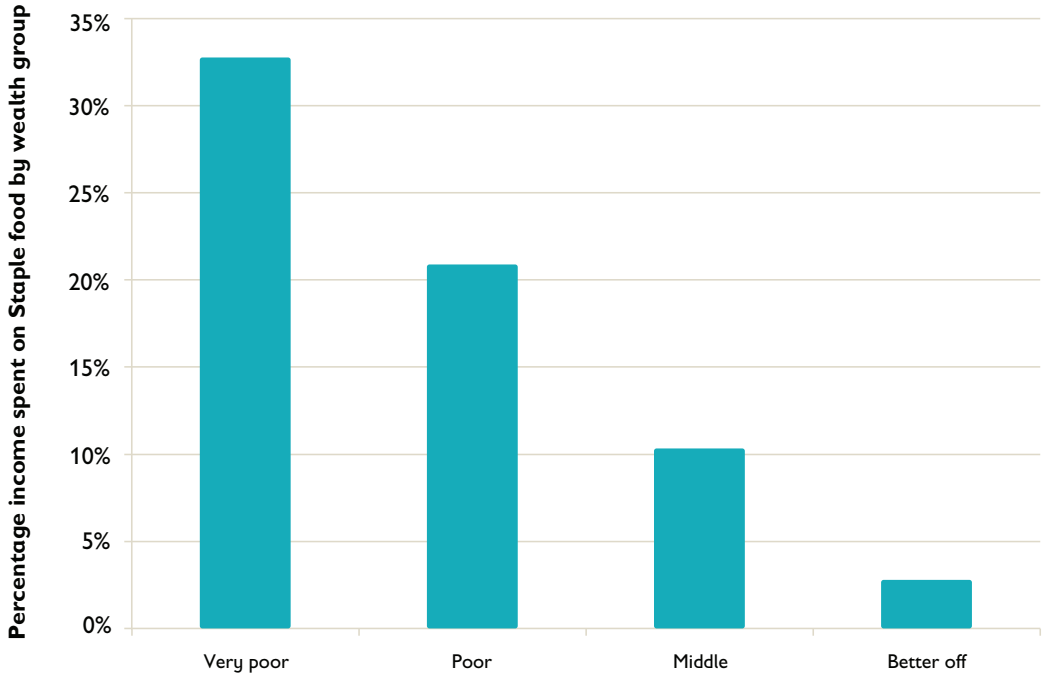


PHOTO: DARREN FLETCHER/SAVE THE CHILDREN

A Save the Children supported cooking and nutrition class in South West Bangladesh.

HOME FOOD PRODUCTION ALONE IS UNLIKELY NOT IMPROVE CHILDREN'S ACCESS TO NUTRITIOUS FOOD

Since the HEA collects data on both household sources of food and income, it is able to determine how much of the food produced by households is also consumed by them, rather than sold. The HEA studies indicate that where households are able to produce nutrient-rich foods that would be beneficial to children's growth and development, they may well choose to sell nutritious items rather than consume them where there is a pressing need for income to cover essential non-food expenditure, or where the foods are not traditionally consumed or others are preferred. Table 4 compares the total percentage of income received from home-produced nutritious food to the contribution these make to total food consumption in the household (expressed as a percentage of total kilocalories).

For example, the households in all three zones studied in Rakhine rarely consume their own fish or livestock produce, choosing to sell them instead; almost all food consumed is purchased in the market. In Punjab, among very poor households, only 2% of total household kilocalories comes from livestock products, despite the fact that they have up to two cattle and two goats; the very poor reportedly sold cow's milk to generate an additional 1% income. It is likely that these choices are also in part due to cultural habits and preferences around food consumption and not solely poverty-driven.

TABLE 4 PERCENTAGE OF INCOME AND CALORIES OBTAINED FROM HOME-PRODUCED NUTRIENT-RICH FOODS IN BANGLADESH, PAKISTAN AND MYANMAR

Location	Income source/ Food item	% of very poor households' income obtained from income source/ food item	% of better-off households' income obtained from income source/ food item	% of total kcal consumed by very poor households	% of total kcal consumed by better-off households
Khulna, Bangladesh	Shrimp / fish	2%	61%	1%	2%
Sylhet, Bangladesh	Chicken	1%	3%	0%	0%
Coastal zone Rakhine, Myanmar	Fish	22%	48%	2%	0%
Embankment zone Rakhine, Myanmar	Fish and livestock	56%	63%	0%	0%
Inland agricultural zone Rakhine, Myanmar	Fish and livestock	14%	11%	1%	0%
Punjab, Pakistan	Livestock	8%	30%	2%	9%

A common programmatic response to food insecurity is to support households to produce their own food, in order to both reduce vulnerability to markets and increase the amount of nutritious food available for children. These findings highlight the importance of understanding and influencing purchasing and consumption choices in addition to increasing production itself. Furthermore, it is worth recognising the additional labour, time and energy demands that arise from taking on home food production can be significant and unsustainable in labour-scarce, already-malnourished households, and could potentially have an impact on child care practices.

SOCIAL PROTECTION MECHANISMS DO NOT ALWAYS ALLOW FOR THE CONSUMPTION OF A NUTRITIOUS DIET WHEN THERE IS LIMITED COVERAGE AND/OR WHEN THE VALUE OF TRANSFERS IS VERY LOW

Social protection is a broad umbrella term to describe a wide range of non-contributory social assistance programmes and policies (e.g., cash or in-kind transfers such as food aid, fee waivers and subsidies) as well as contributory social insurance schemes and labour market policy. The HEA data included social protection transfers in the calculation of household income, based on what households reported during wealth group discussions. This included formal government transfers, which were either in the form of food or cash, usually provided monthly, but in some cases seasonally. Based on the information gathered, social protection contributed to household income in the following ways:

- **Khulna, Bangladesh:** social protection contributed 1% of total income to very poor and poor wealth groups (which represent 60% of the total population).
- **Sylhet, Bangladesh:** social protection contributed 2% of total income to very poor and poor wealth groups (which represent 66% of the total population).
- **Shikarpur, Pakistan:** social protection in the form of the Benazir Income Support Programme contributed roughly 10% of total income for very poor and poor wealth groups (which represent 62% of the total population), which in turn was sufficient to meet around 3% of the food needs for the very poor.
- **Tacloban, the Philippines:** despite the vast efforts of the immediate humanitarian response mounted by the government and international community, particularly in terms of food assistance, in both Tacloban zones very poor households struggled to meet the basic needs of all members to ensure longer term livelihoods recovery.
- **IDP Camp, Rakhine, Myanmar:** humanitarian support contributed about 68% of total income to very poor and about 58% of total income to poor wealth groups, without which both groups would have faced significant gaps in meeting their basic food needs. Middle and better off groups also received support equivalent to around 22 and 17 per cent of their total income respectively. However, transfers were short-term and not expected to last long enough to enable households to recover their livelihoods.
- **Myanmar:** no formal social protection schemes were found to be in place at the time of the studies

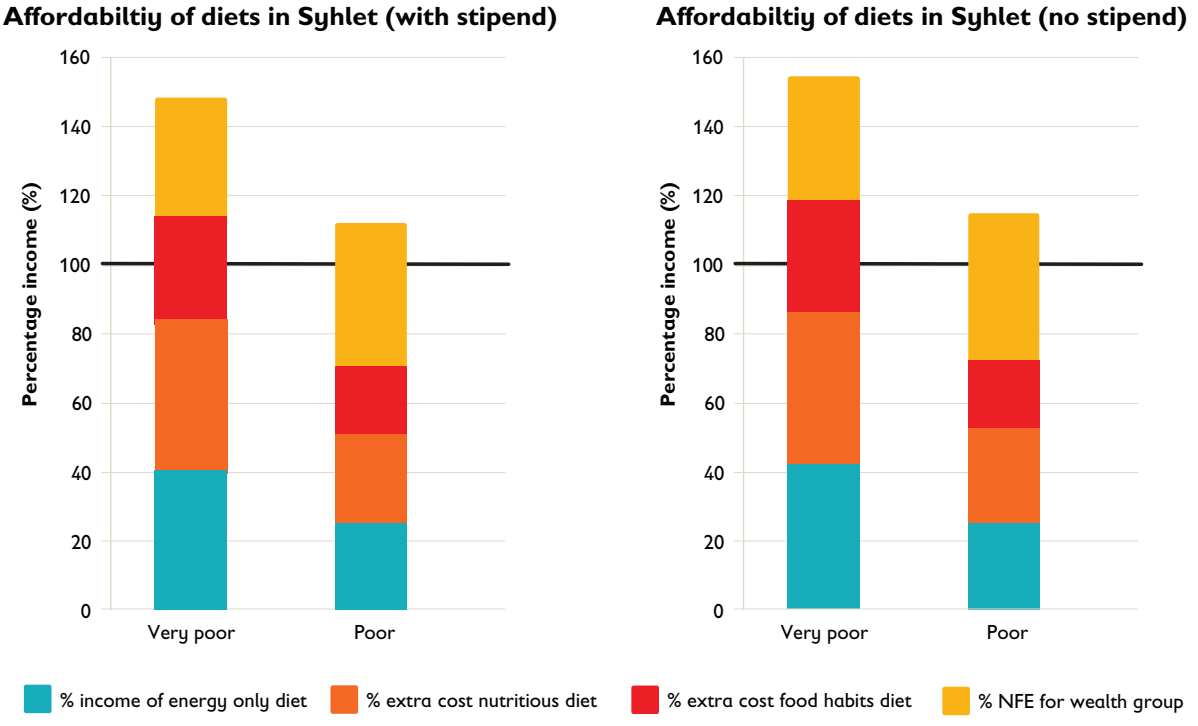
When comparing the proportion of income received through social protection to the cost of a nutritious diet, the analysis shows that current transfer sizes in the majority of the areas studied were far from sufficient to enable households to meet the cost of a nutritious diet and in turn help prevent chronic malnutrition. Analysis carried out for the Sylhet, Bangladesh Cost of the Diet study illustrates this point well. The Maternity and Lactating Women's Allowance programme in Bangladesh provides 350 taka a month (approximately USD 4.40)[10] to women from the eighth month of pregnancy until the child reaches the age of two. However, coverage of this scheme amongst the households included in the HEA analysis was extremely low. To model the potential impact of this intervention on the affordability of a nutritious diet, assuming households were able to access the transfer, the additional income was added to the very poor and poor wealth group's annual income. It is important to note that the main assumption made in this model is that all of the cash transfer will be spent on food for the household,

which in reality, may not be the case when there are other important expenses that need to be covered by the household (eg, out-of-pocket health-related costs, school-related costs).

Figure 7 below shows that to buy a nutritious diet, plus expenditure on non-food items, would require an additional 49 percentage points and 14 percentage points of the current income of the very poor and poor respectively. The value of the social protection transfer at the time of the study adds only 4200 taka (about USD 53), plus 10,945 taka (USD 139) worth of rice, per year to households' income. This reduced the affordability gap but only by 8 and 4 percentage points respectively.

An additional 42,200 taka (USD 535) and 19,144 taka (USD 240) a year is still required for very poor and poor households respectively. The results from this model show only a modest improvement in the affordability of the diets and demonstrate the limitations of the maternity and lactating women's allowance which alone cannot, with the current transfer size, ensure that poor and very poor households are able to access nutritious diets and other basic needs.

FIGURE 7 AFFORDABILITY OF DIETS FOR VERY POOR AND POOR HOUSEHOLDS IN SYLHET, WITH AND WITHOUT STIPEND



While social protection interventions can be effective in helping households to meet basic needs of children, they are not always accessible due to rationing and limited coverage. And when they are available, they do not always provide sufficient support to enable households to overcome the affordability gap between household income and the cost of a nutritious diet, as illustrated in the examples above.

POVERTY IS NOT THE ONLY CAUSE OF INADEQUATE DIETS – CULTURAL BELIEFS AND PRACTICES LINKED TO FOOD CAN ALSO AFFECT CHILDREN FROM ALL WEALTH GROUPS

The 'food habits diet' modelled in the Cost of the Diet analysis takes into account what is commonly consumed in the community and what is culturally acceptable. This is based on focus group discussions and a food habits questionnaire with women of mixed wealth groups, to explain typical dietary habits, religious and cultural beliefs, and expectations and taboos that affect their consumption habits. In some contexts, certain foods will not be eaten even if they are nutritious due to beliefs, and other foods will be frequently consumed even if they are less nutrient dense. This generally results in an increase in the cost of a nutritious diet as other more expensive sources of certain nutrients have to be included to account for dietary habits and preferences . For example, the analysis in Bangladesh revealed that adolescent girls avoid goat meat, fish, eggs and milk during menstruation as it is believed these foods make blood smell, and in Rakhine caregivers avoid feeding children under two meat, fish, eggs and vegetables due to worries about choking and stomach ache. In Sylhet some women reduce fish intake due to concerns about skin problems for the mother and baby, and some decrease food intake to avoid large babies.

In many zones, individual dietary quality is compromised by the high quantity of staple foods consumed by the household. In Myanmar, the vast majority of kilocalories is obtained from rice (close to 90% for all wealth groups), and although better-off households consume more food and have a slightly more varied diet, the overall lack of variation is striking. The Cost of the Diet tool was used to model a diet that included the typical amount of rice consumed by a household, and showed that a nutritious diet could not be achieved for any wealth group as the upper limits for energy were met before all nutrient recommendations had been satisfied. In other words, people consume so much rice that there is no space for other, more nutritious, foods in the diet. This could be detrimental, particularly for children from both poor and better-off households, who require nutrient rich foods to grow and develop. Given the cultural significance of rice consumption, addressing this issue would require considerable behaviour change communication work.

SUB-OPTIMAL BREASTFEEDING PRACTICES, DRIVEN IN PART BY LIVELIHOOD CONSTRAINTS, INCREASE THE COST OF NUTRITIOUS DIETS FOR CHILDREN UNDER 2

Inadequate breastfeeding has significant effects on a child's health and survival.[11] The HEA and Cost of the Diet analyses have shown that the need for women from poor and very poor households to engage in labour undermines their ability to breastfeed optimally. A clear example comes from Hliangthayar, where maternity benefits for factory workers who have children rarely amount to more than payment of unpaid leave. As a result, women need to return to work when their infants are just 2–4 months old, making it difficult for them to breastfeed exclusively for six months as recommended. Women may be expected to work 11-hour shifts, and are restricted to breastfeeding outside of factory working hours.

The Cost of the Diet tool allows us to model the impact on children of sub-optimal breastfeeding practices, often caused by working hours and/or cultural practices. In all the Cost of the Diet studies where it was modelled, poor breastfeeding increased the costs of a nutritious diet for young children. A Knowldege, Attitudes and Practices survey in Shikarpur found poor breastfeeding practices, with only 43% of children under two put to the breast within an hour of birth, 45% giving pre-lacteal feeds and 36% of 0 to 5–month-olds not exclusively breastfed in last 24 hours. To model the impact of these poor practices a Cost of the Diet analysis replaced half of the infant's breast milk with cow's milk and formula in the Cost of the Diet software and found an increase in the cost of a nutritious diet for a 12–23 month old child of 45–49%. Formative research in this same area that compared mothers who exclusively breastfeed to those who did not found that a quarter of mothers who did not exclusively breastfeed knew that exclusive breastfeeding for six months is good, but they could not do this because they had to work in the agricultural fields and had to spend more

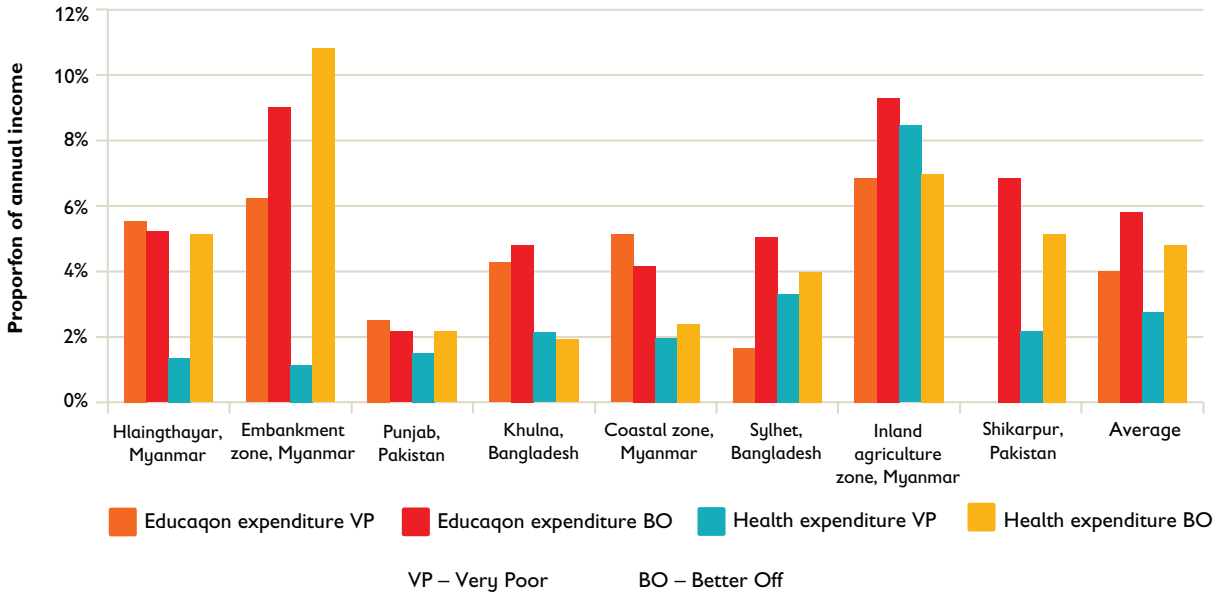
Than Than Aye, 28, a cash beneficiary with younger son and nutrition volunteer in Tan Hlwea Chaung Village, Pauk Taw Township, Rakhine State, Myanmar.

than five consecutive hours outside home. In their absence, their babies are taken care of by mothers- or sisters-in-law. Our analysis also shows that the economic impact on families of not breastfeeding to recommended levels may be significant, as households need to substitute breast milk for alternative foodstuffs and complementary foods.

POORER HOUSEHOLDS SHOW LIMITED SPENDING ON EDUCATION, HEALTH AND OTHER BASIC NON-FOOD NEEDS

The HEA analyses showed that poorer households spend a significant proportion of income on meeting basic needs, such as food, shelter and fuel, leaving limited funds for other essential investments in children, namely health and education. This is evidenced in most contexts by reduced spending on education, health and other basic needs as wealth decreases. For example, in Punjab basic food and non-food items account for 83% of annual income for the very poor, limiting their ability to invest in resources that will benefit children. Poorer households for example invest significantly less on healthcare and education than better–off households. This is the result both of poorer households' lower incomes with which to invest and of their coping strategies during times of shock, which involve reducing spending on health and education. In Sylhet, for example, during times of stress, very poor and poor households may remove children from school to avoid paying education fees. In Tacloban, following the typhoon, the poorest families removed children from school.

FIGURE 8 PERCENTAGE TOTAL HOUSEHOLD INCOME SPENT ON HEALTH AND EDUCATION



On average, very poor and better-off households spend about 4% and 6% of their income respectively on education. This is equal to around $34 per year for very poor households and $231 for better–off households.[12] Even where basic education is free there may be disparities in the quality and level of education that can be accessed due to the additional costs of stationery, uniforms, transportation or other inputs. For example in Punjab, where there is a free education policy, better-off families spend four times the amount on schooling than very poor. In Nepal, poorer households invest greatly in education; during focus group discussions that were part of the HEA baseline, very poor households stated that they may prioritise schooling over meeting their minimum energy needs. However, dropout rates for poorer children are higher than of those of children from wealthier families as cited in the HEA report.

As illustrated in Table 5, as a general trend the level of education that children have access to increases with wealth, reflecting the lower level of investment among poor households. During the wealth ranking exercise in the HEA in some livelihood zones, communities were asked to identify the typical education level for households in a given wealth group.

TABLE 5 EDUCATION LEVEL BY WEALTH GROUP

Location	Very poor	Poor	Middle	Better off
Punjab	Primary, middle	Middles, some secondary	Secondary, higher secondary	Secondary, higher secondary, BA/ MA
Shikarpur	Not in school	Not in school	2 children at school	3 children at school
Philippines (both zones)	Elementary, rarely high school due to costs and need for additional income	High school	High school & college	College, university
IDP Camp, Rakhine	None or primary school	Primary or middle school	Middle or upper school	Upper school or university

During such times, across the zones, poorer children are more prone to dropping out of school than better–off children: as a coping strategy difficult periods of the year, very poor households are sometimes forced to decrease expenditure on school. In five of the twelve zones, very poor households stated that they either reduce expenditure on schooling (on materials, pocket money, transportation, fees, etc) or remove children from school all together (in the three zones in Rakhine and in Sylhet). In addition, it is worth noting that in the two zones in Pakistan and in the IDP camp in Rakhine, very poor households' expenditure on school during normal times is already so little that reducing it during difficult periods is likely to make little difference to households' overall expenditure.

THE POOREST HOUSEHOLDS MAKE LIMITED INVESTMENTS IN HEALTH FOR CHILDREN AND THEIR FAMILIES

Healthcare spending is heavily influenced by wealth: on average, better-off households spend ten times more than poor households on healthcare expenses. The biggest difference is in Hlaingthayar where the better off spend 33 times that of the very poor. The quality of healthcare may also differ with wealth, as poor households buy drugs from pharmacies and some private clinics, but better-off households can afford to access private clinics, hospitals and specialists.

On average, 3% of very poor households' income goes on health, compared with 5% of better–off households' income.[13]

Poorer households may also be forced to live in substandard accommodation or to remain in inadequate and unsafe accommodation for economic reasons, posing additional health threats to children. For example, in Hlaingthayar, very poor households often live in poor-quality rented or illegal accommodation and can only afford a shared latrine, compared with better-off households who can access a private latrine or washroom.

THE POOREST HOUSEHOLDS ARE NOT ABLE TO AFFORD SOME BASIC HOUSEHOLD ITEMS THAT ARE IMPORTANT TO CHILDREN'S WELLBEING AND DIGNITY

The HEA wealth group discussions gather information from households on all of the types of expenditure they incur. Across the zones, expenditure on furniture, bedding and utensils increases with wealth; in the Embankment paddy zone of Myanmar, for example, expenditure on these items among the better off is 12 times that of the poor. Other spending that is affected by income includes firewood, electricity, kerosene, candles and batteries, primarily for lighting, cooking and heating. In Hlaingthayar, the poorest households cited purchasing electricity by the bulb each day, which poses an additional risk to the household as the improvised wiring involved may cause fires. Clothing expenditure also decreases for the poorer wealth groups. For example, in the coastal fishing zone of Myanmar better-off households spend four times the amount on clothing as very poor households. As with expenditure on health and education, during times of stress poorer families in most zones reported reducing expenditure on clothing, bedding, cooking equipment and other household items. While reduced expenditure on these items does not pose an immediate survival risk, it can have an impact on child's psychological well-being. Research carried out by Save the Children highlighted that clothing in particular can highlight child poverty and lead to exclusion, social marginalistion, and bullying, damaging children's sense of self-worth.[14]

CHILDREN IN POORER HOUSEHOLDS MAY BE MORE LIKELY TO BE ENGAGED IN CHILD LABOUR

HEA assessments found that poorer households are more likely to engage in unreliable, low-income casual labour, which places more responsibility on each household member to contribute economically to the household. This may require the poorest households to send their children to work outside of the home to contribute to the household income. In Hlaingthayar, it was reported that children aged 12–15 would work as waitresses to provide household income. This also meant they were less likely to be in school.

The situation may be exacerbated during times of shock or in a humanitarian context, as seen in the Coastal IDP camp, where very poor and poor households' only source of income (other than gifts and sale of assets) is casual labour wages, including those earned by their children which equalled around 20% of very poor households' and 10% of poor households' total annual income an. In some contexts, female-headed households in particular may require their children to work outside of the home, especially where women may also have limited opportunities to engage in income generation. For example, in Sylhet, where social customs constrain women's visibility in the workplace, women are only able to conduct domestic labour or micro-level income generating activities. This may force them to send their male children to work outside of the home, though the studies were not able to gather evidence of this.

CHILDREN MAY BE AFFECTED BY THE NEGATIVE COPING STRATEGIES EMPLOYED BY POORER HOUSEHOLDS DURING A SHOCK

Discussions with wealth groups during the HEA provided data on how households cope with shocks. When faced with a shock, poorer households, with fewer assets and savings to fall back on, have less coping capacity than better-off households. Our analysis shows that in times of shock, very poor households usually prioritise meeting basic food needs over maintaining livelihoods or accessing social services. Evidence of the impact of coping strategies on children is limited, though certain examples suggest that children may be particularly vulnerable during times of shock. Carers may be forced to resort to harmful coping strategies such as: removing children from school (as in Tacloban post-typhoon); remaining in temporary or inadequate shelter (as occurred in Dolakha post-earth quake); and/or reducing the quantity and diversity of food. All of these strategies have direct impacts on a child's ability to survive, develop and thrive. When questioned about household expenditure during the HEA analysis, reducing education costs was commonly cited among the first 'non-essential' expenditure that households would cut. In Tacloban, for example, wealth was a key determinant of whether households could maintain school enrolment post–typhoon, due to their increased need for expenditure on the rebuilding of housing. In some zones, this cutting back was linked to the agricultural season. Where the lean season (the period prior to the harvest or major food production, when food stocks are lower and market prices are highest) coincides with school fee payments – as occurs in Rakhine state and in Punjab – very poor households are likely to remove children from school.

Furthermore, as mentioned above, migration was cited as a common coping strategy. For some households, this can arise from positive, pro-active decisions (eg, by aspirational young people) and may represent a calculated economic risk. However, for many households, migration is a more negative coping strategy – with particular impact on children. Although the analyses did not explore its impact on children, there is sectoral evidence to suggest that migration can also pose a range of protection risks to children. Of the 5.3 million migrants in South-East Asia, 20–40% are estimated to be children, working predominantly in the fishing, seafood, agriculture, manufacturing and domestic sectors. Migrant children often lack access to basic services and, worse still, are at risk of trafficking and exploitation.[15]

For children who have not themselves migrated, but who have been left at home by parents who are, there is a risk that they will be left without appropriate care. The growing influx of migrant workers from Asia has left a similarly growing amount of children left behind in their home towns. The phenomenon of global migration, both within and between countries, has resulted in millions of children left behind by their parents for work in cities or abroad. Children left behind face a plethora of issues and problems that are usually multi-faceted and difficult to fully understand. It is also asserted that the absence of the mother could be the most disruptive aspect of migration for left-behind children.[16] In addition to psychological impacts, children left behind may face increased work responsibilities, and may not receive optimal care and nutrition.

Lessons on using HEA and the cost of the diet for child poverty analysis

HEA EXPENDITURE DATA IS NOT ROUTINELY SUFFICIENTLY DISAGGREGATED TO FULLY UNDERSTAND THE IMPACT OF POVERTY ON CHILDREN

The HEA identifies the threshold in each context to protect not only basic needs but livelihoods. This threshold is based on a set of expenditures related to livelihoods in a broad sense – not only those expenditures required to sustain income and food sources, but also those that are needed to maintain basic services, including health and education, and a minimum standard of living that enables children to develop and thrive. From this data we can see the extent to which households in different wealth groups are able to meet the basic rights of children – including clothing, housing, education, clean water and healthcare.

However, a major limitation of this data is that it is not further broken down beyond these broad categories. For example, health costs are rarely divided between the different types of cost or family members incurring them; education costs are not always broken down into school fees, school meals, books, uniforms, travel costs, etc, in order to illustrate the specific economic barriers to education; and expenditure on non-food items does not always highlight items specifically for children such as clothing. Furthermore, income from child labour is rarely identified in order to understand what proportion of household income it represents.

THE HEA HAS UNTAPPED POTENTIAL TO HIGHLIGHT THE IMPACTS OF POVERTY ON CHILDCARE PRACTICES, AND SUBSEQUENT PROTECTION, EDUCATION AND NUTRITION OUTCOMES

In addition to measuring economic investments in children, the HEA and Cost of the Diet studies also identify issues related to caring practices for children and how these practices can be affected by limitations of time, voice and money. However, this data tends to be fairly limited. For example, data on the links between women's livelihoods and child caring practices do not exist for livelihood zones other than Hliangthayar. Data that could be gathered during wealth group discussions to better illustrate this link includes:

- the time between child birth and women returning to work
- what are child care arrangements for infants and young children if mothers work away from the home and don't take children with them
- how are childcare arrangements affected by migration.

Understanding this link between income and outcomes for children can allow households and development practitioners to understand how much additional income would be required in order ensure that children survive, learn and are protected. For example, this analysis could identify what additional income would be required to enable households to meet all of their needs without the need for child labour.

HEA DOES NOT CURRENTLY CAPTURE LONG-TERM STRESS FROM CLIMATE CHANGE AND ENVIRONMENTAL RESOURCES DEPLETION

The HEA method measures household income before and after a shock, and paints a picture of livelihoods in a 'normal' year. As such, it does not capture long-term stresses that are already addressed by households via a range of coping mechanisms. For example, humanitarian actors and the Bureau of Fisheries and Aquatic Resources were concerned about the depletion of the fish population in the Philippines after typhoon Haiyan. Humanitarian actors faced a challenge in ensuring that they did not contribute to further pressure on fish stocks, while also supporting the livelihoods of fisherfolk, who are faced with very few alternative livelihood options. On the one hand, this pressure leads to a reduction in the quality and quantity

of fish collected, which directly impacts children's consumption of nutritious food and future livelihood options. On the other, there is pressure on humanitarian actors to supply affected populations with fishing equipment to meet their short to medium turn food and cash needs, and recover from the shock.

Similarly, the HEA does not routinely capture the impact of cumulative smaller shocks on livelihood strategies, although attempts to model this have taken place in various HEA analyses carried out in Africa. Understanding this impact is important because reductions in income, savings and assets over time will gradually erode a household's resilience and risks keeping them trapped in poverty. Greater investments in this sort of analysis would be helpful.

POST-IMPLEMENTATION REVIEW OF COST OF THE DIET MODELS HAS REVEALED THE ACCURACY OF SOME OF THE MODELS AS WELL AS SUGGESTING FUTURE EXPANDED APPLICATION

The Cost of the Diet tool was in its infancy at the time of these studies. The application of the tool in Asia has provided extremely valuable information on how it can be used to inform programme and policy design. By comparing predicted outcomes from Cost of the Diet models and actual programme outcomes we are able to gauge the accuracy of some of the models produced. One such example is the modelling of a kitchen gardening intervention in Shikarpur, Pakistan. The Cost of the Diet model projected a yield per household per month of 63.6 kg against an actual yield recorded by beneficiaries of 72 kg. The model also projected an annual yield that each household would generate from their kitchen garden and income of Rs.5, 271 (US$50.39) of income per year, or Rs. 439 (US$4.20) per month, based on the sale of just 15% of their produce. This was expected to amount to a reduction in the daily cost of a nutritious diet of 2% for the poorest households. In reality, households sold 39% of their produce for a monthly income of Rs.1,400 (US$13.38). In other words, we can see that households earned 8% more income than expected, per kg of produce sold.

This reveals a reasonable level of accuracy of the Cost of the Diet model. Finally, and perhaps most importantly, the Cost of the Diet model estimated a positive impact on the quality of the diet as a result of the intervention, in particular by improving intakes of protein, vitamin C, vitamin B1, vitamin B2, niacin, vitamin B6, pantothenic acid and magnesium for the household. Given that the kitchen gardens package of seeds was designed on the basis of the foods identified in the Cost of the Diet study, we can assume that households did indeed receive these nutritional benefits, though to a lesser extent than predicted due to the fact that less produce was consumed than expected. Since the modelling of yields and impact on household incomes and affordability carried out in the Cost of the Diet analysis were on a par with actual findings, this suggests that this modelling was a useful programme design tool in setting targets and anticipating some of the project's impacts. A further cost-benefit analysis illustrated that this modelling could have been furthered by adding estimates of time and inputs from beneficiaries to generate cost-benefit estimates of the intervention verses other livelihoods approaches.

LIMITATIONS OF HEA AND COST OF THE DIET DATASETS

Both the HEA and the Cost of the Diet rely on high-quality data collection, analysis and interpretation. In order to achieve this, it is necessary to have skilled and experienced practitioners leading the whole process, and teams that are competent in field work and basic data skills. In order to ensure this, for both approaches there are standard trainings, assessments for field staff, tools, formats and software in order to reduce variations in the quality of assessments.

It is important to recognise that both the HEA and the Cost of the Diet focus on a specific set of issues and do not capture all of the broader external factors that influence families' access to income and nutritious food, and their decision-making on what they spend and purchase. For example, issues around the quality and coverage of government and private sector services, cultural and social beliefs and norms, hygiene and sanitation practices, environmental degradation, climate change, and government policies may be highlighted through focus group discussions, but in-depth analysis on the impact of these issues on food security and nutrition, are beyond the scope of these studies.

Recommendations

The following policy and programmatic recommendations aim to ensure that economic strengthening programmes enable households to have access to the resources required to ensure that children's basic needs are met.

HOUSEHOLD ECONOMIC STRENGTHENING PROGRAMMES, INCLUDING SOCIAL PROTECTION AND IMPROVED LIVELIHOODS, SHOULD BE DESIGNED TO ENABLE HOUSEHOLDS TO EARN SUFFICIENT INCOME TO MEET SPECIFIC NEEDS, PARTICULARLY FOR CHILDREN.

Livelihood programmes should be designed with a clear understanding of the level of income required in order to bring about significant and lasting change in the lives of poor households, and in particular children, and without the need for income from children. Programmes that increase incomes by an arbitrary amount for a limited period of time, and assume that this will result in 'trickle down' benefits for children are not enough.

HEA and Cost of the Diet analyses can be used to quantify the amount of income required to meet these needs by wealth group, and calculate the amount of additional income that is needed to achieve a desired change. This quantification should be factored into programmes that are designed to achieve a specific outcome on child wellbeing. For example, HEA can help to quantify the increase in salary that would be required to enable households to afford school fees throughout the year. HEA could also help to quantify the amount of income that children earn during a year, and therefore the amount by which adults' income should increase to avoid having to send children to work. This is currently a key gap in child labour prevention analysis and work.

The Cost of the Diet should be used in conjunction with the HEA to determine the amount of money required to meet a nutritionally adequate diet. In addition to defining income-targets in relation to child outcomes, programme design should also be mindful of the time demands of their programmes and the implications for childcare. For example, livelihoods options should enable mothers to take an appropriate gap between giving birth and returning to work, and to provide adequate care for infants and children of complementary feeding age.

By basing the programme targets on a clear analysis of household economy, the household economic barriers to achieving specific children's outcomes can be reduced. Designing programmes in this way, based on household economy analysis, forces development partners to go beyond the assumption that increasing household income will automatically benefit children.

THE DESIGN OF LIVELIHOODS AND SOCIAL PROTECTION PROGRAMMES SHOULD INCLUDE COMPLEMENTARY ACTIVITIES TO ADDRESS BROADER POLICY AND CULTURAL SYSTEMS THAT AFFECT CHILDREN'S OUTCOMES – SUCH AS LAND ACCESS, MIGRATION, ENVIRONMENTAL DEGRADATION AND CULTURAL NORMS ABOUT CHILD FEEDING.

The design of livelihoods programmes must also take into consideration the fact that poor households face a number of political and cultural constraints beyond their own incomes that help to perpetuate their poverty and limit children's wellbeing:

Land access: The analysis showed that very poor households rarely have access to land for agriculture and livestock production. While land reform is often a highly political, contentious and long-term aspiration, which would require intensive advocacy initiatives, some shorter-term initiatives could be taken to increase poor households' access to communal land, such as:

- providing tax and input subsidy incentives for landlords who provide access to very poor households (as recommended in the Punjab context)

- advocating for access to communal land or water bodies
- strengthening very poor households' off-farm livelihoods opportunities.

Household prioritisation of spending in relation to children's needs: The HEA analyses have shown that households may prioritise spending on non-essential items over nutritious foods, health and education. Social behaviour change communication programmes should be included as an essential component of social protection and livelihoods interventions in order to address child poverty and to target key behaviours around use of income and expenditure to promote child wellbeing. Depending on the context, this messaging could focus on increasing expenditure on diverse food groups, preventative healthcare or adopting optimal infant and young child feeding practices. Programmes should be designed based on a solid understanding of who within households makes and influences decisions on expenditure and meal preparation, so that the appropriate decision-makers are targeted. This will likely include husbands and mothers-in-law/elder female relatives in most Asian contexts.

Sub-optimal infant and young child feeding practices: Social behaviour change communication should also be provided to support programmes that improve access to food. In Asia, programmes should be developed to shift consumption patterns towards a more diverse diet, with less overall consumption of rice and more nutritional–rich, cheap foods identified in each context by Cost of the Diet analyses. Food taboos should also be challenged, particularly for children and pregnant women, and the protection, promotion and support of breastfeeding strengthened in livelihoods programming. Where households produce their own food, it is important that households understand the importance of giving children micronutrient rich foods for consumption and not always selling these foods for income. Social behaviour change communication messages need to be adapted to the local context, addressing the cultural and economic barriers to accessing and consuming nutritious foods. These strategies should target the wider community to support interventions for mothers, focusing particularly on the shared responsibility of secondary caregivers to provide nutritionally adequate food and meals for children.

Migration: Even when the main reason for migration is for job opportunities, there can be a host of other 'push and pull factors', including cultural and gender norms, porous borders, cultural/social exclusion, and environmental degradation, which may be linked to climate change. Where migration is a key household livelihood strategy, there is a need for better understanding of the drivers of migration, its impact on children, and which households are migrating and why.

Natural resources degradation: The impact of environmental degradation has been widely documented in numerous contexts, including reducing fish stocks, increasing soil salinity and desertification. Understanding these trends is key to supporting households to adapt (or even completely change) their livelihoods – for example, in flood-prone areas of Bangladesh where recurrent flooding and increasing soil salinity is drastically changing the livelihoods landscape. If HEA analysis is combined with a Rapid Environmental Impact Assessment[17], this could help to determine if seemingly positive coping strategies are indeed negative on the long run.

HELP HOUSEHOLDS PREPARE FOR AND MANAGE RISK, IN ORDER TO PROTECT CHILDREN FROM THE IMPACT OF SHOCKS.

Our analysis showed that risk and vulnerability are regular features in the livelihoods of the poorest households. They face many shocks, which they are often ill-prepared to withstand. A failure to incorporate this reality into programme design will leave children vulnerable to the harmful coping strategies many households are forced to resort to, such as removing children from school or reducing the quantity and diversity of the diet.

For development programmes to support households to build risk-sensitive livelihood strategies and bounce back better after each shock, they must take pro-active measures to build people's capacity to deal with risk and reduce their vulnerability. When assessing livelihood opportunities for the poorest households it is essential that

development programmes not only provide the income required to maintain current livelihoods at a minimum, but also support households to exit poverty in the long-term and achieve longer-term development goals. These programmes should also aim to support households to be able to cover additional expenditures that may be necessary after a shock, and not just those expenditures that can be predicted in 'normal' times. Consideration of the seasonality of both food prices and access to employment should be taken into account in designing both livelihoods and social protection interventions, since there are critical periods when families are unable to meet the essential household costs.

Effective early warning systems are critical for enabling governments, communities and households to prepare for impending disaster in a timely manner. In many contexts, such as those reflected in the studies, communities know which shocks are likely to affect them, even if they cannot predict the timing or severity. Information to help prepare households can significantly mitigate the impact of shocks. HEA is one approach that can be used for early warning in slow-onset emergency contexts and can provide a warning well before the disaster peaks. In the context of rapid-onset crises and individual-level shocks, HEA and the Cost of the Diet can model likely scenarios in order to inform contingency planning and preparedness. In all contexts, HEA can project the likely impact of shocks in order to inform early response programming and/or preparedness that can protect livelihoods and improve the resilience of households. This includes the individual level, with households able to prepare in advance and better absorb shocks by accessing insurance (for agriculture, health, etc) or financial services, for example.

SUPPORT WOMEN'S EMPOWERMENT, PROMOTING SUSTAINABLE LIVELIHOODS AND CHILDREN'S WELL-BEING

A significant effort must be made to empower women to address the constraints they face to accessing a decent livelihood. In most contexts, this will require broader approaches than simply creating jobs or small businesses, involving addressing issues such as limited mobility, illiteracy and lack of a voice. Some of these constraints are deep-rooted and entrenched within culture and will therefore require persistent work with all members of society – women, men and children.

In the meantime, culturally and religiously acceptable livelihood options should be made available to women so that they are able to contribute to household income. Any such livelihoods options would need to be mindful of the fact that it can difficult for women to work outside of the home during the period of exclusive breastfeeding, depending on the nature and location of their work, because of the time, energy requirements and privacy that are needed. Steps to help mothers earn an income while caring for younger children can include maternity protection, even in the non-formal sector, social protection to facilitate post-partum recuperation and breastfeeding, and encouraging men and other household members to share domestic duties. In addition, there should be advocacy for maternity leave and benefits for working mothers in the formal sector. All caregivers – men and women, and including those who prepare meals and make decisions on expenditure – should understand the importance of adequate infant and child feeding practices. As mentioned above, for this reason, livelihoods activities should be complemented by appropriate social behaviour change communication programming to promote appropriate feeding habits.

In the two zones in Bangladesh in particular, increasing women's engagement in any type of work outside the home would require a significant change in attitude and gender norms. As suggested in the Sylhet assessment, it may be possible to increase the involvement of women in livelihoods activities that are home-based, such as handicrafts and larger-scale poultry rearing. However, the activities should be informed by detailed market assessments to avoid promoting those that are non-profitable (as is the case in Punjab, where many women were engaged in embroidery despite the lack of demand). It is also likely that they would need to be accompanied by trainings and linkages to the market and appropriate credit. Regardless of the livelihoods intervention, it is likely that broader investment in women's empowerment, including

transforming social norms, will also be required for longer-term impact. A key part of this social transformation would be increasing women's and girls' access to education, which is central to women's empowerment and is consistently one of the strongest predictors of child wellbeing regardless of wealth status.

REVISE HEA AND OTHER CONTEXT ANALYSIS METHODS TO FOCUS SPECIFICALLY ON HOW POVERTY AFFECTS CHILDREN.

To achieve breakthroughs for children in survival, education and protection more effectively, there is a need for more analysis on and better understanding of how poverty affects children. Experience has demonstrated[18] that we cannot assume that a rise in household income directly increases benefits for children and instead must have a more thorough understanding of household economy, culture, decision-making, etc. Currently, as with most poverty assessment tools, the HEA methodology's unit of analysis is the household as a whole, although the Cost of the Diet analysis does consider individual household member needs. The HEA methodology could be adapted to be more child sensitive, and ultimately to enable us to design more appropriate programmes that will benefit children. The following are suggestions on how the methodology could be modified:

- Record more specific data on the labour (type, hours, maternity benefits) of main caregiver in family
- Disaggregate information on spending on children from the rest of the household
- Record more specific data on children who are involved in labour for the household (in terms of assessing the income contribution of children in order to understand to what extent incomes would need to be raised for families not to be reliant on child labour)
- Collect more data on how coping strategies are applied differently by different members of the household, in particular, boys and girls – for example, is reduced spending on education, or skipping meals applied equally to boys and girls?
- Explore the link between poverty and early marriage as an economically driven choice
- Gather information related to the practice of dowries and how this affects household economics and decision-making
- Place a greater emphasis on understanding social capital in both urban and rural contexts. The networks and alliances that individuals and families form can amount to very significant differences in the way that they cope with shocks, care for children and protect them from harm.

USE COST OF THE DIET MODELLING TO DECIDE BETWEEN DIFFERENT DESIGN OPTIONS DURING PROGRAMME DESIGN.

The Cost of the Diet tool is proven to be effective in modelling the potential impacts of different interventions on households. Since these studies, there have been more examples of how models can be used for detailed programme design. For example, to:

- Determine transfer values for cash-based programmes aimed at improving nutrition in the 1,000-day window in Myanmar
- Identify locally available nutritious foods for kitchen garden interventions in Shikarpur, Pakistan
- Develop recipes for locally affordable complimentary foods in Nigeria.

Cost of the Diet models could be used early on in the design of projects to test assumptions of how different interventions may affect households and children. This is particularly useful given that revisions to the software now allow for more detailed analysis at the level of the individual child and for pregnant and lactating women. In addition, as the example from Pakistan showed, augmenting Cost of the Diet models with basic cost information on the inputs (time and resources) has the potential to provide pre-programme cost benefit estimates and better evaluation of value for money in choosing which interventions are best suited in a given context to address child poverty and affordability gaps.

Shabnum lives with her husband and three children: Samirian, a four-month-old girl, Khadiza, a seven-year-old girl, and Ripon, a ten-year-old boy, on an island in northern Bangladesh.

PHOTO: AKASH/PANOS PICTURES/SAVE THE CHILDREN

Endnotes

1 "Asia and the Pacific Regional Overview of Food Insecurity", Food And Agriculture Organization of the United Nations, 2016, http://www.fao.org/3/a-i4624e.pdf

2 Diagram copied from "The Practitioners' Guide to the Household Economy Approach", FEG and SCUK, 2008.

3 "The Household Economy Approach: A Guide for Programme Planners and Policy-Makers" is available at http://www.feg-consulting.com/resource/the-household-economy-approach-a-guide-for-program-planners-and-policy-makers and at http://www.savethechildren.org.uk/resources/online-library/household-economy-approach-guide-programme-planners-and-policy-makers. "The Practitioners' Guide to HEA" is available at http://www.feg-consulting.com/resource/practitioners-guide-to-hea and http://www.savethechildren.org.uk/resources/online-library/practitioners%E2%80%99-guide-household-economy-approach.

4 Data for the urban zone in the Philippines is not available.

5"Climate Change Impacts in the Asia/Pacific Region", The Global Mechanism and IFAD, 2012, https://www.ifad.org/documents/10180/88baa1cf-4661-4077-9292-84dfff5253f0

6 On average across the zones, during normal times very poor households have one goat and three chickens while better-off households have five goats, four chickens, five cattle and one pig. Note that the type of animals varies in each livelihood zone (for example, there are no pigs in the Bangladesh livelihood zones).

7 Does not include data from the two Tacloban zones, Dolakha or the IDP Camp

8 Does not include data from Tacloban and the IDP camp.

9 Does not include data from Tacloban and the IDP camp.

10 Using rate of US$1 = 78.9 taka

11 Lancet series, 2008 and 2013, http://www.thelancet.com/series/maternal-and-child-nutrition.

12 Data not available for Dolakha, Tacloban and the IDP camp in Rakhine.

13 Data not available for Dolakha, Tacloban and the IDP camp in Rakhine.

14 "Child Poverty: What drives it and what it means to children across the world", Save the Children, 2016, p.22.

15 Capaldi, M.P, "Rethinking Independent Child Migration in Thailand: Victims of Exploitation or Competent Agents?" Journal of Population and Social Studies, Volume 23, Number 1 (2015): pp.16-32. http://www.jpss.mahidol.ac.th/PDF/JPSS-Vol23(1)_Capaldi_Rethinking_child_migration.pdf.

16 "Public Issue, Private Joy, Public Gains, Private Pains", Migrante-Anak Pamilya Foundation, 2005.

17 A tool developed by CARE International and University College London, http://www.preventionweb.net/publications/view/8267

18 C M Ellis and J Chaffin, "Evaluations of outcomes for children and youth from NGO-supported microeconomic interventions: a research synthesis" in R Morgan (ed), 'The Global Child Poverty Challenge', Practical Action Publishing, 2015.

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