



Best of UNICEF Research

2015

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Office of Research-Innocenti

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Publications produced by the Office of Research are contributions to a global debate about children and child rights issues and include a wide range of opinions. The views expressed are those of the authors and/or editors and are published in order to stimulate further dialogue on child rights and ways to fulfil them.

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Young children take part in classes at the Madtasatul Al-Karim Nursery preschool, that is supported by UNICEF, in Fumba, Zanzibar, Tanzania Tuesday, 8 April 2014. UNICEF has carried out training with the teachers of this preschool in early childhood development and shown them how to create educational toys using recycled materials.

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Best of UNICEF Research 2015

FOREWORD

Research plays an essential role in supporting UNICEF's mandate to improve child well-being and realise the rights of current and future generations of children. Good research should inform the strategic directions of the organization; provide evidence for policy and programming; question policies or practices that may be detrimental to children, their families and communities; propose alternative options, and identify emerging issues.

This publication reports on a number of projects submitted to the 2015 Best of UNICEF Research competition which illustrate the range of research being undertaken by UNICEF staff in country and regional offices, at headquarters, and in collaboration with academic and government partners. Led by the Office of Research – Innocenti, the competition was initiated in 2013 with the aim of recognising outstanding research and sharing the findings with UNICEF colleagues and with the wider community concerned with achieving child rights. This year the competition received 99 applications which were reviewed internally, with the final selection being assessed by an external panel¹ for the quality of research and methods, and for the relevance of the topic and findings.

The 12 projects in the final selection cover many of the 'traditional' areas of UNICEF work (health, nutrition, sanitation and education), while also highlighting issues that have more recently gained prominence within the global policy agenda, such as social transfers, violence against children and school bullying, and various forms of inequality or exclusion. The projects have global reach, with a number of programme evaluations and single country studies alongside several regional or global multi-country comparative projects. Some studies provide robust evidence for assessing or scaling up interventions (such as Mali's Community-led Total Sanitation/CLTS scheme), or develop methods and tools with wider applications (the Early Childhood Development/ECD study in East Asia, for example); others examine bottlenecks to policy implementation (the newborn study), or draw attention to neglected issues (school bullying or water contamination) or population groups (the Roma).

A number of themes are found in several of the studies, indicative of directions of research across a highly decentralised organization, and presumably reflecting local realities faced by UNICEF staff in their daily operational work. Some of these themes, highlighted below, suggest possible directions both for programming and for further research.

There is a strong focus on systems and institutional arrangements, and intersectoral approaches (across health, education and sanitation, for example) as important determinants of outcomes. For example, the global study on neonatal mortality highlights systemic factors of care, health financing and staffing; the Namibia school study identifies incentives for rural teachers among a range of education system and financing reforms; while the South Africa study places social transfers within the broader policy context, highlighting ECD, education and local infrastructure as critical complementary interventions for achieving results.

Systemic and institutional approaches are also shown to be a key element of prevention and risk reduction – whether in delivering health outcomes through sanitation and nutrition programmes, or in

¹ The external review panel was comprised of Marie-Claude Martin, Senior Fellow at the Centre for International Governance Innovation and former Director of the UNICEF Office of Research; Rong Wang, Director and Professor at the China Institute for Educational Finance Research, Peking University; Alan Sanchez, Associate Professor, University of Oxford and researcher at University of Piura; and Steven Chapman, Director of Evidence, Measurement and Evaluation at the Children's Investment Fund Foundation (CIFF).

responding to emergencies in an effective way. The importance of the predictability of support (such as social transfers) is also emphasised, for example in the case of the child grant in Lesotho. Furthermore, this systems focus across a number of studies generates evidence of how weak institutional arrangements disproportionately affect vulnerable or excluded populations – newborn infants, rural school-children in Namibia, the Roma in terms of educational access in Romania – thus potentially generating or reinforcing inequalities.

While some studies adopt currently dominant impact evaluation methods, overall this selection suggests a potentially significant shift from narrowly focused assessments to the critical questions of policy context, politics and process, including how policy priorities are set and what issues get on to policy agendas (see for example the multi-country nutrition study). Relatedly, studies point to the power of participation for transformation: politics and policy matter but so does citizen engagement in processes that can change behaviours and norms (as illustrated by Mali's CLTS programme).

The studies also highlight issues that have more recently started to receive policy attention such as violence against children and school bullying. They point to the need to understand national laws (reviewed in a study from south east Asia) as well as the underlying social and structural factors that determine outcomes for children, and suggest responses that are multi-sectoral and multi-site (schools, families and communities for example), while also highlighting gaps in our knowledge of what interventions are effective in countering violent behaviours.

The set of studies presented here in no way represents fully the vast body of research undertaken across UNICEF. They illustrate, however, that where research is of high quality, the results have the potential to influence policy and programming and thus improve the lives of children. They recognise the importance of systems, politics, structural and social factors that shape policies, implementation and outcomes; and they adopt multidisciplinary and intersectoral approaches to complement quantitative impact assessments. Such approaches may be better suited to the complexity of today's globalized, interconnected but shamefully unequal world and the diverse realities of children's lives within it.

On behalf of the UNICEF Office of Research – Innocenti, I congratulate all those involved in these projects and commend the quality of research and findings presented. I would also like to acknowledge the contributions of all those who have made this competition and publication possible, including all those who submitted projects to the competition and their supportive colleagues across UNICEF, the staff in the Office of Research, and the panel of experts.

We hope that readers find these examples of UNICEF research inspiring – whether for the direct relevance of the findings to their work, or as stimulating examples of how good research, carefully designed to address relevant and timely questions, can provide the evidence to shape a better future for children everywhere.

Sarah Cook



Director, UNICEF Office of Research – Innocenti
July 2015

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MULTI-COUNTRY

**Every Newborn: Health-systems Bottlenecks and Strategies
to Accelerate Scale-up in Countries***



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REDUCING NEWBORN DEATHS

Beyond the bottlenecks

Improvement in the neonatal mortality rate (NMR), which measures deaths within the first 28 days of life, has been markedly slower than the overall reduction in child mortality, with the average annual rate of reduction being around half that for children who have survived their first month. Progress varies both within and between countries, while in regional terms African countries have made the least progress and East Asia the most.

However, the nature and scale of the problem have never been clearer. It is evident that the time of greatest risk for both women and babies is around birth and that small and preterm babies are especially vulnerable, accounting for more than 80 per cent of neonatal deaths in South Asia and sub-Saharan Africa. Targeting small babies has been vital in those countries that have managed to accelerate their reduction of neonatal mortality rates.

Universal coverage of maternal and newborn care would avert 54 per cent of maternal deaths, 71 per cent of newborn deaths and 33 per cent of stillbirths as well as providing ongoing benefits throughout the lifecycle. Yet such care depends upon strong, well-functioning quality health services and these are manifestly

PANEL COMMENT

After systematically assessing bottlenecks to essential maternal and newborn healthcare, the article proposes a country-led, data-driven process to improve and scale programmes. It is outstanding on all criteria used to evaluate the Best of UNICEF Research: conceptualization, potential for impact, methodology, innovation and originality, and writing and presentation.

lacking in many countries, with care at the time of birth particularly vulnerable to low coverage and inequitable provision.

This groundbreaking research, conducted as the fourth in the Lancet Every Newborn series, and involving more than 600 experts from around the world, undertook a systematic assessment of bottlenecks to scale up essential maternal and newborn healthcare in eight of the countries with the most neonatal deaths. In addition to identifying the problems in this way, the study went on to examine countries with higher rates of progress so as to identify key strategies for reducing neonatal mortality.

KEY INTERVENTIONS – AND STRUGGLING HEALTH SERVICES

Table 1 shows the most effective intervention packages to address the three main causes of newborn mortality and save the lives of mothers and their newborns. If these intervention packages were taken to scale, they

would reduce deaths from prematurity by 58 per cent, intrapartum-related deaths by 79 per cent and deaths related to infections by 84 per cent.

These interventions depend, however, on health-system infrastructure, capacity and resources, while more than three quarters of newborn deaths occur in countries with struggling health systems and low numbers of health workers. Table 2 divides the world's countries into groups based on their neonatal mortality rates. Countries with a higher NMR are more likely to have weaker healthcare systems, as measured by health expenditure, by the proportions of doctors, nurses and midwives in the population and by coverage of key maternal and newborn services.

TWO PHASES OF RESEARCH

For the first phase of the research, the team selected the 13 countries with the highest numbers of neonatal deaths in 2011 and conducted a systematic analysis of the bottlenecks preventing the necessary provision

TABLE 1: KEY MATERNAL-NEWBORN INTERVENTION PACKAGES

	Intervention package	Tracer(s)
Antepartum period		
Prevention and management of preterm birth	Detecting women at risk or already in preterm labour; use of anti-contraction medication or a different delivery route	Antenatal steroids for foetal lung maturation
Intrapartum period		
Skilled birth attendance	Birth attended by a trained health professional capable of managing normal deliveries and identifying/referring complications in mothers and newborn babies	Clean birth kits or delivery sets, oxytocin and partograph
Basic emergency obstetric care	Seven basic functions that can be performed in health centres without the need for an operating theatre	Assisted vaginal delivery
Comprehensive emergency obstetric care	Needs an operating theatre and is typically delivered in district hospitals; includes the seven basic functions plus caesarean section and safe blood transfusion	Caesarean section and blood transfusions
Immediate postnatal period		
Care for all	A set of basic, preventive and supportive measures to ensure survival of newborns, including assessment of breathing difficulties	Cleanliness, thermal control and support for breastfeeding
Intrapartum-related complications	Neonatal resuscitation is urgent care to support the establishment of breathing and circulation	Bag and mask
Postnatal period		
Preterm birth	Kangaroo mother care is when the baby is placed in skin contact with the mother's bare chest and exclusive breastfeeding is supported	Not applicable
Infections	Management of severe infections in newborns, involving proper assessment, use of antibiotics and full supportive postnatal care	Injectable antibiotics
Ill or small newborn babies	Comprehensive care for severely ill babies and those too small to maintain body temperature, breathe or feed actively	Intravenous fluids, feeding support and safe oxygen

Source: adapted from *Lancet*, vol. 384, 2 August 2014, Table 1

TABLE 2: MEDIAN HEALTH INDICATORS IN 192 COUNTRIES ARRANGED BY NEONATAL MORTALITY RATE (NMR) – AT DEATHS PER 1,000 LIVE BIRTHS

	Group 1 NMR <5 (49 countries)	Group 2 NMR 5 to <15 (71 countries)	Group 3 NMR 15 to <30 (49 countries)	Group 4 NMR >30 (25 countries)
Health financing				
Government spending on health per head (US\$)	1615	221	33	16
Spending on health by individuals as % of total health spending	18.2%	34.6%	34.2%	42.2%
Health workforce				
Nurses and midwives per 10,000 population	73.7	35.2	8.5	5.4
Doctors per 10,000 population	31.7	15.0	2.0	1.0
Health service delivery				
At least one antenatal visit	98.5%	96.9%	88.4%	79.8%
Skilled attendance at birth	99.9%	98.5%	69.0%	55.3%
Caesarean delivery availability	25.3%	20.9%	5.9%	4.3%
Access to neonatal intensive care	100.0%	97.0%	3.4%	2.4%
Access to special care baby unit	100.0%	97.0%	34.0%	12.0%

Source: adapted from *Lancet*, vol. 384, 2 August 2014, Table 2

of health services for mothers and newborn babies. The maternal-newborn bottleneck analysis tool developed by the Every Newborn steering group was then used in a series of national workshops between July and September 2013 in eight of the selected countries – Afghanistan, Bangladesh, Democratic Republic of the Congo, India, Kenya, Nigeria, Pakistan and Uganda. More than 500 individuals participated in these workshops, which were run by each country’s health ministry with support from different facilitating partners. In addition, regional workshops were held in Senegal and Nepal.

The workshop participants aimed to identify the main bottlenecks to scaling up newborn care in general and for each of the nine key interventions – and then to propose potential solutions to these problems. These conclusions were then drawn on by the research team when analysing the data from all the selected countries – complete national-level data were received from six countries, and from two Indian states and five Pakistani provinces.

The second phase involved searching all articles published in English since 2000 for factors or strategies that might have assisted countries to accelerate newborn survival rates. In addition, three fast-progressing nations were chosen for in-depth review: Malawi, Nepal and Peru.

Table 3 summarizes the common bottlenecks and solutions that emerged from this research process.

THE WAY FORWARD

The research showed that the interventions facing the greatest bottlenecks are the prevention and management of preterm births, inpatient supportive care of ill and small newborn babies, the management of severe infections and kangaroo mother care. All countries with high neonatal mortality have similar constraints, especially related to health financing, the health workforce and service delivery. There are, however, some interventions that would be easier to scale up in some countries and regions than others – for example, kangaroo mother care, which involves the baby being placed in skin contact with the mother’s bare chest and exclusive breastfeeding being supported, is generally seen as more possible in African than in Asian countries.

The examples of the fast-progressing countries suggest that there are specific strategies that can be implemented to overcome bottlenecks and improve access to and quality of care. These include addressing health workforce shortages, removing financial barriers, and improving access to care through innovative delivery strategies such as task shifting (delegating tasks to less specialized health workers). The proposed strategies to be further adopted by countries need to be

TABLE 3: COMMON BOTTLENECKS AND SOLUTIONS TO SCALING UP NEWBORN CARE

	Common bottlenecks	Selected solutions
Leadership and governance		
Policy or strategy implementation	Weak newborn intervention policy, strategy, guidelines or protocols	Develop and regularly update these on specific newborn interventions
	Weak policy and programme implementation at lower levels	Ensure distribution of policies and guidelines to all health facilities and monitor implementation
	No situation analysis or newborn targets in country plans	Gather baseline data for situation analysis and use to improve newborn health
Political support and coordination	Newborn health and survival not prioritized	Strengthen advocacy and promote an integrated approach with links to other initiatives
	Poor leadership and lack of champions for newborn babies	Develop such champions, using existing maternal health champions
	Ineffective coordination systems causing low partner engagement	Strengthen coordination; assign focal points; bolster hospital management committees
	Lack of public-private partnerships	
Health financing		
Coverage of financing schemes	Low coverage of health financing schemes	Encourage community-based health insurance, advocate for universal healthcare or national health insurance and subsidize newborn care
Funding or budget allocation	Inadequate funds for maternal and newborn interventions	Create budget line for newborn health in national accounts, increase funds and allocate resources
	High out-of-pocket payments; no standardized service costs	Establish accountability mechanisms and curb under-the-table payments to service providers
Health workforce		
Human resource planning	Shortages of staff, poor deployment, urban-rural gaps	Increase number of staff, regularize contract staff and increase retirement age of health personnel
	Poor or no job descriptions	Clearly define responsibilities for newborn care
	Only high ranks can intervene and prescribe newborn drugs	Authorize nurses and midwives to provide more interventions and prescribe some drugs
Motivation of staff	Poor remuneration and career building opportunities	Develop and test new bonus payment for midwives based on deliveries and postnatal visits
	No retention initiatives for skilled staff in rural areas	Provide incentives to improve retention of staff in remote and security-challenged areas
Competency or training of staff	Poor skills of service providers and lack of training	Priority newborn health interventions to be included in training of staff at all levels of care
Essential medical products and technologies		
Drug policy or registration	Essential newborn drugs not registered or included on national list	Include all essential newborn drugs on national essential medicines list
Availability of commodities	Essential drugs and supplies not available in health facilities	Strengthen national drug supply system
	Poor coordination means commodities out of stock	Strengthen logistics management and implement essential medicines policy
Logistics management information systems	Inadequate drug forecasting, procurement and tracking systems	Establish functional logistic and supply chain management and procurement systems

TABLE 3: COMMON BOTTLENECKS AND SOLUTIONS TO SCALING UP NEWBORN CARE

	Common bottlenecks	Selected solutions
Health service delivery		
Service availability	Poor clinical services due to lack of infrastructure or clinical guidelines	Build health facilities and ensure equipment, staff accommodation, water and power
	Poor distribution of newborn services, especially in rural areas	Establish and improve referral systems, improve transport and technological connectivity
	Weak referral systems and linkages between care levels	Strengthen community-based maternal and newborn health outreach services
Quality of care	Lack of standards, guidelines and job aids	Follow standard protocols and guidelines for maternal and newborn care; use checklists
	Weak supervisory, mentoring and monitoring in health facilities	Establish supervision and mentorship at all levels of care, including private sector providers
	Absence of quality improvement mechanisms such as audits/reviews	Support accreditation of maternal and newborn health services; establish death audits
Health information systems		
Data collection and reporting	Lack of newborn indicators and appropriate tools for reporting	Include newborn intervention indicators in routine health management information system
	Data from private sector not routinely collected and reported	Involve private sector in sharing data for key indicators
	Data incomplete or inaccurate	Establish neonatal registry; ensure data disaggregation
	Community data not reported	Include community-based data in systems
Data monitoring and use	Weak staff capacity for data management and use	Build capacity for analysis and interpretation of health management information systems
	No systems for regular data review	Adopt technology for better data management; ensure routine data review and feedback
Community ownership and partnership		
Community mobilization strategy or advocacy	Lack of community mobilization and behaviour-change strategy	Strengthen behaviour-change communication; make key messages available in local languages
	Insufficient advocacy on recognizing maternal and newborn danger signs	Use media to communicate newborn health messages and improve participation; engage communities and leaders in meetings/discussions
Community engagement	Lack of involvement of community in maternal/newborn health issues	Involve community members and leaders in planning and implementing health activities
	Lack of male involvement in maternal/newborn health issues	Encourage male participation in antenatal care, labour, delivery and postnatal visits
Demand for care	Low awareness of newborn issues and services	Empower women through improved health education and information sharing
	Delays in care seeking due to sociocultural barriers	Enforce positive attitudes of health workers
	Financial barriers, including user fees and high medicine costs	See under health financing

Source: adapted from *Lancet*, vol. 384, 2 August 2014, Table 3





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context-specific – countries with low mortality need to focus on quality and equity, whereas those with higher mortality need to improve supply and demand as well as equity and quality.

The study recommends the following priority areas:

Increasing funding for newborn babies: Increased public spending on health in general is vital but it is also essential to ensure specific budget allocations are made for maternal and newborn care.

Addressing the shortage and maldistribution of skilled health workers: Recruiting, training and retaining more health workers is vital. Yet even in facility births, the focus of skilled workers in attendance is generally on the mother rather than on providing essential care for the newborn baby and this needs to change. Adequate supplies of medicines and equipment to support skilled staff are needed.

Closing the quality gap in health-service delivery: Increasing coverage alone will not necessarily have the desired effect – improving the delivery of equitable and quality health services at all levels of care is also essential. It is hoped that the mother-and-baby-friendly initiative proposed by the Every Newborn Action Plan will mobilize countries and partners to close the quality gap by improving facility-based care for mothers and babies while strengthening community links.

[Link to the full report](#)

www.sciencedirect.com/science/article/pii/S0140673614605821

* The full article first appeared in the *Lancet*, vol. 384, 2 August 2014, pp. 438–545.



MALI

**Impact Evaluation of Community-led Total Sanitation (CLTS)
in Rural Mali**



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SANITATION IN MALI

Cleaner latrines and community spirit

Around 2.5 billion people – about 35 per cent of the global population – lack access to improved sanitation. In sub-Saharan Africa the proportion of the population lacking such facilities is much higher, at 71 per cent, rising to 80 per cent in rural areas. Where there are no latrines or suitable hand-washing facilities, people defecate in the open air and, as a result, hands, food and water become contaminated with faecal elements. This leads to serious consequences for health, including faecally transmitted infections such as diarrhoea, and parasitic infections.

Community-led total sanitation (CLTS) is a participatory approach aiming to end open defecation through community mobilization; it involves no subsidy for the construction of latrines. CLTS programmes have been implemented in over 50 countries but there is a dearth of rigorous and objective data on their outcomes in terms of sanitation and hygiene behaviour as well as their impact on people's health – including child health and child growth.

This research aimed to provide rigorous evidence on a CLTS campaign in the context of rural Mali, where lack of sanitation is a chronic problem. CLTS interventions were implemented by the Regional Directorate of Sanitation of Koulikoro Region with the financial and technical support of UNICEF. The study was conducted in collaboration with the Malian Government by a multinational research

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PANEL COMMENT

The study tests the effectiveness of community-led action in improving access to and use of private latrines, reducing open defecation and improving health outcomes for children. The results suggest that the intervention was effective and could be replicated on a large scale in similar rural situations. This report is an example of outstanding research, from its conceptualization and methodology to potential impact.

team with the technical and financial support of UNICEF and the Bill & Melinda Gates Foundation.

HOW COMMUNITY-LED TOTAL SANITATION WORKS

CLTS programmes begin in each village with a public meeting named ‘triggering’: communities are facilitated to conduct their own participatory appraisal of open defecation, to analyse the risks associated with this behaviour, and to develop a collective plan for achieving the open defecation free status. The approach uses shame, pride, disgust and the spirit of competition as key drivers of change. CLTS facilitators register villagers’ public commitments and conduct follow-up visits over the ensuing weeks. When the village and facilitators report that all commitments have been achieved, the village is inspected by sanitation staff, and district and regional authorities to look for any evidence of open defecation and to determine if all households have a private hygienic latrine equipped with a basic handwashing station. If the village passes the inspection, the CLTS programme offers a party to celebrate the end of open defecation and the Regional Directorate of Sanitation issues the community with a certificate to mark its status. The theory is that the community mobilization involved in this process has a dynamic, deep impact that transcends the outcome on sanitation and hygiene, changing people’s perception of their own capacity to act and improving their collective ability to solve social dilemmas within their own community, without reliance on external assistance.

GATHERING THE DATA

The research team randomly selected 121 villages in the Koulikoro Region and conducted a randomized controlled trial (RCT) to assess the impact of the sanitation programme on the availability, use and maintenance of sanitation and hygiene facilities, on health outcomes for children under 5 (notably child growth and diarrhoea,) and on educational and labour outcomes, social attitudes, feelings of privacy and security among women, and the capacity for collective action.

Baseline data were collected by the survey enumerators between April and June 2011. The CLTS intervention programme was then implemented in 60 villages between September 2011 and June 2012, leaving the remainder of the villages as a control group against which any results could be compared. Follow-up data were gathered between April and June 2013. Around 89 per cent of households that

were enrolled at baseline were matched at the follow-up, thereby enabling the researchers to measure the impact of the sanitation programme.

SANITATION SUCCESS

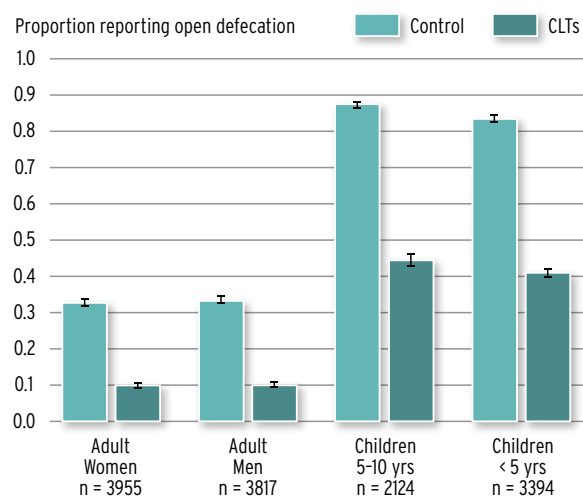
The CLTS campaign was extremely effective in increasing access to private latrines, improving their quality and in reducing self-reported open defecation. The success of the campaign in promoting latrine construction surpassed that other CLTS programmes that have been evaluated in India and in Indonesia.

Access to a private latrine almost doubled among households in CLTS villages, reaching 65 per cent compared with 35 per cent in control villages (those assessed at the outset but not covered by the programme). Rates of self-reported open defecation fell significantly – by 70 per cent among adults, by 46 per cent among children aged 5-10 and by 50 per cent among children under 5, as Figure 1 shows.

Children too young to use latrines were more likely to use a potty in CLTS villages (51 per cent in intervention villages against 15 per cent in control villages), while women’s privacy and safety during defecation were enhanced. Significantly, there was no evidence that the impacts of the intervention on access to sanitation declined over time.

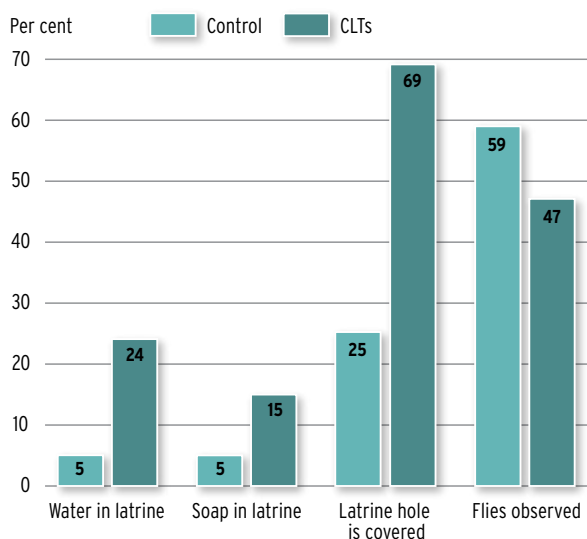
There was a significant impact on latrine cleanliness and hygiene behaviour in the CLTS villages, as Figure 2

FIGURE 1: ADULTS AND CHILDREN REPORTING SELF-DEFECATION, CLTS AND NON-CLTS (CONTROL) VILLAGES



Source: Alzua et al. (2015). Impact Evaluation of Community-led Total Sanitation (CLTS) in Rural Mali, UNICEF, Govt. of Mali.

FIGURE 2: HYGIENE BEHAVIOUR AND LATRINE CLEANLINESS, CLTS AND NON-CLTS (CONTROL) VILLAGES



Source: Alzua et al.

indicates. Latrines there were more than twice as likely to have the pit hole covered and 31 per cent less likely to have flies inside. Latrines in CLTS households were three times more likely to have soap present and five times more likely to have water present.

THE IMPACTS ON HEALTH

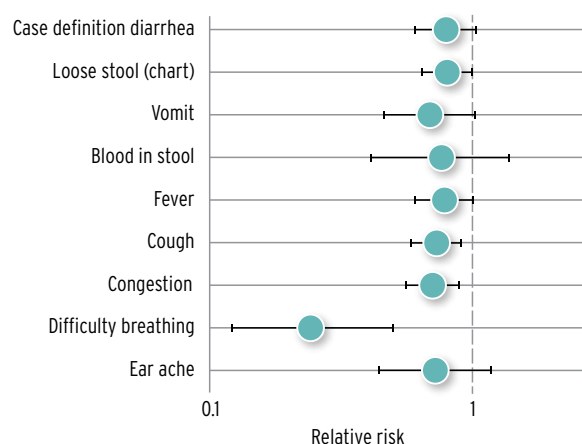
As a result of the sanitation campaign, comparing similar data collected in treatment and control villages, the study demonstrates a statistically significant impact as follows:

- 57 per cent reduction in diarrhoeal-related under-five mortality;
- improved growth outcomes among children under 5; those in CLTS communities were found to be taller (as a result of improved nutrition status) as well as 13 per cent less likely to be stunted;
- a reduction of the risk of severe stunting by 26 per cent and the risk of being severely underweight by 35 per cent.

Furthermore, the research team observed a reduction in the proportion of children underweight, in the prevalence of loose or watery stool (indicators of diarrhoea) among children not being exclusively breastfed and of respiratory illness (including coughing, breathing difficulties and congestion), albeit not at a statistically significant level.

Given that there was no statistically significant impact on the incidence of diarrhoeal illness as reported by

FIGURE 3: RISK OF GASTROINTESTINAL AND RESPIRATORY ILLNESS SYMPTOMS IN CLTS VILLAGES WHEN COMPARED WITH CONTROL VILLAGES



A value of 1 would mean equal prevalence between the two groups. The bars show the confidence intervals associated with the results – if they touch the red line, this means it is not considered statistically significant.

Source: Alzua et al.

community members, the CLTS programme may have improved child growth and reduced child mortality by other means, such as decreasing villagers' exposure to environmental faecal contamination other than diarrhoeas, notably soil-transmitted helminths, *Giardia* and *Ascaris* and hookworms. The positive health impacts, however, remain substantial, given that these interventions focus only on the preventive (rather than curative) side of public health.

ENHANCED COMMUNITY COOPERATION

The research team also designed a series of experimental games to measure the effect of the CLTS programme on cooperation within the communities involved. The conclusion was that there was a positive and statistically significant impact of the CLTS programme on people's contributions to the games, indicating that it had fostered cooperation and pro-social behaviour in beneficiary communities.

Link to the full report

www.unicef.org/evaldatabase/files/CLTS_impact_eval_Mali_final_report.pdf



EAST ASIA AND THE PACIFIC

Validation, Finalization and Adoption of the East Asia-Pacific
Early Child Development Scales (EAP-ECDS)



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**Nirmala Rao, Jin Sun, Marie Ng,
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Patrick Ip and John Bacon-Shone**

EARLY CHILDHOOD DEVELOPMENT IN EAST ASIA AND PACIFIC

Culturally sensitive testing

Monitoring early childhood development is clearly vital and yet there are at present no globally accepted tests that can be applied in all of the world's regions. In part this is due to concerns that assessment tools conceived in developed Western countries may not be appropriate in some cultural contexts. Yet the need for such testing is most acute in countries where a large proportion of children often suffer poor developmental outcomes and where government investment in early childhood development is limited.

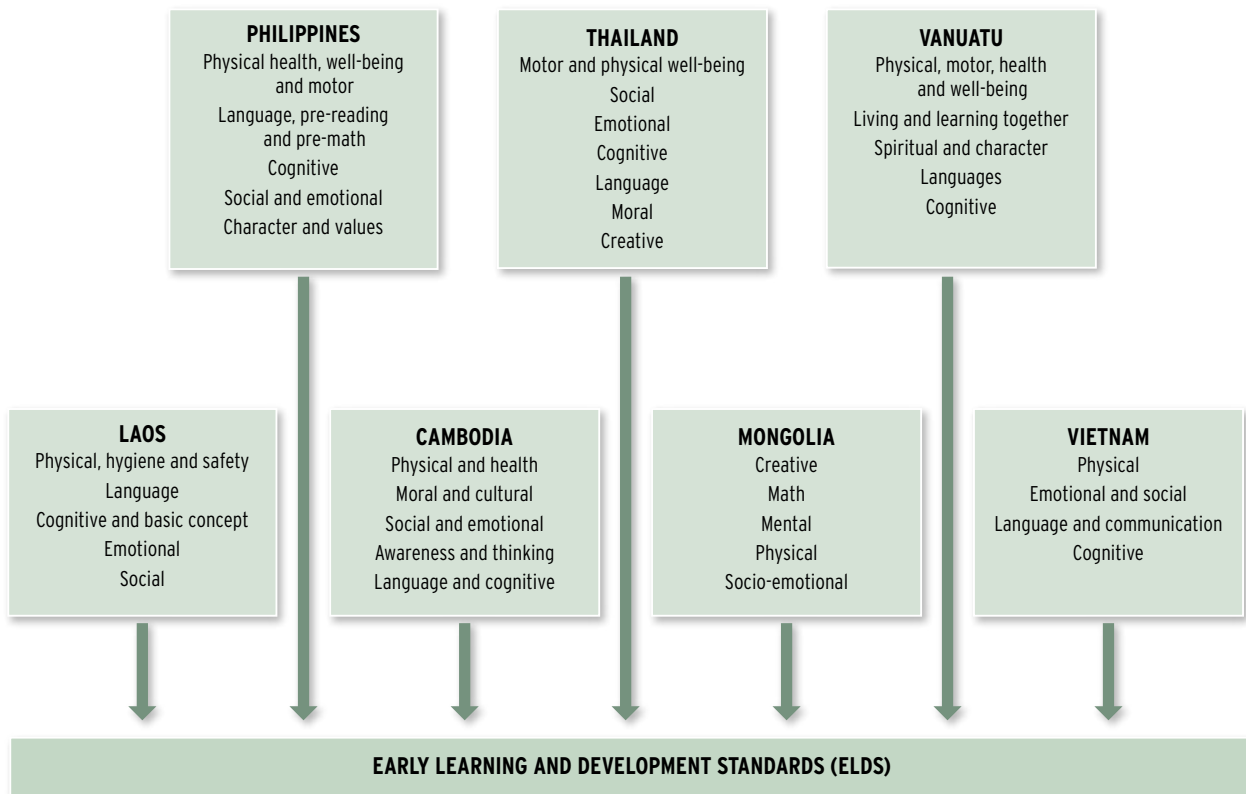
To this end, the East Asia and Pacific Early Child Development Scales (EAP-ECDS) have been conceived and trialled over the period since 2010 – the first such assessment tool to have been originated, developed and validated specifically with children from the East Asia and the Pacific region in mind. Following an initial piloting in three countries, Cambodia, China, Mongolia, Papua New Guinea, Timor-Leste and Vanuatu participated in the

PANEL COMMENT

This large-scale research project aimed to provide Asian countries with a standard and reliable measurement tool to assess the holistic development of children from 3 to 5 years. This research is thoroughly conceptualized and directly engages with UNICEF's core work.

There is important potential for policy impact and development of policy tools.

FIGURE 1: EARLY LEARNING AND DEVELOPMENTAL STANDARDS (ELDS) OF COUNTRIES IN THE EAST ASIA AND PACIFIC REGIONS



Source: Rao et al: (2014). *Validation, Finalization and Adoption of the East Asia-Pacific Early Child Development Scales (EAP-ECDS)*. UNICEF, East Asia and Pacific Regional Office

EAP-ECDS project between 2012 and 2014. The main objective of this project was to equip stakeholders across East Asia and the Pacific with a common measurement tool to assess the holistic developmental progress of children ranging in age from 3 to 5 years. This study not only reports on the state of early childhood development in those particular nations but also assesses the reliability and validity of the scales as models that might be applied elsewhere in the region. The Development Scales were developed in Phase I (2010) based on a comprehensive desk review of the Early Learning and Development Standards (ELDS) from seven countries in the region. The ECDS were developed in Phase 1 (2010) based on a comprehensive desk review of the Early Learning and Development Standards (ELDS) from seven countries in the region.

HOW THE SCALES WORKED

The 85-item EAP-ECDS were administered to representative samples of children, ranging in age from 3 to 5 years, in six countries in the local language or dialect. Each of the items was carefully prepared so that it was culturally sensitive and yet also applicable across cultures. The ECDS covered seven broad

areas of preschool children’s development: cognitive; socio-emotional; motor; language and emergent literacy; health, hygiene and safety; cultural knowledge and participation; and approaches to learning. The sample, which included 7,634 children (4,215 girls), was stratified by age, location and gender – if any of these elements, along with ethnicity, was missing then the child’s results were not included in the validation sample. Table 1 shows the breakdown by gender, age, country and urban or rural location.

In addition to assessment with the EAP-ECDS, children’s height, weight and body fat were measured to determine nutritional status. Further, parents were interviewed to gain information about children’s participation in early childhood programmes, health and hygiene practices and the nature of the learning environment at home.

Results indicated that the East Asia and Pacific Early Childhood Development Scales provided a valid and reliable measure of children’s capacities and school readiness, and that they distinguished between children with different levels of competence.

TABLE 1: SAMPLE FOR EAP-ECDS VALIDATION BY COUNTRY, AGE AND GENDER

Country	Age	Rural		Urban		Total
		Girls	Boys	Girls	Boys	
China	3Y	88	85	110	104	387
	4Y	89	89	105	107	390
	5Y	88	92	106	106	392
Cambodia	3Y	60	59	214	188	521
	4Y	51	58	214	197	520
	5Y	67	47	199	238	551
Mongolia	3Y	103	102	104	105	414
	4Y	104	105	104	105	418
	5Y	104	104	105	102	415
Papua New Guinea	3Y	173	170	99	95	537
	4Y	181	188	114	79	562
	5Y	226	213	98	108	645
Timor-Leste	3Y	96	97	98	108	399
	4Y	100	100	101	94	395
	5Y	101	96	99	98	394
Vanuatu	3Y	69	93	6	8	176
	4Y	95	102	21	12	230
	5Y	127	127	17	17	288
Total		1,922	1,927	1,914	1,871	7,634

Source: Rao et al.

SIMILARITIES AND DIFFERENCES

A multi-level analysis of all the data gathered by the ECDS showed that there were significant differences in children's scores based on their age, gender, maternal education and family wealth.

- Older children did consistently better than younger children. This was not surprising but confirmed that the ECDS were robust in conception and execution.
- Girls generally did better than boys.
- Children whose mothers had higher levels of education scored more highly than those whose mothers had lower levels or were unschooled.
- Children who attended early childhood programmes were developmentally in advance of those who did not.

The findings are consistent with results from household surveys and other research conducted in the region.

However, the data showed differences between children's experience in the six countries studied as well as similarities. For example, in Papua New Guinea,

unlike in the other five countries, boys outperformed girls, as seen in Figure 1.

There were also identifiable differences between countries in terms of children's developmental health between urban and rural areas. Thus, as Figure 2 demonstrates, while children from urban families scored more highly in the scales than their rural equivalents in Cambodia, China, Mongolia and Timor-Leste, the reverse was true in Papua New Guinea and Vanuatu, which may reflect different social and cultural models between Asia and the Pacific.

Another important finding of the study with implications for all countries in the region was that participation in an early childhood education programme had a significant impact on children's development. On average, children attending such programmes scored 6.43 percentage points higher than those who did not. Again, however, there were distinct variations between countries on this measure, with the impact of programme participation ranging from just 2.53 percentage points in Timor-Leste to 9.41 points in Cambodia.



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In general, between 30 and 60 per cent of parents interviewed reported engaging in learning-related activities with children at home, with educated parents tending to do this more than others. Children with better-educated mothers, along with girls and children from urban families, generally had better health facilitation practices, such as brushing teeth, washing hands and eating vegetables. Almost all the children in the sample had been vaccinated but the use of primary healthcare services other than for immunization was rare. Urban parents tended to report more health issues related to their children than their rural equivalents, though this could be because they had a greater level of awareness of potential health problems.

KEY RECOMMENDATIONS

The study indicates that the East Asia and Pacific Early Childhood Development Scales offer a robust measure of young children’s development in the region and researchers recommend six priorities for action.

Investment: Policymakers should be influenced by these findings in making decisions about investment in factors that correlate with early childhood development.

Early childhood programmes: Governments should invest in early childhood education programmes, as children who attend preschool in a country have better outcomes than those who do not.

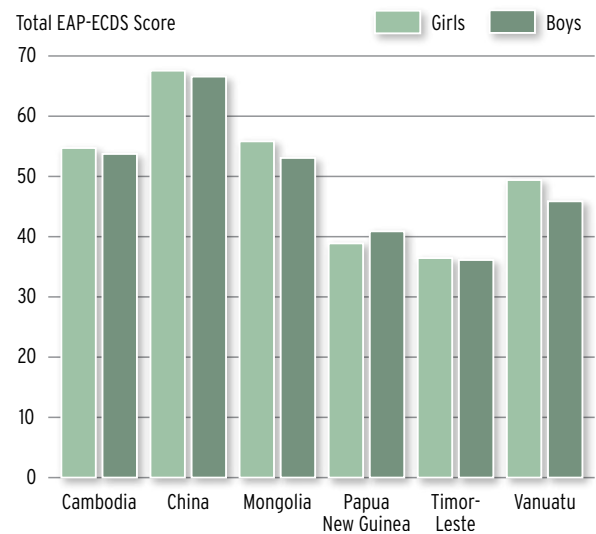
Rural vs. urban: Countries should invest in narrowing developmental gaps between children in rural and urban areas.

Parenting: Parental education should be categorized as an early childhood intervention and resources allocated to promote both parent education/training and formal education.

Evaluation and research: The capacity of in-country teams to conduct evaluation research should be built up, thereby improving the quality and representativeness of the body of knowledge for evidence-based policymaking.

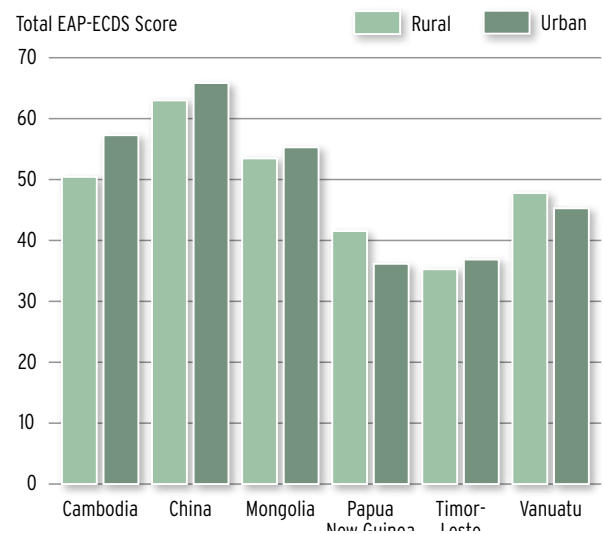
Data analysis: This unprecedented dataset from the East Asia and Pacific region should be capitalized upon. Resources should be allocated for fully utilizing it to gain a better understanding of how and why certain factors (such as preschool attendance, maternal education and ethnic minority status)

FIGURE 2: GENDER DIFFERENCE IN TOTAL EAP-ECDS SCORE ACROSS COUNTRIES



Source: Rao et al.

FIGURE 3: URBAN-RURAL DIFFERENCE ACROSS COUNTRIES IN THE EAP-ECDS SCORE



Source: Rao et al.

affect early childhood development both in the region as a whole and in specific countries. Further anthropometric data should be analysed.

Link to the full report

www.arnec.net/wp-content/uploads/2015/07/EAP-ECDS-Final-Report1.pdf



CHAD, MADAGASCAR, PAKISTAN

UNICEF/World Food Programme Return on Investment for
Emergency Preparedness Study



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EMERGENCY PREPAREDNESS

Saving cost and time - as well as lives

When disaster strikes, it goes without saying that the more quickly and efficiently governments and both national and international organizations can respond, the better it is for the afflicted communities. To this end, ever greater attention has been paid in recent years to emergency preparedness.

As defined by the United Nations International Strategy for Disaster Reduction, emergency preparedness refers to the 'knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from, the impacts of likely, imminent or current hazard events or conditions'.

Emergency preparedness unquestionably saves lives. But does it also save time and money?

To date, little evidence has been collected to demonstrate the impact of early investments in emergency preparedness on the eventual humanitarian response. Such a cost-benefit analysis is necessary not only to justify the substantial sums of money being allocated to emergency preparedness at present but also, if the benefits are clearly demonstrated, to encourage governments to dedicate additional resources to this area in future.

PANEL COMMENT

Focusing on the return on investment for preparedness operations to respond to humanitarian emergencies, this research is extremely important and timely. The study has clear conceptualization, it relies on a robust methodology and the potential to be replicated to other interventions is considerable.

**Heino Meerkatt, Philipp Kolo and
Quentin Renson**

This study is one of the first research initiatives to quantify the cost and time benefits of a large and diversified investment ‘portfolio’ of emergency-preparedness interventions. It was undertaken by UNICEF and the World Food Programme (WFP) in 2014, with support from the United Kingdom’s Department for International Development (DFID). Its goals were:

- to assess planned and existing preparedness investments in terms of potential costs saved and response time gained;
- to compare the effectiveness of different preparedness interventions;
- to identify opportunities to reduce costs and increase the speed of humanitarian response.

THE COUNTRIES AND TYPES OF EMERGENCY STUDIED

The study examined 49 emergency-preparedness investments made by UNICEF and WFP during 2014 in three pilot countries: Chad, Madagascar and Pakistan. These three countries were chosen because they exemplified a range of risk profiles, levels of development and size of UN operations. All three are at high risk of multiple types of humanitarian emergency but the nature of those threats differs, as do their capacity to cope, the nature of their infrastructure and the vulnerability of their population (see Figures 1 to 3).

The researchers considered a variety of types of humanitarian emergency – including both human and natural, slow onset and sudden – as well as different levels of severity, taking into account all scenarios requiring an internationally supported response from the UN humanitarian system.

Most seasonal risks, such as droughts, floods and cyclones, have a high probability. The impact and frequency of these in recent years were discussed with the country offices, as were the potential future effects of climate change. In the case of conflict, all available early warning and inter-agency reports were used to plan the scenarios (see Figure 3).

The risk scenarios with a sudden onset and a low predictability, such as earthquakes, tsunamis and volcanoes, are more difficult to translate into expected probability and impact. Historical data need to be complemented by reliable expert analyses.

FIGURES 1-3: RISK SCENARIOS

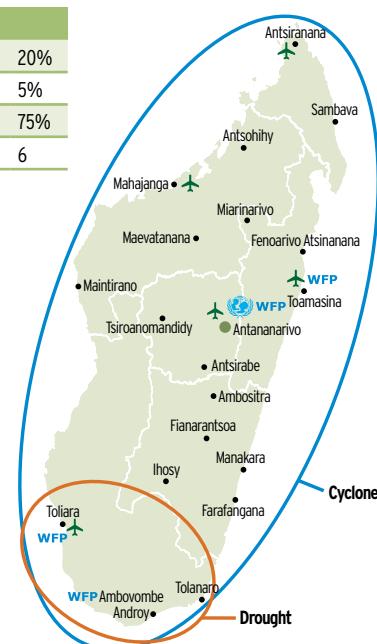
Chad

DEMOGRAPHICS	
Children 6 to 59 months	20%
Pregnant/lactating women	5%
Others	75%
Average family size	6



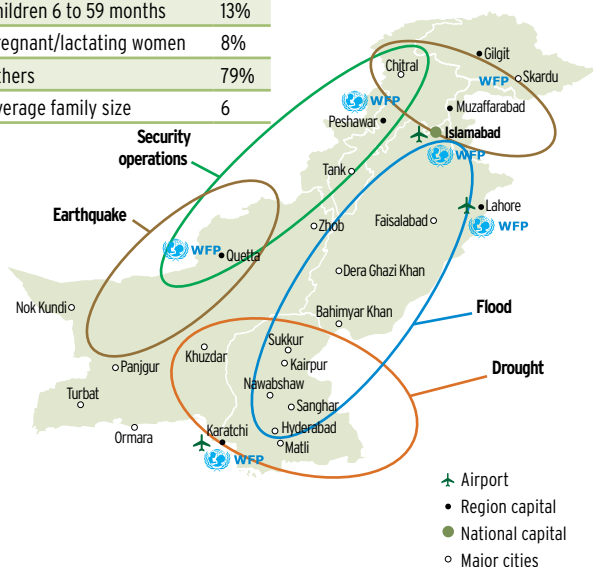
Madagascar

DEMOGRAPHICS	
Children 6 to 59 months	20%
Pregnant/lactating women	5%
Others	75%
Average family size	6



Pakistan

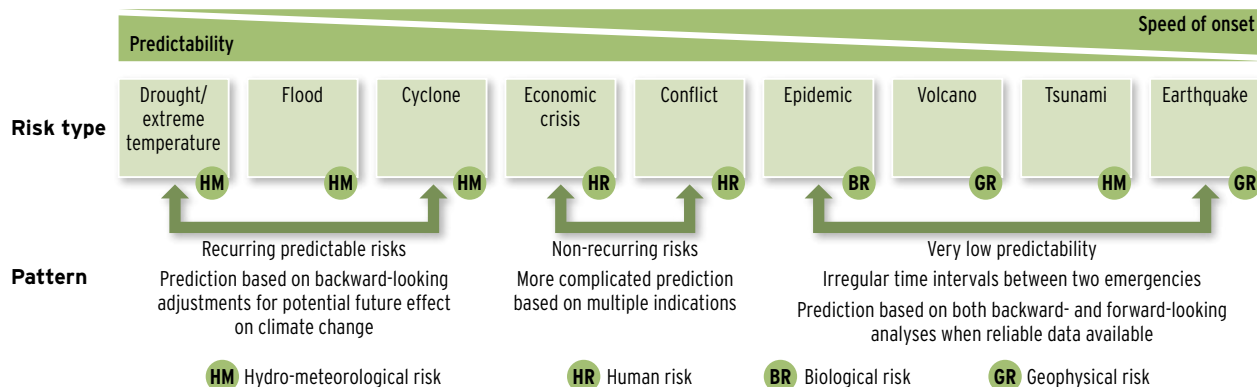
DEMOGRAPHICS	
Children 6 to 59 months	13%
Pregnant/lactating women	8%
Others	79%
Average family size	6



WFP UNICEF/WFP presence

Source: UNICEF/WFP with Boston Consulting Group

FIGURE 4: TYPES OF NATURAL AND HUMAN RISKS TO BE CONSIDERED IN COUNTRY RISK PROFILES



Source: UNICEF/WFP with Boston Consulting Group

THE RETURN ON INVESTMENT MODEL

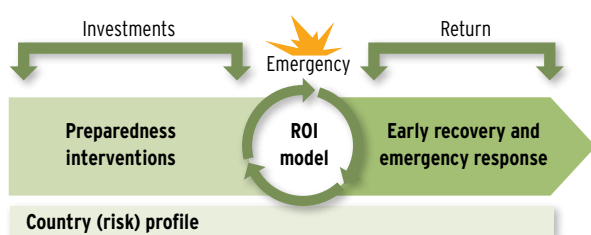
The researchers effectively developed a model to assess the return on investment (ROI) in emergency preparedness (see Figure 5).

They sought to:

- establish detailed emergency scenarios based on analysing the different humanitarian risks for each country;
- specify exactly how UNICEF and WFP are preparing to meet each of these scenarios, investigating the cost variables and, where feasible, the time variables related to each of these emergency-preparedness investments;
- measure the impact of such investments by comparing the estimated time and costs required for the humanitarian response with and without such advance investments;
- formulate the ROI model, which calculates the returns on emergency-preparedness investments in an Excel-based tool.

The investments studied spanned the four core humanitarian operational areas: logistics,

FIGURE 5: OVERALL FRAMEWORK FOR ROI EMERGENCY PREPAREDNESS STUDY



Source: UNICEF/WFP with Boston Consulting Group

procurement, staffing and partnerships/external contracting. The intention is for this ROI model to be used in future by both UNICEF and WFP, as well as potentially by other humanitarian agencies. The hope is that it will build an evidence-based model that can make a stronger case for sustained investment in preparedness.

POSITIVE RESULTS

All UNICEF and WFP emergency preparedness investments examined in Chad, Madagascar and Pakistan were found to save significant time and/or costs in the event of an emergency. Some 64 per cent of investments saved both costs *and* time.

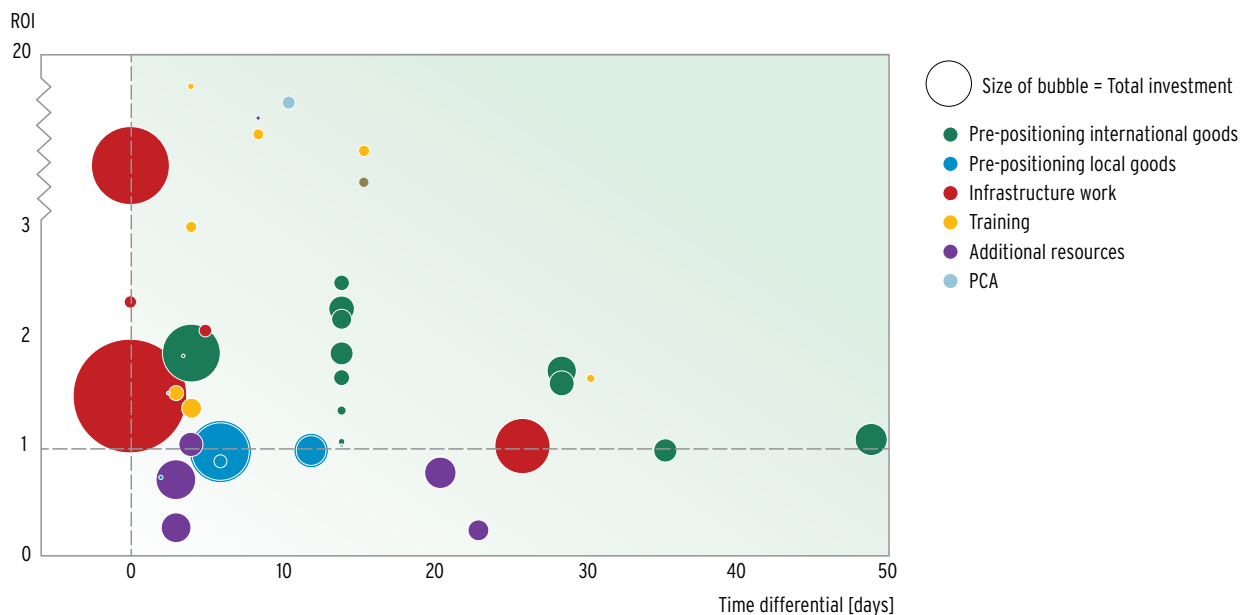
A total of \$5.6 million was invested in the interventions covered by this study. According to the research team's calculations, these interventions have reduced future emergency response costs by \$12.0 million. This represents a net saving of \$6.4 million and an average ROI rate of 2.1 (a return rate of 1 would indicate that future costs would be reduced by the same amount as the initial investment, so that all rates greater than this indicate cost savings). Three quarters of the interventions examined demonstrated cost savings beyond the amount of the original investment. The broad conclusion is that every dollar invested in emergency preparedness will on average save two dollars in the future.

The time savings drawn from these same investments ranged from 2 to 50 days, though the average saving was one week. No preparedness interventions resulted in lost time or slower future response speed and 93 per cent of the investments saved time. Time savings are particularly critical in humanitarian action



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FIGURE 6: ROI AND TIME SAVINGS OF ALL INVESTMENTS STUDIED ACROSS THE THREE COUNTRIES



Source: UNICEF/WFP with Boston Consulting Group

since a faster response will have a direct impact on the number of lives saved.

The research also demonstrates that humanitarian preparedness is complex and must be tailored to context. Investments with high returns in one country do not necessarily indicate similarly high returns if implemented in another country. However, trends within the data collected and analysed for this study suggest some broad patterns that might influence future investment.

- Pre-positioning of internationally sourced emergency supplies yield ROI in the magnitude of 1.6 to 2.0 and significant time savings of 14 to 21 days on average across all pilot countries. The analysis suggests such pre-positioned supplies could be increased without risk of spoilage or financial loss.
- Large infrastructure investments yield the highest absolute money savings, for example the investment in building an airstrip in Chad that will avoid the future use of helicopters in the rainy season.
- Training may yield by far the highest financial ROI – between 1.3 and 18.7 – but this depends on the training being of high quality and on the staff being retained.
- The more dependent a country is on external goods and services, the higher the return on an investment ensuring their availability in an emergency.
- For countries with higher coping capacities, the ROI for the more basic emergency-preparedness

investments fade, with higher value attaching to training and organizational capacity (the additional resources shown in Figure 6).

- All investments have various additional qualitative benefits that further increase their value.

At a time when global humanitarian needs, costs and complexities have never been higher, the evidence presented in this report makes a strong case for early funding for emergency preparedness. Up-front resources invested in preparedness opportunities would facilitate swifter and more efficient responses, resulting in more lives saved in future humanitarian actions. Furthermore, given that the model developed through this study can be used for all types of risks and activities, it could become a standard tool in reporting on and advocating for emergency preparedness, enabling humanitarian agencies and actors to make informed choices – and to be held more accountable for their investment promises.

Link to the full report

www.unicef.org/publications/index_81164.html

www.wfp.org/content/unicefwfp-return-investment-emergency-preparedness-study



SOUTH AFRICA

Poverty Traps and Social Exclusion among Children in South Africa



© UNICEF/NYHQ2010-0577/Pirozzi

South African Human Rights Commission (SAHRC) and UNICEF

CHILD POVERTY IN SOUTH AFRICA

Springing the traps

In the two decades since South Africa's transition to democracy, the country has experienced considerable success in reducing poverty, as measured in terms not just of money but also of multidimensional forms of deprivation such as lack of access to water and sanitation. One of the main instruments for reducing poverty over that period has been the Child Support Grant, first introduced in 1998, a cash payment to households from which more than 11 million children were benefiting by 2011.

Yet there is still abundant evidence of persistent and deep-rooted child poverty. This detailed research, conducted by a team from the University of Stellenbosch for the South African Human Rights Commission, aimed to analyse in depth the nature of that poverty, drawing on a wide spectrum of international literature as well as national datasets, including household surveys, censuses and school tests. The goal was to determine to what extent children in South Africa are caught in a self-perpetuating poverty trap – and then to recommend particular interventions that might help break the cycle and enable them to escape.

PANEL COMMENT

This ambitious study looks at the extent to which children in South Africa are still caught in a poverty trap, and at solutions. The report vividly stimulates the debate about the challenges for South Africa. Such a comprehensive report has potential for impact in fighting poverty in South Africa.

THE NATURE OF POVERTY IN SOUTH AFRICA

The number of children in poverty has certainly been reduced, especially during the period of consistent economic growth in the years up to the financial crash of 2007/08. The child poverty rate has broadly tracked the decline in the overall poverty rate between 2000 and 2010, as Figure 1 shows. The child poverty rate dropped from 76 per cent in 2000 to 49 per cent in 2010, with the overall number of children in poverty declining from 14.4 million to 10.4 million over the same period.

Yet a majority of South Africa's children (56 per cent) still live in poverty and children account for almost half (46 per cent) of all poor people in the country. Many of these remain trapped in poverty, with little prospect of breaking out. The geographical distribution of poverty, for example, has not changed much since the transition to democracy, with poverty being particularly prevalent in regions that were part of the former homelands – poorer territories designated as being only for black people by the apartheid regime. The poor are concentrated in the provinces of Eastern Cape (which has a poverty rate of 60 per cent), KwaZulu-Natal (59 per cent) and Limpopo (61 per cent).

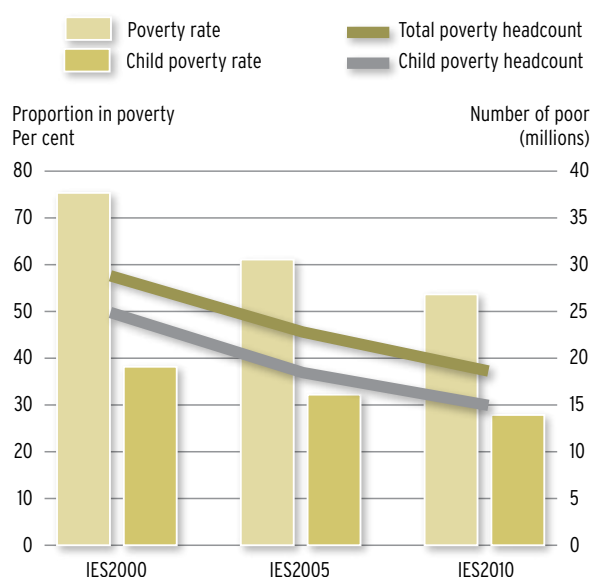
Moreover, the old apartheid division of the population into four racial categories – white, Indian/Asian, 'coloured' (mixed race) and black – remains disturbingly reflected in the proportions of children within each group suffering from poverty, as Figure 2 reveals.

Roughly 40 per cent of children are effectively trapped in long-term, chronic, structural poverty. They are not merely affected by a fall in living standards from which they will subsequently recover. Instead, they are locked in a complex web of cumulative deprivations that compromise their life chances from an early age and which they will later pass on to their own children. Thus, children in lower-income households:

- have severely limited access to quality healthcare (less than 1 per cent of households in the lowest income quintile);
- are less likely to live in households with educated parents (over 90 per cent of household heads in the two poorest income quintiles have an educational level lower than matric);
- are more likely to suffer social exclusion and maltreatment and to be exposed to violence and other adverse behaviour in their homes and communities;
- experience low-quality education.

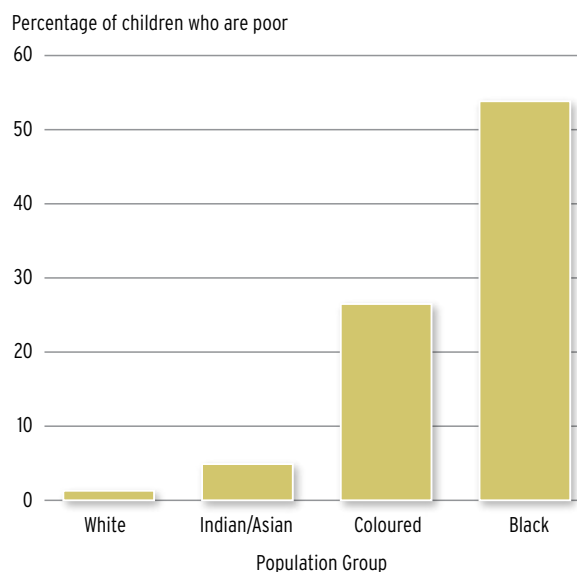
These conditions reflect the international and regional analysis of poverty traps. The poor are, by definition, deprived of assets. Their low incomes and lack of collateral constrain their ability to save or borrow. Public services in their areas are inadequate and cannot make good the deficits in human capital: schools deliver education of inferior quality; clinics and hospitals suffer from underinvestment and provide a poor level of service. The wider community does not provide an enabling environment in which children can flourish but rather serves to temper their aspirations.

FIGURE 1: TRENDS IN POVERTY AND CHILD POVERTY, 2000-2010/11



Source: SAHRC/UNICEF

FIGURE 2: POVERTY AMONG CHILDREN IN SOUTH AFRICA BY POPULATION GROUP, 2010-2011



Source: SAHRC/UNICEF

A poverty trap is therefore, the researchers conclude, a complex set of interacting mechanisms that will require a multifaceted series of interventions in response if children are to be set free to realize their potential.

EDUCATION IN CRISIS

Education in South Africa is in a sorry state. Tests of Grade 6 students in 15 countries in the region show South Africa's performance to be weaker than that of many far poorer countries, including Tanzania, Kenya and Swaziland. Moreover, children from poorer South African schools lag more than a year behind equally poor schools in the region. In the country as a whole, for example, only 16 per cent of Grade 3 students – less than one in six – are performing at the requisite Grade 3 level, as Figure 3 indicates.

What Figure 3 also shows, however, are the significant inequities in education. Children in the richest quintile still do not do well by international standards but they massively outperform the poorest three fifths of children, only 40 per cent of whom will achieve a pass at matric.

The prospects of a good education for the poor are slim. Children from poor homes have substantial learning deficits by the time they start school and these translate into increasingly divergent learning trajectories as children progress through school. These differences will show when they enter the labour market and determine the jobs and earnings they will have for life – and are likely to pass on to the next

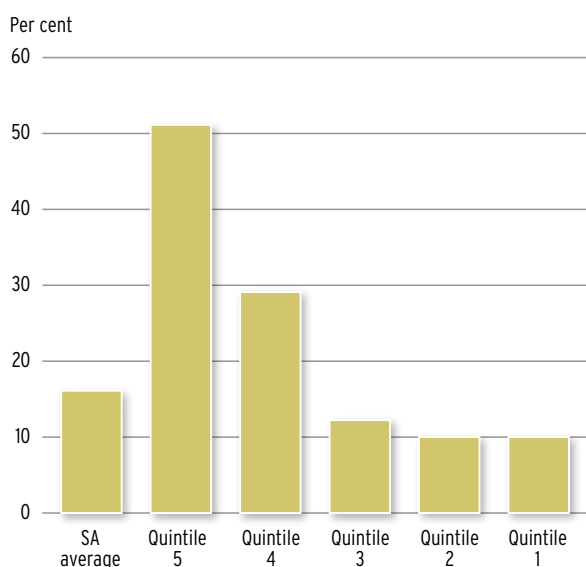
generation. Thus the school system tends to perpetuate inequality in learning outcomes rather than overcoming it (see Figure 4).

THE EFFECTIVENESS OF SOCIAL GRANTS IN ALLEVIATING POVERTY

The Child Support Grant has had a positive impact on the welfare of the poor. It is widely accepted as the major cause of the decline in poverty between 2000 and 2010. While the favourable economic climate up to 2008 created 2.7 million jobs, most of these went to people with the highest levels of education who were not from poor households. Even if the 18 billion rand expansion of grants between 2000 and 2004 had been equally distributed to every person in the country, it would have meant about 400 rand per capita, which would have decreased poverty from 39 per cent to 34 per cent. As it was, the grants are quite precisely targeted on poorer households and have had a considerable effect.

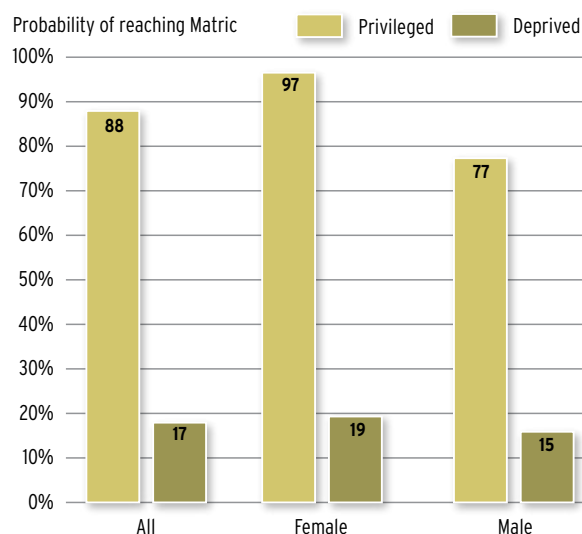
Nevertheless, it is certainly true that consistent economic growth before 2008 led to greater government revenue being available for these targeted social-transfer payments. In the more straitened economic circumstances that now prevail, further welfare improvements cannot depend on greater revenue collection and allocation but will probably have to be realized through efficiency savings in spending departments. While some government departments, such as the National Treasury, are

FIGURE 3: GRADE 3 STUDENTS PERFORMING AT GRADE 3 LEVEL



Source: SAHRC/UNICEF

FIGURE 4: DIFFERENTIALS IN EDUCATIONAL OUTCOMES FOR EMERGING ADULTS BY SOCIO-ECONOMIC BACKGROUND



Source: SAHRC/UNICEF using NIDS 2008

praised for their efficiency and professionalism in executing their functions, others are criticized for not holding inefficient systems, organizations and agents to account. The National Development Plan recognizes this by emphasizing the important role that strong and professional government institutions play in service delivery and in springing poverty traps.

KEY AREAS FOR INTERVENTION

Having considered child poverty in South Africa in all its aspects, the researchers concentrate their recommendations on improving the social grants system, making the most of an intervention that seems to be working well, and on improving education, including early childhood development (ECD), which is certainly not operating as it should but which is key to unlocking potential and enhancing opportunities. A broad-brush recommendation that applies across the board is that government institutions need to pay greater attention to their accountability structures so as to improve the delivery of services.

ECD RECOMMENDATIONS

- Mothers should be given more information and support to encourage exclusive breastfeeding. Information campaigns should target mothers with messages aimed at improving children's nutrition. The quality of food provided to young children at community-based ECD facilities needs to be enhanced and monitored.
- Particular attention should be paid to the quality of preschool provision as it is expanded, including encouraging innovative approaches and establishing measures of quality for community-based ECD centres.
- The training for teachers and staff in early childhood facilities and schools should be improved. This should provide them with practical strategies for supporting early learning, opportunities to observe best-practice teaching and on-site mentoring. Good practitioners should be offered monetary incentives.
- Common tools should be developed to assess children's progress in language, literacy and mathematics in ECD and Grade R (a school reception year preceding Grade 1).
- Support should be given to strengthening home learning environments, including awareness-raising campaigns to assist parents in supporting early learning. This should include making storybooks in all the country's official languages more widely available.

FOUNDATION PHASE EDUCATION (UP TO GRADE 3)

- There should be a small number of clear and measurable goals in terms of basic learning outcomes for all children, including the central goal that every 10-year-old child should be able to read fluently in their mother tongue. Principals of primary schools should report quarterly to parents and the authorities, and provincial education departments annually, on progress towards this goal of universal literacy.

SOCIAL GRANTS, MAINTENANCE PAYMENTS AND WELFARE SERVICES

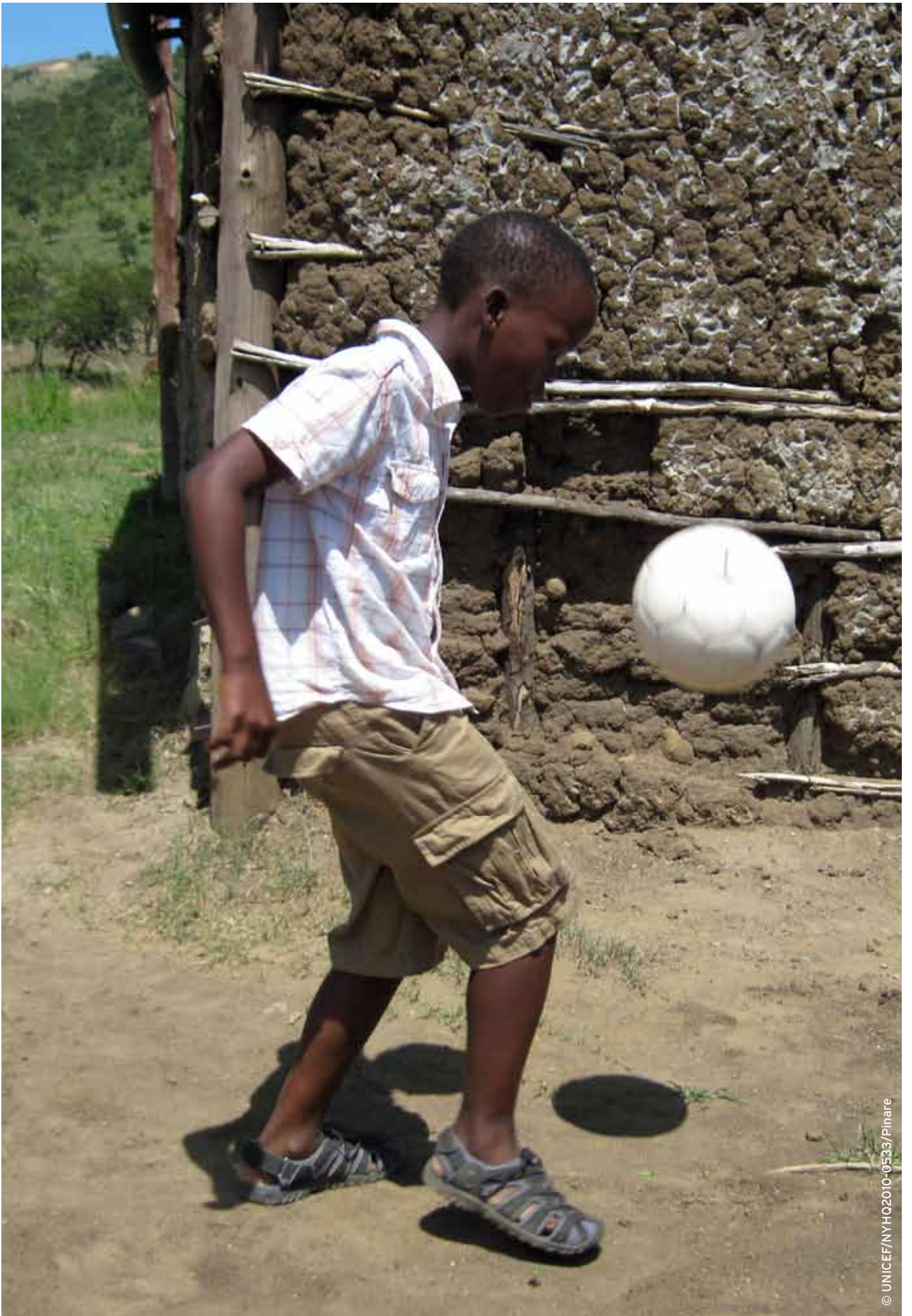
- The provision of identity documents for young children should be streamlined to make it easier for poor people to access child grants shortly after the birth of children.
- The state should enforce maintenance payments by absent fathers more strictly, while also promoting the idea of parental responsibility for providing a safe and enriching environment in which children's social and cognitive skills can develop.
- Welfare services should be better funded over the long term so as to expand the network of social and community workers active in rural areas and to provide the facilities and services prescribed by the Children's Act. A conditional grant should be paid to provinces for funding a minimum number of social workers who can work with communities to help prevent weak parenting and abuse of children.

MUNICIPAL INFRASTRUCTURE

- Adequate infrastructure and services, such as clean water and sanitation, should be provided to all citizens, including poor households, ECD facilities and schools in rural areas.

Link to the full report

<http://www.sahrc.org.za/home/21/files/Poverty%20Traps%20Report.pdf>



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MULTI-COUNTRY

Measuring political commitment and opportunities to advance food and nutrition security: piloting a rapid assessment tool



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FOOD AND NUTRITION POLICY

Measuring political commitment

Improvements in nutrition are fundamental to child survival, with long-term benefits for improved health, cognitive development, educational attainment and productivity later in life. Yet despite the proven benefit, and indeed cost-effectiveness, of tried and tested interventions to reduce child malnutrition, governments often do not attach such a high priority to food and nutrition policy as to other health and development issues. Countries with high rates of malnutrition continue to underinvest in this area.

Low political will has often been described as a barrier to scaling up nutrition. There is now consensus that building a strong enabling environment and political commitment are essential to furthering food and nutrition security on government agendas. However, there is limited knowledge of how to empirically measure political commitment and how to build it.

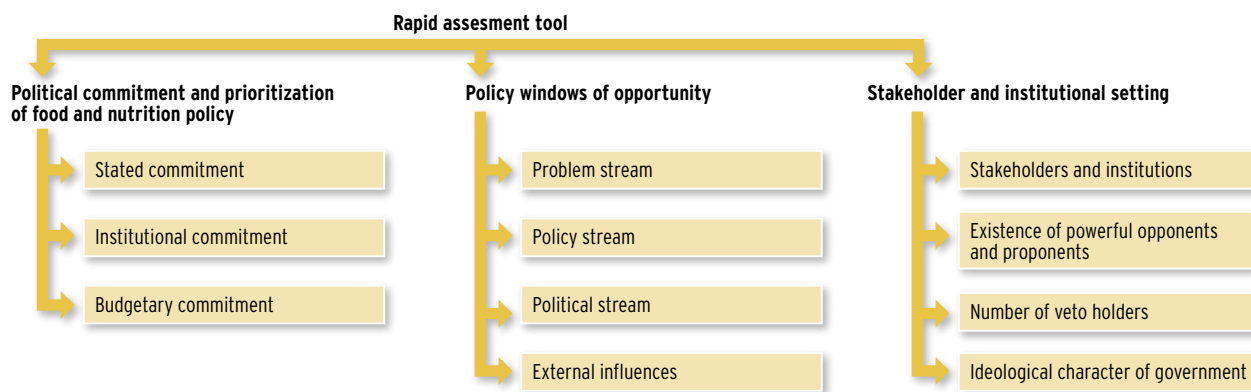
This project created a theory-based rapid assessment tool for gauging countries' level of political commitment to food and nutrition security. The study was conducted by researchers from the Mount Sinai School of Medicine, the Harvard School of Public Health and the Nutrition Section, Programme Division of UNICEF. The research was conducted in partnership with the Sustainable Development Goals Fund (SDG-F).

PANEL COMMENT

This article presents a theory-based rapid assessment approach to gauging countries' level of political commitment to food and nutrition security and identifying opportunities for a policy agenda. The paper is particularly strong on theory, tool description, and a comparison among other tools that have been developed to measure political commitment for food and nutrition security.

**Ashley M. Fox, Yarlini Balarajan,
Chloe Cheng and Michael R. Reich**

FIGURE 1: SCHEMATIC OF THE RAPID ASSESSMENT TOOL



Source: MDG Achievement Fund/UNICEF

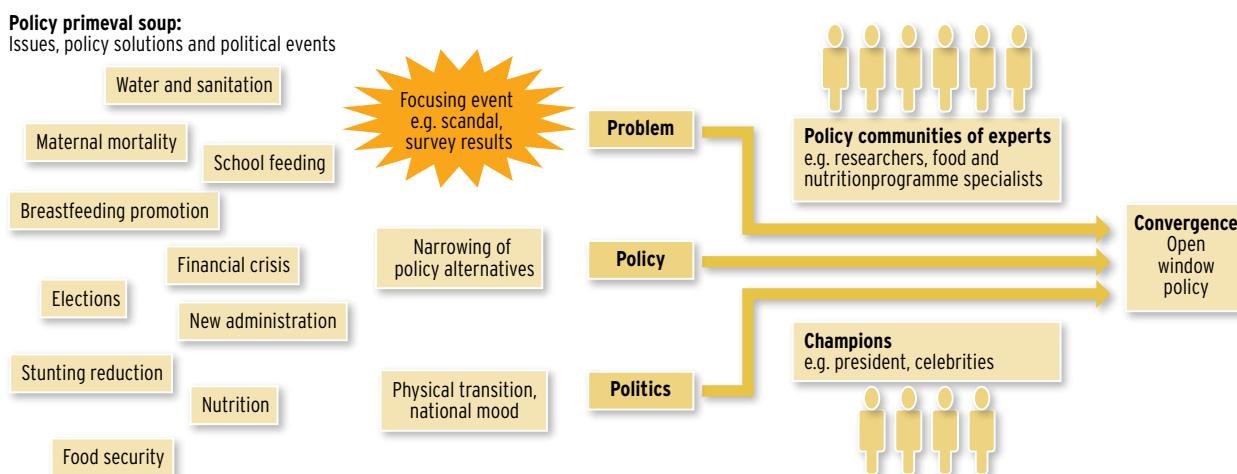
HOW THE TOOL WORKS

The Political Commitment and Opportunity Measurement Rapid Assessment Tool (PCOM-RAT) consists of a brief questionnaire designed to assess political commitment and the level of priority attached to food and nutrition policy, the available policy windows of opportunity, and the stakeholder and institutional environment (see Figure 1). It is designed to be completed in a consultative process by stakeholders who are knowledgeable about the specific country context. In addition to generating timely information on a country's degree of political commitment to nutrition, the process of completing the PCOM-RAT can be used as a training exercise to raise awareness about the political environment surrounding food and nutrition policy reform and facilitate the development of political strategies to advance the agenda-setting process.

The design of the tool was informed by John Kingdon's theory of agenda setting, which divides the subjects influencing government officials into three streams.

- **The problem stream** is made up of issues that capture the attention of policymakers. This attention may be evoked by *focusing events* (crises, disasters or public events that call attention to a problem); compelling and *credible indicators* (objective evidence that draws attention to the magnitude and significance of a problem); or *champions* (influential and charismatic figures who help to define an issue).
- **The policy stream** consists of prominent policy solutions. It may be facilitated by *policy communities of experts* who should ideally be in general agreement on the policy solutions to be advanced.
- **The political stream** comprises events – elections, political upheavals, swings in the national mood or crises outside of government – that cause a shift in the political process (see Figure 2).

FIGURE 2: SCHEMATIC OF THE AGENDA-SETTING PROCESS



Source: MDG Achievement Fund/UNICEF

The tool was piloted in early 2013 with participation from 10 countries: Bangladesh, Bolivia, Cambodia, Colombia, El Salvador, Guatemala, Nicaragua, the Philippines, Timor-Leste and Vietnam. The questionnaire was completed by representatives of UN agencies and national governments participating in joint programmes of the Millennium Development Goals Achievement Fund (MDG-F) focusing on children, food security and nutrition.

KEY FINDINGS ON POLITICAL COMMITMENT

The results were analysed by assessing political commitment in three separate ways:

- *Expressed commitment* – verbal declarations of support for food and nutrition by high-level political leaders;
- *Institutional commitment* – specific policies and organizational infrastructure created to support food and nutrition;
- *Budgetary commitment* – allocation of financial resources to food and nutrition.

Expressed commitment: In most countries, political leaders had expressed a high degree of political commitment to food and nutrition – in nine of the ten, the head of government, first lady or another high-level official had spoken about food and nutrition at least twice in the course of the previous year. Nine countries had also undertaken public awareness campaigns on food and nutrition over that year. Colombia, Guatemala and Timor-Leste each received full scores for expressed commitment based on the responses to the questionnaire.

Institutional commitment: Most countries showed a high degree of institutional commitment, with basic policies and programmes in place to address food and nutrition. All respondents said their countries had a multisectoral food and nutrition programme that was currently operational, while in eight countries there was said to be a mechanism to coordinate that programme and a national plan of action on food and nutrition. El Salvador, Guatemala, Nicaragua, Philippines and Vietnam each achieved full scores for institutional commitment, with all the necessary policies and infrastructure to mount an effective food and nutrition programme.

Budgetary commitment: Most respondents reported, however, that their countries had insufficient resources allocated to food and nutrition, and in only one country (the Philippines) was the available resourcing considered to be adequate. Although seven countries reported a national budget line for nutrition, none said that 50 per cent or more of their country's food and nutrition programmes had sufficient resources. Respondents from five of the countries said that if their government had an extra \$5 million to spend, they would put it towards food and nutrition rather than other priorities.

OPPORTUNITIES TO MAKE FOOD AND NUTRITION A HIGHER GOVERNMENT PRIORITY

There were substantial opportunities to advance food and nutrition in the problem, policy and political streams. In three countries, convergence of a core set

TABLE 1: TOTAL POINTS PER SECTION IN PCOMRAT, BY COUNTRY

	Political commitment				Agenda setting			
	Expressed commitment	Institutional commitment	Budgetary commitment	Total	Problem stream	Policy stream	Politics stream	Total
Bangladesh	5	5	1	11	4	3	6	13
Bolivia	9	5.5	1	15.5	8	8	7	23
Cambodia	8	4.5	1	13.5	4	7	4	15
Colombia	10	5.5	1	16.5	6	7	7	20
El Salvador	2	6	0	8	8	5	6	19
Guatemala	10	6	0	16	8	9	6	23
Nicaragua	8	6	1	15	7	4	3	14
Philippines	7	6	2	15	11	9	7	27
Timor-Leste	10	2	1	13	11	2	6	19
Vietnam	6	6	0	12	8	1	5	14
Total possible points	10	6	3	19	15	10	7	32

Source: Fox et al.



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of factors in these streams were indicative of an “open policy window”, indicating high potential to advance food and nutrition on the national agenda.

In the problem stream: If food and nutrition is to gain attention on a government’s agenda, it needs to be seen as a public problem requiring attention. This can occur when an event such as a natural disaster, negative publicity or an international conference draws attention to the issue, or through advocacy efforts presenting policymakers with a compelling and credible picture of the country’s performance. Most countries had had such an opportunity over the previous year, but media coverage had been weak in all but four. Only in the Philippines was the promotion of food and nutrition issues by advocacy groups considered to be highly cohesive, and only in Timor-Leste had they been raised in a significant way through other forms of public discourse, such as protests or social media. However, respondents from seven of the countries were able to identify an influential champion who was currently promoting the food and nutrition issue.

In the policy stream: In seven countries it was felt that a coherent policy alternative on food and nutrition had been presented in their country and that there was an identifiable and relatively cohesive policy community of experts. In six countries it was reported that experts agreed on a single framing issue to advance food and nutrition policy (for example, women’s empowerment, prevention of stunting or food security). Respondents from four nations said that experts agreed on a common set of indicators to advance the cause, but in three countries the experts were thought to be divided on whether to promote a multisectoral or a focused approach.

In the political stream: Political transitions such as elections and changes in party leadership enable new issues to be emphasized, while ebbs and flows in the balance of power among interest groups can also offer opportunities. In six of the countries studied, executive or legislative elections had either taken place over the previous year or were to happen in the year to come. In all countries, supporters of a food and nutrition policy alternative were considered to outnumber and have more power than their opponents.

FINDINGS AND RECOMMENDATIONS

The conclusion of the team was that most countries to which the rapid assessment tool was applied were in a good position to pursue improvements in food and

nutrition. This study finds that most of the 10 countries studied have a high degree of expressed and institutional commitment to food and nutrition, but a low degree of budgetary commitment. Most countries also have a cohesive policy or set of policies, and three countries have a combination of factors that would suggest that a window of opportunity exists for reform.

During the pilot test of PCOM-RAT, each country was given a customized report with specific recommendations based on the rapid assessment for how they might strengthen the level of commitment and priority given to food and nutrition.

Five overarching recommendations were proposed, drawing from results across the 10 countries:

- Support existing nutrition champions, which most countries had in place.
- Capitalize upon focusing events that bring attention to food and nutrition as opportunities to advance agreed-upon policy proposals.
- Work with the mass media and with social media to give food and nutrition issues greater public attention and prominence.
- Build greater consensus within policy communities on food and nutrition indicators and multisectoral approaches.
- Strengthen cohesion within civil society groups that focus on food and nutrition issues.

IMPLICATIONS

Improving our understanding of the political environment around nutrition policy, and developing the capacity for applied political analysis at the country level, are critical to achieving progress in nutrition. The PCOM-RAT is a promising new method that can be used to measure national progress on advancing food and nutrition security and prospectively assess the political feasibility of policy change. As it can be administered within a short time frame and at low cost, it can also be used as a benchmark of progress as regards nutrition policy. The PCOM-RAT can also support training for nutrition experts who may have limited experience with policy or political analysis, so that they can engage more effectively in policy processes to advance food and nutrition policy in the post-2015 era.

Link to the full report

<http://heapol.oxfordjournals.org/content/30/5/566>



NAMIBIA

The Impact of Incentives for the Recruitment and Retention of Qualified Teachers in Namibia's Remote Schools



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**Servaas van der Berg,
Chris van Wyk, Herman Meyer,
Thomas Ferreira
and Silke Rothkegel van Velden**

TEACHER INCENTIVES IN NAMIBIA

Rewarding rural commitment

Namibia is the country with the second-lowest population density in the world. Attracting suitably trained teachers to its remotest schools is difficult, as it is in many countries in sub-Saharan Africa. The Namibian Ministry of Education attempted to address this problem in 2009 by introducing a scheme offering financial incentives to teachers working in remote schools. In this study, undertaken with financial support from UNICEF in 2014, a team from Stellenbosch University in South Africa reported to the Ministry on the effectiveness of the incentive scheme both in terms of teacher recruitment and retention and in terms of student achievement. It made detailed recommendations as to whether and in what form the incentive scheme should continue.

THE NATURE OF THE PROBLEM

Qualified teachers in most African countries tend to prefer to work in urban areas. Namibia's large size and low population density lend it particular challenges in this regard. For example, as of 2007, before the incentive scheme was introduced, only around one in five children in Grade 6 in isolated rural areas were taught by a teacher with a degree, compared with two in five in cities. It was considered likely that this situation contributed to the lower performance of remote rural schools in terms of student attainment, as shown in Table 1.

PANEL COMMENT

This report evaluates the financial incentive scheme of the Namibian Government to provide incentives to teachers in remote areas. It is clearly conceptualized, thorough and clear, and relevant to the work of UNICEF and potentially to other countries facing issues of providing quality teachers in isolated areas.

TABLE 1: MATHEMATICS AND READING SCORES IN SACMEQ III, 2007

	Mathematics score	Reading score
Isolated/rural areas	448	464
Small towns	492	524
Cities	521	572
TOTAL NAMIBIA	471	497

Source: van der Berg, et al. from SACMEQ data

HOW THE INCENTIVE SCHEME WORKS

Since 2009, Namibia's schools have been divided into four categories. Category 1 schools are those in the remotest locations where the teaching posts are considered to involve the greatest degree of hardship. In addition to physical remoteness, this might also include lack of access to such things as electricity, health services and telecommunications. Schools in Category 2 and 3 are still reckoned to be remote but to involve lesser degrees of hardship, while all other schools belong to Category 4 and teachers in these do not qualify for the incentive payments.

Teachers with a postgraduate qualification in Category 1 schools receive a monthly incentive payment of 1,750 Namibian dollars (US\$164), which is around 12 per cent of the normal monthly salary – compared with incentives of 9 per cent and 5 per cent for those in Category 2 and 3 schools respectively. However, the value of the incentive has been eroded by inflation by around 30 per cent since 2009.

Detailed information about teachers' movements within the school system is chronically lacking. But, judging by the overall statistical picture, the incentive scheme seems to have been successful in its primary

aim of recruiting and retaining qualified teachers in rural schools, or at least to have contributed to this result – in all areas of Namibia, pupil–teacher ratios have declined while the proportion of teachers with postgraduate qualifications has risen. The proportion of qualified staff remains at a low level overall, as Table 2 indicates, but has been rising faster in all three categories of school offering incentives than in the rest of the country. In addition, the principle that teachers in remote schools should be paid more seems to be widely accepted within the profession – though some query the classification criteria.

PROBLEMS WITH LEARNING

Despite the higher proportion of qualified teachers, there has been no obvious improvement in the results achieved by rural schools over the period studied. Neither enrolment nor promotion rates have increased – though this is true of the Namibian education system as a whole. Test scores in remote primary schools have also not improved at all, as the results for English and Mathematics in Table 3 show.

In addition, the drop-out rate for junior secondary students remains extremely high, particularly in the two remotest categories of school, as Figure 1 demonstrates – and even the relatively good performance of Category 3 schools in retaining children applies only up to Grade 10. Ironically, however, as a result of weaker students having previously fallen by the wayside, remote schools actually do better in examinations at secondary level.

If, therefore, the effectiveness of the incentive scheme were to be measured by learning outcomes rather than by teacher distribution, it would have to be considered unsuccessful.

TABLE 2: PERCENTAGE OF QUALIFIED TEACHERS AND PUPIL-TEACHER RATIOS, BY SCHOOL CATEGORY, 2008 AND 2012

	Category 1 (most remote)	Category 2	Category 3	Category 4 (non-remote)	Total	All remote schools, categories 1-3
% of teachers with postgraduate teacher qualifications						
2008	21.2%	22.3%	19.7%	27.2%	23.5%	20.8%
2012	24.9%	26.2%	24.6%	30.0%	27.3%	25.1%
Pupil-teacher ratio						
2008	26.7	27.9	28.2	27.4	27.6	27.7
2012	24.2	24.8	24.8	25.5	25.1	24.7

Note: Categories 1 to 3 represent degrees of remoteness

Source: adapted from van der Berg et al. (ReSEP/UNICEF presentation)

TABLE 3: GRADE 5 EXAM RESULTS

Category	1	2	3	4	Total	Categories 1-3
% achieving subject pass mark (50%) by subject and year						
English:						
2009	11	16	17	52	29	14
2011	10	12	15	48	26	11
2013	10	14	15	49	27	13
Maths:						
2009	17	22	24	47	31	20
2011	19	22	25	49	33	21
2013	16	18	21	42	28	17

Source: adapted from van der Berg et al.

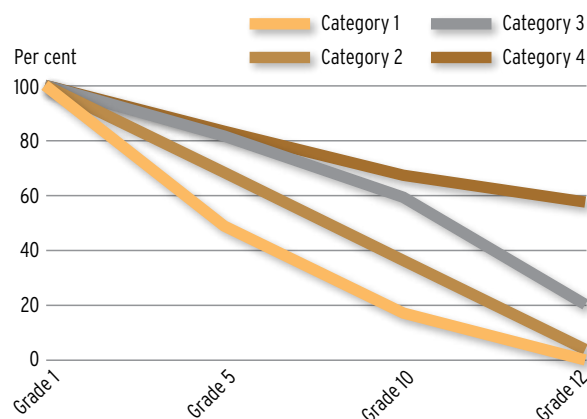
THE WAY FORWARD RECOMMENDATIONS

Incentives to rural teachers are widely used in African countries and seem appropriate for Namibia, even if the proportion of qualified teachers in remote areas was not as low at the outset as in many other nations. The cost of the scheme is extraordinarily low, amounting to only 0.9 per cent of budgeted spending on teaching personnel. This means that even a substantial increase in the incentive would be fiscally sustainable.

The researchers recommend that:

- The incentive scheme should be retained in its current format, with vacant posts advertised on a decentralized basis and the financial incentive clearly indicated. The incentive should not be offered to unqualified teachers.
- The classification of schools into categories based on remoteness and ‘hardship’ should also be retained, though the criteria should be thoroughly reviewed every six years and there should be opportunities for appeal by individual schools or teachers every two years.
- The value of the incentive should be substantially increased, as it is currently too low in relation to teacher salaries, has been significantly eroded by inflation, and teachers in remote areas are not fully compensated for their high travel costs. An increase of 71 per cent is proposed for teachers in Category 1 schools and of 60 per cent for those in Categories 2 and 3. This would raise the national cost of the incentive to 77 million Namibian dollars (US\$7.2 million). Incentives should henceforth be annually adjusted to keep pace with inflation.
- Loans to student teachers should be partly converted to grants if they commit to teaching initially in remote schools.

FIGURE 1: RETENTION RATES, BY SCHOOL CATEGORY



Source: Source: van der Berg, et al.

- Providing more and better housing for qualified teachers in remote schools should be a priority – such teachers feel passionately that their living conditions need to be improved. All Category 1 teachers could be provided with decent housing (and water supply) within five years by spending 40 million Namibian dollars (US\$3.8 million) annually – less than half the money currently budgeted for teacher housing. Providing teachers in remote areas with solar electricity would represent a significant improvement in quality of life.
- Greater attention needs to be paid to the quality of education in remote schools. Children in remote areas should be encouraged to continue to higher grades, with bursaries and hostel accommodation offered to those who need to move schools to do so.
- The extraordinarily poor conditions for students and teachers in remote schools and hostels should be addressed by improving infrastructure and maintenance of facilities.
- Better integration of data is vital and a high-level team should be set up within the Ministry of Education to coordinate the implementation of this. Unique identifiers for schools and teachers that were consistently used and suitably linked would make tracking teachers across the system possible and allow proper human resource planning.

Link to the full report

www.unicef.org/namibia/na.Impact_of_incentives_Qualified_teachers_in_Namibia_FinalReport_10Sept2014.pdf



SERBIA

Violence in Schools in Serbia: Analysis of the Situation from
2006 to 2013



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**Dragan Popadić, Zoran Pavlović
and Dijana Plut**

VIOLENCE IN SERBIAN SCHOOLS

Bullying and beyond

Many people experience violence more regularly in their early years at school than in the whole of the rest of their lives. Understanding the extent, nature and patterns of violence in schools is vital if teachers, educationalists and policymakers are to seek to minimize both its incidence and its impact on children. To this end, researchers from the University of Belgrade's Institute of Psychology have analysed a huge amount of data drawn from a fifth of Serbia's primary schools over the eight-year period from 2006 to 2013. The data were gathered via questionnaires completed by both students and staff members as part of the School without Violence programme, which has been jointly implemented by the Ministry of Education and UNICEF since 2005.

A COMPREHENSIVE SURVEY

This represents one of the most comprehensive education research projects ever conducted in Serbia. It involved analysing the questionnaire responses of 109,151 students and 15,507 adults from 237 primary schools – around 20 per cent of the total number of schools in the primary sector. All students (from grades 3 to 8) and school staff were offered the opportunity to communicate their perspective in the context of an overarching programme aimed at motivating schools to work on the prevention of violence.

PANEL COMMENT

The main value of this study lies in the conceptualization and the measurement of robust and context-relevant indicators of violence in Serbian schools, compared with the benchmarks used in global studies. The taxonomy of violence is comprehensive, including different types of violence (insults, rumours, physical, bullying), assessed and compared by gender, by victims and perpetrator, and by children and adults.

Seven different forms of questionnaire were used in the study, with separate versions for younger students (grades 3 and 4) and older students (grades 5 to 8) as well as ones tailored to different categories of employee. The student questionnaires contained a large number of mainly closed questions – ones that involved choosing from a set series of options – grouped by theme. The adult questionnaires contained more open questions that canvassed opinions not just on the prevalence of violence but on the causes of and responses to such behaviour in school.

An important feature of the research was that students were not only asked to give a global self-assessment of their own experience of violence but were also asked if they had encountered particular types of behaviour. This distinguished the study from some other prominent examples of research in the field that rely purely on student self-assessment and the two kinds of questioning produced markedly different results.

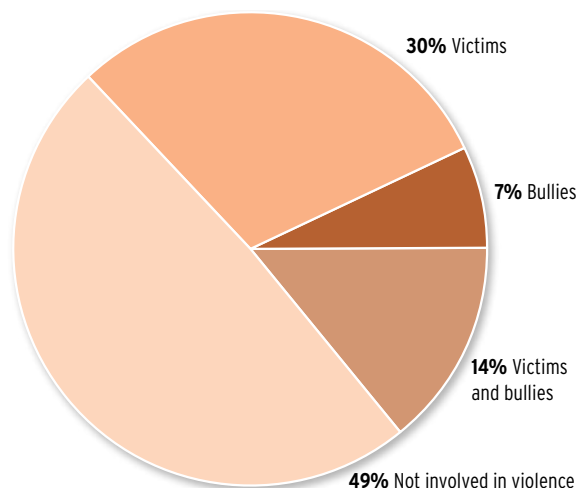
THE PREVALENCE OF VIOLENCE

When students were asked for their global self-assessment, the results suggested that 9.5 per cent of children had been involved in violence more often than once or twice over the previous three months, with 6 per cent in the role of victims, 4 per cent in that of bullies and 1.2 per cent in both categories. On the other hand, when students were asked if they had been on the giving or receiving end of a number of specific forms of violence, 73 per cent had been involved in a violent interaction of some sort, with 32 per cent as victims, 8 per cent as bullies and 34 per cent as both.

The research team considered the safest estimate of the prevalence of violence to be based on when children had experienced specific incidents more often than once or twice. On this basis, 49 per cent of children had not been involved in violence at all, 30 per cent had been victims, 7 per cent bullies and 14 per cent in both roles (see Figure 1).

Direct verbal insults were the most common form of violence, with 45.8 per cent of students having experienced this, and all ages and both genders were equally susceptible to this. Around a third of students had been exposed to physical violence, including hitting, theft, threats and coercion, with younger children and boys more at risk. Social violence – spreading nasty rumours – had also affected around a third of students, with girls more vulnerable on this front. Sexual harassment was reported by 1 student

FIGURE 1: CHILDREN'S EXPERIENCE OF SCHOOL VIOLENCE



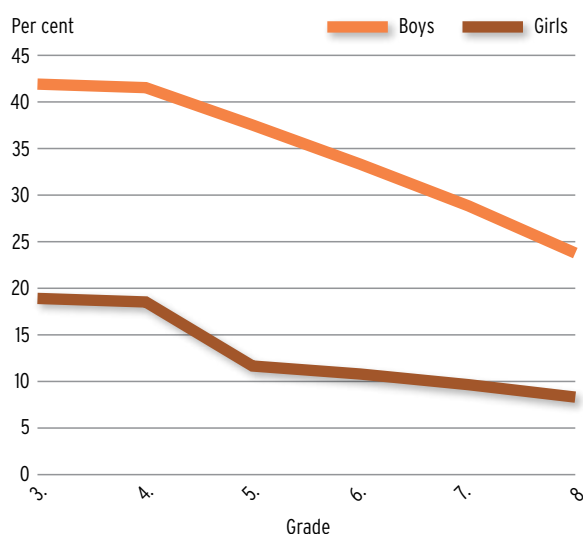
Source: Popadić et al.

in 10, with older girls the most likely group to have experienced this.

The research indicates that one child in four (24 per cent) had been involved in a school fight over the previous three months, though only 5 per cent had been involved more than once. Fights were much more common among the younger children, with 41 per cent of boys and 19 per cent of girls in grades 3 and 4 involved (see Figure 2).

Students often had a different perspective on such fights from staff, seeing some kinds of fight as a form of

FIGURE 2: FREQUENCY OF FIGHTS AMONG BOYS AND GIRLS ACROSS THE GRADES (IN %)



Source: Popadić et al.

game played by 'fair play' rules and by mutual consent, while the adults still classified this as violent interaction, not least because of the risks of physical injury and escalation. In fights it is generally impossible to determine who is the aggressor and who the victim and these were therefore excluded from any consideration of bullying.

INTERNATIONAL COMPARISONS

Although the researchers considered global self-assessment to be a less reliable indicator of the prevalence of violence than when children were asked about particular forms of violence, the former has been the basis of most international studies. Comparing the results of this survey with international research suggests that school violence in Serbia is much less pronounced than in most other countries.

In particular, periodic surveys conducted by the World Health Organization (WHO) provide useful comparison points. A study carried out in 2005/6 in 40 countries showed an average of 26.9 per cent of students to be involved in violence: 10.7 per cent as perpetrators, 12.6 per cent as victims and 3.6 per cent as both. This incidence is almost three times higher than that shown in the Serbian research.

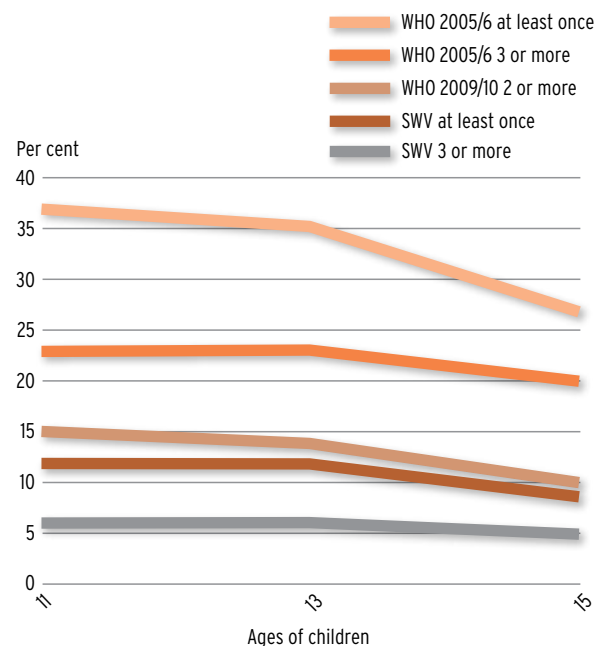
The most recent WHO survey was conducted in 2009/10, reporting on the experience of children aged 11, 13 and 15 in 38 countries. The overall result showed that 11 per cent of students (13 per cent of boys and 10 per cent of girls) had been subjected to repeated violence, whereas 6 per cent of students in the recent Serbian research (7 per cent of boys and 5 per cent of girls) had suffered by this measure.

Results from these last two WHO surveys and from the current Serbian research are compared in Figure 3.

CHARACTERISTICS ASSOCIATED WITH VIOLENT BEHAVIOUR

In general, the study found, characteristics associated with violent behaviour in children are easier to identify than those associated with children suffering from violence. Gender is one clear factor in this respect: boys were almost twice as often violent as girls (27 per cent compared with 14 per cent). Both boys and girls report that boys have more often been violent towards them. Boys were also more liable than girls to engage in insults, hitting, threats and sexual harassment. The researchers see an element of socialization in this, given that aggression is more tolerated, and sometimes even encouraged, in boys than it is in girls.

FIGURE 3: EXPOSURE TO VIOLENCE OF CHILDREN AGED 11, 13 AND 15 WHO AVERAGES AND CURRENT SERBIAN RESULTS

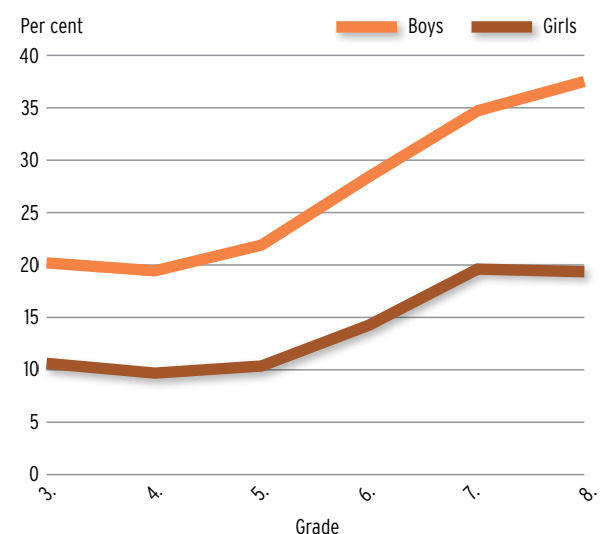


Source: Popadić et al.

Violent behaviour increases with age, so that in Grade 8 there were almost twice as many bullies as in Grade 3. Figure 4 shows both the gender gap in aggressive behaviour as well as the greater prevalence among older children of both sexes.

One interesting finding of the study, which correlates with the work of other researchers, is that there is a

FIGURE 4: AGGRESSIVE BEHAVIOUR OF BOYS AND GIRLS FROM GRADE 3 TO GRADE 8 (IN %)

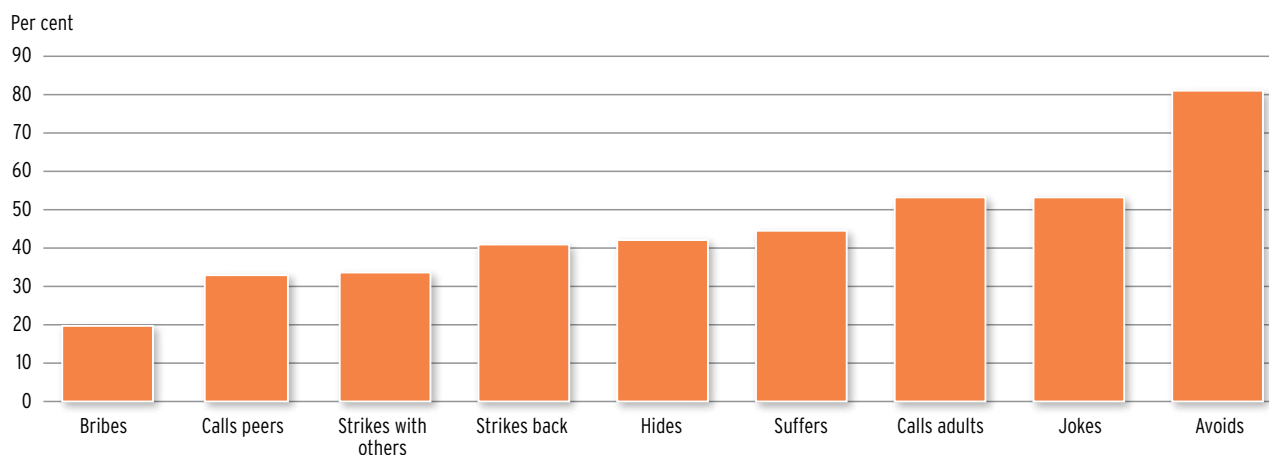


Source: Popadić et al.



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FIGURE 5: FREQUENCY OF RESPONSES TO PEER VIOLENCE OF CHILDREN MOST LIKELY TO BE BULLIED



Source: Popadić et al.

positive correlation between bullying and victimization. Put simply, bullies are twice as likely to be victims compared with those who do not bully, while victims of violence are three times more likely to be bullies than children who are not victims.

ADULT VIOLENCE IN SCHOOLS

A third of older students (33.6 per cent) complain about violence perpetrated upon them by adults. Indeed, 15 per cent of older students complain only about adult violence and not about that by their peers. Almost half the Grade 8 boys surveyed complained about adult violence. In addition to this being traumatizing, it offers children a violent behaviour model as well as the lesson that power legitimizes violence. This did not only comprise verbal attacks: 14 per cent of students reported having been hit by a teacher in the previous three months, with boys three times more likely to experience adult physical violence than girls.

Student violence against teachers is also not uncommon. Around 1 in 10 senior students had witnessed a student physically assaulting a teacher.

CHILDREN'S RESPONSES TO VIOLENCE

Students surveyed were able to give multiple responses when asked how they typically react in a violent situation. The most common response was to avoid conflict by giving the bully a wide berth. In general, those children most likely to be bullied ticked the greatest number of possible responses, indicating that such students test every available response from calling adults for help right through to suffering in silence.

WHAT SCHOOLS CAN DO

- Schools need to make it a priority to establish the safety of their own environment. The first step towards this is to accept that school violence exists.
- Schools have to make it clear what is allowed in school and what is not. The standards set by the school must be stricter than those that apply outside school – and students need to be able to count on protection when threatened by their violation.
- Staff should not ignore low-intensity aggression and focus only on more serious forms of violence – if it is not combated, it can encourage the more serious forms and lead to a general climate of insecurity.
- Responding to a violent situation is not simple – it takes both understanding and appropriate social skills. Greater numbers of school staff need to be trained in these skills.
- The school ethos and climate are all-important and should not be based upon conflict between students and staff.
- The safer the environment that teachers and students work in, the more enabling it will be – and vice versa.

Link to the full report

www.unicef.org/serbia/Nasilje_u_skolama_Srbije_web_24.3.2015.pdf



LESOTHO

Child Grants Programme Impact Evaluation: Follow-up Report



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CHILD GRANTS IN LESOTHO

Poverty relief that works

Despite significant economic growth over the past two decades, a large proportion of Lesotho's population remains locked in poverty. In 2010, an estimated 57 per cent of households lived below the basic needs poverty line of \$1.08 per day, while 34 per cent lived below the food poverty line of \$0.61 per day. Levels of chronic malnutrition are at 40 per cent and 39 per cent of Basotho under-fives suffer from stunting. The country also has one of the highest HIV/AIDS rates in the world (23 per cent). To compound these problems, in 2011 and 2012, floods, late rains and early frost reduced the cereal harvest to a third of the national average.

It is against this backdrop that the Lesotho Child Grants Programme (CGP) has been operating. This is an unconditional cash transfer targeted on poor and vulnerable households. It arose first as a donor-supported pilot scheme with financial support from the European Commission and technical support from UNICEF but has been substantially expanded and, since 2013, has been fully funded by the national Ministry of Social Development.

This research, conducted by Oxford Policy Management and Sechaba Consultants at the request

Luca Pellerano, Marta Moratti, Maja Jakobsen, Matěj Bajgar, and Valentina Barca (Oxford Policy Management)

PANEL COMMENT

This study suggests that the Child Grant Programme had an impact on expenditure for children (schooling, clothing and footwear); on registration at birth; and on school enrolment among adolescents, particularly boys. Very relevant use is made of a randomized design which should be encouraged. The thorough analysis leads to specific policy recommendations.

of UNICEF, undertook an independent evaluation of the latest phase of the CGP, aiming to establish the impact, effectiveness, efficiency and sustainability of the programme. The research will help guide the thinking of the government, which is considering the feasibility of rolling out the programme nationwide.

HOW THE RESEARCH WAS CONDUCTED

The team conducted a baseline survey of 3,000 households between June and August 2011 and a follow-up survey of 2,000 households between June and August 2013. These surveys compared a representative sample of CGP recipients (a ‘treatment group’) with a ‘control group’ composed of households not benefiting from the programme. The information from the control group captured what would have happened to beneficiary households had they not participated in the programme. This quantitative research was augmented by fieldwork aimed at adding qualitative information and by gathering detailed knowledge about costs from all partners involved in the implementation of the CGP.

HOW THE CHILD GRANTS PROGRAMME WORKS

The broad objective of the CGP is to improve the living standards of orphans and vulnerable children in the interests of reducing malnutrition, improving health and increasing school enrolment. In its earliest form, the amount of the grant took no account of the number of children but this was changed in April 2013 and households now receive a quarterly financial transfer indexed to their number of children, ranging from 360 *maloti* for households with one or two children to 750 *maloti* for those with five children or more. As of March 2014, the CGP was reaching 19,800 households and providing benefits for approximately 65,000 children across 10 districts.

Implementation of the more extensive grants programme has been faced with some challenges. In particular, though all the beneficiaries received the funds that were due to them, the payment schedule was unpredictable and the money arrived in bigger chunks than had originally been planned. This made it difficult for households to regard the CGP as a steady and reliable source of income that could be used to meet the basic needs of their children – the intention was to provide the equivalent of around 14 per cent of the monthly consumption of an eligible household, or 10 per cent of the poverty line as of 2013.

Collection of the payment usually involves both travel and time – though no more than is common in similar programmes elsewhere in Eastern and Southern Africa. Recipients surveyed spent an average of three hours walking to and from the payment point and waited there an average of 2.3 hours. When receiving the payment, all agreed that they were given a clear message that the money should be spent on their children and, though the CGP is an unconditional cash transfer, there is significant social pressure exerted by other members of the community that this is how the grant should be used.

DID THE CGP HAVE A POSITIVE IMPACT?

The CGP was not associated with a statistically significant reduction in poverty rates over the two years monitored by the study, though the poverty rate was reduced by 7 per cent over that period. However, by almost every indicator of coping strategies employed to deal with poverty, the treatment group was in a slightly better position than the control group, as Table 1 indicates.

Real household consumption expenditure increased significantly for all households in the CGP, and the programme contributed in particular to increased spending on children’s school clothing and footwear – there was, as a result, an increase of 26 per cent in the proportion of pupils aged 6 to 19 with uniforms and shoes (see Figure 1), with an even larger increase for children under 12.

TABLE 1: PERCENTAGE OF TREATMENT GROUP AND CONTROL GROUP FORCED IN THE LAST YEAR TO...

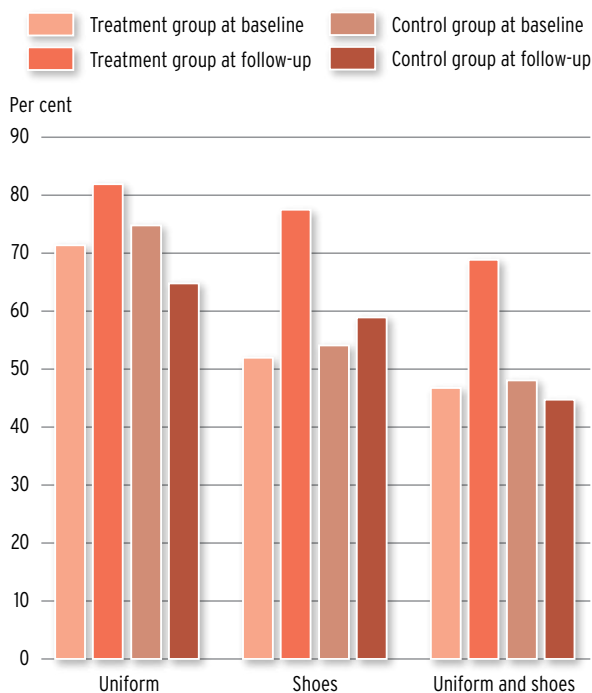
	Treatment group	Control group
Sell assets	4.3%	6.6%
Sell livestock	6.3%	9.2%
Seek traditional foods	43.3%	46.7%
Beg	52.4%	55.8%
Eat immature crops or seed	30.7%	38.3%
Send children for wage employment	4.0%	6.9%
Send children to live elsewhere	3.9%	9.4%
Produce charcoal for sale	9.5%	9.5%
Reduce spending on healthcare	6.7%	13.9%
Take children out of school	4.1%	11.9%

Source: adapted from Table 21, OPM. CGP Evaluation Follow-up Survey, Community Questionnaire, June–August 2013

The CGP also improved food security, reducing by 1.7 months the time beneficiary households experienced extreme food shortage over the previous year. This still meant that, on average, such households experienced some kind of food shortage in 8.5 of the preceding 12 months but the improvement constituted a clear gain for children – there was an 11 percentage point reduction in the proportion of children forced by lack of food to eat smaller or fewer meals in the three months prior to the survey. Figures 2 and 3 show the difference between the treatment group and the control group in terms of food shortage – note that the seasonal patterns of insufficient food are very similar but that beneficiary households are in a slightly better position at every point of the year.

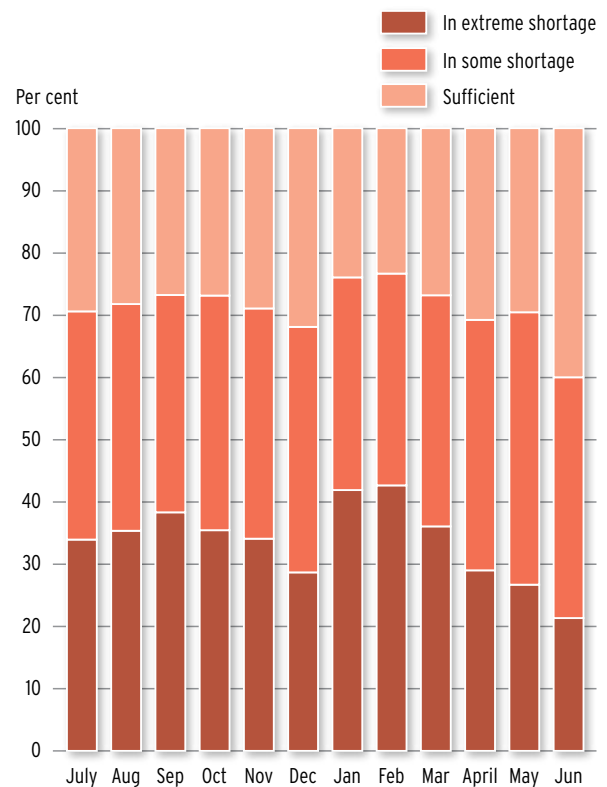
The CGP contributed to a significant increase in birth registration – a 37 percentage point improvement among children aged 6 or under. This is explained by the loose requirement to provide a birth certificate for beneficiary children within six months of enrolment in the programme. There was no significant increase in the proportion of children consulting a healthcare provider or in money spent on healthcare. However, there was a significant reduction – of 15 percentage points – in the proportion of children under 6 who

FIGURE 1: CHILDREN AGED 6-19 WITH SCHOOL UNIFORM AND SHOES, IN TREATMENT GROUP AND CONTROL GROUP AT BASELINE AND AT FOLLOW-UP



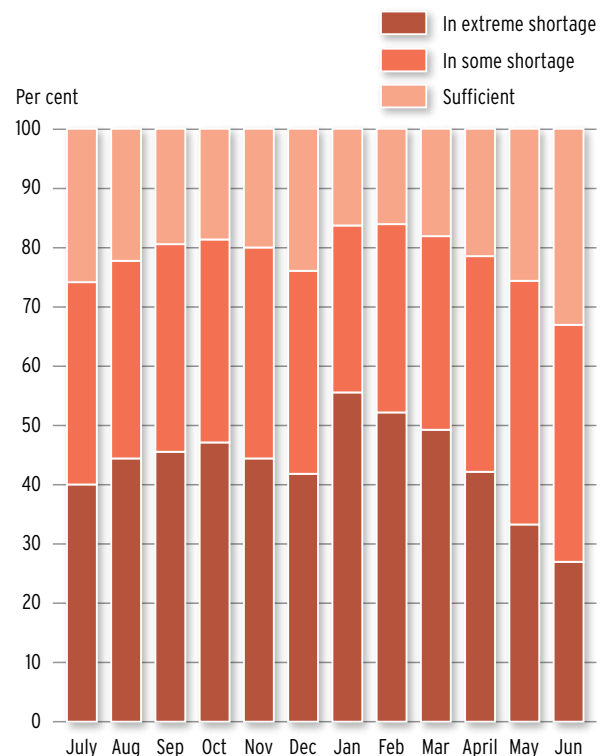
Source: based on data in Table 40, OPM. CGP Evaluation Baseline (2011) and Follow-up (2013) Surveys

FIGURE 2: SELF-REPORTED EXTREME AND SEVERE SHORTAGE OF FOOD - TREATMENT GROUP



Source: CGP Evaluation Follow-up Survey, 2013

FIGURE 3: SELF-REPORTED EXTREME AND SEVERE SHORTAGE OF FOOD - CONTROL GROUP



Source: CGP Evaluation Follow-up Survey, 2013



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suffered from an illness in the 30 days prior to the survey. The researchers speculate that the purchase of more clothing and footwear for children may be contributing to a reduction in respiratory infections but further analysis of this is required. The budget for the study was insufficient to allow the collection of data to assess any changes in child nutrition.

The CGP had a large impact – of five percentage points overall – on children’s enrolment in school and also on the retention of older children in primary school, particularly late-learning boys who would otherwise have dropped out. There was, however, no noticeable effect on other indicators of school progression such as repetition, primary completion and enrolment in secondary, and the proportion of children aged 13 to 19 who completed primary school remained very low, at less than 45 per cent.

Another interesting finding of the study was that the CGP had a significant impact in strengthening informal sharing arrangements in the community, particularly around food, and improving communal reciprocity. Whereas it might have been expected that households in the programme would have benefited less from other informal types of support – on the grounds that the receipt of the grant made them less needy – the indications are that there was actually a reinforcement of solidarity within the community. On the one hand there was a 12 percentage point increase in the probability of beneficiary households receiving informal, in-kind support from other family members, friends or neighbours, while on the other hand there was also a 12 percentage point greater likelihood that the beneficiary households would provide such support to others in the community.

IMPROVING THE CGP

The researchers recommend:

- Improving the predictability and frequency of payments, perhaps by using new technologies.
- Avoiding the erosion of the value of the grant by inflation, perhaps by linking it to the annual increase in the old-age pension.
- Considering whether to broaden the message to cover a wider range of issues, such as child health and nutrition, food security and productive investment.
- Linking the CGP with other interventions, including structural efforts to transform livelihoods and increase productivity, as well as with other programmes in child health, nutrition and education.

- Strengthening local case-management systems, including more regular communication with beneficiaries and communities after initial enrolment.

THE WAY FORWARD

The study recommends that the role, importance and affordability of the CGP should be assessed within the government’s social-protection strategy, which is currently under development. There are three options: first, if the main focus on children is confirmed, the CGP could be turned into a sharper instrument to protect and incentivize investment in human capital. Consideration should then be given to reducing the barriers preventing children from accessing education and health services, as well to improving the quality of supply of these services.

Second, the CGP has the potential to be turned into a protection scheme for the extreme and chronically poor, possibly as a complement to the old-age pension. In this case, the priority would be to refine the targeting and strengthen the messaging around food security as well as developing linkages with emergency-response programmes.

The third option is that the CGP could evolve into a programme primarily aimed at graduating households from poverty. In this case, the priority would be to work with households with the potential to become sustainably self-reliant.

As the CGP expands into urban areas, it will be necessary to consider adaptations required to tackle vulnerabilities that are specific to the urban poor.

Link to the full report

www.opml.co.uk/projects/lesotho-child-grants-programme-cgp-impact-evaluation



LOW- AND MIDDLE- INCOME COUNTRIES

**Faecal Contamination of Drinking Water in Low- and Middle-
Income Countries: A Systematic Review and Meta-Analysis**



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WATER AND HEALTH WORLDWIDE

How safe is 'improved' drinking water?

Access to safe drinking water is a human right and a fundamental requirement for good health. Global access to safe drinking water is monitored by WHO and UNICEF using the indicator 'use of an improved source' – which means a source protected from outside contamination, especially by faecal matter. However, use of an improved source does not guarantee water quality and concern has been expressed that the main global indicator on safe drinking water – the one included in the Millennium Development Goals (MDGs), for example – is not taking account of microbial water safety. The numbers of people globally with access to genuinely safe water might then have been routinely and seriously overestimated.

In January 2012, WHO and UNICEF established a working group to develop targets and indicators for enhanced global monitoring of drinking water post-2015. This review was commissioned to assist the working group in evaluating the evidence linking improved drinking water sources and health-related indicators of water quality. It was conducted by

PANEL COMMENT

The use of a combined methodology to review different types of drinking water results in a significant upward estimate of lack of access to safe drinking water in the developing world. This is likely to improve target setting and monitoring. The researchers provide a compelling case for validating global targets generally, and considerably clarify programmatic priorities.

**Robert Bain, Ryan Cronk,
Jim Wright, Hong Yang,
Tom Slaymaker
and Jamie Bartram**

researchers from WaterAid and the Universities of North Carolina and Southampton.

HOW THE STUDY WAS CONDUCTED

The following specific questions were considered:

- Is water from improved sources less likely to exceed health-based guidelines for microbial water quality than water from unimproved sources?
- To what extent does microbial contamination vary between source types, between countries, and between rural and urban areas?
- Are some types of water source associated with higher risk scores as assessed by sanitary inspection?

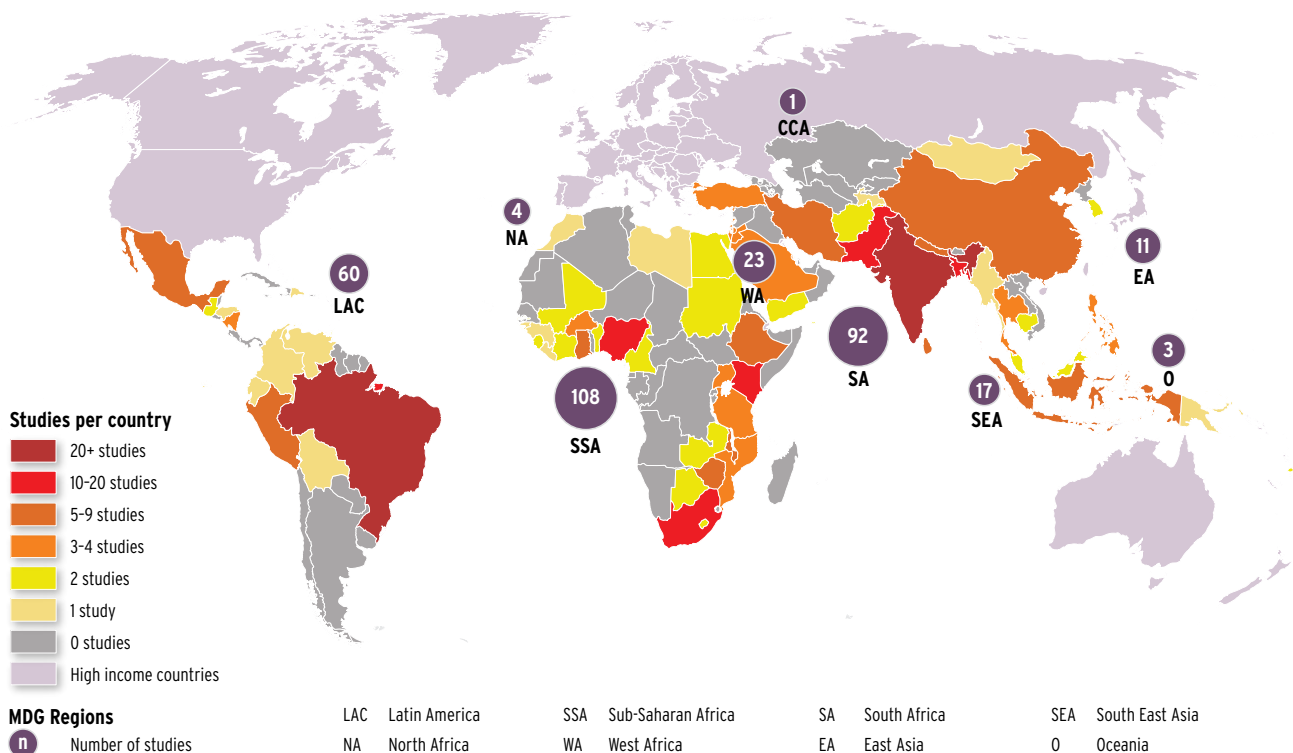
To answer these questions, the research team sought out studies of drinking water in low- and middle-income countries published between 1990 and August 2013 (see Figure 1). The vast majority of such studies had to be discarded, either because they did not assess drinking water for the presence of *Escherichia coli* (*E. coli*) or thermotolerant coliforms (TTC) or because they did not associate results with a particular type of water source. Ultimately, 319 studies met all the criteria and were included, reporting on a total of 96,737 water samples.

'IMPROVED' WATER IS CLEANER - BUT OFTEN NOT CLEAN ENOUGH

Overall, the research team found that the odds of drinking water within any given study being contaminated by *E. coli* or TTC were considerably lower for 'improved' sources than for 'unimproved' sources. While this certainly means that improved sources offer a greater degree of protection, they are by no means consistently safe.

Out of 191 studies, 38 per cent identified faecal contamination in more than a quarter of their samples. In particular, protected dug wells were rarely free of faecal contamination and it was not uncommon for these sources to contain high levels of faecal indicator bacteria (FIB). High levels of contamination were even occasionally reported for boreholes and piped water, which are typically perceived as high quality and low risk. The specific reasons for this contamination are difficult to ascertain from past studies. In many cases such contamination is associated with poor hygiene and inadequate sanitation, but specific risks could be readily identified through sanitary inspection of the water source and its surroundings. The researchers found only limited published data on sanitary risk, suggesting that

FIGURE 1: MAP OF STUDY LOCATIONS



Source: Bain et al. doi:10.1371/journal.pmed.1001644.g003

sanitary risk inspection techniques are not widely used or reported, despite being well established in national and international drinking water guidelines.

Water sources in low-income countries and rural areas were more likely to be contaminated. The higher risk in rural areas is consistent with a recent multi-country study of over 25,000 hand pumps, which found that there was a greater risk of non-functioning water sources in areas distant from district centres.

The study found some evidence suggesting that overall water quality has gradually improved over time. This may reflect a progressive trend towards greater use of water sources associated with less contamination and potentially a lessening of population-level exposure to FIB.

IMPROVING ON 'IMPROVED'

The research suggests that there is a need for a more graduated approach to monitoring the quality of drinking water than dividing sources into 'improved' and 'unimproved'. There could be a role, for example, for monitoring 'basic' and 'intermediate' service levels and taking quality, continuity of supply and accessibility into account, as was formerly proposed by the WHO/ UNICEF working group.

The study suggests that global estimates of water safety could be enhanced by ranking or scoring

improved drinking water source types according to the proportion of sources showing faecal contamination. According to this research, such a ranking would run from treated piped water (the safest source type) down through boreholes, protected springs, rainwater, untreated piped to protected dug wells (the least safe). On the other hand, such a ranking could remove the incentive to make improvements to each source type. It might also discourage the use of some source types in regions where these may in fact provide comparatively safe water.

Adjusting the indicator on improved water sources so that it reflects microbial water quality guidelines would show up disparities in the use of safe drinking water both within and between countries. This would be a more robust and consistent way of assessing safety than simply dividing sources into improved and unimproved and would enable advances in quality to be acknowledged. However, the inevitable result would be that the number of people internationally estimated to be using safe drinking water would have to be drastically reduced.

The researchers also suggest that it would be preferable to combine periodic measurement of water quality with sanitary inspections, thereby providing a more complete picture of water safety than the simple statistics about access to infrastructure can afford. They acknowledge, however, that taking better account of

TABLE 1: TYPES OF IMPROVED SOURCE AND THE ESTIMATED PROPORTION OF THE GLOBAL POPULATION USING THESE AS THEIR PRIMARY SOURCE OF DRINKING WATER				
Source	Description	% of global population using water source, 2010		
		Urban	Rural	Total
Household or yard connection	Piped water to a tap or taps in a house or yard/plot	80	29	54
Standpipe	A public water point – typically a tap set in brickwork or concrete	6	8	7
Borehole	Tubewell or borehole driven, bored or drilled to reach groundwater supplies	8	30	18
Protected dug well	A well protected from runoff water by a casing above ground level and covered to exclude bird droppings and animals	2	10	6
Protected spring	A spring protected by boxing from runoff, bird droppings and animals; water flows directly into a pipe or cistern	<1	3	2
Rainwater	Rain collected and stored in a container, tank or cistern until used	<1	2	1

Source: adapted from Table 1: UNICEF/WHO



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faecal contamination of water supplies would not deal with the two major chemical hazards affecting drinking water: arsenic and fluoride. Special initiatives such as dedicated water safety surveys and integration of water quality testing in household surveys are likely to play an interim role and will assist in filling gaps in the available data. For example, an approach to testing water quality in household surveys has since been developed in close collaboration with UNICEF's Multiple Indicator Cluster Surveys (MICS) and to date has been implemented in five countries. The results further document the extent of faecal contamination of drinking water and provide robust data upon which to enhance monitoring safety after the MDGs.

IMPLICATIONS FOR PUBLIC HEALTH POLICY

The study provides strong evidence that by equating 'improved' with 'safe', the number of people with access to clean drinking water has been greatly overstated, and suggests instead that a large proportion of the world's population uses unsafe water.

The researchers conclude:

- The Global Burden of Diseases 2010 study may greatly underestimate diarrhoeal disease burden by assuming zero risk from improved sources.
- Adjustment of estimates for safe drinking water coverage to include water quality, and ideally

also sanitary risk, would highlight disparities and enable improvements in quality, to be reflected in monitoring.

- Piped water is not a panacea: high levels of contamination have been reported in a range of settings and water stored in the household is more likely to be contaminated, especially in rural areas.
- It is possible to substantially enhance safety and reduce exposure through incremental improvements in service.
- Greater use should be made of sanitary inspections, as these provide a complementary means of assessing safety and are able to identify corrective actions for prevention of contamination.
- Studies of microbial contamination and sanitary risk could be improved by adhering to higher standards.

Link to the full report

<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001644>



ROMANIA

The Cost of Non-investment in Education in Romania



© Radu Sandovici

EDUCATION IN ROMANIA

Investing in the future

Romania is the second-poorest member state of the European Union (EU) in terms of gross domestic product (GDP) per capita. It also spends less of its GDP (4.1 per cent) on education than its eastern European neighbours – and significantly less than the EU average of 5.4 per cent. This has profound negative effects on Romania's society and economy. Recent research commissioned by UNICEF, in collaboration with the Romanian Ministry of Education, has not only analysed the relative shortcomings of the country's education system but has also identified the economic benefits that would accrue were the country to boost its education spending.

The study highlights the inequitable current allocation of funding, and recommendations focus on reducing disparities through a more equitable financing of the education system. The research proposed a model of spending, including specific targets for gradually enhanced spending in education which would achieve a share equivalent to 6 per cent of annual GDP over the period 2015 to 2025. It also estimated the returns that the country might expect from these investments. The openly acknowledged goal was to encourage such investment, realizing that, in difficult economic times, appeals to child-rights motivations are less likely to be persuasive in government circles than definable economic benefits.

**Pierre Varly,
Constantin-Șerban Iosifescu,
Ciprian Fartușnic, Tudorel Andrei
and Claudiu Herțeliu**

PANEL COMMENT

This report examines Romania's level of expenditure on education and training. It shows how research can be combined with an advocacy approach, arguing for budget increase. More precisely, it provides a comprehensive policy toolbox that covers all aspects of the economy of education.

THE STATE OF ROMANIAN EDUCATION

Too many Romanians are currently slipping through the cracks in the education system. More than 6 per cent of children of primary and lower secondary age are out of school, 19 per cent of higher education age are not in school, while 17.5 per cent of 18- to 24-year-olds left school early, with test scores significantly lower than the OECD average. Meanwhile 21.8 per cent of those aged 30 to 34 had benefited from tertiary education, compared with an EU average of 34.6 per cent. Children and young people from disadvantaged ethnic and social groups are particularly vulnerable to exclusion, especially if they have overlapping areas of disadvantage – for example, 14 per cent of Roma from the poorest quintile of the population have never been to school, compared with 1.6 per cent for non-Roma. In addition, 65.8 per cent of public education spending ends up benefiting the two wealthiest quintiles of the population, whereas only 9.9 per cent benefits the poorest quintile.

There are similar wide socio-economic disparities in terms of learning outcomes, though achievement levels are low across the board, with test scores significantly lower than the international average.

TABLE 1: SPENDING PER STUDENT (ALL LEVELS) AS A SHARE OF GDP PER CAPITA AND EDUCATION EXPENDITURE AS % OF GDP (2010)

	Spending per student as % of GDP per capita	Education expenditure as share of GDP
Slovenia	32.3	5.66
Poland	29.1	5.17
UE27 average	28.2	5.44
Estonia	27.3	5.68
Latvia	27.1	5.01
Hungary	26.8	4.88
Croatia	26.1	4.27
Eastern Europe average	25.7	4.73
Lithuania	25.1	5.36
Bulgaria	24.6	4.10
Czech Republic	23.6	4.25
Slovakia	23.4	4.22
Romania	18.2	3.53

Note: Data for most recent year Hungary. Source: Eurostat

Romania has committed itself within the EU decision-making processes to specific targets that would see the proportion of early school leavers reduced to 11.3 per cent and the share attaining higher education increased to 26.7 per cent by 2020 but, if current policies and levels of spending persist, Romania will be at risk of not reaching these targets. In terms of public funding, secondary and tertiary education have been prioritized since 2005 but spending at the pre-primary and primary levels has been decreasing and is insufficient.

Private funding of education, at 0.12 per cent of GDP in 2010, is also markedly lower than the EU average of 0.82 per cent.

WHY INVESTING IN EDUCATION WILL PAY DIVIDENDS

More investment in the lower levels of education would benefit those who cannot currently afford to undertake tertiary education, including the poor and the Roma minority – though in the long term it would also boost the numbers from this group making it through to higher education. The research indicates that one additional year of schooling adds between 8 and 9 per cent to earnings, while also reducing the probability of being unemployed by 8 per cent. In addition, it reduces the risk of being in bad health by 8.2 per cent. The benefits are even greater for someone from the Roma minority – completing a further level of education means Roma people are 16 per cent more likely to find a job, compared with 5.6 per cent greater likelihood for non-Roma.

The economic benefits do not only accrue to individuals, however. It is estimated that raising the proportion of adults attaining tertiary education from the current 13.6 per cent to 19 per cent by 2025 would add around 3.6 per cent to Romania's GDP. Similarly, raising the proportion completing secondary education from 58 per cent to 59.7 per cent by 2025 would increase GDP by around 0.52 per cent.

Economic growth between 2015 and 2025 is currently projected to be 2 per cent a year but this study estimates that this could be increased to between 2.7 and 2.95 per cent annually if education spending were stepped up to 6 per cent of GDP. Were the country also to improve educational attainment to the OECD average by 2025, this would boost economic growth by a further 0.95 per cent.

The potential benefits become even clearer when the costs of not investing in education are measured by charting the difference between a 2025 population reaping the benefits of enhanced education spending and one where those factors have remained unchanged since 2015. The costs of non-investment are estimated at between 12 and 17 billion euros, which is equivalent to between 7 and 9 per cent of 2015 GDP.

The implication is clear: more resources allocated to education could create a virtuous circle, boosting economic development and growth and resulting in a bigger government budget for social priorities in the long term.

AREAS FOR INVESTMENT

Simply increasing investment in education is not sufficient: the increased resources need to be carefully targeted so as to achieve Romania's broader social and economic goals, and to allow it to reach its EU targets for 2020.

Research indicates that tertiary education provides the highest return on investment but concentrating spending in this area would widen disparities, given the difficulties faced by disadvantaged people in reaching this level. A key priority in Romania, with its high numbers of children either out of school or leaving school early, has to be investment in primary and secondary education in a way that will reduce disparities both in terms of school participation and learning outcomes; this will produce economic growth further down the line.

Investment in pre-primary education must also not be neglected if Romania is to pursue the dual objectives of economic growth and equity: EU data indicate that this is an underfunded sector in the country and yet international research shows it is one of the most

rewarding areas for intervention. Investment in upper secondary education, meanwhile, should include the development of new technical and vocational education and training programmes.

The goal is to use increased spending on education to serve Romania's wider social and economic objectives, allowing it not only to meet the EU 2020 targets but also to deliver an economy by 2025 that is closer to the EU average. International research indicates that the enhanced human capital in such an economy would be likely to result in better health, less crime and reduced dependence on social welfare.

Table 2 presents the proposed allocation of spending by level of education to be reached by 2025, comparing 2010 spending as a percentage of GDP in Romania with the spending in Latvia and Hungary, and with the EU average.

POLICY RECOMMENDATIONS

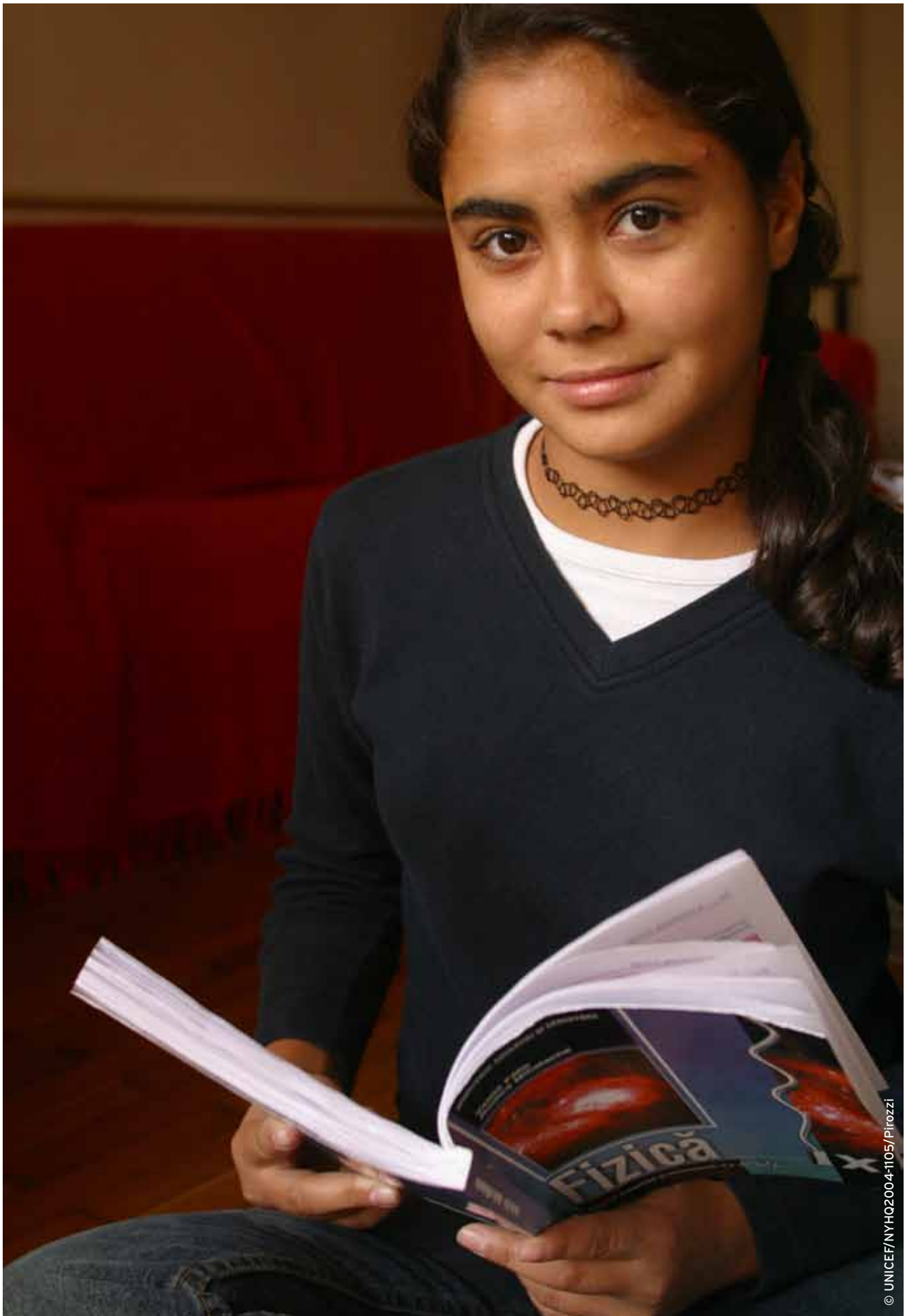
Despite the slow recovery of the Romanian economy after several years of crisis, it is possible today to increase the education budget. The share of GDP devoted to education should be increased, and priority given to education when allocating EU funding, since enhanced human capital implies more employment, higher earnings and less dependence on social welfare (more tax returns). Overall, the private contribution to education should be increased in certain areas, for instance in adult education, especially if the government is unable to reach 6 per cent of public spending on education. However, this should be done with much caution to avoid widening disparities.

- The education strategy and budget need to be better aligned to a broader economic development plan that would focus on incentives for the private sector to create jobs and recruit without discrimination.

TABLE 2: ALLOCATION OF EDUCATION BUDGET BY LEVEL OF EDUCATION

As % GDP	Education (all levels)	Pre-primary	Primary	Secondary	Post-secondary, non tertiary	Tertiary	Not defined (includes adult education)
EU Average (2010)	5.34	0.52	1.17	1.99	0.13	0.86	0.67
Latvia (2010)	5.73	0.08	1.10	1.76	–	0.94	1.10
Hungary (2010)	5.18	0.70	0.80	1.69	0.04	1.00	0.96
Romania (2010)	4.13	0.35	0.96	1.58	0.02	0.87	0.35
Romania (2025)*	6.00	0.70	1.31	1.99	0.13	1.20	0.67

Source: Eurostat for actual levels and European Commission (2014) for spending on pre-primary education. Each level of education would receive an additional share of the education budget ranging from 0.32 to 0.41% of GDP in the next ten years. * Proposed.



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TABLE 3: PROPOSED STRATEGIC OBJECTIVES AND TARGETS

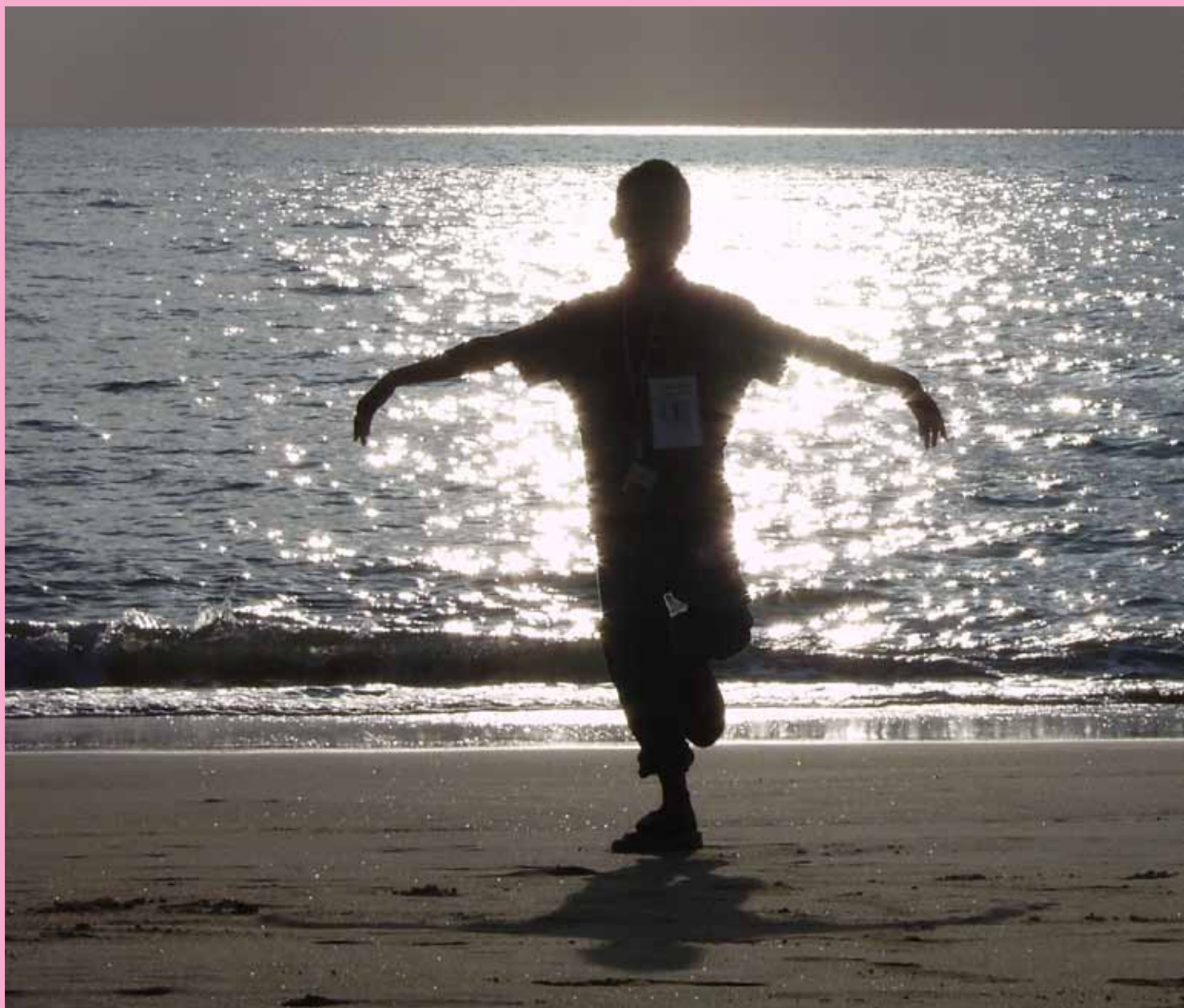
	Current situation (2012 or more recent year)	2017	2020	2025
Out of school children primary**	6.3%	4%	2%	0%
Early school leavers*	17.5%	15%	11.3%	10%
Proportion of 15-18 years old Roma in school****	33%	50%	70%	80%
Tertiary attainment (among 25-64 year old)*	13.6%	14%	16%	19%
Proportion of population with adult education*	1.4%	5%	9%	15%
PISA test scores (maths)***	445	465	485	500
PISA test scores (reading)***	438	465	485	500
Education budget as % of GDP*	4.1	4.8	5.4	6.0

Sources: *Eurostat; **Unesco Institute for Statistics; ***OECD/PISA 2012; ****World Bank 2014

- Improving education access and quality, especially at the earlier levels, should be seen as a priority in all relevant strategies for reducing disparities and improving human capital in Romania.
- Long-term strategic planning of EU funds in education should aim both to reduce disparities and to foster economic growth.
- Budget data should be collected in a more accurate and timely manner and reported in a more transparent way to the EU and to the public.
- Programmes to increase school participation and quality of education should be evaluated more thoroughly in order to prioritize actions based on impact, efficiency and sustainability.
- Pre-primary education should be prioritized, as it can have the greatest impact in reducing disparities and raising educational quality. Funding for pre-primary education and child-care programmes should be given the highest priority in the national budget because of the potential returns on such investments.
- More investment in primary education is required to compensate for the decrease since 2001 and to catch up with the EU average. Funds for primary and secondary schools need to be more equitably distributed so as to overcome inequalities and improve the general quality of education.
- Schools that manage to enrol and maintain disadvantaged populations – such as people with disabilities, from poor households and from ethnic minorities – should be financially encouraged and the per-capita funding mechanism revised accordingly.
- There needs to be a shift in focus in primary and secondary education towards low-performing students so as to reduce disparities and improve average learning outcomes. Targets should be set for reducing disparities among disadvantaged population groups.

Link to the full report

www.unicef.org/romania/Cost.Noninvest.web.pdf



EAST ASIA AND THE PACIFIC

Legal Protection from Violence: Analysis of Domestic Laws



© UNICEF/NYHQ2006-1797/Soe Win

**Carolyn Hamilton, with
Kirsten Anderson, Kara Apland,
Jorun Arndt, Ruth Barnes,
Awaz Raof and Liz Yarrow**

VIOLENCE AGAINST CHILDREN IN ASEAN COUNTRIES

Applying international standards

Children are exposed to violence in all the world's countries. It can threaten them in all spheres of their lives: at home; at school; at work; in the community generally; and within institutions. This research, conducted for UNICEF by Coram Children's Legal Centre, assesses national laws on violence against children in the 10 member states of the Association of Southeast Asian Nations (ASEAN) to see if they comply with international standards – especially with the United Nations Convention on the Rights of the Child (CRC).

All the ASEAN member states have ratified the CRC, subject to certain reservations. The international standards against which these countries are measured have also been established by a range of other human-rights instruments, including the Protocol to Prevent,

PANEL COMMENT

This is a high-quality and authoritative research piece that provides a review of how ASEAN countries have incorporated principles and guidelines from international conventions and protocols dealing with issues of violence against children into domestic law, policy and practice.

This is a remarkably well documented comparative analysis which provides analytical tools that could be used beyond this report.

Suppress and Punish Trafficking in Persons Especially Women and Children; the International Labour Organization (ILO) Minimum Age Convention; the ILO Worst Forms of Child Labour Convention; and the Declaration on the Elimination of Violence against Women and Elimination of Violence against Children.

The comprehensive review given in this report is intended to assist the 10 ASEAN member States – Brunei, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and

Viet Nam – by providing an analysis of existing laws in order to identify any gaps or weaknesses in protection afforded to children against all forms of violence. It provides recommendations for law reform that are specific to each state while also identifying common themes in the region.

A colour coding system is used the report’s summary tables, seven of which are reproduced here: green denotes legal frameworks that are largely compliant with international standards, and which require little or

DOMESTIC VIOLENCE						
	Domestic violence recognized by law as a distinct form of violence	All acts of domestic violence recognized by law	All relationships within which domestic violence occurs recognized by law	No exception for sexual violence directed at some intimate partners	No exception for physical violence directed at some intimate partners	No exception for physical violence directed at children in a care-giving relationship
Brunei	●	●	●	●	●	●
Cambodia	●	●	●	●	●	●
Indonesia	●	●	●	●	●	●
Lao PDR	●	●	●	●	●	●
Malaysia	●	●	●	●	●	●
Myanmar	●	●	●	●	●	●
Philippines	●	●	●	●	●	●
Singapore	●	●	●	●	●	●
Thailand	●	●	●	●	●	●
Viet Nam	●	●	●	●	●	●

Source for all charts reproduced here: Coram Children’s Legal Centre/UNICEF

PROTECTION FROM HARMFUL TRADITIONAL PRACTICES				
	Minimum age for marriage for boys and girls	Requirement to register marriages	Prohibition on forced marriage, remedies and preventive measures	Laws against FGM/C
Brunei	●	●	●	●
Cambodia	●	●	●	●
Indonesia	●	●	●	●
Lao PDR	●	●	●	●
Malaysia	●	●	●	●
Myanmar	●	●	●	●
Philippines	●	●	●	●
Singapore	●	●	●	●
Thailand	●	●	●	●
Viet Nam	●	●	●	●

no law reform; yellow denotes legal frameworks that are partially compliant with international standards, indicating the need to review and replace laws to close gaps in the protection of children from violence; and red denotes legal frameworks that are not compliant with international standards, and which require significant reform or development of new laws.

COMMON CONCLUSIONS

The report found the following deficiencies in the legislation protecting children across the ASEAN region:

- General criminal or penal laws, or laws designed to apply to adults, offer a lesser degree of protection than laws specifically designed to apply to children.
- Legal exceptions that apply in the context of particular relationships (parent-child, teacher-pupil, husband-wife) deny children legal protection from violence.

PROTECTION AGAINST CORPORAL PUNISHMENT IN SCHOOLS				
	Corporal punishment prohibited by law	Comprehensive definition of corporal punishment	Law provides penalties for corporal punishment	Law prohibits corporal punishment without exception
Brunei	●	●	●	●
Cambodia	●	●	●	●
Indonesia	●	●	●	●
Lao PDR	●	●	●	●
Malaysia	●	●	●	●
Myanmar	●	●	●	●
Philippines*	●	●	●	●
Singapore	●	●	●	●
Thailand	●	●	●	●
Viet Nam	●	●	●	●

* Assuming that an Act 'Prohibiting all Corporal Punishment and All Other Forms of Humiliating or Degrading Punishment of Children and Promoting Positive and Non-violent Discipline of Children, Appropriating Funds Therefore, and for Other Purposes' will come into effect.

PROTECTION AGAINST CHILD SEXUAL ABUSE				
	Definition of rape includes all acts of penetration	Rape provisions protect boys	Rape constituted solely by a lack of consent	Other sexual offences comprehensively criminalized
Brunei	●	●	●	●
Cambodia	●	●	●	●
Indonesia	●	●	●	●
Lao PDR	●	●	●	●
Malaysia	●	●	●	●
Myanmar	●	●	●	●
Philippines	●	●	●	●
Singapore	●	●	●	●
Thailand	●	●	●	●
Viet Nam	●	●	●	●

PROTECTION AGAINST CHILD TRAFFICKING					
	All children (up to age 18; boys and girls) covered by trafficking provisions	All acts (recruiting, transporting, transferring, harbouring, receiving) criminalized	No proof of 'means' (such as force or coercion) required	Law covers trafficking for all types of exploitation	Trafficking provisions have extraterritorial application
Brunei	●	●	●	●	●
Cambodia	●	●	●	●	●
Indonesia	●	●	●	●	●
Lao PDR	●	●	●	●	●
Malaysia	●	●	●	●	●
Myanmar	●	●	●	●	●
Philippines	●	●	●	●	●
Singapore	●	●	●	●	●
Thailand	●	●	●	●	●
Viet Nam	●	●	●	●	●

PROTECTION OF CHILDREN IN CONFLICT WITH THE LAW						
	Legislative framework	MACR	Safeguards against violence by law enforcement	Safeguards against violent sentences	Safeguards in institutions	Safeguards against violent discipline/restraint in institutions
Brunei	●	●	●	●	●	●
Cambodia	●	●	●	●	●	●
Indonesia	●	●	●	●	●	●
Lao PDR	●	●	●	●	●	●
Malaysia	●	●	●	●	●	N/A
Myanmar	●	●	●	●	●	●
Philippines	●	●	●	●	●	●
Singapore	●	●	●	●	●	●
Thailand	●	●	●	●	●	●
Viet Nam	●	●	●	●	●	●

- Narrow and gendered definitions of sexual violence have the effect of denying legal protection to many children.
- The lack of laws on forms of violence disproportionately affecting girls or boys may result in indirect gender discrimination.
- Age-based provisions are incompatible with international law and remove legal protections from some children.
- Children are denied legal protection from new and emerging forms of violence, or new and emerging methods of perpetrating violence against children.
- Children engaged in child labour, particularly

hazardous and informal work, are not fully protected in line with international standards.

BROAD RECOMMENDATIONS

In addition to offering specific recommendations for each country, the report identified some overarching principles that might usefully be applied in most, if not all, the region's nations. Among these were:

- Countries that have not yet ratified the relevant international conventions and protocols should consider doing so.
- Crimes of violence against children should carry enhanced penalties.

WORST FORMS OF CHILD LABOUR			
	Criminalization of slavery and practices similar to slavery	Criminalization of the use, procurement or offering of children for illicit activities	Provisions relating to hazardous work
Brunei	●	●	●
Cambodia	●	●	●
Indonesia	●	●	●
Lao PDR	●	●	●
Malaysia	●	●	●
Myanmar	●	●	●
Philippines	●	●	●
Singapore	●	●	●
Thailand	●	●	●
Viet Nam	●	●	●

- Countries should ensure that a child-protection response is triggered when there is neglect or abuse of a child.
- Definitions of many forms of abuse – including emotional violence, neglect, rape and incest – should be clearer and more specific, and countries that do not already do so should consider criminalizing emotional violence and neglect.
- Specific legislation prohibiting violence and abuse perpetrated within the context of interpersonal and family relationships should be established or strengthened. Countries should contemplate specifically criminalizing marital rape.
- The abolition of all exceptions justifying violence against children should be investigated. In no case should gender-based exceptions exist that may endanger or exclude vulnerable children.
- Governments should consider criminalizing forced and under-age marriage. In no circumstances should there be a difference between the sexes in the minimum age of marriage.
- Countries should introduce legal provisions prohibiting and criminalizing female genital mutilation/cutting.
- The legal prohibition of all forms of corporal punishment and physical assault of children within the home and at school should be investigated.
- Countries should consider developing child-specific legislation for the administration of juvenile justice, enabling complaints procedures for children in conflict with the law, and providing compulsory training on child rights for those working in the criminal justice system.
- Penal sanctions should be strengthened for perpetrators of violence against children, including

in the areas of child labour, trafficking, abduction, sex tourism, pornography and sexual abuse.

Laws should operate to prevent acts of violence either through having a deterrent effect on potential perpetrators or, more broadly, by helping to define and shape social and cultural norms. Clearly and comprehensively addressing and prohibiting all forms of violence against children in all settings through legal provisions is necessary to create an environment in which violence against children is rendered socially unacceptable as well as unlawful. While laws in ASEAN member States offer children a good level of protection from some types of violence, this review has shown that significant gaps and inequities exist and indicates where specific actions are needed to improve legislative frameworks to protect children from all forms of violence.

Link to the full report

[http://www.unicef.org/eapro/ASEAN_VAC\(1\).pdf](http://www.unicef.org/eapro/ASEAN_VAC(1).pdf)

EXTERNAL REVIEW PANEL

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Senior Fellow at the Centre for International Governance Innovation (CIGI)

Previously Director of the UNICEF Office of Research – Innocenti, Marie-Claude Martin is a CIGI Senior Fellow. She has a PhD in Public Health from the Université de Montréal and an MA in Economics from the Université Laval. Prior to joining UNICEF in 2012, Marie-Claude served in a number of senior positions at the International Development Research Centre (IDRC) including heading the Think Tank Initiative. Her areas of research include poverty analysis, inequality and human development, health financing and determinants of population health.

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Alan Sanchez

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Alan Sanchez has a DPhil in Economics from the University of Oxford. He also holds a master degree in Economics for Development from Oxford and a BA in Economics from Universidad de Lima (Peru). His research work concerns issues related to quantitative methods of impact assessment, the consequences of early-life shocks and impact evaluation of social programmes and includes the economics of education, health economics and behavioural economics.

Dr Steven Chapman

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Steven Chapman holds a PhD in population dynamics from Johns Hopkins University School of Public Health, a JD in Law from George Washington University and a BA in Economics from the University of Washington. Specializing in measurement and evaluation, he was formerly the Chief Conservation Officer at the World Wildlife Fund and a Vice President, Research and Metrics, at Population Services International, a global health NGO, leading research and development and learning for social marketing and behaviour change interventions.

All contributions received were assessed by staff of the Office of Research – Innocenti, applying a common set of five criteria (below). The 12 pieces judged to have best fulfilled all criteria were then reviewed by the panel of experts.

BEST OF UNICEF RESEARCH ASSESSMENT CRITERIA 2015	
Conceptualisation	Is the research question well-defined? Does the research report present a clear and relevant conceptualisation of the issue? Is the research piece relevant to improving the work of UNICEF?
Potential for impact	Does the research demonstrate potential for impact? E.g. stimulate policy debate, improve effectiveness of interventions? Does the research bring attention to a neglected area deserving of further inquiry? If relevant, does the research show potential for scaling up and replicability?
Methodology	Are the methods employed appropriate? Has the right type of information and data been assembled to address the issue?
Innovation and originality	Does the issue concern new or emerging national, regional or international development challenges or present them in a novel way? Does the research contribute to advancing work in and adding knowledge to this field?
Writing and presentation	Is the research report well-organized and clearly and succinctly written? Are the conclusions based squarely on the paper's findings?

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Every Newborn: Health-Systems Bottlenecks and Strategies to Accelerate Scale-Up in Countries

Every Newborn Steering Group, Save the Children, Maternal and Child Health Integrated Programme (MCHIP), Global Alliance for Preventing Prematurity and Stillbirths, World Health Organization, the London School of Hygiene and Tropical Medicine, national and/or provincial Maternal Newborn Technical Working Groups

Impact Evaluation of Community-Led Total Sanitation (CLTS) in Rural Mali

National Directorate of Sanitation, Ministry of Environment, Government of Mali Regional Directorate of Sanitation, Koulikoro region, Ministry of Environment, Government of Mali, Universidad Nacional de La Plata, Argentina, Université Laval, Canada, Stanford University, United States, University of the Andes, Colombia, Bill and Melinda Gates Foundation

Validation, Finalization and Adoption of the East Asia-Pacific Early Child Development Scales (EAP-ECDS)

Asia-Pacific Regional Network for Early Childhood (ARNEC), Open Society Foundation (OSF), Hong Kong University

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Department for International Development/UK Aid, World Food Programme and Boston Consulting Group

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Bucharest Academy of Economic Studies, Institute of Educational Sciences and Faculty of Economy, Government of Romania, Ministry of Education

Legal Protection from Violence: Analysis of Domestic Laws (ASEAN States)

Association of South-east Asian Nations (ASEAN) and Coram Children's Legal Centre





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