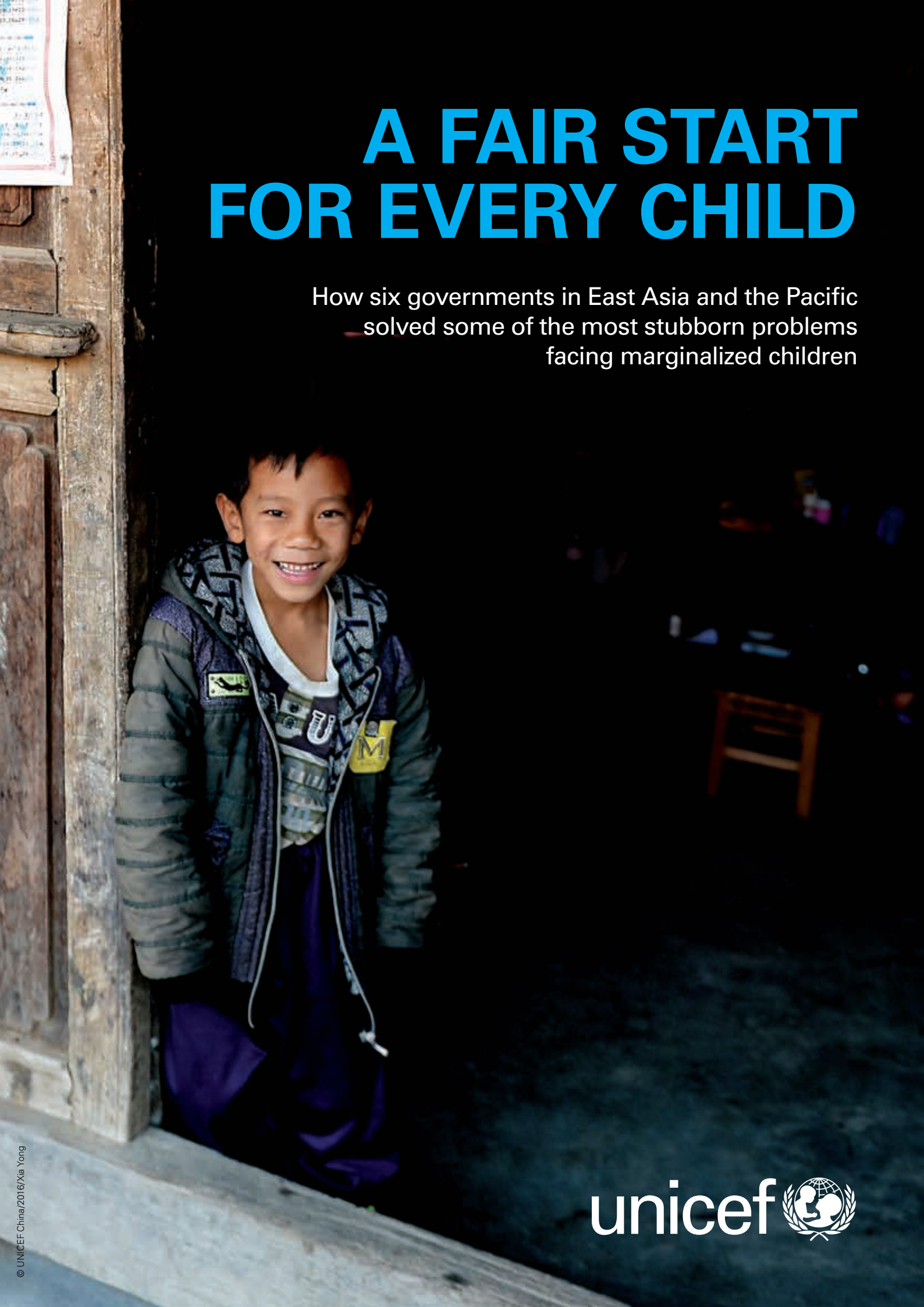
A FAIR START FOR EVERY CHILD

How six governments in East Asia and the Pacific solved some of the most stubborn problems facing marginalized children



unicef

Design by Inís Communication – www.iniscommunication.com

unicef

A FAIR START FOR EVERY CHILD

How six governments in East Asia and the Pacific solved some of the most stubborn problems facing marginalized children


© UNICEF China/2016/Xia Yong


© UNICEF China/2016/Xia Yong


© UNICEF Vanuatu/2016/Joseph Hing

Contents

Foreword iv

Acknowledgments and Contributions 1

Executive Summary 2

Introduction 4

Why an Equity Focused Approach? 4

Challenge of Equity-Programming in East Asia and the Pacific. 4

Telling the Equity Story in Six Countries: Purpose and Methods. 5

Regional Context 6

East Asia & Pacific Regional Development Context 6

Regional Patterns of Inequity & Social Exclusion for Children 6

Regional Analysis 9

Impact of Decisions & Policy Shifts on Children's Livs 9

Success Factors in Achieving Results in Specific Communities 11


© UNICEF China/2016/Xia Yong


© The Bassiouni Group/2016/Sylvie Morel-Seytoux


© UNICEF China/2016/Zhou Jiefeng

China Case Study
China's Barefoot Social Worker Initiative 16

Indonesia Case Study
Improving Nutrition Security for the Most Vulnerable Children in Indonesia 26

Pacific Islands Case Study
Expanding Birth Registration to Reach Children from the Most Disadvantaged and Remote Regions of Kiribati, Vanuatu, and Solomon Islands 34

Viet Nam Case Study
Scaling Up Rural Sanitation to Reach Ethnic Minorities in Rural Viet Nam 42

References 50

Contacts 54

Endnotes 56

Foreword

All children deserve the chance to be happy and healthy, explore their world safely, and reach their full potential. Every child has the right to survive, to learn, to be protected, and to contribute to their societies.

Delivering these rights to every child is a promise all governments in East Asia and the Pacific made when they signed the UN Convention on the Rights of the Child.

Yet millions of children do not enjoy these rights based on factors beyond their control. These can include their gender, ethnicity, economic status, place of birth or disability. When children do not have a fair chance in life, inequalities emerge which are passed from generation to generation in a vicious circle that has significant economic, political and social consequences – leading to an unequal and unfair world.

Children in the poorest households are less likely to attend school, less likely to learn, more likely to be married as children and less likely to know about HIV. Children with disabilities grow up poorer and are often excluded from the workforce, perpetuating cycles of poverty. As children age, these initial inequities result in worse health and learning outcomes, lower nutritional status, and lower employment rates and earnings as adults.

In addition, there is a growing body of evidence that denying children a fair start in life deprives their community and nation of opportunities for prosperity and security. The impact of this can be measured in terms of lower productivity, slower growth, social resentment, and even lives lost. This makes it harder for families and countries to invest more in the next generation of disadvantaged children.

Despite this evidence, a perception persists that focusing support, attention and resources on children in the hardest to reach places or the most marginalized communities is simply too complicated or too expensive to be effective.

It doesn't have to be this way. With smart investments and targeted actions, every child can have a fair chance in life. It is therefore my great pleasure to introduce four case studies that prove there is a better way. The case studies show how governments in East Asia and the Pacific have successfully implemented programmes that address inequity for children.

Each case study details how a government reoriented its social services to focus on the most disadvantaged and socially marginalized children, and how this choice dramatically improved the life chances for individual children, to the benefit of their nation.

As these accounts show, the Governments of China, Indonesia, Kiribati, Solomon Islands, Vanuatu and Viet Nam have clearly demonstrated that inequities can be reduced with simple, well-informed policies, well-targeted programmes, and mutually beneficial partnerships.

We hope this proves useful.

Karin Hulshof
Regional Director, UNICEF East Asia and Pacific

Acknowledgments and Contributions

The UNICEF East Asia and Pacific Regional Office (EAPRO) would like to thank the following partners for their participation in this review: China Ministry of Civil Affairs (MCA), China Bureau of Civil Affairs (BCA), Indonesia Ministry of National Development Planning, Indonesia Ministry of Health, Kiribati Ministry of Health (MOH), Kiribati Ministry of Women Youth and Social Affairs, Kiribati Ministry of Education (MOE), Solomon Islands Ministry of Women, Youth, Children and Family Affairs (MWYCFA), Solomon Islands Civil Registry Office (CRO) within the Ministry of Home Affairs (MHA), Solomon Islands Ministry of Health and Medical Services (MHMS), Solomon Islands Ministry of Education and Human Resource Development (MEHRD), Vanuatu Ministry of Internal Affairs, Vanuatu Department of Civil Service (Civil Registry), Vanuatu Ministry of Education, Vanuatu Ministry of Health, Viet Nam Ministry of Health, Viet Nam Health Environment Management Agency (VIHEMA), Viet Nam Ministry of Agriculture and Rural Development (MARD), and the Viet Nam National Center for Rural Water Supply and Sanitation (NCERWASS).

UNICEF also acknowledges the support of a variety of development partners on the programmes documented here, including the China Philanthropy Research Institute (CPRI) of Beijing Normal University, Wahana Visi Indonesia, Millennium Challenge Account Indonesia (MCA-I), the Brisbane Accord Group (BAG), the governments of Australia and New Zealand, the European Union (EU), the Secretariat of the Pacific Community (SPC), the World Health Organization (WHO), the Women's Union in Viet Nam, and the World Bank.

UNICEF would also like to thank The Bassiouni Group for their collaboration with UNICEF country offices, counterparts and partners across the region, and their identification and synthesis of the lessons learned through the implementation of these equity-focused programmes. The Bassiouni Group's expert consulting team which prepared this report included Sylvie Morel-Seytoux, Karen Munce, Laura Wicks, David Solomon Bassiouni, and Samantha Nolan.

Appreciation is also extended to UNICEF country offices which hosted the case study analyses, including the technical contributions and support offered by Harriet Torlesse and Ninik Sukotjo (Indonesia), Amanda Bissex (Pacific Islands), Anika Kingmele (Solomon Islands), Joemela Simeon (Vanuatu), Tinia Rakenang (Kiribati), Wenqing Xu and Ron Pouwels (China), and Lalit Patra and Nguyen Thanh Hien (Viet Nam). The production of this publication was coordinated by the East Asia and Pacific Regional Office, Programme Planning and Monitoring team, with the support of Stephanie Kleschnitzki.

Executive Summary

This study aims to better understand the motivation, success factors, and challenges experienced by six countries in the East Asia and Pacific (EAP) region, who have made significant shifts in policies and programmes in order to reach the most disadvantaged and marginalized children.

For UNICEF, "equity" means that all children have an opportunity to survive, develop and reach their full potential without discrimination, bias or favoritism. This concept is particularly relevant to the EAP region, which hosts one-third of the world's population (two billion people), and one quarter of its children (580 million). Although Asia includes some of the fastest-growing economies in the world, it is also experiencing deepening disparities and increasing inequity, with many communities unable to access the benefits of political, social and economic progress. There are currently 379 million people living in poverty in the region, 97 million of them in extreme poverty and many experiencing multiple deprivations.[1]

Within this context, some countries are making determined efforts to shift their policies and reorient programmes to reach the most disadvantaged children first, in line with the new 2030 Sustainable Development Agenda.

This study describes how significant change has been achieved in six countries. It reviews the success factors that enabled the leveraging of political will, resources and partnerships to achieve results in specific communities, and begin expanding to the rest of the country. It also reviews the strategies and actions taken, and documents lessons learned.

The case studies are:

1. The 'Barefoot Social Worker' initiative in China, which enhanced equitable access to child welfare services for some of the most vulnerable children. These children suffer not only from high levels of poverty, but also carry an additional burden. They have either a physical or mental disability; live with a parent who is affected by HIV/AIDS; or no longer live with their parents. The children receive vital and direct benefits, such as therapy, care giver support, play centers, and support to access medical benefits and enroll in schools. This equity-focused programme informed the development of a national Child Welfare Regulation and the government's Children's Development Plan (2011–2020).

2. The 'Maternal and Young Children Nutrition Security' pilot initiative in Indonesia, which improved practices for infant and young child feeding in some of the country's most vulnerable communities. Notably, among the poorest households in the focus districts, the number of children consuming a minimum acceptable diet increased from under 7 percent in 2011 to 17 percent by 2014, and the prevalence of stunting dropped by 10 percent. Related initiatives also helped to strengthen the government's nutrition network, introduced a planning framework and tools to improve food and nutrition programmes, and strengthened the nutrition security information system.

3. The 'Pacific Birth Registration' initiatives, which have greatly expanded birth registration in Kiribati, Solomon Islands, and Vanuatu. Following a change in the strategy for reaching remote communities, birth registration increased more than 12 percent for children under the age of five between 2013 and June 2014 in the three countries. Along with providing essential documentation required for school enrollment, birth registration serves a means for these children and their families to access other vital social services, economic and legal entitlements. It also supports enforcement of the minimum age of marriage, and strengthens juvenile justice practices and employment laws.

4. The 'Scaling up Rural Sanitation' initiative, which is supporting ethnic minority communities in rural Viet Nam to improve sanitation and hygiene practices. This initiative has emphasized the use of culturally appropriate messaging locally driven interventions and participatory approaches. With 41 percent of children below the age of five stunted in Viet Nam, addressing inequities in access to water and sanitation is an urgent development priority. With the roll out of these community-led approaches, Viet Nam has gained the support of 24 international development partners, united to work with the government to achieve its rural sanitation and hygiene targets.

In terms of success factors, it was found that national governments were particularly committed when local evidence was gathered and presented by national experts, and when this evidence provided a sound basis for monitoring results, thus supporting decision-making and wider roll out of programmes.

In addition, individuals and households appeared more willing to use services when culturally-sensitive strategies were designed and promoted by community members themselves, and when user-friendly technology drove these messages home. Governments and partners identified trusted stakeholders within communities, such as village chiefs and midwives, to plan and advocate for change. They help spread and legitimatize outreach messages and served as mentors to reinforce the community's sense of ownership and engagement in the programmes.

New technologies also played a key role in improving the efficiency and effectiveness of several interventions, particularly by allowing for interactive engagement with communities in geographically remote areas. Involving local communities in analyzing barriers was also essential to finding successful solutions.

Finally, the study found that several countries saw their success in terms of a larger effort to take advantage of national decentralization processes. This allowed for more local decision making, investments and management of interventions. Building local authorities' capacity for programme planning, management and delivery was therefore critical. Including trusted community members and stakeholders (including children themselves through schools) was also an important success factor.

Introduction

Why an Equity Focused Approach?

The 2030 Development Agenda, as reflected in the 17 Sustainable Development Goals (SDGs); the Sendai Framework for Action; the Addis Ababa Action Agenda (Financing for Development); COP21 (Climate Conference); and, the World Humanitarian Summit, is unprecedented in scale, scope and ambition. The new goals and targets are universal in nature (applying to all countries), and are more clearly integrated, indivisible, and balancing with respect to the three dimensions of sustainable development: the economic, social, and environmental. The new agenda also recognizes the importance of "approach," and suggests that targeting the "The Furthest Behind First" is imperative to achievement.

A commitment to leaving "no one left behind" demands a shift toward "equity-focused" analysis and approaches. A focus on "equity" rather than "equality" is important, since "equity" implies that different people might need different things to be able to enjoy full, healthy and productive lives, whereas equality seeks to confirm sameness in measure, value or status – and is thereby concerned with ensuring that everyone gets access to the same things. Although both can be employed to promote fairness and social justice, a focus on equity rightly recognizes that not everyone starts from the same place, with the same needs, vulnerabilities, and/or capacities.

For UNICEF, "equity" means that all children have an opportunity to survive, develop and reach their full potential without discrimination, bias or favoritism. The equity-based approach in UNICEF's programmes and policies therefore seeks to understand and address the root causes of inequity, so that all children, particularly those who suffer the worst deprivations in society, have access to education, healthcare, sanitation, clean water, child protection, and other services necessary for their survival, growth, and development.[2]

Studies conducted by UNICEF and other child-rights stakeholders have documented that embarking on an equity-focused approach to development is both *principled and practical* – meaning that an equity-focused approach has the potential to accelerate progress toward national and international goals (such as the 17 SDGs) for children in a cost-effective and sustainable manner. Globally, the equity-focused approach has demonstrated positive results in reducing child and maternal mortality, diminishing stunting, and increasing coverage of measures to prevent mother-to-child transmission of HIV. It also has the benefit of narrowing gaps between the most and least deprived groups, and concurrently, lowering out-of-pocket expenditures for poor families.[3] Programming to reduce inequities often places emphasis on community-level (bottom-up) interventions, such as mobilization of communities, building capacity and involving community-based organizations, in combination with top-down approaches (including political commitment at the highest levels and national media campaigns) – from which these linkages serve to build sustainable local capacity and strengthen national systems.[4]

Challenge of Equity-Programming in East Asia and the Pacific

The concept of equity programming is particularly important for the EAP region given it comprises one-third of the world's population (two billion people), and is home to one quarter of the world's children (580 million). In terms of absolute numbers, there are 379 million persons in the EAP that live in poverty (USD $3.10 a day), and an estimated 97 million who live in extreme poverty (USD $1.99 a day).[5]

Positively, the EAP region includes some of the fastest-growing economies in the world, many of which have experienced meaningful development progress on numerous fronts. However, against the backdrop of rapid social and economic growth, the region has also experienced deepening disparities and increasing inequity, with some communities persistently unable to access the benefits of this dynamic transition. The patterns of inequity and social exclusion for children are similar across the region, as evidenced by higher rates of infant and child mortality, malnutrition and disease, and lower rates of educational attainment and access to basic social services, such as clean water and sanitation amongst poorer households. Governments are also wrestling with a variety of shared development challenges – such as the impacts of explosive population growth and unchecked urbanization; increasing environmental degradation and pollution; and repeated, devastating losses due to natural disasters.

As many economic and political transitions in the region are characterized by shifts in decision-making from central governments toward more inclusive systems and processes at a decentralized level, the importance of enhancing community level capacities has been recognized by many governments in the EAP region. Especially in view of achieving the SDGs, EAP countries are increasingly placing priority on efforts to increase bottom-up contributions from communities, and to formulate policies that aim for equitable and sustainable development.

Telling the Equity Story in Six Countries: Purpose and Methods

This study, entitled *"A Fair Start for Every Child: How Six Countries in East Asia and Pacific Solved Some of the Most Stubborn Problems Facing Marginalized Children,"* aims to further understand the success of national counterparts in the EAP region in terms of reorienting policies and programmes to further achieve equity for children. It describes how significant change for the most impoverished children has been achieved in China, Indonesia, Vanuatu, Kiribati, Solomon Islands, and Viet Nam; and reviews the unique environments that have enabled the leveraging of political will, resources, and partnerships to achieve results in specific communities – and, to secure commitment to programme at scale, across the country. It also reviews the multi-pronged, integrated community-based strategies, and evidence-based actions taken at all levels – and captures lessons learned from the perspective of national counterparts, partners, beneficiaries, and child-rights stakeholders.

The case studies were selected with consideration of the results achieved and with respect for geographic balance, as well as the specific thematic issues related to the determinants of equity. They include: 1) the "Barefoot Social Worker" initiative in China, which has enhanced equitable access to basic social services for vulnerable children; 2) the "Maternal and Young Children Nutrition Security" pilot initiative in Indonesia, which has improved infant and young child feeding for some of the most marginalized communities; 3) the "Pacific Birth Registration" initiatives, which has expanded birth registration to some of the most remote communities in Kiribati, Solomon Islands and Vanuatu; and, 4) the "Scaling up Rural Sanitation" initiative, which is scaling-up rural sanitation to reach ethnic minorities in the most remote communities of Viet Nam.

The study was commissioned by UNICEF EAPRO, in coordination with COs and counterparts throughout the region, and carried out by an international development team managed by The Bassiouni Group – a Global Development firm specializing in policy analysis. The consulting team utilized a mixed-methods approach, comprised of qualitative and quantitative data collection and analysis. A comprehensive desk review was conducted, with primary qualitative data collection serving as a key component of the study – including 73 key informant interviews which were carried out during field work with child-rights stakeholders and programming participants in China, Indonesia, the Pacific Islands, and Viet Nam. Interviewees were asked to identify the success factors in their programming, as well as the challenges of reaching scale, and the mechanisms and approaches to overcoming these barriers. Questionnaires were developed with input from the collaborating UNICEF Country Offices prior to the field visits to ensure well-balanced feedback was received from a diverse pool of interviewees.

Regional Context

East Asia & Pacific Regional Development Context

The EAP region encompasses one-third of the world's population, and is home to two billion people. One-quarter of the world's children live in the EAP region, totaling approximately 580 million children – with 30 million children being born in the region every year. The countries in the region vary greatly in terms of population, economies, political systems, culture and geography – ranging from China (the largest country in the region) with 1.3 billion people, to Niue in the Pacific with a population of only 1,612.[6]

The region includes some of the fastest-growing economies in the world, as well as ten of the least developed countries, of which six are located in the Pacific and four in East Asia. As a whole, countries in the EAP region have made solid development progress on many fronts, including significant reductions in poverty, greatly improved access to primary education, a major reduction in malnutrition and child mortality rates by 75 percent, significant improvements in immunization coverage, and a reduction in open defecation rates by 66 percent since 1990.[7]

While the region has enjoyed remarkable economic growth in the last four decades, this rapid growth can be volatile – as evidenced by the recent slip of Mongolia from ranking as an Upper Middle Income country, to Lower Middle Income country. It has also brought uneven development – with many countries experiencing dramatic population growth and urbanization pressures, as well as environmental degradation and pollution, and recurrent losses due to the impacts of natural disasters.

Current trends in the Asia-Pacific region are likely to continue, or advance even more rapidly in the next 20 years than in other regions of the world. Given the interdependence of economies and environments, sustainable development in the region is critical to achieving sustainable development at the global level. The importance of increasing bottom-up contributions of children, their caregivers and community leaders for formulating policies toward sustainable development, especially in view of the SDGs targeted by 2030, has been recognized by many governments in the region and their development partners as being a priority.

"While the dominant growth philosophy among the region's governments in the past was "grow first, redistribute later," there is now a growing recognition that more sustainable growth supported by broad-based political and social support requires a growth strategy that provides equality of opportunity, especially in education and employment. The newly developing more inclusive growth philosophy also envisions expanded social protection systems and social safety nets to protect the poor and the vulnerable. Although this new growth philosophy is geared toward reducing inequality and promoting equity in general, the fact that structural change is likely to be a major source of inequality in developing Asia reconfirms and validates the basic direction of the philosophy. The fundamental solution to mitigating the adjustment costs arising from structural change lies in empowering individuals to become more productive, adaptable, and versatile through access to education and employment."

(Inequalities in Asia and the Pacific, Asian Development Bank 2014)

Regional Patterns of Inequity & Social Exclusion for Children

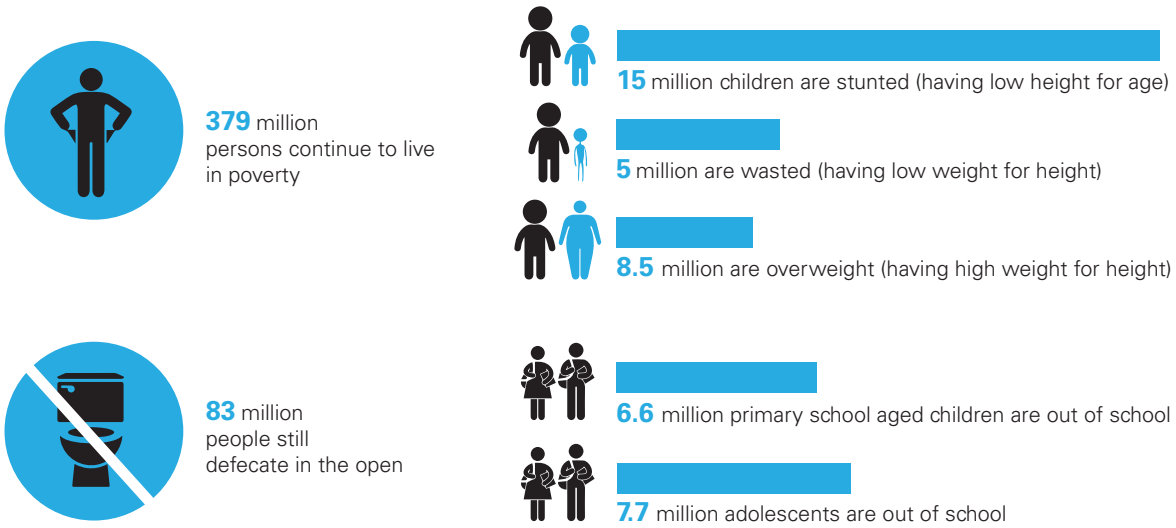
Despite the remarkable advancements in the EAP region, regional patterns of inequality and social exclusion remain for children. Circumstances beyond a child's control – such as place of birth, ethnicity, gender, and the economic and social context of one's family – continue to deny millions of the most vulnerable children in the EAP region a fair chance to realize their potential. Of the two billion people who live in the region, 379 million continue to live in poverty. Importantly, income inequality has increased in the EAP region over the past several decades, with the consequence that children from the poorest households are more than twice as likely to die before their fifth birthday as compared to children from the wealthiest households. Further, these children are nearly five times more likely to be out of school.[8] Overall, an estimated 6.6 million primary school age children and 7.7 million adolescents (of lower secondary school age) in the EAP region are out of school.[9]

While there has been a remarkable decline in child mortality, data indicates that much of this is contingent upon vaccination coverage – for which there are urban and rural disparities, with continued outbreaks of vaccine-preventable diseases, including Measles, Pertussis and Diphtheria.[10] The region is also combatting a double-burden when it comes to nutrition, dealing with both underweight children and an increase in overweight and obese children. Today, 15 million children under-five are estimated to be stunted, 5 million are wasted, and 8.5 million are overweight throughout the EAP region.[11] One cause of malnutrition can be attributed to the lack of clean sanitation facilities, and in the EAP region, 83 million people still practice open defecation. Further, as many as 142 million individuals are lacking access to power, and 600 million lack adequate sanitation facilities.[12]

In addition to education, health, nutrition and sanitation issues, many children in the EAP region are significantly disadvantaged by not having their birth registered. It was estimated that in 2014, 21 percent of the EAP population were not registered – leading to inadequate data regarding the population's birth and death rates, and other key indicators that affect the policies, programmes and services enacted by governments and partners.[13] Finally, thousands of children in the EAP region are left without adequate parental care due to migration, parental deaths, or incarceration – leaving them either orphaned or living with alternate caretakers. Many of these children are in need of extra services and support to assist them in reaching their full emotional and physical development.

A growing number of governments and development partners in the EAP region are embracing a shift from the philosophy of "grow first, redistribute later," to an approach aimed at sustainable growth, focusing on political, economic, and socio-cultural shifts that provide equality of opportunity in terms of income distribution, access to services, and employment. Accordingly, "the newly developing more inclusive growth philosophy also envisions expanded social protection systems and social safety nets to protect the poor and the vulnerable."[14] Due to the evolving equity-focused philosophy, and corresponding efforts made by the EAP governments through adopting and implementing appropriate policies and strategies, greater impacts on development outcomes for the most marginalized and disadvantaged communities have become apparent. This approach has focused largely on targeting rural and poor populations, leading to vast improvements on a larger scale (geographically and in terms of inclusivity) than previously experienced.

Despite enormous progress reducing poverty, mortality and morbidity in East Asia and Pacific, there are still:



Poorest households are more than twice as likely to die before their fifth birthday as compared to children from the wealthiest households

"The results [suggest] that a refocus of efforts on an equity-based approach is right in principle and right in practice. In principle, it reflects the universality precept embodied in the Convention, and is intrinsic both to the achievement of universal primary education (MDG 2) and the prevention of major diseases. In practice, an equity-focused approach has the potential to accelerate progress toward the health MDGs for children at national and local levels, and to save many more lives for resources expended than the current approaches. Implementing equity-based approaches will require courage, determination and substantial effort. And like most things that are worthwhile, it will be challenging. But given the evidence of this new study and UNICEF's own experience, it is a challenge that can be met."

(Narrowing the Gaps to Meet the Goals, UNICEF 2010)

Regional Analysis

Impact of Decisions & Policy Shifts on Children's Lives

The equity-focused programming decisions and policy shifts undertaken by the governments of China, Indonesia, Vanuatu, Kiribati, Solomon Islands, and Viet Nam have had a direct and measurable impact on the well-being of children. These changes have been positive, empowering and life changing, including: improved nutritional status and health outcomes for children in Indonesia; increased birth registration in the Pacific Islands; improved sanitation and hygiene practices in rural Viet Nam; and, access to child welfare services by some of the most disadvantaged and marginalized children in China.

Beyond impacting children directly, the equity-focused approach to programming in these countries has empowered and strengthened local communities, creating momentum toward human rights-centered change within these societies on many levels. Benefiting from capacity development at local levels, the probability that these locally-driven efforts will be sustained is strong – given their demonstrated effectiveness, cultural relevance, and practical applicability to the daily lives and realities of the most disadvantaged and marginalized children, their families, and their communities. In addition, the impact of providing support to a child to improve his/her health and education spans the life-cycle, improving the child's potential to develop into a fully capable and productive adult, parent, and member of society – leading to inter-generational progress.

In **China**, equity programming has facilitated the provision of child welfare services to reach some of the most vulnerable children who suffer not only from high levels of poverty, but carry a double (or triple) burden of having a physical or mental disability; living with a parent who is HIV/AIDS-affected; or having lost the opportunity to live with their parent(s) due to migration, death, incarceration or compulsory rehabilitation. There are also the "left behind" children, who often live with a grandparent/grandparents in remote rural areas as their parents migrate to the city. These children are more likely to experience neglect due to their situational vulnerability, with an associated risk of violence, abuse or exploitation. Equity-based programming, such as the Child Welfare Demonstration Project, has worked to link these disenfranchised households and children (who are often also socially excluded) to appropriate social protection and other "child-friendly" services. These shifts in programming are empowering these children and their caretakers to better access services and improve their overall well-being.

> *An equity-focused country programme is a programme that identifies children who are deprived, analyzes the patterns and drivers of inequality, and understands the national context and existing policies and programmes that address inequities. It works with partners to help identify, advocate for, and support the implementation of strategies to address the causes of inequity and to reach deprived children with basic services, care, and protection. The equity-focused country programme defines clear targets for improving the lives of deprived children and routinely monitors the impact and result of equity-focused programmes and policy strategies.*
>
> *(UNICEF 2010)*

Beyond vital and direct benefits provided to children, such as child-friendly play centers, counseling, and registration assistance (enabling access to vital medical benefits, financial support, and enrollment in schools), equity programming has also served more broadly to strengthen the overall child welfare coordination mechanisms in China. This has led to the ongoing development of a national Child Welfare Regulation and the government's National Programme for Child Development (2011–2020), among other large-scale policy and regulatory reforms. The government's commitment to scale-up includes, in the first instance, expanding the Barefoot Social Worker pilot project from 120 villages in 12 counties, to 1,000 villages in 100 counties, with specific efforts to reach the most vulnerable children; and the development of a nation-wide Child Welfare Program (including child protection) based on the Barefoot Social Worker model (and directly informed by the evidence provided by the pilot initiative).

In **Indonesia**, equity programming in several districts has resulted in significant improvements in the nutritional status of some of Indonesia's most vulnerable children and their families. Most notably, among the poorest households (the lowest wealth quintile) within these districts, the percentage of infants under six months who were exclusively breastfed increased by 30 percentage points between 2011 and 2014, the percentage of children consuming a minimum acceptable diet increased from seven percent to 17 percent, and the prevalence of stunting dropped by ten percentage points. In addition, the percentage of households that washed hands with soap increased during this period by 30 percentage points. While programming has thus far been focused on select pilot districts, the results are impressive – and provide a "way forward" for continued expansion throughout the country.

Beyond direct results for children, equity programming has resulted in broader impacts in Indonesia, including enhancement of the government's national and regional nutrition movement; a harmonized set of goals, targets, policies, strategies, and tools to improve food and nutrition programming; and, a strengthened nutrition security information system. At the macro-policy level, the paradigm is shifting from curative to preventative health – and broadening in scope to look across sectors for linkages between nutrition and water and sanitation, family planning, agriculture, social protection, and private sector work policies. Taking an integrated, holistic approach across development sectors has been found to be an effective and necessary response toward reaching the most vulnerable children and addressing the problem of malnutrition in Indonesia.

In the Pacific Island countries of **Vanuatu, Kiribati and Solomon Islands**, equity programming has resulted in greatly expanded birth registration, reaching children living in the most remote islands and regions. Between 2008 and 2014, the birth registration coverage rate in Vanuatu rose from 25 percent to 56 percent; in Kiribati (between 2009 and 2014) registration transitioned from one of the lowest to the highest in the Pacific – reaching 87 percent coverage for children under-five years; and in the Solomon Islands, the number of births registered increased from 20 in 2007 to 35,430 in 2014. Along with providing essential documentation required for school enrollment, birth registration is serving as a means for these children and their families to *access other vital social, economic, and legal entitlements* – for which the benefits will continue as they transition to adulthood.

More broadly, birth registration is serving as a means of *child protection* for these Pacific Islands children, supporting the enforcement of the minimum age of marriage, and strengthening fair juvenile justice practices and employment laws. The institutionalization of birth registration has been identified as an important strategy to improve the overall evidence base on children's issues in the Pacific Islands region, and toward strengthening evidence-based planning and programming for the future.

In **Viet Nam**, poor sanitation and hygiene practices have contributed to poor health outcomes, most notably among ethnic minority communities – where a startling 41 percent of children below the age of five are stunted. The government's equity programming efforts, carried out jointly with partnering agencies, have been making inroads to reach ethnic minority children living in remote areas through culturally-appropriate messaging and locally-driven interventions (such as Community Approaches to Total Sanitation – CATS) to address inequities in access to water and sanitation. Improvements in child and family hygiene through participatory approaches have significantly improved health outcomes in select Vietnamese communities.

Beyond direct results for children, equity programming in Viet Nam has strengthened local capacity and community development through processes that encourage women to participate fully in the building of latrines, and community involvement that emphasizes self-help and community empowerment. A new national strategy has been embraced which focuses on the implementation of bottom up, demand-driven, community mobilization approaches, and offers linkages to school-led sanitation and handwashing with soap campaigns, as well as other community development efforts.

More broadly, Viet Nam has gained the support of 24 international development partners, united to work with the government to achieve its rural sanitation and hygiene targets – with the empowerment of communities serving as the central theme to achieving sustained results. The government's commitment to scale-up includes a five-year US$200 million World Bank-funded initiative to scale-up rural sanitation and water supply in the rural areas of 21 geographically-clustered provinces in the Northern Mountains and Central Highlands region; to improve hygiene behavior; to increase and sustain access to sanitation and rural water supply; and finally, to significantly reduce open defecation.

Success Factors in Achieving Results in Specific Communities

Comparing the six selected country experiences in terms of initiating and implementing an equity approach, outcomes have been varied both in terms of scope and impact. A common set of equity programming success factors/practices emerged from the study, of which some of the most notable are provided below.

The study found that *government commitment* at the highest levels, as well as commitment across multiple government agencies, departments and offices/units, was a central factor in enabling these equity-focused programming efforts to effectively engage and support the most marginalized children and their families. The study pointed to the vital importance of having a sound evidence base for design, planning, and measurement of progress. This included commissioning of baseline studies to clearly identify and understand the marginalized communities to be supported, followed by a series of other ongoing (mid-term) assessments (typically bottleneck analyses), and finally, end-line studies to monitor and document impact and progress.

The dedicated collection of factual *context-specific evidence/data* that "made the case" for equitable programming and policy change was found to be one of the most fundamental factors (if not the most important factor) which led to a shifting of the national dialogue, and increased political commitment and attention, toward equity programming objectives for each of the countries analyzed. Across all the case studies, national authorities were particularly committed when *local evidence was gathered and presented by local experts*, and when this evidence provided a sound basis for monitoring results, thus supporting decision-making regarding scale-up.

Stakeholders also emphasized the importance of addressing the specific development challenges with a range of interventions that are *holistic* in nature, establishing linkages *between sectors* (such as health, education, labor/workplace, and WASH) – and the coordination of efforts between the household, village, community, district, state and national levels, to create a meaningful and supportive enabling policy and programming environment.

Particularly for Indonesia, programming efforts took *full advantage of the decentralization process,* allowing for the localization of interventions and promotion of sustainability. For instance, in view of the country's heavily decentralized system of government, the nutrition programme strategically "adopted a strong sub-national focus, supporting interventions in the diverse districts of Klaten, Sikka and Jayawijaya. The dedication and determination of the local government in these districts to reduce malnutrition played a central role in the remarkable achievements that followed. Within three years, these districts reduced stunting by five percentage points overall, and by ten percentage points in the poorest households. Exclusive breastfeeding rates had also improved by 20 percentage points, and 30 percentage points in the poorest households."[15]

> *An equity focus requires placing particular emphasis on strengthening collaboration with, and support for, national civil society actors, including national NGOs, faith-based organizations, professional associations, and community-based organizations. A vibrant, energized, and effective civil society is an essential component of equitable national development. It can open up avenues for civil engagement and hold governments accountable for decisions that impact the rights and well-being of children.*
>
> *(UNICEF 2010)*

Another success factor identified was the emphasis within each of the countries' programming approach on the use of *culturally-relevant* and appropriate social mobilization messaging campaigns, which effectively "spoke to" the daily realities and situational context of parents and children's lives. This was achieved in all cases through close collaborations with *local-level* government units, non-profits, and community-based groups who actively participated in the identification of culturally appropriate strategies for promoting equity. This success in terms of cultural relevancy has also been achieved by these countries through the use of Communications for Development (C4D) channels that combine short-term, campaign-style actions with long-term and interactive communication. In Indonesia for example, nutrition outreach included text message reminders to busy working mothers to pick up complimentary foods for their young children in convenient locations (such as the Baby Café) on their way to or from their places of employment (largely factory work) – while simultaneous improvements

Equitable Programming for Children in East Asia and the Pacific Success Factors and Lessons Learned

- *Government commitment and leadership at the highest levels, as well as commitment across multiple government agencies, departments and units, was a central factor in enabling these equity-focused programming efforts to effectively engage and support the most marginalized children and their families.*
- *Inequities for children were addressed with a range of interventions that are holistic in nature, for which linkages were established between sectors (such as health, education, and the workplace) and between households, villages, communities, districts, and national levels – allowing for the creation of meaningful, supportive, and harmonized enabling policies and programming environments.*
- *Programming efforts took full advantage of the decentralization process, working strategically toward the localization (or local "ownership") of interventions, thereby bolstering local capacity and sustainability. Consistent and diligent programming emphasis was placed upon capacity building, most notably aimed at the decentralized (most local) levels. Trusted stakeholders within communities, such as village chiefs and midwives, were identified as community mentors to reinforce community engagement.*
- *At the outset, resources were dedicated to the collection of factual context-specific evidence/ data that served as the foundation toward "making the case" for equitable programming and policy change. This emphasis on data collection was a primary factor within each country which led to a shift in the national dialogue toward greater attention to equity programing objectives. These studies (most notably bottleneck analyses) served to analyze the context-specific environment in which inequity operates, informing the design of interventions, which were effectively tailored to address the local causes of inequity.*
- *Programming approaches emphasized the use of culturally-relevant messaging which respectfully "spoke to" the practical daily realities and situational context of parents and children's lives. This was achieved through close collaborations with local-level government units, non-profits and community-based groups who actively participated in the development of culturally appropriate*

strategies, themselves, for the promotion of equity. Communications for Development (C4D) channels that combined short-term, campaign-style actions with long-term and interactive communication were identified as most effective.

- *Innovative, strategic and targeted use of technology proved invaluable for all the countries (such as mobile phone messaging and on-line chat groups), allowing for interactive engagements and meaningful information exchange with communities in the most geographically remote locations.*
- *Government commitment and action to initiate legal reforms was identified as vital to the creation of enabling environments within which equity-focused programming could flourish. Shifts in government policies, rules, and regulations were essential to the process of eliminating a myriad of cost, transportation, and cultural barriers experienced by marginalized children and families with respect to accessing services.*
- *In all four countries, equity programming approaches and outcomes came about as a result of long-standing, dynamic and engaging exchanges of information, ideas and resources between governments and a wide range of collaborative partners. While the types of collaborative platforms and partners varied, ranging from development agencies to universities to faith-based, and community-based advocacy entities, the common thread to these productive, strategic partnerships included the establishment of long-term professional respect between partners and governments.*
- *Effective strategic planning and tasking was carried out, allowing each partnering entity to offer its best assets (comparative advantage) – ranging from the development of curricula, to research and analyses, to capacity and skills-building outreach at the provincial and community levels. The utilization of local research and expertise was identified as central to the development of culturally-appropriate and responsive approaches in each country.*
- *The participation of these country governments in global and regional programming partnerships, such as the Sanitation Water for All (SWA) global partnership, the Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA), and the Scaling Up Nutrition (SUN) movement played an important role in strengthening efforts to address disparities through mutual accountability between governments and citizens, and between donors and developing countries.*

REACHING THE MOST DISADVANTAGED CHILDREN THROUGH THE BAREFOOT SOCIAL WORKER INITIATIVE IN CHINA

China Case Study
China's Barefoot Social Worker Initiative

This case study describes the remarkable achievements of China's Barefoot Social Worker Initiative to provide vital social services to some of China's most vulnerable children and their families. An equity approach was pursued in order to ensure the delivery of services to children with disabilities, children with parents affected by HIV, children of ethnic minority groups, and children of the most impoverished families located in geographically remote areas – many of whom have not equally reaped the benefits of China's dramatic economic and social transformation. This study presents the most significant factors identified by key child-rights stakeholders that resulted in national government commitment and effective action to substantively expand basic child welfare services.

What was the challenge?

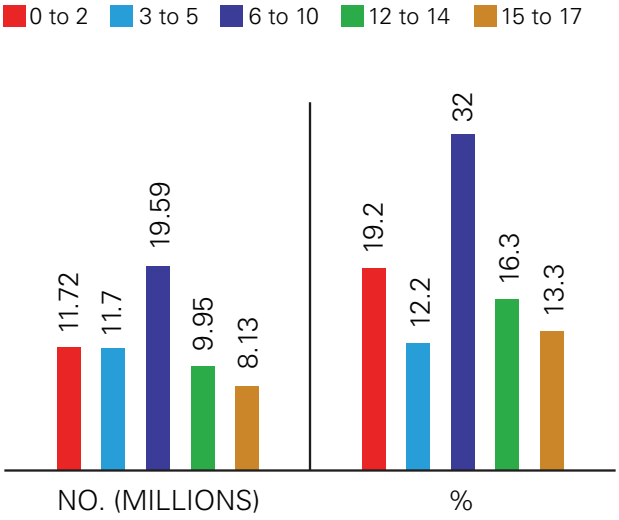
Disparities in child welfare within a rapid development context

China has a population in excess of 1.3 billion, and has witnessed rapid and remarkable economic and social development over the past three decades. Between 2000 and 2014, China's GDP increased from RMB 10.0 trillion to RMB 63.6 trillion – making China the second largest economy in the world. Over this period, an astonishing 439 million people were lifted out of poverty.[17] While China's success in reducing extreme poverty has been extraordinary, the absolute number of poor remains vast. Estimated at over 70 million in 2014, the number of poor exceeds the entire populations of Canada and Australia combined.[18] If using the World Bank's poverty line (USD $2/day), that number again increases three-fold.[19] Scattered across hundreds of thousands of remote communities,[20] these poor households are hard to reach, limiting their access to basic services – with the situation of children within these poor households being particularly dire.

China is home to 279 million children aged 0 –17 years, representing 14 percent of the world's children. Tens of millions of these children face multiple, complex, and often inter-related deprivations. Nearly one in four rural children (24.4 percent) live below the poverty line, compared to nine percent of urban children. The prevalence of underweight and stunting among rural children is estimated at three to four times that of urban children.[21] Compared to urban children, these rural children have less access to education,[22] lower levels of educational achievement, lower levels of cognitive development, and less confidence in their future.[23] Rural children and their communities also have less access to water, sanitation and hygiene, with 44 percent of the population not using improved sanitation facilities.[24] Further, the 2010 Census indicated that 13 million (mainly rural) children in China remained unregistered, which serves as an additional barrier to accessing available basic social services.[25]

Among the rural poor in China, particular groups of children experience even greater levels of deprivation. These are the children with disabilities; children living in rural, remote, and mountainous areas; children whose parents are affected by HIV, or who are divorced, deceased, incarcerated, or in compulsory rehabilitation; and, children of ethnic minority descent.[26] One specific category of rural children facing unique challenges in modern China is the group of "left behind" children. These are the children that are left in the care of one parent, elderly grandparents or other relatives, and in some cases, are even left alone when one or both parents migrate to urban areas in search of employment. A 2013 study found there were a staggering 61 million children left-behind in China in 2010 (accounting for 22 percent of the country's children).[27] Even if using a narrower definition (and only including children living with neither parent), the number of children left behind still represents 15.7 percent of China's chldren.[28]

NUMBER OF RURAL CHILDREN LEFT BEHIND BY AGE



While a range of factors can play a role, the decision to leave children behind has commonly been influenced by the Chinese Hukou system. Established in the late 1950's, the Hukou is a system of household registration categorizing an individual as either an agricultural or non-agricultural worker, respectively a resident of either rural or urban areas. With one's place of residence determining access to public services (health, education, vaccination), migrant children accompanying parents are typically denied access to these services. A growing body of research in China highlights the adverse effects of parental absence on children's physical and psychological development,[29] as well as the risk of violence, abuse, exploitation and neglect. Recognition of the rising social problems has led the government to initiate reforms to the Hukou system. In February 2016, for instance, the State Council issued "Opinions on More Deeply Promoting Creation of New-Style Urbanisation," which defines the rights of the urban population without a Hukou who will benefit from the full national implementation of the residence permit system. Among other issues, this document guarantees permit holders access to public services as prescribed by local residence permit regulations in their places of residence. Implementation is in the early stages, and the impact of these adjustments remains to be seen.[30]

In addition, the State Council in its "Guidelines on the Protection of Left Behind Children" of February 2016 states that migrant families should be assisted, including through the consideration of migrant families' needs for household registration and housing; the opening of public schools for compulsory education to migrant children; and the improvement of policies for migrant children to take senior secondary school/university entrance exams. Clearly, for vulnerable rural children, the need for access to adequate health care, education, and socio-emotional enrichment, is especially acute.

Child welfare service delivery bottlenecks

The Government of China has established a relatively comprehensive social protection system encompassing a range of services to support the basic needs of vulnerable families. Some of these include: Dibao – the minimum substance allowance for impoverished families; Wubao – an allowance for the "most vulnerable" children (those with no supporting family members, no ability to work, and no source of income); the new rural cooperative medical insurance scheme and medical assistance for major diseases; and, a special protection scheme for orphans, abandoned children (established in November 2010), and children living with HIV (established in October 2012). However, a combination of supply and demand factors are acting as bottlenecks hindering effective access to these services by vulnerable families.

At the same time, China still lacks an integrated child welfare system with the capacity to serve the multiple needs of vulnerable children and their families. There are gaps in service delivery and outreach has remained limited. With the social worker profession having only been reintroduced in 2006, there is a severe shortage of professionally trained social workers, and a reluctance of these professionals to relocate to work in remote areas. As a result, community-based social services close to children's homes, in the most disadvantaged areas, remain rare.

Another issue in terms of service delivery is that the focus of child welfare has been limited to financial assistance to families, with little attention paid to other types of support and specialist services which children and their families may require (such as support to children who are at risk of or who have experienced violence). Violence has historically been regarded as a family affair in which the government should not intervene, which may partially explain the lack of a well-developed child protection system. This perception is gradually changing, however, with family violence becoming less socially acceptable over time. The recent adoption of the Family Violence Law in December 2015 is a positive development, as it clearly recognizes that family violence can no longer be regarded as a family affair.

In addition to a lack of service availability, vulnerable children and their caregivers are confronted with multiple barriers which inhibit them from reaching out and/or being able to utilize existing services. These barriers include variables such as: lack of awareness that such assistance is available (or lack of knowing how to access services); lack of required paperwork needed to apply for services; lack of time (due to workloads or childcare constraints); geographical or transportation constraints; language and communication barriers; and, financial constraints.

What was done?

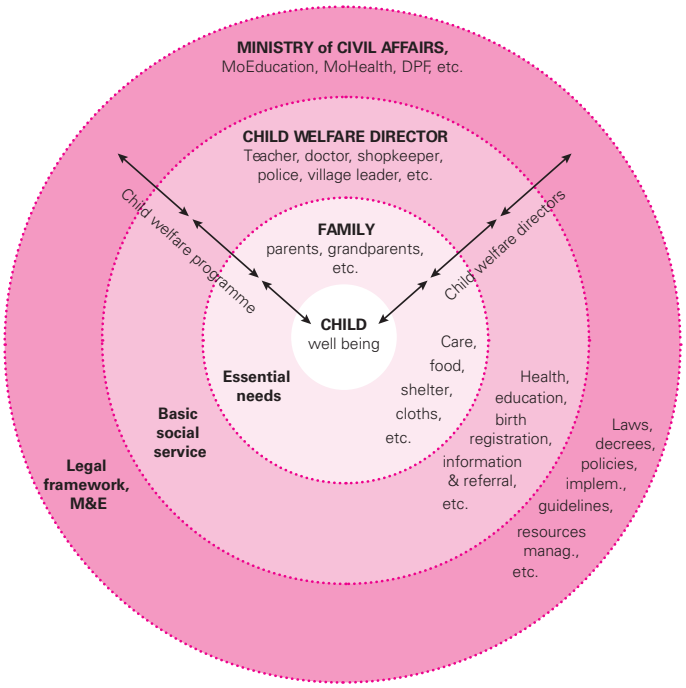
Child Welfare Demonstration Project

Since ratifying the international Convention on the Rights of the Child in 1992, the Chinese government has been striving to realize its commitment to children. Recognizing the specific challenges faced by rural children, child-focused concepts, laws, policies and guidelines have progressively been introduced into critical governance documents, such as the 12th National Five-Year Plan for Social and Economic Development (2011–2015), and the National Plan of Action for Children (2011–2020). Pilot initiatives have also been launched to explore innovative approaches to realize results for all children. One such innovation is the China Child Welfare Demonstration Project.

> *"We have a heavy workload. Our responsibilities are extensive – we are teacher, mother, friend, doctor. Sometimes it's really hard. But the kids are happy to see me. I am proud of the changes the project has brought to their lives. I hope I can stay on at this job and do more."*
>
> *(Barefoot Social Worker, Sichuan Province)*

The China Child Welfare Demonstration Project was launched by the Ministry of Civil Affairs in 2010, in partnership with UNICEF and the China Philanthropy Research Institute (CPRI) of Beijing Normal University. The project was designed as a pilot initiative, with the goal of informing the development of a child welfare system that would promote the well-being of all children in China – with a specific intent to reach the most vulnerable children. A specific target for the programme was to generate evidence-based data that would support advocacy and inform the development of policies, standards, guidelines, and budget allocations, with a view to scale-up the initiative

Conceptional framework: China Child Welfare Demonstration Project?



The programme was piloted in 120 villages in 12 counties (10 villages per county), in five provinces (Henan, Shanxi, Sichuan, Xinjiang and Yunnan), with county selection based on the estimated number of 'most at risk children,' according to a series of poverty, health, and geographic isolation indicators. Building on lessons learned from an earlier project, which had specifically supported children affected by HIV, the China Child Welfare Demonstration Project expanded its focus to embrace all children afflicted by all manners of vulnerabilities that precluded their optimal development. Below are some of the primary activities under the initiative.

Grassroots Barefoot Social Workers appointed and trained: The first task of the initiative was the recruitment and training of a team of 'Barefoot Social Workers,' inspired by China's earlier 'Barefoot Doctor' scheme, which has successfully promoted 'primary health care for all' since the 1960s. In this case, the Barefoot Social Workers assumed the role of the front-line workers, bridging the gap between children and their families, on the one hand, and the County Bureau of Civil Affairs and the various agencies providing services to children, on the other. Each village has one Barefoot Social Worker – recruited from the local community, thus ensuring they have

the in-depth knowledge of the local context, language, culture and traditions that is so critical to their role.

Situation of children in pilot villages mapped: The first task of the Barefoot Social Workers was to conduct a community-level household survey, mapping the situation of every child in the village in terms of critical development indicators. This data was then used for needs assessments, categorization and prioritization of support needed, identification of appropriate support services, and intervention planning. The collective data on every child in 120 pilot villages provided a comprehensive account of the range of vulnerabilities impairing the healthy development of China's most vulnerable children – and in so doing, revealing a scale and complexity not previously known.

Mapping the Situation of Children

According to the first survey in 2010, 3% of the 80,000 children surveyed did not have enough food; 13% of children 7–15 years of age and 69% of children with disabilities did not go to school; 5% had no birth registration; and 2% were without family care because their parents were in prison or had passed away. Low economic status, lack of transportation, language barriers and local traditions made it difficult for many households to access public social assistance.

(Shang XY & Wang Xiaolin, 2010)

Barefoot Social Workers provide information and links to support services: The Barefoot Social Workers educate children and their families on child rights, caregiver responsibilities, appropriate health and protection behaviors, the importance of education, and available support services – facilitating access to the latter.

Children's places established in 120 villages: The Barefoot Social Workers have established one 'Children's Place' in each village, with the support of the County Bureau of Civil Affairs and Village Committees. Children's Places are places of respite, security and comfort, where children can interact, play, and enjoy educational and/or therapeutic activities in a safe, protective caring environment. Parent information, education, and social events also take place at these centers.

County-level child welfare coordination mechanisms: The Ministry of Civil Affairs acts as the focal point for the coordination of multiple cross-sectoral agencies with responsibilities for the development and delivery of the child welfare system. Child welfare coordination mechanisms were established at the county level, under the leadership of the County Bureau of Civil Affairs, to maximize the effectiveness of the collective resources of multiple agencies targeting most vulnerable children.

What were the results for children?

Linking children to essential social services

It is clear that the Barefoot Social Workers have traversed the "last mile" in the 120 pilot villages, reaching the most vulnerable children, mapping their needs, delivering information and linking them to available services. In so doing, the possibility of a better future has emerged for these children and their families. While comprehensive project data is yet to be compiled on the full range of changes in children's lives, annual project reports (2010–2014) suggest the following outcomes for children resulting from the interventions of the Barefoot Social Workers:

- 6,649 additional 'children without caregivers' received orphan livelihood subsidies
- 8,083 eligible children and their families enrolled in the Dibao basic subsistence allowance scheme
- 708 children with disabilities and serious illnesses accessed subsidies or auxiliary tools
- 15,000 additional children registered for the New Rural Cooperative Medical Scheme (enhancing access to available healthcare services)
- 20,000 additional children registered for medical insurance for serious illnesses
- 5,000 women and children were mobilized to seek HIV screening
- The births of 3,232 children were registered (out of 3,591 children identified as unregistered in 2010)
- 9,000 additional children received educational grants for formal education or vocational training
- 30,000 family members participated in group learning and parenting activities, or were contacted by Barefoot Social Workers individually and received information on HIV, drugs, and injury prevention

There is anecdotal evidence of further positive results for children, including reductions in primary school drop-out rates, increases in school enrollment of children with disabilities, and reductions in the

© UNICEF China/2016/Xia Yong

Guanya, pictured here at age 7, was born with a birth defect that impaired his daily functioning. Thanks to the support and influence of the Barefoot Social Worker and the rural medical assistance scheme, Guanyan had surgery at age five and the family received some modest support. Guanyan is now a thriving healthy boy. "There are many other children needing help," says his father, Jin. "I hope this programme continues."

incidence of early marriage (compared to the 2010 baseline).[31] While this cannot be fully attributed to the Barefoot Social Workers, advocacy on their part is certain to have played a role.[32] While these numbers may appear small in relation to China's vast population, the achievement is significant in the context of the 120 pilot villages. Further, the profound impact that the Barefoot Social Workers can have on individual lives is clearly demonstrated.

> *"My husband tried to discourage me taking up this role – but our work has helped so many children – even my husband's attitude has changed – now he's very supportive."*
>
> *(Barefoot Social Worker, Yunnan Province)*

Government commitment to scale-up: Even before the end of the five-year Child Welfare Demonstration Project, decisions were being made in individual provinces and counties to expand coverage of the programme using government or government-generated funds. Notably, at the county level, the 12 project county governments have developed their own scale-up plans with full implementation scheduled for the end of 2016. At the national level, the Ministry of Civil Affairs issued a notice dated August 2015 to the Civil Affairs Bureaus in all provinces, autonomous regions, and municipalities instructing them to scale-up coverage to 1,000 villages in 100 counties. Following the principles of 'Child First' and the maximization of children's rights, they were directed to explore service delivery mechanisms in order to reach the most vulnerable children – no matter how remote. Further, on June 16, 2016, the State Council officially issued a policy paper, calling for action on the part of central ministries and provincial governments, with respect to the nation-wide implementation of a child welfare programme for vulnerable children, including child protection, and encompassing the Barefoot Social Worker model. A press release, issued by the Ministry of Civil Affairs, stated the appreciation of the evidence provided by the Barefoot Social Worker project.

Raising awareness of child rights and the scale of the needs of children and their families: By way of advocacy, media campaigns, information sharing, field visits, and conferences, the programme raised the awareness of child rights and the scale of the needs of children and their families. Collectively this has resulted in an appreciation of the role of the Barefoot Social Workers, a willingness to support their work, and furthered interest in expanding the model and addressing the challenges of going to scale.

Developing child-focused policies: As planned, project experience and knowledge fed into policy development and strategic planning processes at national, provincial, and county levels – including the

government's National Plan for Child Development (2011–2020), the 12th five-year plan of MCA, the development of a national policy paper on welfare for vulnerable children, and a Child Welfare Regulation (still in process). The pilot project was viewed as important in informing the future development of child welfare in China.

"Children are not behaving well in school, they are rebellious – but when they come to the Children's Place, they gradually recognize their own value, they become responsible."

"We don't play for the sake of play – it's not random. We use games to teach the children things. We embed messages in games. The way of organizing activities is important."

(Comments made by two Barefoot Social Workers in Yunnan Province)

What worked?

Factors influencing pro-equity decisions

Consultations with stakeholders endeavoured to identify the critical factors and/or innovative features that contributed to the programme's success, and what influenced key decision-makers to go to scale.[33] This section presents a summary of the collective key ideas raised.

Alignment with National Development Strategy: At a recent National Child Welfare Workshop,[34] Deputy Director General of the Department of Social Welfare and Charity Promotion of the Ministry of Civil Affairs, emphasized the importance of the alignment of the Child Welfare model (as developed by the pilot project) with the new national development concepts of '*innovation,' 'coordination,' 'green,' 'open,' and 'shared development,*' which had been announced by President Xi Jinping on the 5th plenary session of the 18th Central Committee of the Communist Party of China in October 2015.

Bridging supply and demand: Barefoot Social Workers do not replace official trained social workers - but they do provide a bridge between the caregivers of vulnerable children and available services. Information on the specific needs of children, collected by Barefoot Social Workers and conveyed to the County Bureau of Civil Affairs, has informed the planning and coordination of collective resources from multiple sources (government, developent partners, businesses, community-based organisations, etc.) to more effectively address child welfare in country.

Innovative and evidence-based learning: The Child Welfare Demonstration Project has been an innovative pilot initiative aimed at developing a low-cost, sustainable service delivery strategy that will reach and achieve results for the most vulnerable children. It was designed in such a way that lessons would be progressively learned pertaining to strategy effectiveness, with information on successes and challenges fed back to policy-makers to inform decision-making in relation to policies, standards and guidelines for nationwide application. Information generated by the Child Welfare Project, as well as other initiatives and studies, has highlighted the scale and severity of the challenges facing millions of rural children – together with the inadequacy of prevailing strategies and resource allocations in responding to their needs.

As indicated above, the Barefoot Social Worker Project provided evidence that contributed to the policy paper on the nation-wide implementation of a Child Welfare Programme for most vulnerable children, recently released by the State Council. This was not an incidental outcome, but the result of a carefully planned, intentional, continuous monitoring and upward information-sharing effort.

"*The township leader is very supportive of our work. There are not many resources [and] there is little funding … but when we make a request, they always find a way to help a family [experiencing] severe difficulties."*

(Barefoot Social Worker)

Role of critical partners (The 'expert team,' the China Philanthropy Research Institute and UNICEF): A key feature of the pilot programme was the team of five child welfare experts drawn from national universities, appointed to provide technical support and guidance throughout the project. These experts were instrumental in defining the roles, responsibilities, and selection criteria of the Barefoot Social Workers – as well as developing technical and operational manuals and performance indicators, determining allowance levels, training the social workers, and providin ongoing professional support. The expert team

produced annual stocktaking reports on child welfare policies and bi-annual project reports summarizing programme implementation progress, achievements, challenges, progressive lessons learned, and recommended adjustments. Lessons learned were incorporated into the national child welfare strategy that was being developed.

The role of the CPRI at Beijing Normal University has also been critical toward the success of equity programming in China. The CPRI coordinated the experts, brought them together twice a year, assisted with planning and research, and produced the Child Welfare Stocktaking report. This allowed the Ministry of Civil Affairs to focus on implementation, securing political buy in, advocating for and developing policy, and advocating for financial resources. UNICEF is additionally recognized as having played an important role in this programme – providing a link to international experience, a source of financial and technical support, and a catalyst to action.

Role of transformative leadership: One stakeholder noted: "[In China,] everything relates to the specific individual holding a particular position. If they have passion and motivation, and if [the] position gives them power to translate passion into action, then action can realize vision – so a lot can be achieved. I believe this has been the case in this initiative." Interviews with stakeholders indicated that having visionary individuals in various leadership roles supporting the project over the past five years, has led to an increase in knowledge and acceptance of the Barefoot Social Worker Initiative.

> *"I now have a more structured understanding of how the programme works, and more confidence to move the programme forward in my province. I have learned a lot."*
>
> *(CCWDP – National Conference participant)*

Child focused evidence-based approach: Information channels were established that linked the lives of individual children to national-level policy makers via the expert team and the Barefoot Social Workers. The experts maintained close communication with the social workers through mobile phones and instant messaging, providing specific advice on especially challenging cases, and made at least two visits to pilot sites annually. The expert advice was very much influenced by information gained on the lives of these children and the extent to which programme strategies worked to enhance their well-being. The development of the technical guidelines and training materials for the Barefoot Social Workers was similarly informed by direct experience from the field.

Use of inter-active technology: An interactive child welfare mobile and IT platform was established to support Barefoot Social Workers. In addition, many of the Barefoot Social Workers, experts, and management staff use 'We-Chat,' an on-line chat group, for uploading photos, sharing information, asking questions, solving problems, and posting meeting notices. Instant access to a national expert has been a remarkable resource for a grassroots level para-social worker. The project also established a child welfare website spreading messages on child rights, children's needs, programme activities, and publishing a project newsletter.

> *"I had worked for the village committee for twelve years, and I never knew there were such needs… being on the village committee, you only see the case on paper – but by regularly visiting the household, you come to really understand the situation."*
>
> *(Barefoot Social Worker, Yunnan Province)*

What now?

Reconfirming commitment to eliminate equity barriers

Alongside the achievements outlined above, the China Child Welfare project has also had its challenges, perhaps foremost among these has been the issue of Barefoot Social Worker remuneration. To date, the Barefoot Social Worker role has been a voluntary one, with the funds provided representing an allowance (rather than a salary), which barely covers costs associated with tasks. As a result, the turnover of Barefoot Social Workers to date has been considerable. Further, the limited remuneration has led to Barefoot Social Workers taking on other paid employment, reducing the time available for their grassroots child welfare tasks (which already demanded greater input than even one full-time barefoot social worker could provide). This is one of several challenges which will require further consideration.

During a national conference (conducted in April 2016), a Ministry of Civil Affairs official referred to the Child Welfare Demonstration Project as "a great programme with potentially profound implications for generations to come." During the workshop, Ministry of Civil Affairs officials re-confirmed government commitment to ongoing support for the development of China's child welfare system. Stakeholders from multiple provinces gathered to collectively consider how the scaling up of grassroots child welfare services would proceed to 1,000 villages, drawing on lessons from the pilot initiative.

In terms of future directions, there was broad consensus on the need for a comprehensive national child welfare legal framework; clarification of the roles and responsibilities of the different parties involved; a critical increase in Barefoot Social Worker remuneration rates; and the development of child welfare service delivery standards and guidelines. There was also agreement on the need for the professionalization of the child welfare workforce; mechanisms for ongoing training; professional support and supervision; and, improved integration with existing systems. Another area that will be strengthened going forward is the child protection component. Thus far, the main focus of the Barefoot Social Workers has been on financial assistance, registration, and access to services, but the serious issue of violence against children has not yet been adequately addressed.

While child welfare work is still in its naissance stage in China, the China Welfare Demonstration Project has generated enthusiasm, workable models and commitment – fertile soil from which a national child welfare system might spring. This system has the potential to traverse the last mile of service delivery, sharing China's development more equitably with its most vulnerable children.

Meet Ting

© UNICEF China/2016/Xia Yong

Ting is a 13-year old who lives in Longchuan county, Yunnan Province, with her mother and grandfather. Ting was born with cerebral palsy, affecting her limbs and speech. Her mobility was severely impaired and she would often fall down with regular injury.

Ting's father died several years ago, and her mother works the family farm alone, sometimes assisted by Ting. The family receives dibou, the basic subsistence allowance provided by the government. Ting's mother, says: "We barely make ends meet."

Ting is very expressive, but she is unable to speak, and it is difficult for her to communicate directly with her peers. She dropped out of primary school three years ago, after completing grade 4 – at the time of her father's death. Until now, she is unwilling to re-enroll. Ting's mother says: "There was no severe bullying at school – she just feels different to other children."

In 2013, the village Barefoot Social Worker, Ms. Wan Yanhua, identified an NGO active in the area, Right-to-Play, which was willing to assist. She completed the necessary paperwork on behalf of the family. Right-to-Play arranged special rehabilitation footwear for Ting, and provided a one-year micronutrient package. As a result, Ting can now walk, even without her special shoes.

Ting is now very active. She learned to ride a bicycle, and she enjoys playing with her cousins and chats with them using mobile phone instant messaging. She also regularly goes to the Children's House with other village children, organized by the Barefoot Social Worker.

Ting's mother stated: "Our life has improved so much since the Barefoot Social Worker came into our lives. Before we met Wan Yanhua, no one came here to talk about my daughter's situation – now many people come. They enquire after her and they try to help." Now, Ting wants to become a store-keeper when she grow up.

IMPROVING NUTRITION SECURITY FOR THE MOST VULNERABLE CHILDREN IN INDONESIA

Indonesia Case Study
Improving Nutrition Security for the Most Vulnerable Children in Indonesia

The following case study describes how significant change in nutrition status for the most impoverished children has been achieved in several districts in Indonesia. It reviews the unique political and cultural environment that provided both opportunities and constraints to forging partnerships from the perspective of national counterparts, partners and key child-rights stakeholders, including mothers and caregivers themselves. A review of Indonesia's strategies suggests that the key to their significant success was not "making people achieve results," but rather "making people the result," given their strong focus on generating context-specific evidence, derived through the work of local experts to reinforce community members' contributions and capacities.

What was the challenge?

Malnutrition and health disparities in Indonesia

Ensuring that this generation of children are able to reach their full capacities is a complex developmental and public health challenge for national authorities in Indonesia, and across the EAP region. Children who are stunted or wasted are more likely to suffer serious illnesses and die in childhood. Those who survive often suffer limitations in physical and cognitive development, which can have long-term impacts on their ability to retain knowledge, do well in school, and sustain economically productive lives. Also, children that suffer from malnutrition are at a greater risk of becoming overweight, developing diabetes, and suffering from heart disease in adulthood.[35]

In Indonesia, almost nine million children under the age of five, or 37 percent of children, are stunted, meaning they are too short for their age. In addition, almost three million children (12 percent) are wasted, meaning they have a low weight for their height. Malnutrition often originates during fetal life if the child's mother was malnourished before or during pregnancy. In Indonesia, anemia affects 37 percent of pregnant women and 28.1% of children aged 12–59 months – with a much higher prevalence among the younger children (53.7% of children aged 6–23 months).[36]

Similar to other countries transitioning to middle income status, Indonesia faces the great challenge of ensuring its impressive economic growth translates into improved quality of life for all its citizens. Rising disparities in nutritional status between rich and poor children indicate that there are challenges in reaching those most vulnerable and excluded from society. In fact, the difference in stunting prevalence between children living in households within the poorest and richest wealth quintiles almost doubled from ten percentage points in 2007, to 19 percentage points in 2013. Geographic disparities are also evident, with the prevalence of stunting in 2013 ranging from 26 percent in Kepaulauan Riau Province, to 52 percent in Nusa Tenggara Timur (NTT) Province.[37]

Among the multiple factors which contribute to high levels of undernutrition in Indonesia, a primary factor is poor infant and young child feeding (IYCF) practices. Only 42 percent of infants under six months of age are exclusively breastfed,[38] even though this practice protects against infections and reduces the costs caused by preventable diseases to the family and health system. In addition, only 37 percent of infants aged 6–23 months are fed a "minimum acceptable diet," meaning they meet the minimum requirements in terms of breastmilk/milk

content, diversity and meal frequency.[39] Appropriate complementary feeding from six months of age, together with continued breastfeeding, ensures that the child receives adequate nutrients to grow and develop in a healthy manner.[40] In fact, evidence from Indonesia shows that improving breastfeeding practices could save 5,377 child lives by preventing childhood illnesses such as pneumonia and diarrhea.[41]

There is also evidence of an association between stunting and poor sanitation in Indonesia. With one in five people defecating in the open (51 million people), Indonesia ranks second in the world for the highest rates of open defecation.[42] Poor sanitation may impact on nutrition status by causing diarrhea, intestinal worm infections or environmental enteropathy. These infections and conditions cause the loss of appetite, maldigestion or malabsorption of nutrients, and other responses that divert the use of nutrients, thus negatively affecting their survival, growth, and overall development.

National surveys conducted in 2007 and 2013 indicate there was no progress in reducing undernutrition in Indonesia, and only one of five of the World Health Assembly Nutrition targets for 2025 is expected to be met.[43] However, Indonesia is not alone among Asian countries which have had little success in reducing malnutrition. Of the one billion people that suffer from chronic malnutrition in the world, approximately two thirds of them (over 666 million) live in Asia. Further, nine countries in East Asia and the Pacific have more than 30 percent stunting prevalence rates – and the correlations between stunting, poor infant and young child feeding practices and open defecation are compelling across the region.[44]

What was done?

Nutrition programming targeting the most marginalized

To access both global and regional good practices and technical nutrition programming expertise, the Government of Indonesia took part in a regional initiative supported by the European Union and UNICEF which aimed to addresses the growing problem of undernutrition in South and Southeast Asia, targeting pregnant women and young children in five countries, including Indonesia, Bangladesh, Laos PDR, Nepal, and the Philippines. The goal of this regional effort, called the "Maternal and Young Children Nutrition Security Initiative in Asia" (MYCNSIA), was to reduce anemia in pregnant women and children aged 6–35 months and to reduce stunting in children aged less than three years.

Interventions focused on the reorienting policy, programming, and practice to focus on the critical first 1,000 days of life between conception and a child's second birthday. This included:

- **Developing up-stream policy and nutrition security awareness.** This has included Indonesia's adoption of a harmonized framework of goals, targets, policies, strategies and tools with national and sub-national government institutions. Specifically, this has included Indonesia's active membership in the SUN Movement, the prioritization of nutrition in the government's medium term development plans at national and sub-national levels, the development of plans of action on food and nutrition at national and subnational levels, and the Government Regulation on Exclusive Breastfeeding.
- **Developing capacities of health workers and community health volunteers to deliver counseling services on IYCF at community level.** Indonesia adapted a global community IYCF counseling package which provides an interactive adult learning approach to building the knowledge and skills of community health workers on counseling, problem solving, negotiations and communication – as well as on recommended breastfeeding and complementary feeding practices. A cascade training model was developed to facilitate rapid roll-out of this IYCF counseling package, and includes a component on supportive supervision.[45]
- **Scaling-up direct nutrition interventions.** In collaboration with its partners, the Government of Indonesia has worked to improve infant, young child and maternal nutrition through at-scale implementation of key direct interventions. This has meant the rapid scale-up of IYCF counseling in collaboration with various donors and NGOs. Most notably, the community IYCF counseling package has been adapted by Indonesia's Ministry of Health for nationwide use.[46]
- **Strengthening data analysis and knowledge sharing.** The Government of Indonesia has also focused on strengthening nutrition security information systems, data collection, and analysis including monitoring and evaluation with effective mechanisms for knowledge sharing and management. Specifically, this has meant the inclusion of breastfeeding indicators in the health management information system, harmonization

Neighborhood health volunteers are providing nutritional food to the local community at the Klaten Baby Café. The Baby Café offers a one-stop community center offering education, cheap and free balanced foods, growth monitoring, and holistic support targeting the nutritional needs and healthy development of all community members.

of indicator definitions for breastfeeding across all surveys, and the development of a computerized monitoring system in Klaten District of Indonesia.

- **Gathering evidence from delivery models**. The community-based element of programming supported by the EU and UNICEF has focused on three districts which represent different typologies of the country. Klaten District in Central Java Province, for instance, has relatively low stunting prevalence, but a high number of stunted children due to the large population. In contrast, Sikka District in Nusa Tenggara Timur (NTT) Province, has the highest prevalence of stunting in the country. Finally, Jayawijaya District in Papua Province (the third focus area), is characterized by health and nutrition indicators which fall behind the rest of the country.[47]

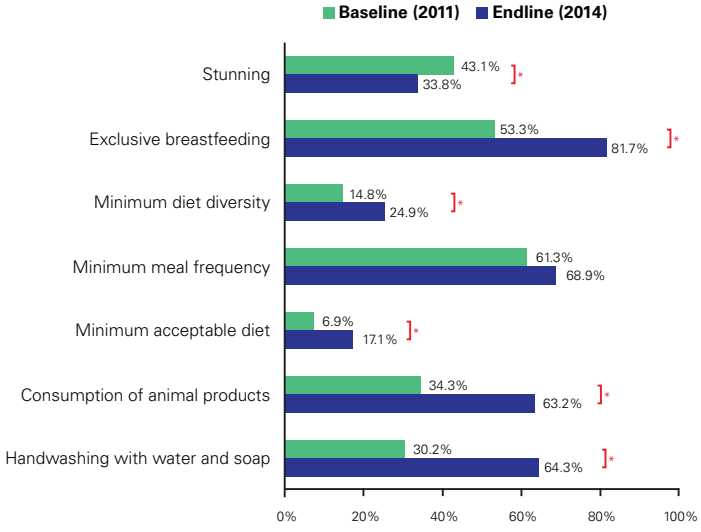
Combined, these efforts in Indonesia have generated valuable evidence on what works to reduce malnutrition in different settings.

What were the results for children?

Reaching the poorest and most marginalized households

There have been significant improvements in the nutritional status of Indonesia's most vulnerable children and their families in the focus districts of the EU and UNICEF-supported programme. Surveys measuring IYCF practices and nutritional status among children in the three focus districts revealed stunting fell from 26.6 to 23.9 percent between 2011 and 2014, a substantial decline of five percentage points in only three years. During the same period, exclusive breastfeeding of infants aged less than six months increased by 20 percentage points (from 72.3 to 52.2 percent), and the percentage of households who reported handwashing with soap increased from 61.4 to 69.5 percent.

Figure 1: Child stunting, feeding and caring practices at baseline (2011) and endline (2014) for children in the lowest wealth quintile



(*Denotes a significant difference between baseline and endline results.)

Findings amongst the poorest households of the focus districts were the most impressive (See Figure 1). For these households, between 2011 and 2014, stunting fell by ten percentage points; exclusive breastfeeding

improved by 30 percentage points; and handwashing with soap increased dramatically by 30 percentage points. Further, the proportion of children who consumed a minimum acceptable diet increased from seven percent to 17 percent.

Combined, these findings indicate that Indonesia's deliberate choices to adapt community-based programming resulted in success in reaching the poorest children.[48] These are extremely positive results which are furthering momentum in country.

In comparison, national data does not show as positive a change as in the focus districts. In fact, stunting rates across the country actually increased from 35.8 percent to 37.2 percent between 2010 and 2013,[49] and exclusive breastfeeding increased by only ten percentage points between 2007 and 2012.[50] This appears to suggest that the new nutrition programming approach worked, with a potentially dramatic impact on the survival and development of Indonesia's children.

What worked?

Implementing an equity-based approach to improving nutrition

A closer look at the strategies employed in Indonesia suggests that these results were achieved by means of a harmonized, multi-pronged and integrated community-based approach. With the support of the MYCNSIA programme, the Ministry of Health was able to further its ongoing efforts to engender a critical mass of committed individuals and champions to work collaboratively to creatively address the drivers of malnutrition in a holistic, culturally appropriate and comprehensive manner, with a specific focus on the most disadvantaged households. The perspectives of national counterparts, partners and key child-rights stakeholders, provided below, suggest that an "equity-focus" was considered not only right in principle, but also effective in practice, since it is among the poorest households that the greatest development gains can be made.[51] Some of the key success factors in Indonesia appear to b:

An enabling legislative and policy environment: Interviews indicated that the efforts of government agencies to harmonize the country's framework of plans, goals, actions and legislation pertaining to nutrition has been an essential variable in creating an enabling environment in support of improved feeding practices and nutrition status among Indonesia's poorest. Indonesia's 2009 Health Law paved the way for change, but also notable was the country's active participation in the global SUN Movement; the prioritization of nutrition in the National Medium Term Development Plan, including a main development indicator on stunting; the development of the National Plan of Action on Food and Nutrition, which supports improved nutrition for mothers and their children; and the development of the 2012 Government Regulation on Exclusive Breastfeeding. This important regulation requires all elements of the health system to support mothers to exclusively breastfeed; it forbids the promotion, sale or distribution of formula milk to mothers with infants aged less than six months by health workers and health facilities. Formula milk often disrupts successful breastfeeding and increases the risk of disease and undernutrition among infants.

> *"Our incidence of stunting is still high nationally. We are faced with a double burden of malnutrition – not only wasting, but also obesity. It is perhaps the systematic way that we are ensuring that nutritional status is addressed in our development agenda, such as through our National Plan of Action on Food and Nutrition that is most important. One of the lessons learned from Indonesia is that nutrition strategies and policies are mainstreamed into our National Medium Term Development Plan. This is important, otherwise, it is very difficult to get the attention of the government."*
>
> *(Dr. Ir. Subandi Sardjoko M.Sc., Deputy Minister for Human Resources and Culture, Ministry of National Development Planning)*

The Regulation on Exclusive Breastfeeding also stipulates that companies must provide breastfeeding breaks and facilities for breastfeeding employees. Mothers and caregivers that work in local factors implementing the regulation have emphasized the importance of these changes in their day-to-day working environment. Now, a combination of national level advocacy and community-level activism is increasing the number of factories that implement these beneficial policies throughout Indonesia.

Targeted capacity building, planning and budgeting for nutriton programming at subnational (disrict) and village levels: Indonesia has a decentralized government comprised of 34 provinces, over 500 districts, and 73,000 villages across 17,000 islands.[52]

Feedback from stakeholder interviews indicates that there is a common understanding that addressing malnutrition within this highly decentralized system – especially in relation to the achievement of equitable outcomes – is one of the essential pieces to improving child well-being. One method has been to conduct analyses of bottlenecks that prevent change at the district level to better understand local issues and determine solutions. Across all interviews, the programme's emphasis on improving capacity, planning and budgeting for nutrition at the subnational (district) and village levels was viewed as central to reaching the most marginalized populations. This approach has been critical to leveraging sustainable resources for nutrition/IYCF.

"There was a deliberate effort to focus on reducing the gap by targeting the lowest educated and those with the poorest health at the village level. We have started implementing our village law which provides one billion Rupiah to every village, and then the village decides how best to use it on issues that concern them – and there are 73,000 villages. We are working to develop a critical mass of individuals at the village level than can decide where best to spend the money."

(Dr. Ir. Subandi Sardjoko M.Sc., Deputy Minister for Human Resources and Culture, Ministry of National Development Planning)

The government's commitment to reaching marginalized children is evident in that the IYCF counseling package is being rapidly scaled-up by government offices at all levels and across sectoral areas, jointly with the support of UNICEF, the USG funded MCC programme, World Vision – Indonesia, and five NGOs in a total of 115 districts.

"At the macro-policy level, we are trying to shift our paradigm from corrective health to preventative health. This implies the importance of obtaining support from other sectors, not only health, in order to have a larger impact. For example, we are working with other government ministries on water and sanitation. If kids are eating contaminated food, it causes changes in their intestine – hygiene is very important [to nutritional well-being] – so we need to work with all sectors."

"The IYCF [counseling] model works because it's very community-based, and it's not a one-way communication. It teaches the cadres [of community health volunteers] how to analyze the information so that they can provide counseling in a way that is more of a dialogue and very engaging. The old counseling methods were top-down and focused on telling the mothers what to do. But this new IYCF model teaches them to listen to the mothers, ask questions, and make suggestions rather than judge and blame. The mothers and the cadres make a plan that is based upon the mother's perspective."

(Dr. Candra Wijaya, MPH, Health Team Leader, Wahana Visi Indonesia)

Effective platforms to reach most vulnerable and disadvantaged households: IYCF counselling services delivered through community-level health posts (Posyandu) proved highly effective in reaching the most vulnerable children, as evidenced by the significant improvement in exclusive breastfeeding, complementary feeding practices and stunting among children in the lowest wealth quintile. Interviewees suggested that the uniquely interactive adult-learning, training approach to develop counseling skills has been a primary key to its success. Mothers, fathers and grandparents appear to be drawn to the programme due to the inclusive, affirmative and engaging methods of interaction being used for nutrition counseling. These counseling services are carried out by trusted community volunteers who live in the same neighborhoods as the families using the services, and who initiate home visits or make referrals to the village midwife and health center level, if problems occur that require a higher level of support. Most villages have at least eight trained counselors who encourage dialogue and work with parents to identify practical solutions which reflect the realities of their lives.

Multi-sectoral, integrated and holistic approaches to addressing malnutrition: Child-rights stakeholders and national partners indicated that taking an integrated, holistic approach across all development sectors has been an effective and necessary response toward reaching the most vulnerable children and addressing the problem of undernutrition in Indonesia. For example, IYCF training packages have targeted not only community health volunteers, but also family planning workers,

"If we look at the way our nutrition program is reflected in our planning documents, it has to be underlined that we've worked closely with the academic community [in Indonesia]. To comply with the World Health Assembly targets … we established strong relationships with the academic community to support our analysis and planning through 2019. We received a lot of support from the academic community, and it came from not only the prominent universities in Java, but also in Sulawesi. The University of Indonesia and University of Hasanuddin also support our program."

(Dra. Nina Sardjunani, MA, Lead SDG Secretariat, Ministry of National Development Planning)

Early Childhood Development cadres and agricultural extension workers, all of whom have contact with parents of young children. Agriculture extension workers have been trained to focus on complementary feeding with the use of locally-produced foods, for instance. By increasing the target audiences to reflect a more holistic orientation, and by addressing the whole life-cycle (rather than one intervention point), many benefits have ensued – including improved nutritional awareness among men, adolescents, grandparents, among others.

Partnership with local academic institutions: Interviews with government officials within the Ministry of Health and Ministry of Planning indicated that the establishment of strong relationships with the local academic community has proven vital in providing the research and analytical foundation needed to move forward with the government's nutrition and health objectives. The University of Indonesia for example, evaluated the impact of the MYCNSIA partnership, conducting baseline and end line surveys.

Meet Saminah

Saminah is a single mother raising five children in Klaten District, Central Java. Her youngest daughter is eight months old. Saminah reports that she breastfed her baby exclusively for six months, after which she added simple foods, such as porridge. She is now feeding her child a variety of foods, including rice, vegetables, tofu, and chicken – and she feels her baby is healthy, energetic and happy. Saminah has learned the importance of good nutrition from volunteer nutrition and health counsellors at the Baby Café in her community.

Baby Café was established when the village midwife recognized the difficulties faced by busy families to prepare complementary foods for their young children. "We learned that many mothers in the village work long hours in factories," she stated. "They leave home at 7 am and only get back at 5 pm. The mothers told us that they don't have enough time to prepare nutritious complementary foods for their children."

Baby Café provides cheap (and sometimes free) healthy food for children up to two years of age, along with counselling for parents and grandparents by village volunteer community health workers regarding

© The Bassiouni Group/2016/Sylvie Morel-Seytoux

breastfeeding and the appropriate foods to feed their infants and young children. The demand for the meals is huge and they often sell out. The community health workers working at the Baby Café also provide counselling on IYCF to customers. Midwife Budi says that they soon noticed the results. Children who regularly ate the Baby Café breakfasts began gaining weight at a healthy rate.

With almost half of the young mothers in Saminah's village working in nearby garment factories, the village has also worked with local employers to help women continue with breastfeeding. Several factories now provide lactation rooms, and have adopted company policies allowing women to breastfeed during work hours.

EXPANDING BIRTH REGISTRATION TO REACH CHILDREN FROM THE MOST DISADVANTAGED AND REMOTE REGIONS OF KIRIBATI, VANUATU, AND SOLOMON ISLANDS

Pacific Islands Case Study

Expanding Birth Registration to Reach Children from the Most Disadvantaged and Remote Regions of Kiribati, Vanuatu, and Solomon Islands

The Convention on the Rights of the Child articulates that every child has the right to be registered at birth without discrimination (Article 7). This Pacific Islands case study describes how impressive change in the number of births registered throughout Kiribati, Vanuatu, and Solomon Islands has been achieved, and how unique national and inter-agency partnerships have allowed these countries to narrow registration disparities. The study reviews the actions implemented at all levels to expand access to birth registration, and captures lessons learned toward implementing an equitable approach from the perspective of national counterparts, partners, rights holders, and key child-rights stakeholders.

What was the challenge?

Birth registration disparities in the Pacific Islands

Every child has the same right to an identity. The Convention on the Rights of the Child (CRC) states that every child has the right to be registered at birth without discrimination (Article 7). Birth registration and the issuing of a birth certificate, provides an essential document that is required in many countries for school enrollment, health treatment, and accessing other social, economic, legal and political entitlements during childhood and into adulthood. Birth registration documentation also serves as a method of child protection, supporting enforcement of minimum age of marriage, juvenile justice and employment laws. At the most fundamental level, a birth certificate recognizes and validates a child's very existence. In the broader context, birth registration provides vital demographic data to governments that can influence policy and programming – allowing for proper calculations of infant and child mortality rates, population growth rates, and the forecasting of health, education, and social service needs. As such, birth registration is both a fundamental right and an essential and vital tool for evidenced-based action to improve the lives of children.

> *Birth registration establishes a permanent link between parents and children. It enables children to know their parentage, particularly if they are born out of wedlock or if they have been adopted. It provides proof of family connections at critical times, such as when children are missing or become involved with the law. Birth registration helps safeguard children against trafficking, abuse, abduction and exploitation. Proof of age is essential to ensure that children are not prematurely deprived of the protection that the law entitles them to in areas such as marriage, sexual exploitation, work and criminal justice.*
>
> *(UNICEF Kiribati 2016)*

In the Pacific Islands, there have been historically very low birth registration rates. A 2008 UNICEF study in Solomon Islands estimated the number of formal birth registrations at 0.1 percent.[53] In Vanuatu, a 2008 baseline study by UNICEF found that only 26 percent of children living in Vanuatu were registered.[54] Similarly, a 2009 baseline report indicated that the birth registration rate in Kiribati was "one of the lowest in the Pacific."[55] Due to the geographical complexity of the three countries, birth registration rates vary

greatly between urban and rural populations – with populations in remote locations less likely to be registered. For instance, Solomon Islands is made up of six major islands and 900 smaller islands which are divided into nine provinces; Vanuatu is composed of 83 islands organized into six provinces; and Kiribati is comprised of 33 small islands. All of the islands have limited and intermittent telecommunications capacities, as well as highly dispersed populations. As a result, systematically servicing these largely rural-based, widely dispersed populations with accessible and affordable birth registration opportunities has been challenging.

Along with connectivity and geographical challenges, a major barrier has been a historically widespread lack of awareness of the important benefits of birth registration among rural populations.[56] A 2014 case study prepared by UNICEF identified that in Vanuatu, financial barriers also inhibited registration rates as many families could not afford the cost of registration or the required transportation fees to access a registration post.[57] In 2014, the registration fee for birth registration in Vanuatu was between 1,500 and 2,500 vatu – or an estimated ten percent of a monthly household minimum wage.[58] Similarly, in Kiribati, a 2014 study indicated that while it is free to register a birth within the first 12 months of a child's life, the late fee structure deterred people from undertaking late registration.[59] Amongst Pacific Island Countries (PICs), Vanuatu, Kiribati, and the Solomon Islands have some of the lowest human development index values and lowest gross national incomes per capita – making registration fees and the cost of transportation to reach registration posts important variables.[60]

"Mothers have so many important tasks, especially single working mothers. So imagine if you have four kids, but you don't have a good salary or means of income ... it's very hard for you to pay the fees for late registration, or to pay for transportation costs to go to a registration post. The late registration fee is currently $11. That is a lot. Working with the Ministry of Health, we now have two [birth registration] offices stationed in the two hospitals, so that when mothers deliver, they receive a birth certificate right before their discharge that is free of charge. This is the best way to reach them."

(Ms. Tiensi Teea, Ministry of Women Youth and Social Affairs, Kiribati)

Finally, legal barriers have also historically inhibited parents from registering their newborns – such as the law in Vanuatu (which is currently under review) which prohibits mothers from registering their children if they do not wish to have the child's father's name included in the records.[61] With the bulk of the legislative and policy framework surrounding birth registration having been established 30+ years ago, many of the laws were severely outdated with inefficient and duplicative policies and processes.[62]

What was done?

Addressing birth registration inequities through national outeach

Over the last eight years, there has been growing recognition among Pacific Island governments and other key stakeholders of the vital importance of birth registration. In order to effectively reach thousands of beneficiaries in some of the most remote villages in the Pacific Islands with access to birth registration, the governments of Kiribati, Vanuatu, and Solomon Islands have established multi-sectoral programming partnerships with UNICEF and other child-rights stakeholders to raise awareness, decentralize services, and significantly increase access to affordable or no-cost registration. Below are several of the primary steps that have been taken to address birth registration inequities by these PICs.

Formation of national civil registry offices: Each country had a national civil registration office, but they were under-resourced. With support from UNICEF and other key international stakeholders, funding and staffing has improved as has the decentralization of services. The PICs now have a Civil Registration and Vital Statistics Committee or Taskforce as a body representing their governments. The PIC governments are working closely with the UNICEF Pacific Child Protection Programme (CPP) and other development partners toward achieving the objectives of the wider Ten Year Pacific Statistics Strategy (TYPSS), which is being implemented in collaboration with the Brisbane Accord Group (BAG). The members of BAG include WHO, UNFPA, UNICEF, the South Pacific Commission (SPC) the Australian Bureau of Statistics (ABS), and the University of Queensland. The role of the BAG is to provide strategic and technical support to Pacific governments to improve their vital statistics as part of the implementation of the TYPSS.

A mother in Vanuatu patiently waits while the village chief retroactively registers her child. The child's registration will allow her with the opportunity to be enrolled in school, to obtain a passport, and to receive many other social benefits throughout her lifetime.

"What other countries can learn from this is that we tend to look too much within the boundaries of what we have planned. When we realized that those who are in the rural and hard to reach areas could not come to the centers to get registered, we took the services to them – we didn't wait for them to come around. How can we then ensure that we get the services to the people? You use the networks that are already in place. We tend to try and come up with new ways of doing things that don't usually work or can't be sustained – but when we utilize networks and partnerships that are already working and are already familiar with the people, we have more chance of ensuring that the programme put in place will not only work, but the intended targets will receive the services we are planning."

(Mr. Joemela Simeon, Child Protection Officer, UNICEF Vanuatu Field Office)

Installation of satellite registration centers: Each country has also sought to decentralize the registration system by establishing provincial hubs and satellite registration centers throughout the rural islands to reach even the most isolated communities. The installation of the satellite service centers for registration and the Civil Registry Officer within the hospitals has greatly increased registration rates throughout these countries. The Government of Solomon Islands has proceeded even further by partnering with a database design company to develop a civil registration e-database. This collaboration has effectively enabled officials to more easily register births from the rural outlying islands. In Vanuatu, the registration database open source software has provided a break-through mechanism for the collection of birth registration information even in the most remote regions of the country.

Partnerships established to expand registration outreach: In addition, due to the vast distance covered by the island nations, each government has developed partnerships between ministries (via intra-agency, multi-sector committees supported by Memorandums of Understanding (MoU) and other national counterparts to increase awareness and greatly broaden "access points" to registration. For instance, in Kiribati, a Memorandum of Understanding was signed between the Ministry of Women, Youth and Social Affairs and the Ministry of Education to ensure that all children entering schools are registered. In Vanuatu, the Central Registry Office was installed at the central hospital in the capital, Port Villa, and fourteen civil registration hubs were installed in health centers and hospitals throughout the islands. Finally, in Solomon Islands, the Civil Registry Office

partnered with the Ministry of Health and Medical Services, the World Health Organization, and the UNICEF Solomon Islands to establish a national birth registration system.[63] All of these partnerships have resulted in the implementation of a series of bold activities and initiatives that have increased awareness and provided more easily accessible birth registration which seeks to reach marginalized and disadvantaged populations.

> *"We are working with seven faith-based organizations that help us reach communities for birth registration, such as the Crisis Center (run by nuns in support of victims of sexual and physical abuse) – as well as the Alcohol Awareness and Family Recovery (AAFR) organization, that works with juveniles. There are gender and religious issues, so when we reach out to communities, it's the NGOs and faith-based organizations that deliver the message and convince the people. We all come together to reach the communities to advocate on child protection issues for the best chance of success."*
>
> *(Ms. Tinia Rekenang, Child Protection Officer, UNICEF Field office, Kiribati)*

While each of the three PICs has come from a different starting point and has varied their strategy to meet localized needs, they have all worked with many child-rights partners to develop comprehensive birth registration strategies that include the close collaboration of government agencies, health care workers, youth activists, and parents working together toward the goal of ensuring that every newborn child is registered.

The strategies are comprised of numerous inter-related components which have each played an important role in effectively expanding birth registration to be more inclusive, and less inhibitive, to marginalized communities, including: customized public awareness campaigns; various legal and policy reforms; the development of e-system technology and protocols; focused efforts to improve administrative and communication procedures; targeted capacity building of implementing agencies (including staff training and mentoring); sustained political advocacy, technical assessment and support; and the decentralization of key functions of the civil registration system to the provincial and local level to broaden registration access.[64]

What were the results for children?

Registration of geographically remote and disadvantaged households

These development partnerships have resulted in a "more than 12 percent increase in birth registration for children under the age of five" between 2013 and June 2014 in the three nations.[65] Specifically, between 2008 and 2014, the birth registration rate in Vanuatu rose from 26 percent to 56 percent coverage (a 25 percent increase in six years). In the Solomon Islands, the number of births registered increased from only 20 registered in 2007, to 35,430 births registered in 2014. Finally, in Kiribati, between 2009 and 2014 the birth registration coverage rate transitioned from one of the lowest in the Pacific to the highest – reaching an 87 percent coverage rate for children under five years of age. Importantly, the number of retroactive birth registrations (or late birth registration) throughout each of the island nations has also increased.

Beyond the greatly improved birth registration rates, there is now greater availability of quality and timely data to inform policy-making throughout these PICs – improving the regional governments' vital statistics and data collection capacities to contribute to the broader Pacific Plan (formulated by regional Heads of Governments), and global initiatives such as the MDGs and SDGs.

Greater birth registration has also translated into legal reforms which will positively impact generations to come, such as changes in the minimum age required for marriage without parental or judicial consent among some of the PICs. In the Solomon Islands, for instance, the government plans to amend the minimum age of marriage without parental and/or judicial consent from 15 years to 18 years, and the minimum age of employment from 12 to 18 years.[66] According to Anika Kingmele, UNICEF Solomon Islands Child Protection Officer, further work remains to be done to "review birth registration laws to be in line with international standards and guidelines."

What worked?

Implementing an equity-based approach to expanding birth registration

To capture key lessons learned toward implementing an equity-based approach in Kiribati, Vanuatu, and the Solomon Islands, interviews were conducted with

representatives of national counterparts, partners, and other key child-rights stakeholders.[67] Several findings from the analysis are highlighted below

Developing multi-sectoral partnerships to reach marginalized populations. The national partnerships described above, with support from UNICEF, the Brisbane Accord Group, Governments of Australia and New Zealand, the EU and the Secretariat of the Pacific Community have been the most impactful in reaching the most marginalized communities throughout the PICs with a number of key initiatives to raise awareness and access to registration – going beyond health centers and clinics to reach schools, churches, youth organizations, family and juvenile crises and alcohol recovery centers, and other community locations. Interviews revealed that the role of schools in promoting birth registration has been essential in that a "most schools now require a birth certificate for their children to go to school, parents are receiving help from the schools to get their children registered." Further, this is creating more demand for late registrations for parents, who "are coming now at age 45, 60 and even 70 years old … and the schools give them information about how to register [themselves and their children] retroactively." Interviewees also emphasized that "now that birth certificates are typically required to gain employment or open a bank account, this is also increasing the demand for registration [among the population]."

"The roll out of birth registration at the Provincial level is a unique approach, and is an example of a joint collaboration between two government agencies [the Civil Registration Office and the Ministry of Health] which have never collaborated before on issues related to children. This is a best practice that UNICEF in Solomon Islands is encouraging other Provinces to replicate."

(Ms. Anika Kingmele, Child Protection Officer, UNICEF Field Office, Solomon Islands)

Raising awareness through culturally-appropriate promotional messages and mobile campaigns. Each government, with support from UNICEF and other key child-rights stakeholders, has implemented a number of culturally-appropriate awareness raising campaigns to increase knowledge of the importance and benefits of birth registration. These campaigns have included the use of brochures, drama events, radio messaging, and partnering with other large events to raise awareness, and develop information, education, and communication materials for schools, hospitals, and other service centers. While mothers typically come forward to obtain birth registration for their children, Vanuatu's UNICEF Child Protection Officer, Mr. Joemela Simeon, emphasized that messaging aims to "encourage parents to see it as an equal responsibility. That it's not only the mothers who should be responsible, but it should be seen as something that everyone should care about."

The importance of conducting messaging in an appropriate cultural context was emphasized as an essential component of success. Again, UNICEF Child Protection Officer in Vanuatu, Mr. Joemela Simeon, described how messaging is thoughtfully linked to culture: "One of the things that we usually express is that when you register, it links you to your family heritage. It also ensures that you are linked to your land. So we look at ways that help people better understand why they might want to get registered. I think that is where we succeed."

"Our work with the Ministry of Youth is an interesting partnership because their [birth registration] outreach goes beyond what other ministries and partners can offer. The youth network is strong, and it is a network that is already in place. They are everywhere, and they have networks that go right into every community. There are many young people who have a lot of energy and they want to do something to help their peers, families and communities. The youth have been involved in the mass registration campaigns, and they visit communities and disseminate information about the importance of registration during youth and sports activities. They also work with their churches to disseminate information … the results speak for themselves."

(Mr. Joemela Simeon, Child Protection Officer, UNICEF Vanuatu Field Office)

Providing incentives for registration. Each government has reformed many policies and programmes to require proof of identity in order to participate in key services. This has included requiring birth registration to enroll in education, requiring proof of identity to obtain a passport, and requiring proof of identify for land registration. Small, but powerful (low cost) incentives have also been proven effective – such as providing a picture of the mother's baby as a keepsake during the registration process. Fee

reductions, fee waivers, and no-cost registration has also proven to be a vital tool to address affordability. Studies indicate that one of the best practices characteristic of the birth registration system globally is that registration services are provided for free.[68]

Legal reforms to support registration. Each of the PICs have ratified the Convention of the Rights of the Child (CRC) which states that every child has the right to be registered at birth without discrimination, and that each government will ensure that every child will implement a number of economic, administrative and social measures to ensure their protection. In response to this, an increase in birth registration has led to some of the PICs reforming the minimum age required for marriage without parental or judicial consent, as well as many of the policies requiring both parents to be present to sign a birth certificate.

The commitment among these Pacific Island governments to reaching marginalized children is evident in that the strategies from the programmes are being rapidly scaled-up with UNICEF and other key child rights stakeholders' support, jointly by government offices at all levels and across sectoral areas. Analysis of key factors contributing to success highlights the importance of an enabling legislative environment that supports free or low-cost birth registration; installation of civil registry offices throughout the provinces and districts of the rural islands; multi-sectoral approaches that expand the reach of culturally-appropriate birth registration messaging; and, integrating birth registration measures across ministries through innovative partnerships.[69]

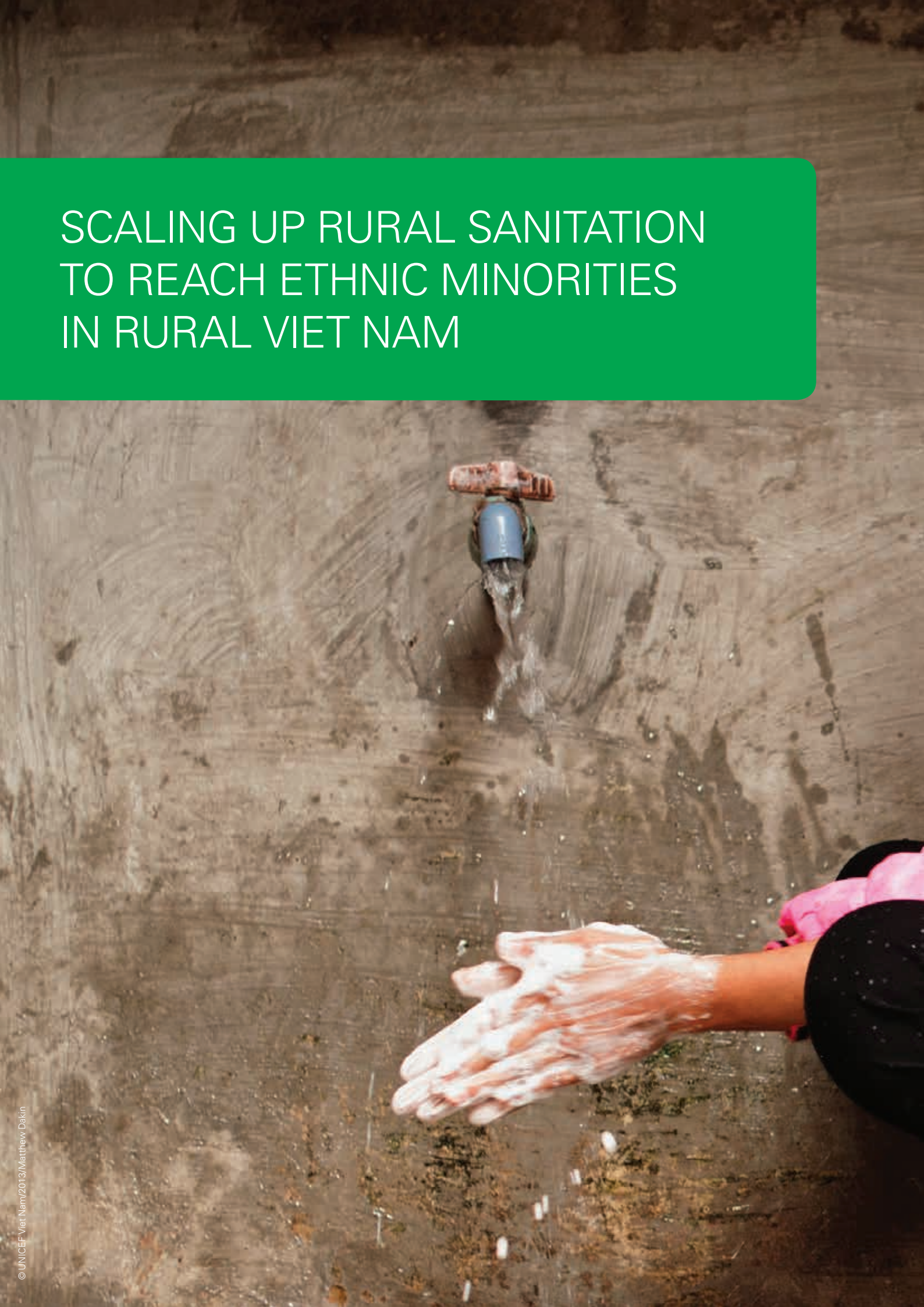
Taken together, these factors represent some of the key actions taken by the national governments and counterparts, with support from other key child rights stakeholders, to greatly increase the number of registered children – including those living in some of the most disadvantaged and geographically remote areas of Kiribati, Vanuatu, and the Solomon Islands.

Luganville, Santos Birth Registration Campaign

In Vanuatu, many young couples register their children during birth registration campaigns, such as this one that took place in Luganville, Santo (one of Vanuatu's 83 islands) during the national children's day celebrations. Given that 75 percent of the population lives in rural areas, including some in remote areas difficult to access, the government has been working closely with UNICEF and other partners to improve birth registration access and affordability. A unique approach that has proven effective is to work with indigenous traditional communities to help them better understand that registering themselves and their children offers improved security for their families, and validates their personal "identity." Mr. Joemela Simeon, a Ni-Vanuatu who is UNICEF's Child Protection Officer, explains that this culturally-specific approach has been successful because individuals want to be identified as part of a family, part of a community, and part of a nation. Mr. Simeon notes that people want to be recognized, they want to be heard, and they want to count for something. He explains that birth registration links individuals to their family tree, and ultimately, to their land. Because these messages are meaningful to these communities and their way of life, birth registration has expanded greatly in Vanuatu. In addition to birth registration campaigns, registration is now provided at schools and in hospitals as soon as a child is born.

© UNICEF Pacific/2014/Thakkar

SCALING UP RURAL SANITATION TO REACH ETHNIC MINORITIES IN RURAL VIET NAM



Viet Nam Case Study
Scaling Up Rural Sanitation to Reach Ethnic Minorities in Rural Viet Nam

Lack of sanitation impacts a child's right to life, health, education and dignity. In rural Viet Nam, poor sanitation and hygiene practices have contributed to widespread stunting – with children from the poorest households most at risk. Forty percent of Viet Nam's ethnic minority children below the age of five are stunted, meaning they are short for their age and more likely to experience impaired cognitive development. This case study provides an account of the actions taken by the Government of Viet Nam and partnering child-rights advocates to find a new way forward in rural sanitation to improve the health and well-being of Viet Nam's most marginalized children and families.

What was the challenge?

Rural sanitation disparities with dire health consequences for children

Rapid economic growth over the last two decades has propelled Viet Nam from low to middle-income country status, improving living standards for much of the population. Yet pockets of poverty remain, predominantly in the Northern Mountains (NM) and Central Highlands (CH) regions of Viet Nam, where the remote geographical location, mountainous terrain, and limited road access has presented significant service delivery challenges – and conversely has limited access of local communities to basic services and supplies. As many of Viet Nam's diverse ethnic minority populations reside in these areas, it is these same groups that feature prominently among various poverty indicators.

Numerous government economic and social reform programmes have sought to enhance the well-being of Viet Nam's 53 officially recognized ethnic minority groups, and progress has been made by some groups – typically among those with larger populations. However, overall, Viet Nam's ethnic minority populations have not benefited from the nation's increasing wealth to the same extent as the ethnic majority population (Kinh/Hoa). Life expectancy, nutritional status, access to water and sanitation, and educational achievement remain low for most minority communities.[70] Ethnic minority children are among the most vulnerable groups in the country. The likelihood of death of an ethnic minority child in the first five years of life is three times higher than that for a Kinh/Hoa ethnic-majority child.

Water, sanitation and hygiene have long been government priorities in Viet Nam – going back to the days of President Ho Chi Minh, who stressed all children should "maintain very good hygiene." Since 2000, the Government of Viet Nam has implemented three consecutive five-year National Target Programmes (NTP) for Rural Water Supply and Sanitation. However, results across provinces have been unequal, with almost all of the low-performing provinces being those located in the NM-CH regions of Viet Nam.

With respect to open defecation, the nationwide decline in the practice has been striking, falling from 44 percent in 1990, to two percent in 2015.[71] However, national averages hide widely varying local realities. In 2014, for instance, data revealed open defecation continued to be practiced by 12.9 percent of the population in the NM region, by 21.9 percent of the population in the CH region, and by 28.8 percent of Viet Nam's combined ethnic minority population

(MICS 2014). A 2012 study also found that rural households in the NM-CH or Mekong River Delta areas, with lower education and income levels, were less likely to have a specific place for handwashing or available soap and water (which collectively represent the most cost effective health intervention to reduce diarrhoea and pneumonia in children aged under-5).[72] Limited access to improved sanitation and hygiene is therefore an important dimension of poverty characterizing the life of Viet Nam's ethnic minority children.

Consequences of poor sanitation and hygiene

Many physical and mental health development risks are associated with living in unsanitary environments, especially for children under the age of five. Exposure to faecal material in the environment can cause diarrhoea and a range of parasitic infections, compromising nutritional status, with potentially long-term, sometimes irreversible (and life threatening) consequences.[73]

The burden of hygiene-related diseases is particularly high in ethnic minority communities, with high levels of diarrhoea and parasitic infections.[74] Recent research has provided evidence of clear links between the high rates of open defecation in NM-CH areas of Viet Nam and childhood stunting (low height for age).[75] A combination of faeces digestion (leading to diarrhoea) and continued faecal exposure (leading to chronic environmental enteropathy, an intestinal disorder which compromises the absorption of nutrients), is limiting the capacity of children to reach their growth potential. Children living in the poorest households in rural areas are at greater risk of being short for their age, due to the higher number of poor households practicing open defecation.

A startling 41 percent of ethnic minority children below the age of five are stunted,[76] compared to the rural average of 25 percent.[77] In rural villages in the mountainous regions, five-year-old children using unimproved latrines have been shown to be 3.7 cm shorter than healthy children living in villages where improved sanitation practices are widely practiced. This height difference is irreversible. Stunted children are not only short for their age, they are also more

The Mong of Dien Bien Province

The complexity of Viet Nam's rural areas is illustrated by Dien Bien, a mountainous multi-ethnic province in Viet Nam. The province is comprised of people from many ethnic backgrounds, including the Thai, the Kinh, the Mong, and 16 other ethnic groups. Over 80 percent of the population lives in rural areas, with a wide range of educational, language, religious, and other socio-economic characteristics. The Mong people exemplify those that have closely retained their unique cultural identity. Known as skillful craftspeople in forging and casting, with livelihoods including cultivation of plants and livestock, the lives and belief systems of the Mong are strongly connected to nature. The Mong are strongly family oriented, and hold strong ancestral beliefs. Family residences cluster around a respected family Chief, and like many other minority communities, the Mong maintain a Polygenetic religion. Some of the aspects of Mong communities that affect sanitation practice outreach efforts include: shortage of water for daily use, cultivating far from home, large numbers of poor households, deeply-rooted open defecation habits, and limited command of the Viet Namese language.

(Dao Huy Khe, 2014)

© Sangwan Sapma

likely to have impaired cognitive development, with implications for diminished educational outcomes.[78] Clearly, sanitation coverage and improved hygiene practices are an integral part of improving the health development of Viet Nam's most vulnerable children.

Barriers to hygienic sanitation in remote communities

The key barriers to the effective delivery of water and sanitation services to remote communities included insufficient funding for the sector and a top-down, supply-driven approach. Subsidies were provided to selected households for the construction of 'nationally approved' latrines, with the expectation that household latrine construction would be replicated throughout the communities. This did not occur and the latrines that were constructed, were only partially used. The over-emphasis on hardware investment and the use of subsidies had only served to foster a culture of dependence on external solutions, without producing the sustainable transformation of sanitation practices that was needed. Critical 'soft' activities had been overlooked, including household sanitation demand creation, behavior change communication, sanitation supply chain development, and capacity building for operations and maintenance.

On the part of the communities, a combination of factors have limited their capacity to transform their sanitation behaviors. Some of these factors include high levels of aversion to odor being a key driver in people's decisions regarding defecation;


© Sangwan Sapma

the availability of open spaces with low population density (enabling people to defecate in the open in privacy); open-defecation-supportive social norms without fear of disapproval; limited knowledge as to the detrimental health impact of unhygienic sanitation; limited options regarding latrine choice; limited access to affordable options; limited access to sanitation construction materials; and, lack of knowledge and skills with regard to latrine construction. Growing appreciation of the importance of these community-level variables progressively informed the development of a new approach to the promotion of hygienic sanitation in Viet Nam's most remote communities, with the focus shifting from inputs and hardware to knowledge, understanding, and intentional behavior change.

Old Versus New Approaches to Scaling-Up Rural Sanitation

Old Approaches	New Approaches
Building Toilets	Changing Social Norms
Individual/Family	Social/Community
Health Message Focused	Economic, Social, Health, Disgust
Top – Down & Externally Driven	Community led – Internal, demand driven
Didactic	Participatory – Natural & traditional leaders
Technologies predetermined	Local technologies – Community capacity
Subsidized	Rewards – Pride – Celebration
Don't mention the S*** word	Talk shit – Feces, Poo, Kaka, toilet, latrines

Source: UNICEF, 2011, "CATS 101" (PowerPoint presentation)

Moving toward a new approach

Recognizing that the mere provision of toilets neither guarantees their use, nor results in improved sanitation and hygiene, a new community-based approach to sanitation promotion was introduced in 2008 – an approach referred to as 'Community-Led Total Sanitation' (CLTS). CLTS differs from earlier approaches to sanitation promotion in its focus on behavior change leading to the creation of open-defecation free communities, rather than toilet construction for individual households. CLTS involves no subsidies nor does it prescribe specific latrine models. Rather, CLTS encourages community initiative, responsibility, and decision making.

Key CLTS concepts are 'triggering' and 'ignition.' CLTS aims to 'trigger' the self-realization among community members that open defecation is harmful to the entire community, and to trigger the decision to take collective action to cease such practices. 'Ignition' refers to the key point in the triggering process when the community arrives at the collective realization that open defecation results in everyone ingesting each other's feces, linked to multiple detrimental health outcomes, and that this will continue until open defecation is stopped totally. The engagement of local leaders in the process is important in facilitating the participatory development of culturally appropriate behavior change action plans, and monitoring implementation of the same. The intention is to reach the point where the entire community can be certified as 'open-defecation-free' (ODF). Celebration of ODF status is an important part of the process, fostering community pride in their achievement and acknowledging this significant milestone in the community development process.[79]

With growing government interest and increasing donor support, CLTS rapidly spread to an increasing number of provinces. However, successful outcomes did not manifest themselves equally in all communities,[80] with differing levels of success linked to varying levels of prosperity within different groups, and their geographical accessibility.[81] Among Dien Bien province's Mong communities, for instance, results were disappointing compared to other ethnic communities. Contributing factors included: language barriers (preventing community members from understanding basic key messages); local beliefs being overlooked, including a failure to take into account beliefs associated with feces and defecation (strongly associated, in one community, with death and spirits); lack of sufficient consideration of existing gender dynamics, especially in strong patriarchal cultures; and, a general exclusion of the local people, themselves, in the planning and design of the interventions.

What was done?

Sanitation was prioritized in the third Rural Water Supply and Sanitation National Target Programme (NTP III) of 2011–2015, with an increase in funding and the introduction of a number of important programming and policy changes. Emphasis continued to be placed on further understanding the multiple complex issues impeding the achievement of hygienic sanitation in remote communities, especially the dynamics of behavior change within specific socio-cultural contexts. The government, supported by development partners, continued to pilot various innovative approaches to rural sanitation promotion as an alterntive to the blanket use of subsides provided for household toilet construction. With a view to increasing hygienic latrine use and/or eliminating open defecation, these innovations typically featured bottom up, demand-driven, and community empowerment approaches.[82] The National Guideline for Planning and Implementation for Rural Sanitation developed in 2013, included rural sanitation *demand creation* and community-based approaches.

As part of the overall learning process, a national government lead *rural sanitation bottleneck analysis* was conducted in 2013/2014, with technical assistance from UNICEF.[83] The collective analysis of government and non-government partners from national and sub-national levels resulted in a set of mutually agreed actions to eliminate the identified bottlenecks. Priorities included: encouraging innovation in developing affordable latrine models; revising the definition of hygienic sanitation; developing an ODF certification system and streamlining monitoring; building institutional capacity in relation to social mobilization, pro-poor sanitation marketing; improved regulatory frameworks, engagement of private sector; Viet Nam Bank of Social Policy lending; and, the coordination of multiple partners.

Taking into account the multiple lessons learnt from the past experience, the Viet Nam Health Environment Management Agency (VIHEMA) under the Ministry of Health/VIHEMA and partners in selected provinces, supported by UNICEF, developed an *expanded* Community Approach to Total Sanitation (CATS). This expanded community-based approach

included the earlier-described Community-Led Total Sanitation approach, supplemented with a 'School Led Total Sanitation' (SLTS) approach; together with pro-poor sanitation marketing (enabling the poorest quintile of the population to have affordable latrines); provision of choice with respect to latrine-type; facilitation of access to Viet Nam Bank of Social Policy (VBSP) loans to build household latrines; and, implementation of open defecation-free (ODF) verification and certification processes.

What were the results?

New approaches to sanitation and hygiene

As a result of these programming and policy changes, the situation of rural remote children and their families, including ethnic minority families, is now progressively improving. Although detailed data are not yet available on specific health results for children, improvements are being made in the local environment that are expected to contribute to positive health outcomes that can be monitored over time. Since 2014, 300 communes (spread across the Northern Mountains, Central Highlands, Central North, Central South, and Mekong River) have been declared ODF, using the new government ODF verification and certification process. Ethnic minority communities represent approximately 50 percent of the newly declared ODF villages, including ten Mong villages.

Viet Nam's first certificate for being open defecation free (ODF) granted to five villages in Dien Bien Province

On June 29th, 2014, five villages in Dien Bien Province received Viet Nam's first ever certificate for being open-defecation free (ODF). The five villages had made great efforts to stop open defecation and achieve the goal of 100 percent of households having their own latrines. The achievement of these villages was confirmed using the ODF verification and certification guidelines developed by the Health Environment Management Agency in 2013. Dien Bien was the first province in Viet Nam to apply these guidelines. The dedicated efforts of health officials departments and many others, helped to realize this significant achievement.

(Rural Water Supply and Sanitation Partnership, News Brief, Vol. 60, Quarter II, 2014.)

In 2014, the Government of Viet Nam joined the Sanitation and Water for All (SWA) partnership, making a landmark international commitment to eliminate open defecation by the year 2025, and safe drinking water for all by 2030, with obligatory annual reporting on progress. A five-year Sanitation Plan 2016–2020 was also developed, including annual targets and roadmaps for ODF by 2025 and associated capacity building interventions. CLTS has been included in provincial sanitation plans in provinces with high rates of open defecation. Suggested solutions for removing bottlenecks in WASH identified from the WASH BAT exercise have been applied in making new action plans and interventions for the coming five years. Communit Approaches to Total Sanitation and pro-poor sanitation marketing are now internalized as part of sanitation and hygiene promotion within the National Target Programme.

Significantly, in 2016, the Government of Viet Nam signed a five-year US$200 million World Bank-funded initiative, 'Results-based Scaling-Up Rural Sanitation and Water Supply Programme' (SupRWSP) (2016–2020).[84] The overall objective of SupRWSP is to improve hygiene behavior, increase and sustain access to sanitation and rural water supply, and significantly reduce open defecation in the rural areas of 21 geographically-clustered provinces in the NM-CH regions. Specifically focusing on the *poorest regions with the highest share of ethnic minority groups*, the new programme will further strengthen community approaches to total sanitation (CATS), with a major emphasis on advocacy campaigns to raise awareness, behavior change communication, supply chain support, extensive capacity building, hygiene sanitation and handwashing, with parallel interventions in clinics and schools. Importantly, this new programme reflects a significant departure from the practices that dominated the sub-sector in Viet Nam for the last several decades. The advocacy, technical, and financial assistance provided by UNICEF to the Government of Viet Nam was particularly instrumental in mobilizing support for, and drafting the design of, this soft loan. The evidence generated by formative research confirming the viability of achieving open-defecation-free status in remote communities, was particularly influential.

The focus on strengthening rural sanitation and hygiene in Viet Nam over the past five years has also led to the development of various guidelines,[85] tools, and processes to guide implementation practices. Among many others, UNICEF and the World Bank

jointly supported the development of Provincial Poverty and Sanitation maps, enabling provinces to pursue a more organized, information-based equity-focused, approach to programme planning and advocacy. The development of the ODF verification and certification guidelines,[86] introduced in 2014, has resulted in a commonly understood and clear definition of ODF verification process. Carefully developed and tested, with input from stakeholders, the guidelines comprehensively deal with faecal sludge management, as well as bringing schools and health centers into the formalized certification process at the community level. Several Provincial Departments of Health and NGOs are using the verification and certification process, with growing interest in the process.

What is working?

Implementing an equity-based approach to sanitation and hygiene

Overall, a combination of top-down (political will and national media campaigns) and bottom-up approaches (mobilizing communities, building capacity and involving community-based organisations) have been key factors contributing to the programme's achievements to date.

Evidence-based decision making: Considerable efforts and resources have been expended in recent years to generate the information needed to inform policy and programming decisions that will achieve results for the hardest to reach communities. Among a range of studies undertaken, perhaps the most influential was the research that confirmed the link between child stunting and open defecation in Viet Nam. Evidence confirming the establishment of ODF in about 300 villages helped the Ministries of Health (MOH) and Agriculture and Rural Development (MARD) to believe that it is doable – this further helped the Government Of Viet Nam to decide over opting for the WB soft-loan for sanitation. The commitment to achieve ODF Viet Nam by 2025 was possible with this demonstration. Now, with the advocacy and technical assistance of UNICEF, the ODF guidelines is issued nationwide for replication across all provinces. Also critical was the finding that improved sanitation at the individual household level was insufficient – and that universal usage of improved sanitation at the community level (as a whole) is needed to adequately address stunting and achieve other health benefits. This locally generated evidence was considered key to the development of more appropriate policy and programme solutions.

Collaboration of development partners: A group of 24 international development partners united in their support to the government to achieve its rural sanitation and hygiene targets. Without this coalition of committed partners, change could not have been possible. Under the rural water supply and sanitation partnership, there exists a Sanitation workshopping group and Operation and Maintenance (O&M) working group. Via these mechanisms, partners share good practices and work on common sanitation and water quality related issues in a coordinated manner under the leadership of the Ministry of Agriculture and Rural Development and the MOH. Within this partnership, UNICEF is recognized by government officials as making a unique contribution – facilitating the link with senior levels of government, bringing an extra strong voice in advocacy efforts and providing some well-targeted funding and links to global policy and innovation experience

> *"There is need to impact children and youth. Children and youth can be an entry point for change. There is a role for schools here to educate young people. One secondary student said he was no longer teased by classmates, after his family constructed a latrine – and he felt proud. Sometimes children can put pressure on their parents."*
>
> *(Thinh Nguyen Cao, a representative of Committee for Ethnic Minority Affairs (CEMA))*

Linking supply and demand: CLTS must be implemented together with pro-poor sanitation marketing to address both supply support and demand creation. The availability of low-cost, socio-culturally appropriate latrine options, using locally available materials, has helped increase sanitation for a wider range of people with different levels of affordability, making CLTS more effective. Having markets available for sanitation products and services is as important as involving masons early in the process, as is the importance of providing access to financing while being attentive to affordability and the timing of sanitation marketing (immediately after triggering).

Culturally appropriate and empowering community-based approaches: A key lesson learned is that the elimination of open defecation is not driven by the construction of toilets. Rather, it is driven by

© UNICEF Viet Nam/2013/Matthew Dakin

"I used to poop in the river," 12 year-old Trang told interviewers with a giggle. "We had no toilet and did not even know what it was." Just a few months ago, only four percent of families in Trang's Quai Nua commune had hygienic latrines. However, all that changed when the Administration for Preventive Medicine and Environmental Health together with the Ministry of Health, introduced 'Community Approaches to Total Sanitation' (CATS).

changing knowledge, attitudes, practices and social norms at the community level. For behavior change to be effective and sustainable, trusted community leaders should lead behavior change efforts, using local language and familiar imagery that is appropriate to their specific challenge.[87] Promoting the autonomy of indigenous groups in making decisions for themselves, developing their competence to do so in relation to improved sanitation and hygiene, and respecting their connectedness to their community in the process, have all been found to be important aspects of a successful approach. Given the diversity of Viet Nam's 53 ethnic minorities, there cannot be a uniform approach. Successful outcomes require appreciation of, and responsiveness to, the nuances of difference within and between different communities. Facilitating the participation of local populations in policymaking and programme planning that affects their own lives is important – with empowerment and capacity building in the process being key.

Engaging the participation of women: In Dien Bien, the Women's Union has been instrumental in building momentum for improved sanitation and hygiene and empowering women in the improved sanitation agenda, monitoring their participation and influence in decision-making at the household level. Their large membership, existing network, communication skills, and interest in sanitation proved to be significant strengths of the Women's Union. Building on this success, a new partnership has been formed at the national level, with the engagement of the women's union, in an additional eight provinces with the intention to scale up the successful approach.[88]

Financing WASH: Following the demonstration of ODF villages across seven provinces, the GOV worked with UNICEF and the World Bank to leverage USD $200 Million for the rural poor and ethnic minorities, covering 21 geographically clustered provinces, for a total of 63 provinces for the period 2016–2020. The advocacy included the visit of a team from the WB to Dien Bien to learn first-hand about achievements and challenges in hard-to-reach remote locations. The support of UNICEF was instrumental in the development of the SupRWSP initiative, having provided technical and financial assistance for the formative research that contributed to the design of SupRWSP, and the drafting of the Programme Appraisal Document (PAD) that mobilized the resource for the government.

"It takes time – sometimes the government is hurrying to solve problems for ethnic minority people, but if they hurry, there could be sustainability issues. There is need for patience and cultural sensitivity."

(A representative of CEMA)

Ongoing Challenges

These results could have not been achieved without grappling with numerous challenges along the way. The ODF verification and certification process, for example, was initially too long, and therefore costly. It was only after lengthy deliberation that appropriate adjustments could be agreed upon. These have now been internalized in the revised ODF guidelines, effectively serving to speed up the process.

Despite considerable evidence demonstrating the effectiveness of investments in community mobilization, sanitation marketing, capacity

development, and monitoring, the allocation of funds for sanitation and hygiene promotion is a continuing challenge for the GOV – requiring further advocacy at both national and provincial levels with the Ministry of Planning and Investment and Ministry of Finance to recognize the importance of 'soft' interventions. Continuing advocacy to this end is a priority of UNICEF Viet Nam, together with other development partners.

Meet Cham Me Le Tao

Despite the heat and smoke from the wooden fire, Cham Me Le Tao always makes sure that his family has boiled water for drinking. At 52 years old, Tao only learned about the importance of boiling drinking water a few years ago. In his small village in Ninh Thuan, a coastal province of Viet Nam, they used to drink water directly from the hand-dug wells, causing diarrhea and abdominal pain resulting in many visits to the health center.

"The health worker there told us to stop drinking fresh water and to boil it instead," said Tao. "Now we follow her advice and [our health] is improving."

The water source in the commune is contaminated due to open defecation, which is commonly practiced in his community. Only one third of these families have access to a toilet, leaving close to 3,000 people in the Phuc Thang commune with no choice but to relieve themselves in the open field. This has produced unhygienic environments and polluted water sources, resulting in diarrhea diseases being common, and one third of the children under five years of age malnourished.

In order to encourage communities to adopt improved hygiene practices, the Government of Viet Nam introduced the Community Approaches to Total Sanitation (CATS) initiative. Tao's family and other villagers attended a "triggering session," where they were guided to assess their sanitation situa¬tion, determine a strategy for improvement, and imple¬ment the new solution.

With support from the commune collaborator, Tao installed a simple pit latrine near his house, which he was able to upgrade to a hygienic water-flush toilet and washroom, after borrowing money from the Bank of Social Policy. The family also received support from the government to allow for water to run into their house. Reflecting on the change, Tao stated, "This is much better. We do not have to worry about going to the field when it rains. It's clean and much more convenient."

References

Asia Development Bank (2014). Inequality in Asia and the Pacific: Trends, Drivers, and Policy Implications.

Assessment on the Current Status of Civil Registration with focus on Birth Registration in Solomon Islands, UNICEF Pacific, Suva Fiji Islands.

CEMA / IRC / UNICEF (2015). Multi-Dimensional Child Poverty of Ethnic Minority Children. Situation, Dynamics, Challenges. Hanoi.

CEMA / UNDP (2011). Poverty of Ethnic Minorities in Viet Nam: Situation and Challenges in Programme 135 Phase II Communes, 2006–07. Hanoi.

Chen, L.J., Yang, D.L., & Ren, Q. (2015). *Report on the State of Children in China*. Chicago: Chapin Hall at the University of Chicago.

Cheng, J. & Sun, Y.H. (2014). Depression and anxiety among left-behind children in China: a systematic review. *Child: care, health and development. 41*, 515–523.

China Philanthropy Research Institute. (2013). Report on the Mid-Term Evaluation of China Child Welfare Demonstration Project. Beijing, China: Philanthropy Research Institute.

Dao Huy Khe (2014). Assessment Report on the Application of Community-Led Total Sanitation (CLTS) for Mong Community in Dien Bien Province. Consolidated Report. VIHEMA/UNICEF/DienBien Provincial Centre for Preventive Medicine. Hanoi.

Fuxiang, W., Huajun, G. & Poirot, E. (2012). *Child welfare systems, forming the foundations – Child welfare demonstration project in China. Best Practice 2010–2012.* Beijing.

Government of Indonesia and UNICEF 2011–2015 Country Programme Action Plan Mid-Term Review Summary Report (MTR).

Government of Indonesia (2014). Report on Achievement of the Millennium Development Goals in Indonesia 2013. Ministry of National Development Planning/National Development Planning Agency (BAPPENAS). Govt. of Indonesia. 2014.

Halcrow, L., Rowland, C.; Bond, M.; Willetts, J. & Carrard, N. (undated). Working from strengths: Plan and SNV integrate gender into community led sanitation and hygiene approaches in Viet Nam. Hanoi.

Harris, D.; Kooy, M. & Nam, P.Q. (2011). Scaling up rural sanitation in Viet Nam: political economy constraints and opportunities, Working Paper 341. Overseas development Institute.

Huebler, L. (2016). International Education Statistics, Redistribution of Children in and Out of School. http://huebler.blogspot.com/2016/02/oos.html). Accessed June 22, 2016

Jensen, L. (2013). Qualitative Assessment of Programmatic Approaches to Sanitation in Viet Nam. Final Report. Hanoi. Viet Nam Health Environment Management Agency / Water and Sanitation Program.

Kar, K. (2005). Practical Guide to Triggering Community-Led Total Sanitation (CLTS). Institute of Development Studies, University of Sussex, Brighton. http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Guidelines_for_triggering_CLTS_0.pdf

Kar, K. & Chambers, R. (2008). Handbook on Community-Led Total Sanitation. Plan UK and Institute of Development Studies, University of Sussex, Brighton.

Leng, L. and Park, A. (2010). *Parental Migration and Child Development in China (Working Paper).* Gansu Survey of Children and Families.

Notice Issued by General Office of Ministry of Civil Affairs on the Pilot Work of Establishing Grass-Roots-level Child Welfare Service System in Some Counties. Ref: 298 (2015) (date: 28/08/2015)

Oxfam / ActionAid (2013). Roles of Village Institutions in Poverty Reduction in Some Typical Ethnic Minority Communities of Viet Nam. Case Studies in Dien Bien, Quang Tri, Dak Lak and Tra Vinh provinces. In collaboration with UKaid, Hanoi.

Parents and Children of Nonmigrant Families. Child Development, 83, 120–136.

Patra, L.; Badloe, C. & Tran, A. (2014). Scaling up rural sanitation in Viet Nam: A collective analysis and recommended actions. Paper presented at 'Sustainable Water and Sanitation Services for all in a fast Changing World'. 37th WEDC International Conference, Hanoi, Viet Nam.

PSI (2015). SanMark Study to Assess Demand and Supply Chain Barriers among Rural Communities in Three Provinces in Central Viet Nam. Hanoi.

Quattri, M.; Smets, S. & Nguyen, M.T.H. (2014). Scaling Up Rural Sanitation. Investing in the Next Generation – Children grow taller, and smarter, in rural, mountainous villages of Viet Nam where community members use improved sanitation. Water and Sanitation Program – Research Brief. International Bank for Reconstruction and Development/The World Bank.

Rheinlander, T. (2011). Perspectives on child diarrhea management and health service use among ethnic minority caregivers in Viet Nam. BMC Public Health, 12, 690.

Rheinländer, T.; Samuelsen, H.; Dalsgaard, A. & Konradsen, F. (2010). Hygiene and sanitation among ethnic minorities in Northern Viet Nam: Does government promotion match community priorities? Social Science & Medicine xxx; 1–8.

Rheinlander,T.; Xuan L.T.T.; Hoat, L.N.; Dalsgaard, A. & Konradsen F. (2012). Hygiene and sanitation promotion strategies among ethnic minority communities in Northern Viet Nam: a stakeholder analysis. Health Policy and Planning, 2012, 1–13.

RISKESDAS, (2013).

Rural Water Supply and Sanitation Partnership (2014). News Brief, Vol. 60, Quarter II, 2014. Ministry of Agriculture and Rural Development, Hanoi. www.rwssp.org.vn

Sijbesma, C.; Trong, T.X. & Devine, J. (2010). Case Study on Sustainability of Rural Sanitation Marketing in Viet Nam. Water and Sanitation Project (WSP): Technical Paper.

SNV Viet Nam (2010). Sanitation demand creation – a strengths-based review. Hanoi.

Sun, X. & Xiaolin, W. (2010). *Needs Assessment of Children in Child Welfare Demonstration Project Sites.* Beijing Normal University – International Poverty Reduction Centre in China / UNICEF Beijing.

Sun, X., Tian, Y., Zhang, Y., Xie, X., Heath, M.A. & Zhou, Z. (2015) *Psychological development and educational problems of left-behind children in rural China.* School Psychology International 36, 227–252.

Truong Huyen Chi (2011) Eliminating Inter-Ethnic Inequalities? Assessing Impacts of Education Policies on Ethnic Minority Children in Viet Nam. Young Lives Working Paper No.69. Department of International Development University of Oxford.

UNICEF (2009). Protect me and Love me: A Baseline Report for Creating a Future Free from Violence, Abuse and Exploitation of Girls and Boys in Kiribati. UNICEF 2009.

UNICEF (2010). Narrowing the Gaps to Meet the Goals.

UNICEF (2010). Refocusing on Equity.

UNICEF (2010). Situation Analysis: Working Toward Progress with Equity.

UNICEF (2011). Indonesia: Country Programme Document 2011–2015 (E/ICEF/2010/P/L.27). UNICEF 2011.

UNICEF (2011). The Situation of Children and Women in Indonesia 2000–2010. Working Toward Progress with Equity under Decentralisation. UNICEF 2011.

UNICEF (2014). Case Study on Narrowing the Gaps in Birth Registration – Born Identity Project Solomon Islands. UNICEF 2014.

UNICEF (2014). Community IYCF Counselling in Indonesia – HANDOUT and EAPRO Market Place Poster.

UNICEF (2014). East Asia and the Pacific: Indonesia – Pursuing Equity in Practice. MoRES – Indonesia.

UNICEF (2014). Pacific Islands MTR, UNICEF 2014.

UNICEF (2014). Partnerships Lifting Birth Registration Numbers in Vanuatu. UNICEF 2014.

UNICEF (2014). Regional Report on Nutrition Security in ASEAN (Volume 2).

UNICEF (2014). Unequal at Birth: Disparities in Birth Registration in East Asia and the Pacific.

UNICEF (2014a). Global evaluation of CATS Sector Strategy – Final report.

UNICEF (2014b). Annual Report 2014. Viet Nam. Hanoi. Downloaded from: http://www.unicef.org/about/annualreport/files/Viet_Nam_Annual_Report_2014.pdf

UNICEF (2015). Achievements of the Maternal and Young Child Nutrition Security Initiative in Asia. MYCNSIA (2011–2015). UNICEF 2015.

UNICEF (2015). *Bare Foot Social Workers, China. Annual Progress Report and Next Year Plan*. Submitted to IKEA Foundation. UNICEF China Country Office, Beijing.

UNICEF (2015). Child Rights Case Study – Partnerships Promoting High Birth Registration in Kiribati. UNICEF 2015.

UNICEF (2015). Country Programme Document: Indonesia. Economic and Social Council.

UNICEF (2015). Progress for Children: Big Accomplishments but Still too Many Left Behind. https://blogs.unicef.org/east-asia-pacific/progress-for-children-challenges-ahead. Accessed: May 26, 2016

UNICEF (2015). Second Review – Community-Led Total Sanitation in the East Asia and the Pacific Region.

UNICEF (2015). Toward the Reduction of Stunting in Jayawijawa District: The Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA). UNICEF April 2015.

UNICEF (2015). Toward the Reduction of Stunting in Klaten District: The Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA). UNICEF April 2015.

UNICEF (2015). Toward the Reduction of Stunting in Sikka District: The Maternal and Young Child Nutrition Security Initiative in Asia (MYCNSIA). UNICEF April 2015.

UNICEF (2015). UNICEF Indonesia: Summary of MYCNSIA Progress by Output.

UNICEF (2015). Video: My Name, My Future (http://unicefpacific.blogspot.com/2015/08/my-name-my-future-birth-registration-in.html)

UNICEF (2015). Video: The Right to Citizenship (http://unicefpacific.blogspot.com/2013/09/the-right-to-citizenship-and-birth.html)

UNICEF (2015). Video: Who Are You? (http://unicefpacific.blogspot.com/2014/08/who-are-you.html)

UNICEF (2016). Improving Nutrition Security in Indonesia. UNICEF 2016.

UNICEF (2016). Seven success factors that are helping to reduce malnutrition. Findings from the Maternal and Young Child Nutrition Security in Asia (MYCNSIA) programme in Indonesia.

UNICEF EAPRO (2015). Improving Nutrition Security in Asia – An EU-UNICEF Joint Action. EAPRO Brochure.

UNICEF Viet Nam (2015). Summary Report. Mid-Term Review. Government of Viet Nam and UNICEF Country Programme of Cooperation 2012–2016.

UNICEF, D. Izwardy, & H. Torlesse (2015). The Maternal and Young Children Nutrition Security Initiative in Asia (MYCNSIA) Dissemination Meeting. Power Point, October 2015. Bangkok. Doddy Izwardy and Harriet Torlesse.

UNICEF, NWCCW, & NBS (2014). *Children in China: An Atlas of Social Indicators. 2014 Update*. United Nations Children's Fund; National Working Committee on Children and Women; National Bureau of Statistics, Department of Social, Science, Technology and Cultural Statistics. Beijing.

UNICEF, NYHQ (2010). Re-Focusing on Equity: Questions and Answers. UNICEF, NYHQ. November 2010.

UNICEF, NYHQ (2010). Re-Focusing on Equity: Questions and Answers. UNICEF, NYHQ. November 2010.

UNICEF. Endline and Baseline Survey Results. UNICEF

UNICEF. National Report – Indonesia. Child Poverty Disparities in Indonesia: Challenges for Inclusive Growth. UNICEF.

UNICEF. Organizational Network Analysis on UNICEF's Contribution to IYCF in Indonesia.

UNICEF. Questions & Answers: What you Need to Know about Birth Registration in Kiribati. UNICEF Brochure. (http://www.unicef.org/pacificislands/English_BIRTH_REGISLAYOUT.pdf)

United Nations Economic and Social Council (2015). *UNICEF Country Program Document – China.* E/ICEF/2015/P/L.22. United Nations Children's Fund. Executive Board. Second regular session. 8–10 September 2015 New York.

UNRIC (nd)2015). Sanitation as a Human Right, United Nations Regional Information Centre for Western Europe, www.unric.org/en/sanitation/27281-sanitation-as-a-human-right, accessed 14 October 2015.

VIHEMA/WSP (2013a) Behavioural Determinants of Sanitation and Handwashing with Soap in Viet Nam: A Review of current studies and behaviour change communication materials since 2006. Hanoi.

VIHEMA/WSP (2013b). Sanitation hardware supply chain assessment in rural area of Viet Nam. Hanoi.

Water & Sanitation Program (WSP)/ World Bank Group (2014). Water Supply and Sanitation in Viet Nam. Turning Finance into Services for the Future. Service Delivery Assessment. December 2014. International Bank for Reconstruction and Development/The World Bank.

Wen, M. & Lin, D. (2012). *Child Development in Rural China: Children Left Behind by Their Migrant*

World Bank (2014). East Asia and Pacific Regional Overview. http://www.worldbank.org/en/region/eap/overview. Accessed: May 28, 2016.

World Bank (2014). Taking Stock: An Update on Viet Nam's Recent Economic Developments. Hanoi.

World Bank (2015). Viet Nam Results-based Scaling up Rural Sanitation and Water Supply Program. Program Appraisal Document. Viet Nam Report No: 70529-VN . October 26, 2015.

WSP (2012). Handwashing Behavior Change at Scale: Evidence from a Randomized Evaluation in Viet Nam. Global Scaling Up Handwashing Project. Hanoi

Xuan, L.T.T & Hoat, L.N. (2013). Handwashing among schoolchildren in an ethnically diverse population in northern rural Viet Nam. Global Health Action 2013, 6: 18869 – http://dx.doi.org/10.3402/gha.v6i0.18869

Xuan, L.T.T.; Hoat, L.N., Rheinländer, T., Dalsgaard, A. & Konradsen, F. (2012). Sanitation behavior among schoolchildren in a multi-ethnic area of Northern rural Viet Nam. BMC Public Health 2012, 12:140

Xuan., L.T.T.; Rheinlander, T., Hoat, L.N. Dalsgaard, A.& Konradsen, F. (2013). Teaching handwashing with soap for schoolchildren in a multi-ethnic population in northern rural Viet Nam. Global Health Action 2013, 6: 20288 – http://dx.doi.org/10.3402/gha.v6i0.20288

Zhang, N., Bécares, L. & Chandola, T. (2015). *Does the timing of parental migration matter for child growth? A life course study on left-behind children in rural China.* BMC Public Health, 15, 966–978.

Technical Contacts for each Case Study

UNICEF EAPRO Contacts

Ms. Stephanie Kleschnitzki
Programme Planning and Monitoring Unit
skleschnitzki@unicef.org

Ms. Wing-Sie Cheng
Regional Advisor, HIV and AIDS
wscheng@unicef.org

Ms. Christiane Rudert
Regional Advisor, Nutrition
crudert@unicef.org

Mr. Stephen Blight
Regional Advisor, Child Protection
sblight@unicef.org

Mr. Chander Badloe
Regional Advisor, WASH
cbadloe@unicef.org

China Contacts

Mr. Tim Sutton
Deputy Representative
UNICEF China
tsutton@unicef.org

Mr. Ron Pouwels
Chief of Child Protection
UNICEF Beijing
rpouwels@unicef.org

Ms. Xu Wenqing
Child Protection Specialist
UNICEF China
wxu@unicef.org

Ms. Wang Jinxia
Programme Officer, Child Welfare Section Department of Social Welfare and Charity Promotion
Ministry of Civil Affairs
rcl020605@sina.cn

Ms. Xu Shan
Deputy Director
Child Welfare Research Center – China Philanthropy Research Institute
Beijing Normal University xushan@bnu1.org

Indonesia Contacts

Ms. Lauren Rumble
Deputy Representative
UNICEF Indonesia
lrumble@unicef.org

Ms. Harriet Torlesse
Chief of Nutrition
UNICEF Indonesia
htorlesse@unicef.org

Ms. Ninik Sukotjo
UNICEF Indonesia
ssukotjo@unicef.org

Ms. Petra Hoelscher,
Chief, Social Policy
UNICEF Indonesia
phoelscher@unicef.org

Pacific Islands Contacts

Ms. Vathinee Jitjaturunt
Deputy Representative
UNICEF Pacific Islands
vjitjaturunt@unicef.org

Ms. Amanda Bissex
Chief Child Protection
UNICEF Pacific Islands
abissex@unicef.org

Ms. Anika Kingmele
Child Protection Officer
UNICEF Solomon Islands
akingmele@unicef.org

Mr. Joemela Simeon
Child Protection Officer
UNICEF Vanuatu
jsimeon@unicef.org

Ms. Tinia Rakenang
Child Protection Consultant
UNICEF Kiribati
tinia.rakenang913@gmail.com

Viet Nam Contacts

Mr. Jesper Moller
Deputy Representative
UNICEF Viet Nam
jmoller@unicef.org

Mr. Lalit Patra
WASH Specialist
UNICEF Viet Nam
lpatra@unicef.org

Ms. Nguyen Thanh Hien
WASH Specialist,
UNICEF Viet Nam
nthien@unicef.org

Mr. Friday Nwaigwe
Chief YCSD
UNICEF Viet Nam
fnwaigwe@unicef.org

Mr. Nguyen Thanh Luan
National Center for Rural Water
Supply and Sanitation

Mr. Anh Cường
Viet Nam Health Environment Management Agency
pacuong@yahoo.com

Endnotes

Executive Summary Endnotes

1. World Bank, East Asia and Pacific Regional Overview (2014). (http://www.worldbank.org/en/region/eap/overview#1)

Introduction Endnotes

1. Refocusing on Equity, UNICEF 2010.
2. Narrowing the Gaps to Meet the Goals (UNICEF 2010).
3. Narrowing the Gaps to Meet the Goals (UNICEF 2010).
4. World Bank, East Asia and Pacific Regional Overview (2014). (http://www.worldbank.org/en/region/eap/overview#1)

Regional Synthesis Endnotes

1. http://www.worldometers.info/world-population/niue-population/
2. UNICEF, Progress for children, big accomplishments but still too many left behind (2015). (https://blogs.unicef.org/east-asia-pacific/progress-for-children-challenges-ahead.
3. Progress for Children: Big Accomplishments but Still too Many Left Behind. UNICEF EAPRO, June 23, 2015. (https://blogs.unicef.org/east-asia-pacific/progress-for-children-challenges-ahead/)
4. International Education Statistics, Redistribution of Children In and Out of School. Analysis by Friedrich Huebler (http://huebler.blogspot.com/2016/02/oos.html)
5. International Education Statistics, Redistribution of Children In and Out of School. Analysis by Friedrich Huebler (http://huebler.blogspot.com/2016/02/oos.html)
6. UNICEF, Regional Report on Nutrition Security in ASEAN (Volume 2) (2014).
7. World Bank, East Asia and Pacific Regional Overview (2014). http://www.worldbank.org/en/region/eap/overview#1
8. UNICEF, Unequal at Birth: Disparities in Birth Registration in East Asia and the Pacific (2014)
9. Asian Development Bank (2014). "Inequality in Asia and the Pacific: Trends, Drivers, and Policy Implications."
10. "Seven success factors that are helping to reduce malnutrition. Findings from the Maternal and Young Child Nutrition Security in Asia (MYCNSIA) programme in Indonesia." UNICEF 2016.
11. Vulnerable children are defined in the policy as: "Vulnerable children are those who suffer from difficulties in day-to-day living, or lack the access to health and education services due to families' economic situation; those who lack the required care, rehabilitation services, or facing exclusion due to disabilities; who are abused, abandoned, injured by accidents, or harmed by perpetrators due to inadequate or improper family guardianship."

China Case Study Endnotes

1. Ministry of Foreign Affairs People's Republic of China and United Nations System in China, Report on China's Implementation of the Millennium Development Goals (2000–2015), July 2015
2. Based on United Nations Population Division estimates, population of Australia and Canada being 24,309,330 and 36,286,378 respectively- refer http://www.worldometers.info/world-population/population-by-country/
3. Ministry of Foreign Affairs People's Republic of China and United Nations System (2015) as above
4. Based on the rural poverty alleviation line set by the Chinese Government, RMB 2,300 per year for each resident at 2010 constant price.
5. Ministry of Foreign Affairs People's Republic of China and United Nations System (2015) as above
6. The Government's rural school consolidation process (initiated in early 2000 but stopped in 2012) intended to enhance education quality and equity, but saw the number of rural schools halved, resulting in reduced access to schools for rural poor and increased drop-out rates, due to greater distances to travel, lack of transportation, and increased safety risks. Children in remote areas therefore had less access to education and also did not benefit

from the enhanced nutritional intake provided by the free school lunches.

7. Chen, Yang, & Ren. (2015).

8. United Nations Economic and Social Council (2015); China Philanthropy Research Institute (2013).

9. Chen, Yang, & Ren (2015).

10. China is a multi-ethnic country comprising 56 ethnic groups –the Han ethnic group represent 92% of China's population, with 55 ethnic minority groups accounting for the remaining 8%.

11. All-China Women's Federation. National survey of rural left-behind children and migrant children in China [Internet]. Beijing: People's Daily Online; 2013 May 10 ; as cited in Zhou et al. (2015)

12. Zhou et al. (2015).

13. For example: Cheng & Sun (2014); Leng & Park (2010); Sun, Tian, Zhang, Xie, Heath & Zhou, Z. (2015); Wen & Lin (2012); Zhang, Bécares & Chandola (2015).

14. Goodburn, C. (2014). The end of the hukou system? Not yet. China Policy Institute Policy Paper 2014: No 2 ; https://www.nottingham.ac.uk/cpi/documents/policy-papers/cpi-policy-paper-2014-no-2-goodburn.pdf

15. China Philanthropy Research Institute (2013). Report on the Mid-Term Evaluation of Child Welfare Demonstration Project.

16. China Philanthropy Research Institute (2013). Report on the Mid-Term Evaluation of Child Welfare Demonstration Project.

17. A wide range of discussions were held with a wide range of stakeholders in order to capture their perspectives on the China Child Welfare Demonstration Project experience. Persons consulted ranged from representatives of national government departments and academic institutions, through to members of individual rural households benefiting from community-based child-welfare services including children themselves, with many other critical parties in-between.

18. Refer to Concluding Presentation made by Deputy Director-General, Department of Social Welfare and Charity Promotion, Ministry of Civil Affairs, at National Workshop on Scaling Up China's Child Welfare System, March 6–8, 2016, Ruili, Yunnan province.

Indonesia Case Study Endnotes

1. UNICEF, 2016. Improving nutrition security in Indonesia: District actions to improve infant and young child feeding

2. UNICEF (2015). Achievements of the Maternal and Young Child Nutrition Security Initiative in Asia. MYCNSIA (2011–2015). UNICEF 2015.

3. RISKESDAS 2013

4. Indonesia Demographic and Health Survey (IHDS), 2012

5. Indonesia Demographic and Health Survey (IHDS), 2012

6. UNICEF 2016.

7. Walters De et al. (2016). The Cost of Not Breastfeeding in Southeast Asia. Health Policy and Planning. 1–10. Doi: 10.1093/heapot/czw044

8. Joint Montioring Programme for Water and Sanitation, 2015.

9. Global Nutrition Report, 2015.

10. Second Review of Community-Led Total Sanitation in the East Asia and the Pacific Region, UNICEF 2015.

11. MYCNSIA Achievements 2011–2015.

12. UNICEF 2016. Improving nutrition security in Indonesia: District actions to improve infant and young child feeding.

13. Note that three further districts were added to the programme, including Pemalang District, Brebes District, and Kupang District.

14. UNICEF 2016. Improving nutrition security in Indonesia: District actions to improve infant and young child feeding.

15. RISKESDAS, 2013.

16. IDHS, 2012.

17. To capture key lessons learned toward implementing an equity-based approach in Indonesia, interviews were conducted with representatives of the government, donors, civil society, village leaders, health service provides, among others. Interviewees were asked to identify the success factors, as well as the challenges faced and the mechanisms and approaches to overcoming barriers, which have enabled the government of Indonesia to significantly improve the lives of some of its most disadvantaged children and their families.

18. MYCNSIA PowerPoint 2015.

Pacific Islands Case Study Endnotes

1. Assessment on the Current Status of Civil Registration with focus on Birth Registration in Solomon Islands, UNICEF Pacific, Suva Fiji Islands.
2. Partnerships Lifting Birth Registration Numbers in Vanuatu. UNICEF 2014.
3. Child Rights Case Study – Partnerships Promoting High Birth Registration in Kiribati. UNICEF 2015.
4. Case Study on Narrowing the Gaps in Birth Registration: Born Identity Project Solomon Islands. UNICEF 2014.
5. Partnerships Lifting Birth Registration Numbers in Vanuatu. UNICEF 2014.
6. Partnerships Lifting Birth Registration Numbers in Vanuatu. UNICEF 2014.
7. Partnerships Promoting High Birth Registration in Kiribati. UNICEF 2014.
8. Pacific Islands MTR, 2014.
9. Partnerships Lifting Birth Registration Numbers in Vanuatu. UNICEF 2014.
10. Background information on legislative framework obtained from interview with UNICEF Vanuatu Child Protection Officer.
11. Solomon Islands Case Study, 2014.
12. Solomon Island Case Study, UNICEF 2014.
13. Pacific Islands MTR, 2014.
14. Case Study on Narrowing the Gaps in Birth Registration: Born Identity Project Solomon Islands. UNICEF 2014.
15. Interviewees were asked to identify and comment on success factors, as well as the challenges faced and the mechanisms and approaches to overcoming barriers, which have enabled the Pacific Islands Countries and partnering agencies to significantly increase the number of individuals registered.
16. Case Study on Narrowing the Gaps in Birth Registration – Born Identity Project Solomon Islands. UNICEF 2014.
17. UNICEF Pacific Islands MTR, 2014.

Viet Nam Case Study Endnotes

1. Currently there are 54 ethnic groups officially listed in Viet Nam, of which the Kinh account for approximately 86 percent. The other 53 are considered ethnic minorities. Most of them, except for the Hoa (Chinese) who are largely urban-based, are located in remote and mountainous areas and showing a persistently high level of poverty: Northern Highlands, Central Highlands and the Khmer group in the Southern part of Viet Nam.
2. World Bank (2015) citing data from Joint Monitoring Programme.
3. Xuan 2012.
4. World Bank (2015).
5. Rheinlander (2011)
6. Quattri, Smets & Nguyen (2014).
7. World Bank (2014)
8. World Bank (2015)
9. Grantham-McGregor, S., Cheung, Y.B., Cueto, S., Glewwe, P., Richter, L. and B. Strupp (2007) Developmental potential in the first 5 years for children in developing countries. The Lancet Vol.

369, Issue 9555, pp. 60–70, as quoted in World Bank (2015).

10. Kar (2005)

11. Dao Huy Khe (2014); Jensen 2013; SNV Viet Nam (2010).

12. Dao Huy Khe (2014).

13. An "improved sanitation" facility is defined as one that hygienically separates human excreta from human and animal contact. Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank or pit latrine, ventilated improved pit latrine, pit latrine with slab and use of a composting toilet.

14. These included: Inadequate political priority and funding; lack of stringent technical standards for hygienic latrines; weak pro-poor sanitation market; absence of regulatory framework for private sector engagement; poor lending arrangement for under-privileged households; unfamiliarity with community mobilization approaches and inadequate monitoring systems were recognized as the major bottlenecks.

15. Refer World Bank (2015)

16. These included the National Sanitation Marketing Guideline and Training Manuals; Monitoring Sanitation Equity Framework; Pro-poor Financial Arrangement; and the Poverty and Sanitation Mapping Tool

17. The ODF Criteria and Certification Process included comprehensive guidelines on the criteria for ODF, and the protocol for verification and certification, which embedded clear responsibilities for each actor within a strict but realistic timeframe for action.

18. Rheinlander 2010

19. Harlow et al (undated)

© UNICEF China/2016/Zhou Jifeng

UNICEF East Asia and Pacific Regional Office (UNICEF EAPRO)

Visitors:
19 Phra Atit Road
Chanasongkram, Phra Nakorn
Bangkok 10200, Thailand

Mail:
P.O. Box 2-154
Bangkok 10200
Thailand

Telephone: (662) 356-9499
Fax: (662) 280-3563
Email: asiapacificinfo@unicef.org

unicef

for every child