

For every child, a fair chance

The promise of equity

unicef 

Editor's note: This report is based on an in-depth paper that was the centrepiece of discussions at the UNICEF Executive Board's Special Session on Equity held in New York, in June 2015. We would like to thank the authors, researchers and contributors who produced that paper and made this publication possible.

Unless otherwise noted, data cited in this report reflect the latest available figures and are drawn from internal analyses based on UNICEF global databases, interagency assessments and the UNICEF publications *A Fair Chance for Every Child: UNICEF Executive Board Special Session on Equity – Conference Room Paper*, *Progress for Children: Beyond Averages – Learning from the MDGs*; and *Committing to Child Survival: A Promise Renewed – Progress Report 2015*.

Stories from the field, which are featured in sidebars throughout the report, have been adapted from stories that were posted on the UNICEF website, <www.unicef.org>, in 2014 and 2015.

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Foreword:

A matter of fairness

Wherever children get together to play – whether in a well-equipped playground or a dusty field – they have at least two things in common: an innate sense of fairness and an outsized capacity for outrage if they think they’ve been wronged.

Girls and boys, on the whole, want to play by the rules. When a ball is questionably called out of bounds or a goal isn’t counted, watch what happens. Most children will not hesitate to cry foul. It’s a familiar lament to parents everywhere: “That’s not fair!”

As adults, we tend to lose some of that edge. But it is time to reclaim our capacity for outrage, at least when children are denied the possibility of a decent future.

The stakes here go far beyond child’s play, of course. What, exactly, isn’t fair?

It isn’t fair that inequities among and within societies begin shaping the life chances of too many children even before they draw their first breath. Too often, discrimination and disadvantage based on gender, social and economic status, or where they are born determine whether children will survive and thrive.

It isn’t fair that children from the world’s poorest households are nearly twice as likely as their wealthiest counterparts to die before the age of 5. That girls from the poorest families are four times more likely than those from the wealthiest families to be married before they turn 18. That a girl who is married while still a child is unlikely to complete her secondary education – which, in turn, will limit her employment prospects, entrench her in poverty and reduce her future prospects, along with those of her children.

Such vast inequities fuel a vicious intergenerational cycle of poverty and disadvantage.

But it doesn’t have to be this way. We know how to slow and ultimately stop that cycle. It is within our grasp to overcome the obstacles that prevent children from reaching their potential.

In fact, the world has made tremendous progress in reducing the inequities that formerly prevented millions of children from getting a good start in life, being nourished and cared for, and being able to go to school. Many of the interventions behind this progress have been simple and straightforward. For the most part, the constraints to reaching the children who are being left behind are not technical. Rather, they are a matter of resources, collective will and international commitment.

When we work in common cause to reach these children – to alleviate their suffering, to help them grow and learn – we are not only giving them a fair chance to have a future. We are allowing them to build a better future for themselves, their families and their societies. Failing to do so, in contrast, will have adverse consequences for generations to come.

More than ever, as the world embarks on the path to the Sustainable Development Goals, investing in children – particularly the poorest and most disadvantaged children – is the right thing to do. It’s the smart thing to do.

And it’s only fair. Ask any child.



Anthony Lake | Executive Director

For every child a fair chance

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Introduction:

The equity agenda

Giving a fair chance in life to every child, everywhere – especially the most disadvantaged – offers the greatest hope of breaking intergenerational cycles of inequity and poverty in every society. That is the central proposition underlying UNICEF’s ‘equity agenda’.

The principle of equity guides UNICEF’s work with a sharp focus on the world’s most vulnerable children: those from the poorest households, girls, children with disabilities, migrant and refugee children, those living in remote areas, and children from ethnic or religious groups facing discrimination. The following pages build on evidence and experience from this work to make two main arguments for closing persistent gaps in equity.

First, the cycle of inequity is neither inevitable nor insurmountable. UNICEF works to break that cycle by tackling inequities in opportunity for children who have been marginalized. That means supporting interventions to give these children a good start in life and continuing to intervene at key points during their early childhood and adolescence. Making such investments not only changes the future of the most disadvantaged children but also charts a new course for *their* children.

Second, the cost of inaction is too high. Failing to invest sustainably in essential services and protection for every child does not just deny today’s children their rights but will have detrimental effects for generations to come. Failing to seize critical windows of opportunity in the lives of the most vulnerable children now will incur higher costs later. These costs will be felt in terms of lost lives, wasted potential

and reduced productivity. In the end, inaction will contribute to social and economic inequities affecting entire societies and will slow or reverse global development progress.

This report outlines many of the milestones achieved for the world’s poor and marginalized children to date, as well as many of the remaining gaps. It examines seven sectors that are critical to progress for children: health; HIV and AIDS; water, sanitation and hygiene; nutrition; education; child protection; and social inclusion. In each sector, there are stark contrasts between global advances on one hand and the urgent, unmet needs of the world’s most vulnerable children on the other.

Beyond facts and figures, the report also features selected stories about children and families who have not shared equally in those advances – and about what UNICEF and its partners are doing to right the balance. The stories highlight equity-focused approaches to both humanitarian crises and longer-term development, because action on both fronts will be needed to achieve the newly adopted Sustainable Development Goals.

As policymakers chart pathways for the post-2015 era, the time has come to invest sustainably in equity for the most disadvantaged. *For every child, a fair chance* sets out UNICEF’s vision for equity and demonstrates the positive, concrete impact of equity-based programmes. Above all, the report underscores why equity is so important: because all children have the right to survive, thrive and reach their full potential, whoever they are and wherever they live.

1

The case for equity



Years of concerted efforts have yielded tremendous gains in tackling some of the world’s greatest development challenges. Declines in child mortality since 2000 have allowed an estimated 48 million more children to see their fifth birthday. At least 721 million fewer people live in extreme poverty today than in the early 1980s. Some 2.6 billion people have gained access to improved sources of drinking water since 1990. More than 90 per cent of all primary-school-aged children are now enrolled in primary school.

These gains are truly historic and demonstrate the advances that are possible when global efforts are galvanized around concrete goals – as they were from 2000 to 2015, during the era of the Millennium Development Goals (MDGs).

The gains of the MDGs did not always lead to greater equity, however. Consider, for example, progress on the global goal of halving the proportion of people without access to safe drinking water by 2015. The world reached a remarkable milestone when it achieved this target a full five years ahead of schedule. But while the unprecedented drive to extend access to this basic service benefited billions, it did not necessarily translate into advances for those most in need.

In-depth analysis of progress achieved between 1990 and 2015 shows that only five out of nine developing regions met the MDG target on safe drinking water. Large gaps persist between rural and urban dwellers, and 8 out of 10 people who lack access to improved sources of drinking water live in rural areas. In some countries, population growth has actually outpaced gains in coverage, leading to a decline in access in urban areas.

In sub-Saharan Africa and South Asia, home to more than 1 billion children, major challenges remain in spite of progress under the MDGs – challenges that disproportionately affect the poorest and most disadvantaged children and communities. These include neonatal health and survival,



An infant sleeps in the arms of a health care professional in the Special Care Newborn Unit at Tangail Medical College Hospital, Bangladesh, which aims to reduce complications such as perinatal asphyxia, sepsis and prematurity – the major causes of neonatal mortality.



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SIERRA LEONE: EQUITY IN CHILD PROTECTION



Abass Mansaray proudly displays his daughter's birth certificate at Blama town, Kenema district, Sierra Leone.



© UNICEF Sierra Leone/2015/Davies

Addressing Ebola's impact on birth registration

Abass Mansaray, a farmer in eastern Sierra Leone, beamed while he displayed the paper that his 18-month-old daughter, Isata, had just received from local health officials. Isata was one of 200,000 children across Sierra Leone who were reached by a birth registration campaign organized by the Ministry of Health and supported by UNICEF, the World Health Organization and Plan International.

According to a 2013 survey, around one in four children under the age of 5 in Sierra Leone did not have their births registered. Initial data suggest that the Ebola epidemic that struck in 2014 caused that figure to rise, because so many families – particularly in rural communities – avoided health centres for fear of contracting the virus.

In response, the birth registration campaign dispatched more than 10,500 health personnel, social mobilizers and volunteers across the country. For five days, they went from house

to house, registering children under age 5 and immunizing them against polio. Specially trained surveillance officers ensured that children living in Ebola-affected homes and villages, including those under quarantine, were registered and immunized.

The push was the first time that a health campaign had been combined with a civil registration exercise in the country. A birth certificate gives children rights to basic social services, such as education and health care.

Among other challenges, the mobile teams had to overcome suspicions aroused by the Ebola crisis. "Some parents hid their children away from us, because they thought the registration was a strategy to infect their children with the Ebola virus," said health worker Ahmed Sesay. "Fortunately, each time we encountered resistance, we were able to persuade the families of the health benefits."

undernutrition and stunting, education, open defecation and child marriage. While such problems persist in every region, demographic changes already under way in sub-Saharan Africa threaten to worsen the situation of disadvantaged children there.

Countries affected by humanitarian crises and conflict present a double disadvantage for deprived children. While all children suffer during periods of conflict and natural disaster, those who have been historically excluded feel the sharpest effects. Humanitarian crises often have a disproportionate impact on those who live in the most remote places with the least access to services and the fewest reserves to draw upon. Crises exacerbate the equity divide, undermining both the immediate well-being of children and 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 and income level – cut across many countries and are consistent indicators of disadvantage. The historical and political contexts of individual countries and regions also shape categories of exclusion. In low-, middle- and high-income countries alike, long-standing marginalization has left behind children from certain indigenous populations and minority religious or ethnic groups. Even in the midst of plenty, discrimination, exclusion and intergenerational disadvantage continue to draw these children into the vicious cycle of inequity.



Children play in the water in Maban County, Upper Nile State, South Sudan. Floodwaters heighten the risks of waterborne diseases, particularly in crowded refugee camps.



© UNICEF/NYHQ2012-1429/Sokol



Children from the semi-nomadic Bajau Laut people attend a learning centre run by a local non-governmental organization in Sabah State, Malaysia. The Bajau Laut, who live on the waters of the Coral Triangle between Indonesia, Malaysia and the Philippines, are often considered stateless. Lacking proof of nationality, their children can be denied access to schooling and medical care.



Inequitable opportunities undermine progress

In recent years, unequal development outcomes between and within societies have rightfully captured the world's attention and spurred action to address them. This global dynamic is playing out in low-, medium- and high-income countries, and is increasingly prominent on the agendas of decision makers and civil society movements.

But focusing on end results misses crucial opportunities early in life. By addressing childhood deprivations head-on – focusing first on those children left furthest behind and most intently on those with the greatest needs – societies can disrupt the destructive cycle of impoverishment and marginalization.

The evidence to support this claim is not new. Take the example of girls' education. Each year of schooling for a girl can increase her lifetime earnings and reduce infant mortality. Overall, the social returns from investing in education are high. Each additional year of education, on average, is associated with an 18 per cent higher GDP per capita, according to a study by researchers Jesús Crespo Cuaresma, Wolfgang Lutz and Warren Sanderson.

While such evidence is well known, rising inequality makes it all the more imperative to take action. When the most deprived children do not have a fair chance to realize their rights, they fall further behind and equity gaps widen. As children grow up, these initial inequities manifest themselves in poor health, nutrition and learning outcomes, high fertility for adolescent girls and low employment rates and earnings in adult life.

Investments in 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 for a virtuous cycle in which today's investments generate both immediate and long-term returns.

UNICEF and the equity agenda

In line with the Convention on the Rights of the Child, UNICEF's mission statement clearly says that in every case, "the most disadvantaged children and the countries in greatest need have priority." Focusing first and most intently on the children left behind – whether they come from the poorest homes or the most marginalized ethnic groups – is at the heart of UNICEF's work. Across its network of 190 countries and territories, the organization puts children at the top of political, economic and social agendas.

Seizing critical windows of opportunity

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

The brain develops faster in **early childhood** than at any other period, affecting a child's capacity to learn later in life. For optimal brain development, young children need proper nutrition, caring interactions with adults, and a nurturing and safe environment. 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 proper nutrition in those years cannot be recovered. And violence and stress in the early years leave lifelong scars, shaping who children become as adolescents and adults. All of these impacts make it essential to protect and invest in children at this critical stage in life.

Adolescence provides an opportunity to build on investments made in early childhood. The foundations laid down during this period in terms of emotional security, physical well-being, education and skills can have profound implications for a successful transition into adulthood. Adolescence is a time when gender roles are consolidated and vulnerabilities heightened. If not adequately addressed, girls' lives can be severely constrained by child marriage, school dropout, early pregnancy and gender-based violence.

Adolescents also face factors that may limit their full development: assumption of adult responsibilities in the absence of a parent; the need to earn income through labour; exposure to violence at home; and the impact of criminal justice policies that penalize young people. These adverse influences can be life-changing.

Without adequate support for early childhood and adolescent development, the potential demographic dividends of greater equity – including improvements in social welfare, economic growth and political stability – will not be realized.

.....
 UNICEF's commitment to equity-based programming is built on the conviction that it is right in principle and evidence that it is right in practice.

UNICEF's commitment to equity-based programming is built on the conviction that it is right in principle and 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*. The paper detailed the results of a simulation that tested two scenarios for achieving maternal and child health goals. One scenario was an approach that emphasized greater efforts to reach children who were the worst off. The other was 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 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-based approach proved particularly cost-effective in four low-income, high-mortality African countries, avoiding up to 60 per cent more child deaths for every additional \$1 million invested.

The study further highlighted several policies to consider in support of equity, including:

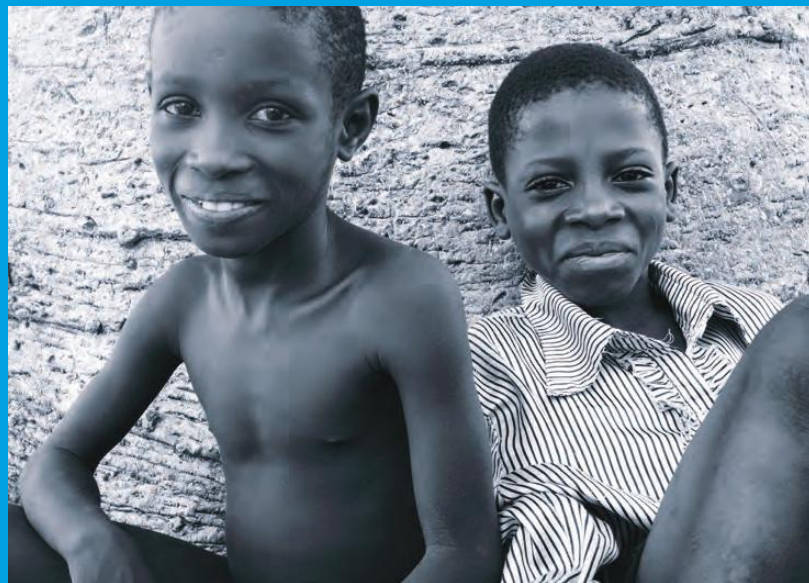
- Investing in data to identify the most deprived children and communities
- Getting proven interventions to those communities
- Taking priority action to remove bottlenecks
- Partnering with disadvantaged communities
- Making better use of financial resources, including the removal of financial barriers for the poorest households.

UNICEF has been working to deepen and expand its equity-focused programming since the release of *Narrowing the Gaps*. In cooperation with partners, it has gathered significant evidence on what works. To date, experience has borne out the conclusion that equity-focused programming can make lasting and dramatic improvements in the lives of disadvantaged children.

2

Progress and gaps in equity for children

The road to equity for children begins with understanding the current situation, the progress made in closing equity gaps to date and the magnitude of the work left to do. This section examines all three aspects in the main sectors that determine child well-being.

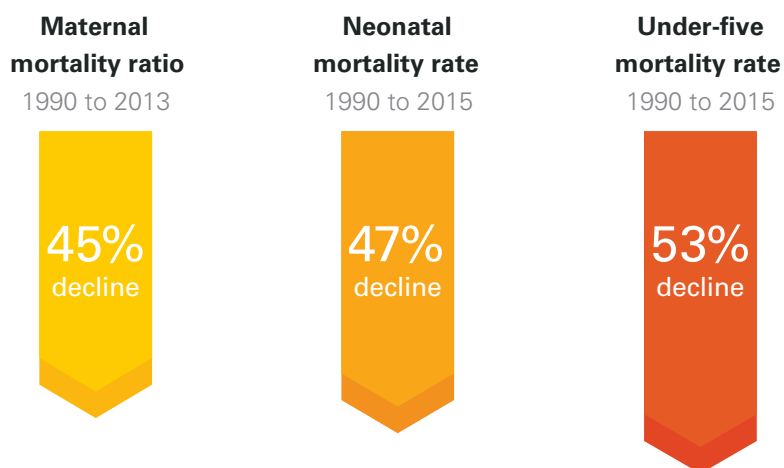


health

Current situation: Over the past 25 years, the world has made dramatic improvements in child and maternal mortality. Between 1990 and 2015, mortality rates for children under age 5 fell by 53 per cent. Between 1990 and 2013, the global maternal mortality ratio dropped by 45 per cent. The steady improvement in under-five and maternal survival is explained by a combination of advances, including improved health-seeking behaviours and wider coverage of effective interventions.

Closing the gaps: Progress in reducing child mortality has been made in every region in the world. The equity gap in child mortality between the poorest and wealthiest households has narrowed in all regions except sub-Saharan Africa. Still, significant gaps persist in access to life-saving interventions – such as diagnosis of suspected pneumonia and treatment of diarrhoea with oral rehydration salts – between the wealthiest and poorest families. Malaria-prevention interventions, including use of insecticide-treated bednets, have been more equitable, but coverage remains too low overall.

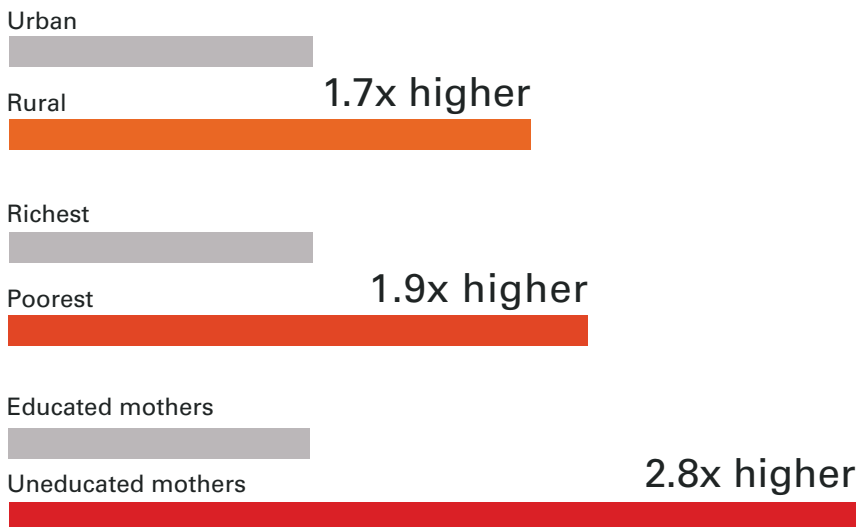
The maternal mortality gap between low- and high-income countries was cut by half between 1990 and 2013. While every region has notched substantial declines, faster progress elsewhere has further concentrated attention on sub-Saharan Africa, which in 2013 accounted for 62 per cent of global maternal mortality. And no substantial progress has been made in closing the wealth-based gap in access to skilled birth attendants.



The world has made dramatic improvements in reducing child and maternal mortality since 1990.

Key challenges: In 2015, an estimated 5.9 million children will have died before reaching age 5. Children from the poorest families are, on average, nearly twice as likely to die before their fifth birthday as those from the wealthiest families. Children born in rural areas and those born to mothers with no education are more likely to die before reaching age 5 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. Of those deaths, 86 per cent occurred in South Asia and sub-Saharan Africa.



Under-five mortality rates vary widely in most low- and middle-income countries according to household location, wealth and mothers' level of education.



1 in 12 children in sub-Saharan Africa still dies before his or her fifth birthday, almost 15 times the rate of high-income countries.

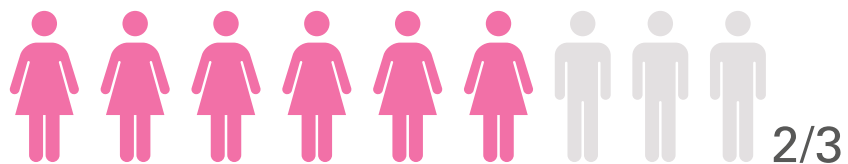
HIV and AIDS

Current situation: Across all age groups, new HIV infections declined by 35 per cent worldwide between 2000 and 2014. From a peak in 2004, annual AIDS-related deaths had fallen by nearly 42 per cent globally as of 2014. Despite this progress, in 2014 alone, HIV claimed the lives of 180,000 children and adolescents under the age of 20.

Closing the gaps: Between 2001 and 2014, infections declined in every age group, but most rapidly for children under age 5. That decline was driven by success in preventing mother-to-child transmission of HIV and expanding the provision of antiretroviral therapy (ART). Despite overall progress in increasing access to ART however, children lag behind adults in receiving treatment. In low- and middle-income countries, just 31 per cent of children under age 15 who were living with HIV received ART in 2014, compared with 40 per cent of adults and adolescents 15 and older.

HIV and AIDS still remains highly geographically concentrated in sub-Saharan Africa. Adolescent girls aged 15 to 19 in the region continue to be disproportionately affected by the virus, accounting for more than 70 per cent of adolescent infections in both 2001 and 2014. Although this equity gap has been reduced slightly – by 3 per cent, since 2001 – efforts to address it must be accelerated.

In addition to adolescent girls, 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.



In 2014, girls accounted for roughly two thirds of HIV infections among adolescents worldwide. The proportion had not changed since 2001.

Key challenges: An estimated 2.6 million children under age 15, along with 3.9 million young people between 15 and 24, were living with HIV as of 2014. Although new infections among children under 15 were declining, there were still 220,000 new infections that year. In the poorest households in sub-Saharan Africa, 82 per cent of girls in the 15–24 age group still lack comprehensive, correct knowledge about HIV. Across all low- and middle-income countries, most children under 15 who are living with HIV still do not receive ART.

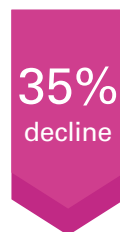
New HIV infections in children under age 15

2000 to 2014



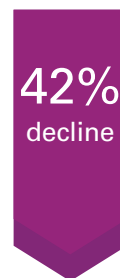
Overall new HIV infections

2000 to 2014



AIDS-related deaths

2004 to 2014



Globally, the number of new HIV infections has fallen more than 20 percentage points faster among children under age 15 than in the total population.



9 out of 10 of all children living with HIV are in sub-Saharan Africa.

WASH

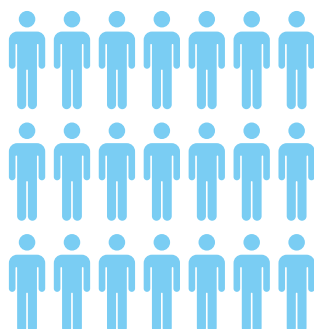
Current situation: Since 1990, overall progress in water, sanitation and hygiene (WASH) has been staggering. Gains in access to improved sanitation facilities and improved sources of drinking water have benefited 2.1 billion and 2.6 billion people, respectively. Improvements have been driven, in part, by a strong demand for water supplies close to home. Gains in sanitation reflect a growing awareness about the importance of sanitation for health, welfare and productivity.

Closing the gaps: Global progress in access to water masks wide disparities between regions. Gains in access to piped water, for example, have not been shared equally; piped water constitutes 63 per cent of improved water sources globally but just 17 per cent in the least developed countries.

Sub-Saharan Africa is the only region that did not meet the global MDG target on access to safe drinking water. And a rural/urban divide persists across regions, with urban dwellers more than twice as likely as rural dwellers to have piped water at home.

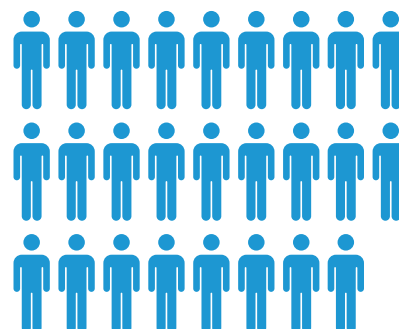
All regions have increased access to improved sanitation – but here, too, coverage remains substantially higher in urban areas and there are wide regional disparities. The Middle East and North Africa region has notched a 92 per cent reduction in open defecation rates over 25 years, for instance, while sub-Saharan Africa has seen only a 35 per cent decline.

 2.1 billion



2.1 billion people have gained access to improved sanitation since 1990.

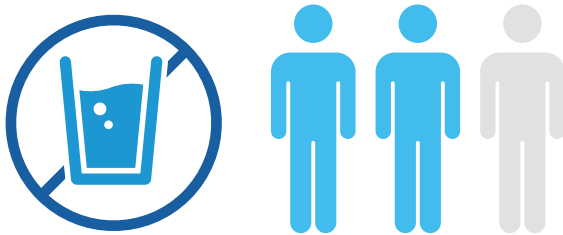
 2.6 billion



2.6 billion people have gained access to improved drinking-water sources since 1990.

Key challenges: More than 660 million people still lack access to improved drinking-water sources. Nearly half of them live in sub-Saharan Africa, and 1 in 10 people living in the same region continues to rely on surface water for drinking.

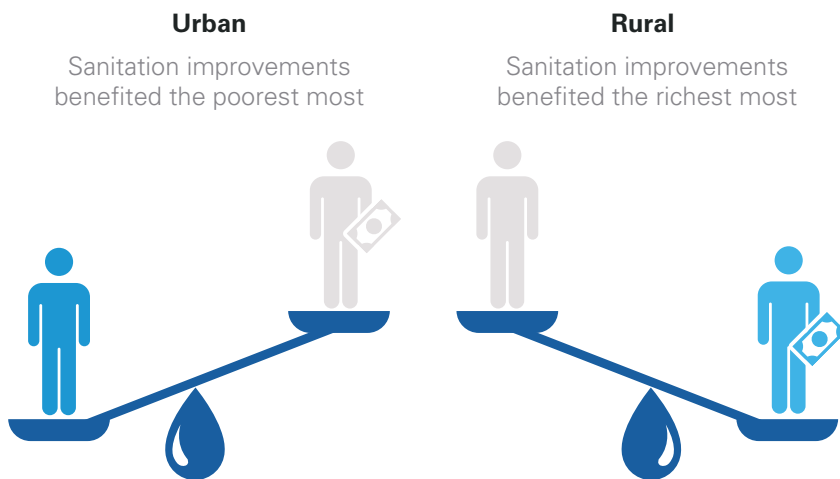
Globally, 2.4 billion people, 40 per cent of them in South Asia, still lack access to improved sanitation. There remain 946 million people in the world who practise open defecation, 9 out of 10 of them in rural areas. The most concentrated efforts on sanitation will be needed in South Asia and sub-Saharan Africa, where approximately one third and one quarter of the populations, respectively, continue to practice open defecation.



1 in 3 people in the least developed countries still lacks access to improved drinking water sources.



The world needs to double the current rate of decline in open defecation in order to reach 0 per cent open defecation by 2030.



In most countries studied: Urban sanitation improvements since 1990 have benefited the poor more than the wealthy. Rural sanitation improvements have benefited the wealthy more than the poor.

nutrition

Current situation: Dramatic declines in stunting, a key marker of undernutrition, signal real progress for the world's children. Between 1990 and 2014, the global rate of stunting among children under age 5 fell by 40 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 economic growth.

However, about one quarter of children under age 5 are stunted. At the same time, the world has seen a growing upward trend in obesity among children – another form of malnutrition. From 2000 to 2014, the number of overweight children under age 5 increased from 31 million to 41 million.

Closing the gaps: Regional progress in reducing stunting has varied considerably. Children from rural areas are more likely to suffer from stunting than those in urban areas. Three out of five subregions in Africa have rising numbers of children under age 5 who are stunted.

At a global level, children from the poorest families are more than twice as likely to be stunted as their counterparts from the wealthiest families. Progress in closing stunting disparities related to wealth has been mixed.

Since 2000, almost every region has seen a rise in its proportion of overweight children. A particular concern is the rise in the number of both stunted and overweight children under age 5 in West and Central Africa, where health-care systems are ill-equipped to manage this double – and growing – burden of malnutrition.

2000



2014



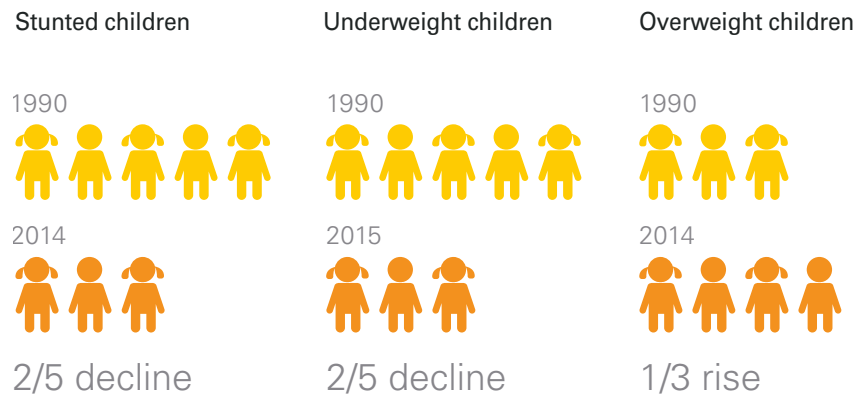
One third of children under age 5 were stunted in 2000, compared with one quarter in 2014.

Key challenges: Of the world's 159 million children under age 5 who suffer from stunting, roughly one half live in Asia and one third in Africa. In 2014, 50 million children under age 5 suffered from wasting, including 16 million who were severely wasted. More than two thirds of these children lived in Asia and almost one third in Africa.

Globally, fewer than two out of five children under 6 months of age are exclusively breastfed, a critical practice for child survival and well-being. Infants in West and Central Africa are at the greatest disadvantage, with only about one quarter of children under 6 months of age benefiting from exclusive breastfeeding. About one half of their peers in South Asia and Eastern and Southern Africa are exclusively breastfed.



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



The number of stunted and underweight children has declined since 1990, while the number of overweight children has increased.

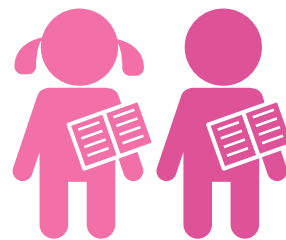
education

Current situation: More children than ever are enrolling in primary school at the appropriate ages, contributing to a primary school net enrolment ratio of more than 90 per cent worldwide. The international Education for All initiative has been a major factor in improving enrolment. But while primary school enrolment has been increasing steadily, the reduction in the number and proportion of out-of-school children has stalled since 2007, largely because of population growth in sub-Saharan Africa. More than one third of the primary-school-aged children who remain out of school live in conflict-affected countries. Surging conflict and political upheaval across the Middle East and North Africa, for example, have prevented more than 13 million children from going to school.

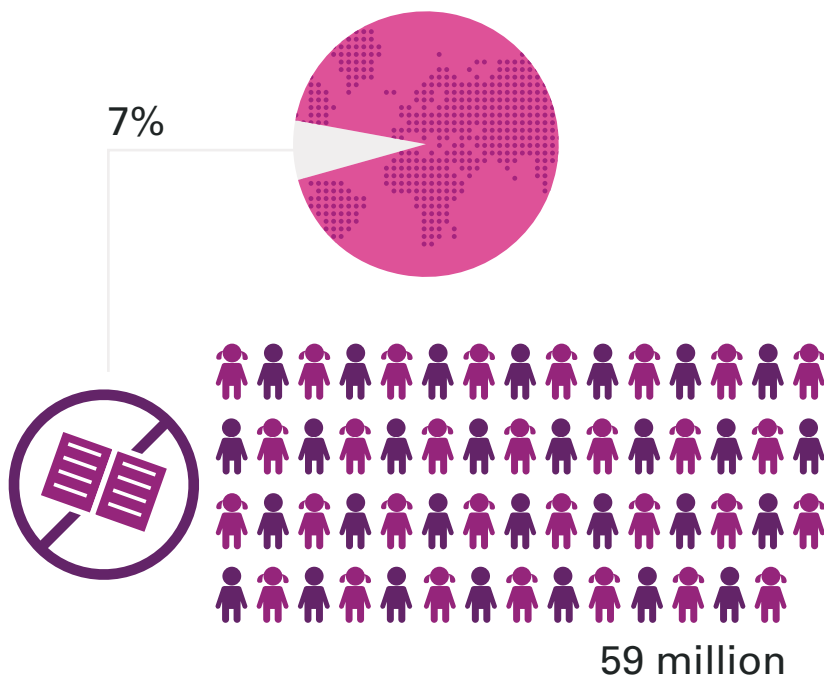
Closing the gaps: Between 1999 and 2012, gender parity in primary school enrolment improved in every region, with the most striking results in South Asia. Secondary school trends in gender parity are following a similar but slower path. Girls are now statistically over-represented in tertiary education at the global level, although there are disparities between various regions and countries.

In most of the 94 countries with available data, increases in overall school attendance have been accompanied by shrinking gaps in attendance between children from the wealthiest and poorest households. However, large gaps in learning outcomes persist, based on both sex and household wealth. In most countries with available data, girls outperform boys in reading, but learning levels are low for both sexes in many countries. In virtually all countries with available data, children from the richest households are far more likely to achieve minimum learning standards in reading than those from the poorest households.

Gender parity in primary school education increased in every region of the world between 1999 and 2012.



Key challenges: Based on estimates for 2013, some 59 million boys and girls are still missing out on their right to primary school education. Globally, two thirds of secondary school-aged children are enrolled in school; in the least developed countries, only one third are. To move from enrolment to achievement, considerably more focus is required on learning outcomes and shrinking the substantial wealth-based achievement gaps that still exist.



Globally, 93 per cent of primary-school-aged children are enrolled in school. But the remaining 7 per cent still amounted to 59 million children in that age group missing out on primary education (2013).

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

child protection

Current situation: By many indicators, children are better protected today than they were at the outset of the Millennium Development Goals era. For children under age 5, the global proportion of birth registration – which helps to safeguard their access to essential services such as education and health care – rose from 58 per cent to 65 per cent between 2000 and 2010. And the ratio of girls married before their eighteenth birthday has improved from one in three in 1990 to one in four today.

Nonetheless, children continue to feel the devastating effects of protection abuses, including violence. 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 and adolescents under the age of 20 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 are subjected to violent disciplinary methods at home. This form of violence is pervasive in all regions.

Closing 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 increasing 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. Around 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.

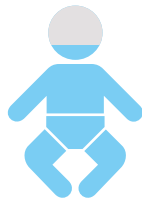
There is a high degree of variation in rates of child marriage from region to region, with the highest prevalence in South Asia and sub-Saharan Africa. Women aged 20 to 24 from the poorest families are four times more likely to have married in childhood than those from the wealthiest households.

Data from a range of countries indicate that violent discipline in the household is widespread but not systematically associated with socio-economic status. But child homicide victims are highly concentrated: Just 10 countries accounted for more than half of all child and adolescent homicide victims in 2012, and Latin America has the largest share of such killings in the world. Rates of sexual violence against children vary widely across countries. A number of studies confirm that children in conflict-affected countries are particularly susceptible to this form of violence.

Key challenges: Globally, the births of an estimated 230 million children under age 5 have not been registered. Of those children, more than half live in Asia and 81 million are in least developed countries. If current rates of child marriage hold, the number of girls under age 18 who are married each year will grow from 15 million currently to 16.5 million in 2030. The total number of women who married as children will grow from more than 700 million 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 92 per cent live without full legal protections.

Urban
Percentage of
births registered

79%

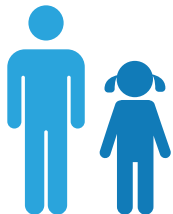


Rural
Percentage of
births registered

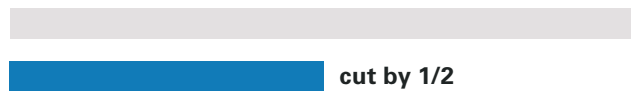
50%



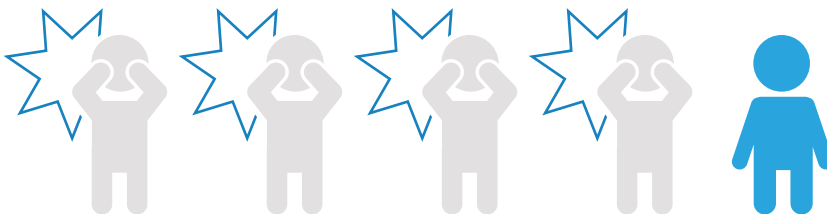
Globally, the rate of birth registration in rural areas lags significantly behind the rate in urban areas.



Child marriage in the Middle East and North Africa



The Middle East and North Africa region has cut the rate of child marriage by almost half over the past two decades – the fastest decline in the world.



4 out of 5 children between the ages of 2 and 14 experience violent discipline at home.

social inclusion

Current situation: UNICEF works on behalf of the poorest and most marginalized children to help countries understand the patterns and drivers of child poverty and exclusion, and develop effective responses. While UNICEF strives to reach children from the poorest households and combat discrimination in all sectors of its work, complementary interventions are needed – because the origins of poverty and social marginalization are multifaceted.

Key indicators of progress on social inclusion are revealed in many of the preceding statistics in this report, which show a narrowing of gaps in access to services as well as improved outcomes for children from historically marginalized groups. To the extent that figures from various sectors show equity gaps shrinking, some aspects of social inclusion are improving, but more work remains to be done.

Closing the gaps: Monetary poverty plays an enormous role in creating and exacerbating inequities. Without a basic level of income, families cannot meaningfully support children in realizing their rights. Children are over-represented 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 households 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 inequities are hidden behind high average incomes, children in rich countries fared particularly poorly in the recent global economic recession. By 2012, there were 2.6 million more children living in poor households in rich countries than there had been before the financial crisis struck in 2008.

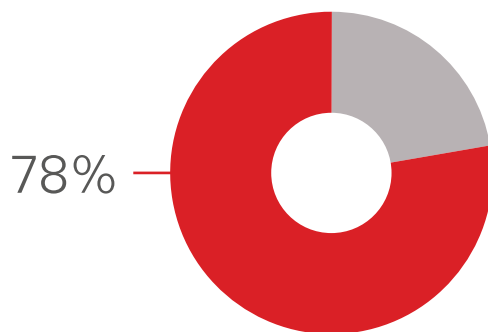
721 million but **47%**
fewer people live in poverty today than 30 years ago
of those living in poverty are children

Key challenges: Reliable data are not yet available to analyse trends in the global rates or intensity of child poverty over time. Ultimately, measuring equity in child poverty improvements 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 monetary poverty is one of the most significant factors and often the easiest to measure, it 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.” 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 pervasiveness of discrimination and how its consequences are exacerbated among the poorest of the poor.



1 in 2 children under 12 in low-income countries lives in extreme poverty.



Globally, 78 per cent of people living in extreme poverty are in rural areas.

3

Closing the gaps in equity



There have been important achievements in reducing equity gaps among children under the Millennium Development Goals, but overall progress has been mixed. The gaps that remain offer crucial guideposts for development in the coming years, highlighting issues that should guide equity-focused policy and programming towards accelerated results for children.

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 the most deprived – benefit from health care, proper nutrition, sanitation, safe water, education, protection, information and other services necessary for their survival, growth and development.

Improving data collection and analysis

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 Disaggregated data – that is, data broken down by subcategories rather than whole populations – are at the core of efforts to realize the equity agenda.

Disaggregated data – that is, data broken down by subcategories rather than whole populations – are at the core of efforts to realize the equity agenda. Supporting governments in the collection and analysis of such data is critical to identifying the most disadvantaged children: who they are, where they live, who their families are, why they have been left behind and how they can be reached.

UNICEF has been at the heart of improving the use of data about children for decades. Since the inception of the Multiple Indicator Cluster Surveys (MICS) in the 1990s, UNICEF has worked with governments to fill data gaps and track progress towards development commitments, including the MDGs. MICS data are gathered by trained fieldwork teams conducting face-to-face interviews with household members on a variety of topics. They are now key to identifying and tracking equity through the disaggregation of information by wealth status, geographic area, sex, ethnicity, language, religion, age and other factors that may signal parameters of disadvantage.

Through reliable data, new evidence has emerged about the needs of vulnerable and marginalized populations, and how to address them. In a number of MICS, oversamples and separate surveys of vulnerable populations such as the Roma, Afro-descendants and indigenous groups have highlighted their special situations. Sex-specific data have led to improved programming on maternal mortality, health and issues such as female genital mutilation/cutting. In addition, MICS have advanced knowledge about adolescents through life-satisfaction modules that provide more insight into the challenges young people face.

UNICEF has also supported governments' routine administrative data collection involving health, education and social protection systems. Better disaggregation and analysis of routine data allow for regular updates on the status of the most disadvantaged groups, while robust, longer-term 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 developed by UNICEF, Multiple Overlapping Deprivation Analysis (MODA), is used to target interventions in low-, middle- and high-income countries. MODA defines child well-being in a holistic way, concentrating on access to various goods and services crucial for a child's survival and development. It recognizes that a child's experience of deprivation is multifaceted and that these multiple, overlapping deficits are more likely to occur – and with greater adverse effects – in more socio-economically disadvantaged groups.

To translate the vision of the equity agenda into concrete action, in 2011, UNICEF pioneered another tool, the Monitoring Results for Equity System. This tool is used for diagnosing the factors or bottlenecks that constrain results for children at risk, finding and implementing solutions, and regularly tracking their progress.

And in keeping with its universal mandate for children, UNICEF produces 'report cards' on child well-being in high-income countries. The most recent report card focused on the impact of the global recession on children in the countries comprising the Organisation for Economic Co-operation and Development. It confirmed that children in particularly vulnerable situations (including those in jobless, migrant, single-parent or large households) were over-represented in the most severe ranges of poverty.



A girl waves as she joins friends at a disability-friendly play park in Georgetown, Guyana.



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BANGLADESH: EQUITY IN NUTRITION



A Rapid Nutrition Assessment Team measures a child's height during a household visit in Chollisha Nagar district, Bangladesh.



© UNICEF/BANA2014-01445/Haque

Tracking trends to prevent malnutrition

The signs of severe malnutrition were plain to see in 14-month-old Omi: an extremely bony appearance, low weight, infections and a distaste for food. But her mother, Lucky Akter, thought she would be all right. Although the little girl's symptoms worried Akter, neighbours told her that the problems would resolve themselves. The 22-year-old mother of two in the northern district of Netrakona, Bangladesh, tried to buy better food – as much as she and her husband, a migrant labourer, could afford. As her daughter's condition worsened, Akter felt she had nowhere to turn. "Sometimes I thought about taking Omi to doctors," she said, "but nobody around me could guide me."

Then a specially trained survey group visited her house during an assessment of the nutritional situation in Netrakona. The group leader, M. Akhtaruzzaman, warned her that Omi was severely malnourished. "We asked the parents to take her to a doctor immediately and assured them that proper treatment can help her grow like other children," he said.

Akhtaruzzaman is a professor at the University of Dhaka's Institute of Nutrition and Food Science and a member of the Rapid Nutrition Assessment Team, part of a UNICEF-supported programme operating in 10 disaster-prone districts in Bangladesh. Funded by ECHO, the European Union's Humanitarian Aid and Civil Protection department, the programme builds national and local capacities for preventing malnutrition, particularly in emergencies.

Even in the absence of crises, the prevalence of child malnutrition in Bangladesh is high. Emergencies such as floods and cyclones further increase the likelihood of malnutrition in the poorest households. To prepare for emergencies, the assessment team conducts surveys tracking children's nutritional status. For Omi, the survey group's visit amounted to a new lease on life.



BRAZIL: EQUITY IN HIV AND AIDS AWARENESS



Volunteer health agent Rodrigo Xavier stands in front of a Youth Aware banner in Fortaleza, Brazil.



Tackling HIV among adolescents at risk

By the time Rodrigo Xavier was 18, he was already a veteran health advocate working to help prevent HIV infection among adolescents at risk in Fortaleza, Brazil.

“I got interested in health issues at a very young age,” Rodrigo explained. At age 11, he participated in a school radio programme where he was able to speak about health. When he was 12, he joined the Health and Disease Prevention in Schools programme, which is supported by UNICEF Brazil. At 15, he became an Adolescent Health Agent through another UNICEF-supported programme.

“By then, I was really becoming confident in myself and about the health information I was sharing,” Rodrigo recalled. Armed with that confidence, he went on to join Youth Aware, a pilot project initiated by UNICEF Brazil to spread information on preventing HIV and sexually transmitted infections in Fortaleza.

“We have a mobile health van that offers voluntary HIV testing and counselling in various locations of the city,” said Rodrigo. In addition, some Youth Aware volunteers visit educational centres for adolescents in conflict with the law to share health information.

“It was good that they came to speak with us, because many of us are going to be here for a while, and we’re not comfortable speaking with adults about things like HIV,” said a girl at one of the centres. Such responses reinforce Rodrigo’s determination to keep helping his peers along the path towards better health with access to the information and services they need.

Equity programming for children

Disaggregated data reveal the dimensions of inequities and underscore areas where action needs to be taken. Such information helps UNICEF tailor interventions more closely to the families and children in greatest need. It also improves the process of making adjustments, where necessary, to maximize the impact of UNICEF programmes – whether this involves humanitarian action in cases of conflict and natural disaster, or equity-focused programming in a development context. What follows is an outline of UNICEF’s approach to equity programming for children.

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 One of the cornerstones of the equity approach is investing in and expanding the reach of cost-effective interventions to improve maternal and child health.

Health

One of the cornerstones of the equity approach is investing in and expanding the reach of cost-effective interventions to improve maternal and child health. UNICEF is using this approach in its work with governments and partners to accelerate progress for women and children, and to reduce disparities within and between nations. With a special focus on children from the poorest and most disadvantaged communities, health programming combines measures that are:

- Preventive – including immunization against polio and other vaccine-preventable childhood diseases
- Prescriptive – including efforts to promote exclusive breastfeeding for at least the first six months of life, sleeping under insecticide-treated bednets to prevent malaria, and handwashing
- Curative – comprising treatment of major illnesses such as pneumonia, diarrhoea and malaria.

HIV and AIDS

New HIV infections among children under age 15 have been reduced by nearly 60 per cent since 2000. For the first time in the history of the HIV epidemic, the world has the knowledge, experience and tools needed to achieve an AIDS-free generation. UNICEF is working with governments to accelerate progress towards eliminating mother-to-child transmission of HIV, getting treatment to the children who need it and stemming HIV transmission among adolescents. UNICEF has supported countries’ innovative strategies to address the equity gaps in access to HIV testing, prevention and treatment services for children and their families. Priorities include:

- Reaching hard-to-reach populations with information on prevention and treatment services
- Addressing barriers and bottlenecks in the prevention of mother-to-child transmission
- Administering antiretroviral treatment within the first 12 weeks of life, which can improve the survival rate of an infant living with HIV by 75 per cent.

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In addition to responding to immediate needs in humanitarian crises, the WASH programme supports transformational change.

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On the way to a water point at a refugee camp in Kigoma region, United Republic of Tanzania, a Burundian girl carries her younger sister in a sling pouch and uses an umbrella to protect them from the sun.

Water, sanitation and hygiene (WASH)

UNICEF's WASH programme is active in more than 100 nations, 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. 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 required to drive public accountability to poor communities. Efforts focus on:

- Fostering an enabling policy environment for accelerated progress towards universal access to safe water, sanitation and hygiene facilities
- Improving service delivery
- Working to achieve positive behavioural change (e.g., handwashing) at scale.



Nutrition

UNICEF works closely with governments and other partners to combat stunting and other forms of undernutrition. Addressing undernutrition early in life is essential. It can prevent the short-term consequences of poor growth, sickness and death in early childhood, as well as the long-term effects of limited development, poorer learning in school and decreased productivity and earning potential in adult life. An early start can also halt intergenerational cycles of poor nutrition, as many undernourished girls grow up to be undernourished mothers who give birth to low birthweight babies, in 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. During this span, nutrition interventions for the mother and child can have a lifelong impact. Key interventions include:

- Supporting maternal nutrition
- Promoting optimal infant and young child feeding
- Combating micronutrient deficiencies (e.g., vitamin A supplementation)
- Treating severe acute malnutrition.

Education

UNICEF's work on education makes equity a priority, helping girls and boys secure basic 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. UNICEF's strategies for closing the education gaps encompass:

- Advocating in favour of increased financing for basic education
- Promoting community empowerment and improved education data and evidence
- Providing learning materials and opportunities to children with disabilities or from historically excluded groups
- Expanding early learning opportunities
- Creating school environments that are safe and have separate sanitation facilities so that girls can attend and stay in school.



SOUTH SUDAN: EQUITY IN EDUCATION

Breaking down barriers to girls' education

Natabo Gabriel, 13, waited eagerly for her name to be called out at the Kapoeta Youth Vocational Training Centre in South Sudan's Eastern Equatoria State. It was the day she and her classmates were graduating from the training centre, and she was about to receive a certificate in tailoring.

Natabo was not only the youngest in her class but was also one of the few girls in attendance. Most communities in the area around the Kapoeta centre are made up of pastoralists whose livelihoods depend on livestock rearing. Many of the girls in these communities are married off early, often to much older men. The practice affects girls' development and has further negative effects on their education, health and physical safety.

Despite these obstacles, Natabo managed to complete a course that could help her develop a career. Through a local partnership between UNICEF and PLAN International, she was among

102 technical and vocational education students graduating that day as part of a youth programme in Eastern Equatoria. Since 2012, hundreds of other out-of-school girls and boys have benefited from the programme, which teaches literacy and numeracy as well as vocational skills.

"The education of girls is critical if South Sudan is to see its young population develop and prosper," said Jonathan Veitch, UNICEF Representative in South Sudan.

After a volley of speeches from participating local community leaders and performances by her classmates, Natabo's name was finally called. Shouts of joy and loud whistling filled the air as she rushed to the dais. "I did it!" she exclaimed, adding that she hoped for an end to child marriage in her community "so that other girls can have a similar opportunity to develop themselves."



SERBIA: EQUITY IN SOCIAL INCLUSION



Iliya plays with his foster parents, after spending years in institutional care in Serbia.



© UNICEF Serbia/2014

Supporting alternatives to institutional care

Iliya, a Serbian boy with Down syndrome, lived in a state-run institution for most of the first 12 years of his life. Despite all efforts, it was not possible for him to return to his biological parents. But now, he is growing up in the care of a loving foster family.

“Iliya used to be a child who did not communicate with me at all,” said Slobodanka Marceta, his foster mother. “It’s almost unbelievable” how much he grew and thrived after leaving the institution, she added. “His whole appearance, his interaction has changed.”

As of 2011, at least 1.4 million children like Iliya were growing up without parental care, often in institutional settings, in 26 countries across Central and Eastern Europe and the Commonwealth of Independent States. In response, UNICEF has worked with governments in the region to provide special support to families at risk of separation, thus reducing the need for institutional care and promoting the right of all children to be raised in a nurturing family environment.

The evidence shows that family-based care is the best option for children, while institutional care can undermine their physical, intellectual and emotional development. Family and community-based services are also more cost-effective in the long run.

The shift towards family-based care in the region has made a difference. To date, fewer children under the age of 3 are in institutional care, the proportion of children in infant homes has fallen, and more children are entering alternative family type care or foster care. As for Iliya, at last report, his foster parents continued to be encouraged and delighted by his progress.

Child protection

All children have the right to be protected from violence, exploitation and abuse. Yet millions of children worldwide – from all socio-economic backgrounds, across all ages, religions and cultures – suffer violence, exploitation and abuse. While children from all backgrounds are subject to violence, however, some are particularly vulnerable based on their gender, race, ethnic origin, socio-economic status or disability, or where they live. Since tightening its focus on equity, UNICEF has accelerated child protection work on several fronts, including birth registration to ensure every child’s legal identity, violence prevention, ending child marriage and female genital mutilation/cutting, justice for children, and child protection in emergencies. Programming in this area includes:

- Developing and improving relevant laws and policies
- Improving systems that can protect children from harm and respond appropriately when children have been victimized
- Working with communities to abandon harmful behaviours and practices.

Social inclusion

UNICEF’s programming on social inclusion directly tackles the causes of inequities. It focuses on social protection for children living in poverty, as well as equitable public budget allocations and local governance benefiting children. This work has accelerated dramatically over the past five years, now spanning more than 100 countries. And recent efforts have expanded social protection in the context of humanitarian action, with an eye towards linking emergency responses with long-term development support.

A growing body of evidence demonstrates that social protection helps achieve more equitable outcomes across sectors. It can have a direct impact on the removal of social and economic barriers to basic services – and on enhancing the capacities of households to care for their children.

To these ends, UNICEF has supported governments in:

- Scaling up flagship child protection programmes
- Strengthening government capacities to develop and implement integrated social protection systems
- Responding effectively to the multiple, overlapping vulnerabilities that children, adolescents and families face.

.....
 A growing body of evidence demonstrates that social protection helps achieve more equitable outcomes across sectors.

Integrated services, effective partnerships

While UNICEF and its partners structure their work around the specific sectors outlined above, 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 out on opportunities. They must also bear the costs, in time and financial resources, of navigating a variety of systems. For already disadvantaged families, such burdens can be onerous.

Each of these factors makes it all the more important to integrate support and services for the most vulnerable children and families. Integrated approaches help set priorities for action in each sector. What's more, they *link* sectors so that, for example, health workers become a bridge for birth registration or micronutrient supplementation.

Beyond integrated services, pursuing results for equity requires partnerships at all levels. Partners range from community-based organizations that help transform the daily lives of families to global alliances that galvanize attention and resources for the most disadvantaged children.

.....
Focusing on equity has highlighted the importance of mobilizing communities – tapping into their knowledge and skills and engaging them in implementing and tracking solutions to local problems.
.....

UNICEF has long-standing and valued partnerships with governments around the world. These partnerships cut across all branches and levels of government, including legislative, executive and judicial officials, and institutions at the national, subnational and local levels. Focusing on equity has highlighted the importance of mobilizing communities – tapping into their knowledge and skills and engaging them in implementing and tracking solutions to local problems. In decision-making at this level, community voices are critical to shaping sustainable plans and programmes.

At the same time, UNICEF's partnerships with the private sector, academia and innovators have brought fresh ideas and solutions to problems of access, quality and the cost of services and products. Work with civil society organizations, faith-based organizations, youth and women's groups and others has served to advance 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 that agenda to new constituencies.

Understanding the equity gaps that remain

To understand the equity gaps that remain for children within and among countries in the post-2015 era, it is important to take note of the cross-cutting sources of disadvantage. These factors matter irrespective of any given sector.

Geography, wealth and gender are key markers of inequity for children. Compared to children from the wealthiest households, children from the poorest households are about one third as likely to have a skilled attendant at their birth; more than twice as likely to be stunted; and nearly twice as likely to die before their fifth birthday. Children from the poorest households are less likely to be in school and less likely to learn as much even when they do attend. The poorest girls are more likely to be married as children and less likely to have comprehensive, correct knowledge about HIV.

Conflict, natural disasters and climate change also undermine equity for children. In 2013, 148 million people around the world were affected by natural disasters or displaced by conflict – and such crises are becoming more frequent and intractable. The impact of acute humanitarian emergencies is exacerbated by the rise and persistence of fragile situations in countries and territories that today are home to 1.2 billion people. Natural disasters and climate change pose further threats to the gains that have been made for children.

Africa's increasing share of the world's child population makes investing in children, particularly the poorest, more imperative than ever. Africa lies at the crossroads of two major trends: rising populations and accelerating urbanization. The intersection of these trends can create negatively reinforcing cycles of deprivation. If the trends are acknowledged and well addressed, however, the next generation of children to live in Africa's growing cities will reap the benefits urbanization can offer.

Beyond considering such cross-cutting factors, it is necessary to **interpret the data in context** to understand the remaining gaps in equity for children. Starting points matter, for example. Sometimes, even good progress pales in comparison to the scale of an initial inequity. In addition, variable rates of progress between regions have left some further behind. And population growth can mask advances; in some cases, growing populations mean that small percentage improvements hide much larger absolute gains in coverage. Finally, progress has simply been too slow on certain issues. Sometimes the simplest explanation is the correct one: In some areas, there has not been progress.

4

Accelerating equity for children



This report began with a stark choice between two potential futures for the world's most vulnerable children: They face either a vicious cycle of disadvantage or a virtuous cycle of opportunity. With adequate family support and early investment in their health, nutrition, education and access to safe drinking water, protection and care, these girls and boys stand a good chance of not only surviving their early years but also thriving in middle childhood, adolescence and adulthood. They have every chance of realizing their dreams if childhood inequities are addressed.

For disadvantaged children, the right investments at the right time can promote virtuous cycles of progress as they grow. This generation, in turn, can pass on more opportunities to their children, giving them a better chance to live, learn and thrive, regardless of the circumstances of their birth.

The opposite is also possible. Children born into excluded social groups, poor families or other circumstances of hardship do not begin life with an equal chance to succeed. As they grow older, other drivers of exclusion such as gender or ethnic discrimination can keep them from reaching their full potential. All of these drivers increase children's risks of involvement in crime, violence and other harmful behaviours.



Children from the indigenous Wixárika group attend school in Santa Catarina, Jalisco State, Mexico.



© UNICEF/MEXA2015-00027/Richter



NIGERIA: EQUITY IN HEALTH



Nike Kolawole's son, Samuel, is tested for malaria on the outskirts of Lagos, Nigeria.



© UNICEF/Nigeria/EJIOFOR

Messaging for maternal and child health

As the nurse called out her number, Nike Kolawole stood up and strapped her two-year-old son to her back. The nurse registered her for antenatal care and gave her folate supplements, as well as vitamin A and deworming tablets for her son, Samuel, who was also tested for malaria.

The young mother realized she should have sought health care earlier, but the health centre in her community – Epe, a fishing town on the outskirts of Lagos, Nigeria – is poorly equipped. “When we go there, they just tell us to come back some other time, because there is no medicine to give us or no nurse to attend to us,” she said.

Kolawole changed her mind after receiving text and voice messages on her mobile phone in

her local Yoruba dialect announcing a maternal, newborn and child health week. The message detailed the nearest medical facilities and available services and supplies.

“This is a new thing to us,” she said. “We live far away from the local government and do not get to hear about this kind of thing easily.”

In fact, Epe has limited roads and transportation, hindering the outreach efforts that play a vital role in maternal and child health services. With mobile communications, however, UNICEF and its partners can now reach mothers and pregnant women in Nigeria who have missed out on health services for years. Today they are only a text or voice message away.

Projections for progress by 2030

Unaddressed, inequities in childhood and adolescence will continue to generate unequal outcomes for families around the world. Current rates of progress are insufficient to close the gaps in equity by 2030. Without accelerated progress, for example:

- Population growth in lower-performing regions will leave the same number of children out of school in 2030 as there are today
- Almost 120 million children will still suffer from stunting by 2030, denying them a fair chance at growth and development
- The world will be able to eliminate open defecation over the next 15 years only if it doubles the current rate of reduction.

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 Making progress towards equity – or failing to do so – will have lasting consequences for both individuals and nations.

Making progress towards equity – or failing to do so – will have lasting consequences for both individuals and nations. Evidence shows that rising inequality in key sectors such as education can increase the risk of conflict. Higher levels of equality, in contrast, are strongly associated with longer and more sustained economic growth. These findings make it clear that the path towards peace and prosperity must be a shared one.

Innovation, proven approaches and other essentials

Fulfilling the ambitious agenda of the Sustainable Development Goals will require greater investments in new, innovative strategies as well as proven approaches that have been honed over time. Innovative programming and policy solutions have shown results in every area of children's lives, offering promising pathways to narrow the gaps in equity. Other essentials for building equity through the SDGs include the following:

Improving data

Strong data collection and analysis are critical for a timely response to the needs of the most disadvantaged children. They provide new insights into the needs of vulnerable and marginalized populations, and ways to address those needs. In many cases, dissemination of such data has enabled citizens, civil society organizations and others to hold governments accountable for respecting and protecting child rights. However, much remains to be done to ensure that data – and the revolution in data collection made possible by new technologies – will benefit children. This means making data transparent, accessible and more inclusive of those who are still uncounted; innovating to speed up data flows and tap into new sources; and making sure that data inform policy.

Strengthening systems

Ultimately, success in maintaining low rates of maternal and child mortality, high levels of learning and sustained child protection will depend on the ability of government-led systems to consistently deliver high-quality, equitable services. In times of crisis, external support can bolster schools that reach children from the poorest households, clinics that deliver babies in the most remote areas and safety nets that catch the most vulnerable. But in the long run, these must be components of wider systems that are coordinated and financed by governments, and supported by communities and families.

Empowering communities

From social protection to sanitation, engaging and empowering communities have been essential to progress for children. Strengthening local institutions helps sustain the delivery of services – whether by community health workers, child protection committees or community-led sanitation teams – especially when a crisis occurs. Improving communication within and between communities helps shift social norms around harmful practices and opens opportunities for local innovations and ownership of solutions. Investing more resources into community-based approaches, understanding community priorities to make the best use of limited resources, and strengthening resilience before disaster strikes – all these elements are essential to empowering the most marginalized families and children.



A girl stands at a window counter in a transitional site for families displaced by Typhoon Haiyan in the Philippines.



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IRAQ:
EQUITY IN WATER,
SANITATION AND
HYGIENE



A girl uses the water tap in the Baharka camp, just outside of Erbil in the Kurdistan region of Iraq.



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Water brings relief to the displaced

"It's a very difficult situation," Hadija said as she sat outside her tent in Baharka camp for displaced people and refugees, located in the Kurdistan region of Iraq. Months earlier, she had fled to the camp from Mosul with five of her children and three grandchildren.

"It's very dusty and very hot here," she said. "The dust gets into the tent and everywhere." The grandchildren gathered around her, squabbling and competing for her attention. They had been separated from their parents, who remained trapped in Mosul.

Initially, Hadija recalled, she and her family members were in a transit camp; then they were in an older part of Baharka. "More recently we moved to the new camp," she said. Baharka is a former concrete factory on the outskirts of the city of Erbil. In 2013, it was transformed into a camp for refugees fleeing conflict in the Syrian Arab Republic. In 2014, the camp became a first stop for those forced from their homes by violence within Iraq.

UNICEF and its partners have been building water and sanitation facilities for the camp's several thousand residents. As a result, every family has a kitchen, shower and latrine. While water must be fetched from a nearby tap stand, each person has access to 150 litres of safe drinking water per day.

Hadija was grateful that conditions were improving. "The facilities are better here," she said. "We have two tents, two showers and two latrines for nine people." For Hadija and her family, better access to water and sanitation has made everyday life in difficult circumstances a little easier.

Forging partnerships

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

Securing sustainable financing

The need for sustainable financing underlies all these strategies. Targeted, short-term injections of funding can often break bottlenecks, but without reliable, diversified sources of financing, those achievements cannot be sustained over time. Securing sustainable and equitable financing will take on ever-increasing importance in the context of the Sustainable Development Goals. To accelerate the reduction of equity gaps affecting children, it will be necessary to improve the flow of both domestic resources and funding from the international community. This is especially true in situations of severe deprivation and where crises have the potential to erode gains for children.

But making resources work best for children requires spending on the right priorities and in the ways that benefit them the most. Devolving planning and resources from central authorities to local levels, for example, can help improve accountability for the provision of essential services. These kinds of lessons should play a larger role in financing and policy decisions in the coming years.

The promise of equity is possible

It is possible to drastically reduce inequities in opportunity among children within a generation. To achieve this, the nations of the world must pay more attention to groups that are left behind. Governments and development partners must concentrate on countries and regions with the largest burdens to overcome and the widest equity gaps to close. They have to muster the political will to address long-standing sources of exclusion. They need to make longer-term commitments to sustain the gains that are achieved.

These are major challenges, but they can and must be met.

As the world embarks on a new course of international development, it is abundantly clear that accelerating equitable progress will be essential to achieving ambitious global goals and targets. Informed by past experience – and an unwavering commitment to a fair chance for every child – families, communities, governments and their partners can and must work collectively to set in motion a virtuous cycle of equity for today's children, and for generations to come.

UNICEF's commitment to equity – giving a fair chance in life to every child, everywhere, especially the most disadvantaged – is built on the conviction that it is right in principle and evidence that it is right in practice. This report makes the case for closing persistent gaps in equity, because the cycle of inequity is neither inevitable nor insurmountable, and the cost of inaction is too high.



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