

# A chance for every child:



## How a focus on children can help DFID achieve equitable progress on the Millennium Development Goals

### 1. Introduction

Equity is increasingly on the agenda of DFID, UN agencies and other international organisations. This is largely in recognition of the failure of poverty reduction strategies and programmes to reach the poorest and most marginalised groups in society, often in spite of economic growth and overall increases in access to services. Such inequitable progress in the developing world is also reflected in analysis of achievements against the Millennium Development Goals (MDGs). Evidence suggests that ten years after their inception, many of these goals remain stubbornly off-track, particularly in countries affected by fragility or conflict.<sup>1</sup> Within countries, research also shows that progress against the MDGs is not universal, with poorer and more marginalised sections of communities often missing out, as governments target populations where rapid progress can be more easily demonstrated.<sup>2</sup>

Such inequitable progress against the MDGs is particularly evident when achievements are analysed against children's rights. As demonstrated in the remainder of this paper, despite children constituting over half of the population of many poor countries, they do not receive an equitable share of the benefits of poverty alleviation strategies. In interventions where children are prioritised in order to reach MDG targets on child survival, nutrition and education, there is also a lack of recognition of inequality *between* children, with the most vulnerable groups continuing to miss out.<sup>3</sup>

A child rights based approach is key to achieving each of the MDGs and breaking cycles of poverty and inequity both across and within countries. Non-discrimination is one of four guiding principles of the child rights framework, along with ensuring best interests of the child, their rights to life, survival and development, and respect for the views of the child. This framework enables an effective and child-focused lens on a range of MDG challenges, from how to reduce child mortality, to ensuring that children are taken into account within wider poverty reduction strategies.

State parties to the UN Convention on the Rights of the Child, including the UK Government, are obliged domestically and through their international cooperation to realise the rights of all children, including those who are traditionally labelled as 'hard-to-reach'. As well as addressing questions of equity, the child rights approach helps to shift the MDG debate from an inadequate reliance on political will, to a much stronger framework of accountability. Currently, DFID is not doing enough to address children's rights, with no head office staff dedicated to working on this issue and limited acknowledgment of a child rights-based approach in policy responses. It is hoped that this paper will go some way to reversing this trend, and in doing so, make DFID more successful in fulfilling its stated commitments to achieving the MDGs in an equitable way.

This short paper aims to show how a focus on children and their rights will help DFID, and other donors and partner governments, make better progress towards

<sup>1</sup> UN (2010) *Keeping the promise – a forward looking review to promote an agreed action agenda to achieve the MDGs by 2015*. United Nations, New York

<sup>2</sup> See for example: UNESCO (2010) *Education for all. Global monitoring report 2010. Reaching the marginalized*. UNESCO, Paris and UN (2010) *Keeping the promise – a forward looking review to promote an agreed action agenda to achieve the MDGs by 2015*. United Nations, New York

<sup>3</sup> Young Lives (2010, forthcoming) *Fragile gains and deep inequalities: evidence from Young Lives on the Millennium Development Goals*

the equitable achievement of the MDGs. It has been written by the DFID/Civil Society Organisations Child Rights Group, a network committed to examining ways in which DFID can employ a child rights-based approach to help it achieve its mandate.<sup>4</sup> Drawing on the group's combined programming experience of 'what works', as well as empirical evidence of children's experiences of poverty, the paper concludes with a series of practical recommendations for DFID and its support to national governments, together with a proposed list of equity-based indicators for measuring the progress and effectiveness of the MDGs (Annex 1).

## 2. Investing in children to reduce global poverty

MDG 1 calls for the eradication of extreme poverty and hunger. To achieve this goal, it is essential that greater attention is paid to child poverty and malnutrition. Children constitute at least half of the population in many developing countries, and are currently disproportionately represented amongst the poorest and most malnourished, with an alarming lack of progress in achieving rights to survival in many parts of the world. For example, even in growth economies such as India, 46% of children below the age of 3 are small for their age while 50% of child deaths are associated with malnutrition.<sup>5</sup> Global research by Save the Children highlights the links between poverty and malnutrition, and shows that rises in food prices mean many families cannot afford to feed their children the diet they need to avoid malnutrition even if they spent all their income on food.<sup>6</sup>

Evidence shows that it cannot be assumed that policies aimed at increasing household wealth necessarily benefit children or all household members equally, as resources are not always evenly distributed within households.<sup>7</sup> Poverty causes life-long damage to children and is passed on from generation to generation, with devastating long-term effects for economies. For example, research shows that there is a critical window between conception and a child's second birthday, beyond which the permanent effects of malnutrition cannot be prevented,<sup>8</sup> leading to lower life-chances, lower earning potential later in life and impaired aspirations, catching children in a poverty trap.<sup>9,10</sup>

As a consequence, high levels of child poverty and hunger are not only harming today's children but have serious implications for the sustainability of MDG outcomes for future generations. Yet governments and international agencies have rarely focused on tackling child poverty or malnutrition as a fundamental part of reducing overall poverty. For example, international spending on child malnutrition remains low and stuck at roughly the same level since 2000-2004.<sup>11</sup> Instead, there is a tendency to focus on short-term responses to poverty and crisis, such as recent global economic shocks, which do not mitigate long term implications for children and future generations.<sup>12</sup> This neglect of child poverty and malnutrition has combined with widening social and economic inequalities and weak social protection mechanisms in many poor countries to leave children at risk and the potential of the MDGs unfulfilled.

One of the ways in which governments can better address child poverty and malnutrition is through child sensitive social protection mechanisms (see Box 1). Research clearly demonstrates that social protection,

4 The Working Group members include Amnesty International, Anti-Slavery International, Children's Rights Alliance for England, ChildHope UK, Children's Legal Centre-University of Essex, Consortium for Street Children, DFID's Equity and Rights Team, EveryChild, HelpAge International, International Children's Trust, International Childcare Trust, Overseas Development Institute, Plan International, Railway Children, Save the Children UK, Sightsavers, Toybox, UNICEF UK, Voluntary Services Overseas, War Child, World Vision UK and Young Lives.

5 UNICEF Nutrition, [http://www.unicef.org/india/children\\_2356.htm](http://www.unicef.org/india/children_2356.htm)

6 Save the Children (2009) *Hungry for change: an eight-step, costed plan for action to tackle global child hunger*

7 Feeny, T and Boyden, J (2003) *Children and poverty: a review of contemporary literature and thought on children and poverty*, in Children and Poverty Series, Part I, Christian Children's Fund, Richmond

8 Save the Children (2009) *Hungry for change – an eight-step, costed plan of action to tackle global child hunger*

9 Dercon, S (2008) *Children and the food price crisis* Young Lives Policy Brief 5

10 Engle et al (2007) *Strategies to avoid the loss of developmental potential in more than 200 million children in the developing world* *Lancet* 2007; 369: 229-242

11 MSF (2009) *Malnutrition: how much is being spent? An analysis of nutrition funding flows 2004-2007*

12 Dercon, S (2008) *Children and the food price crisis* Young Lives Policy Brief 5

and particularly cash transfers, can improve child survival.<sup>13</sup> However, there remains a lack of investment in social protection and, importantly, a lack of recognition of the necessity of considering impacts on child survival and other child rights in the design of such schemes.<sup>14</sup> Poorly-designed social protection systems which do not consider impacts on child rights are at best failing to reach the most vulnerable children, and at worst are having negative impacts on children, for example by increasing children's workload.<sup>15</sup>

### 1: Social protection programmes and children's malnutrition

Social protection programmes, including conditional and unconditional cash transfers, food for work and other initiatives are gaining ground in many regions, including parts of sub-Saharan Africa, Central and Eastern Europe and the Commonwealth of Independent States. School meal programmes were scaled-up in many countries in recent years in response to high food prices, providing an important social safety net reaching millions of vulnerable children and families. Cash transfer programmes are being carried out in Kenya, Mozambique, Tanzania and Zambia. Ethiopia's social protection programme is among the largest on the African continent outside of South Africa. In addition to improving household food security, these programmes have contributed to increasing the household capacity for health and education expenditures, as well as the time available for children to pursue an education, and have resulted in a decline in child work rates.

Source: Stocktaking on the MDGs (UNICEF 2010)

## 3. Addressing inequity among children to accelerate progress

The evidence presented above clearly shows that in relation to MDG 1, which targets both children and adults, there remains a high degree of inter-generational inequity, with not enough being done to address child poverty and hunger to the detriment of sustainable solutions to poverty more generally. Several of the other MDGs do make explicit reference to children, and therefore do promote a focus on child wellbeing. However, even in relation to these goals, without a child rights-based approach focused on non-discrimination, the MDGs are not being achieved in an equitable way, as the poorest and most marginalised children are often not reached. For example:

**MDG 1 and inequalities in nutrition:** Child malnutrition is strongly shaped by inequality. For example, 60% of ethnic minority children in the Young Lives sample in Vietnam are stunted at age 5, compared to 19% of children from the ethnic majority.<sup>16</sup>

**MDGs 2 and 3 and inequalities in education:** Progress in achieving MDGs 2 and 3 on universal primary education and gender equity in education has been far too slow and characterised by stark inequalities. Though 33 million more children have been able to access primary education since 1999, 72 million still remain out of school and, on current rates of progress 56 million children could still be out of school in 2015.<sup>17</sup> Currently approximately 63% of countries with available

13 **Save the Children (2009)** *Lasting benefits: the role of cash transfers in tackling child mortality*

14 **DFID et al (2009)** *Advancing child sensitive social protection*. DFID, HelpAge International, Hope and Homes for Children, Institute of Development Studies, International Labour Organisation, Overseas Development Institute, Save the Children UK, UNICEF, UNDP and the World Bank

15 **Young Lives (2008)** *Impacts of social protection programmes in Ethiopia on child work and education* Young Lives Policy Brief 8, Sept 2008

16 **Duc et al (2008)** *Vietnam Round 2 Survey* Young Lives Country Report

17 Figures are taken from the **2010 UNESCO** *Education for all Global Monitoring Report*

data have achieved gender parity in primary education, 37% at secondary and less than 3% at the tertiary level and, in some regions, gaps are widening. Where children do access education, international, regional and national assessments all indicate weak learning outcomes, particularly for pupils from poorer and other disadvantaged groups, in most developing countries. Box 2 below, taken from UNESCO's Education for All Global Monitoring Reports, shows some of the children who commonly miss out on an education.

## 2: Who's missing out on education?

Of the out-of-school primary-aged population, it is estimated that:

- 54% are girls
- 33% are disabled children
- More than 40 million live in low income countries in conflict or recovering from conflict
- Children from the poorest 20% of households are much more likely to be part of this figure than those from the wealthiest 20%
- Children in rural areas are much more likely to be part of this figure than those living in urban areas
- Children who have lost both parents are 12% less likely to attend school than other children.
- Other children are prevented from going to school or from learning achievement due to: class, caste, ethnicity, language, religion, refugee and internally displaced status, HIV and AIDS, violence in homes and schools, and the need to work.

Source: 2007 and 2010 UNESCO Education for All Global Monitoring Report.

To these other groups can be added, such as street children, who have no access to education at all, or those living in other pockets of poverty in urban areas. While access to services may be higher in cities, this tends to be highly segregated, with deep social exclusion co-existing alongside wealth and opportunity.

**MDG 4 and inequalities in child survival:** Children in the least developed countries are 22 times more likely to die before their fifth birthday than those in developed countries. These differences are a consequence not just of wealth but of how wealth is distributed and the policy choices of governments in meeting the rights of children to survive and develop: Sri Lanka and Cuba, for example, outperform Mexico and South Africa in terms of equitable rates of child survival.<sup>18</sup>

Disparities in meeting MDG 4 on child mortality not only exist across countries but also, and perhaps more importantly, *within* countries: in many developing countries the survival chances of those born to the poorest households still remain much less than those born in the richest households. In some countries, for example Nigeria, children from the least wealthy households can be over three times more likely to die than those from households in the highest wealth group.<sup>19</sup>

Children born into the poorest families are more likely to be in poor health overall. The lower resistance to disease caused by widespread malnutrition in the poorest children, coupled with the higher risk of disease due to greater exposure to risk factors presented by unclean water, poor sanitation and inadequate living conditions is a terrible synergy that costs many children's lives. The barriers to healthcare access presented by inequities in income and geography exacerbate this dual burden and must be taken into account when health systems are being designed and evaluated.

While wealth is the most obvious dimension of inequity, disparities in child survival also stem from other sources such as geography or gender inequity. Gender inequity has a significant impact on achieving MDG 4. Girls suffer direct discrimination in states such as Haryana in India which has the highest observed rate of excess female mortality of 135 girls for every 100 boys.<sup>20</sup> There are also indirect effects of gender inequity on under-five mortality. In many countries, the relative powerlessness of women and girls in homes and communities prevents them from accessing much needed services and resources without the consent of their husbands or male relatives. Caste, ethnicity and religion are also sources of inequity in meeting MDG 4.

<sup>18</sup> Save the Children (forthcoming) *A fair chance at life: How to reach MDG 4 by addressing inequity*

<sup>19</sup> World Vision (2009) *Child health now. Together we can end preventable deaths*

<sup>20</sup> Arokiasamy (2004): 837 *Regional patterns of sex bias and excess female child mortality in India population*, 59 (6), 833-863

Box 3 below shows how countries which pay specific attention to reducing inequality in child survival can make more equitable progress against MDG 4.

### 3: Equity and child survival

Bolivia is on track to achieve MDG 4 and has attempted to address inequities in child survival through legislation. In 2009 it voted for a new constitution allowing for reforms to address social inequities, including addressing the rights of indigenous peoples. In 2002, it passed the Universal Mother and Child Health Insurance Law that gave free healthcare for mothers and children under five years old. Kenya, by comparison has shown little interest in correcting skewed distribution of its scarce health spending towards the rich. The percentage of public health spending going to the poorest quintile is only about half that going to the richest and this is reflected in high child mortality rates amongst the poor.

Source: A fair chance at life: how to reach MDG 4 by addressing inequity, Save the Children, (forthcoming 2010)

In addition to these examples of inequity in relation to specific MDGs, there are also several issues that cut across all of the MDGs and prevent equitable progress for children:

*Inequalities in access to services:* Evidence from Young Lives shows stark inequalities in access, quality and outcomes across most services, strongly shaped by household wealth, ethnicity, caste, parental education, rural/urban location and, in some cases, the role of the private sector.<sup>21</sup> The poorest and most marginalised households and individuals face a range of economic barriers, both direct and indirect costs, which prevent them from accessing health, education and a nutritious diet.<sup>22</sup>

*Inequalities in early childhood:* Inequality starts early. While UNESCO estimates there has been a 300% increase in access to early childhood programmes around the world since 1970, children are not benefiting equally, with long-term nutritional and educational implications for certain socio-economic

and ethnic groups.<sup>23</sup> Box 4 below demonstrates how early childhood programmes targeted at the most marginalised can lead to dramatic improvements in development outcomes later in life.

### 4: Tackling inequality in early childhood

In Turkey, 86% of the children from low-income households who participated in 'The Turkish Early Enrichment Project' were still in school after 7 years, compared with 67% for non-participants. They were also more likely to achieve school attainment, and to go onto university. Similarly, research on participation in ECCE programmes in Nepal has shown that it increases gender equality among young children as well as between women and men. Equal numbers of girls and boys who had participated in pre-school enrolled in first grade of primary compared to 39% of girls and 61% of boys among the non-participants group.

Source: Case studies quoted in World Vision UK (2010) Supporting the Education Rights of Children with Disabilities: The Fast-Track Initiative and Early Childhood Care and Education

*A lack of recognition of children's care and protection<sup>24</sup>:* Children lacking adequate care and protection are amongst the poorest and most vulnerable, yet these important rights are not explicitly referenced in the MDGs, and children outside of parental care, or facing situations of abuse, exploitation and violence, are often ignored in strategies designed to achieve the MDGs. A failure to address children's rights to care and protection is currently hindering the equitable achievement of several of the MDGs. For example, parental neglect and a loss of parental care enhance risks of poverty and hunger, yet social protection programmes often either fail to reach vulnerable groups, or actually encourage family separation. Education for all will not be achieved unless the current widespread exclusion of young married girls and children in extended family care, prison or work is addressed. Education planners have not done enough to ensure that inclusive education extends to children without adequate care and protection.

21 For an overview of inequalities across different sectoral areas see Young Lives country reports for Ethiopia, India (Andhra Pradesh), Peru and Vietnam: <http://www.younglives.org.uk/publications/country-reports>

22 **Save the Children (2009)** *Lasting benefits: the role of cash transfers in tackling child mortality*

23 **Woodhead et al (2010)** *Equity and quality? Challenges for early childhood and primary education in Ethiopia, India and Peru* Bernard van Leer Foundation Working Paper 55

24 The evidence presented in this paragraph comes from: **Delap, E (2010)** *Protect for the future. Placing children's protection and care at the heart of the MDGs* ChildHope, Consortium for Street Children, EveryChild, International Children's Trust, International HIV/AIDS Alliance, Railway Children Retrak, Save the Children, War Child, London

Box 5 provides an example of how children's protection and care can be more successfully mainstreamed into social protection programmes to reach the most vulnerable and prevent family separation.

### 5: Social protection which promotes children's protection and care – an example from Moldova<sup>25</sup>

In Moldova, EveryChild has worked with the government to make the cash benefit system more equitable and beneficial to children's rights to care and protection. Previously, this system was based on individual eligibility criteria, leading to those households with several incapacitated members receiving substantial benefits, whilst other poor and vulnerable households received none. Now, a simpler and fairer system has been developed in which eligibility is based purely on household income levels. Vulnerable families with children are prioritised and, as poverty is the main reason for institutionalisation of children in Moldova, incentives have also been put in place to encourage those with children in residential care to bring their children home.

Following EveryChild lobbying, social protection and social welfare are now fully integrated, with social workers identifying vulnerable families, informing them of their rights to state benefits and helping them to access the system. Although too early for formal evaluations, anecdotal evidence suggests that far more vulnerable families are now being reached with the new cash benefit system, with reduced levels of child separation from parents as a result.

## 4. Concluding recommendations for DFID

The MDGs do not currently contain explicit requirements for states to ensure that they are achieved on an equitable basis and, in effect, the MDG matrix is equity blind. It encourages states to focus on the 'low hanging fruit' (better off, mainly urban populations) leaving the marginalised inadequately protected while measurements are unable to distinguish between fair and unfair social distributions. The evidence presented in this paper shows that this has led to insufficient attention paid to equity across and within generations, with devastating impacts for the achievement of the MDGs and for the wellbeing of children now and in the future. DFID is currently not doing enough to promote children's rights and, without action, this will hinder their ability to fulfil stated commitments on ensuring greater equity in achieving the MDGs. It is specifically recommended that:

- 1 DFID appoint a high level child rights champion in recognition of the importance of children to the development process, and must ensure that a member of staff at head office level works exclusively on promoting child
- 2 DFID promote the development and use of child-rights based equity indicators for monitoring future progress against the MDGs (see Annex 1 for details), and resource other national governments to strengthen their national data collection and monitoring of the MDGs.
- 3 DFID track its own child-related expenditure and report this to the UN Committee on the Rights of the Child and support other national governments to do the same.
- 4 All DFID country offices should undertake a child rights situational analysis and use this to explicitly outline actions to promote children's rights in strategies on social protection, health, education and nutrition, including specific action to target excluded groups.
- 5 In contributing to the development of a post-MDG framework, DFID must ensure that greater attention is paid to equity and that all child rights, including those to protection and care, are acknowledged.

## ANNEX ONE: Child Rights-Based Equity Indicators

Achieving the MDGs involves two separate challenges: first, and most obviously, designing and implementing policies and programmes in order to reach country-specific targets; and second, generating sufficient monitoring capacity and relevant indicators over time to both measure progress and modify policy when progress is absent or weak. The following are suggested child rights-based equity indicators for MDGs 1, 2, 3 and 4. They are divided into three sections: structural (which capture the intent or acceptance by the state of children's rights standards), process (measuring state effort for example by identifying policy instruments) and outcome (which measures whether a MDG has been achieved).

### MDG 1 – Equity indicators for eradicating extreme poverty and hunger

#### Structural

- Existence of legislation to ensure that every child has a standard of living adequate for their physical, mental, spiritual, moral and social development.
- Extent to which national and international poverty reduction strategies include targets for reducing childhood poverty, and specifically address how the most marginalised children are reached (including in the poorest 20% of populations).

#### Process

- Widespread coverage of quality early childhood programmes combining nutritional and educational components, with a focus on reaching the poorest and most marginalised children.
- Social protection measures designed to support the health, nutrition, education, care, welfare and livelihoods of the poorest and most vulnerable are supported with a view to developing long-term, universal and child-sensitive social security systems (in addition to short-term safety nets).

- Social protection schemes incorporate an explicit consideration of children's care and protection.
- National early childhood programmes and child-focused social protection measures prioritise child malnutrition as a distinct policy area at national and international levels.

#### Outcome

- Number of children living in households with a household income below the nationally defined poverty line disaggregated according to wealth quintile (highlighting poorest 20%), rural/urban location, ethnicity, gender, disability, legal citizenship, refugee and internally displaced people, living situation<sup>26</sup> alongside national averages.

### MDG 2 and 3 – Equity indicators for achieving universal primary education and eliminating gender disparity in education

#### Structural

- Existence of legislation ensuring compulsory provision of, and guaranteed access to, primary education within an inclusive system, freely available for all.

#### Process

- Existence of programmes to reduce inequality in educational achievement and to improve access to, and quality of education - targeted at specific groups within a framework of inclusive education.

#### Outcome

- Net enrolment ratio in primary education in conflict-affected countries.
- Net enrolment ratio in primary education of children from poorest 20% of households.
- Net enrolment ratio in primary education according to the living situation of the child.
- Net enrolment ratio in primary education of disabled children.
- Proportion of girls, disabled children, children from the poorest 20% of households, children living outside of parental care and/or facing situations of abuse or exploitation and rural children who reach last grade of primary education.

<sup>26</sup> Disaggregation according to the living situation of the child should at the very least include those in and outside of parental care, and should preferably include disaggregation by as many of the following categories as possible: in parental care, in parental care but identified as vulnerable to abuse or neglect, in extended family care, in institutions, in prison, on the streets, living with husbands, living with employers or in child-only households.

- Ratios of boys to girls at primary, secondary and tertiary levels.
- Increase in progress in learning competencies of children in last grade of primary education.
- Increase in number of country education sector plans with attention to most disadvantaged groups.
- Reported incidence of violence in school as a factor preventing enrolment or achievement disaggregated by gender.

## MDG 4 – Equity indicators for reducing child mortality

### Structural

- Existence of legislation/ policies/ strategies ensuring the survival and development of every child to the maximum extent possible.
- Existence of legislation to ensure access for all to health care services and facilities.
- A global action plan for maternal, newborn and child survival framed by states' existing obligations under international human rights law, including the relevant provisions of the CRC. The plan should focus on the 68 low and middle income countries that account for 97% of all child and maternal deaths.
- A global action plan which sets targets for reducing disparities in the coverage of proven interventions and in mortality rates between better off and worse off social groups.

### Process

- Availability of and access to a basic package of reproductive, health and nutrition services and interventions and to address demand-related barriers.
- Existence of clear benchmarks and outcome targets and published annual reports specifically focused on the impact of policies on maternal, neonatal and child health and nutrition, including resources allocated to this.

- Elimination of direct and indirect barriers, including user fees that prevent poor people from accessing healthcare.

### Outcome

- Disaggregated<sup>27</sup> infant mortality rates (e.g. number per 1,000 live births in a year) for specified ages (e.g. under 1 month, under 1 year, under 5 years).
- Disaggregated numbers of children in specified age groups (e.g. 12 months, 24 months), as a proportion of all children within the same age groups, vaccinated against named diseases (e.g. tuberculosis, diphtheria, tetanus, polio, measles, MMR1).
- Disaggregated numbers of children under 5 who are registered as part of a free, universal and compulsory birth registration programme.
- Disaggregated numbers of newborn babies, as a proportion of all newborn babies within a specified time period, who are exclusively breastfed and for how long.
- Disaggregated numbers of women, as a proportion of all mothers within a specified time period, with access to and using ante-natal, delivery and post-natal care.
- Disaggregated numbers of children and parents who have access to education about, and are supported in the use of, basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation, and the prevention of accidents.
- Disaggregated numbers of people who receive guidance for family planning education and who have access to information and contraceptive supplies.
- Disaggregated numbers of children under five who die as a result of neglect, violence or abuse.

<sup>27</sup> Disaggregation should, at a minimum, be according to gender, age, rural/urban, children with disabilities, ethnicity, living situation, legal citizenship, wealth quintile, refugee and internally displaced children.