EARLY MOMENTS MATTER

EAST ASIA AND THE PACIFIC
UNICEF works in some of the world’s toughest places, to reach the world’s most disadvantaged children. To save their lives. To defend their rights. To help them fulfil their potential.

Across 190 countries and territories, we work for every child, everywhere, every day, to build a better world for everyone. And we never give up.

Stretching from Mongolia in the North to Tonga in the South, the East Asia and the Pacific region covers one of the most diverse and dynamic areas in the world. UNICEF manage and implement programmes supporting the fulfillment of children’s rights in the 28 countries across the region. Country office carry out UNICEF’s mission through a unique programme of cooperation developed with the host government and other key partners.

UNICEF is supported entirely by the voluntary contributions of governments, donations made by foundations, corporations and private individuals.
East Asia and the Pacific’s most successful countries will be those whose decision makers recognize that achieving the equitable and sustained growth captured by Sustainable Development Goal 8 on decent work and economic growth, requires investments to nurture and protect children’s cognitive capital; optimize children’s socio-emotional and functional skills from early childhood through adolescence requires supporting mothers through the prenatal period; ensuring that children survive and receive the care and services they need during the first 1,000 days and in their first decade of life. UNICEF programmes under this regional headline are guided by the Convention of the Rights of the Child, the Sustainable Development Goals, and the UNICEF Strategic Plan.
1.1 MATERNAL, NEWBORN AND CHILD HEALTH

Key issues in East Asia and the Pacific

In East Asia and the Pacific (EAP), more children are surviving to their fifth birthday than ever before. However, in 2017 alone, 487,120 children died before the age of 5. Of these deaths, more than 240,727 (49.4 per cent) occurred in the first 28 days of life and were concentrated in three middle income countries (China, Indonesia and the Philippines). Across the region, newborn deaths were also notably higher among the poorest, most marginalized, hard-to-reach rural and urban migrant groups. Most newborn deaths are due to preventable complications relating to prematurity or low birth weight, birth asphyxia and infection (sepsis, meningitis, pneumonia and diarrhoea).

Maternal health is still a major concern in the region. In 2015, 18,000 women died due to preventable pregnancy complications and complications during delivery. Common causes of maternal deaths include severe hemorrhaging, eclampsia, pre-eclampsia and infection.

At the end of 2017, over half (57 per cent) of pregnant women living with HIV received antiretroviral drugs to treat themselves and to protect their unborn child from mother-to-child transmission of HIV, compared to the global average of 80 per cent. While antiretroviral coverage of children living with HIV increased from 48 per cent in 2010 to 68 per cent in 2017, only 28 per cent of infants born to women living with HIV were tested for HIV within two months of birth.

By 2016, 10 of the 27 EAP countries had not reached the global target of 90 per cent coverage with three doses of diphtheria tetanus and pertussis (DTP3) vaccine, including Vanuatu (64 per cent), Papua New Guinea (72 per cent), Indonesia (79 per cent), and the Philippines (86 per cent). Indonesia is among the top five countries globally with the highest number of children who are not vaccinated with DTP3.

*Source: UN Inter-Agency Group for Child Mortality Estimation (UN-IGME), 2018

*Source: UN-MMEIG Estimates, 2017*
Driving results for children

The UNICEF Maternal, Newborn and Child Health (MNCH) programme prioritizes expansion in the coverage and quality of institutional, community and home care before, during and after birth through five strategies: (1) strengthening national and subnational health systems; (2) producing better data and evidence to enhance decision making; (3) promoting gender-responsive, integrated policies and interventions; (4) reinforcing governance and political commitment for universal health coverage; and (5) engaging in strategic partnerships and alliances.

Key programme strategies

**Systems and capacity**
- Promote gender-responsive, resilient and sustainable community systems for the delivery of services.
- Institutionalise interventions from pregnancy to adolescence by linking together nutrition, Water Sanitation and Hygiene (WASH), Early Childhood Development (ECD), education, gender and disaster risk reduction.
- Build health information systems that integrates birth registration, health/HIV, WASH, nutrition and ECD.
- Enhance government capacity to assess affordability, sustainability and economic efficiency in universal health coverage.
- Reinforce MNCH initiatives aimed at elimination of mother-to-child transmission of HIV, hepatitis B and syphilis.
- Strengthen immunization and supply chain systems. Enhance country capacity to develop risk-informed immunization and supply chain programming.

**Data, evidence and knowledge**
- Generate evidence to help understanding of the root causes of low coverage, demand and quality of essential services.
- Identify key determinants of gender-responsive community health systems for quality and equitable maternal and child survival, including adolescent pregnancy.
- Monitor and analyse public expenditure performance at sub-national level.
- Conduct systematic quality assessment of essential MNCH services.
- Collect and analyse data and information on attitudes, behaviours and practices regarding health service delivery and access among hard-to-reach, mobile, and urban poor and peri-urban populations.
- Conduct research and programme evaluations to generate evidence to inform scientific policy recommendations for MNCH.
- Develop and test effective implementation models that address inequity in health, growth and development outcomes.

**Partnerships and alliances**
- Collaborate with international financial institutions, global alliances and other key actors to leverage investments in health infrastructure, national immunization programmes, health governance and financing, information and communications technology, and public-private partnerships.
- Engage with other UN agencies in policy formulation, standard setting, monitoring implementation and coordination of joint technical support.
- Contribute to multi-stakeholder platforms and professional associations to provide peer-to-peer assistance and, knowledge sharing, facilitate learning opportunities and influence MNCH policies and programmes.
- Nurture partnerships with centres of excellence on quality health services.

**Governance, policy and budget**
- Strengthen governance of health systems to ensure equitable, quality and sustainable health services.
- Increase political awareness and advocacy for universal health coverage for children and women.

**Behaviour change**
- Strengthen capacity, particularly among community health workers, for community engagement, social mobilization, demand generation and social and individual behaviour change.
1.2 PREVENTIVE AND CURATIVE NUTRITION SERVICES

Key issues in East Asia and the Pacific

Child malnutrition in all its forms is a major concern in East Asia and the Pacific. Stunting and wasting represent notable unresolved development challenges. Undernutrition blunts cognitive capital development and the socio-economic growth of nations. It is also a stark manifestation of the persistent and sometimes widening inequity in the region. Some countries face a double child malnutrition burden, with large numbers of overweight and obese children.

Thirteen countries in the region still have unacceptably high levels of stunting, affecting an estimated 15 million children under 5 years old, including two (Timor-Leste and Papua New Guinea) with a staggering 50 per cent stunting rate. The 2017 Global Nutrition Report rated Mongolia as the only country ‘on track’ to achieve the Sustainable Development Goals target for stunting, and many countries still lack sufficient data to assess progress. The poorest children in rural areas are much more likely to be stunted than their wealthier and urban peers.

Each year, an estimated 6 million children suffer from severe wasting – a huge anomaly, considering the rapidly growing economies of the region – and only around 2 per cent receive treatment. Key causes of undernutrition include poor maternal nutrition and health, inadequate infant and young child feeding practices, and poor hygiene and sanitation. Underlying causes include low access to health care, social protection and other services, and food insecurity.

It is estimated that almost 9 million children under 5 are overweight in East Asia and the Pacific – a quarter of the global total and the single largest regional burden. The vast majority (85 per cent) live in China and Indonesia. However, numbers are rapidly increasing across the entire region.

Source: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates (JCME); DHS, MICS, NNS/SMART
Driving results for children

Given the diverse causes of malnutrition, prevention and elimination require the implementation of a multi-sectoral package of nutrition-specific and nutrition-sensitive interventions, ideally during the first 1,000 days of life. UNICEF approach to nutrition prioritizes five delivery systems – food, health, water and sanitation, education and social protection – that are central to achieving its nutrition results and targets.

UNICEF prioritizes support to: (1) systems and capacity strengthening to increase investment and accelerate and improve service delivery; (2) better evidence, data and information gathering for decision making; (3) stronger governance and gender-responsive, integrated policies and legislation; (4) enhancing the delivery of nutrition interventions within the five systems; and (5) strategic partnerships and alliances with key institutions and the private sector.

Key programme strategies

**Systems and capacity**
- Support to scale-up and provision of effective nutrition-specific services, including maternal nutrition, protection, promotion and support for optimal breastfeeding and complementary feeding, treatment of children with moderate and severe acute malnutrition, food and condiment fortification, micro-nutrient supplementation and deworming.
- Strengthen human and institutional capacity, including capacity to plan, cost, monitor and evaluate for nutrition.
- Strengthen supply and information systems, quality criteria, standards, supervision and mentoring, and follow up.
- Expand linkages of nutrition interventions with social protection schemes, Early Childhood Development/parenting programmes, education and food systems.
- Promote increased access to and diversity of nutritious food.
- Strengthen risk analysis and develop capacity for nutrition in emergency preparedness.

**Data, evidence and knowledge**
- Enhance routine data and household survey data quality, analysis and use.
- Conduct analysis of multi-sectoral policies and programmes to identify gaps and bottlenecks.
- Evaluate multi-sectoral approaches to address malnutrition, particularly in WASH, social protection, Early Childhood Development and education and food systems.
- Assess effectiveness of new and improved interventions to address childhood obesity, women's nutrition and complementary feeding.
- Assess and monitor effectiveness of nutrition interventions in health systems, communication for development, and emergency preparedness and response.

**Governance, policy and budget**
- Advocate and support the development of nutrition policy and legislation – including adoption, monitoring and enforcement of legislation on marketing, food fortification, labelling, fiscal measures including sugar taxes, maternity protection and workplace breastfeeding policies.
- Advocate for increased budget allocations for nutrition and efficiency in public finance management.
- Promote effective multi-sector/stakeholder coordination and governance.

**Partnerships and alliances**
- Actively engage with national and regional institutions, international financial institutions, non-governmental organizations and the private sector to increase political commitment, investment and coordination in nutrition.
- Closely collaborate with UN agencies in coordinating intervention, evidence generation and system strengthening.
- Establish strategic partnerships for system strengthening and evidence generation.

**Behaviour change**
- Enhance communication for development to promote healthy diet for mothers and children, including through social media.
Key issues in East Asia and the Pacific

Positive parenting and care practices encompass: health; nutrition; early learning; security and safety; and responsive caregiving. While a growing number of parenting programmes are emerging, few of them address all of these five domains, with most focusing on one or two areas; and most have been implemented at small scale. Many focus on the early childhood years, with very few addressing parenting of adolescents or of children with disabilities.

Data from Multiple Indicator Cluster Surveys (MICS) in eight countries in East Asia and the Pacific indicate a high use violent discipline of children aged under 15. While such forms of discipline are socially accepted, the long-term negative impact on individuals and the collective ‘cognitive capital’ of the region is increasingly recognised. Research by East Asian neuroscientists found that both verbal/emotional abuse and harsh forms of physical punishment cause visible damage to children’s brains and can impact development. The annual cost of violence against children due to its public health consequences is estimated at 2 per cent of the gross domestic product of the region, with emotional abuse cost an estimated US$65.9 billion each year.

Robust evidence associates positive parenting and non-violent family environments with holistic cognitive and physical development in children, which is particularly critical during the early years. Family and caregiver support is also associated with better nutritional and health habits from the early years until adolescence. Furthermore, growing evidence shows that positive parenting practices potentially reduce school dropout and result in better learning outcomes for adolescents, boys and girls.

Children (1-14 years) experiencing violent discipline by type (%)

- Psychological aggression
- Any physical punishment
- Any violent discipline

Caregivers who believe that physical punishment is needed to raise a child (%)

Source: MICS, DHS and UNICEF

Driving results for children

Following recent global development research,\(^3\) the adoption of Sustainable Development Goal (SDG) 4.2,\(^4\) and the release of the World Health Organization document *Survive, Thrive and Transform Goals*,\(^5\) the global community has a strategic opportunity to increase the impact and reach of actions and results for young children and their families by guiding policy, programme and budget support at country level.

For the first time, there is global consensus that States have a role in ending the widespread practice of using violent discipline against children. The development and scaling up of publicly funded positive parenting programmes will have a key role in contributing to the SDG, specifically target 16.2: “End abuse, exploitation, trafficking and all forms of violence against and torture of children.” This target includes an indicator that measures the percentage of children who experience any physical punishment and/or psychological aggression by caregivers. Progress will be accelerated through a comprehensive prohibition of all forms of violence against children, including corporal punishment in a home and family setting. There is global momentum for prohibition. Mongolia has now joined the 48 other States around the world that have prohibited corporal punishment in all settings – including the home.

Key programme strategies

### Systems and capacity
- Strengthen capacity of social services, health, nutrition and education sectors to deliver positive parenting support services and programmes.

### Data, evidence and knowledge
- Evaluate positive parenting programmes to show their impact on: improvements in child development outcomes in the five domains; reducing risk of child maltreatment; abandonment of harsh parenting practices, including gender bias, and adoption of positive alternatives; and reduction of child behavioural problems, parental stress and intimate partner violence.

### Behaviour change
- Strengthen norms and values that promote positive parenting practices and challenge the social acceptance of violence against children in home and family settings, especially gender-related stereotypes and bias.
- Create core messages that encourage parents and caregivers to reflect on child rearing beliefs and practices.
- Build the capacity of parents – including fathers – and caregivers to understand and support child development.
- Strengthen knowledge and awareness that help parents and caregivers to adopt non-violent disciplinary practices.
- Roll out *ASEAN Guidelines for a Non-Violent Approach to Nurture, Care, and Development of Children*.

### Partnerships and alliances
- Collaborate with early childhood development practitioners, religious leaders and opinion makers to ensure all families, especially in marginalized communities, have access to the latest evidence and knowledge on nurturing children.
- Work with adolescents and young people in developing parenting programmes appropriate for their age group.
- Partner with disability experts to develop parenting programmes for children and adolescents with disabilities.

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4. SDG 4.2: “By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.”
5. WHO Global Strategy for Women’s, Children’s and Adolescents’ Health.
Key issues in East Asia and the Pacific

Evidence shows that children who do not receive adequate nutrition, early stimulation, learning opportunities, care and protection tend to have lower academic achievement in primary school and are more likely to drop out of school. Early Childhood Development (ECD) is critical to shaping brain development and function.

Since 2000, important progress has been achieved in the East Asia and the Pacific region as more young children survive to their first birthday. Nevertheless, many children continue to live in adverse environments that prevent them from reaching their full potential. Data shows that 9 in 10 children in Thailand, the Lao People’s Democratic Republic, Viet Nam and the Democratic People’s Republic of Korea are on track to achieve their potential in at least three of the four domains of ECD (literacy-numeracy, physical, socio-emotional and learning). In Mongolia and Cambodia, 2 to 3 in 10 children are developing poorly. In all countries, the share of children who are developmentally on track is lowest for literacy-numeracy – ranging from 9 per cent in Mongolia to 69 per cent in Thailand. The percentage of those who are not developing well in the socio-emotional sphere is highest in Timor-Leste and Cambodia. Key challenges include: inadequate infrastructure and lack of intergovernmental coordination, limited knowledge and understanding of ECD issues and inadequate pre-school quality.

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1. Child survival rates have improved in all countries since 2000 (Source: State of the World’s Children 2016).
Driving results for children

The goal of ECD is to ensure all young children, especially the most vulnerable, from conception to school entry, achieve their developmental potential, including in humanitarian settings. UNICEF’s approach to ECD prioritizes: (1) expanding access to essential health, nutrition, protection and early learning services of good quality that address the developmental needs of young children; and (2) enriching early environments for children at home and in the communities where they reside.

Key programme strategies

<table>
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<tr>
<th>Systems and capacity</th>
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<tbody>
<tr>
<td>• Support national and regional ECD/parenting entities to strengthen coordination, effective communication and collaboration between systems (governance and continuum of care services for children and their families – from conception to school entry).</td>
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<td>• Increase capacity of frontline workers to deliver integrated ECD interventions – ‘topping up’ existing programmes and only adding new services where gaps exist.</td>
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<td>• Strengthen capacity to analyze, plan, implement and monitor ECD programmes across sectors.</td>
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<td>• Improve national data and evidence platforms to track progress and improve services for young children and families.</td>
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<tr>
<td>• Generate and disseminate ECD/Early Childhood Education (ECE) research, reports, and other materials to increase political and social commitment to investment in children in the early years.</td>
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<th>Governance, policy and budget</th>
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<tr>
<td>• Convene regional and national high-level advocacy events to promote increased public and private sector investment in ECD.</td>
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<td>• Advocate for enhanced services for young children.</td>
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<td>• Raise social demand for ECD and ECE by developing and disseminating simple, core ECD/ECE messages to communities and families, and across sectors.</td>
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<td>• Raise awareness of holistic and inclusive ECD and advocate for improvements in policies on early years as well as on responsive and stimulating caregiving.</td>
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<tr>
<td>• Coordinate appropriate policies, advocacy messages and ECD programmes with UN agencies and non-governmental organizations, share knowledge, spotlight emerging practices and facilitate learning opportunities.</td>
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<td>• Collaborate with centres of excellence and academic institutions on evidence generation and capacity building.</td>
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<td>• Leverage capacity of international financial institutions to advocate for investment in health infrastructure and quality ECD services.</td>
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<tr>
<td>• Establish and strengthen alliances with regional and intergovernmental networks and institutions to promote an ECD legislative agenda.</td>
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<tr>
<td>• Involve the private sector in designing approaches to increasing access to and quality of ECD for children and their families.</td>
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<th>Behaviour change</th>
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<tr>
<td>• Promote positive ECD practices from household to policy level through integrated communication initiatives.</td>
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Key issues in East Asia and the Pacific

Over 7.2 million children – or 4 per cent of all primary school-aged children – are out of school in the East Asia and the Pacific region.1 While most national primary enrolment rates are high, enrolment rates in the last year of pre-primary education average around 80 per cent, and are as low as 20 per cent in some countries.2 Regional aggregate enrolment rates also mask inequity that effectively excludes many of the most marginalized children from school, because of their sex, poverty, location, ethnicity, disability, migrant status and/or lack of documentation. The percentages of out-of-school children in the region, particularly at primary level, are increasing despite large investments and policy interventions. Children with disabilities continue to make up the largest proportion of the out-of-school population.3

More than 70 million children, or 1 in 3 children, attending school in Eastern and Southeast Asia, and 1 in 5 children in the Pacific Island Countries, do not achieve minimum proficiency in reading and maths.4 On average, boys lag behind girls in both reading and maths at primary level. Many countries lack rigorous and sustainable systems to assess learning outcomes in core subjects at different levels (early learning, primary, secondary), and established methods to measure other critical learning areas and competencies, such as socio-emotional skills and ‘21st century’ skills.5 Many schools face significant challenges to delivering high quality education that meets the needs of children, jeopardizing their transition to secondary education and future integration into the labour market. The challenges include teachers with low skill levels and lack of professional support systems, overburdened curricula, poor quality learning environments, inadequate water, sanitation and hygiene facilities, violence in and around schools and excessive workloads. Financial, material and human resources for education are unevenly distributed across countries, often exacerbating inequity and challenges to quality.

Inefficiencies in education governance systems make it difficult for governments to tackle challenges related to school access and learning. Education officials often lack the capacity to conduct solid sector analysis, design and implement sector plans and invest strategically to improve student learning. Overall public expenditure in education has been stable or increasing in the region. However, some countries invest less than the internationally recommended 20 per cent of total government expenditure, and others allocate disproportionately fewer resources to pre-primary and primary education.6 Limited funds available are often diverted, poorly utilized or wasted before reaching sub-national and school level, often making spending ineffective at reducing inequity and improving learning. Governance inefficiencies add to concern in the region over the growing inequity between rich and poor families due to the rapid expansion of private tutoring inside and outside school systems.

2 Out-of-School Children Country Reports.
3 Household Surveys (see e.g. UNICEF Office of Research Innocenti Working Paper, 2016).
4 UIS. 2017: More Than One-Half of Children and Adolescents Are No Learning Worldwide. Fact Sheet No. 46, Sept 2017
5 UIS. 2016: Country readiness to monitor SDG 4 education targets. Information Paper No. 31
6 As a result, countries often exacerbate existing inequity because more investment in higher education benefits predominantly those from wealthy families.

1.5 QUALITY PRE-PRIMARY AND PRIMARY EDUCATION AND LEARNING

![Out-of-school children rate at primary level (%)](chart1)

![Average score (range 0-4) for the effectiveness of national assessment systems at primary level](chart2)

Source: UNESCO Institute for Statistics

Note: [+] Other national data included in UIS Database; [o] Nationally reported data.
Driving results for children

In line with the Sustainable Development Goal 4,7 UNICEF's programme priorities are to: (1) expand access to and improve the quality of pre-schooling, particularly for disadvantaged children; (2) reach 100 per cent primary school enrolment, attendance, completion and transition through targeted, equity-enhancing interventions; and (3) improve pre-primary and primary school learning outcomes through more inclusive learning environments, better quality teaching-learning processes and strengthened accountability frameworks.

Key programme strategies

**Systems and capacity**
- Strengthen institutional and human capacity to develop and implement holistic ‘zero exclusion’ strategies and programmes in pre-primary and primary education, including through innovative and targeted approaches to delivering services, and facilitating effective learning, particularly for the most marginalized children.
- Support education sector planning and management processes at national, sub-national and school levels to be more gender-responsive, risk-informed and conflict-sensitive.
- Improve the quality of education management information systems and the capacity to analyse and apply statistics, such as census and household survey data, to inform policy development.

**Data, evidence and knowledge**
Turn data into action by contributing to the generation, processing, analysis and use of:
- Evidence on out-of-school children, including on how to tackle key barriers.
- Evidence on learning outcomes, including: measuring knowledge, skills and competencies; school and household factors that affect learning; who learns and who does not, and why; and how we can improve learning outcomes.
- Southeast Asia-Primary Learning Metrics, which is the first regional student learning assessment on maths, reading, writing and global citizenship.
- Evidence on emerging and sensitive issues, particularly the expansion of ‘shadow education/private tutoring’ and its impact.
- Good practices and costing in expanding inclusive education for children with disabilities, migrants and undocumented children.

**Partnerships and alliances**
Promote an inter-sectoral approach to getting out-of-school children into school, by:
- Strengthening existing partnerships between governments, international agencies, research institutions, donors and civil society.
- Mobilizing traditional and non-traditional partners to improve and innovate delivery of pre-primary and primary education.
- Engaging young people as partners in improving access and quality in the early years of education.
- Convening partners to jointly advocate for equity-enhancing education reform.

**Governance, policy and budget**
- Develop comprehensive national and regional strategies to: promote quality education and learning in the early years; strengthen the quality of transition between early childhood development programmes, preschool and the early years of primary school; create smooth transition from primary to lower secondary education, including foundational and transferable skills for lifelong learning; and improve learning at all levels of education.
- Improve national education policies, strategies and programmes by strengthening sector analysis and planning processes, with explicit attention to learning and equity.
- Advocate for equity-based budgeting and financing in education, including advocacy based on economic argument such as return on investment, per-student allocation and public expenditure reviews.
- Strengthen coordination and collaboration between education and other social sectors to facilitate holistic responses to children’s exclusion from school and learning.

7 “Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.”
Rapid economic growth has led to a significant decrease in extreme poverty in China and many other parts of East Asia and the Pacific in recent decades. However, many children—especially in urban slums and underserved rural communities—remain deprived of early childhood investment, meaningful education, other basic services, and decent work opportunities. In 2012, 4.5 million children in the region aged 0 to 17 lived in households earning under US$1.90 a day. While 7 per cent of the total population experienced extreme poverty, nearly half (44 per cent) were living on less than US$5 a day. A World Bank analysis found that about a quarter of the population (those living on US$3.10 to US$5.50 a day) is vulnerable to falling back into poverty, and that this figure remained constant between 2002 and 2015. This confirms findings that the region remains vulnerable to poverty, economic shocks and natural disasters that threaten lives, livelihoods and assets. While Papua New Guinea, Indonesia and the Philippines remain the most exposed, the overlapping risks of low household income and exposure to disaster are prevalent right across the region.

Access to medical insurance, pensions, maternity and family allowances used to be the privilege of formal sector workers and civil servants in the region. However, the 1997 Asian financial crisis and the 2008 global financial crisis triggered a shift underlining the importance of social protection as a major public policy tool for stability and continued progress. Health insurance has become universal in Thailand and close to universal in China and some other countries, but coverage remains low in many others. The pension system absorbs the largest part of social protection expenditure outside health; social assistance is still of marginal importance. While family-oriented measures are becoming more widespread, they still absorb less than 0.5 per cent of GDP in most countries. Mongolia’s Child Money programme and the Philippines’ Pantawid conditional cash transfer programme stand out as having the largest coverage ratios. Indonesia also runs several child- and maternity-oriented programmes but its social protection system is fragmented, with large coverage gaps. A new trend is that unconditional or means-tested but universal child grants focusing on the early years are gaining popularity: they have been introduced or placed in the mid-term plans of Thailand, Myanmar, Viet Nam and several other countries. This reflects that fact that the life-cycle approach to social protection has been cemented in progressive national policies and regional strategic frameworks, including the 2013 ASEAN Declaration on Social Protection.
Driving results for children

Reducing poverty in all its dimensions will require re-thinking the decades-old development model in Asia, which centres unilaterally on private sector and/or infrastructural investment over redistributive policies targeting human capital development. Investing in the cognitive capital of young generations is central to achieving all aspects of sustainable development in the context of challenges such as the ‘middle-income trap’, demographic transition and climate change, which increasingly threaten to slow progress. UNICEF’s integrated, child-sensitive and resilience-oriented approach to social protection systems focuses on securing a context-specific, enabling policy environment, with social assistance and services that prioritize two crucial periods for optimal child development: the first 1,000 days, and adolescence. Evidence based on results, and the impact of programmes and financial investment will play a crucial advocacy and operational role in building and refining this system.

UNICEF’s work focuses on building social protection systems that are able to reach the most vulnerable children, promoting national aspirations as well as legislative and public financial management practices, with the primary objectives of strengthening equity and reducing child poverty and disparity, to enable all children to develop to their full potential. UNICEF prioritizes support to: (1) improving national policies and legal frameworks on child poverty and equity; (2) expanding and improving lifecycle- and resilience-oriented social protection programmes and systems; and (3) strengthening social protection financing.

Key programme strategies

**Systems and capacity**
- Strengthen social protection programmes and systems to: (1) ensure they support equitable access to a comprehensive set of essential social services; and (2) make them more flexible, risk-informed, adaptive and responsive to risks in order to enable families and communities to better cope with shocks.
- Prioritize the elimination of systematic exclusion of the poorest and most vulnerable among the target population of social protection programmes (‘exclusion error’).
- Strengthen capacity to effectively and efficiently manage public expenditure on social protection programmes.
- Invest in ensuring sustained and smooth income and consumption (resilience to shocks) over the life of each person, particularly during the first years of life.

**Data, evidence and knowledge**
- Generate evidence demonstrating efficiency gains from better investment in equity, human capital and cognitive and socio-emotional development.
- Produce and disseminate evidence on the impact of social protection programmes on income and multidimensional child poverty, and an equitable chance in life for all children.

**Governance, policy and budget**
- Advocate and support governments and employers to make maternity, parental and sick leave programmes and child grants an essential part of nationally defined sets of basic social security guarantees, as well as strategies for human development and poverty eradication.
- Ensure that the reduction of child poverty is an explicit priority in national plans and policies as a key result indicator.
- Promote the inclusion of vulnerable households (including low income, ethnic minority and migrant status households), and address gender- and disability-related discrimination.
- Contribute to policy and budget debates on social protection and social budgeting that influence macro-level decisions affecting the lives of disadvantaged children and their families.

**Partnerships and alliances**
- Partner with other UN agencies, international financial institutions and non-governmental organizations in providing technical assistance and generating evidence.
- Jointly lead national working groups on social protection.
- Establish partnerships in the area of data collection, particularly Demographic and Health Surveys and other national surveys.
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FOR EVERY CHILD,
A FAIR CHANCE
UNICEF East Asia and the Pacific Regional Office (EAPRO)
19 Phra Athit Road
Pranakorn, Bangkok 10200

Tel: +66 2 356 9499
Fax: +66 2 280 3563
Email: eapro@unicef.org

Facebook: www.facebook.com/unicefeap/
Twitter: @UnicefAsiaPac
Website: www.unicef.org/eap/