



Situation Review of Children in ASEAN

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A report by UNICEF to the Association of Southeast Asian Nations

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FOREWORD

This year marks an important milestone in the lives of our children. Eighteen years ago, world leaders created a global treaty to recognize the rights of children everywhere. Today, 18 years on, there is an entire generation of children who have grown up under the protection of the United Nations Convention on the Rights of the Child (CRC). For children in South-East Asia the commitments outlined in the CRC are starting to bear fruit. Progress to guarantee every child's right to survival, development, protection and participation has been made.

All 10 Member States of the Association of Southeast Asian Nations (ASEAN) have ratified the CRC, and have started to align national laws, build stronger legal frameworks for children and establish and strengthen national institutions that deal with children's issues. Significant progress on the reduction of child mortality, increases in school enrolment, better laws to protect children and the improvement in children's overall well being has been achieved.

Yet great challenges remain. In spite of sustained economic growth in the region that has contributed to lifting many people out of poverty, not everyone is benefiting. For many children – whether they are ethnic minorities, children of migrant workers, children living in underserved rural communities, or those crowded in urban shanty towns – the provision of quality social services and their protection from exploitation and violence is still a distant reality. Emerging diseases like Avian Influenza (AI), the further spread of HIV and AIDS, and ongoing environmental disasters also threaten development achievements and pose great risk to children.

This document provides an overview of the situation of children in South-East Asia. Divided into chapters focused on each of the key critical components to meeting our child rights obligations, it seeks to review the situation, highlight where progress has been made and illustrate what types of action can be taken to further accelerate results.

Along with the CRC, leaders from South-East Asia have committed themselves to achieving the global international development goals laid out in the United Nations Millennium Development Goals (MDGs) and UNICEF's World Fit for Children. ASEAN's Commitments for Children (2001), the series of Declaration on Co-operation in Youth Development and the Cebu Declaration on One Caring and Sharing Community (2007) underscore the region's further commitment to meeting these development goals and promoting equity.

As a longstanding development partner to countries in South-East Asia, UNICEF remains committed to working with governments to provide the leadership, technical skills and guidance needed. In addition to the ongoing work within countries, UNICEF and ASEAN collaboration during the regional Ministerial Consultations on Children, held biennially since 1991, has provided an important forum to address a wide range of children's issues.

To make the CRC a reality for every child requires more than just political commitment. We need to ensure the right policies and laws are in place, that they are enforced and operational, and the required resources are available to ensure every child's rights are met.

CONTENTS

FOREWORD	3
INTRODUCTION	7
CHILD SURVIVAL	10
Nutrition	12
Water, sanitation and hygiene	13
Preventing mother-to-child transmission of HIV	14
CHILD DEVELOPMENT	16
Early childhood education	16
Primary education	17
Secondary education	18
Adolescent development	19
CHILD PROTECTION	21
Violence against children	21
Trafficking, migration and exploitative child labour	23
Children deprived of their family environment	24
Children in conflict with the law	25
CHILD PARTICIPATION	26
CONCLUSION	27

INTRODUCTION

An estimated 197 million children under the age of 18 are living in the member states of ASEAN.¹ Today, these children are generally better off: healthier, more educated and safer than they ever have been in the past. Over the last decade there has been a significant reduction in child mortality, increase in school enrolment and improvement in the quality of life for the majority of the population. Political stability, economic growth and social investments in development have all contributed to these successes.

However, in common with global trends and combined with the region's enormous economic, social and political diversity, progress is not even and pockets of exclusion remain. There are three broad clusters of countries: those that have succeeded in meeting development goals and where, to a large extent, the challenges of development have been overcome; those that are making good progress and for which the goals for children are achievable by 2015; and those that still have a long way to go before being able to declare victory.

However, for the region as a whole to enjoy stability and prosperity, it is important that more is done to address disparities both between and within countries. This requires a concerted effort, especially to reach the most marginalized and excluded people. For children the implications of disparity and inequity can be severe, exacerbating the vulnerability of children to malnutrition, ill health, exclusion from education, neglect and all forms of exploitation.

In this region, the poorest and most vulnerable people can belong to a number of groups. They may confront geographical disparity, living in remote and under served areas; they may come from an ethnic minority, such as migrant workers, refugees or displaced people; or they may be living with disabilities or HIV and AIDS and may confront discrimination in access to services. Quite often little is known about the situations of these groups.

The causes of disparity in the region are many and complex. Four key factors that can perpetuate existing disparities or create new ones are rapid economic change due to globalization; unregulated economic growth with low priority given to distribution; rapid decentralization that leaves local governments without adequate resources and capacity to deliver services; and unregulated privatization of key services – health, education and water.

Already governments in this region have realized the importance of tackling these disparities and have sought more inclusive and targeted approaches to reach those most in need. A critical step to better addressing the problem must be the collection of disaggregated data on key social development indicators. Better quantitative and qualitative data, and analysis with a focus on the poor and most vulnerable are critical for informing policy-making processes and developing appropriate programmes.²

Along with better disaggregated data collection systems, is the need for more inclusive civil registration systems. This region has made enormous strides in increasing the number of children registered at birth. Birth registration is not only every child's right, it is also an important planning tool that can help countries to understand what types of social investments will be needed to meet the needs of their population. The challenge remains, especially as inter-regional mobility increases, to ensure that both laws and services are available and inclusive to everyone.

In many countries, the good news is that child-friendly laws and policy frameworks are in place. Most countries have ratified and adopted international laws and conventions that seek to protect the rights of women and children. Much work has been done to revise national laws to confirm to the CRC and other international conventions. The challenge of how to enforce these laws and implement the policies so they can benefit everyone still remains.

¹ *The State of the World's Children 2007: Women and children, the double dividend of gender equality*, UNICEF, New York, 2007.

² With UNICEF support, many governments have already adopted a form of DevInfo, a software system that can help to centralize data collection. Cambodia, CAMInfo; Indonesia's MDG data is maintained in the UNICEF office, Lao PDR, ChildInfo; Myanmar, MyInfo; the Philippines, ChildInfo; Thailand, Thai language DevInfo/TPD Info; and Viet Nam, ChildInfo/VietInfo.

One way to better guarantee public policy measures will work is to ensure adequate social sector financing. Sadly, despite the high rates of economic growth, social spending has remained inadequate. For example, the region's spending on public health services remains one of the lowest in the world, while the out-of-pocket payments for medical services is one of the highest in the world, often forcing already poor families into debt. On average the region spends only one third to one half of what is invested in other middle- to low-income regions on health care, which is far below the world average.³

In addition to the potential for unrest and social tension caused by disparity, there are three cross-cutting issues that, unless properly addressed, continue to pose threats to the region's development.

■ Migration

Globally, more and more people are moving in search of livelihoods and new opportunities. South-East Asia is no exception as the region experiences movement of people both between countries in the region and beyond to service demand in the Middle East, Europe and the United States.

Safe, well-regulated migration that guarantees workers' rights can bring enormous prosperity to individual families as well as to communities and countries. Remittances have proved a very important source of foreign investment.

Yet when not well-managed, migration can put workers, as well as their families, at great risk of exploitation and abuse. For children, the dangers of being lured into a dangerous or exploitative work environment or trafficked into child labour or the commercial sex industry are very real.

For children of migrant workers, the impact can be mixed. Evidence from the Philippines, along with research from Indonesia and Thailand, suggests that, compared with non-migrants, the children of migrants can benefit economically and often have access to better health care and education back in their own communities. Remittances sent by parents who have migrated are often an important source of income for the families left behind.⁴

But there are also negative consequences for the children left behind. Deprived of parental supervision and support they may develop social problems. In the Philippines, for example, the children of migrant mothers reported feeling angry, lonely and afraid. For those that bring or have children with them while abroad, the threat of their children being excluded from any services and potentially being thrown out of the country is common. In Thailand, although migrant children can access public schools, only 14 per cent (13,000) of the 93,000 registered migrant children under the age of 15 enrolled in school due to the pressure to work.⁵

■ The Challenge of HIV and AIDS

Overall in Asia, an estimated 4.9 million people were living with HIV in 2007, including the 440,000 people who became newly infected in the past year.

In Asia, national HIV prevalence is highest in South-East Asia, with a wide variation in epidemic trends between different countries. While the epidemics in Cambodia, Myanmar and Thailand all show declines in HIV prevalence, those in Indonesia (especially in the Papua province) and Viet Nam are growing. Key drivers are use of contaminated injecting equipment, unprotected paid sex and, to a lesser extent, unprotected sex between men.

³ *A Region Where Every Child Counts*. UNICEF EAPRO, Bangkok, 2005; According to WHO's World Health Statistics on Health Financing, OECD countries spend a larger share of their gross domestic product on health, spending on average more than 11%, compared with 4.7% for countries in WHO's African and South-East Asian regions. This translates to per capita spending of about US\$ 3,170 in OECD countries compared with US\$ 36 in countries in the African and South-East Asian regions, which are much poorer. Linking this spending to epidemiology, the figure shows that although poorer WHO regions, such as Africa and South-East Asia, account for the largest share of the global burden of disease (more than 50% of global disability-adjusted life years lost) and 37% of the world's population, they spend about 2% of global resources on health. The Western Pacific Region, excluding Australia, Japan, New Zealand and the Republic of Korea, accounts for 24% of the world's population (which is dominated by China), about 18% of the global burden of disease but only 2% of the world's health resources.

⁴ *The State of the World's Children 2007: Women and children, the double dividend of gender equality*, UNICEF, New York, 2007, p. 47.

⁵ *Ibid.*, para. 17.

Worldwide, the proportion of women living with HIV is still growing. In Asia, the proportion reached 29 per cent in 2006. An estimated one third of people living with HIV in Viet Nam in 2006 were women. In Thailand, more than four in 10 (43 per cent) new infections in 2005 were among women, the majority of whom probably acquired HIV from husbands or partners who had been infected either during unsafe paid sex or injecting drug use.⁶

Trends in the region also point to a growing incidence of HIV and AIDS among young people. More children are either directly affected through infection or orphanhood or indirectly affected as a result of increasing poverty of family members with the disease.

But there is hope. Some of the greatest successes in the global response to HIV and AIDS are in this region. Thailand and Cambodia have managed to curb spiralling new HIV infections, and Thailand also developed one of the most comprehensive sentinel and behavioural surveillance systems in the world. Countries are becoming increasingly open and willing to share experiences, and there are regional initiatives such as the Mekong Partnership and Beyond.

However, there is no room for complacency. The region must continue to focus on prevention and awareness raising. To do this well, there needs to be better tools to track and reach high-risk groups, address the stigma and marginalization that many of them suffer, as well as provide comprehensive care, support and treatment services to those already infected.

■ **Natural disasters, emerging diseases and conflict**

South-East Asia is one of the most disaster prone areas of the world. Almost 75 per cent of all deaths associated with natural disasters worldwide happen in Asia. Natural disasters ranging from cyclones, typhoons, floods and landslides to earthquakes during the past year caused loss of life, displacement, loss of livelihoods and destruction of property costing millions of dollars. Regional, national and local emergency preparedness and early warning systems are critical to be able to better respond.

This year Cambodia, Myanmar, Thailand, Malaysia, Singapore and Indonesia saw an increase in dengue cases, approaching epidemic proportions and resulting in child deaths. Indonesia and the Philippines are amongst the countries in the world most affected by natural disasters, with a combined total of 20 incidents in 2006, causing more 9,000 deaths.

The highly pathogenic Avian Influenza (AI) continued to pose a serious threat, with outbreaks continuing sporadically. Indonesia has been the most affected, confirming 107 cases and 86 deaths since 2003. Despite successful public education campaigns to alert people to the risk, the challenge to reduce the potential spread of the infection and the continued concern that each new human case will trigger a pandemic of a more highly transmissible virus remains very real. The effects, especially on children in such an event would be catastrophic.

Unresolved political conflict affecting the security and welfare of children continues in the Philippines and in Southern Thailand. In Myanmar, the situation continues to leave a large number of families and children displaced, insecure and vulnerable.

⁶ 2007 AIDS Epidemic Update, UNAIDS & WHO, December 2007

CHILD SURVIVAL

In 2006, for the first time, the global number of children dying before their fifth birthday fell below 10 million, to 9.7 million – an important milestone in child survival. In 1960, an estimated 20 million children under age five were dying every year, thus highlighting an important long-term milestone in child deaths.⁷

The fall in child deaths in South-East Asia has contributed significantly to this global achievement. Between 1990 and 2006, the under-five mortality rate (U5MR) dropped from 78 to 41 per 1,000 live births.⁸ Increased access to health services, expanded immunization coverage, better management of childhood illness, increased coverage of water and sanitation services, the introduction of low-cost high-impact interventions and technology have all played important roles.

Although some countries in the region are on track to achieve MDG 4 to reduce child mortality and MDG 5 to improve maternal health, significant challenges remain in guaranteeing that once the goals are reached they then can be both sustained and expanded to eventually reach every child and mother.

As of 2007, an estimated 54,792,000 under the age of five live in the member states of ASEAN.⁹ Overall, the number of children dying before their fifth birthday has decreased in South-East Asia. In 1999 an estimated 600,000 children died. The number decreased to 467,000 in 2006. The largest gains reflected in this drop have been made in the Philippines, Viet Nam, Thailand and Malaysia, where investments in primary health care including increases in vaccination coverage and improved access to water and sanitation are starting to show results.¹⁰

Singapore now has the lowest U5MR in the region – lower than all industrialized countries except Iceland. Progress is also being made in Lao PDR and Myanmar though still insufficiently to meet the MDG target.¹¹

Once U5MR drops to a range of 20 to 30 per 1,000 live births, non-communicable diseases, congenital abnormalities, genetic disorders and unintentional child injuries become the leading killers, requiring appropriate policies, better targeted interventions and increased budget allocations.

The greatest challenge to child survival remains the first year, often the first month of life, when the majority of child deaths occur. Perinatal and neonatal mortality are strongly linked to conditions of safe motherhood and delivery practices, as well as to maternal health and nutrition.

Reducing these deaths requires improving women's health during pregnancy, providing appropriate care for both mothers and newborns during and immediately after birth, and caring for babies during the first weeks of life. Cost-effective, feasible interventions include initiating breastfeeding within one hour of birth, ensuring proper cord care, keeping the babies warm, recognizing danger signs and seeking care, and giving special care to infants with low birth weights. A continuum of care from pregnancy to early childhood should link community-based programmes to strengthened health systems.

Child survival is inextricably linked to the health and well-being of the mother. Yet globally, maternal mortality and malnutrition remain persistently high.

Malaysia, Thailand and Viet Nam are ahead of target to achieve MDG Goal 5 to reduce by three quarters, between 1990 and 2015, the maternal mortality ratio. Despite progress in middle-income countries in this region, many countries have rates that are stagnating as they approach the goal and geographical disparities are growing.

⁷ Progress for Children, December 2007

⁸ The Millennium Development Goals Report 2007, United Nations

⁹ *The State of the World's Children 2007: Women and children, the double dividend of gender equality*, UNICEF, New York, 2007.

¹⁰ *A Region Where Every Child Counts: Health*, UNICEF EAPRO, Bangkok, 2005, p. 2.

¹¹ *Progress for Children, A Report Card on Nutrition: No. 4*, UNICEF, New York, 2006, p. 20.

Across the region too many women still die unnecessarily every year as a result of complications during pregnancy and childbirth. There is also enormous disparity among countries and regions within countries in terms of access to skilled birth attendants, an important component of reducing maternal mortality. For example, the adjusted maternal mortality ratio (MMR) of Malaysia is 62 while the adjusted MMR of Lao PDR is 660. In Malaysia 97 per cent of pregnant women have skilled birth attendants, compared to 19 per cent of women in Lao PDR. Malaysia's antenatal coverage is 74 per cent compared the coverage of Lao PDR, which is 27 per cent.¹²

The challenges remain to reach all women with the needed antenatal and postnatal care to ensure the safe delivery of the child and well-being of the mother.

In addition to geographical distance to health facilities, underlying much of the failure to achieve more in maternal health stems from gender discrimination. For example the region has elevated levels of anaemia in women of child-bearing age and in pregnancy; low levels of secondary education for girls; adolescent marriages and subsequent pregnancies in the more remote regions of various countries; violence toward women in pregnancy; and inadequate birth spacing – which all point to a significant gender disparity in women's and girls' access to nutrition, health facilities, education and safety in the region.¹³

Table 1: Neonatal, infant, maternal and under-five mortality rates, and maternal mortality ratio

Country	Neo-natal mortality rate (deaths per 1,000 live births)	Infant mortality rate (under one, deaths per 1,000 live births)	Under-five mortality rate (deaths per 1,000 live births)	Under-five mortality rate (rate of progress since 1990)	Maternal mortality ratio (deaths per 100,000 live births)
	2000	2005	2005	Percentage	2005 (or latest year available)
Brunei	4	8	9	18	37
Cambodia	40	66	83	-24	472
Indonesia	18	28	36	60	307
Lao PDR	35	70	98	52	660
Malaysia	5	6.7	9	45	62
Myanmar	40	74	105	19	316
Philippines	15	25	33	47	200
Singapore	1	3	3	67	30
Thailand	13	18	21	43	110
Viet Nam	15	16	19	64	150

Sources: **Neonatal Mortality:** *The State of the World's Children 2007: Women and children, the double dividend of gender equality*, UNICEF, New York, 2007.

Infant Mortality: *The State of the World's Children 2007: Women and children, the double dividend of gender equality*, UNICEF, New York, 2007; *Cambodia Demographic and Health Survey 2005; Census 2005*, Lao PDR National Statistic Center, March 2006; Department of Statistics of Malaysia.

Under-five Mortality: *The State of the World's Children 2007: Women and children, the double dividend of gender equality*, UNICEF, New York, 2007; *Cambodia Demographic and Health Survey 2005; Census 2005*, Lao PDR National Statistic Center, March 2006; Department of Statistics of Malaysia.

Under-five Mortality (rate of progress since 1990): *The State of the World's Children 2007: Women and children, the double dividend of gender equality*, UNICEF, New York, 2007.

Maternal Mortality: "Progress for children," *A World Fit for Children Statistical Review*, Number 6, Lao PDR, Thailand, Viet Nam, December 2007; *Cambodia Demographic and Health Survey 2005; The State of the World's Children 2007: Women and children, the double dividend of gender equality*: Brunei Darussalam, Philippines, Singapore, UNICEF, New York, 2007; *Indonesia Demographic and Health Survey 2002-2003*; Department of Statistics of Malaysia; *Myanmar Maternal Mortality Survey, 2004-2005*.

¹² Ibid., 'Table 8: Women', UNICEF, New York, 2007.

¹³ Ibid., p. 4.

From 1947 until today: Malaysia's phased response to MMR

The low MMR of Malaysia correlates with 97 per cent of its pregnant women having access to skilled birth attendants; and 74 per cent of Malaysian pregnant women accessing antenatal care. Malaysia reduced its MMR before it achieved economic success. This was the result of government commitments to the prevention of MMR, which was implemented incrementally.

- The first phase aimed at improved health care, nutrition, water and sanitation. The outcome was a reduction of MMR from 600 per 100,000 live births in 1947 to 230 per 100,000 live births in 1959. This took place before hospitalized deliveries were the norm (there were only seven health centres in the country).
- The second phase focused on increased access to skilled birth attendants and improved community-based care. This resulted in an MMR dropping to between 50-100.
- The third phase placed an emphasis on institutional care in 1986, and the MMR further dropped to the present level of 62.

Malaysia's approach is a useful example for states and regions where access to institutional emergency obstetric care may still be years away.

Source: Walters, WAW, Ford, JB, et al. (2002 May 6). 'Maternal Deaths in Australia,' *The Medical Journal of Australia*, 176(9) 413-414, as cited in *A Region Where Every Child Counts: Health*, UNICEF EAPRO, Bangkok, 2005, p. 9.

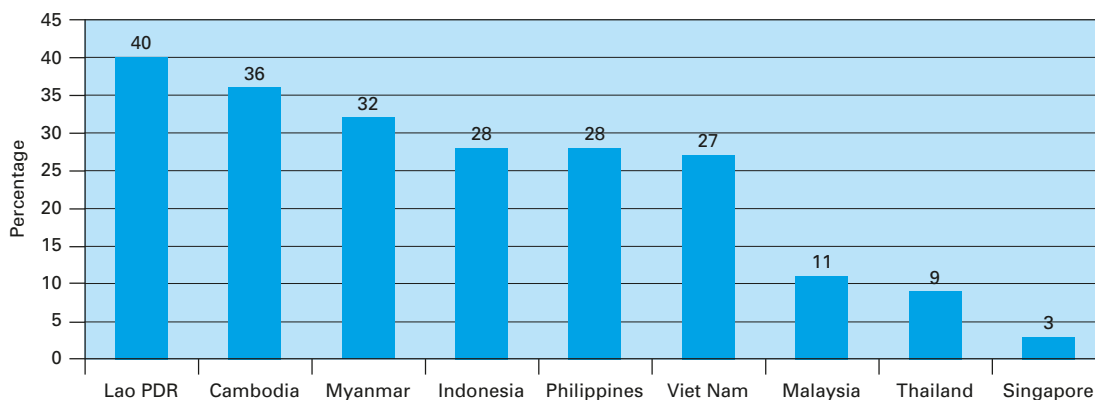
Nutrition

By exacerbating disease, undernutrition is responsible for almost half of all under-five deaths. Adequate nutrition is vital for building immune systems and for cognitive development. South-East Asia has made significant progress in improving the nutrition status of its children as the prevalence of underweight children, stunted growth and anaemia have all decreased.

Viet Nam's has reduced the number of children who are moderately or severely underweight and stunted. The Philippines is lagging slightly behind in reducing the prevalence of moderate and severe underweight children but has the lowest number of under-fives with anaemia (31 per cent). Malaysia has the fastest rate of improvement, with underweight prevalence declining more than one half between 1990 and 2003.

Yet despite this success, poor nutrition remains a persistent problem. Although the number of underweight children has declined significantly since 1990, many of the numbers have remained unchanged for the past five years. For example, an estimated 36 per cent of the child population in Myanmar and in the Philippines have stunted growth. Myanmar has the highest under-five anaemia rate of 75 per cent; Cambodia has the second highest rate of 63 per cent; while Indonesia has the third highest rate of 50 per cent.

Figure 1: Prevalence of underweight (moderate and severe), 2005 or latest year available



Sources: Asian Development Bank. Basic Statistics 2006; Developing Member Countries, May 2006; Cambodia Demographic and Health Survey 2005, December 2006; Myanmar Multiple Indicator Cluster Survey 2003; BPS-Statistics Indonesia. Report on Household Iodine Salt Consumption Survey 2003; Philippines National Nutrition Survey 2003; Viet Nam Health Statistics Yearbook 2004; Malaysia Family Health 2003; Thailand Multiple Indicator Cluster Survey 2005-2006; World Development Report 2007 (Singapore)

Water, sanitation and hygiene

Water, sanitation and hygiene (WASH) are key ingredients to child survival and development and play an important role in keeping children, especially girls in school.

In many South-East Asian countries, diarrhoeal diseases remain the leading killer of children under five. The World Health Organization (WHO) estimates that 88 per cent of these deaths are caused by unsafe drinking water, lack of sanitation and poor hygiene. Improving sanitation alone can reduce the incidence of diarrhoeal disease by almost one half.

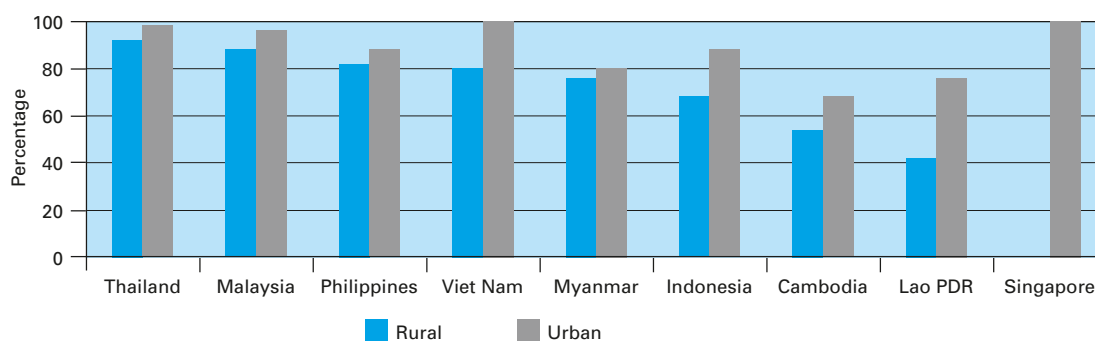
Countries in the region have made significant gains in improving access to safe water and adequate sanitation that have contributed to the reduction in U5MR. For example, Thailand steadily increased sanitation coverage over the past 40 years from 0.2 per cent in 1960 to 98 per cent in 1999. They are the only developing nation that achieved 'universal sanitation' by the turn of the century,¹⁴ while Malaysia is the only ASEAN member state with no significant urban-rural sanitation coverage gap. Urban Malaysia has 95 per cent coverage and rural Malaysia has 93 per cent coverage. Viet Nam almost doubled access to sanitation from 36 per cent to 61 per cent; and Indonesia's coverage rose from 46 per cent to 55 per cent.

In terms of safe water, the fastest improvement has been made in Myanmar, which upped access to improved drinking-water sources from 57 per cent in 1990 to 78 per cent in 2004. Viet Nam made huge strides boosting access from 65 per cent to 85 per cent. During the same time-frame Indonesia provided safe water to an additional 40 million people with just a five per cent increase in coverage, although this will still not be enough to meet the MDG target.¹⁵ The trend of urbanization has impacted the water supply progress of the Philippines: Gains were made in rural areas but water coverage in urban centres dropped from 95 per cent in 1990 to 87 per cent in 2004 due to a two-thirds increase in the urban population (30 million to 50 million people).

Despite the progress and increase in coverage, challenges to ensure everyone has access to adequate safe water and adequate sanitation remain. For example, children in Cambodia, Lao PDR, Myanmar and Thailand account for a significant portion of the 26 million school-age children in the region with heavy intestinal worm infestation – a consequence of poor sanitation and hygiene practices. Heavy worm loads in children cause childhood malnutrition, high school absenteeism and slow cognitive development.¹⁶ In Cambodia, Lao PDR, Myanmar and Viet Nam, people remain at risk of arsenic contamination and fluoride contamination, which can put children at risk of chronic arsenic poisoning, arsenicosis, and dental or skeletal fluorosis.

To succeed in meeting international goals and increasing coverage, much bigger public investments must be made, especially in urban areas where populations are growing quickly, and attention must be paid to how best to reach marginalized groups and those living in remote areas.

Figure 2: Proportion of population with sustainable access to an improved water source, 2004 or latest year available

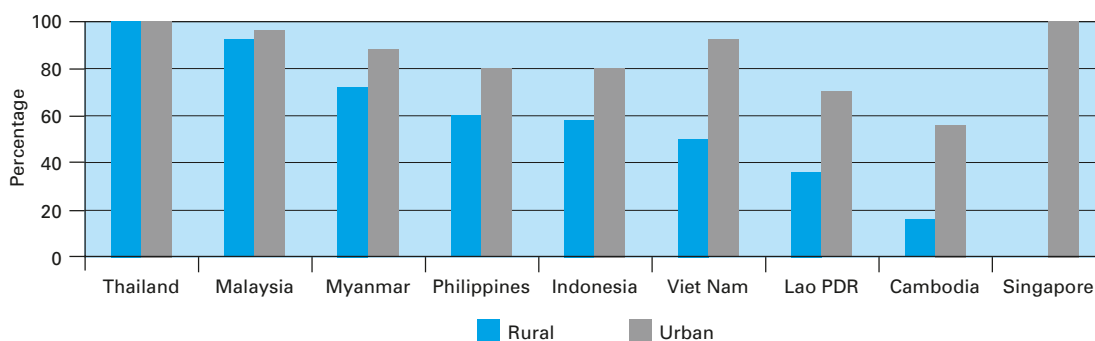


Sources: WHO/UNICEF. *Meeting the MDG Drinking Water and Sanitation Target: the urban and rural challenge of the decade*; Thailand Multiple Indicator Cluster Survey 2005-2006; Department of Water Supply (Malaysia); National Centre for Environmental Health and Water Supply, 2004 (Lao PDR); Cambodia Demographic and Health Survey 2005.

¹⁴ *A Region Where Every Child Counts: Health*, UNICEF EAPRO, Bangkok, 2005, p. 17.

¹⁵ *Progress for Children: A report card on water and sanitation*, No. 5, UNICEF, New York, 2006, p. 21.

¹⁶ *A Region Where Every Child Counts: Health*, UNICEF EAPRO, Bangkok, 2005, p. 17.

Figure 3: Proportion of population with access to improved sanitation, 2004 or latest year available

Sources: WHO/UNICEF. *Meeting the MDG Drinking Water and Sanitation Target : the urban and rural challenge of the decade*; Thailand Multiple Indicator Cluster Survey 2005-2006; National Centre for Environmental Health and Water Supply, 2004 (Lao PDR); BPS-Statistics Indonesia. *Welfare Statistics*, December 2004; Cambodia Demographic and Health Survey 2005.

Preventing mother-to-child transmission of HIV

Mothers living with HIV can pass the virus to their babies during pregnancy, delivery or breastfeeding, but with early detection and treatment, prevention of mother-to-child transmission (PMTCT) can be greatly reduced. Without any intervention, from 15 to 30 per cent of HIV-infected pregnant women transmit the virus to their children during pregnancy and delivery, while up to 20 per cent will pass it on during breastfeeding.¹⁷ When properly administered, PMTCT services cut down the risk to less than 2 per cent.

In 2006, Cambodia, Indonesia, Malaysia, Myanmar, Thailand and Viet Nam scaled up HIV counselling and testing services for pregnant women. Although the Philippines has low HIV prevalence, the nation is also establishing a PMTCT programme. Lao PDR has initiated the integration of HIV and PMTCT into maternal and child health outreach and antenatal care health education starting in the capital Vientiane and Savannakhet province. They have also had success through an initiative called “Caring Dads/Healthy Moms” to improve fathers’ attendance at antenatal care where they are counselled about how best to support their partner.¹⁸

As countries introduce and scale up PMTCT services, it is important that they put in place a holistic approach that covers four critical components:

1. Prevention of HIV, especially among young people and women;
2. Prevention of unintended pregnancies among HIV-infected women;
3. Prevention of HIV transmission from HIV-infected women to their infants; and
4. Provision of treatment, care, and support to HIV-infected women and their families.

¹⁷ Cock, KM Dr., et al., ‘Prevention of Mother-to-Child HIV Transmission in Resource Poor Countries: Translating research into policy and practice,’ (2000), *Journal of the American Medical Association*, 283 (9): 1175-1182, as cited in *A Profile of UNICEF’s Response in East Asia and the Pacific 2007*, UNICEF EAPRO, Bangkok, 2007, p. 17.

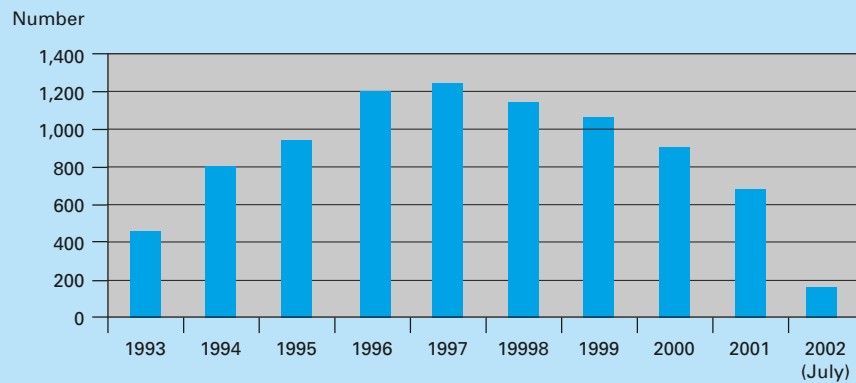
¹⁸ *A Profile of UNICEF’s Response in East Asia and the Pacific 2007*, UNICEF EAPRO, Bangkok, 2007, p. 15.

Thailand's success in halting PMTCT before the introduction of anti-retrovirals is a model holistic approach

Many of the current national-level PMTCT interventions focus on the use of anti-retrovirals. However, while access to anti-retrovirals for both PMTCT and the treatment of advanced HIV is essential, a holistic approach encompassing all aspects is needed to have a long-range impact that can alter the course of the epidemic.

The success of Thailand in reducing PMTCT is a good example a holistic approach. The following figure shows that much of the success in reducing the number of AIDS cases among children between the ages of 0 and 4 already started before the introduction of anti-retrovirals in the late 1990s. By the mid-nineties, the basis for the successful reduction of PMTCT was established through the reduction of HIV prevalence among pregnant women.

Number of AIDS cases of children 0-4 years old from mother-to-child transmission, Thailand



Sources: *A Region Where Every Child Counts: HIV/AIDS*, UNICEF EAPRO, Bangkok, 2005, pp.4-5. Monthly Epidemiological Surveillance Report, December, 2002.

CHILD DEVELOPMENT

For children to develop to their full potential, their rights to education, to play, and to emotional and spiritual support are all important components. Education remains at the forefront as one of the most important ways to contribute to a child's development, as well as being a critical investment for a country's future.

South-East Asia has made impressive progress over the past 30 years to increase primary school enrolment. All countries should reach the MDG 2 target for achieving universal primary education.

Despite this success, the challenges to strengthen early childhood education, improve the quality of primary school education and increase completion rates, as well as increase secondary school enrolment, remain for most of the countries in the region.

In addition, a small but significant number of children continue to be deprived of their right to basic education. These include children from ethnic minorities, children in remote areas, migrant children, children of internally displaced people (IDPs); and children with disabilities.¹⁹

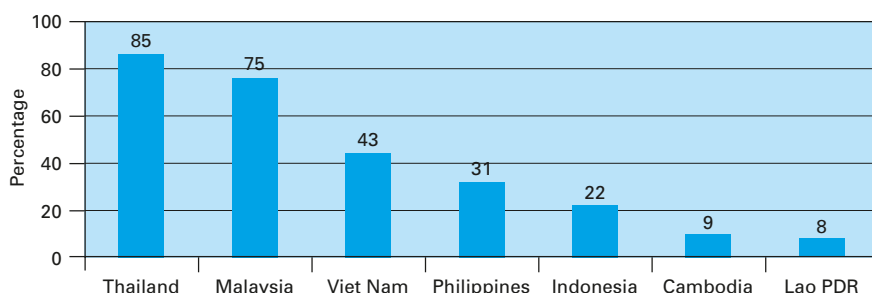
Early childhood education

Early childhood education has proven to be an important investment in laying the foundation for improved performance throughout the school cycle. It also contributes to the reduction of early drop-out rates.

Yet in this region, progress toward getting children in suitable programmes has been slow. In countries in South-East Asia where data is available, net pre-primary enrolment is estimated to have only increased to 35 per cent from 31 percent in 1999. Within that regional average, there is enormous divergence between countries. At one end of the spectrum, Thailand and Malaysia lead the way with enrolment at approximately 80 per cent, while in other countries, enrolment is less than 20 per cent.

One of the challenges in tracking early childhood education rates is that many of the schools are privately run, and often the EMIS monitoring systems do not collect private sources of information. The other related challenge then is for governments to set up systems to monitor quality and also ensure equitable access, especially for poor families. This disparity in access to early childhood learning can further entrench the disadvantages for children whose parents are unable to afford to send them. As a good public investment with a high rate of return, there is an urgent need to ensure more public investment in this area to guarantee increased and equitable access.

Figure 4: Net enrolment ratio in pre-primary education, 2004



Source: Education for All Global Monitoring Report 2007, UNESCO.

¹⁹ *A Region Where Every Child Counts: Education*, UNICEF EAPRO, Bangkok, 2005, p. 2.

Primary education

While about 92 per cent of primary school age children in South-East Asia enrol in school, only 85 per cent complete their primary education. Although on track, both Lao PDR and Myanmar must increase rates of enrolment if they are to meet the MDG goal.²⁰

The good news is that the gender gap is narrowing as equal numbers of boys and girls are entering the school system. To make sure the girls stay at school, it is important that efforts are made to address gender roles and stereotypes, as well as provide the sanitation services they need.

The quality of education still needs improvement. This may also act to boost completion rates. Poor teaching training, low teacher salaries, lack of textbooks and basic teaching aids, rote learning and poorly designed exam systems all contribute to poor outcomes and dissatisfaction.

For example, it is estimated that less than 80 per cent of the teachers in Myanmar and the Lao PDR are trained. A 2004 government report from the Philippines indicated that the country has a shortage of over 50,000 classrooms, 34.7 million textbooks and 38,535 teachers. It predicts that the situation will get worse in the coming years, as student populations are expected to rise 2.8 per cent annually.²¹

A number of countries in the region have initiated the child friendly school model, which aims to achieve Education for All by systematically addressing quality and making the curriculum relevant. This model incorporates standards that promote inclusion and gender-sensitivity, and provides school-based health and nutrition services, as well as safe water and suitable sanitation facilities into national policies or education-sector investment plans.²²

In addition to improving quality, in order to reach every child, especially the remaining 8 per cent who are missing out, targeted interventions, appropriate policies and increased financial investments are needed.

Most countries still do not have policies that allow children to start schooling in their own language by learning basic literacy in their mother tongue. Research indicates that these types of bilingual learning programmes can help students to better master the national language than those who are forced to learn it when they enter grade one. Such approaches, along with expanded early childhood education support, can greatly contribute to a reduction of repetition and drop-out rates.

There are some positive developments as some countries seek policies aimed at reaching those who are still missing out, especially ethnic minority and disabled children. Brunei and Malaysia have model programmes that target children with disabilities. While Cambodia, for example, is investing in a bilingual programme to allow ethnic minority children to commence preschool in their mother tongue and spend the first few years of primary school learning the national language as a subject, while at the same time studying math, social studies and reading in their own language.²³

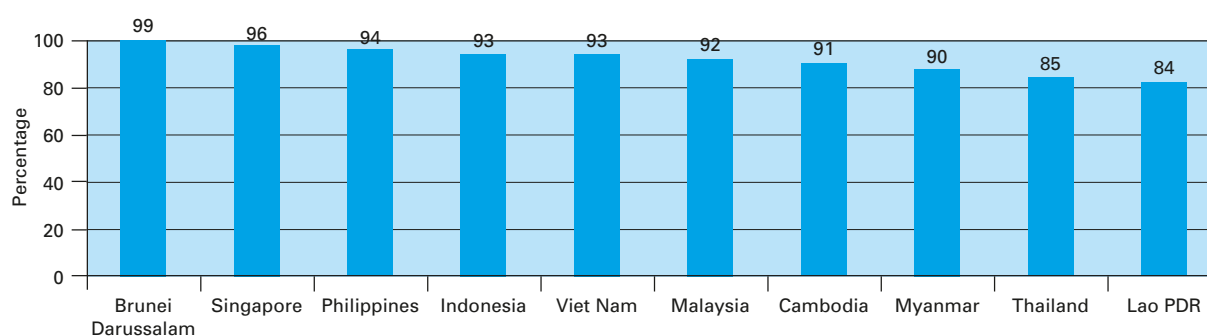
Ultimately, it is important that education is a fundamental right. Education as free and compulsory is a basic tenet of the CRC. Yet in many countries, school fees still pose a barrier to poor families and families with large numbers of children. The indirect costs of schooling, such the cost of uniforms, transport, contributions to the school management and maintenance, can also place severe hardship on poor families and further contributes to inequity between the rich and the poor. Ministries of Education, in collaboration with the Ministries of Finance, need to explore innovative uses of cash transfer, subsidies and other incentives to reach those most in need.

²⁰ *Gender Achievements and Prospects in Education: GAP report part one, 'Myanmar (1.3 per cent) and the Lao PDR (1.2 per cent),'* UNICEF, New York, 2005, p. 50.

²¹ *Gender Achievements and Prospects in Education: GAP report part one,* UNICEF, New York, 2005, p. 51.

²² *Child-Friendly Schools: Quality of education,* UNICEF, p.1.

²³ *A Region Where Every Child Counts: Education,* UNICEF EAPRO, Bangkok, 2005, p. 2.

Figure 5: Net enrolment ratio in primary education, 2006 or latest year available

Sources: Association of Southeast Asian Nations. ASEAN in Figures 2003 (Brunei); Asian Development Bank. Basic Statistics 2006; Developing Member Countries, May 2006 (Singapore); UNESCO. Education for All Global Monitoring Report 2007 (Philippines, Viet Nam and Lao PDR); BPS-Statistics Indonesia. Welfare Statistics, December 2004; Ministry of Education of Malaysia; Education Management Information System 2005/2006 (Cambodia); UNESCO/UIS database: Enrolment ratios by ISCED level (Myanmar); UNESCO Institute for Statistics, Updated: 2005-12-16, <http://www.uis.unesco.org> (Thailand)

Table 2: Ratio of girls to boys in primary education

	Data Value	Time Period
Myanmar	1.01	2002
Malaysia	1.00	2002
Philippines	0.99	2002
Indonesia	0.98	2002
Singapore	0.97	2002
Thailand	0.96	2002
Viet Nam	0.93	2002
Cambodia	0.90	2005/2006
Lao PDR	0.87	2002

Sources: Asian Development Bank. Basic Statistics 2006; Developing Member Countries, May 2006; Ministry of Education. Education Management Information System 2001 and 2005/2006 (Cambodia)

Secondary education

On average, in the region, enrolment in secondary school remains low at only 58 per cent, just a four percentage increase from the 1999 average. Many children are still missing out. It is estimated that currently around 60 million children in the region do not attend school after finishing basic education. Moreover, when the average gross enrolment is compared to sub-national figures, there are even greater levels of disparity.²⁴

In addition to getting more children into secondary school to complete their education, there is an urgent need to tackle gender disparities, which are far greater than in primary school. In some countries in the region, not just girls are being discriminated against, but an increasing number of boys are dropping out or not making the transition from primary school.

In Cambodia, for example, net enrolment in secondary school is 19 per cent for females and 30 per cent for males. In Viet Nam, where enrolment rates are high for both sexes, girls from ethnic minorities constitute a particularly vulnerable group.

Girls are not necessarily at a disadvantage everywhere. Fewer boys than girls actually go to school – especially at secondary level – in the Philippines, Mongolia and Malaysia. One reason for this is that boys are often co-opted to work full-time to earn money, putting an end to their formal learning. In the Philippines, 65 per cent of girls attend secondary school, against 54 per cent of boys.

²⁴ A Region Where Every Child Counts: Education, UNICEF EAPRO, Bangkok, 2005, p. 2.

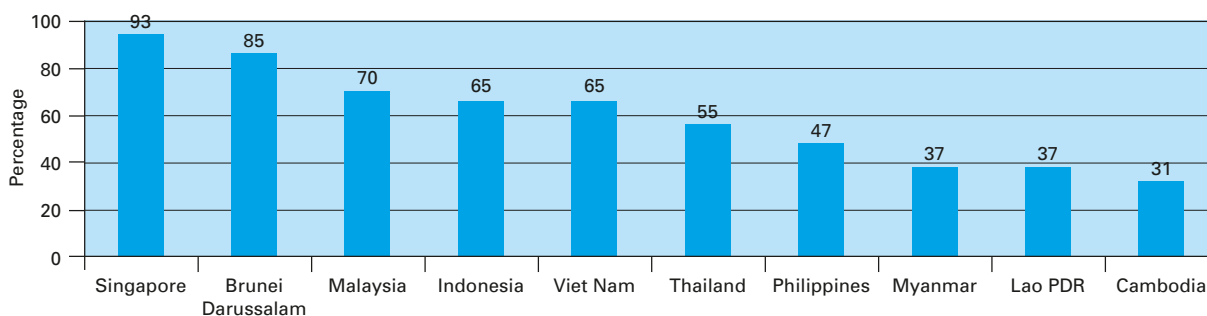
Even in countries where girls and boys are close to enjoying equal educational opportunities, empowerment is still often only one-sided, with girls commonly side-tracked. Gender inequality in schools is manifested in many ways, including: an absence of security, particularly for girls, in commuting to school; school designs that lack separate latrines for girls and boys; gender bias in textbooks and teaching materials that portray girls in domestic environments with limited skills; and stereotyping by teachers of gender roles in society. These are often factors in forcing girls to drop out of primary school, and, even if they do complete a full course, girls often face greater challenges than boys in advancing to secondary education.

For teachers, gender inequalities are also entrenched in the work place. Male and female teachers face differences in how they participate in school management decisions as well as in their working conditions, status, training and the resources earmarked for them. In many countries, men predominate in higher-level teaching positions. In Cambodia, at primary level, approximately 41 per cent of teachers are female, while in upper secondary level, only 27 per cent are females.²⁵

In the last decade, the global focus of governments and development partners has been on achieving universal primary school enrolment. Yet in South-East Asia, it is imperative that this commitment expand to secondary education, especially if countries are to be able to meet the demands of the global economy. In many countries, facilities have not expanded, teachers remain in short supply and generally there are too few places for all the children who would like to attend.

With more students completing primary school and seeking entrance into secondary education, a massive investment, at least a double in funding, is needed to ensure the facilities, teachers and materials are all available.

Figure 6: Net enrolment ratio in secondary education, 2006 or latest year available



Sources: UNESCO. Global Education Digest 2006 (Lao PDR, Viet Nam); Association of Southeast Asian Nations. ASEAN in Figures 2003 (Singapore, Brunei Darussalam); BPS-Statistics Indonesia. Welfare Statistics, December 2004 (Indonesia); UNESCO. EFA Global Monitoring Report 2003/2004 (Thailand); Department of Education, Basic Education Information System 2003 (Philippines); UNESCO/UIS database: Enrolment ratios by ISCED level (Myanmar); Education Management Information System 2005/2006 (Cambodia)

Adolescent development

Adolescents form a large part of the population in South-East Asia. They are healthier, better educated and have greater economic prospects than previous generations of young people. At the same time they are facing numerous challenges and risks as a result of rapid economic change, the spread of HIV/AIDS, exploitation and accidents.²⁶

Adolescence is the period of transition from childhood to adulthood during which young people go through many physical, intellectual and social changes. During this stage in the life cycle, a young person's social, economic, legal and political status is transformed. Adolescence is a time of preparation for adulthood. It is a period of capacity development and one of increased vulnerability and risk, especially for girls. Many of the problems adolescents are experiencing are related to their relative lack of power. Legally, politically, socially and economically, adolescents have less power than adults. This makes them vulnerable to exploitation and abuse, reduces their ability to demand better quality education, and limits their livelihood opportunities.

²⁵ UNGEI Roundtable Discussion, Press release, June 2007.

²⁶ Meyers, Cliff, Greg Carl, Carmen Madriñan, Junita Upadhyay, Joachim Theis. (2005, March). *Adolescent Development: Realizing their Potential*, a discussion paper, p.1.

Young people are one of society's most valuable resources. Governments, institutions, communities and families have an obligation to support adolescents and to ensure that they have the opportunities and capacities, the protection from risk and vulnerability, and the power to make the transition to become productive adult members of society. Effective adolescent policies need to recognize adolescents as a distinct population group with particular needs and capacities that are different from those of younger children and from those of adults. Particular attention has to be paid to disadvantaged and marginalized adolescents.

Youth policies and programmes need to take a positive approach towards adolescents and to harness their energies as a positive force for change in their own development and in the development of their communities. Experience has shown that negative and punitive approaches to adolescent risk behaviour rarely work. Instead, there is a need to reduce risk factors and vulnerability and to strengthen protective and positive factors affecting adolescents and their behaviour.

Effective approaches must address the real issues adolescents are facing. They have to be based on detailed research, thorough analysis and quality data. There is a need for a better understanding of the psychosocial factors that affect adolescent development. This includes a meaningful dialogue with adolescents on questions about their lives and open debate on sensitive areas, such as sexual and reproductive health and drug use. Large amounts of public resources are wasted on youth programmes that address the wrong problems or are poorly designed. There is a need to evaluate existing programmes and policies to find out why they are not working in order to identify the strengths and weaknesses of existing approaches.

Many existing programmes for adolescents take a vertical approach by addressing isolated symptoms. Experience has shown that narrowly focused programmes may not work. There is a need for more intersectoral approaches to address multiple issues, such as unemployment, protection and health.

Given the diverse socio-economic and cultural conditions in South-East Asia, youth policies and adolescent programming approaches have to respond to the specific circumstances faced by young people in each country. Universal strategies alone are unlikely to work.

One successful example of a concept that has been established in a number of countries in the region is Life Skills-Based Education (LSBE), which allows young people to acquire knowledge and to develop attitudes and skills that support the adoption of positive behaviours – i.e. to protect themselves from HIV and AIDS and other sexually transmitted diseases and to assist them in making the transition from adolescence to adulthood.

Different approaches to offering life skills

1. Building on past collaborations, Cambodia and World Education International implements a Life Skills for HIV and AIDS Education Program (LSHE).
2. Since 1998, Myanmar and UNICEF has implemented the SHAPE programme, in which teachers are trained on a range of health and social issues, including HIV and AIDS, personal hygiene, nutrition and drugs. They then pass this knowledge on to their students.
3. Thailand works with UNICEF in training peer-to-peer educators in the area of life skills and HIV and AIDS education, in addition to including the subject in the national school curriculum.
4. Out-of-school and in school rural children and adolescents in Malaysia will have access to youth centres in rural districts in Kedah and Perlis, in partnership with UNICEF. The centres offer children and young people a safe space to meet and access peer-to-peer support for life-skills and information on HIV and AIDS.

CHILD PROTECTION

Although each country in South-East Asia is unique, there are children in all countries who cannot have their right to grow up in a safe and protected environment fulfilled. Child trafficking, exploitative child labour, children deprived of their family environment, children living on the streets, children in conflict with the law, commercial sexual exploitation of children and violence against children are some of the problems.

Inadequate child protection measures increase a child's vulnerability. These inadequate measures include insufficient government commitment towards compliance with the CRC; justice systems that fail to enforce special provisions of the existing legal mechanisms to protect children; inadequate knowledge within communities of human rights and of the avenues for legal redress; weak welfare services to protect children and their families from violence; and lack of social support groups and organizations for monitoring, protection and awareness raising.

UNICEF defines child protection as "strengthening of country environments, capacities and responses to prevent and protect children from violence, exploitation, abuse, neglect and the effects of conflict." If these systems and mechanisms are not properly established and maintained, then children are robbed of the opportunity to reach their full potential. This, in turn, can create larger social tensions and hinder a country's ability to develop.

In South-East Asia, there has been considerable progress in creating enabling policy environments for child protection laws, agreements and programmes. For example, in many countries, significant progress has been made in increasing birth registration and building better civil registration systems. A number of cross-border agreements on trafficking and commercial sexual exploitation have been signed and are starting to show results. And many countries have developed mandatory reporting mechanisms for child abuse and domestic violence.

Historically, efforts have focused on dealing with specific problems as they are identified and then specific responses are developed to address them. Experience has demonstrated, though, that the best and most cost-effective approach is to build comprehensive systems that seek to prevent problems, as well as provide services to those affected if problems do occur.

Building a better social protection system is complex, and often involves changing deep-rooted attitudes and perceptions of children. To bring about change involves a wide array of actors and is influenced by the power dynamics within society.

Violence against children

Child abuse or violence against children includes the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, which either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity.²⁷ Children experience physical, psychological and sexual violence in all settings – the community, institutions and home. Increased attention to the issue has resulted from the United Nations Secretary General's (UNSG) Study on violence against children, in which many ASEAN members participated. The core message of the report is that no violence against children is justifiable and all violence against children is preventable.

²⁷ Krug, E.G., et al. (Eds.), *World Report on Violence and Health*, World Health Organization, Geneva, 2005, p. 5.

Home

Families are the fundamental units of society best able to protect children from violence. At the same time children are most vulnerable to violence at the hands of family members and guardians. In many countries, children traditionally have a subordinate status in the family hierarchy and are not expected to question or react to parents. When this hierarchy operates in combination with one or more of a range of other factors (including alcohol abuse, poverty, unemployment and financial strain) domestic violence in the home can become a significant problem. In spite of a somewhat limited sample, the UNICEF regional opinion survey among children, *Speaking Out* (2001), indicates that 23 per cent of the children in the region say their parents beat them when they do something wrong. Small-scale studies done by UNICEF Lao PDR and UNICEF Cambodia found that when parents did not hit their children they shouted at them and called them humiliating names. The use of physical disciplinary measures in the homes is explicitly prohibited by law only in the Philippines.²⁸

Schools

Research shows that when physical punishment is used at home and in the community, it is often used at school. Many ASEAN members are moving toward the prohibition of corporal punishment. Ending corporal punishment would create more enabling environments for behavioural and attitude change in schools and homes. Corporal punishment in schools is explicitly prohibited by law in Cambodia, Thailand, the Philippines and Viet Nam. In the Lao PDR corporal punishment is prohibited by Ministry of Education guidelines.²⁹

Youth violence

Youth violence and bullying is just beginning to emerge as an issue in the Philippines, Thailand and other countries in the region. In a survey in the Lao PDR, 98 per cent of girls and 100 per cent of boys said they had witnessed bullying in schools and, while the precise nature or seriousness of the bullying was not clear, the victims were mainly girls or children from ethnic minorities. Bullying is also distinguished from other forms of violence because it represents a pattern of behaviour rather than an isolated event. The literature also reveals how almost all bullying is sexual- or gender-based. This has changed the way bullying is perceived, so that responses can target the pattern.³⁰

Sexual assault

Sexual assault at school is more prevalent than is reported due to stigma, fear of reprisal, shame and a lack of confidential reporting mechanisms. A UNICEF-sponsored study in Indonesia (2002) revealed a high incidence of sexual and mental abuse in schools.³¹ In Thailand, the Children and Family Protection Centre of the Ministry of Education notes that every week at least one school teacher sexually abuses a student.³² In 2001, a Human Rights Watch study on gender-based violence in schools found alarming levels of sexual violence against schoolgirls, and a frightening degree of tolerance and collusion by teachers. Such evidence all too often results in pressure on girls to leave school.³³

Community

When visualizing a community, one must not only think of physical space, but also the social environment and accompanying norms, beliefs and practices.³⁴ In schools the same adult-child power dynamics that affect violence at home also affect violence at school in educational settings.

²⁸ *The Regional Assessment on Violence against Children in East Asia and the Pacific Region 2005*, UNICEF EAPRO, 2005, Bangkok, p. 5.

²⁹ *Ibid.*, p.9.

³⁰ 'The United Nations Secretary-General's Study on Violence against Children (2005). Regional Desk Review: East Asia and the Pacific,' as cited in UNSG, *UN World Report on Violence Against Children*, 2006, New York, p. 123.

³¹ 'Sexual Abuse, Sexual Exploitation and CSEC in Indonesia,' *UNICEF Indonesia*, Jan.-April 2000.

³² 'Sexual Abuse of Children is Rife in Schools,' Bangkok Post, 5 June 2003' as cited in *The Regional Assessment on Violence against Children in East Asia and the Pacific Region 2005*, UNICEF EAPRO, Bangkok, 2005, p. 12.

³³ Pinheiro, Paulo Sérgio, *UNSG World Report on Violence Against Children*, 2006, New York, pp. 156-153.

³⁴ 'Stop Violence against Children in Communities,' *UNICEF Malaysia*, 2007.

The often high status of teachers, who in many cases belong to more influential social groups, sometimes prevent families from bringing charges against teachers in abuse cases. In some ASEAN states, children living on the streets face gang violence, police brutality, harassment from extortionists and arrest for petty crimes. The UNICEF country offices in Cambodia, the Lao PDR and the Philippines ranked violence against children on the streets among their main areas of concern.³⁵

Institutions

Some general surveys on orphans and children in alternative forms of care have been undertaken in Cambodia, the Philippines, Viet Nam and Myanmar. In Lao PDR, a 2003 study on alternative forms of care for orphaned and abandoned children by the Ministry of Labour and Social Welfare and UNICEF considered issues related to abuse and maltreatment.³⁶ In Indonesia, the Lao PDR, Malaysia, Myanmar and Thailand, violence against children in detention centres and/or prisons and by police are ranked as main areas of concern by UNICEF country offices. Thirty per cent of the children who participated in a study of children in the Lao PDR detention centres reported that they had been punished at least once while in detention. Inhumane and unsanitary living conditions have been reported in many countries, including Cambodia and the Philippines; and in spite of legal prohibitions, children and youth are not always separated from adults, as is the case in the Lao PDR and Cambodia.³⁷ This indicates a need for social services that support ratifications of the CRC, particularly in the area of reporting and response.

Reporting mechanisms

Recent small-scale studies on violence against children by UNICEF Lao PDR and UNICEF Cambodia found that official reporting mechanisms in school and institutions are lacking or underused. A joint effort between the Cambodian government, civil-society and UNICEF Cambodia is underway to establish a free three-digit Child Helpline which will be staffed with counsellors 24/7. This hotline is in addition to the services provided by the Cambodian National Police Hotline and ChildSafe Helpline, which provides street children a number to call and seek immediate assistance, and also relies on the hotel and tourism industry as partners in reporting and intervening in violence against children on the streets. This is a vital child protection service, as in Phnom Penh an estimated 1,000 to 1,500 children live on the streets with no family contact.³⁸ Even though children working and living on the streets is not a new condition, it is an issue for which ASEAN States and partner agencies have not yet formed a comprehensive response mechanism. However, Cambodia, Lao PDR, Myanmar and Thailand are working with UN agencies and NGOs, such as World Vision and Friends International, to respond to the needs of children on the street.

Trafficking, migration and exploitative child labour

While exact figures are impossible to confirm, it is estimated that around one third of the global trafficking in women and children occurs within or from South-East Asia.³⁹ In South-East Asia, migration often leads to trafficking as children, young people and women cross borders in search of better employment. Migration is often undertaken without enough preparation and many women and children find themselves in exploitative situations en route or when they reach their final destination. Cambodia and Indonesia have large numbers of children working and are partnering with ILO-IPEC to eradicate the worst forms of child labour by addressing child labour on the whole through measures such as passing laws for free and compulsory education for children.

³⁵ *The Regional Assessment on Violence against Children in East Asia and the Pacific Region 2005*, UNICEF EAPRO, Bangkok, 2005, p.11.

³⁶ *A Region Where Every Child Counts: Child protection*, UNICEF EAPRO, Bangkok, 2005, p.9.

³⁷ *Ibid.*, p.10.

³⁸ Statistics 2004, UNICEF Cambodia, Phnom Penh.

³⁹ 'Seventh East Asia and Pacific Ministerial Consultation on Children 23-25th March 2005: Key regional facts on child protection,' as cited in UNICEF, *A Region Where Every Child Counts: Child protection*, UNICEF EAPRO, Bangkok, 2005, p. 1.

As trafficking of women and children is most serious in the Greater Mekong Sub-region (GMS), where borders are easily crossed and economic disparities are pronounced, ASEAN governments are focusing more on regional cooperation in these countries. Ministers from the Lao PDR, Myanmar, Thailand, Viet Nam and China signed the first Regional Memorandum of Understanding (MoU) on Cooperation against Trafficking in Persons in the Greater Mekong Sub-region. This MoU addresses prevention, repatriation, reintegration, child sensitive investigation techniques, and the extradition and prosecution of traffickers and solicitors of trafficked children. Thailand and Cambodia signed a MoU on Bilateral Co-operation for Eliminating Trafficking in Children and Women and Assisting Victims of Trafficking in 2003.

Children deprived of their family environment

Domestic violence, rural poverty leading to urban migration and urban poverty forcing children to work are factors that contribute to children living and working on the streets. Fees for public school, which include registration, uniforms, supplies and private tuition, prohibit many poor families from sending their children to school. In addition, natural disasters, conflicts and the rise in HIV and AIDS have resulted in many single and double orphans. Orphaned and vulnerable children (OVC) require special protection by the State, and are entitled to it according to the CRC.⁴⁰ In Cambodia at least 8,674 children lived in residential care; 43 per cent placed there due to poverty, 40 per cent due to orphanhood and 11 per cent were abandoned (2006).⁴¹ Cambodia has been proactive in addressing the needs of OVCs. The country recently (2006) passed laws on minimum standards of alternative care, mechanisms to report violence in residential and non-residential care facilities, and procedures for admitting babies into orphanages.

Best practices in alternative care

The Convention provides that children without parental care are entitled to special protection by the State. The Committee prefers foster placement, kafalah of Islamic law and adoption over institutional care. However, there is a growing concern of reported labour exploitation of some foster children. With that said, there are good models of alternative care that ASEAN members are implementing throughout the region:

- In Jakarta, Indonesia, one government-run institution is a model for an institutional setting because it serves both mother and child at the same time. Mothers affected by domestic violence or trafficking receive shelter, with their young children (less than 7-years-old), for six months. The institution is a cottage-type home, clean, provides a place for children to play and is well-staffed.
- In Malaysia, Sg. Buloh, Selangor, the family/cottage system of children's homes represents an innovative approach to caring for children in need who have no relatives or families to care for them. Children from 8- to 17-years old are referred to the system, which involves creating a family-like institution within the community and gives child residents the opportunity to grow up in a family environment according to their own ethnic, cultural and religious practices.
- In Yangon, Myanmar a complex houses children from a few months- to 16- years old in small family-like cottages. Vulnerable children who live in the community but not at the complex also receive assistance. The complex receives private sector funding and is registered with the Department of Social Welfare.
- Thailand's Department of Social Welfare supervises 1,143 foster families that primarily comprise children who are related and orphaned. The department supervises and subsidizes some foster families who receive cash allowances with basic necessities for unrelated children.

⁴⁰ *A Region Where Every Child Counts: Child protection*, UNICEF EAPRO, Bangkok, 2005, p.21.

⁴¹ *Orphans and Vulnerable Children: Child protection and HIV/AIDS*, UNICEF Cambodia, Phnom Penh, 2007.

Children in conflict with the law

The term 'children in conflict with the law' (CICL) refers to anyone under 18 who comes into contact with the justice system as a result of being suspected or accused of committing an offence. In the last decade, the number of CICL has increased significantly in almost all countries in the region. Most CICL commit petty crimes such as vagrancy, truancy, begging or alcohol use. Some of these infractions are known as 'status offences' and are not considered criminal when committed by adults, which indicates that children are not given the equal rights in the justice system as adults.⁴²

A number of ASEAN members including Cambodia, Thailand, the Philippines and Malaysia are reviewing existing mechanisms for child protection. In Thailand the *Amended Criminal Procedure Code* (1999) allows for better treatment of children in a non-threatening judicial environment, which includes provisions for children to be interrogated in a private setting, separate from adults, in the presence of psychologists or social workers and other persons requested by the child. In Cambodia, a juvenile justice law, complying with international standards, has been drafted by the Cambodian National Council for Children and is being finalized by the Ministry of Justice.⁴³ In the Philippines the new Juvenile Justice Bill raises the age of criminal responsibility from 9-years-old to 12-years-old, explicitly prohibits the detention of children with adults, and calls for offenders of petty or victimless crimes to be redirected from the courts to diversion programmes.

⁴² United Nations Children's Fund, *Child Protection: Information Sheets: Children in conflict with the law*, UNICEF New York, 2006, p.19.

⁴³ United Nations Children's Fund, *Child Protection: Working toward justice for children*, UNICEF Cambodia, Phnom Penh, 2007.

CHILD PARTICIPATION

Article 12 of the CRC affirms that children should be listened to on any matter that concerns them and their views be given due consideration in accordance with their age and maturity. Participation is a basic civil right, which includes the right to information, to expression, to opinions and thoughts, to decision-making, to form and join associations, to identity and to privacy.

In South-East Asia, children's participation has been supported through active- and student-centred learning methods in child-friendly schools, peer education for HIV prevention and health promotion, children's involvement in research, consultations and conferences, youth journalism, youth clubs and councils. A few countries in the region have begun to develop national policies for child and youth participation. In many cases, however, children's participation activities are add-ons to existing programmes and typically involve only a small proportion of relatively well-off children.

There are significant benefits to a society where adults take children seriously, listen to them, develop their skills to be creative and independent thinkers, build their citizenship skills and encourage their ability to take responsibility. Children with access to information about health and sexuality are better able to protect themselves from unwanted pregnancies, sexually-transmitted diseases and HIV. Children at home, in schools, and/or institutions who have access to effective complaints mechanisms are less likely to be abused. Child workers who form or join associations are better able to protect themselves from exploitation and abuse.

Children who learn and practice citizenship rights and responsibilities tend to become adults who are active citizens exercising their rights and responsibilities. Investing in well-informed, aware and educated citizens has benefits for economic growth. A smarter workforce is a stronger workforce. A stronger workforce produces a stronger economy. A stronger economy reduces poverty. Active citizenship builds trust, responsibility and reduces violence. Without opportunities for productive civic engagement, young people's frustrations may erupt into violent behaviour and lead to economic and social instability.

Children's civil rights and active citizenship are essential for the achievement of children's rights to survival, development and protection. These have to be integral parts of programmes and policies promoting children's health, education and protection. Practical approaches have to be developed to ensure that public decisions at community and national levels are informed and influenced by children's views. The progressive realization of children's civil rights requires a long-term vision and a plan with concrete benchmarks for achieving this vision. Parents, teachers, community leaders, government departments and the media have responsibilities to promote children's participation and to ensure that children have a greater share in the development of their communities.

For example, Thailand and the Philippines have adopted student-centred teaching methods and life skills-based teaching approaches that increase and expand the involvement of adolescents in student councils, school management meetings, in clubs and extra-curricular activities, in child-to-child outreach and action research, and in documentation and advocacy. This is a key dimension within the Child Friendly School framework, which is now being applied to secondary schools in several countries across the region.

While elective courses are possible, few countries allow decentralized production of course content and materials for secondary education. Viet Nam has sub-national 'ethnic minority materials development centres' which produce curricula and materials for primary schools and non-formal courses. Provincial education offices in Thailand are equipped to develop and produce 'localized' curricula for formal and non-formal courses.

School clubs, extra-curricular activities and youth clubs in the community have been initiated successfully throughout the region. Some examples of innovative youth clubs in the region include the Young Journalist group in Viet Nam, the Thai Youth News network in Thailand, Kids News Network (KNN) in the Philippines and a Young Journalist club in Cambodia. There are also examples of adolescents being organized into 'writers' workshops', writing groups, poetry and music competitions, with the publication and dissemination of materials between schools and regions.

CONCLUSION

ASEAN has an important role to play in the region, and can and has already played an influential role in issues related to children and women. As a regional body, ASEAN has made various commitments that are relevant to the survival, development and protection of children including:

- The ASEAN Socio-Cultural Community Plan of Action includes provisions for “building a community of caring societies to address the issues of poverty, equity and human development.” In order to achieve this goal, the welfare of children needs to be promoted by safeguarding their rights, ensuring their survival and full development, and protecting them against abuse, neglect and violence.
- This commitment is in keeping with the Declaration on the Commitments for Children in ASEAN, adopted in 2001 by ASEAN ministers responsible for social welfare, and reiterates the region’s commitment to promote regional cooperation for the survival, development, protection and participation of children in ASEAN countries. These ideals and commitments are embodied in the ASEAN Plan of Action for Children, adopted in December 1993.
- Improvements in data availability have called attention to some serious and previously hidden aspects of gender disparities, including trafficking of young girls and socially pervasive violence against women. In 1998, through the Hanoi Plan of Action, members of the ASEAN themselves vowed to “actively pursue efforts to implement policies and initiatives both at national and regional levels to fight growing trends in the trafficking of women and children.” Subsequent initiatives to address this issue have emerged from the ASEAN Ministerial Meeting on Transnational Organised Crime and the ASEAN Sub-Committee on Women (ASW).
- The increase of HIV and AIDS, amongst women and children in particular, was addressed in the ASEAN Declaration on HIV and AIDS adopted at the 2001 Seventh ASEAN Summit. Paragraph 12 stresses that “gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV and AIDS, and that youth are especially vulnerable to the spread of the pandemic and account for over 50 per cent of new infections.”⁴⁴
- ASEAN, UNAIDS and UNICEF are working to implement the ASEAN Working Programme on HIV and AIDS. Across the region, prevention and protection programmes are being scaled up to reach the most vulnerable people. HIV- and AIDS-related services and STI treatment are becoming more accessible and more inclusive. More countries are adopting a holistic ‘continuum of care’ approach for people with HIV and AIDS and their families, integrating formal services with community-level care and support.
- In response to the growing numbers of natural disasters, the ASEAN Committee on Disaster Management (ACDM) was strengthened in 2003 with the elevation of the experts group into a full-fledged committee. The ACDM consists of heads of national agencies responsible for disaster management of ASEAN Member Countries. The ACDM assumes overall responsibility for coordinating and implementing the ASEAN Regional Programme on Disaster Management (ARPD) a mechanism offering an increasingly important tool for cooperation and collaboration among ASEAN member states in disaster-risk reduction.

An agenda for moving forward

Looking ahead, the member states of ASEAN have many opportunities to further fulfill their child rights responsibilities in this region. There are though a number of challenges that need to be overcome both to seek that every child’s basic rights are met and also to sustain the progress of the past few decades.

In general despite the success in many countries, there are still a number of sectors that require particular attention. These areas include maternal mortality, sanitation, early childhood development and nutrition, which remain enormous development challenges in many countries and also require increased community participation in their delivery.

⁴⁴ *Alternative Care for Children without Primary Caregivers in Tsunami-Affected Countries*, UNICEF EAPRO, Bangkok, 2006, p. 20.

Across the region, to realize all children rights, governments will have to remain committed to reducing disparities and improving equity. A critical component will be increasing financial and human resources and developing specially tailored programmes to reach under-served areas and vulnerable groups.

The unit cost of these types of targeted investments is likely to be higher than those for the more easily accessible groups in well-served areas. Yet as a critical investment for children, it is also important to appreciate that these will lay the foundation for a more prosperous society for everyone.

Already the region has a wealth of experience, resources and goodwill to address children's issues. Many countries in South-East Asia have pioneered a number of good practices in the social sector and in child-related areas. Now, the challenge remains to better document these experiences and share them in a more systematic way so they can be replicated and adapted in different settings.

ASEAN may wish to consider the establishment of a centre for research on child development that could act as a clearing house for documenting and sharing best practices from the region. In addition to sharing best practices and experiences, the centre could also seek to facilitate better data collection, research and analysis on the most underserved areas and populations.

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