All reasonable efforts have been made to verify the information contained in this publication. For any data updates subsequent to publication, please visit <data.unicef.org>. Unless otherwise noted, data cited in this paper are drawn from internal analysis based on UNICEF global databases and on the forthcoming UNICEF publication, *Progress for Children*, Number 11.

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In everything UNICEF does, the most disadvantaged children and the countries in greatest need have priority.

UNICEF Mission Statement
A fair chance for every child
UNICEF Executive Board Special Session on Equity
Conference Room Paper | June 2015

Investing in the most disadvantaged children is our greatest hope of breaking the intergenerational cycle of inequity that affects billions of people.

Bendu, age 4, plays football with her five brothers and loves FC Barcelona just as they do. The boys all want to be professional footballers, but Bendu has a different plan; she wants to be what she calls their ‘plane driver’, piloting their team to matches around the world.

Given a fair chance in life, Bendu can become a pilot, a footballer or go anywhere her talents and ambition take her. Inequities in the world and within her own country, however, began shaping her life chances even before she drew her first breath. Her gender, the social and economic situation of her family and where she was born are all key determinants of the opportunities that she will have to survive, thrive and reach her potential.

Because she was born in a rural area in a low-income country, there was only a two-in-five chance that a skilled attendant would help Bendu come into the world. Had she been born in a city, her chances of a skilled attendant would have been twice as high. Because her family is among the poorest in her country, her risk of dying before her fifth birthday is more than twice as high as that of her wealthier counterparts. As a girl, Bendu has a one in four chance of being married before she turns 18; as a girl from one of the poorest families in her country, her chances of child marriage are more than 60 per cent.

If she does get married while still a child, there is a high likelihood that Bendu will become an adolescent mother and not complete secondary education – which in turn will limit her employment prospects, entrench her poverty and impact the chances of survival for her children. Before she has left adolescence, a vicious intergenerational cycle of disadvantage will have begun again, as her disadvantages are passed on to her children.

This cycle, however, is neither inevitable nor insurmountable. A virtuous cycle can begin by tackling the inequities of opportunity that entrap children like Bendu. This is the cycle in which Bendu is supported to have a good start in life, survive, be nourished, be cared for and have opportunities to attend school. Completing secondary school will significantly improve her earnings and ability to care for her own children – children who will be born healthier. Those children, in turn, will be more likely to survive early childhood and attend and complete school.

Giving children like Bendu a fair chance in life – assisting them to survive, thrive, be protected and participate on an equal basis – means not just changing their futures, but charting a new course for their children as well. Failing to do so, in contrast, will not only deny today’s children these opportunities, but also will have detrimental repercussions for generations to come.

Investing in children, particularly the poorest and most disadvantaged, is the right thing to do. Increasingly, we understand that it is also the smart thing to do. Evidence shows that it is cost-effective and brings
not only multiple benefits to children, but also to their families, communities and economies. Development agencies, researchers and economists across the world are finding evidence that more equitable societies have better growth prospects and are more prosperous and stable. To become more equitable, however, societies have to address the underlying drivers of inequity that often appear even before a child is born.

This conference room paper begins by considering why equity for children is so important in an age of vast inequalities. It then presents an overview of the latest data on equity for children, summarizes strategies that can work to improve conditions and outcomes for children, and illustrates different aspects of UNICEF equity work. The paper concludes with an analysis of the way forward in accelerating progress towards equity for every child.
I. The case for equity

The Millennium Development Goals have helped to galvanize historic improvements in the lives of children...

Fifteen years of concerted effort towards the Millennium Development Goals have yielded tremendous strides in tackling some of the world’s greatest development challenges. Declines in child mortality since 1990 have allowed an estimated 100 million more children to see their fifth birthday.¹ Some 721 million fewer people live in extreme poverty today than in 1990. More than 2.5 billion people have gained access to improved sources of drinking water in the past 25 years. Upwards of 90 per cent of children in low- and middle-income countries are now enrolling in primary school.² These gains are truly historic and demonstrate the advances that are possible when global efforts are galvanized around concrete goals.

…but advances did not always lead to greater opportunities for all.

The gains of the Goals did not always lead to greater equity, however. Consider, for example, progress on the improved drinking water targets for the Goals. The world reached a remarkable milestone when the goal for improved sources of drinking water was met a full five years ahead of schedule. Two thirds of countries increased access to improved water sources while narrowing the access gap between rural and urban dwellers. Yet, digging a bit deeper, the data show that 15 countries reached the goal while exacerbating the rural/urban gap. Another seven countries both had falling overall access – moving them further from the goals – and widening disparities.³ While millions benefited from an unprecedented drive to provide safer water, progress at a global level did not necessarily translate into advances for those most in need.

In sub-Saharan Africa and South Asia, the two regions where the majority of the world’s children live, key challenges that remain – including neonatal health and survival, stunting, education, open defecation and child marriage – disproportionately affect the poorest and most disadvantaged children and communities. While these inequities persist in every region, demographic
changes already underway in sub-Saharan Africa and South Asia threaten to increase the numbers of disadvantaged children there.

Countries affected by humanitarian crises, conflict, and fragility present a double disadvantage for deprived children. While all children suffer during periods of conflict and natural disaster, those who have been historically excluded – living in the most precarious places, with the least access to services and the fewest reserves on which to draw – often feel the sharpest effects of crises. Crises often disproportionately impact the disadvantaged and exacerbate equity divides, undermining both the immediate well-being of children as well as their long-term development.

The challenges of inequity are present in every country and region; certain groups of children have been left behind as the world has moved forward. Some markers of exclusion, such as disability, immigration status and income, cut across many countries and are a consistent indicator of disadvantage. The historical and political contexts of individual countries and regions also shape other categories of exclusion. In low-, middle- and high-income countries alike, longstanding marginalization has often left children from certain indigenous populations and minority religious or ethnic groups behind their peers. Even in the midst of plenty, discrimination, exclusion and intergenerational disadvantage continue to draw these children into the vicious cycle of inequity.

Inequitable opportunities worldwide are leaving millions of children at the margins of society and undermine the future progress of nations.

In recent years, unequal development outcomes have rightfully captured the world’s attention and spurred action to address the inequalities that exist between and within countries. This global dynamic is playing out in countries of every income level and is increasingly prominent on the agendas of decision makers and civil society movements.

Looking only at the end results, however, misses the crucial role played by inequitable initial opportunities. By addressing these childhood deprivations head on – focusing first on those children left furthest behind and most intently on those with greatest needs – societies can disrupt this destructive cycle of impoverishment and marginalization.4

The evidence to support this claim is not new. Take the example of education for girls. Just one additional year of schooling for a girl can increase her lifetime earnings by 10–20 per cent. That same year of schooling for girls reduces infant mortality by 5–10 per cent.5 Overall, the social returns to education are notably higher in low- and middle-income economies and hold the greatest potential for children from the most disadvantaged backgrounds.6 While the evidence is well known, rising inequality has made it all the more imperative to take action.

Focusing on equitable opportunities for children is more urgent than ever.

For disadvantaged children and families, the cyclical interactions between initial opportunities, widening or narrowing equity gaps throughout childhood and long-term equality can be either vicious or virtuous. When the most deprived children are not given a fair chance to realize their rights, they fall further behind and equity gaps yawn wider. As children age, these initial inequities manifest themselves in worse health outcomes, poorer nutritional status, worse learning outcomes, higher and earlier fertility for adolescent girls and lower employment rates and earnings as adults. Eventually, unbalanced outcomes produce inequalities in economic and social conditions. Those disparities weigh down overall economic growth and prosperity, making it harder for families and
countries to invest more in the next generation of disadvantaged children.\textsuperscript{7}

Conversely, when equitable opportunities produce better outcomes for children such as school completion, delayed childbearing, lower maternal mortality and better job skills, those results can narrow longer-term equality gaps. Lower levels of inequality, in turn, increase the chances for sustained economic growth and more stable societies, which can fuel continued investments in children and families.\textsuperscript{8 9 10 11}

Investments for children, particularly the most disadvantaged, are investments in tackling inequality and poverty. Conversely, ignoring equity gaps will perpetuate a vicious cycle that is ever more difficult to break. Committing to equity for children offers the potential of a virtuous cycle in which today’s investments generate both immediate and long-term returns for children.

**Equity-focused approaches to development are both right in principle and effective in practice.**

Focusing first and most intently on the children left furthest behind – an equity-based approach – lies at the heart of the mission and work of UNICEF. Whether children come from the poorest homes or the most marginalized ethnic groups, UNICEF has long been committed to putting the rights of these children at the top of our agenda. This commitment is both in line with the Convention on the Rights of the Child and embedded in our mission statement: in everything UNICEF does, “the most disadvantaged children and the countries in greatest need have priority.”

The UNICEF commitment to equity-based programming is based not just on the conviction that it is right in principle, but also on the evidence that it is right in practice. In 2010, that evidence was laid out in a groundbreaking peer-reviewed paper, *Narrowing the Gaps to Meet the Goals.*\textsuperscript{12} The report detailed the results of a simulation that tested two scenarios for achieving maternal and child health goals: an equity-focused approach that emphasized greater efforts to reach the worst-off children and a stay-the-course method that did not place special emphasis on the disadvantaged.

Two key findings emerged from the study. First, by addressing the concentration of various forms of inequity in the most disadvantaged populations, the simulated equity approach accelerated progress towards the health goals faster than the stay-the-course
path. Second, by averting more deaths with the same financial investments, the equity approach was both considerably more cost-effective and sustainable than the alternative. The equity approach proved particularly cost-effective in low-income, high-mortality countries, avoiding up to 60 per cent more deaths for every additional $1 million invested.\(^\text{13}\)

Based on the study, five main policy considerations were highlighted: investing in data to identify the most deprived children and communities; getting proven interventions to communities; prioritizing action to remove bottlenecks; partnering with communities; and using financial resources better, including through the removal of financial barriers for the poorest.

As detailed in section IV this paper, UNICEF has been working to deepen and expand its equity-focused programming since the release of *Narrowing the Gaps* and, working with partners, has gathered significant evidence of what works. Experience has borne out the idea that equity-focused programming can make lasting and dramatic improvements in the lives of disadvantaged children.

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**Seizing critical windows of opportunity**

Timing is critical for radically reducing equity gaps, and evidence points to two particularly important windows of opportunity for investing in children: early childhood and adolescence.

**Early childhood**

In early childhood, the brain develops faster than any other period in life, impacting a child’s capacity to learn later in life. For optimal brain development, a child needs proper nutrition, caring interactions with adults and a nurturing and safe environment at the right time. It is in the early years that children are most susceptible to the consequences of poor nutrition; the growth potential that they lose if they do not get the proper nutrition they need in those early years cannot be recovered. Violence and stress in those early years leave lifelong scars and shape who children become as they grow. These lifelong impacts make it essential to invest in and protect children at this critical life stage.

**Adolescence**

Adolescence is another critical window of opportunity upon which to build and consolidate investments made in early childhood. The foundations laid down during this period in terms of emotional security, physical well-being, education and skills will have profound implications for successful transitions to adulthood and equality in outcomes. Adolescence is a time when gender roles are consolidated and vulnerabilities are heightened. If not adequately addressed, girls’ lives can be severely constrained by child marriage, school dropout, early pregnancy and gender-based violence. Meanwhile, boys face pressures such as premature adult responsibilities, punitive criminal justice policies, exposure to violence, labour and other challenges that limit their full development. For adolescents, these adverse influences can be life-changing.

Without adequate support for early childhood and adolescent development, the potential demographic dividend in terms of social welfare, economic growth and political stability will not be realized.
The case
for equity
II. Progress and gaps in equity for children

Where the world’s children stand at the start of the sustainable development goals

The road to equity for children begins with an understanding of their current situation, the progress made in recent years and the magnitude of the work left to do. This section examines all three aspects. To the extent that data allow, each of the key areas that determine child well-being – health, HIV and AIDS, nutrition, water, sanitation and hygiene (WASH), education, protection and social inclusion – has been analysed for trends in the averages of key indicators, trends in equity gaps and the dimensions of the gaps that remain to be tackled.

HEALTH

Trends in the average: Over the past 25 years, the world has made dramatic improvements in child and maternal mortality. Between 1990 and 2015, under-five and neonatal mortality rates fell by 53 and 43 per cent respectively. It is estimated that between 1990 and 2013, 100 million children – including about 24 million newborns – reached their fifth birthday because of improvements in child mortality rates. During the same period, the global maternal mortality ratio (MMR) dropped by 45 per cent. The steady improvement in under-five survival is explained by a combination of advances including improved health-seeking behaviours and improved coverage of effective interventions to prevent or treat the most important causes of child mortality.

Trends in the gaps: Progress in reducing child mortality has been made in every region in the world. The child mortality equity gap between the poorest and wealthiest households has narrowed in all regions except sub-Saharan Africa, where wealth-based gaps are smaller than in other regions but no substantial changes have occurred. Significant gaps between the wealthiest and poorest families persist in access to life-saving interventions including seeking care for suspected pneumonia and appropriate treatment of diarrhoea. Malaria-prevention interventions have been more equitable, but coverage remains too low to allow universal access.

The MMR gap between low- and high-income countries has halved since 1990, from a ratio of 38:1 to 19:1 in 2013. While every region has notched substantial declines, faster progress elsewhere has concentrated the remaining deaths even more keenly in sub-Saharan Africa, which in 2013 accounted for 62 per cent of global maternal mortality. No significant progress has been made in closing the gap in access to skilled birth attendants between the richest and poorest women in the world.

Dimensions of the gaps that remain: In 2015, an estimated 5.9 million children will die before age 5. In most low- and middle-income countries, children from the poorest families are twice as likely to die before their fifth birthday as children in the wealthiest families. Children born in rural areas and those born to mothers with no education are still significantly more likely to die before their fifth birthday than those born in urban areas or to educated mothers.

In 2013, 289,000 women around the world died due to complications in pregnancy and childbirth, with 85 per cent of those deaths occurring in South Asia and sub-Saharan Africa.
A fair chance for every child

100 million children including 24 million newborns are alive today because of improvements in child mortality rates since 1990.

Progress on child and maternal mortality from 1990:
- 53% decline in under-5 mortality rate to 2015
- 42% decline in neonatal mortality rate to 2015
- 43% decline in maternal mortality ratio to 2013

NARROWING EQUITY GAPS:
- Maternal mortality ratio for low-income vs. high-income countries in 1990: 38:1
- Maternal mortality ratio for low-income vs. high-income countries in 2013: 19:1

Rates of delivery with a skilled birth attendant were more than twice as high for wealthy mothers vs. poor mothers in 2000:
- In 2014 gaps remained the same.

1 in 12 children in sub-Saharan Africa still die before their fifth birthday — 15 times the rate in high-income countries.

PROGRESS HIGHLIGHTS:
- Under 5 mortality rate in Sub-Saharan Africa is falling 5 times faster now than in the early 1990s.
- Every region has seen at least a decline in under 5 mortality since 1990.
- East Asia and the Pacific region is narrowing gaps in antenatal coverage and skilled birth attendance between mothers in rural and urban areas.

IN MOST LOW- AND MIDDLE-INCOME COUNTRIES, THE RISK OF A CHILD DYING BEFORE THEIR FIFTH BIRTHDAY IS
- 1.5 times higher in rural vs. urban areas
- 2 times higher in the poorest vs. wealthiest families
- 2.5 times higher for children with uneducated mothers vs. educated mothers

HIV AND AIDS

Trends in the average: New HIV infections have declined by 38 per cent since 2001. From their peak in 2005, AIDS-related deaths have fallen by 35 per cent. Despite this progress, in 2013 alone HIV claimed the lives of 120,000 adolescents – more than 300 every day.

Trends in the gaps: Between 2001 and 2013, infections declined in every age group but most rapidly for children under 15 years of age, driven both by success in preventing mother-to-child transmission of HIV as well as the expanded provision of antiretroviral therapy (ART). Despite overall progress in increasing access to ART, children lag behind adults in receiving treatment: in 2013 just 23 per cent of children under 15 years of age living with HIV received ART, compared with 37 per cent coverage for those age 15 and older.

HIV and AIDS still remain highly geographically concentrated, with over 90 per cent of children under 15 living with HIV residing in sub-Saharan Africa. Death rates from AIDS-related causes have also decreased in almost all regions, except in the Middle East and North Africa where there was a slight increase.

Adolescent girls continue to be disproportionally affected by HIV, accounting for approximately two thirds of overall adolescent infections in both 2001 and 2013. No significant progress has been achieved in closing the disparities in new infections among male and female adolescents.

In sub-Saharan Africa, adolescent girls are less likely than boys to have comprehensive, correct information about HIV. Wealth disparities add an additional equity challenge for knowledge about HIV – the wealthiest adolescent boys and girls in sub-Saharan Africa have an advantage of roughly 20 percentage points over their regional counterparts at the bottom end of the wealth distribution.

In addition to adolescent girls, key population groups disproportionately at risk of becoming infected with HIV include young men who have sex with men, boys and girls who are subject to sexual exploitation and those who inject drugs. Many are never diagnosed because they fear legal and social repercussions if they seek information, enter prevention programmes or get tested.

Dimensions of the gaps that remain: An estimated 4.3 million children and adolescents were living with HIV as of 2013. Although declining, there were still 240,000 new infections among children under 15 in 2013. In the poorest wealth quintiles in sub-Saharan Africa, 83 per cent of girls and 75 per cent of boys still lack comprehensive and correct knowledge about HIV. Across all low- and middle-income countries, three quarters of all children under 15 living with HIV still do not receive ART.
HIV and AIDS

NARROWING EQUITY GAPS

Globally, new infections fell fastest among children under 15 – 20 percentage points faster among children than in the total population.

CHILDREN HAVE WORSE ACCESS TO HIV TREATMENT THAN OLDER PATIENTS

77% of children under 15 living with HIV still do not have access to antiretroviral therapies.

63% The rate is 63% for those 15 and older.

90% of all children under 15 living with HIV live in sub-Saharan Africa.

PERSISTENT EQUITY GAPS

In 2001, girls accounted for roughly 2/3 of infections among adolescents. In 2013, the proportion was still 2/3.

Varied progress between regions in reducing new infections

Between 2005 and 2013

Increases

-5% Sub-Saharan Africa

-7% Caribbean

-33% Eastern Europe and Central Asia

Decreases

-40% Middle East and North Africa

Source: UNICEF 2015 with input from UNAIDS.

Just 4 countries account for 41% of all new paediatric HIV infections in the world.
WATER, SANITATION, AND HYGIENE

Trends in the averages: Overall progress in access to adequate sanitation and improved sources of water has been staggering; since 1990, 2.1 billion people have gained access to improved sanitation and 2.5 billion people have gained access to improved water sources. Water access improvements have been driven in part by strong demand for water supplies close to home. Gains in sanitation reflect a growing recognition of the importance of sanitation for health, welfare and productivity.

Trends in the gaps: The overall progress in access to water masks extremely wide variations between regions. Global gains in access to piped water have not been shared equally with least developed countries; piped water constitutes 63 per cent of improved water sources at a global level, but just 17 per cent in the least developed countries. Sub-Saharan Africa is the only region that did not meet the global goal of halving the proportion of people without access to improved drinking water. The rural/urban divide persists in access to drinking water. Across regions, urban dwellers are more than twice as likely as rural dwellers to have piped water at home.

All regions have increased access to improved sanitation, and progress in reducing open defecation has been faster in least developed countries than in the world as a whole. As with other indicators, regional variations are high. The Middle East and North Africa region has notched a 92 per cent reduction in open defecation over the 25-year period, while sub-Saharan Africa has seen only a 36 per cent decline. More than 80 per cent of those who practice open defecation now live in just 10 countries.

Dimensions of the gaps that remain: Even after meeting the Millennium Development Goal target for drinking water, almost 700 million people still lack an improved drinking water source – including nearly one third of all people in least developed countries. Nearly half the people in the world without access to an improved drinking water source live in sub-Saharan Africa and 1 in 10 people living in the same region continue to rely on surface water for drinking.

Globally, 2.4 billion people still lack access to improved sanitation, half of them in South Asia. There are still 960 million people in the world practicing open defecation; 9 out of 10 live in rural areas. Bringing that number to zero by 2030 will require doubling the current global rate of reduction. The most concentrated efforts will be needed in South Asia and sub-Saharan Africa, where approximately one third and one quarter of the respective populations continue to practice open defecation.
Water, Sanitation and Hygiene

NARROWING EQUITY GAPS

FASTER PROGRESS IN THE LEAST DEVELOPED COUNTRIES THAN THE GLOBAL AVERAGE

55% vs. 45%

least developed countries

In South Asia rural coverage of improved drinking water sources has expanded twice as fast as urban coverage

The Middle East and North Africa region has made the fastest progress in closing the rural/urban divide in access to improved drinking water sources.

PERSISTENT EQUITY GAPS

Sub-Saharan Africa started with lowest level of piped water coverage and made the slowest progress in expanding it between 1990 and 2015.

MIXED PROGRESS ON EQUITY

In most countries studied

urban sanitation improvements benefited the poor more than the wealthy

rural sanitation improvements tended to benefit the wealthy more than the poor

2x The world needs to DOUBLE the current rate of decline in open defecation in order to reach 0% open defecation by 2030
NUTRITION

Trends in the averages: Dramatic declines in stunting signal great progress for the world’s children. Between 1990 and 2013, the global rate of stunting fell from 40 per cent of children under age 5 to 25 per cent. This improvement is associated with several factors including better national nutrition policies and programmes, gains in micronutrient supplementation and fortification, improved food security and water and sanitation, reduced incidence of diseases and economic growth. Over the same period, however, the world has seen a growing upward trend in overweight and obesity among children, another form of malnutrition. Since 2000, the number of overweight children under age 5 has increased by nearly one third, from 32 to 42 million children.

Trends in the gaps: Regional progress in reducing stunting has varied considerably. Globally and in each of the most affected regions, children from rural areas are more likely to be stunted than those in urban areas. Rural/urban gaps in stunting rates have narrowed in three regions, but they have remained flat in the three regions with the highest rates of stunting, which slowed global progress. The disparity by area of residence is widest in West and Central Africa, which has also seen an overall increase of 5 million stunted children under 5 years of age over the past 15 years.

At a global level, children from families in the lowest wealth quintile are more than twice as likely as their counterparts in the top income group to be stunted. Progress among countries in closing wealth disparities related to stunting has been mixed. In most upper-middle-income countries with available data, the gap shrank by at least 20 per cent, while in low-income countries, wealth gaps have either stagnated or widened. There is no evidence that girls are at a disadvantage to boys with regard to stunting rates.

Since 2000, every region has seen a rise in its proportion of overweight children. Central and Eastern Europe and the Commonwealth of Independent States have experienced the greatest absolute and relative increases in overweight children since the turn of the century. West and Central African countries are confronting a rise in the double challenge of children who are both stunted and overweight.

Dimensions of the gaps that remain: One in four children under the age of 5 years still suffers from stunting. Of the world’s 161 million stunted children, roughly one half live throughout Asia and one third live in Africa. In 2013, 51 million children under age 5 years were wasted, including 17 million children who were severely wasted. Approximately two thirds of these children lived in Asia and almost one third in Africa.

Globally, less than 40 per cent of children under 6 months of age are exclusively breastfed, a critical practice for child survival and well-being. The rate has remained virtually stagnant since 2000 in all regions of the world. Currently, infants in West and Central Africa are at the most disadvantage with only one quarter of children under age 6 months benefiting from exclusive breastfeeding, whereas about one half of their peers in South Asia and Eastern and Southern Africa are exclusively breastfed.
**Nutrition**

**NARROWING EQUITY GAPS**

Rural/urban gaps in stunting have fallen in East Asia and the Pacific, Latin America and Caribbean, and Central and Eastern Europe.

- **From 1990 to 2013**
  - 2/5 decline in the number of children
  - 1/3 rise in the number of children

**Central and Eastern Europe had the largest absolute and relative increase in overweight children since 2000**

**PROGRESS VARIED BY REGION**

- **> 50% reduction in stunting** in East Asia and the Pacific, Latin America and Caribbean, and Central and Eastern Europe
- **< 30% reduction in sub-Saharan Africa**

**MIXED PROGRESS ON EQUITY**

- In most upper-middle-income countries studied, stunting gaps between the richest and the poorest children are falling.
- In almost all low-income countries, wealth gaps in stunting have either stagnated or widened.

**SLOWING PROGRESS**

The past 5 years have seen much slower declines in stunting than the beginning of the Millennium Development Goals period.

**1 in 4 children under 5 were stunted in 2013**

**1 in 3 children under 5 were stunted in 2000**

**40% of the world’s stunted children live in South Asia**

Children from the poorest households are more than twice as likely to be stunted than children from the wealthiest households.

EDUCATION

Trends in the averages: More children than ever are enrolling in primary school at the appropriate ages. The primary school net enrolment ratio is set to reach 93 per cent by 2015. The global focus of the Education for All initiative and its particular emphasis on school fee abolition have been major factors in improving school enrolment. Although primary school enrolment has been increasing steadily worldwide, the reduction in the number and proportion of out-of-school children has stalled since 2007, largely offset by population growth in sub-Saharan Africa. More than one third of the primary-age children who remain out of school live in conflict-affected countries.

Trends in the gaps: Between 1999 and 2012, gender parity in primary school enrolment improved in every region, with the most striking results in South Asia. Secondary school trends in gender parity are following a similar, although slower, path. Girls are now statistically overrepresented in tertiary education at the global level, although there is tremendous variation between regions and countries.

In most countries where data are available, increases in school attendance have been accompanied by shrinking gaps in attendance between the wealthiest and poorest households. Despite this, large gaps still persist in learning outcomes based both on household income and sex. In most countries with available data, girls outperform boys in reading, although learning levels are low for both sexes in a large portion of countries. Most notably, very large performance gaps still exist based on family wealth.

In virtually every one of the 94 countries with data, children from the richest households are far more likely to achieve minimum learning standards in reading than those from the poorest households.

Dimensions of the gaps that remain: 58 million boys and girls are still missing out on their right to primary education. Half of these come from sub-Saharan Africa. Around the world, 63 million children of lower-secondary school age were out of school in 2012, representing roughly one in five children of that age. Two thirds of secondary-age children are enrolled globally, although in the least developed countries, only one third of secondary-age children are enrolled.

To move from enrolment to achievement in the coming years, considerably more attention will need to be paid to learning outcomes in order to shrink the substantial income-based achievement gaps that persist.
Education

NARROWING EQUITY GAPS

Gender parity in primary education has increased in every region of the world.

Decline in the number of primary school aged children out of school since 1999.

48 million fewer children were out of school in 2012 compared to 1999.

93% of primary school aged children are enrolled globally.

SLOWING PROGRESS

The rate of progress towards universal education has stagnated since 2007, with virtually no change in the global number of out-of-school children.

58 million children are still missing out on primary education.

HIGHLIGHT

South Asia had the second largest gender gap in the world, yet now has equal numbers of boys and girls in primary school.

1 in 3 out-of-school children live in conflict-affected areas.

GAPS REMAIN

Children from the poorest households are 5 times more likely to be out of school than those from the wealthiest households. In nearly all countries with data, wealthier children had better learning results than poorer children.

CHILD PROTECTION

Trends in the averages: By many indicators, children are better protected now than they were at the outset of the Millennium Development Goals. Between 2000 and 2010, the global proportion of birth registration for children under age 5 years rose from 58 per cent to 65 per cent. In the early 1980s, approximately one in three girls globally was married before her eighteenth birthday; today, that ratio has improved to one in four.

Nonetheless, children continue to feel the devastating effects of protection abuses. One area of increasing concern is violence against children. While global trend data are not yet available, in 2014 UNICEF released the largest-ever compilation of data on violence against children, setting the stage for monitoring of trends in the future. The report revealed that children account for almost one in five homicide victims in the world – 95,000 in 2012 alone. Data from a wide cross section of countries indicate that, on average, about four in five children between the ages of 2 and 14 years are subjected to violent discipline at home. This form of violence is pervasive in all regions of the world.

Trends in the gaps: Progress on birth registration has been uneven, but least developed countries as a whole have recorded the sharpest gains in recent years. High population growth in sub-Saharan Africa, however, poses a particular challenge. If current levels of registration persist in conjunction with an increasing number of births, the number of unregistered children in Eastern and Southern Africa, currently 44 million, will rise to 68 million by 2050, and will almost double in West and Central Africa. Within countries, national averages mask much larger gaps between geographic sub-areas. Across the world, children from certain religious and ethnic groups, living in rural or peripheral areas, and born to poor families or uneducated mothers are all less likely to have their births registered. Without formal birth registration, children can be denied their right to citizenship, potentially affecting access to essential services including education and health care.

There is a high degree of regional variation in rates of child marriage, with the highest prevalence in South Asia and sub-Saharan Africa. Rates for girls from the poorest families have remained stagnant, while rates for the wealthiest girls have fallen by half. The result has been a doubling of the child marriage gap between wealthy and poor girls.

The varied forms of violence against children have varied equity implications. Data from a range of countries indicate that while violent discipline in the household is widespread, it is not systematically associated with socioeconomic status. Child homicide victims are highly concentrated in certain places: just 10 countries accounted for more than one half of all young homicide victims in 2012, and Latin America has the largest share of child and adolescent homicide in the world. Rates of sexual violence against children vary widely across countries.

While globally representative data are unavailable, a number of studies confirm that children in conflict-affected countries are particularly susceptible to sexual violence – including increased rates of intimate partner violence as well as assaults by both combatants and non-combatants.²¹

Dimensions of the gaps that remain: Globally, an estimated 230 million births have never been recorded. Of those, more than one half the children live in Asia and 81 million are in least developed countries. If current rates of child marriage hold, the number of girls married each year will grow from 15 million today to 16.5 million in 2030. The total number of women married as children will grow from 700 million today to 950 million in the same time frame. Worldwide, only 8 per cent of children live in countries that legally protect them from corporal punishment in all settings; the remaining 2 billion children live without full legal protections.
Child protection

**NARROWING EQUITY GAPS**

Between 2000 and 2010, birth registration rose by 34% in the least developed countries — almost 3 times faster than the global average.

**HIGHLIGHT**

The Middle East and North Africa region has cut the rate of child marriage by 1/2 since the mid-1980s — the fastest decline in the world.

Since the mid 1980s

- 1/5 decline in all child marriages
- 1/3 decline in marriages before the age of 15

230 million births have never been registered

More than half of those children live in Asia.

**WIDENING EQUITY GAPS**

The difference in the prevalence of child marriage between the wealthiest and poorest girls has doubled since 1985.

**Around the world,**

- 80% of urban births are registered but just...
- 50% of rural births are.

4 of 5 children and adolescents experience violent discipline at home.
SOCIAL INCLUSION

Many key indications of progress on social inclusion are revealed in the preceding statistics. Narrowing gaps in access and improving outcomes for children from historically marginalized groups represent essential progress on social inclusion. To the extent that figures from other sectors show equity gaps shrinking, key aspects of social inclusion are improving; to the extent that gaps persist, more work remains to be done.

In addition to sector-specific measures of deprivation, UNICEF recognizes the enormous role that monetary poverty plays in creating and exacerbating inequities. Without a basic level of income, families cannot meaningfully support children in realizing their rights. Children are overrepresented among the poor in developing countries, where they constitute 47 per cent of those living on less than $1.25 a day. The number of young children from poor families is particularly pronounced in the lowest-income countries, where more than half of children under age 12 live in extreme poverty.

Poverty among children is a rising concern in high-income countries as well. Although hidden behind high average incomes, children in rich countries fared particularly poorly in the recent global economic recession. By the end of the recession, there were 2.6 million more children in poor families in rich countries than there had been before the crisis. As countries move from middle- to high-income status and their mix of funding sources for development changes, children – especially those from the most marginalized groups – are at particular risk of losing ground if revenues falter or budget allocations shift.

Reliable data are not yet available to analyse the trends in global rates or intensities of child poverty over time. Ultimately, measuring the equity of improvements in child poverty will require not only counting the number of children moving above a given poverty line, but also analysing which children make the transition – taking into consideration their initial levels of poverty, their family background and other common markers of disadvantage.

While a significant factor and often the easiest to measure, monetary poverty is not the only factor that exacerbates inequities for children. The Convention on the Rights of the Child draws attention to the need to fight discrimination “irrespective of the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status”. Even more often than with monetary poverty, countries generally lack data on the prevalence or persistence of such discrimination. Nevertheless, qualitative research, reports to national human rights institutions and country-level statistics reflect the ongoing pervasiveness of such discrimination, as well as how its consequences are exacerbated among the poorest.
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III. Understanding the gaps that remain

There have been important achievements in reducing equity gaps among children in the Millennium Development Goal period, but overall progress has been mixed. In the equity dimensions for which reliable information is available, some consistent and often unsurprising trends are apparent.

Among regions, sub-Saharan Africa and South Asia lag behind global averages in many Millennium Development Goal indicators, although recent progress in accelerating under-five and maternal mortality and education shows a narrowing of some of these gaps.

The equity gaps that remain offer crucial guidance for development approaches in the coming years. This section highlights key issues that should guide equity-focused policy and programming for accelerated results for children.

Geography, wealth and gender are key markers of inequity for children.

Among and within countries, wealth status and geography are important predictors of inequity. Compared to children from the wealthiest households, children in the poorest households are twice as likely to die before their fifth birthday; they are more than twice as likely to be stunted and less than half as likely to have a skilled attendant at their birth.

Children in the poorest households are less likely to be in school and less likely to learn as much even when they do attend. They are more likely to be married as children and less likely to have appropriate and complete knowledge about HIV.

Interpreting the data in context

Analysing why equity gaps shift or persist in a given country requires complex and contextualized social, political, and economic analysis. The following four factors influence the interpretation of several indicators:

Starting points matter: Sometimes, even good progress pales in comparison to the scale of an initial inequity. For example, while the difference in the MMR between rich and poor countries is still striking at 19:1, that represents a halving of MMR since 2000.

Variable rates of progress between regions have left some further behind: On some indicators, such as under-five mortality, every region of the world has made notable progress. Faster progress in low-burden regions, however, means that even if total mortality numbers are declining in a high-burden region, its share of the remaining global deaths will still rise.

Population growth can mask advances: In some cases, growing populations mean that small percentage improvements hide much larger absolute gains in coverage. Between 1990 and 2012, skilled birth attendance coverage in sub-Saharan Africa went up only 13 percentage points. Given the increase in births, this apparent modest percentage gain masks the actual number of children delivered by a skilled attendant, which doubled.

Progress has simply been too slow on some issues: Sometimes the simplest explanation is also the correct one: in some areas, there has not been progress. Girls were just as overrepresented in adolescent HIV infections in 2013 as they were in 2000; the gap has not budged.
In adolescence, both boys and girls from poor families are more likely to justify gender-based violence than their counterparts from wealthier families. One dimension on which children from poor families are on equal footing with wealthy children is the likelihood of being violently disciplined.

Progress in narrowing these wealth-based inequities has accelerated in some areas – notably under-five mortality and school attendance – but the economically poorest children are still consistently deprived and impoverished in multiple dimensions.

The data tell a mixed story for gender and equity. Girls and boys are on relatively equal footing for birth registration, and girls are making progress in gender parity in primary and secondary education. There are now more girls than boys in tertiary education in most regions. Nevertheless, in key areas including child marriage, knowledge about HIV and adolescent HIV infections, girls continue to require special attention. Persistent suboptimal outcomes – especially for adolescent girls – indicate that certain aspects of gender may be impacting girls’ lives in ways that are not directly measurable by existing tools but are nonetheless affecting their opportunities for a fair chance in life.

Other factors such as disability and ethnicity are also predictors of inequity, but lack data.

There are not yet sufficient data to analyse global trends related to disability in the same way that other issues have been addressed in this report. However, UNICEF-supported data collection efforts in more than 50 countries suggest that children with disabilities continue to face disadvantage and discrimination in compounding ways. Children with disabilities have lower rates of primary school completion than children without disabilities; girls are at an even greater disadvantage than boys. Children with disabilities are almost four times more likely to experience violence than their peers. They are deprived of access to many of the opportunities that are essential for breaking the vicious cycle of inequality.

Other long-standing sources of exclusion – including ethnicity, race, religion or sexual orientation – are difficult to monitor and compare. Their absence from global-level statistical analyses should not be interpreted as the absence of equity gaps, but rather as a gap in available data.

Just as pressingly, new and currently untracked equity divides may be opening, but the world lacks the data to identify or track them. This is especially likely in areas experiencing rapid and unplanned urbanization, where traditional analyses of urban/rural gaps may be insufficient to distinguish between the vastly different experiences of urban slum dwellers and their wealthier city neighbours.
While shifts in global trends are usually driven by changes in countries where large proportions of the populations face deprivation, millions of children in other countries – often middle- and high-income – continue to face challenges of exclusion and inequity. These children, whether from minority ethnic groups, living with a disability or without legal immigration status, confront tremendous obstacles in claiming their basic rights. Just as in low-income countries, their tenuous and highly inequitable conditions show similar potential for exacerbating intergenerational deprivations.

Data to identify and track these inequities are often difficult to obtain and verify, but concerted work is improving the availability of disaggregated information to highlight the situation of historically marginalized groups of children. Presented below are two illustrative cases of the disadvantages faced by certain groups – Roma children in Europe and indigenous children in Latin America.

Many Roma boys and girls and young men and women across Europe experience extreme poverty, discrimination and social exclusion. They are disadvantaged by not being registered and by limited access to essential services including education, health care and other social services. Their exclusion is often driven by poverty, limited opportunities for participation in decisions affecting their lives, spatial segregation, discrimination in the labour market, in public services and in society, and lack of sustainably funded policies to change the course of these trends.

A 2014 study on the situation of Roma children in Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia and Serbia showed that:

- Half of 20–24-year-old Roma women were married before they were 18, compared to around 10 per cent of the national population in the surveyed countries. Early marriage is more common for Roma women with a low level of education and from the poorest households;
- Early childbearing is more frequent among Roma girls;
- The proportion of underweight Roma children is more than four times higher than among non-Roma;
- Roma children aged 18–29 months are less likely to be immunized than non-Roma children;
- Roma children are less likely to complete primary school than non-Roma; around two thirds of Roma children complete primary school in all countries, compared to near 100 percent completion rates in national averages.

In Latin America, there are at least 670 indigenous peoples and although they are diverse in demographic, territorial, cultural and sociopolitical terms, the one thing they have in common is the discrimination that affects them all, translating into greater levels of poverty and social exclusion.

The inequities faced by indigenous children are prominent:

- 9 of every 10 indigenous children in Latin America suffer some form of deprivation. These inequities are closely linked to spatial inequalities. A greater proportion of indigenous peoples live in rural areas where access to basic services and the availability of state goods and services is more limited;
- 30 per cent of indigenous children lack access to safe drinking water and 52 per cent suffer severe deprivation in relation to sanitation. Deprivation rates among indigenous children have declined in the past decade in a subset of countries with available data, but a greater decline was seen among non-indigenous children, widening the equity gap;
- Educational deprivations among school aged indigenous children are more than three times higher than for non-indigenous children.

Continued focus on the inequities facing all excluded children – including indigenous and Roma children – is necessary to prevent the perpetuation of vicious cycles of disadvantage and to help forge a new, more hopeful path for these historically marginalized groups.
Conflict, natural disasters, and climate change are also undermining equity for children.

The advances that have been made for children’s rights over the past few years have materialized in spite of strong headwinds: a global economic recession; debilitating natural hazards; outbreaks of lethal diseases; and violent conflicts in multiple regions.

In 2013, 148 million people around the world were impacted by natural disasters or displaced by conflict. Crises are also becoming more intractable than they have ever been, with more than a dozen countries regularly requiring major international humanitarian support over the past decade. These challenges – which have stretched the resources of countries and development agencies as never before – make the gains that have been achieved all the more remarkable. At the same time, they signal the obstacles ahead for maintaining and expanding the progress made during the Millennium Development Goal era.

Consider the gains made in the Middle East and North Africa region since 1990. The region has seen a 93 per cent decline in open defecation, the world’s biggest improvements in closing rural equity gaps for water access and the fastest declines in child marriage. Yet, as the Syrian Arab Republic and its neighbours wade through a fifth year of conflict and turmoil, while Iraq and the State of Palestine struggle to escape the rubble of conflict, these advances will be difficult to maintain and even harder to improve upon. Without even more intense efforts, the gains in the region over the last decades could easily be lost.

The Ebola crisis in West Africa has exposed the tenuousness of many recent gains for children are. The absence of functional disease surveillance systems in the three most affected countries – Guinea, Liberia and Sierra Leone – made contact tracing more difficult and slowed efforts to control outbreaks. Inadequate numbers and distributions of health facilities contributed to widespread transmission.

Adding to the tragic number of Ebola fatalities, a much wider portion of the population was also affected by the further deterioration of already weak health systems. Six months before the outbreak in Liberia, 7 of 10 expectant mothers received the recommended number of antenatal care visits. A year later, the percentage had plummeted by nearly two thirds. Rates of postnatal care had fallen by one half. As the epidemic tapers off, countries that already faced extreme disadvantages must now contend with lost progress for children and families because health systems proved too fragile. Strengthening all the systems on which children rely – health, WASH, education and social and child protection – is an essential component to sustaining progress for children even in the face of crisis.
Compounding the challenge of acute humanitarian emergencies is the rise and persistence of fragile situations. Today, 1.2 billion people live in countries and territories considered fragile. By some estimates, fragile contexts are home to one half of the world’s poor, a share that is expected to rise to nearly two thirds by the end of the sustainable development goal period. Of the 20 countries with the highest under-five mortality rates in the world, roughly one half are conflict-affected or fragile.

Natural disasters and climate change pose further threats to maintaining the gains that have been made for children. From Haiti to Haiyan, the ramifications of disasters on countries and communities can be felt for generations of children. In these situations, as in conflict, it is the most marginalized children and families who bear the disproportionate burden of natural hazards, shifting agricultural patterns, land erosion and more.

If left unaddressed, the compounding challenges of fragility, poverty and poor results for children can create traps from which escape is ever more difficult. The world will be unable to make meaningful progress for children in the coming decades without special attention to the countries and regions most affected by conflict, fragility and climate change.

Africa’s increasing share of the world’s child population makes investing in children, particularly the poorest, more imperative than ever.

More than 2 billion children will be born over the next 15 years. If current trends continue, sub-Saharan Africa will be the home of an ever-increasing percentage of those children, accounting for 4 in 10 of the world’s births in 2050. By that same year, one in three children on earth will live in sub-Saharan Africa. It is the only region in the world expected to have substantial growth in the number of its children, and these children will not necessarily live in the same places their parents and grandparents did. By current urbanization trends, almost one half of Africans will be living in cities by 2030.

The implications of these demographic shifts are striking. Despite the potential advantages of such rapid demographic shifts, a rapidly rising birth rate means that the countries of sub-Saharan Africa will have to make even faster progress for children just to keep pace with population growth. In West and Central Africa, the number of neonatal deaths has risen despite declines in neonatal death rates – a direct result of the rising number of births in the region. The current rate of progress is not enough to even maintain most current equity gaps as they are; to actually close the gaps, even more momentum will be needed. Like savings with compounded interest, the more that efforts are accelerated now, the greater the dividends over time. Failing to make substantial progress now will create greater deficits to overcome later.

Africa lies at the crossroads of three major trends: rising populations; increasing fragility; and rapid urbanization. If unaddressed, the intersection of these trends can create negatively reinforcing cycles of deprivation. If those trends are acknowledged and well planned for, the next generation of children to live in Africa’s growing cities will reap the benefits that urbanization can offer. If further progress is made, the positive effects of reduced equity gaps, including more manageable population growth, will help break the vicious cycle of disadvantage.
IV. The UNICEF approach to equity-focused programming and advocacy

For UNICEF, equity means that all children have an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism. The aim of equity-focused policies is to eliminate the unfair and avoidable circumstances that deprive children of their rights. An equity-based approach to UNICEF programmes and policies seeks to understand and address the causes of inequity so that all children, particularly those who are most deprived, benefit from health care, proper nutrition, sanitation, clean water, education, protection, information and other services necessary for their survival, growth and development.

Generating and using disaggregated data

Disaggregated data are at the core of the equity agenda and supporting governments in collecting, analysing and using such data is critical. These data bring to light the most disadvantaged children – who they are, where they live, who their families are and why they have been left behind. Effectively tackling the inequities that children face is anchored in having the right kind of data.

UNICEF has been at the heart of improving the collection, analysis and use of data on children for decades. Since launching support to Multiple Indicator Cluster Surveys (MICS) 20 years ago, UNICEF has worked with governments to fill data gaps and track progress towards key commitments, including the Millennium Development Goals. The MICS also have evolved and are now crucial to identifying and tracking the equity agenda through the disaggregation of information by wealth status, geographic area, sex, ethnicity, language, religion, age and other factors that may signal parameters of disadvantage. Since UNICEF launched the equity refocus in 2010, over 75 surveys have been completed and an additional 35 surveys are underway.

Through good data, new evidence has emerged both about the needs of vulnerable and marginalized populations and about how to address those needs. In a number of MICS, oversamples and separate

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**Equity in humanitarian action: Using data to find and reach the most vulnerable**

In Lebanon, some 20,000 returnees, 42,000 Palestinian refugees from the Syrian Arab Republic, 1.2 million Syrian refugees and 1.4 million Lebanese citizens living in poverty are struggling under the weight of humanitarian crises in neighbouring countries. In 2013, UNICEF collaborated with the Office of the Prime Minister on vulnerability mapping that identified 225 localities with the highest concentrations of these populations. Based on the mapping, UNICEF and partners have focused their efforts most intently in those high-vulnerability areas.

Focusing on a relatively small number of localities allowed for significant coverage of the most vulnerable children, reaching them regardless of their nationality or status. The Government of Lebanon, UNICEF and the World Health Organization (WHO) have used results from the vulnerability mapping exercise to more carefully direct immunization efforts to high-risk areas, where they reached 96 per cent of targeted children under age 5 years. The vulnerability mapping has also facilitated the delivery of an integrated package of services for children, bringing multiple resources to children at the same time and maximizing their impact.
surveys of vulnerable populations such as the Roma, Afro-descendant and indigenous groups have been conducted to highlight the special situations of these populations. Sex-specific data have also led to improved programming around maternal mortality, health, and issues such as female genital mutilation/cutting (FGM/C). In recent years, MICS have advanced knowledge about adolescents, including through the addition of life-satisfaction modules that provide more insight into the challenges facing young adults.

UNICEF also has supported governments on routine administrative data collection and analysis systems such as health, education and social protection information management systems. Better disaggregation of routine data allows for regular updates on the status of the most disadvantaged groups while longer-term outcome indicators continue to be picked up through periodic surveys such as MICS and Demographic and Health Surveys.

The use of data has been strengthened through the generation of analytical tools for understanding the dimensions of inequity. One such tool focuses on Multiple Overlapping Deprivation Analysis (MODA), which is currently in use in both low-, middle- and high-income countries.

In keeping with the UNICEF universal mandate for children, the Office of Research has produced a ‘Report Card’ series focused on the well-being of children in high-income countries. Each Report Card includes a league table ranking the countries of the Organisation for Economic Co-operation and Development according to their records on a specific topic. The most recent report, focused on the impact of the recession on children in high-income countries, found that children in particularly vulnerable situations – including those in jobless, migrant, single-parent or large households – were overrepresented in the most severe ranges of poverty statistics.

MODA builds on the UNICEF Global Study on Child Poverty and Disparities, the Oxford Poverty & Human Development Initiative’s Multidimensional Poverty Index and other research carried out in the field of multidimensional poverty. MODA has five main characteristics. It: (a) selects the child as the unit of analysis; (b) adopts a life-cycle approach; (c) applies a whole-child oriented approach; (d) measures monetary poverty and multidimensional deprivations simultaneously for each child; and (e) enriches knowledge from sector-based approaches, thereby pointing toward mechanisms for effective policy design.

**Promoting equity-focused programming and tracking its effectiveness as part of managing for results**

Disaggregated data reveal the dimensions of inequities and bring focus to the areas where action needs to be taken. To translate the vision of the equity agenda into concrete action, in 2011 UNICEF pioneered the Monitoring Results for Equity System (MoRES) to further focus programming on the most disadvantaged children. MoRES is an approach for diagnosing the key factors or bottlenecks that are constraining results for the most disadvantaged children, finding and implementing solutions, and regularly tracking progress toward results. Key constraining factors that are analysed and tracked according to context include:

- **The enabling environment** – This includes factors such as governance, accountability, policy and
legislative issues that underpin patterns of deprivation among children and communities;

- **Supply factors (services and systems)** – This dimension identifies the barriers to access and systems constraints. It includes examining the adequacy of available facilities to serve disadvantaged communities, the availability of key commodities, human resources, information and the like;
- **Demand factors** – This examines financial constraints, social norms, behaviours and practices that impact access to and use of services;
- **Quality considerations** – Providing services is only one part of an equity-focused approach; these services must also be of acceptable quality. Factors include analysing the quality of interactions, such as how disadvantaged children and communities are treated when they access services.

The organizational refocus on equity generated strong momentum for the application of equity-focused strategies in UNICEF programmes of cooperation worldwide. The examples that follow represent a cross-section of UNICEF work with governments and partners in programming through an equity lens. Several examples focus specifically on using the MoRES approach to reach the most disadvantaged and marginalized children.

**EQUITY PROGRAMMING IN HEALTH**

In *Narrowing the Gaps*, investing in and expanding the reach of cost-effective interventions to improve maternal and child health outcomes formed the cornerstone of the case for the equity approach. UNICEF is using this approach in its work with governments and partners to accelerate progress for women and children and helped to reduce disparities within and between nations. A combination of preventive (e.g., immunization), promotive (e.g., exclusive breastfeeding, sleeping under bednets, handwashing) and curative interventions (e.g., treatment of major illnesses such as pneumonia, diarrhoea and malaria) has been pursued, with a special focus on children from the poorest and most disadvantaged communities.

**Taking interventions closer to children and families**

UNICEF is implementing the Catalytic Initiative Integrated Health Systems Strengthening (CI/IHSS) programme in six countries. This programme was designed to strengthen the capacities of national health systems to deliver high-impact interventions at the front-line level by overcoming key supply chain and human resource bottlenecks. Through strategies such as integrated community case management, this work has made unprecedented improvements in access to high-quality, high-impact interventions for the main causes of child mortality (malaria, pneumonia, diarrhoea and malnutrition) in previously unserved or underserved populations.

In **Ethiopia, Ghana, Malawi, Mali, Mozambique** and **Niger**, the CI/IHSS trained 60,000 front-line health workers and community health workers (CHWs). This, together with having adequate supplies, resulted in 8.6 million children under 5 years of age being treated for malaria, pneumonia and diarrhoea between 2008 and 2013. In Ethiopia, Mali and Niger, screening and treatment for severe acute malnutrition was also part of the package delivered by CHWs. An external evaluation indicated that the CI/IHSS interventions significantly contributed to saving the lives of approximately 56,000 children in Niger and 16,000 in Malawi. In Niger, four simple interventions accounted for three quarters of lives saved: introduction of the Haemophilus influenzae type B vaccine; insecticide-treated nets; and treatment of diarrhoea and malaria. In Malawi, the interventions that contributed most to lives saved included insecticide-treated nets, improved care at birth, introduction of the pneumococcal vaccine and treatment for malaria, pneumonia and diarrhoea. In both countries, wealth-based equity gaps fell between the richest and poorest households in key maternal and child health interventions.
Working on the polio endgame

Polio is preventable, but due to poor health systems and outreach, there are still children who do not get the required doses of vaccine. Children from poor families often also live in conditions of poor sanitation and hygiene that facilitate the spread of the virus.

In Nigeria, UNICEF is supporting three key approaches to reaching underserved communities. These include targeted outreach to the hardest-to-reach settlements; health camps during polio campaigns; and the use of volunteer community mobilizers to support social mobilization and help to generate demand.

A large number of female volunteer community mobilizers (VCMs) have been deployed to go house to house to educate, follow up on and mobilize families to improve their health, including rallying families for polio and routine immunization. These mobilizers work in more than 10,000 high-risk settlements across 10 high-risk states. Every month, VCMs give more than 13,000 newborns their first four doses of polio vaccine. Their package of services includes routine immunization, surveillance, antenatal care, hygiene promotion, nutrition and maternal and child health. In some areas, the VCMs are helping to register the births of the newborns they are tracking.

The health camp strategy has facilitated the administration of approximately 8 million doses of oral polio vaccine as well as over 1.5 million doses of other antigens. Nearly 3.3 million children were monitored in the VCM settlements during immunization rounds. The country’s success in supporting an equity-based approach in its polio eradication programme, using different entry points linked to child and maternal health, reduced the number of reported polio cases to six in 2014, with no cases to date in 2015.

Getting supplies where they are needed

One of the common problems in reaching underserved communities is a lack or poor supply of life-saving commodities and supplies. Knowing what is needed where and maintaining a smooth and predictable supply chain are key to resolving this issue. This is exactly what mTrac is designed to facilitate.

mTrac is a government-run system for Uganda’s health workers to provide information on stock-outs and diseases on a weekly basis. The information is aggregated, tabulated and graphed on an online dashboard and made available to district health management teams. This information allows district health managers to redistribute drugs to health facilities that need them most and request timely replenishment of stocks from the National Medical Stores. The dashboard also includes community reports received through an anonymous SMS (text message) hotline on health service delivery issues such as drug stock-outs or health worker absenteeism. District leaders, Ministry of Health staff and Members of Parliament have been proactive in addressing community concerns raised through these channels.

Monitoring performance to improve health

Egypt has made progress on child mortality reduction, but geographical disparities remain. This led to the development of the Ministry of Health and Population/UNICEF Perinatal Care and Nutrition Programme, piloted from 2008 to 2011 in 14 rural Family Health Units (FHUs) in three of the most disadvantaged governorates. Employing the MoRES approach has resulted in regular analysis and use of FHU data to identify solutions for bottlenecks. The FHU data are included in a computerized system that generates colour-coded reports that flag low performance indicators and bottlenecks and offer guidance on corrective actions. The pilot showed positive results including significant reductions in stock-outs, higher rates of antenatal visits by women, reduction in anaemia and better detection of stunted children. There has also been a change of attitude towards the quality and use of data now that data are being incorporated in decision-making. Scale-up began in 2012 and by early 2015, the programme covered 269 FHUs in six governorates, reaching around 3.5 million people, including 300,000 children under age 5.
EQUITY PROGRAMMING ON HIV AND AIDS

New HIV infections among children have been reduced by 58 per cent since 2001. For the first time in the history of the HIV epidemic, the global knowledge, experience and tools exist to achieve an AIDS-free generation. UNICEF is working with governments to accelerate progress towards the elimination of mother-to-child transmission of HIV, getting those children who need it on treatment and stemming HIV transmission among adolescents. UNICEF has supported countries in expanding innovative strategies to address the equity gaps in access to testing, prevention and treatment services for children and their families.

Getting to hard-to-reach populations.

Of the 22 provinces in Papua New Guinea, nine shoulder a high HIV burden. Rural communities and remote islands made it hard and very costly to reach disadvantaged populations with services and as a result, access to HIV treatment and care services was historically limited to urban areas.

In 2013, UNICEF conducted an analysis of the major barriers impacting equitable access to services for prevention of mother-to-child-transmission of HIV (PMTCT). UNICEF used the results from the analysis to advocate for a task-shifting strategy that would facilitate scale-up of ART distribution at the district level and improve access to services in remote and lower-level health facilities. UNICEF then worked to strengthen the capacity of provincial managers and health facility personnel to plan and manage PMTCT and paediatric HIV care services. Due to the improved capacities and greater access through lower-level health facilities, coverage expanded from two to eight districts in 2014. In the Eastern Highlands – the district where the original bottlenecks analysis took place – uptake of PMTCT services improved, with 65 per cent of estimated HIV-positive pregnant women receiving treatment, a rate significantly higher than the national average of 42 per cent.

Cutting time lags for better results

ART administered within the first 12 weeks of life can improve the survival rate of an infant living with HIV by 75 per cent, making the timing of a diagnosis crucial for children’s health.

Malawi, Mozambique, and Zambia have service delivery initiatives focused on reducing the time for delivering results of early infant diagnosis (EID) HIV tests. In 2014, with UNICEF support, Malawi and Zambia continued with Project Mwana, an initiative to strengthen EID and improve postnatal care and follow-up through two SMS applications – Results160 and RemindMI. Results160 is the tool that delivers EID results via SMS, and RemindMI is the SMS-based system that sends reminders to community health workers and mothers for maternal and infant appointments and routine care. Project Mwana decreased the time for delivering EID results from an average of 66 days to 30 days. The initiative was extended to three quarters of all districts in Malawi by the end of 2014. A similar initiative is being implemented in Mozambique.
Addressing barriers to reaching mothers and children

The government of Nicaragua has committed to an equity-focused approach in the planning, programming and monitoring strategy of the Ministry of Health. With support from UNICEF, national and local-level analyses confirmed that the national rate of mother-to-child transmission of HIV was progressively decreasing, but the trend was hiding disparities at the subnational level in 8 of 17 local integrated health systems where pockets of un reached populations live and mother-to-child transmission of HIV is highest.

The key bottlenecks identified were the lack of local supply planning and budgeting for PMTCT, absence of trained personnel and high turnover, varied standards of care and poor dissemination of protocols. Based on the analysis, the Government has worked to implement corrective actions, including improving continuity of supply chains and using data to customize local services and better track children exposed to HIV in utero.

As a result of this focus on removing barriers, HIV treatment and prevention are improving in previously underserved areas. In Nueva Segovia, for example, the percentage of pregnant women receiving ART increased from 53 to 70 per cent and the percentage of HIV-exposed infants receiving co-trimoxazole before the age of 2 months rose from 48 per cent to 100 per cent.
EQUITY PROGRAMMING IN WATER, SANITATION AND HYGIENE

The UNICEF WASH programme is active in more than 100 countries, concentrating efforts on the most disadvantaged populations, particularly in the least developed countries. In addition to responding to immediate needs in humanitarian crises, the WASH programme supports transformational change, focusing on the enabling environment to accelerate progress towards universal access and improve service delivery while working to achieve behavioural change at scale. The community-led total sanitation approach has contributed significantly to reducing equity gaps in sanitation and hygiene in many deprived communities. Other strategies, such as audits on the sustainability of services, have helped to provide the data to drive accountability between governments and poor communities.

Finding lower-cost solutions

Despite great progress in expanding access to improved water sources, sub-Saharan Africa needs new solutions to accelerate progress. To push forward faster, UNICEF WASH programming has examined ways to remove one of the key barriers to clean water: the restrictive costs of groundwater development, especially in the most marginalized and poorly served communities. A key approach has been the promotion of manual drilling. In Africa, manual drilling can be done for one quarter to one tenth of the cost of machine drilling. Professionalizing the manual drilling sector also creates local employment while increasing the number of wells that can be drilled and improving the service and maintenance of existing wells.

This technique is being used in parts of western Zambia, where crossing the Zambezi river or accessing off-road communities makes expansion of clean water options challenging. It is possible, however, to transport manual drilling equipment on banana boats, carved out of large tree trunks. In Luapula Province, people on the Lake Mweru Islands, Nchelenge district now have their first communal well. In 2014, a total of 33 wells were drilled on Mbabala and Chi-shi Islands on Lake Bangweulu. It is estimated that manual drilling techniques have reduced drilling costs by 70 per cent in some regions, bringing clean water to previously unreached areas.

Addressing the sanitation gap

In Pakistan, significant disparities in water and sanitation access exist between urban and rural populations and poor and richer households. UNICEF has worked with the Government to reach the most disadvantaged populations, including through the Pakistan Approach to Total Sanitation (PATS) programme, which gives attention to the rural poor and those living in informal urban settlements.

Twenty-three districts were selected for PATS implementation based on an assessment of multiple vulnerabilities and deprivations including a low ranking on the Child Well-being Index, high risk of polio and poor nutritional status indicators. After analysing the bottlenecks and barriers that kept the most marginalized children from accessing sanitation, programme managers placed a strong emphasis on behavioural change and social mobilization to enhance demand for and investment in sanitation. Regular monitoring of the quality of WASH programming processes has improved the inclusion of vulnerable community members in all programme stages and allowed them to receive subsidies to construct their latrines. During 2014, the PATS programme supported 1.2 million people in accessing improved sanitation and 920,000 people in accessing an improved water source.
EQUITY PROGRAMMING IN NUTRITION

UNICEF has been working with governments and partners to combat stunting and other forms of undernutrition. Addressing undernutrition early in life is essential in order to prevent both short-term consequences of poor growth, sickness and death in early childhood as well as the long-term effects of limited development, poorer learning during school age and decreased productivity and income-earning potential in adult life. This early start is essential to halting the intergenerational effects of poor nutrition – undernourished girls are more likely to grow up to be undernourished mothers who give birth to low-birth weight babies – setting up a cycle of continuing deprivation. The period spanning a woman’s pregnancy to a child’s second birthday – 1,000 days – offers a unique window of opportunity when nutrition interventions for the mother and child can have a lifelong impact. Key areas of intervention include maternal nutrition, promoting optimal infant and young child feeding, combatting micronutrient deficiencies and treatment of severe acute malnutrition. To address the multiple causes of undernutrition, links with other sectors – such as water and sanitation, health, social protection, agricultural and education programmes – are needed for lasting improvements in nutritional outcomes.

Expanding the reach of treatment

In 2014, some 2 million children in the Democratic Republic of the Congo suffered from severe acute malnutrition (SAM), a life-threatening condition that typically affects the most disadvantaged children, robbing them of their futures.

Starting in 2008, the Ministry of Health, with support from UNICEF, non-governmental organizations (NGOs) and donors, began focusing on community-based treatment of acute malnutrition. Before the community-based approach, efforts to address SAM had been hampered by the need for hospital-based treatment and limited geographic coverage of treatment facilities. To tackle the issue in a systematic way, the community-based protocol was revised to integrate SAM treatment into primary health services and to emphasize the importance of preventive interventions such as counselling and promotion of good infant and young child feeding and hygiene practices.

This approach has dramatically increased the number of children receiving treatment for SAM – from fewer than 50,000 in 2007 to nearly 300,000 in 2014. In the first seven years of the programme, geographic coverage of SAM treatment nearly tripled, growing from 28 to 83 per cent coverage of health zones. This expansion was made possible through training programmes, improved detection and management of acute malnutrition and the coordinated support of partners. The capacity of NGOs was strengthened to reach areas where government capacity was initially limited. The Government, with support from partners, is committed to scaling up affordable SAM treatment in all health centres in all districts.
**Promoting good practices to reduce stunting**

Guatemala, with the fifth highest rate of child malnutrition in the world, is committed to improving the nutritional status of its population.

In 2012, a baseline study was conducted in eight municipalities with very high rates of stunting. The MoRES approach identified bottlenecks that were stalling adequate coverage of three cost-effective interventions. A prioritization exercise found the main bottlenecks were low knowledge and use of prenatal care; limited knowledge and practice of optimal infant and young child feeding practices; and lack of materials and capacity in health centres to convey appropriate health and nutrition messages and counselling. This analysis was particularly useful because it showed that food insecurity, the presumed underlying cause, was not as important a factor as behavioural change for long-term impact. To address the identified bottlenecks, an innovative community-based communication for development strategy was developed to replace traditional communication approaches.

Results from the pilot in eight municipalities included an increase of 17 percentage points in the proportion of children who received at least one food with a high nutritional value. The strategy has been expanded incrementally and in 2014 covered almost two thirds of the country’s municipalities. It is now part of the nationwide Zero Hunger Plan and Strategy, which is aimed at reducing chronic malnutrition.

**Making services reachable**

In 2006, only a quarter of young children in Bihar, India were receiving vitamin A supplements twice a year. To address this situation, UNICEF supported the state government to reach out to all children, starting with socially disadvantaged communities. With UNICEF support, the Bihar state government mapped all 80,000 village-level health and nutrition (anganwadi) centres, 11,000 primary health centres and the populations within reach of them. This mapping exercise allowed the government to identify populations outside the catchment areas of existing facilities and to establish temporary supplementation sites in the anganwadi and primary health centre system. Through task-shifting, which involves delegating certain tasks to less specialized health workers to address shortages of higher-skilled workers, village-based front-line workers and volunteers were trained to administer vitamin A during supplementation campaigns.

The annual mapping of left-behind communities has continued and additional staffed supplementation sites have been established. In all, nearly 10,000 additional sites have been created for the hard-to-reach areas and vulnerable population groups. Intensive communication and mobilization drives have been undertaken at all levels to mobilize communities and raise awareness about the benefits of vitamin A for children’s health. Starting from 2008, coverage has increased significantly – now at around 90 per cent across all wealth quintiles and socioeconomic groups, indicating that the equity principles applied to the programme have produced the desired results.
EQUITY PROGRAMMING IN EDUCATION

UNICEF work in education prioritizes equity, helping children to secure basic skills such as literacy and numeracy and a wider range of social, emotional and cognitive skills. Equity in education builds a foundation for inclusive economic growth, poverty reduction and social development. Strategies include advocating for increased financing for basic education; improving data and evidence; promoting community empowerment; provision of learning materials to the most disadvantaged and excluded children; expanding early learning opportunities; strengthening learning assessment systems; and creating school environments that are safe and have separate sanitation facilities so that girls go to and stay in school.

Removing language barriers to learning

Across the world, the language of instruction is a key barrier to equity in education. This barrier is particularly pronounced for children from ethnic minority groups or indigenous populations – children who already face tremendous disadvantage in other areas of their lives. To address this, UNICEF has been working with governments to expand work on multilingual and intercultural education programming. In 2014, 62 countries reported having an education policy that allowed children to learn in their mother tongue during the early grades; this represented an increase of 30 per cent from just a year before.

In Cambodia, UNICEF has worked with the Government and other partners to address equitable participation in education by children from indigenous minority communities who live in remote, sparsely populated and least developed provinces. Now reaching five provinces, the mother-tongue learning programme allows over 3,000 children in remote areas to transition gradually from their native tongues to Khmer over the first three years of school. Repetition rates have declined in all five provinces and the programme has contributed to the inclusion of multilingual education in the Cambodia 2014-2018 Education Strategic Plan.
Supporting inclusive education

Children with disabilities or from historically excluded groups face long odds in accessing and completing education, but UNICEF equity-focused efforts to promote inclusive education are helping to improve those odds.

In 2010, Montenegro started a social mobilization campaign to raise awareness among the general public on the rights of children with disabilities. Following on from its success, the country, with UNICEF support, has recently launched an innovative, cost-effective initiative to make textbooks accessible to children with disabilities in audio formats, which enables them to learn better. For the price of Braille textbooks for only 20 children, all primary school children now have access to mother-tongue textbooks covering six grades in adapted audio format – with more in the pipeline.

In a related initiative, in 2014 the Republic of Moldova adopted a programme of inclusive education for Roma children and children with disabilities. The UNICEF-supported programme promotes the inclusion of these children through a multichannel approach, including:

- a continuous communication campaign targeting teachers, administrators and parents;
- capacity-building and communication with regular preschools to increase enrolment of children with disabilities and Roma children;
- modeling early learning and care services for 200 young children in 10 targeted communities.

Since piloting the approach, the number of children with special educational needs attending regular schools has doubled and the number of children in special schools is continuously decreasing. So far, over 1,300 young children with special educational needs have been mainstreamed in regular preschool education.

Tracking bottlenecks to prioritize action

In Togo, UNICEF and partners have supported the development and use of profile cards that are used to strengthen decision-making and equity-focused planning in districts and schools. The cards are being used to identify and monitor bottlenecks to school enrolment and learning. They include comparative data with other schools and districts. These cards have been especially successful in highlighting major constraints and promoting corrective actions within the preparation of district education plans. Disadvantaged schools are given priority support based on equity-based indices included in the cards. Through the inclusion of simplified graphic visuals, school profile cards are also instrumental for enhancing community participation in preparation and management of school plans. Annual updating and use of the cards is now mainstreamed in the government Education Management Information System.
EQUITY PROGRAMMING IN CHILD PROTECTION

All children have the right to be protected from violence, exploitation and abuse. Yet millions of children worldwide from all socioeconomic backgrounds, across all ages, religions and cultures, suffer violence, exploitation and abuse every day. While children from all backgrounds suffer, some are particularly vulnerable based on their gender, race, ethnic origin, socioeconomic status, disability status or the places they live. With the equity focus, UNICEF has accelerated its work on several fronts, including on birth registration, prevention of violence, ending child marriage and FGM/C, justice for children and child protection in emergencies. The breadth of work includes development and improvements to laws and policies, improving systems that can protect children from harm and respond appropriately when children have been victimized and, importantly, working with communities to abandon harmful behaviours and practices.

Facilitating a leap in birth registration

Registering children at birth is the first step to a legal identity. In 2011, only 30 per cent of children in Nigeria had a birth certificate. After analysing the challenges that had prevented effective registration of births across the country, the Government launched decentralized monitoring of birth registration using RapidSMS, an innovative mobile phone platform. Over a two-year period, more than 13 million children were registered and the percentage of registered children under the age of 5 years nearly doubled, reaching 57 per cent in 2013.

The process has improved both geographic coverage of and local accountability for birth registration. Each local government area and state completes a monthly scorecard to assess changes in priority bottlenecks to birth registration. The disaggregated data and information from RapidSMS are transmitted to federal monitors and underperforming areas are identified on a monthly basis, prompting national managers to investigate and support corrective actions. The most deprived children in rural and hard-to-reach areas, mainly in Northern Nigeria, have particularly benefited from this systematized approach.
Tackling child marriage

One third of the world’s child brides are in India. In the state of West Bengal, more than half of currently married young women were married before they turned 18. In 2012, the government for the state of West Bengal, with UNICEF support, initiated the Kanyashree Prakalpa, a universal social protection scheme that combines economic incentives with a communication and social norms change component to prevent child marriage, promote girls’ education and emphasize the value of girls’ empowerment.

UNICEF supported the government in conducting a comprehensive all-district baseline survey that provided up-to-date estimates on the situation of early marriage and girls’ education. This contributed to targeting nearly 2 million girls in all 20 districts in the first year of Kanyashree implementation, with a particular focus on the most disadvantaged populations.

While too early to assess impact of the intervention on reducing the prevalence of child marriage, data on proxy indicators indicate that the intervention may be yielding results. For example, there has been a roughly 10 percentage point increase in girls’ gross enrolment at lower and higher secondary levels in West Bengal, indicating that more girls remained in schools during the first year of implementing Kanyashree Prakalpa.

Reuniting children and families faster

RapidFTR is an open-source mobile phone application and data storage system that is specifically designed to streamline and speed up family tracing and reunification (FTR) efforts in the immediate aftermath of a crisis and during ongoing recovery efforts. It contributes to reuniting children as quickly as possible with their caregivers so that they are not left vulnerable to violence, exploitation and trafficking.

RapidFTR has been successfully deployed in emergencies, starting with the influx of refugees into Uganda in 2012, internally displaced persons in South Sudan in 2013 and in response to the devastating impact of Typhoon Haiyan in the Philippines in 2014. In the Philippines, the previous paper-driven family tracing and reunification system required forms to be sent to Manila for follow-up, taking up to three weeks on average to process. With RapidFTR, social workers and child protection staff were able to follow up within 24 to 72 hours of registration. The system supported efforts in 31 municipalities and more than 130 children were identified and registered as unaccompanied or separated from their primary caregivers.

RapidFTR is also an effective early identification and registration system for children with other vulnerabilities, and is now being used as RapidREG, a mobile system to record data on children most vulnerable to violence, exploitation and abuse in order to support referral for services and case management.
**EQUITY PROGRAMMING FOR SOCIAL INCLUSION**

Social inclusion programming directly tackles causes of inequities. It focuses on social protection responses informed by child poverty analysis, public finance for children and local governance. UNICEF work on social protection has accelerated dramatically over the past five years with that work now spanning 104 countries. UNICEF has supported governments in scaling up flagship programmes and strengthening their capacities to develop and implement integrated social protection systems that effectively respond to the multiple vulnerabilities faced by children, adolescents and families. Recent work by UNICEF on social protection in humanitarian and fragile contexts has also seen a rapid expansion with efforts focusing on linking emergency responses with long-term development support. A growing body of evidence demonstrates that social protection helps to achieve more equitable outcomes across sectors, directly impacting the removal of social and economic barriers to basic services and enhancing the capacities of households to care for their children.

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**Reaching the poorest with social protection**

In support of more equitable budget allocations in Ghana, in 2014 UNICEF supported an analysis of the impact of a proposed fuel subsidy reform on children and families, which included options to channel existing subsidy allocations to social protection. Based in part on the analysis, the Government reoriented the national budget to prioritize social protection for the poorest.

This social protection prioritization has included expanding LEAP (Livelihood Empowerment Against Poverty), the national cash transfer programme, to cover 550,000 households living in extreme poverty by 2018, up from 77,000 in mid-2014. This programme provides a safety net for caregivers of orphans and vulnerable children, persons with disabilities who are unable to work and the elderly. Since LEAP began in 2008, UNICEF has been a key partner, providing technical support to enable programme scale-up, strengthen the capacities of the implementing body and expand the links to other social services. By 2012, 90 per cent of LEAP households were enrolled in the free national health insurance scheme.

In 2015, LEAP 1000, in line with the Scaling Up Nutrition initiative, was launched to expand the existing programme by covering pregnant women and households with children under the age of 1 year in districts where socioeconomic and nutrition indicators are lagging behind. To support the well-being of all children in LEAP households, caregivers must ensure their children enrol and stay in school, newborns have their birth registered and attend postnatal checkups, and children up to age 5 years are fully vaccinated.
Using data to effect policy change

In 2011 and 2012, UNICEF supported the Government of the Lao People’s Democratic Republic to undertake the Lao Social Indicator Survey. This was the first survey to generate data at the provincial level, enabling further analysis of disparities to support policy advocacy and investment for children. The provincial-level data were disaggregated by age, residence, wealth quintile and ethnic group, providing further insight into equity issues.

The survey has promoted important policy dialogue and policy shifts by the Government, including the elevation of action on nutrition and stunting to a national priority, adjustment of immunization and other strategies to reach the most deprived, clearly targeted priority areas for WASH interventions, and increasing investments in early childhood development programmes.

Mobilizing more resources for children

Mozambique has lacked clear criteria on national budget allocation across sectors and among provinces, which has caused territorial inequities and poor outcomes for disadvantaged children. UNICEF conducted research and advocacy to raise awareness and budget literacy of parliamentarians, and the Ministry of Planning and Finance has since developed a more equitable budget framework. This was followed by the revision of the Government’s territorial budget allocation formula, which now allows consideration of population size and the incidence of multidimensional poverty, promoting greater resource flows to children in the most disadvantaged areas.
USING INNOVATION AS AN ENGINE FOR EQUITY

Innovations are essential for reaching the most disadvantaged children and accelerating progress for them. UNICEF innovation work spans creative partnerships, use and dissemination of data, reducing barriers to access, product innovations, real-time monitoring and strengthening accountability to catalyse change and product innovations.

UNICEF is working with over 30 countries on strengthening supply chains to remove bottlenecks that impede the delivery of essential services. UNICEF and WHO are co-launching a new effective vaccine management tool to be used by governments to identify bottlenecks and development improvement plans for their immunization supply chains.

Product innovations are underway for children with disabilities. Examples include improved, low-cost wheelchairs for children and youth and an add-on that will fit existing latrines used in humanitarian emergencies to improve access for children with disabilities.

To address critical issues related to financing social services and affordability, UNICEF is obtaining lower-priced vaccines and essential health products so that they can reach all children. In 2014, this work saved $263 million on vaccines and other products.

With a focus on context appropriate design, UNICEF and partners have launched productive innovation competitions, including one to develop an improved pneumonia diagnostic tool for use in resource-poor settings. A similar competition for locally sourced and produced school furniture is being piloted in Malawi.

Innovations are engaging young people. The U-Report system has more than 700,000 users in 13 countries, and is growing rapidly. In Uganda, young people are providing information to decision makers through basic mobile phones and text messages. In Zambia, more than 80,000 young people are involved in SMS-based peer counselling, proven to increase attendance at voluntary testing centres for HIV.

Young people are becoming agents of social change by taking up design challenges. The By-Youth, For-Youth Innovation Lab in Kosovo has seen more than 3,000 projects, created by Kosovo’s youth, come through its doors.

Realtime information products like mTrac and eduTrac allow front-line workers in health and education to send and receive vital information. mTrac was developed with support from UNICEF and similar systems have now been adopted in 10 countries for health and in seven countries for education. Mobile-based systems have created the capacity for real-time birth reporting systems in Nigeria and registration systems in Uganda.
INTEGRATING SERVICES IN EQUITY PROGRAMMING

While the previous examples illustrate work in specific sectors, most disadvantaged children are not deprived in just one area of their lives – they face multiple and compounding deprivations. When families have to seek out services from disparate providers and negotiate multiple complex processes, they are likely to miss opportunities and must bear the time and financial costs of navigating a variety of systems. For already disadvantaged families, these burdens are even higher.

Each of these factors makes the work of UNICEF and governments to integrate support for vulnerable children and families all the more important for successfully addressing equity gaps. Examples of integrated approaches include the use of the Bangladesh Child Equity Atlas to improve coordination of services for deprived communities. Twenty of the most-deprived districts were prioritized for joint United Nations support. Bottleneck analyses were conducted in five sectors – health, nutrition, education, child protection and water and sanitation. This helped prioritize actions in each sector and also link sectors to resolve constraints. Now, through improved coordination, health workers have become a bridge for birth registration, coverage of ART for HIV-positive pregnant women is on the increase, and micronutrients reach the most disadvantaged pregnant women in a more efficient way.

In Rwanda, integrated early childhood development and family services are being expanded under the Government’s ‘model village’ concept to support disadvantaged families in a holistic way. In 2012, UNICEF supported the prototype early childhood development and family centre in one district and 10 more have since been established. These centres provide early learning and play opportunities for children, parental education, and serve as community hubs for the provision of health, WASH and nutrition services. Integrated approaches like these work both to address the simultaneous deprivations that disadvantaged children face and to make better use of available resources by avoiding duplication of programming efforts.

STRENGTHENING PARTNERSHIPS FOR DEEPER IMPACT

Pursuing results for equity requires partnerships at all levels. This ranges from the work with community-based organizations that help transform the daily lives of families to the work of global partnerships that galvanize attention and resources for the most disadvantaged children.

As highlighted throughout this report, UNICEF has longstanding and valued partnerships with governments. These partnerships cross all branches and levels of government, including legislative, executive and judicial officials and institutions at national, subnational and local levels.

The equity refocus has brought particular attention to the importance of mobilizing communities, tapping into their knowledge and skills and engaging them in implementing and tracking solutions to local problems. Making community voices heard and taken into account in decision-making is critical to shaping plans and programmes and improving the sustainability of those plans and programmes.

Partnerships with other constituencies such as the private sector, academia and innovators have brought fresh ideas and solutions to problems of access, quality and cost of services and products. Work with civil society organizations, faith-based organizations, youth and women’s groups and others has contributed to amplifying advocacy, reach and action on the equity agenda. The rise of social movements, driven by public initiative and crossing geographic boundaries, offers great potential for further expanding the reach of partnerships across borders and constituencies.
V. Accelerating equity for children

This paper began with the story of Bendu who, even at her tender age, stands at the crossroads of two potential futures: a vicious cycle of disadvantage or a virtuous cycle of opportunity. With adequate family support and early investment in her health, nutrition, protection and care, Bendu stands a good chance of not only surviving her fifth birthday but also thriving in middle childhood, through adolescence and into adulthood. Given quality education and health, and protected from premature entry into adult roles of marriage and motherhood, her future empowerment and earnings power are likely to soar. She has every chance of realizing her dreams.

Tackling childhood inequities is essential for addressing later inequalities.

For Bendu and other disadvantaged children, the right investments at the right time can promote virtuous cycles of progress as they age. With proper protection, adequate nutrition, clean water, quality health care and education, the most disadvantaged children of this generation will be off to a better start than previous generations. They, in turn, can pass on more opportunities to their children, giving them a better chance to live, learn and thrive, no matter the circumstances of their birth.

The opposite is also possible. Children born into excluded social groups, poor families or other forms of disadvantage do not begin life with an equal chance to succeed. As they grow, other drivers of exclusion such as gender or ethnic discrimination can keep boys and girls from reaching their full potential. Worse, all of these drivers also increase children’s risks of disenfranchisement and social detachment, which can spill over into crime, violence and other harmful behaviours. Unaddressed, inequities in childhood and adolescence will continue to determine the equality of outcomes for families across the world.

For disadvantaged children, the consequences of widening or narrowing equity gaps are immediate and long-lasting. As the data indicate, the current rates of progress are insufficient to close the equity gaps within a generation. With the current rate of progress in education, population growth in lower-performing regions will result in nearly the same number of children out of school in 2030 as today. Current rates of decline in stunting will still leave 108 million children stunted by 2030, denying them a fair chance at growth and development. On the current path, half a billion people still will be practicing open defecation 15 years from now. Eliminating open defecation by 2030 will require doubling the current rate of reduction. Progress must accelerate.

For individual nations, making – or failing to make – progress towards equity will have lasting ramifications for stability and economic growth. Evidence shows that rising inequality in key dimensions like education can increase the risk of conflict.34 Low levels of inequality, in contrast, are strongly associated with longer and more sustained economic growth.35 These findings make it clear that the path towards peace and prosperity must be a shared one.

Key issues – including conflict, fragility, and extreme poverty – can be both drivers and consequences of inequity.

Conflict, fragility, climate change, rapid urbanization and extreme poverty all threaten children’s opportunities for
A fair chance at life. They also make it more difficult to sustain the progress that has already been achieved for children. Children’s development cannot flourish in contexts of conflict and fragility in part because weak institutions and human insecurity limit the effectiveness and efficiency of investments. Strengthening resilience in disadvantaged communities – through peacebuilding, environmental sustainability initiatives, social protection and child-sensitive urban planning to name but a few policy solutions – can contribute to overcoming these barriers and giving deprived children in these contexts a fairer chance to survive and thrive.

Accelerating progress will require both new thinking and greater investments in proven approaches.

To sustain and accelerate the gains that have been made for children in recent decades, momentum is essential. Fulfilling the ambitious agenda of the sustainable development goals will require greater investments both in new, innovative strategies as well as the proven approaches that have been honed over time. As described earlier in this report, innovative programming and policy solutions have shown results in every area of children’s lives. From amplifying the voices of children to managing drug stock-outs more effectively, innovations have provided new and promising pathways for narrowing equity gaps.

Other well-known elements of the strategic mix have also proven their value and their necessity for equity work. Core among these elements are improving data, strengthening systems, empowering communities, forging partnerships and securing sustainable financing.

Strong data collection and analysis systems are essential for timely responses by governments and partners to the needs of the disadvantaged. Timely data collection and dissemination allow citizens, civil society organizations and others to hold governments accountable for protecting, respecting and fulfilling children’s rights. Good data have provided new insights about the needs of vulnerable and marginalized populations and how to address those needs. However, much still remains to be done. Making sure that data and the data revolution benefit children will entail making data transparent, accessible and more inclusive to capture those who are still uncounted, using innovations to speed up data flows, tapping into new sources and making sure that data inform policy. Without these components, the potential of data to work for children will be diminished.

Ultimately, success in maintaining low rates of maternal and child mortality, high levels of learning and sustained protection of children will depend on the ability of government-led systems to consistently deliver high-quality, equitable services. Schools that reach the poorest children, clinics that deliver babies in the most remote areas and safety nets that catch the most vulnerable can be bolstered by external support in times of crisis, but must be components of wider systems that are coordinated and financed by governments and supported by communities and families. While systems strengthening has long been a core component of the work of development agencies, recent humanitarian emergencies have highlighted the central role that the strengths or weaknesses of systems can play in times of crisis.

From social protection to sanitation, engaging and empowering communities has proven essential to accelerating progress for children. Strengthening local institutions helps to sustain the delivery of services – whether community health workers, child protection committees or community-led sanitation teams – especially when a crisis occurs. Empowering communities and improving communication within and between them helps to shift social norms around harmful practices and opens opportunities for local innovations and ownership of solutions. Investing more resources and energy into community-based approaches is essential to reaching the most marginalized communities and
children and understanding their priorities for the use of limited resources.

Empowered communities are also vital to strengthening resilience. When crises hit, the communities and children most exposed are those with the weakest coping capacities. These are often also the most disadvantaged communities. Communities that have been organized and resourced and have the capacity to meet their own needs have significantly stronger reserves on which to draw in times of crisis. While they will also rely on resilient national systems to provide sustained support and services, communities are the foundation from which rebuilding and rebounding can begin. Concerted attention to building resilience before disaster strikes will be critical to reducing the human suffering that disadvantaged communities endure.

Effective engagement of communities is just one example of the variety of partnerships that have helped to catalyse recent gains for children. Others, including partnerships with governments, donors, civil society, innovators and the private sector, have both demonstrated value and untapped potential for moving the equity agenda forward.

Underlying all these strategies is the need for sustainable financing and making the best use of available resources. Short-term injections of funding can have powerful catalytic effects on targeted bottlenecks, but without reliable, diversified sources of finance, those achievements cannot be sustained over time. Securing sustainable and equitable financing for children will take on ever-increasing importance as the sustainable development goal period begins. To accelerate the reduction of equity gaps among children, emphasis should be placed on improving domestic resource mobilization while sustaining funding from the international community, especially in situations of severe deprivation and where crises have the potential to erode gains for children. Making resources work best for children requires not just spending on the right priorities, but also spending in the ways that benefit them most. Devolving planning and resources from central authorities to local levels, for example, can help to improve accountability for the provision of essential services. These and other financing lessons should play a larger role in financing and policy debates in the coming years.

The promise of equity for children is possible.

Drastically reducing inequity of opportunity among children is possible within a generation. To achieve it, more attention needs to be paid to the groups that are left behind. More effort must go into the countries and regions that have larger burdens to overcome and where equity gaps are widest. Political will must be mustered to address longstanding sources of exclusion. Longer-term commitments will be required to sustain the gains that are achieved. These challenges can and must be met.

As the nations of the world plot a new international development agenda for the next 15 years, it is abundantly clear that accelerating equitable progress – with specific attention to the most affected regions and disadvantaged populations – will be essential to achieving the ambitious global goals and targets under discussions. The Narrowing the Gaps report showed that an equity-focused approach was the right path to accelerating progress for children. Since then, work around the world has refined a set of successful policy and programming tools to effectively tackle childhood inequities. With this evidence, experience and an unwavering commitment to a fair chance for every child, the collective work of families, communities, governments and partners can spark the virtuous cycle of equity for today’s children and the generations to follow.
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19. In addition to UNICEF global databases and UNICEF. (Forthcoming). Progress for Children, Number 11. New York: UNICEF., education data for this section are drawn from:
20 In addition to UNICEF global databases and UNICEF. (Forthcoming). Progress for Children, Number 11. New York: UNICEF., child protection data for this section and drawn from:


21 See, for example, the wide range of reports and studies cited in Hidden in Plain Sight - A statistical analysis of violence against children. New York: UNICEF, p. 68.

22 Data from this section are drawn from:


28 UNICEF analysis based on 2014 Liberia Health Management Information System data.


33 All references to Kosovo should be understood in the context of United Nations Security Council Resolution 1244 (1999).

