



Best of UNICEF Research

2016

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A child who is very happy to see the photographer

Primary public school of Ankadibe Ð Maroansetra, Madagascar

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Best of UNICEF Research 2016

The Office of Research – Innocenti is UNICEF’s dedicated research centre. It undertakes research on emerging or current issues in order to inform the strategic directions, policies and programmes of UNICEF and its partners, shape global debates on child rights and development, and inform the global research and policy agenda for all children, and particularly for the most vulnerable.

Publications produced by the Office are contributions to a global debate on children and may not necessarily reflect UNICEF policies or approaches. The views expressed are those of the authors.

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Foreword

This is the fourth year that the Office of Research – Innocenti has organized the ‘Best of UNICEF Research’ (BOUR) – an annual competition to recognize outstanding pieces of research commissioned or supported by UNICEF staff around the world.

The pressure on international development actors to show rigorous evidence behind their policy and programmatic choices, and to demonstrate results from actions or investments, fosters a high demand for applied and policy relevant research. UNICEF makes a significant investment in research, evaluation and other evidence-generating activities. Research managed by UNICEF staff in both country and headquarter offices aims to improve policies, programmes and interventions that protect and enhance children’s rights and well-being; it may additionally help shape the strategic directions of the organization and more widely inform the fields of child rights, protection and development.

The Best of UNICEF competition identifies a number of studies that are assessed to be of particular merit on a number of criteria: in terms of the relevance and interest of the topic and findings; the rigour of their methodology; and the potential for impact, including lessons that could inform programmes elsewhere, or the capacity for replication or scaling up.

The competition has seen a steady increase in the number and quality of submissions over the past four years. This year 79 submissions met the established criteria, representing all regions where UNICEF has offices, and covering most thematic outcome areas (health, education, WASH, child protection and social inclusion). The twelve studies summarised here were selected through an assessment process at the Office of Research – Innocenti, and evaluated and assessed by an external panel.

The topics covered reflect the unique contribution UNICEF country offices can make in pursuing problems or questions that emerge from programme and operational activities. The delivery of micronutrient supplements in Nigeria, management of menstrual hygiene in schools in Indonesia, and improving the care

of very sick children in West Africa are all examples of studies with very direct operational implications, as well as providing lessons or recommendations that can have wide potential impact.

Other studies contribute to neglected areas of research or challenge widely held views and approaches: a study of stillbirths in China addresses a topic that is under-researched outside high-income countries, yielding important findings for the Chinese context and highlighting an issue that may warrant attention elsewhere. A study on child marriage in Zambia challenges many of the preconceptions about this ‘problem’ by exploring in greater depth the nature of child marriage (often involving the choice of adolescents of the same age) and the multiple economic, social and personal reasons for making this choice. It raises important questions about approaches to end child marriage that neglect the agency of adolescents as they transition to adulthood.

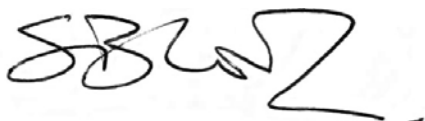
Relatedly, child protection is an area where we see an expansion of the evidence base through research: the study of violence in South Africa for example begins to unpack the factors exposing women and children to violence, and the interactions between these. A study from Haiti focuses on child domestic workers and the deprivations or risks they face.

A number of studies report on impact evaluations particularly of social cash transfer programmes: a pilot scheme in Ethiopia saw positive outcomes particularly in terms of food security, with community groups playing a key role in the overall success. An assessment of Nepal’s child-grant programme showed more mixed results, in part due to design features relating to the size of grant, targeting, registration process and regularity of payments. In the field of education, a study from Ghana finds mixed impacts in an assessment of the introduction of a capitation fee for schooling, while a global evidence review draws together recommendations for more effective and equitable use of resources.

A number of features were particularly striking in this year’s submissions. First, there was a strong

emphasis on qualitative and mixed methods research, demonstrating clearly the value of rigorous qualitative studies particularly in understanding context and for addressing many of the sensitive issues encountered in the course of UNICEF's work. Relatedly, a number of studies involved research directly with children (notably the study of sick children in West Africa, but also the studies of menstrual hygiene and child marriage). There is an increasing recognition that children's perspectives are important and can be researched, with increasing attention to developing appropriate methodologies and to the ethical considerations involved. Third, there was a welcome attention to gender in some of the studies, such as those on child marriage and menstrual hygiene which included research with both adolescent boys and girls. Finally, the dissemination strategy of the study of paediatric care in West and Central Africa is particularly notable for its translation of findings into an illustrated booklet, including the children's own verbal testimonies and drawings, as a manual for use by health and other care workers.

We hope that once again these examples of UNICEF research inform and inspire, and contribute to improving the quality, relevance and impact of research for children undertaken within and beyond UNICEF.

A handwritten signature in black ink, appearing to read 'Sarah Cook', written in a cursive style.

Sarah Cook
Director, UNICEF Office of Research – Innocenti,
June 2016



UNICEF'S investment in research for children

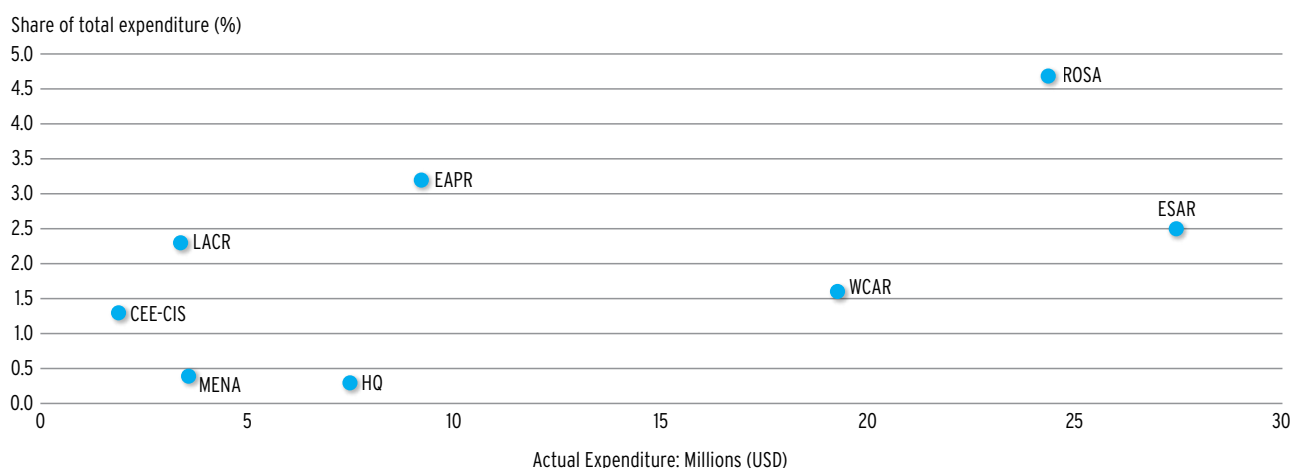
For many years, UNICEF has invested funds in the quest for solutions to urgent or enduring problems, while turning the knowledge gained into tangible improvements in the lives of children. Research carried out across UNICEF therefore has critical and multiple roles, including to generate high quality evidence that can support policy, programming and advocacy on behalf of children; contribute to understanding the issues and factors affecting their lives in all global contexts; and identify emerging and strategic issues for the organization.

In 2015 UNICEF's estimated expenditure on research was approximately USD94 million, representing 1.4 per cent of the organization's expenditure. These figures were derived from UNICEF's internal budget monitoring system, tracked and coded under "Evidence Generation and Research". This total amount captures research and research-related activities, since broader evidence generation in the form of evaluations and of data collection are identified under different codes. An overview of actual expenditures and of expenditure shares in 2015, by region as well as for UNICEF Headquarters divisions, is presented in the Figure below.

The same analysis reveals that 92 per cent of UNICEF's total research expenditure was spent in the field (amongst Country and Regional Offices) and 8 per cent in Headquarters (including the Office of Research – Innocenti) in 2015. Moreover, the 75 largest country programmes invested on average 3 per cent of their 2015 expenditures in research. It is clear therefore that UNICEF's research activities are mostly decentralized, representing an important advantage in terms of responsiveness and relevance to local contexts. However, it is also a sign of an increasing need for coordination, identification of research synergies and values, and organization-wide mechanisms of sharing.

The annual 'Best of UNICEF Research' competition, organized by UNICEF's Office of Research – Innocenti provides one such mechanism to capture better the best quality research nominated by Country Offices, Regional Offices, National Committees and Headquarter sections (not including the Office of Research). This publication, the final output of the competition and peer review process, aims to showcase the most outstanding of them all.

EVIDENCE GENERATION AND RESEARCH: 2015 EXPENDITURE BY REGION



Note: Regional acronyms: CEE-CIS= Central and Eastern Europe, Commonwealth of Independent States; EAP= East Asia and the Pacific; ESA= Eastern and Southern Africa; MENA=Middle East and North Africa; SA= South Asia; LAC=Latin America and Caribbean; WCA= West and Central Africa.

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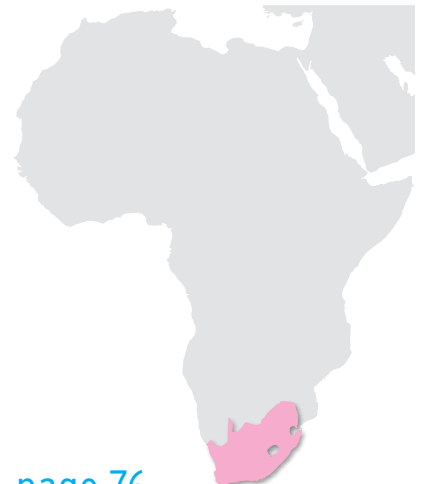
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GHANA

2014 Citizens' Assessment Report on the
Capitation Grant Scheme



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National Development Planning Commission, Institute of Statistical, Social and Economic Research, UNICEF Ghana

EDUCATION IN GHANA

Do capitation grants work?

The 1992 Republic of Ghana Constitution enjoins government to take steps to ensure that basic education is made compulsory and free. With this goal in mind, successive Ghanaian governments over the past decade and a half have made improving education outcomes a key priority of national development policy.

The costs to poorer households of sending a child to school have long been identified as an obstacle to the medium-term government objective of “increasing equitable access to, and participation in, education, at least at the basic school level”. To relieve households, especially those who are poor, of the burden of paying fees and charges in basic schools, the Government introduced a capitation grant – an annual amount paid to schools for each student enrolled – on a pilot basis in 2004.

In 2005, the capitation grant scheme was scaled up nationwide after an assessment indicated a significant increase in basic school enrolment in the pilot districts when compared with others. The per-capita amount was fixed at GH¢ 3.00 (Ghanaian cedis) in 2005 (the equivalent of \$2.10 at the time) and was increased to GH¢ 4.50 for the 2011/12 academic year.

After nearly a decade of the capitation grant scheme, a number of issues have emerged, including an increasing enrolment level and its effect on the existing educational infrastructure, personnel, teaching materials and learning

PANEL COMMENT

The research is innovative in providing a citizens' perspective on the capitation grant. The conceptualization and mixed methodology used are appropriate. It could be complemented by a more detailed quantitative study on education outcomes resulting from the implementation of the grant.

outcomes. This has raised concerns over the quality of education obtained by pupils.

With support from UNICEF, the National Development Planning Commission of Ghana in 2014 launched a Citizens' Assessment Survey that aimed to answer the question "Is the capitation grant achieving the objective of eliminating the different types of levies, fees and charges that constitute a barrier to access to quality education at the basic school level?" This involved a nationwide quantitative household and school survey, along with focus-group discussions and individual in-depth interviews with community members.

Specifically, the survey provided evidence on the following key questions about the capitation grant:

- Has it eliminated the payment of special levies, fees and charges in public basic schools?
- Has it improved enrolment and retention in public basic schools, especially in deprived areas?
- Has it improved equitable access to education, especially among the poorer households and among girls?
- To what extent has it affected the provision of quality education at the basic level in public schools?
- To what extent is the capitation grant sustainable under the current arrangement?

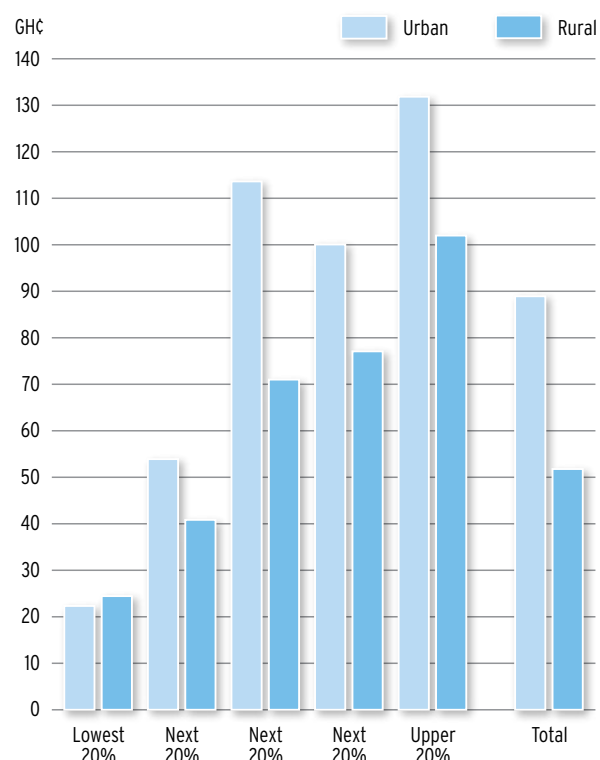
FEES AND LEVIES STILL DWARF THE CAPITATION GRANT

Although the capitation grant has eliminated payment of some fees, and this contributed to an increase in enrolment especially immediately following the introduction of the scheme, a number of levies and fees still exist. The majority of public schools surveyed still charge a range of special levies and fees, which they say are essential for keeping the schools running due to the inadequacy and late releases of the capitation grant. These include fees for examinations, sports and culture, utility bills and computer use, as well as levies for capital development and for the parent-teacher association.

Some 85 per cent of all households surveyed with children in public pre-schools indicated they pay some form of levy or fee, compared with 75 per cent of those with children in public primary schools. All households with children in junior high school indicated they paid at least one form of levy or fee.

The amounts paid vary widely across regions and are higher in urban areas and for wealthier households

FIGURE 1: PER-CAPITA AMOUNT IN GH¢ PAID AS LEVIES BY HOUSEHOLDS WITH CHILDREN IN PRIMARY SCHOOL FOR THE 2013/14 ACADEMIC YEAR, BY LOCATION AND WEALTH QUINTILE



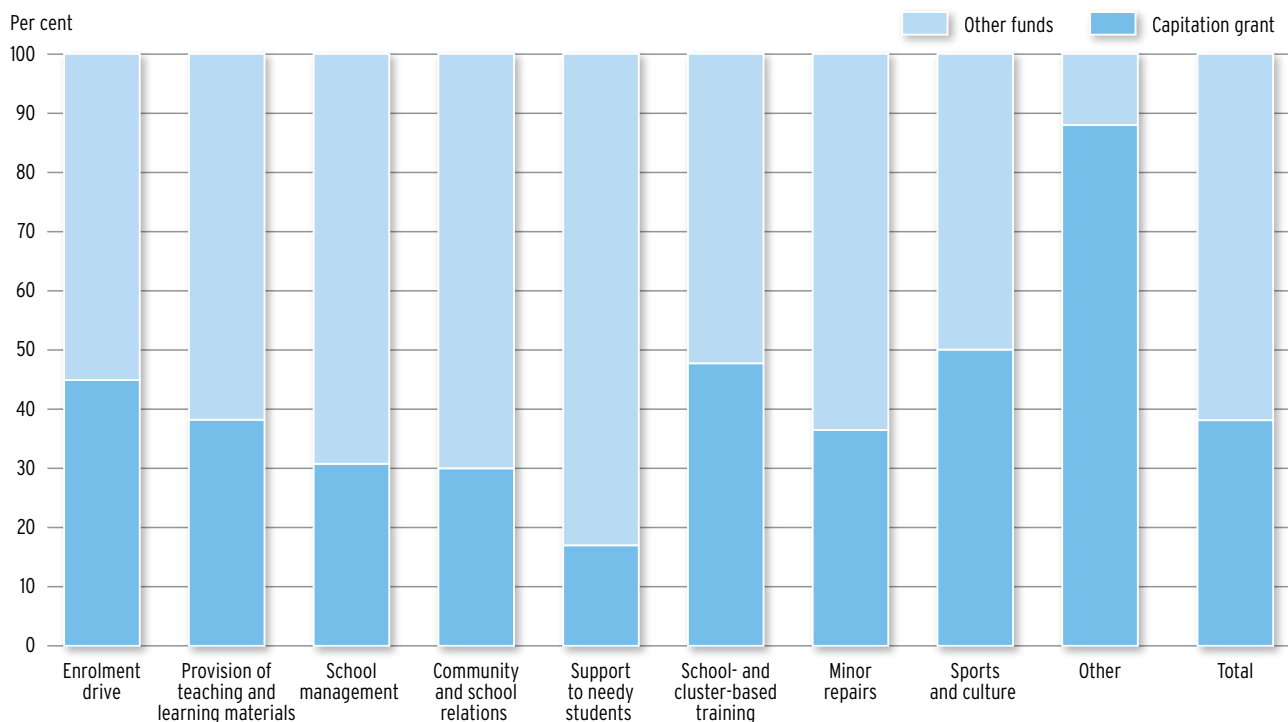
Source: Survey data, 2014

than in rural areas and for poorer households. For example, parents with a child in a public primary school indicated they paid GH¢ 198.00 in special levies and fees per child in Greater Accra and GH¢ 9.90 in the Upper East region. On average, the wealthiest households paid GH¢ 101.40 – more than four times the GH¢ 23.30 paid by households in the poorest quintile.

The special levies and fees paid by parents per child amount to, on average, more than 10 times the capitation grant in public pre-school and primary school, and about 26 times the capitation grant in junior high schools. This is an indication of parents' appreciation of the importance of education but inevitably has an impact on the ability of children from poorer households to attend school.

From the schools' perspective, the capitation grant covered only 38 per cent of total expenditure in the 2012/13 academic year. This implies that public basic schools have to cover more than 60 per cent of their budgetary requirements from other sources, such as charging special levies and fees (see Figure 2).

FIGURE 2: SHARE OF A SCHOOL'S TOTAL EXPENDITURE FROM CAPITATION GRANT AND OTHER SOURCES (%)



Source: Survey data, 2014



© UNICEF Ghana

IMPACT ON SCHOOL ENROLMENT AND ABSENTEEISM

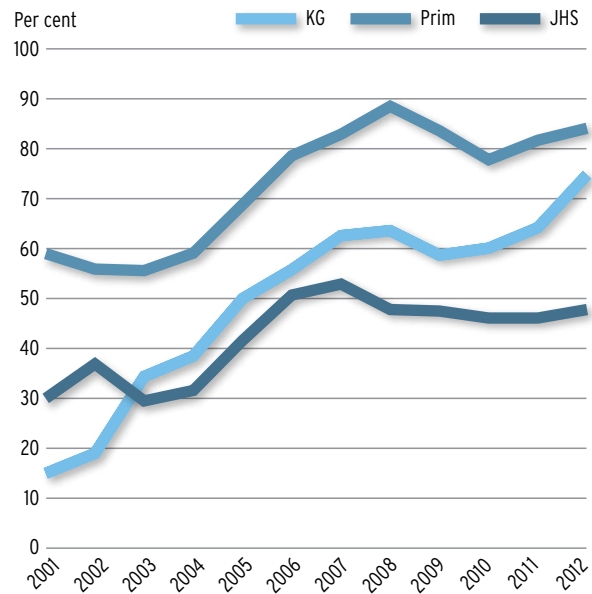
Enrolment in schools has increased across all grades over the years, according to Education Management Information System (EMIS) data – with a particular upsurge immediately following the introduction of the capitation grant scheme (see Figure 3).

The citizens consulted for this research confirmed from their perspective that school enrolment and attendance have increased since the grant was introduced. They also indicated, however, that the payment of special levies and fees still leads to children absenting from school if their parents are unable to pay. This was the case for about 9 per cent of children, while others are denied participation in final exams because their parents cannot afford to pay the requisite fees. The majority of head teachers interviewed (72 per cent) admitted that most parents find it difficult to pay these levies.

PERCEIVED IMPACT ON THE QUALITY OF EDUCATION

More than 50 per cent of parents were of the view that the capitation grant has had no impact on the quality of education. This stood in contrast to the 70 per cent of head teachers who were convinced that the capitation grant has had a generally positive impact on the quality of education, mainly through

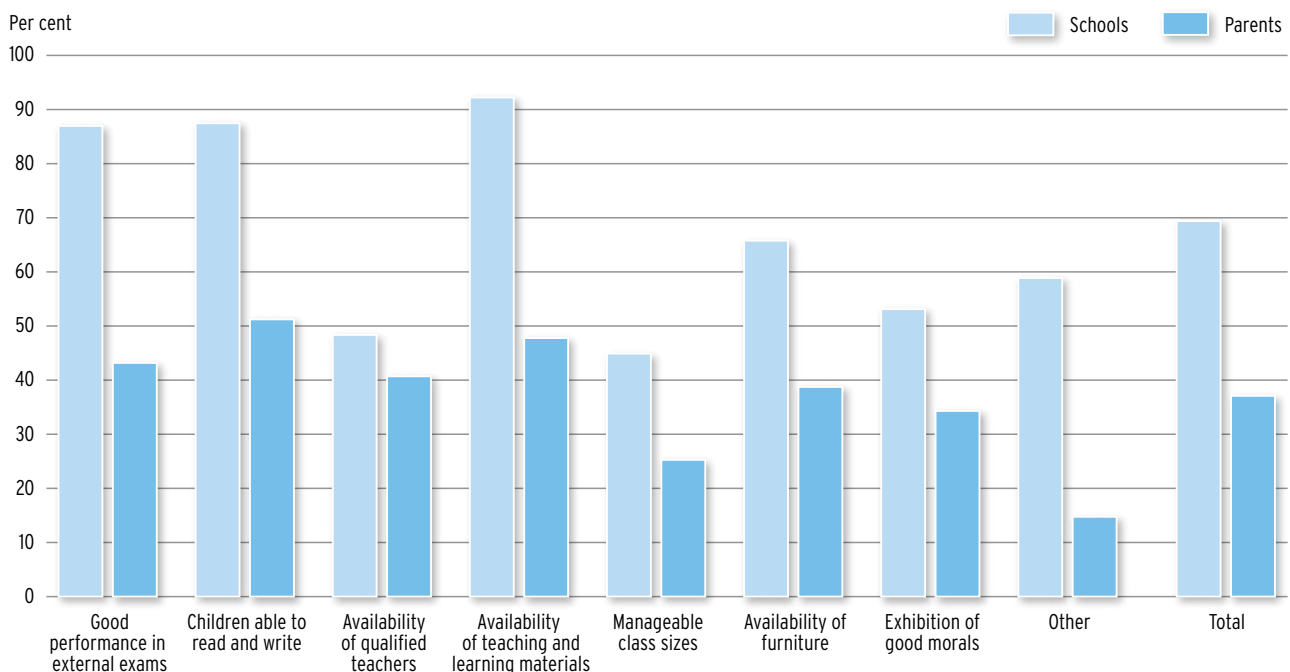
FIGURE 3: NET ENROLMENT RATES IN KINDERGARTEN, PRIMARY AND JUNIOR SECONDARY IN GHANA, 2001-2012 (%)



Source: Ministry of Education (various reports from EMIS data)

availability of supplementary funding for the provision of education materials (see Figure 4). Parents were, however, unanimous that the capitation grant scheme is relevant and should not be abolished, because it is seen to lessen the burden of school fee payments.

FIGURE 4: PARENTS AND TEACHERS PERCEIVING A POSITIVE IMPACT OF CAPITATION GRANTS ON THE QUALITY OF EDUCATION (%)



Source: Survey data, 2014

CHALLENGES RELATED TO MANAGEMENT AND ADMINISTRATION

The findings from this Survey suggest that accessing and managing capitation-grant funds is a major challenge for schools. Five core challenges hinder the implementation of the capitation grant scheme at the school level:

- Throughout the country, schools receive capitation-grant allocations about one year late, making planning, budgeting and school management extremely difficult.
- The absence of a readily accessible implementation manual for heads of schools makes the application and management procedures for the capitation grant unpredictable. Head teachers are often unclear what proportion of the grant resources they are allowed to spend on which item or activity.
- The transaction costs of accessing the money are high – due to bank fees and the repeated bank visits necessary, for example – and reduce the amount available to schools.
- There are discrepancies in the total grant amount received relative to the number of children enrolled in a school.
- The amount allocated per child is woefully inadequate to cover expenditures on pupils over the whole school year.

KEY RECOMMENDATIONS

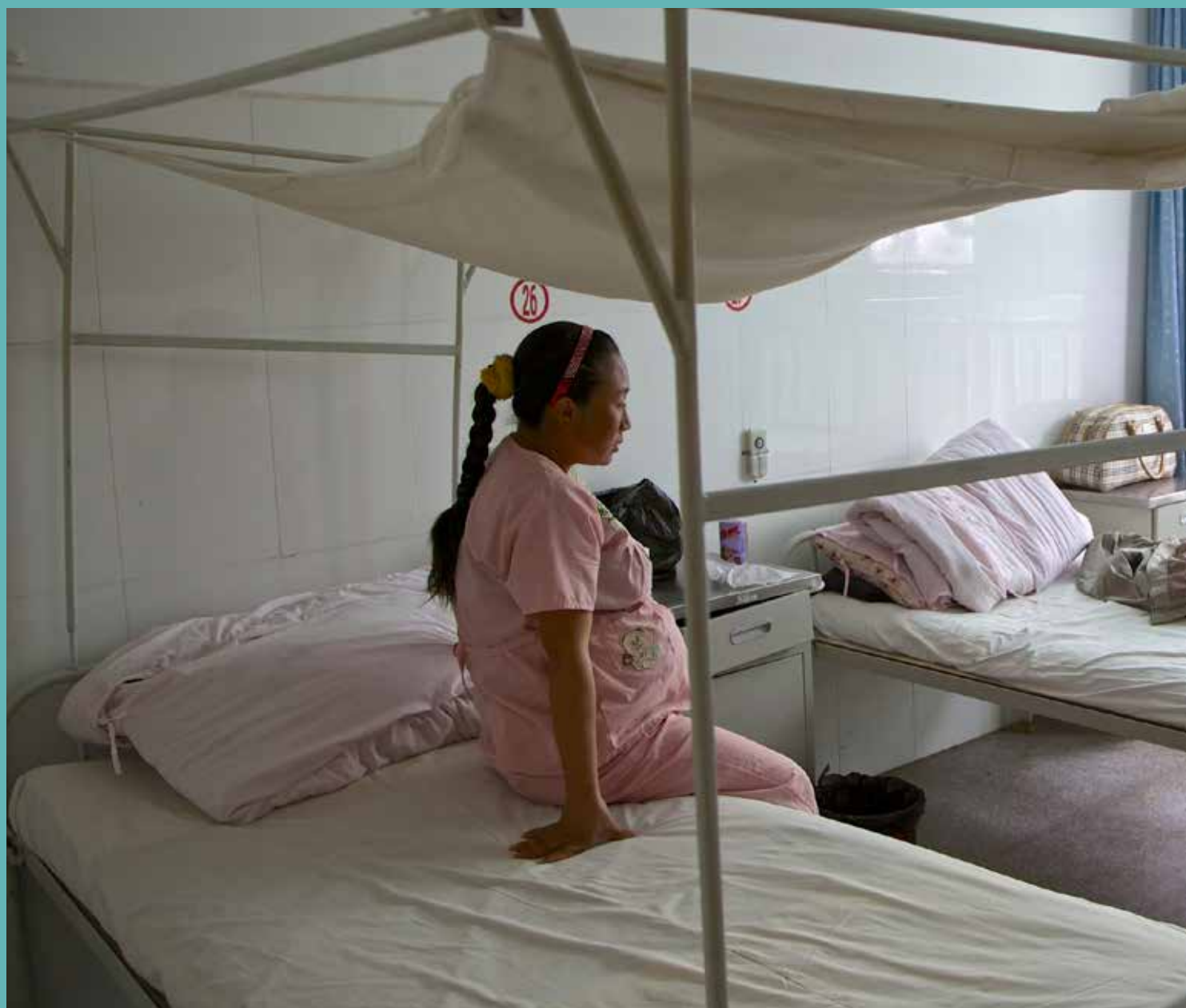
- **A simple guidance manual should be produced.** This should be made available to all relevant stakeholders and should clearly explain just how capitation-grant resources can be accessed and when schools can expect to receive them, but also what the funds can be used for.

- **More transparency and consistency are required** in the process of vetting School Performance Improvement Plans by district education directorates.
- **The transaction costs of accessing funds should be reduced** by implementing a basic information dissemination strategy. This might include sending text messages to head teachers to alert them to the release of their school's allocations.
- **The Ministry of Finance needs to release the grant more reliably and predictably at the start of the school academic year.** This will help schools with their planning and budgeting.
- **Either the total amount of the grant should be increased or schools should receive a base amount in addition to the grant per child.** Both parents and heads of schools testify to the necessity of the funding being increased.

The introduction of the capitation grant scheme and the subsequent increase in basic-school enrolment have put existing classroom infrastructure and staffing levels under pressure. Both parents and teachers expect this pressure to increase. In addition to the measures outlined above, there is therefore an urgent need to expand school infrastructure in areas where enrolment is rising – including increasing the number of qualified teachers.

For full details of research methods and findings link to the full report

https://www.ndpc.gov.gh/search_detail/publications/1403/



CHINA

**Sociodemographic and Obstetric Characteristics of Stillbirths
in China: A census of nearly 4 million health facility births
between 2012 and 2014**



© UNICEFChina/JLiu 2014

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Xiaohong Li, Sufang Guo,
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Chunhua He, Changfei Deng,
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Carine Ronsmans**

STILLBIRTHS IN CHINA

A neglected problem

Rates of infant mortality and under-five mortality have been carefully monitored for decades and are accepted as significant indicators by all countries. Moreover, the Millennium Development Goals (MDGs) made the reduction of these rates, both worldwide and within countries, a high priority. Similarly, while for many years maternal mortality received too little attention, the MDGs were instrumental in putting the reduction of maternal deaths on the international agenda.

Stillbirths, by contrast, have been largely ignored in public-health debates and programmes, despite the obviously devastating effect that they have on parents. Stillbirths are often not counted in national and international statistics, and the worldwide focus remains on the survival of babies born alive (infant and under-five deaths are counted as a number per thousand live births).

International studies of stillbirths are limited in number and even those that exist have found that very few low- and middle-income countries have usable data. Moreover, even less is known about the causes of stillbirths than about the rate at which they occur. Direct causes include congenital factors, maternal infection, foetal growth restriction and placental insufficiency, but most stillbirths have no identified cause. Obstetric complications – such as diabetes, hypertension, dystocia and antepartum haemorrhage – are known to increase the risk of stillbirth, but most stillbirths nonetheless occur when

PANEL COMMENT

This is a well-presented report of a rigorously conducted set of analyses. The originality of this study derives from the fact that it represents one of the largest-ever studies on stillbirths in any country, and the first one on China. The study findings may influence the Chinese authorities to set up the routine notification of stillbirths in the country and to reinforce antenatal care.

mothers have presented no such complications. A systematic review of risk factors for stillbirths in low-income countries in 2007 indicated that socio-economic disadvantage and absence of antenatal care were important factors associated with stillbirth.*

All these international studies have noted the lack of nationally representative statistics from China, which contains more than a fifth of the world's population. In the absence of reliable data, the number of stillbirths in China has tended to be inferred from statistical models, with rates varying substantially depending on the data used to inform the models.

This manifest lack of reliable data on stillbirths in China prompted a research team, drawn from the National Office for Maternal and Child Health Surveillance of China, three different Chinese university hospitals, UNICEF and the World Health Organization, to launch a more systematic study.

HOW THE DATA WERE GATHERED

The researchers analysed data gathered as part of China's National Maternal Near Miss Surveillance System (NMNMSS) between 1 January 2012 and 31 December 2014. The NMNMSS was established in October 2010 in most of the health facilities included in the National Maternal and Child Mortality Surveillance System – a total of 441 drawn from 326 urban districts and rural counties – and collected information on all pregnant and post-partum women admitted. This involved processing data from nearly four million births in health facilities – most Chinese women now give birth in health facilities so this sample can be considered representative of most births in the country.

The goal was not just to establish a more reliable national rate of stillbirths but also to explore socio-demographic and obstetric factors associated with variations in that rate. The research team hoped that this information could contribute to further reductions in the incidence of stillbirths in China.

RESULTS

There were a total of 37,855 stillbirths among the 3,956,836 births recorded over the three-year period. This resulted in a weighted stillbirth rate of 8.8 per 1,000 births. A total of 7,761 stillbirths (20.5 per cent) occurred during labour and 30,094 (79.5 per cent) before labour.

The association between some sociodemographic characteristics and stillbirths was strong:

- The few women who delivered in a township hospital or at home were more than twice as likely to suffer a stillbirth as those giving birth in a county hospital.
- The association between the number of antenatal visits and stillbirths was particularly strong. For example, women with one to three antenatal visits were 11 times more likely to have a stillbirth than were those with 10 or more visits, whereas women with four to six visits had a four times greater risk.
- Education and marital status were strongly associated with stillbirths in the crude analysis, but these effects were not so pronounced once other sociodemographic factors had been taken into account.
- Very young mothers were at greatly increased risk of stillbirth compared with women aged between 25 and 29.
- The more children a mother had, the greater was the risk of stillbirth.

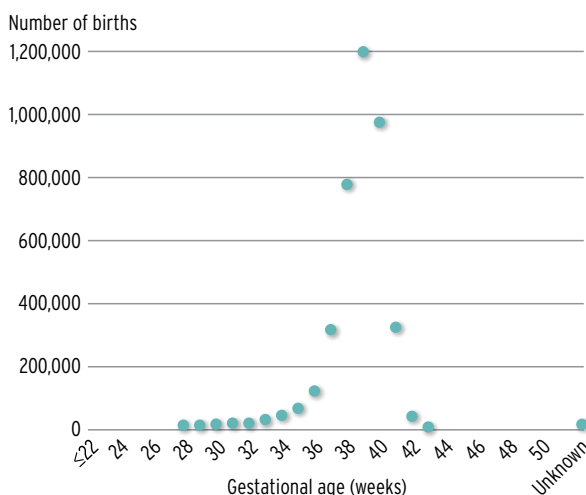
The association between obstetric complications and stillbirths was also significant: maternal deaths, near misses, and antepartum or intrapartum complications were associated with substantially increased risks of stillbirth.

Nearly half (47.2 per cent) of all births were by caesarean section, and births by caesarean section had much lower stillbirth rates than did vaginal births (3.1 per 1,000 births compared with 15.3 per 1,000). The very low stillbirth rate in babies born by caesarean section should not, however, be interpreted as implying that caesareans prevent stillbirths. The low stillbirth rates in high-income countries are achieved with substantially lower caesarean section rates than in China, supporting the view that caesarean section rates far exceeding 20 per cent are not conducive to low stillbirth rates.

More than two thirds (69.4%) of pre-term births occurred at gestational ages of 34–36 weeks (see Figure 1).

Gestational age at birth was strongly associated with stillbirths. As Table 1 indicates, three quarters of babies born at less than 28 weeks' gestation were stillborn. The rate of stillbirths per 1,000 births was at its lowest in the 37–41-week gestational age that accounted for 90.4 per cent of all births. However, when only fetuses at risk were considered, though

FIGURE 1: DISTRIBUTION OF BIRTHS BY GESTATIONAL AGE IN CHINA (2012–2014)



Source: China National Maternal Near Miss Surveillance System

the rate of stillbirth was low at every gestational age, it was slightly higher at 37–41 weeks and twice as high again thereafter (see Table 1).

Stillbirth rates by maternal complications and gestational age at birth are shown in Figure 2. Almost four fifths (78.2 per cent) of stillbirths occurred at a gestational age of younger than 37 weeks. The stillbirth rate was extremely high in babies born at younger than 32 weeks or 32–36 weeks’ gestation, irrespective of whether the mother had experienced a maternal complication. Of babies born at the normal 37–41 weeks’ gestation, the risk of stillbirth was about 13 times higher in women who died or experienced a near miss and

about four times higher in those with an antepartum or intrapartum complication than in those with no maternal complications. There were maternal complications in 15.5 per cent of births.

Nevertheless, around two thirds (66.1 per cent) of all stillbirths occurred to women without any reported complications (see Table 2).

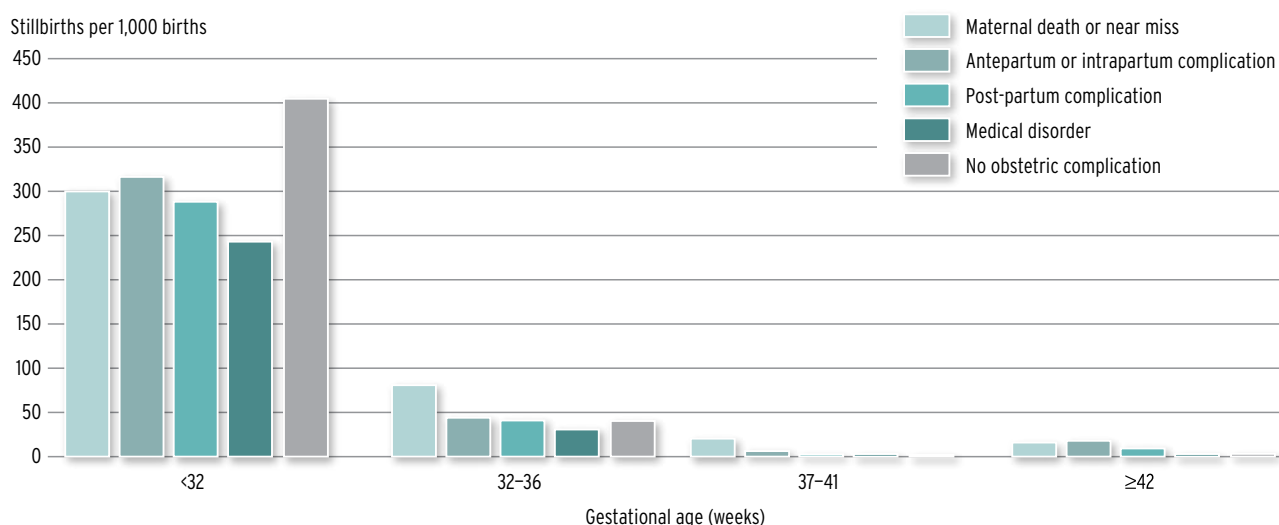
HOW CHINA CAN MAKE FURTHER PROGRESS

The 8.8 per 1,000 stillbirth rate, if played out nationally, would mean there are close to 150,000 stillbirths a year in China, similar to the annual number of neonatal deaths. The stillbirth rate in China is higher than that in high-income countries – where rates typically range from two to four per 1,000 births – but much lower than the average as of 2008 in Southeast Asia (14.2 per 1,000) and South Asia (26.7 per 1,000).

Stillbirth rates are an indicator as to the strength of a country’s health system and are associated with neonatal and maternal mortality. China has made remarkable progress in reducing maternal and neonatal mortality, largely because of substantial investments in births being attended by skilled health personnel and the removal of financial barriers to giving birth in health facilities.

As in high-income countries, intrapartum stillbirths have become less common but most stillbirths continue to occur in the earlier gestation periods to mothers with no apparent complications. Given this, further reducing

FIGURE 2: STILLBIRTH RATES BY OBSTETRIC COMPLICATION AND GESTATIONAL AGE AT BIRTH IN CHINA (2012–2014)



Source: China National Maternal Near Miss Surveillance System



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TABLE 1: ASSOCIATION BETWEEN GESTATIONAL AGE AND STILLBIRTHS IN CHINA (2012–2014)

Gestational age (weeks)	% of all births	% of all stillbirths	Stillbirths per 1,000 births	Stillbirths per 1,000 fetuses at risk
<28	0.2	16.3	752.1	1.6
28–29	0.4	17.0	380.7	1.4
30–31	0.7	14.3	218.8	1.2
32–33	1.2	13.0	111.3	1.1
34–36	5.6	16.8	28.6	1.5
37–41	90.4	21.1	2.2	2.1
>42	1.1	0.5	4.2	4.2
Missing	0.4	0.9	21.1	-

Note: Risk factors include sociodemographic characteristics, gestational age and obstetric complications.

Source: China National Maternal Near Miss Surveillance System

TABLE 2: PERCENTAGE OF STILLBIRTHS BY OBSTETRIC COMPLICATION AND GESTATIONAL AGE AT BIRTH IN CHINA (2012–2014)

	<32 weeks	32–36 weeks	37–41 weeks	>42 weeks
Maternal death or near miss	1.4	1.4	0.9	<0.1
Antepartum or intrapartum complication	12.8	8.0	4.4	<0.1
Post-partum complication	0.6	0.5	0.4	<0.1
Medical disorder	1.2	1.2	1.9	<0.1
None of the above	32.1	19.0	14.6	0.4

Note: Risk factors include sociodemographic characteristics, gestational age and obstetric complications.

Source: China National Maternal Near Miss Surveillance System

the number and incidence of stillbirths will require an expansion of high-quality antenatal care aimed at early detection and management of hypertension infection, foetal growth restriction, and twins and triplets.

The Chinese Government recommends five or more antenatal visits in rural areas and eight or more in urban areas. Antenatal care in primary-care institutions is free of charge and the uptake is high, although some women do not visit until very late in pregnancy – particularly those who are illiterate or from an ethnic minority. The general quality of the antenatal care is unclear, though the detection and treatment of syphilis in pregnancy, for example, is substandard, and congenital syphilis is thought to be on the rise.

The Chinese Government’s strategic investments in maternal and neonatal health – particularly in strengthening facility-based antenatal and delivery care – will have contributed to a substantial reduction in the number of stillbirths. Much more can be done, however, particularly in improving the access to and quality of antenatal care for the most disadvantaged women, such as the very young, unmarried and illiterate.

The annual number of stillbirths is equal to the annual number of neonatal deaths in China, yet stillbirths feature neither in the Government’s five-year plan for development of health nor in the National Programme of Action for women and children. Most information systems do not include stillbirths and, even where the data are available, they are not used. The study argues that the time has come for the Government to pay more attention to stillbirths and to make strategic investments to reduce their incidence.

* Di Mario S, Say L, Lincetto O. Risk factors for stillbirth in developing countries: a review of the literature. *Sex Transm Dis* 2007; 34: S11–21.

For full details of research methods and findings link to the full report

[http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X\(15\)00271-5.pdf](http://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(15)00271-5.pdf)



ETHIOPIA

Evaluation of the Social Cash Transfer Pilot Programme,
Tigray Region, Ethiopia



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CASH TRANSFERS IN ETHIOPIA

A successful pilot

Direct cash transfers have, in recent years, been increasingly recognized as an effective mechanism for reaching the poorest groups in society, leading many governments to explore their potential in their own local context.

In 2011, the Bureau of Labour and Social Affairs in the regional government of Tigray, in Ethiopia, with support from UNICEF, introduced the Social Cash Transfer Pilot Programme (SCTPP) in two *woredas* (administrative divisions), Abi Adi and Hintalo Wajirat. The overall aim was to improve the quality of life for vulnerable children, older persons, and persons with disabilities but there were three specific objectives:

- Generate information on the feasibility, cost-effectiveness and impact of a social cash transfer scheme administered by the local administration.
- Reduce poverty, hunger and starvation in all households that are both extremely poor and labour-constrained.
- Increase access to basic social-welfare services such as healthcare and education.

This report is the fourth in a series of evaluations of the SCTPP by the International Food Policy Research Institute, together with the Institute of Development Studies in the UK and Mekelle University in Ethiopia.

PANEL COMMENT

Excellent conceptualization and methodology approach to capture progress and impact between the baseline and the endline survey. The participatory approach of beneficiaries and other stakeholders is well highlighted. Though technical, the report is well structured and organized to facilitate reading. In addition it has potential for replicability both within and outside Ethiopia.

Guush Berhane, Stephen Devereux, John Hoddinott, Jessica Hoel, Keetie Roelen, Kibrewossen Abay, Martha Kimmel, Natasha Ledlie, Thomas Woldu

FIGURE 1: DISTRICTS (OR WOREDAS) OF INTERVENTION OF THE SOCIAL CASH TRANSFER PILOT PROGRAMME IN TIGRAY, ETHIOPIA



The team evaluated two rounds of qualitative data collected in August 2012 and April 2014, together with quantitative data derived from two full-length household surveys in May/June 2012 and May/July 2014 and five shorter monitoring surveys conducted in between these. The final survey included 91.3 per cent of the households interviewed in May 2012, with the drop-outs concentrated in two areas of Hintalo Wajirat where respondents declined to continue to participate for religious reasons.

There were three main findings:

- The Bureau of Labour and Social Affairs demonstrated that it could effectively implement an ongoing cash transfer programme. The SCTPP communicated well with beneficiaries, reached its target group and provided full transfers on a timely and consistent basis.
- The Programme improved household food security and reduced hunger.
- The SCTPP had modest effects on schooling and asset formation. There were no large or measurable impacts on a range of other outcomes.

COMMUNITY CARE COALITIONS – A VITAL PART OF THE PROCESS

A novel feature of the SCTPP is the creation of Community Care Coalitions (CCCs). These are community-led groups, with representation from both government and civil-society organizations, which serve as a support mechanism for vulnerable members of the local population. CCCs play a critical role in identifying and selecting beneficiaries and in assisting payment processes. They are intended to play a prominent role in the provision of complementary social services and to raise additional resources. Qualitative and quantitative data both indicate that CCCs understand and execute the roles assigned to them and that they are well regarded by beneficiaries. They clearly exert considerable effort to raise additional funds and are able to identify and distribute these to households in need of assistance. But this is not a substitute for a formal social safety net. The resources they raise benefit only a relatively small number of households and, especially in rural areas, it appears that many CCCs operate at the limit of volunteerism and that they would not be able to take

on any additional time commitments. This might be addressed by devoting some resources to formalizing their structure and operation and to an ongoing capacity-development programme.

THE EFFECTIVENESS OF THE PROGRAMME

Targeting processes work well. Local-government officials, CCC members, and SCTPP participants demonstrated sound knowledge of the eligibility criteria and confirmed that the targeting procedures had been correctly applied in all communities surveyed. However, many households that did satisfy the eligibility criteria were excluded from the SCTPP because of budget constraints. Although there was broad acceptance of the eligibility criteria and the targeting decisions, households that were initially selected, but later cut, were most likely to perceive the targeting process as unfair. The CCCs played a key role in explaining the eligibility criteria and increasing acceptance of targeting processes among the unselected households.

SCTPP payment processes worked consistently well across the two years of the study. Virtually all beneficiaries reported that they received their payments on time (see Table 1), with more than 90 per cent reporting being paid in full, and 82 per cent that they were treated courteously by Programme staff. Once the Programme was fully operational, more than 95 per cent of beneficiaries received their payments each month. There were few recorded complaints.

The level of payment, however, is low, with a median per-capita payment of 77 birr per month. Transfers were not adjusted for inflation during this two-year study.

A novel feature of the SCTPP is that a person authorized by the beneficiary can collect payments on their behalf – if the beneficiary cannot travel due to childcare commitments, for example. In 2012, 21 per cent of such ‘designates’ were paid and sometimes conflicts arose as a result. By 2014, however, designated individuals were increasingly likely to be household (and nearly always family) members and they were much less likely to be paid for their assistance – only 7.6 per cent of the 563 beneficiaries who used a designate paid them anything. In the rare cases when problems were encountered, different arrangements for collection were made quickly, usually with the help of the CCCs.

WHAT EFFECTS DID THE CASH TRANSFER HAVE?

Beneficiaries report spending around 56 per cent of the money they receive from the SCTPP on food (see Table 2).

Across a wide range of measures, the household food security of SCTPP beneficiaries improved. The food gap fell by around half a month. The number of calories available increased by 94 kcal per adult equivalent in 2012 and by 158 kcal per adult equivalent in 2014. Relative to comparison households, this represented an increase of

TABLE 1: PROPORTION OF BENEFICIARIES REPORTING AGREEMENT WITH THE STATEMENT, ‘I GENERALLY RECEIVE MY PAYMENTS ON TIME’, BY WOREDA AND SURVEY ROUND

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Can't say
BASELINE (2012)						
Per cent						
Abi Adi	35.3	62.4	0.5	0.7	0.5	0.9
Hintalo Wajirat	27.3	66.6	1.7	1.9	1.4	1.1
Total	29.3	65.5	1.4	1.6	1.2	1.0
ENDLINE (2014)						
Abi Adi	65.9	33.6	0.3	0.2	0.0	0.0
Hintalo Wajirat	73.5	24.7	0.0	0.3	0.5	1.0
Total	71.6	27.0	0.2	0.2	0.3	0.7

Notes: Baseline sample sizes are 829 (Hintalo Wajirat) and 599 (Abi Adi). Bahr Tseba is excluded from calculations for Hintalo. Percentages may not sum to 100 due to rounding.

TABLE 2: SELF-REPORTED USE OF THE LAST TRANSFER PAYMENT

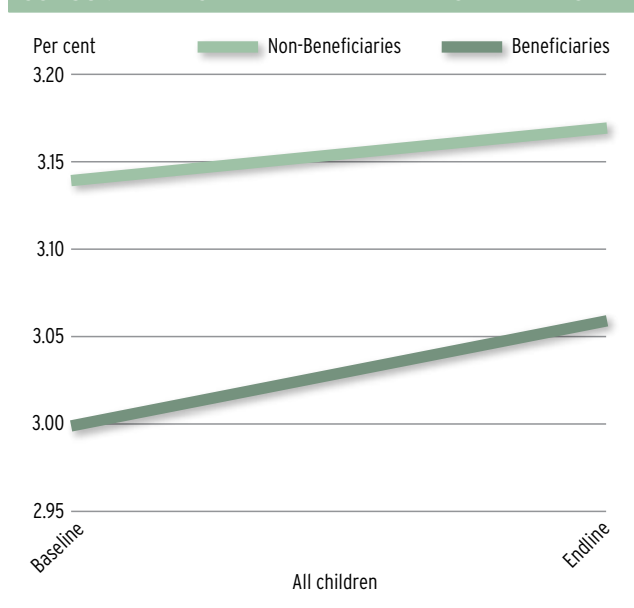
Food	56.1%
Rent, house repairs	10.2%
Non-food goods directly benefiting children (school expenses, clothes, books, toys, etc.)	3.2%
Non-food goods directly benefiting adult males (clothing, alcohol, tobacco, etc.)	1.6%
Non-food goods directly benefiting adult females (clothing, cosmetics, etc.)	6.4%
Goods related to crop production	0.5%
Given to other household members for private consumption	8.0%
Not yet spent	12.8%
Shared with other households	1.1%

3.6 per cent and 6.0 per cent respectively. Children benefited directly in terms of the number of meals they consumed (see Figure 2).

The SCTPP also improved diet quality, as measured by the Dietary Diversity Index, by 13.4 in 2012 and by 11.7 per cent in 2014. In Hintalo Wajirat, it reduced seasonal fluctuations in children's food consumption.

Over the two years covered by the quantitative surveys, SCTPP beneficiaries accumulated assets in a variety of forms: they had more farm equipment, livestock and consumer durables. For example,

FIGURE 2: CHANGES IN NUMBER OF MEALS CONSUMED BY CHILDREN BETWEEN 2012 AND 2014



the proportion of beneficiary households with a mobile phone rose in Abi Adi from 25 per cent in 2012 to 55 per cent in 2014, and in Hintalo Wajirat from 4 per cent to 29 per cent over the same period. However, the contribution of the SCTPP to this was modest. The qualitative fieldwork uncovered specific examples of the cash transfer providing people with working capital to start small businesses. But there is no evidence that it led to large gains in household incomes from farming or non-farm business activities.

The SCTPP also had only modest effects on school outcomes – none at all in Abi Adi. For girls aged 6 to 11 in Hintalo Wajirat, however, there were large, statistically significant impacts, with the likelihood of their being enrolled in school going up by 13.3 percentage points and half a grade added to their attainment. For older girls, though, there were no discernible benefits, as for boys in general. The qualitative fieldwork confirmed that several beneficiaries considered the cash transfer to be particularly helpful in covering the costs of education and rent associated with sending and retaining children in school or university.

There was a small reduction in time spent by girls in work on household non-farm businesses but no other impacts on child labour. There were also no discernible impacts on pre-school nutritional status, maternal body mass index or women's mental health. It is possible that the size of the transfer was too small to generate detectable effects – though the size of the statistical sample may also have been too small to register such impacts.

The researchers also assessed whether the SCTPP had unintentional negative effects. They found evidence that beneficiaries received fewer informal transfers from their family and friends due to the SCTPP, particularly in Abi Adi. There was also some evidence that the Programme weakened social cohesion in Hintalo Wajirat but overall levels of reported trust and social cohesion were rising for all groups. There was mixed evidence on whether the SCTPP increased participation in semi-formal social protection mechanisms such as savings groups and burial societies.

In all social protection interventions there is a tension between providing transfers to a large number of beneficiaries but with lower levels of transfers, or restricting the number of beneficiaries and providing



them with higher transfers. If the goal of programmes like the SCTPP is to reach all those who need these transfers and have meaningful impacts, budgets need to be set accordingly.

LESSONS LEARNED AND IMPLICATIONS FOR FUTURE PROGRAMMING

Improving accessibility There were too few pay points initially, with the result that some elderly and disabled beneficiaries had difficulty obtaining payments. In addition, as already mentioned, the use of designates caused problems in the early stages. While both problems were eventually resolved – by adding a pay point and through outreach work by CCCs, respectively – greater attention should be paid to these issues during the design and initial implementation.

Adjusting for inflation Payment levels were not adjusted to account for inflation and this meant that the purchasing power of the transfers declined. Future programmes should include a mechanism that regularly adjusts payment levels in response to rising prices.

Budgeting appropriately for the desired impacts

Given the overarching objectives of the SCTPP, the community-level targeting that prioritized elderly people was clearly correct. But this meant that impacts on children would be limited. Impacts on housing and on asset formation were also small, largely because – given the extreme poverty of the beneficiaries and the relatively small transfer size – most of the transfers were spent on food. If the goal of programmes like the SCTPP is to reach all those who need these transfers, and to have meaningful impacts, budgets need to be set accordingly.

For full details of research methods and findings link to the full report

http://www.unicef.org/evaldatabase/files/UNICEF_Tigray_Endline_Report_FINAL_Ethiopia_2015-051.pdf



NEPAL

How Does Nepal's Child Grant Work for Dalit Children and Their Families?

A mixed-methods assessment of programme delivery and impact in Bajura and Saptari



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NEPAL'S CHILD GRANT

Reaching Dalit children

Social protection has become an increasingly prominent public policy tool in Nepal over the past two decades, with cash transfers even provided throughout the Maoist insurgency between 1996 and 2000. Since the conflict's end, the Government of Nepal has explicitly integrated social-protection programming into the broader post-conflict development and reconstruction agenda.

Launched in 2009, the Child Grant is seen as a key mechanism for supporting children within the Government's draft National Framework for Social Protection. It covers about 20 per cent of the under-5 population.

The stated objective of the Grant is to improve the nutrition of children. It covers up to two children in each household, at a level of 200 rupees (NPR) (\$1.95) per child per month. Transfers are not made on a monthly basis, however; beneficiaries are supposed to receive three transfers per year of NPR 800 a time, at four-month intervals (equivalent, therefore, to NPR 200 per month). The Grant is universal in the Karnali zone but is targeted at poor Dalit households in the rest of the country – if they have less than a specified area of land or cannot feed themselves for more than three months a year from their own land. The transfer targets Dalit households because these have faced long-standing discrimination and poverty – caste-based discrimination still occurs in most areas of Nepali life.

PANEL COMMENT

The research methods are well chosen and very relevant for the evaluation of this programme and for Nepal. The research can have potential for similar programmes elsewhere and might also provide insight in how to set up (and evaluate) a social cash transfer programme like this one, which can be of use for other countries.

Jessica Hagen-Zanker,
Richard Mallett, Anita Ghimire

This research project, conducted by the Overseas Development Institute with UNICEF funding and Government of Nepal support, aimed to evaluate the effectiveness of the Child Grant in reaching Dalit households, to identify implementation barriers and recommend improvements. The questions the study sought to answer were:

- What is the impact of the Child Grant on household members in Dalit households, in terms of economic well-being, social well-being, food security, nutrition and empowerment?
- How effective is the targeting procedure of the Child Grant? Are eligible households reached and to what extent are ineligible households included?
- What are the major institutional bottlenecks hindering effective delivery and programme impact?

Two very different districts were selected for study – Bajura in the mountains of the far west, and Saptari in the eastern Terai or plains (see Figure 1).

Both these districts contain a higher proportion of Dalit households than the national average. The research was conducted in late 2014 and early 2015 and involved a survey of 2,000 households with beneficiaries and non-beneficiaries and more than 70 in-depth interviews, focus-group discussions and key-informant interviews.

PROBLEMS WITH REGISTRATION

Levels of awareness about the existence of the Grant are generally good. However, many of the means

by which people came across information about the Grant were informal in nature, and some operated in an almost arbitrary manner, meaning there could be no guarantee that all eligible households would learn about the policy.

How the process of registration for the Grant works is often poorly understood. This seems in part to be because, without strong local-government capacity, official policies get diluted and distorted as they ‘move’ from the central government to the intra-community level. There is widespread confusion about the difference between registration for the Grant and birth registration. In addition, although when most people submit their application the process seems to operate fairly smoothly, 41 per cent of respondents reported having to make a payment to a local official in order to register for the Grant – some of these payments may be for birth certificates which beneficiaries often understood to be the same thing.

The reasons given by families for not registering for the Grant varied significantly between the two areas studied. In Saptari, two thirds of households were missing a birth certificate or parental documents whereas in Bajura the most common reason given was not being able to afford to register or not knowing the right people (see Figure 2).

FIGURE 1: MAP SHOWING THE LOCATION IN NEPAL OF THE TWO DISTRICTS STUDIED



Source: UNICEF/WFP with Boston Consulting Group

TARGETING ISSUES

The Grant is supposed to target Dalit households that are rated as poor according to official criteria. The research indicates that there were modest errors in the targeting process – 31 per cent of households who should have received the Grant were excluded from it in Saptari and 16 per cent in Bajura, for example. It seems clear that service providers do not apply the eligibility criteria evenly, particularly the household wealth criterion, with both poor and better-off Dalit households receiving the grant. This may be related to weak government capacity at the local level and the additional layer of complexity that having to assess land ownership (the proxy used to judge wealth status) creates for implementers. Moreover, while citizens are generally aware that the Grant is for Dalit households with children under 5, they are often completely unaware that there is also a wealth criterion.

DELAYED AND IRREGULAR PAYMENTS

The research showed up significant problems in the delivery of the Grant. It generally takes a long time after registration before people start receiving payments (see Figure 3) and, even then, most households receive these less frequently than they should. This is because, after registration, beneficiaries need to wait for their first payment until the next distribution day; such days are themselves infrequent, with delays in the budgeted amounts arriving from the national level and, when they finally do arrive, there is limited capacity for distributing them locally.

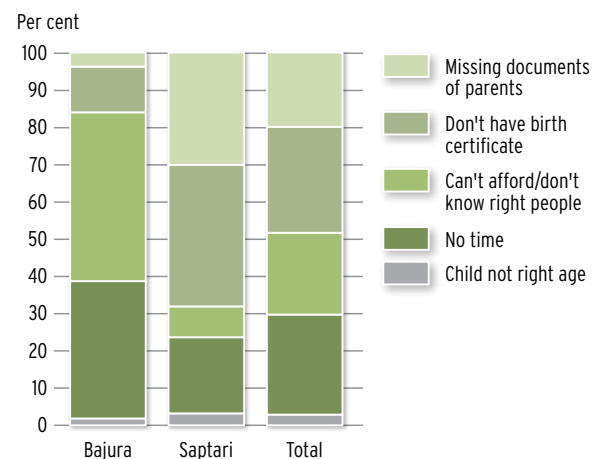
The distribution or collection process is often chaotic and lacking in transparency. Grant distribution often takes a couple of days. Beneficiaries complained of large crowds gathering around distribution points and, as a result, frustration and long waiting times.

Even when beneficiaries do possess adequate knowledge about how the Grant works and what they should be expecting, there is still limited awareness of grievance mechanisms and a general reluctance to speak out about problems or poor treatment.

POSITIVE IMPACTS

The Grant has contributed to household spending on a range of items, particularly on food and medicine for children. Households' own perception of whether the Grant was proving useful to them was mildly positive. For the sample as a whole, 72 per cent of households found the transfer had helped them 'a bit', while under 20 per cent thought it was too small to make a difference to their life (see Figure 4).

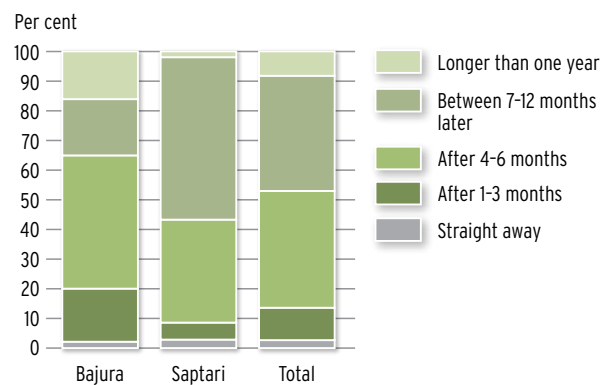
FIGURE 2: WHY HOUSEHOLDS DIDN'T APPLY FOR THE GRANT (%)



Note: Differences between districts significant at the 1% level; only for households with children <5.

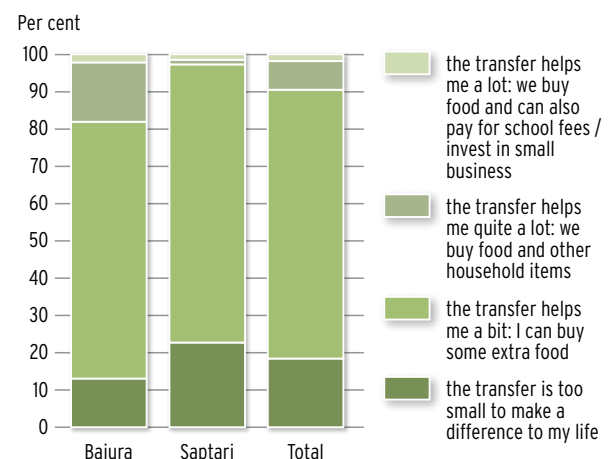
Source: UNICEF/WFP with Boston Consulting Group

FIGURE 3: BENEFICIARIES TEND TO WAIT FOR MONTHS BEFORE THEY START RECEIVING THE GRANT



Source: UNICEF/WFP with Boston Consulting Group

FIGURE 4: SELF-PERCEIVED IMPACT OF THE GRANT (%)



Note: Differences between districts significant at the 1% level.

Source: UNICEF/WFP with Boston Consulting Group



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When households were asked what they spent the Grant on, there were multiple responses but food was by far the most mentioned item, with the next most common being children’s clothes in Bajura and medicine in Saptari. Spending on education and health services was less common, but still reported by a sizeable proportion – 18 per cent and 13 per cent, respectively. Spending on other items was negligible.

There was some evidence that the use of the Grant primarily to buy food had produced changes in the diet of households, particularly for children. Some 79 per cent of households reported that it had changed the eating patterns of children and 68 per cent reported that it meant all family members were eating ‘more desirable’ food. On the whole, the quantitative analysis suggests that Grant-receiving households are less worried about food security and may be employing some negative coping strategies less, but not consistently so.

In general, the Grant looks to be having modestly positive impacts, but most of those impacts are short-lived because of the low level of the transfer payment.

SIX KEY POLICY RECOMMENDATIONS

1. **Increase the financial value.** At the current level, the Grant has positive but limited impacts, for example on nutritional outcomes. A higher transfer could mean sustained impacts for children.
2. **Scrap the wealth-targeting criterion.** This is judged to be too difficult to implement, and, based on the researchers’ estimation of targeting errors, does not make much difference to targeting outcomes.
3. **Consider scaling up to a universal transfer.** In communities where almost everyone can be considered poor, targeting the Grant by caste group makes little sense, and may even contribute to a sense of social injustice among non-beneficiaries.
4. **Provide more support to local officials who implement the Grant.** Government capacity is particularly weak at the local level, and officials are often overburdened. Any training sessions are brief, one-time-only, affairs, and unlikely to result in effective knowledge-sharing and translation into better behaviour. In particular, providing more support to sustained monitoring of the programme will help identify problems as they evolve on a continual basis.
5. **Rethink how ‘distribution windows’ work in practice.** Distribution windows tend to be short and can be chaotic. In particular, it is important

TABLE 1: WHAT THE CHILD GRANT WAS SPENT ON (%)

	Bajura	Saptari	Total
Food	84	87	85
Education	33***	7***	18
Health services	23***	5***	13
Medicine	25***	53***	41
Children’s clothes	66***	46***	55
Investment, savings or productive activities	2	2	2
Community/social/religious activities	0	0	0
Children’s ornaments	0***	2***	1

Note: Asterisks indicate whether the mean for each group is statistically different from the sampled population as a whole (***) significant at 1%).

to consider extending the length of the window, increasing the number of distribution points to improve access for remote households, and staggering pick-up times to avoid the formation of crowds. Related to this, linking registration to birth registration and having more frequent registration days (or even open/rolling registration) will increase the Grant’s effectiveness in improving under-5 nutrition, where the first years of life represent the key moment of opportunity for high returns. These changes to registration may also ease the burden on officials.

6. **Share accurate information about the Child Grant policy with mothers, as the primary caregivers, but also with fathers, grandparents and the community in general.** Grant awareness-raising strategies often target women, and particularly mothers. But mothers are not the only ones who collect the Grant, and they often do not have complete autonomy over household spending practices. Awareness-raising should therefore also target husbands and in-laws, and outreach and dissemination strategies in general need to be improved. Related to this, it is also important to strengthen social monitoring and grievance mechanisms.

For full details of research methods and findings link to the full report

<https://www.odi.org/publications/9851-nepal-dalit-child-grant-hagen-zanker>



NIGERIA

**Formative Research for IYCF & MNP Programming in Nigeria:
Summary of key findings**

IMPROVING INFANT AND YOUNG CHILD FEEDING IN NIGERIA

“Children, the
leaders of
tomorrow”

Supplementing the diets of young children with micronutrient powder can be a vital means of improving their nutritional health. However, persuading parents of the importance of this kind of supplementation and making it a regular part of their children’s diet is by no means a straightforward process. Each community may well need to be approached in a different way, with strategies adapted to take account of local circumstances and cultural practices.

With this in mind, UNICEF Nigeria undertook detailed research in two separate regions of the country into how best to introduce the practice of micronutrient-powder (MNP) supplementation for children aged 6–23 months. The aim was for the findings and recommendations emerging from this research to inform the development of an integrated nutrition intervention that might be applied nationwide.

PANEL COMMENT

The report is very well conceptualized. The selection of the two states is well thought out [as] the percentage of stunting is higher than the national average [and there is] a mix of cultures and religions. The report did a great job understanding these contexts and cultures. Each finding of the study is supported by testimonies from the field.

**Pragya Mathema, Stephen Kodish,
Annette Imohe, Tobi Osunkentan,
Chris Isokpunwu, Clara Ejembi,
Stanley Chitekwe, Arjan De Wagt**



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The research took place between January and July 2015. It focused on three separate local-government areas in each of two states: Kebbi in the north-east and Adamawa in the north-west (see Figure 1).

These two states are ethnically and culturally diverse – as is Nigeria as a whole, having over 250 cultural groups and 500 languages co-existing within its borders. Kebbi has Hausa, Dakarakari and Fulani ethnic groups and is nearly 100 per cent Muslim, while Adamawa contains Hausa, Chamba, Mumuye, Fulani, Waja and Longuda people who are 65 per cent Muslim and 35 per cent Christian. Religion seems to be more important than ethnic identity in both areas but agriculture and animal husbandry, the primary livelihoods in both states, arguably drive cultural practices even more.

“You see in this village of ours, there is no serious attachment to an individual’s ethnic origin, whether you are a Fulani, a Mumuye or a Chamba... we consider ourselves as one, and that is why a Fulani could marry a Chamba and a Mumuye can marry a Fulani, and vice versa. No segregation... There are two dominant religions in this community... Muslims and Christians, but you never can detect any difference between them because they live in peace and harmony...and they try to respect and tolerate each other’s differences.”

Male community leader in Ganye, Adamawa

HOW THE RESEARCH WAS CONDUCTED

The first stage involved 99 in-depth interviews with community and religious leaders, health workers and caregivers aimed at providing an understanding of the sociocultural environment, including community perceptions of childhood and nutrition-related illnesses, as well as feeding practices affecting infants and young children (IYC).

The second stage entailed 144 households participating in an eight-week trial in which they supplemented the diets of their young children with a micronutrient powder (MNP) containing key vitamins and minerals. During this trial period, 24 of the households were observed for a full 12-hour period in order to understand any barriers or factors that facilitated use of the powder at the household level. In addition, community members took part in participatory workshops where they brainstormed and voted on particular intervention strategies.

In the final phase, many of the same households were observed again, and spot checks of micronutrient powder supply, as well as in-depth interviews with caregivers, were employed to help gauge households’ experiences with the powder. A range of community members and stakeholders were also consulted about the branding and packaging of the powder.

FIGURE 1: MAP SHOWING THE LOCATION WITHIN NIGERIA OF KEBBI AND ADAMAWA STATES

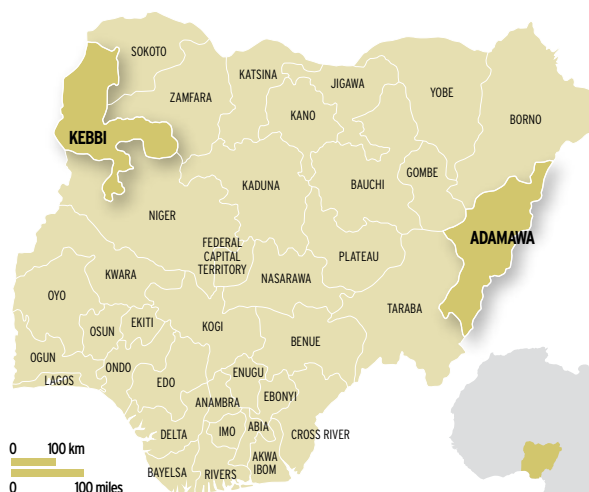


FIGURE 2: BROCHURE GIVEN TO HOUSEHOLDS DURING THE HOME FEEDING TRIAL



HOW PEOPLE RESPOND TO CHILDHOOD ILLNESS

Caregivers accept frequent childhood illness as normal. The childhood illness that looms largest for people in both states is *zazzabin cizon sauro* (Hausa for malaria), followed by *ciwon ciki* (stomach-ache) and *mura* (cold/cough). These three illnesses are much more salient and perceived to be more severe by caregivers than ailments locally understood to be related to nutrition such as *tammowa* (malnutrition) and *rashin jinni* ('lack of blood').

People point to traditional explanations for illness such as 'spirits' just as often as they do to biomedical causes. The help of traditional healers is sometimes sought for childhood illnesses so programming should include these individuals who have the power to encourage or discourage caregivers from engaging in the nutrition-related behaviours. Ethno-medical models of childhood illnesses were built from the data for both areas to illustrate the perceived causes and interrelationships among the salient illnesses (see Figures 3 and 4).

Among the conclusions the researchers drew from these models was that messaging should not only directly include information about nutrition-related illnesses but also indirectly communicate the potential for better child-feeding practices and use of micronutrient powders to have a positive impact on the childhood illnesses seen as most pertinent. In addition, researchers concluded that they should build on the generally accepted view that bed nets prevent malaria and immunizations prevent diseases such as polio by pointing out that micronutrient powders can be just as effective in preventing nutrition-related illnesses.

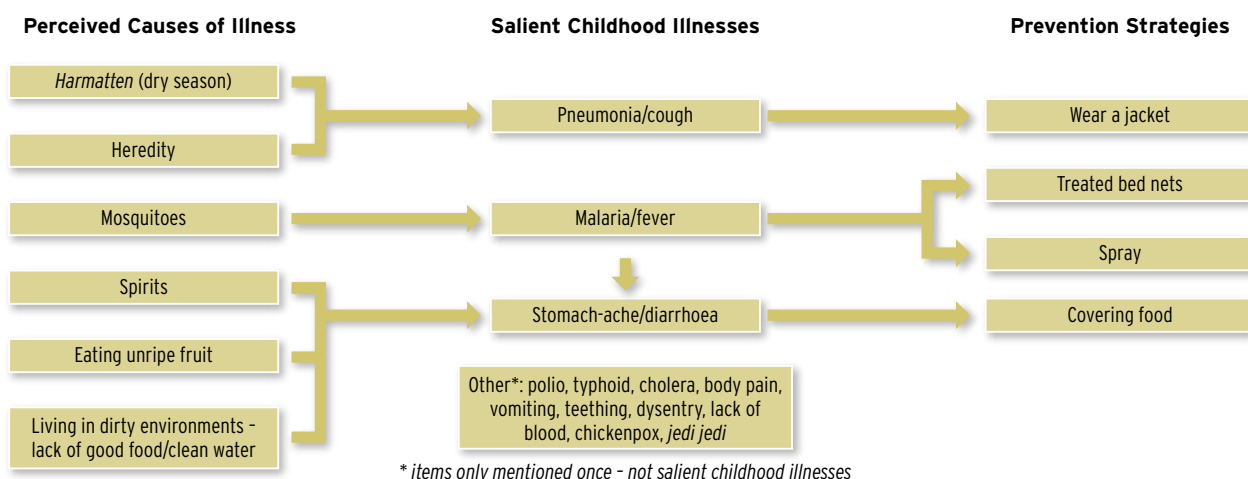
FIGURE 3: A FEMALE CAREGIVER FROM KEBBI HOLDING MNP POUCH AND LEAFLET USED FOR HOME FEEDING TRIAL



INFANT AND YOUNG CHILD FEEDING PRACTICES

Nutrition in both of these settings depends to a large extent upon varying seasonal agricultural yields, which mean that the prices of key food commodities change over the course of the year – and this is the case with nutrient-rich foods that benefit young children, such as groundnuts and soya. In times of food scarcity, caregivers explain that their coping mechanisms include reducing the quantity of meals per day served to young children and feeding them with unfortified

FIGURE 4: ETHNO-MEDICAL MODEL OF CHILDHOOD ILLNESS BASED ON IN-DEPTH INTERVIEWS IN ADAMAWA



cereal-based porridges. In these circumstances, micronutrient powders could clearly play a key role in improving children’s nutritional health (see Figure 5).

In terms of children learning healthy eating practices, children under 12 months old tended to eat with their primary caregiver but, as they aged, did so with older household children. Food sharing is a core cultural value in these communities – seen as a reflection of unity – and is exemplified by children eating from the same plate, as well as in food bartering between households. A positive finding was that minimal sharing of food fortified with micronutrient powder occurred, as it was designed specifically for children aged 6 to 23 months.

The top foods being consumed by young children in this age group included breastmilk and cereal-based staples, either *kunu* (cereal-based, watery or semi-solid porridge) or *tuwo* (boiled and cereal-based, solid staple food). Very few leafy green vegetables were consumed and, other than powdered milk, no animal sources such as liver, eggs or fish. Iron-rich foods were missing from the diets of the young children who were observed – apart from those benefiting from the micronutrient powder.

“Sometimes we like to feed our children with some nutritious children’s foods but poverty is our major concern.”
Female caregiver in Ganye, Adamawa

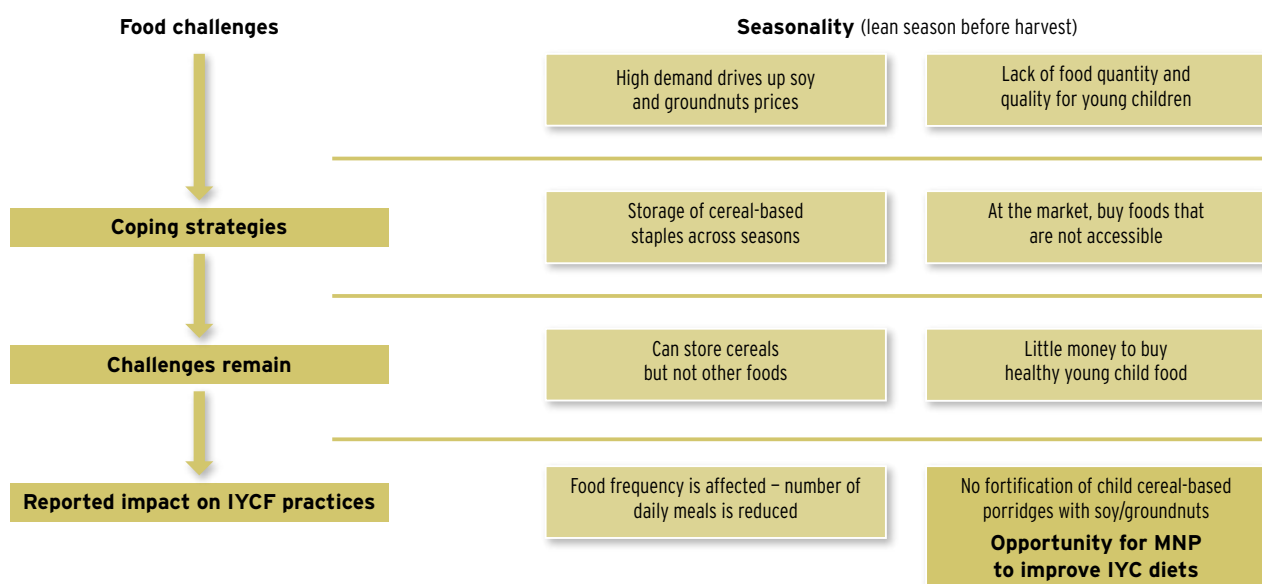
The researchers observed that only 4.8 per cent of children aged between 6 and 23 months had their hands washed prior to eating or being fed; they concluded that hygienic practices need to be promoted as part of the programme if micronutrient powder supplementation and infant and young child feeding (IYCF) promotion are to be as effective as possible.

UPTAKE AND USE OF MICRONUTRIENT POWDER

Overall, the micronutrient powder was well received, appreciated and accepted by community leaders, caregivers and children: nearly 90 per cent of caregivers indicated that it was ‘easy’ or ‘very easy’ to use regularly. Spot checks indicated that all households used the powder at some point, while 77 per cent complied with instructions to use it regularly and appropriately with semi-solid foods, after cooking, and without sharing. Porridges such as *kunu* and *pap* were the main food vehicles for the fortifying powder.

It was noted that caregivers already routinely enrich young children’s food with soybeans and groundnuts when they are available and it seemed evident from the data that programming should capitalize on the similarity of this notion to micronutrient supplementation through cooking demonstrations and awareness-raising messages.

FIGURE 5: REPORTED HOUSEHOLD FOOD-RELATED CHALLENGES, COPING MECHANISMS AND RESULTANT PRACTICES, WITH THE OPPORTUNITY FOR MICRONUTRIENT POWDER TO IMPROVE YOUNG CHILDREN’S DIETS HIGHLIGHTED



Source: SAHRC/UNICEF using NIDS 2008

Interview data revealed the following key points that helped the micronutrient powder to be accepted:

- It was easy to use.
- It had no bitter or medicine-like flavour and so was accepted by children.
- It mixed readily with local, semi-solid foods.
- It was easy to store safely.
- It was introduced to households appropriately by community leaders and familiar health workers.
- Husbands reminded mothers to use it regularly.

“It is easy to use and we accept it... and is easier to administer to the child’s food because it is colourless and tasteless... the child does not even know that the powder is in his food.”

Female caregiver from Kebbi

In addition, caregivers perceived that children whose diets were supplemented had increased appetites, ate more food than they had before, and breastfed better. They also reported that children gained weight, showed improved strength and vitality, and had increased energy levels. In addition, caregivers reported fewer bouts of childhood illness during the home-feeding trial. Figure 6 summarizes this.

CONSULTING COMMUNITIES ABOUT BRANDING

The researchers took the opportunity to consult community members about the ways in which the micronutrient powder should be presented during the actual programme, in terms of developing a

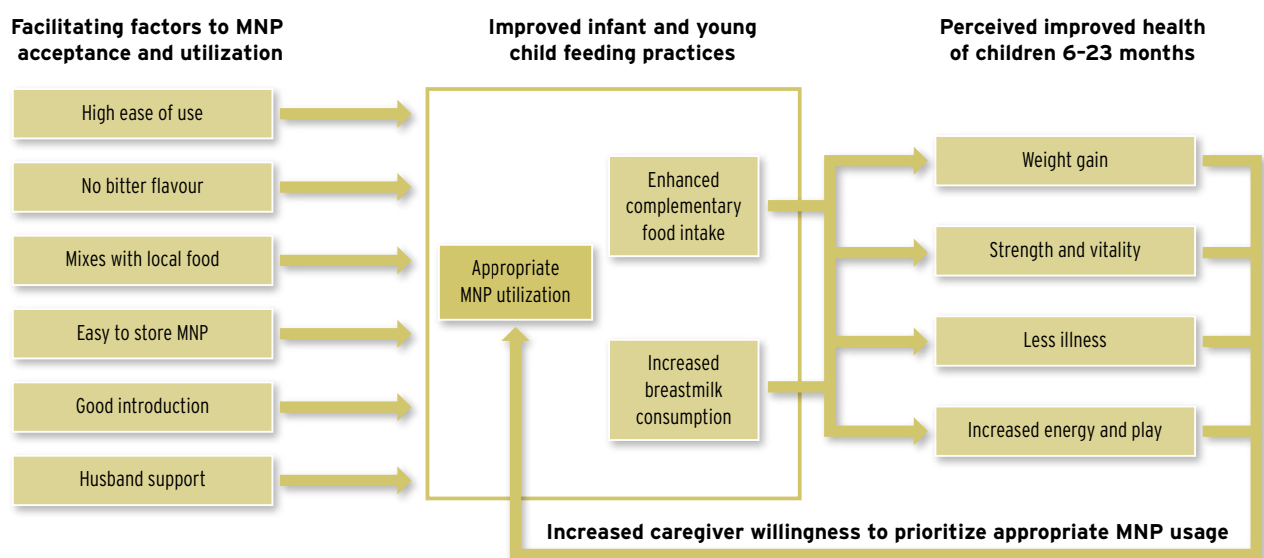
local name, slogan, logo and packaging acceptable to community members.

Both the concept of the product and the sample packaging received positive feedback. In particular, the green and white colours reminded community members of the “colours of Nigeria”. However, caregivers were concerned about the small size of the sachet – a potential barrier in a community where food quantity is perceived to be more important than food quality.

Workshops provided community members with the chance to brainstorm and vote for a local name, slogan and logo. For example, “*Yara manyan gobe*” (children, the leaders of tomorrow) was one of the slogans that received the most votes. With regard to the logo, people emphasized that they wanted to see “a chubby child looking healthy”, “playing or eating independently” and “smiling”. Drawing on community and stakeholder feedback, recommendations were consolidated into the final local brand, in consultation with the Government. Figure 7 shows the resulting design with a logo, name and slogan based on these consultations.

The workshops also identified channels of communication that could be used in a campaign to encourage changes in infant and young child feeding practices. It was considered important that community members were used to distribute the micronutrient powder – either the health workers or, if they are not

FIGURE 6: SUMMARY OF THE BENEFITS OF USING MICRONUTRIENT POWDER AS SEEN BY CAREGIVERS



Source: SAHRC/UNICEF using NIDS 2008



© Andrew Esteban/UNICEF

FIGURE 7: FINALIZED PACKET WITH COMMUNITY-DEVELOPED LOGO, NAME, AND SLOGAN

Typical Nutritional Information Per Serving of 1g		
		% RNI*
Vitamin A	1332 IU	100
	400 mcg RE	100
Vitamin D	200 IU	100
	5 mcg D	100
Vitamin E	5 mg TE	100
Vitamin B1	0.5 mg	100
Vitamin B2	0.5 mg	100
Vitamin B6	0.5 mg	100
Vitamin B12	0.9 mcg	100
Niacinamide	6 mg	100
Folic Acid	90 mcg	100
Vitamin C	30 mg	100
Iron	10 mg	100
Zinc	4.1 mg	100
Copper	0.56 mg	100
Selenium	17 mcg	100
Iodine	90 mcg	100

*Reference Nutrient Intake based on National Guidelines on Micronutrient Deficiencies Control in Nigeria.

Ingredients: Maltodextrin, Tricalcium Phosphate, Vitamins, Minerals Zinc Gluconate, Copper Gluconate, Sodium Selenite, Potassium Iodide, Ferrous Fumarate).

SINADARI MAI INGANTA ABINCIN YARA
HADIN IRE - IREN BITAMIN DA SINADARAI MASU GINA JIKI

SINADARIN YANA SA YARA
SU SAMI KARFI SU KASANCE MASU HAZAKA - YARA MAYAN GOBE!

SINADARI MAI INGANTA ABINCIN YARA

SINADARIN BITAMIN DON YARA

YANA KARA INGANTA ABINCI YA KUMA BUNKASA KUZARI

For ages **6-23 months**

A BAYAR DA

SINADARIN YANA SA YARA
SU SAMI KARFI SU KASANCE MASU HAZAKA - YARA MAYAN GOBE!

Yadda za a yi amfani da shi:

- A bude pakitin sinadarin
- A ruba jakar tsaki daya a cikin abinci mai ruwatuuwa
- A cakuda ya hadu sosai
- Abinci ya kammala sai ci

KADA A SA KOWANE YARO RYE DA SAU DAYA A KOWACE BANA
A ABYE A WURI MAI SANTI KUMA BA MAI DANGSE BA
KADA A ABYE A WURIN DA YARA ZA SU YI WAKA DA SHI

For reproduction, please contact manufacturer

B/N: _____

Man & Exp: (mm/yy) _____

Ya Kamata a shayar da yaro nononi uwa zalla a watan shida na farkon haihuwa kuma a ci gaba da shayar wa har tsawon watanni 24

WANNAN SINADARIN BA NA SAYARWA BA NE

Sachets 30 x 1g

Sachets 30 x 1g

For ages **6-23 months**

Ka da a yi amfani da shi idan jakar ko kwallin ya yage ko ya lalace

Source: SAHRC/UNICEF using NIDS 2008

available, then specially hired local staff. A primary reason that caregivers took part in the home-feeding trial was felt to be that they had received the powder from people whom they knew well and trusted.

THE NEXT STEPS

The data gathered from the study, and the home-feeding trial in particular, suggest that micronutrient powder is an appropriate intervention for this setting and population with a high likelihood of success. The results are being used to develop a behaviour change strategy and promotional tools to initiate the distribution of micronutrient powder linked with infant and young child feeding. Preparation is now under way to test the effectiveness of various delivery mechanisms to achieve effective distribution and ensure equitable reach. A national strategy and scale-

up plan will be developed aiming to reach 11.3 million children aged 6-23 months annually in a progressive expansion across all 37 States in Nigeria by 2019.

For full details of research methods and findings link to the full report

https://drive.google.com/open?id=OBxWcxAu_oOxX1VweXNqZOQ4VOE



INDONESIA

Menstrual Hygiene Management in Indonesia: Understanding practices, determinants and impacts among adolescent school girls



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GIRLS IN INDONESIAN SCHOOLS

Managing menstrual hygiene

In recent years there has been growing recognition of the importance of menstrual hygiene management (MHM) as a factor in encouraging or deterring girls' participation in school. In many countries of Asia, Africa and Latin America, girls are less inclined to attend school if decent and sufficiently private sanitation facilities are not provided – and this is particularly the case once they have reached the menarche.

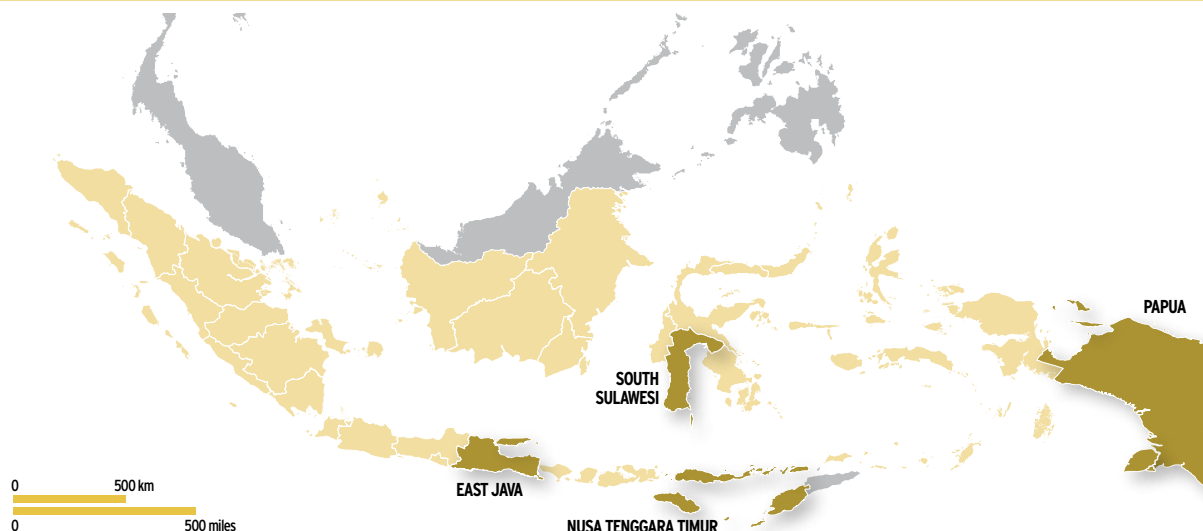
While there has been increasing acknowledgement that proper provision of sanitation can play a vital part in encouraging girls' enrolment and retention in school, issues related to MHM are generally under-researched and given insufficient attention, often due to the sensitivity of the issue and even social taboos associated with it.

Yet poor MHM knowledge and practices can lead to school drop-out, absenteeism, and other sexual and reproductive health concerns that can have substantial health and socio-economic ramifications for adolescent girls. The problems include an absence of comprehensive information about menstruation, lack of appropriate materials to manage menstrual bleeding, inadequate water, sanitation and hygiene facilities, and harmful sociocultural beliefs and taboos. These

PANEL COMMENT

This is a highly interesting mixed-methods study on a neglected issue. The study is well presented and a series of practical recommendations, based largely on the girls' own perceptions, are made. Results are unlikely to be generalizable to other cultures, but the originality of the data collection and analyses may motivate researchers from other countries to carry out similar exercises.

FIGURE 1: MAP SHOWING THE INDONESIAN PROVINCES STUDIED



contribute to loss of dignity, behavioural restrictions and potential reproductive health risks.

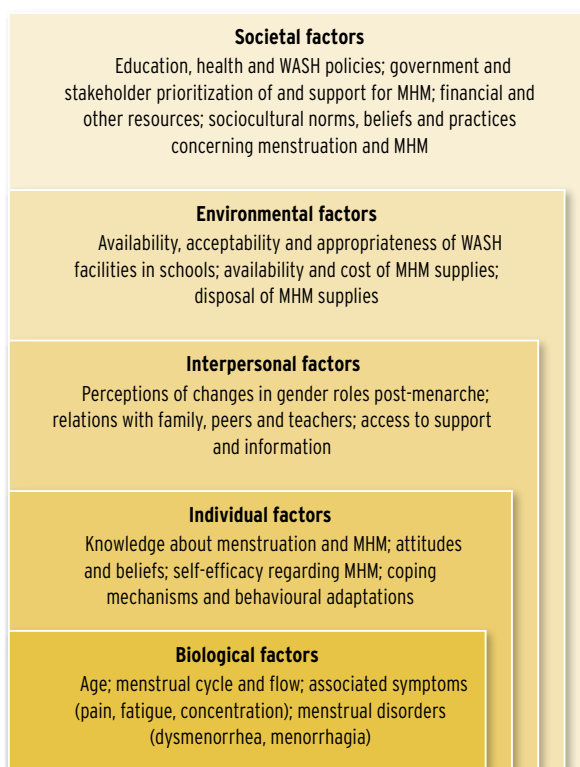
Research on MHM and its impact on adolescent girls in the particular context of Indonesia has been extremely limited. To address this knowledge gap, UNICEF Indonesia commissioned research from a team including the Burnet Institute, WaterAid Australia, SurveyMETER and Aliansi Remaja Independen. The team conducted a mixed-methods study that involved 1,402 girls aged 12-19 drawn from 16 schools in four provinces of Indonesia: Papua, South Sulawesi, East Java and Nusa Tenggara Timur.

GATHERING THE DATA

Within each province one urban and one rural district were selected and then one senior secondary and one junior secondary school chosen at random. A minimum of 20 girls for each grade between 7 and 12 (ages 12 to 19 years) were then recruited to complete a questionnaire. Girls were requested to give informed consent, including parental consent for those under 15 years. In addition, a focus-group discussion was held in each school with between 7 and 11 girls participating; each school principal was the subject of a key-informant interview; an in-depth interview was conducted at each junior secondary school with a girl who had reached menarche; and two girls living with physical disabilities were also consulted. Beyond the school, focus-group discussions were held in each province with adolescent boys and with mothers of at least one adolescent child, and a worker at the closest community health centre (*puskesmas*) was also interviewed.

The data were gathered by two teams of trained researchers between 28 October and 27 November 2014. The methods and major themes to be explored were guided by the ecological framework for MHM research that had been developed by UNICEF and Emory University in the United States (see Figure 2).

FIGURE 2: ECOLOGICAL FRAMEWORK FOR MENSTRUAL HYGIENE MANAGEMENT



Source: Coucouvinis J, Friedman J. 'New directions for Indonesia's water and sanitation sector'. *Prakarsa Journal of the Indonesia Infrastructure Initiative 2014*; (16): 25-31.

The research team acknowledged that the study had some limitations:

- Although the four provinces were deliberately selected to encompass a diversity of socio-economic, cultural and geographical settings, the findings may not apply to all settings in Indonesia.
- In addition, the non-representative sampling strategy for the school-based questionnaire means that any quantitative estimates are not nationally representative.
- Adolescent girls not attending school were not included, with the result that the extent to which menstruation and MHM contribute to school drop-out and absenteeism could not be explored. The needs of particularly marginalized girls remain a key knowledge gap.
- Finally, interviews with policy makers representing education, health, and water, sanitation and hygiene (WASH) sectors at district, provincial and national levels were not included in the study; these would have provided additional insights into the challenges addressing MHM in schools and identified policy responses.

HOW GIRLS COPE WITH MENSTRUATION

Over 99 per cent of girls in urban areas and over 97 per cent in rural areas had used disposable sanitary pads during their last menstruation – they saw these as more absorbent and easier to use and dispose of than cloths or other materials. However, some girls reported that pads were uncomfortable and caused irritation and itching when used for a prolonged time. Some girls had misconceptions that pads contained bleach and other chemicals that could cause cancer and irritation.

Less than half (41 per cent) of rural girls and two thirds of urban girls changed their absorbent materials every 4-8 hours or whenever the material was soiled. It was reported during interviews and focus-group discussions that girls never or rarely changed materials at school.

Most urban girls (78 per cent) disposed of their used pads in a bin or landfill but only a quarter of rural girls did so, with a higher proportion (38 per cent) preferring to bury the materials. Many girls reported that they washed used pads before disposing of them, usually because they had been told to do so by their mothers; among the reasons given for this were menstrual blood being considered ‘dirty’, to remove the smell, and to prevent others discovering that they were menstruating.

TABLE 1: COMMON MENSTRUAL HYGIENE PRACTICES

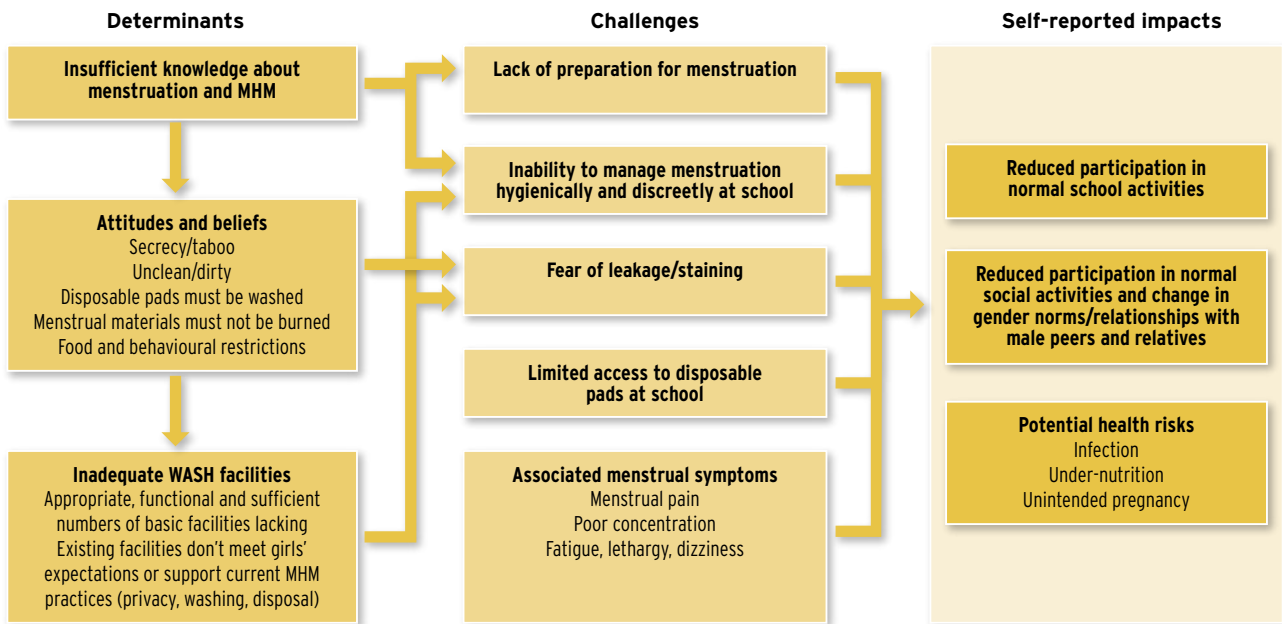
Menstrual hygiene practices	Urban (526 respondents)	Rural (512 respondents)
Used disposable sanitary pad	99.1%	97.1%
Used reusable cloth	5.5%	9.6%
Changed material every 4-8 hours	67.3%	40.8%
Washed genitalia at least once a day	98.3%	95.1%
Washed hands with soap after changing material	97.0%	93.2%
Disposed of material in bin or landfill	78.3%	27.7%
Buried material	6.1%	37.3%
Flushed material down latrine	11.0%	21.3%
Disposed of material in pit latrine	1.1%	6.3%
Burned material	2.7%	4.9%

Nearly all girls washed their genitals once a day, around half did so twice a day and some washed much more frequently. Over 90 per cent of girls washed their hands with soap after changing their pads or cloths, although only 59 per cent of urban girls and 48 per cent of rural girls washed their hands before and after. There was, however, a common misconception among girls that washing hair during menstruation is harmful – many reported having been told by mothers or teachers that it could block menstrual flow, cause headaches or even lead to death. Another common misconception was that taking medicines such as paracetamol to combat period pains could prove harmful.

There was a widespread sense among the surveyed girls that menstruation is unclean and that it needed to be kept secret, especially from boys. Some 41 per cent of post-menarche girls surveyed agreed that menstruation should be kept secret. They shared a strong fear of leakage or of staining their clothes. The need for secrecy also contributed to girls not changing or disposing of pads at school.

The other key constraining factor, however, was the lack of appropriate WASH facilities in school. Unclean and small latrines together with lack of privacy led to girls being reluctant to change their sanitary pads at school. Almost all girls preferred to wash soiled

FIGURE 3: SUMMARY OF KEY DETERMINANTS, CHALLENGES AND IMPACTS RELATED TO MHM



disposable pads prior to disposal, but most schools did not provide adequate water or private spaces that would allow them to do so. Similarly, very few schools provided bins inside latrine compartments, with the result that girls were unable to dispose of their absorbent materials discreetly. As a result, some girls resorted to returning home to change absorbent materials or to wearing soiled materials for longer than eight hours.

KEY RECOMMENDATIONS

Improve the access to and quality of education about menstruation and menstrual hygiene.

There is good evidence that educational interventions can improve MHM practices among girls and women but they need to provide comprehensive and accurate information that addresses misconceptions and provides practical advice. There is a need to strengthen coordination between the Ministry of Health and the Ministry of Education and Culture to improve the provision of menstruation education through the current school curriculum and through extra-curricular activities; community health centres should also be included. Teachers and other educators should be appropriately trained to provide compulsory menstruation education to both girls and boys, in order to increase girls' knowledge and skills relating to MHM and to reduce stigma associated with menstruation. This education must be provided in primary schools as well as high schools in order to reach girls before menarche and reduce the fear

and anxiety associated with first menstruation while increasing girls' preparedness to manage their menstruation hygienically and with dignity. Boys also need information about menstruation but some aspects of menstruation education should be taught separately, ideally by a teacher of the same gender, so that sensitive issues can be discussed more openly.

Development partners could explore opportunities to engage with private sanitary pad manufacturers and distributors to improve girls' access to accurate information and promote safe MHM practices.

Provide menstrual hygiene materials and other commodities in schools.

It is important to explore ways to ensure that schools have adequate resources to provide free or affordable disposable sanitary pads in school – or, at minimum, to supply free sanitary pads for emergencies. Adolescent girls should be consulted to identify preferred brands and products, method of dispensing pads, and also affordability if pads cannot be provided free of charge.

Simple treatments for menstrual pain, such as paracetamol, should be provided by the school and staff should be trained in the management of uncomplicated menstrual pain. MHM education targeting girls and mothers should specifically challenge misconceptions about the use of pain-relief medication during menstruation.



Health checks in school should include menstrual health, including counselling about MHM, identification of both dysmenorrhoea and possible iron deficiency (such as dizziness, fatigue). Referral of students requiring additional medical assessment and care should be improved.

Strengthen WASH facilities in school, prioritizing those schools with the poorest provision.

The Government needs to ensure that schools have sufficient, appropriate and functional WASH facilities. This includes improving existing facilities to meet the needs of menstruating girls and considering MHM when designing and building new facilities. Among the considerations should be:

- Functional latrines should be accessible to girls and boys at a ratio of 1/25 and 1/50, respectively.
- Girls' latrines should be separate from boys', have doors lockable from the inside and include privacy walls to allow for discreet entry and exit.
- There should be enough space to change and wash menstrual materials and clothes comfortably.
- Latrines should be consistently maintained and cleaned, with penalties for lack of compliance.

- There should be a sufficient and reliable supply of water, as well as buckets, basins, soap and tissues, hooks and mirrors, to help girls during the times they are changing menstrual hygiene materials.

Covered bins should be provided in all girls' latrine compartments and these should be regularly emptied. Schools should recognize that incineration of waste materials may not be appropriate based on girls' current practices and beliefs.

For full details of research methods and findings link to the full report

https://www.burnet.edu.au/system/asset/file/2034/2015_Menstrual_hygiene_management_Indonesia_FINAL_REPORT_February_2015_low_res.pdf



WEST AND CENTRAL AFRICA

Des enfants d'Afrique de l'Ouest parlent de la maladie, des soins, de l'hôpital. Comment leur répondre ?



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PAEDIATRIC CARE IN WEST AFRICA

A child's-eye view

Worldwide, children are one of the most important groups to access and use health services. The first weeks and years of life are potentially fraught with difficulties – from accidents to pathologies or nutrition problems – yet there is next to no data available on the quality of care provided to them, especially not as it is seen and experienced by the children themselves. This unique West African research programme sought to provide insight by not only describing the ways in which paediatric care is accessed but also allowing children to ‘assess’ the quality of such care in their own voices and with drawings.

The research was conducted by a team drawn from universities all over West Africa as well as from France and Switzerland. The team included paediatricians, health administrators, social scientists, anthropologists, hospital doctors, and focused closely on the experiences of the children, their siblings and families. It involved research in eight countries – Benin, Burkina-Faso, Cameroon, Mali, Mauritania, Niger, Senegal and Togo – in a range of different geographical, linguistic and religious settings. In each country 20 children were selected as case studies – equal numbers of girls and boys, all either suffering from chronic disease or from conditions requiring frequent hospitalization. In Mali, Niger and Senegal the research teams focused on

PANEL COMMENT

The report gives voice to children themselves and from different walks of life. The methodology makes good use of children's tools of communication. Both caregivers and researchers were involved in the research, potentially facilitating not only validation of the findings but also effective implementation of the recommendations.

The report elaborates simple, practical, and not-too-costly recommendations for caregivers to improve the child-friendliness of the paediatric centres.

ENSPEDIA* and Yannick Jaffré
(corresponding author)

children with sickle-cell anaemia while elsewhere the recruitment was more general. All the health facilities evaluated were in the public sector apart from in Benin where religious-based health care was included at the district level.

Exchanges between the child and the researcher were regarded as confidential and were not transmitted to relatives or to medical staff. A folder was completed for each child that included their medical history, their own experience of their illness and of the care they had received, together with drawings if the children found this to be a convenient way of expressing themselves. This charting of children's experience embraced many aspects, including their interaction with their parents or caregivers, the family economy as it related to their medical care, the process that led to hospitalization and the actual treatment received.

FINDINGS AND DISSEMINATION

The report findings were used in an innovative way, specifically intended to have a practical impact. The team drew on the research to come up with specific recommendations for improving the care of children with serious health problems, aiming to reduce not only their physical pain but also their psychological suffering. These were expressed not in academic terms but as practical notes of advice and are presented in an illustrated booklet, the first half of which is devoted to the children's own verbal testimonies and colour drawings, many of which are profoundly touching. Rooted in this direct communication, the advice covers such vital aspects as how to establish a relationship at the first meeting; keeping the child informed; ensuring the child has understood; respecting privacy; explaining what is going to happen. The aim is to sensitize caregivers and provide them with practical help. The booklets were then distributed throughout the region's hospitals from the research base in Dakar.

The underlying principle of the project is striking and is embodied in this practical means of dissemination. "Caring for a child," the booklet concludes, "means recognizing her or him as a partner and a whole person." In many research projects lip service is paid to children's participation but it is effectively an add-on. In this instance, however, children's experiences and perspectives were at the very heart of the project. The expressed intent was to view children not as pathologies to be cured but as actors participating in their own care pathway.

Communication of the project results also took other forms:

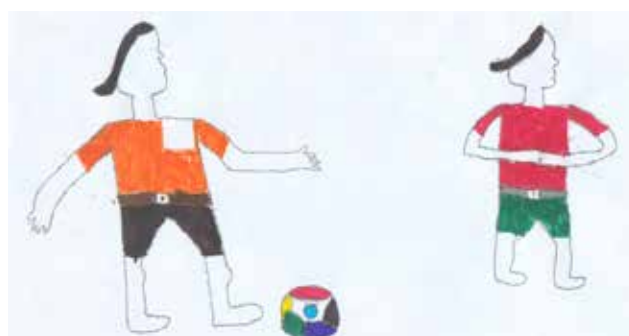
- The research results were presented thematically to an international audience in a Symposium at the University of Lausanne in Switzerland. This was in part to promote the idea of an interdisciplinary research platform dedicated to children's health and to consider correspondences between the West African findings and children's experiences in European hospitals.
- A book of scientific articles is in preparation that will focus on ways of improving paediatric care in West African hospitals.
- Further research is now being carried out in Mauritania and in Mali on paediatric care, as well as an examination of interactions between caregivers and children in paediatric oncology services.

THE CHILDREN'S WORDS AND PICTURES



"Mon meilleur(e) ami(e) et moi." (My best friend and me).

Taibatou, who is 14, lives with sickle-cell anaemia. She depicts herself coloured red to mark her own disease. She says: "I'm sick but my friend is in good health. We are standing holding hands because she knows that the red cell is not a contagious disease. It is a disease that you get from one or both parents. I am different from my friend because she can do whatever she wants, but not me."





Twelve-year-old Salome talks about her experience of hospital staff. “We arrived by public transport, because we come from a village. Then from the bus station we took a taxi to the hospital. On arrival, I saw a man, but I do not know if he is a doctor or nurse. I do not know the difference between them. They are all in white coats... When they come into the room, they look at me, give an order and the doctor said to go pay for drugs for evening care. Sometimes one wishes me better health. I’m not sad, because if you give me drugs, I’ll heal. I don’t cry. But my mother told the doctor that she has no money for radiography. In fact, the hospital does not displease me. Rather it is my parents’ lack of means that makes me sad.”

Robert, who is 13 years old, has sickle-cell anaemia. “The next day I started to have pain and that was when they took me to the hospital. It hurt in my bones everywhere. I cried a lot. My parents were sad. I was hospitalized. We spent four weeks there and then they released us. No doctor has told me what I have... I wonder why God has made it that some can play but not me.”

Kokou, who is 12, has diabetes. “My father, he said that my illness makes him spend a lot of money. My other sisters do not spend it as I do... It’s as if it wasn’t worth me coming to the world. That way I would not make them spend money.”

Improving the interaction between medical staff and children in hospital:

- From the first meeting onwards, greet children by their first and last name, however young they are.
- Always inform children about what is happening to them. Encourage them to ask questions and try to answer in a simple and understandable way.
- Respect the child’s privacy.
- Children must be certain that adults will, if possible, avoid causing them unnecessary pain; they need to know that adults are trustworthy and are there to help.
- Use simple tools that are appropriate to young children, such as special charts that can help children to express their level of pain.

Échelle pour mesurer la douleur



Visual ladder adopted for the 5-10-year-old child. Present the ladder vertically and ask the child to put their finger as high on the chart as their pain is great.

Pour identifier le niveau de douleur



“Not bad at all”

“Very, very bad”

For full details of research methods and findings link to the full report

<http://g-i-d.org/images/contenu.pdf>

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SOUTH AFRICA

Towards a More Comprehensive Understanding of the Direct and Indirect Determinants of Violence against Women and Children in South Africa with a View to Enhancing Violence Prevention



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VIOLENCE AGAINST WOMEN AND CHILDREN IN SOUTH AFRICA

Victims and perpetrators

Interpersonal violence is a dynamic phenomenon that arises out of the complex interplay between multiple experiences over the course of individuals' lives. Such complexity and dynamism are amplified where large population groups are considered, since not all individuals with similar experiences will become victims of, and/or perpetrate, violence. Such violence cannot therefore be understood through a root-cause analysis such as is typically applied to single events such as a plane crash or the collapse of a building.

This research project of the University of Cape Town and the Children's Institute sought to conduct a critical analysis of the risk and protective factors associated with violence – physical, sexual and

PANEL COMMENT

The broad approach of the research is impressive and concerns a serious attempt to provide a comprehensive and better understanding of the phenomenon of violence against children and women in South Africa. This study could serve not only as an important step forward for South Africa in this regard, but also as an example of good practice for other (African) countries.

emotional – against women and children in South Africa and to assess the relationship between all the relevant variables. The ultimate goal was to recommend practical interventions to reduce and prevent violence to the South African Government’s Inter-Ministerial Committee to Investigate the Root Causes of Violence Against Women and Children.

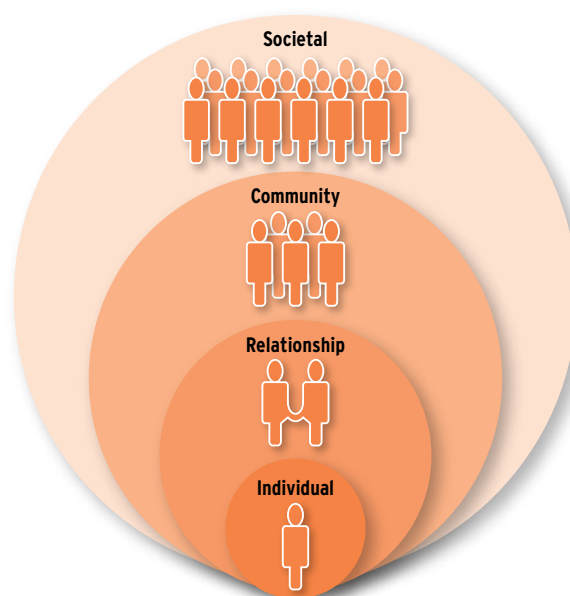
FOUR LEVELS AND THREE DATA SETS

The research made use of the ‘public health socio-ecological analytical framework’. This framework comprises four levels: individual, relationship, community and societal. The core idea is that the risk of violence against women and children will be reduced if the risk factors associated with such violence decrease and/or the protective factors are enhanced (see Figure 1 and Table 1).

The researchers set out by reviewing existing research on violence in South Africa, formulated conceptual frameworks based on this literature review, and then, after an extensive vetting process, identified data sets suitable for constructing predictive models on the determinants of violence against women and children in South Africa.

The data sets chosen came from the Cape Area Panel Study, the Centre for Justice and Crime Prevention, and Gender Links. The Cape Area Panel Study was initiated in 2002 and involves monitoring five waves of young people in Cape Town over many years as they move from childhood through adolescence into adulthood. It enables researchers not only to investigate how early childhood conditions relate to later adolescent and adult behaviours but also to test how violence victimization early in life leads to violence perpetration and further victimization in later years. The Centre for Justice and Crime Prevention undertook a cross-sectional study designed to provide a national probability sample of all young people in the country aged between 12 and 22 years of age in 2008. The household survey undertaken by Gender Links, meanwhile, elicited a representative number of respondents in the provinces of Gauteng, Limpopo, KwaZulu-Natal and Western Cape, and examined the various determinants and risk factors associated with violence victimization in the case of women and with violence perpetration in the case of men.

FIGURE 1: CONCEPTUAL ILLUSTRATION OF THE SOCIO-ECOLOGICAL MODEL

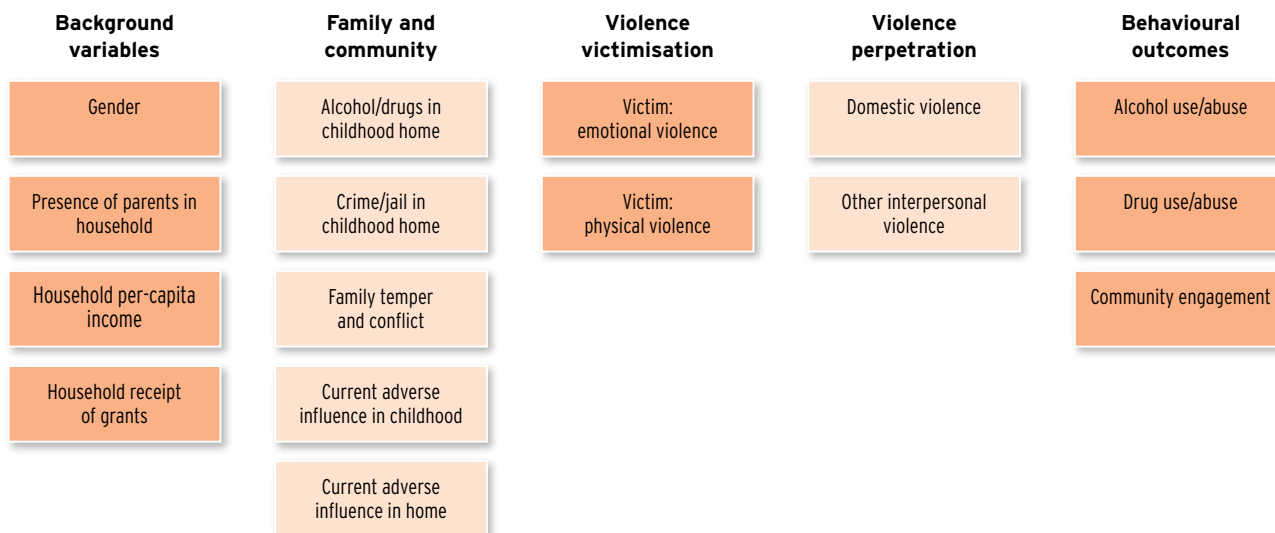


Source: Popadić et al.

TABLE 1: FACTORS OPERATING AT EACH LEVEL OF THE SOCIO-ECOLOGICAL MODEL, WITH SOME EXAMPLES

Level	Factors	Examples
Individual	Biological, psychological or behavioural characteristics of an individual	Age and gender; alcohol or drug use; witnessing violence; beliefs that condone interpersonal violence
Relationship	Family of caregiver influences (family environment and parental behaviour); relationship with peers and/or intimate partners	Patriarchal or physically violent family environment; parental substance use; delinquent peers
Community	Relationships with schools and neighbourhood; social integration and capital	Poor policing; access to firearms, drugs and alcohol; poverty; lack of consequences for perpetrators; tolerance of interpersonal violence
Societal	Demographic and social changes; income inequality; political structures; cultural influences and norms; economic and social policies	Inadequate laws governing firearms; policies that maintain inequality or discrimination based on race or gender; culture of male sexual entitlement; pro-violence norms

FIGURE 2: KEY VARIABLES IDENTIFIED IN THE CAPE AREA PANEL STUDY



THE NATURE OF VIOLENCE IN SOUTH AFRICA

The review of existing research indicated that many South African children are exposed to high rates of violence in their homes, schools and communities. The reported rates of violence are, it is suspected, much lower than the actual incidence rates, owing to high levels of under-reporting. The most prevalent forms of violence include physical violence and homicide, corporal punishment, sexual abuse and rape, emotional abuse, neglect, intimate-partner violence, bullying and gang violence.

At the individual level, risk factors for victimization include age, gender and substance use, though being a member of a vulnerable group, such as being a street child or having a disability, also increases risk. At the relationship level, risk factors include: substance use by a child’s family and peers; poor family structuring

and functioning; family conflict; harsh or inconsistent discipline; having a family member who has been incarcerated; having parents with untreated mental-health problems; and having peers involved in delinquent behaviour. At the community level, risk factors for victimization and perpetration include the availability of weapons and substances, and social norms that accept patriarchy and violent expressions of masculinity.

South Africa has one of the highest reported rates of gender-based violence in the world but widespread under-reporting makes it difficult to determine the true extent of violence against women. Table 2 gives an indication of the significant levels of intimate-partner violence in seven provinces.

There is a significant relationship between childhood experiences and witnessing of violence and later female victimization or male perpetration of violence.

TABLE 2: INTIMATE-PARTNER VIOLENCE AGAINST WOMEN IN SEVEN SOUTH AFRICAN PROVINCES

Province	Intimate-partner violence				
	All	Sexual	Physical	Emotional	Economic
Gauteng	51%	18.2%	50.5%	65.2%	28.5%
Limpopo	51%	6.9%	23.0%	31.0%	13.0%
KwaZulu-Natal	29%	9.7%	20.9%	22.7%	13.9%
Western Cape	44%	13.9%	26.7%	39.1%	13.2%
Northern Province	-	-	19.1%		39.6% ^a
Eastern Cape	-	-	26.8%		51.4% ^a
Mpumalanga	-	-	28.4%		50.0% ^a

^a Percentages refer to past-year experience of violence. All other percentages refer to lifetime experience of violence.

Women may be at greater risk of victimization if they are marginalized, for example if they are elderly, have a disability or are refugees.

Men who perpetrate intimate-partner and sexual violence are often involved in other antisocial or violent behaviour in a variety of settings. In general, attitudes and practices that support gender inequity – whether individual or societal – increase the risk of violence.

VIOLENCE AGAINST CHILDREN: WHAT MAKES IT MORE LIKELY

Based on the predictive models constructed by the research team, perpetration of violence against children appears to begin in the home and extends outside into the community. Children who have suffered some form of violence at home are at greater risk of experiencing violence outside the home – but they are also significantly more likely to perpetrate violence against others, be it in the home, the community or at school.

The kind of home they come from makes a difference, however. Children living in households where neither parent is present face the highest risk of violence, while those with both parents face a much lower risk and those with one parent somewhere in between. Children from poorer households are also more likely to experience violence in some form, as well as eventually to perpetrate it. Unsurprisingly, children from homes where family members resort to violence, out of heightened temper and conflict, face a greater risk of suffering violence, as well as of perpetrating it.

There are significant gender differences. Girls are at significantly greater risk of sexual violence than boys and are also much more likely to perceive and report emotional violence. Boys are significantly more liable than girls to perpetrate all forms of violence, even when all other determinants are held constant. However, boys and girls appear to be at equal risk of suffering physical violence at home.

Alcohol and drugs tend to increase children's risk levels. If they use and abuse these substances they are more likely to perpetrate violence – and boys are at much higher risk than girls. But any contact with drugs, alcohol or crime puts children at greater risk, whether they are living in households where they are exposed to these or whether they are in touch with other community members who are involved with them.

VIOLENCE AGAINST WOMEN: WHAT MAKES IT MORE LIKELY

Emotional, physical and sexual abuse suffered by women as children was found to be a key determinant of whether they later became victims of violence. In many instances, childhood abuse was the most significant risk factor.

The researchers found women from poorer backgrounds to be at much greater risk of suffering all types of violence. Partly connected with this, women with lower levels of education are more at risk, not least because this is likely to mean they are more dependent on their male partner – and economic dependency by women on their partners leaves them vulnerable to all forms of intimate-partner violence. Less educated women also tend to have diminished control in their relationship.

Such lower levels of education also render women more likely to abuse alcohol, which itself is a factor putting them at greater risk of violence – though alcohol abuse by their male partner significantly increases their risk. Women who abuse alcohol are also more likely to be in relationships with partners who are unfaithful – and infidelity by their partners is another factor that puts women at greater risk of suffering violence.

VIOLENCE BY MEN: WHAT MAKES IT MORE LIKELY

Some of the factors increasing men's risk of perpetrating violence are similar to those that render women more likely to be victimized. For example, men who had suffered emotional, physical or sexual abuse as children were found to be significantly more likely to perpetrate violence – and in many instances childhood abuse was the single most significant risk factor. Men from poorer backgrounds are more likely to have been exposed to trauma or suffered abuse during childhood – and also more liable to perpetrate all forms of intimate-partner violence.

Similarly, men with lower levels of education are more likely to perpetrate all forms of violence as well as to exert greater control in the relationship and to subscribe to notions of gender inequity. In general, the greater the man's control of the relationship, the more likely it is that he will perpetrate violence – especially if it is backed up by a belief in inequitable gender relationships. In addition, the more concurrent sexual partners a man has, the more likely it is that he will perpetrate violence.



Alcohol abuse is a significant direct determinant of almost all forms of male violence – and the more consumed, the more likely that violence becomes.

KEY POLICY RECOMMENDATIONS

The research team's recommendations focus primarily on the high prevalence of violence against children throughout South Africa. This is clearly a critical issue for children and their families but, in addition, violence against children has been found to be a principal risk factor associated with violence against women. A strong focus on preventing violence against children, particularly through early intervention, may therefore be the South African Government's most appropriate course of action as it seeks to reduce and prevent many other forms of violence.

A population-based, early-intervention public-health approach to eradicating violence against children is therefore proposed. Such an approach should ideally make use of a four-pronged strategy:

- Early intervention and prevention

- More detailed research on the prevalence of violence, through analysis of data. An eradication strategy will include routine universal screening for violence against children which would produce the relevant data.
- Intervention programmes at scale
- Improved information and surveillance systems.

In essence, the proposed approach would aim to address violence against children through the early screening of parents and children. Parents identified as being at risk of perpetrating violence and children displaying signs of maltreatment would then be identified and referred for appropriate interventions and support. In addition, children and parents considered to be at high risk should be carefully monitored.

For full details of research methods and findings link to the full report

<http://www.savi.uct.ac.za>



GLOBAL

The Investment Case for Education and Equity



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**Annababette Wils,
Gabrielle Bonnet,
Mathieu Brossard**

EDUCATION WORLDWIDE

Investing more equitably

There are about one billion children and adolescents of primary and lower secondary school age globally, and the youth population is growing. When pre-primary-age children are included, the figure is closer to 1.4 billion. Education is a human right for all of them. Yet far too many remain out of school, many of them excluded because of poverty, discrimination related to gender, ethnic origin or disability, or living in areas afflicted by conflict.

This comprehensive report from the UNICEF Education Section surveys the global research on investments in education in recent decades. It presents the well-established evidence that education is a powerful tool to break the cycle of poverty and disadvantage for individuals, families and countries. It then focuses on the challenges of poor learning and inequity – with some 250 million children worldwide failing to learn how to read or write, whether or not they are in school. The report goes on to identify the barriers to progress in education and learning, including the funding gaps and the inequitable and inefficient way in which existing funds are allocated. Finally, it plots a clear way forward, with a series of recommendations as to how increased resources might be employed more effectively and equitably.

THE BEST POSSIBLE INVESTMENT

The report cites 14 studies conducted between 1997 and 2013 investigating the economic returns associated with one additional year of education. Overall, these

PANEL COMMENT

There is fierce competition for global funding among different advocacy groups. This reports plays an important role in emphasizing equity in education, and in providing convincing evidence through a well-documented investment case. The quality of the writing and graphical presentation is excellent.

studies confirm that extra years of education have a significant positive influence on GDP per capita. Providing individuals with more education, knowledge and skills increases their productivity and employability, which in turn increases the overall income of their country. Generally, adults with higher education levels have, on average, higher incomes. Globally, the average private return for one additional year of education was found to be a 10-per-cent increase in income, according to computations from more than 800 surveys in 139 countries. The returns are generally higher in low- or middle-income countries while it is also clear that returns are higher for women than for men.

Higher levels of education are also associated with lower poverty rates: on average, for each additional year of schooling among young adults, poverty rates were found to be 9 per cent lower. Figure 1 shows the correlation between average years of education and the incidence of poverty in selected countries.

The returns on investment in education may be even greater in terms of human development. Educated people and the children of educated parents tend to be healthier, more empowered as well as socially more tolerant. Among the benefits are:

- Reduced child mortality. In 2009, there were 8.2 million fewer deaths of children under 5 than in 1970, even with a much larger population, and 4.2 million of those averted deaths were attributable to higher levels of education. Among the factors contributing to this are educated women seeking

prenatal care, immunizing their children more and following medical advice and treatments.

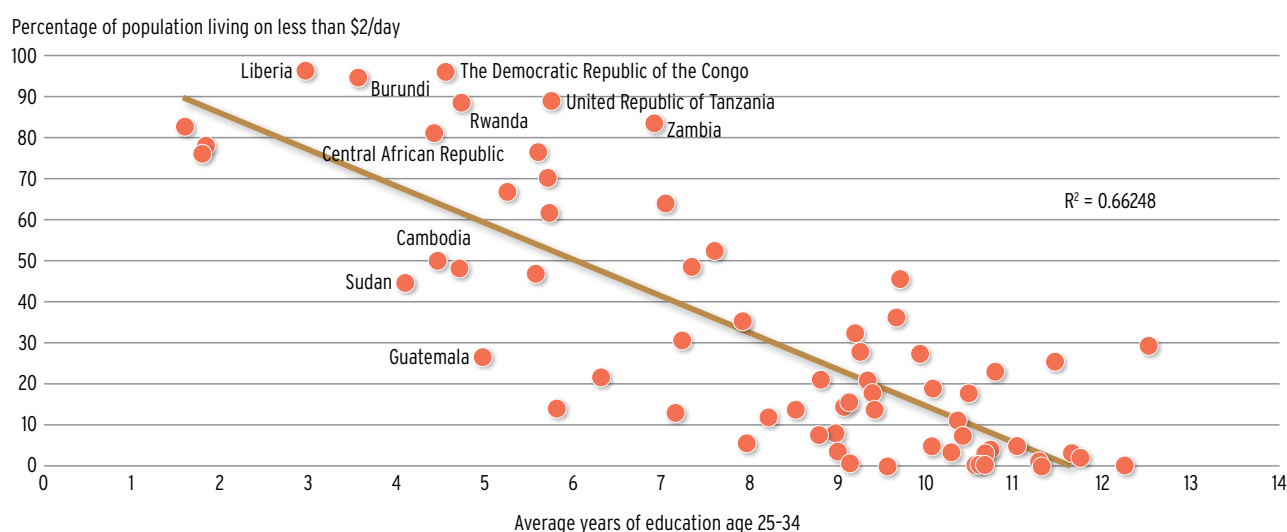
- Reduced fertility. Women with primary education have, on average, 0.7 fewer live births than women with no education. The effects for secondary education are even greater, as women with secondary education have, on average, 2.3 fewer children than women with no education.
- Improved adult health and life expectancy.
- Reduced disability rates.
- Reduced risk of conflict. In 55 low- and middle-income countries where the level of educational inequality doubled, the probability of conflict more than doubled, from 3.8 per cent to 9.5 per cent.

POOR LEARNING AND HIGH INEQUITY IN EDUCATION

Large numbers of children are still out of school, and access to school remains inequitable, with entire groups of vulnerable and marginalized children excluded from education. In addition, it is increasingly clear that what children learn in school in many developing countries falls far short of their potential and far below what children learn in more developed countries. Increasing levels of access mask low levels of learning and school completion.

Of the children who never enter school, 57 per cent are in sub-Saharan Africa. In some countries, such as Burkina Faso, Mali and Niger, this affects more than 40 per cent of the school-age population (see Figure 2).

FIGURE 1: RELATIONSHIP BETWEEN THE PERCENTAGE OF THE POPULATION LIVING ON LESS THAN \$2 A DAY AND THE AVERAGE YEARS OF EDUCATION AMONG THE POPULATION AGED 25-34

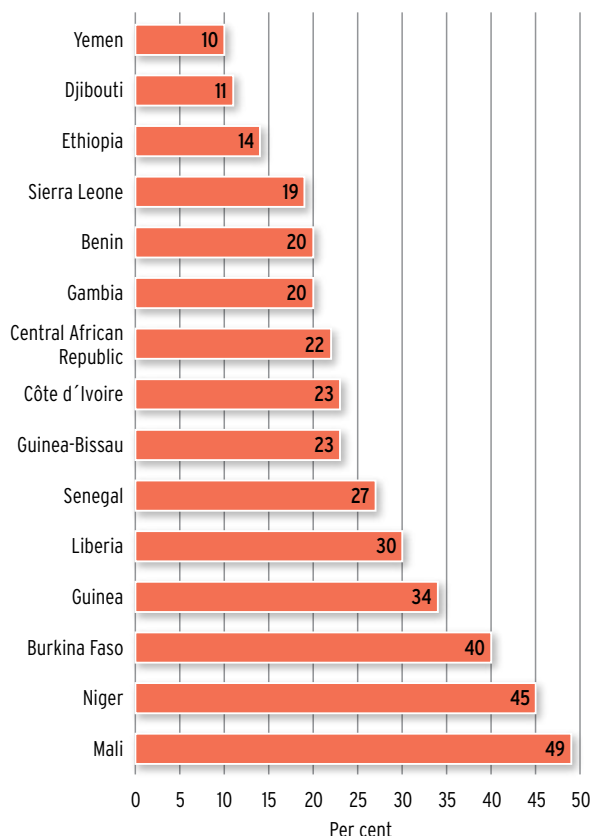


Source: World Bank, 'World Development Indicators', <http://data.worldbank.org/data-catalog/world-development-indicators>

Early drop-out remains a big problem: only 57 per cent of those entering school in low-income countries reach the last grade of primary education. Even if they do get this

far, it is not certain that they will gain even the minimum standards of literacy and numeracy: 130 million of the children who reach Grade 4 do not learn to read.

FIGURE 2: PERCENTAGE OF CHILDREN WHO NEVER ENTERED SCHOOL IN COUNTRIES WITH A RATE HIGHER THAN 10 PER CENT



Source: Data computed from household surveys, 2006-2011

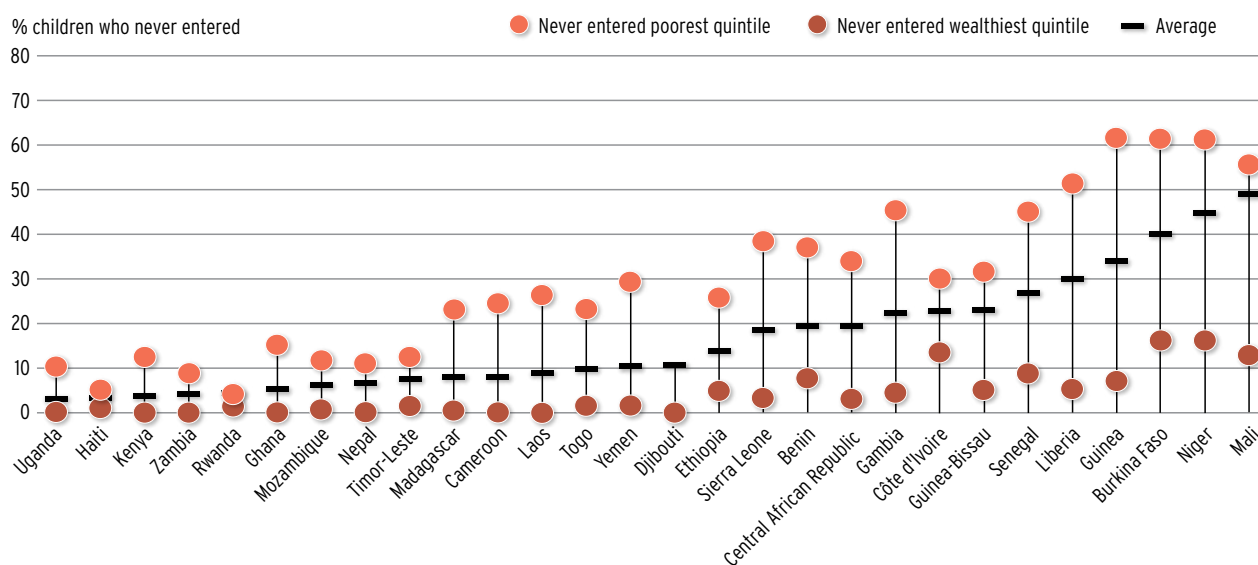
Vulnerable and marginalized children suffer from high levels of exclusion: for example, children from the poorest quintile of households have been found to be four times more likely to be out of school than those from the wealthiest quintile (see Figure 3). When multiple exclusion factors come together, the average numbers of years of education can decrease to virtually zero.

BARRIERS TO ACCESS TO EDUCATION AND LEARNING

A key factor that determines countries' ability to achieve the goals set out in the Education for All agenda is the inadequate level of funding. Most low- and middle-income countries fall well short of the levels of funding needed to provide all their children with the education that is their right.

The United Nations Development Programme estimates that countries should devote around 20 per cent of their GDP to domestic expenditure but many do not meet this target. Within the amount available for domestic spending, moreover, the priority attached to education in government budgets is lower than it should be. The most commonly used international benchmark is that low- and middle-income countries should devote at least 20 per cent of their budget to education but many fall far short of this.

FIGURE 3: PERCENTAGE OF CHILDREN WHO NEVER ENTER SCHOOL, BY WEALTH QUINTILES, SELECTED COUNTRIES



Source: Data computed from household surveys, 2006-2011

In a number of low-income countries, external funding constitutes a significant share of government spending on education but since 2010 there has been a decline in external aid to education of around 10 per cent.

The amount of money available is not, however, the only problem. Often the distribution of education funds within a country disproportionately benefits the needs of children from better-off sectors of the population to the detriment of children from more marginalized groups (see Figure 4). On average, in low-income countries, 46 per cent of public-education resources are allocated to the 10 per cent of students who are most educated (compared with 26 per cent of resources in lower-middle-income countries and 13 per cent in high-income countries). These inequities disproportionately favour children from the wealthiest households since children from the wealthiest households are heavily represented among the children with the highest levels of education.

Other drivers of inequity identified by the report include high household contribution to costs at the lower levels of education, even though this is the stage most likely to be accessed by the poorest and most marginalized families; and lack of equity in the distribution of resources to geographical regions.

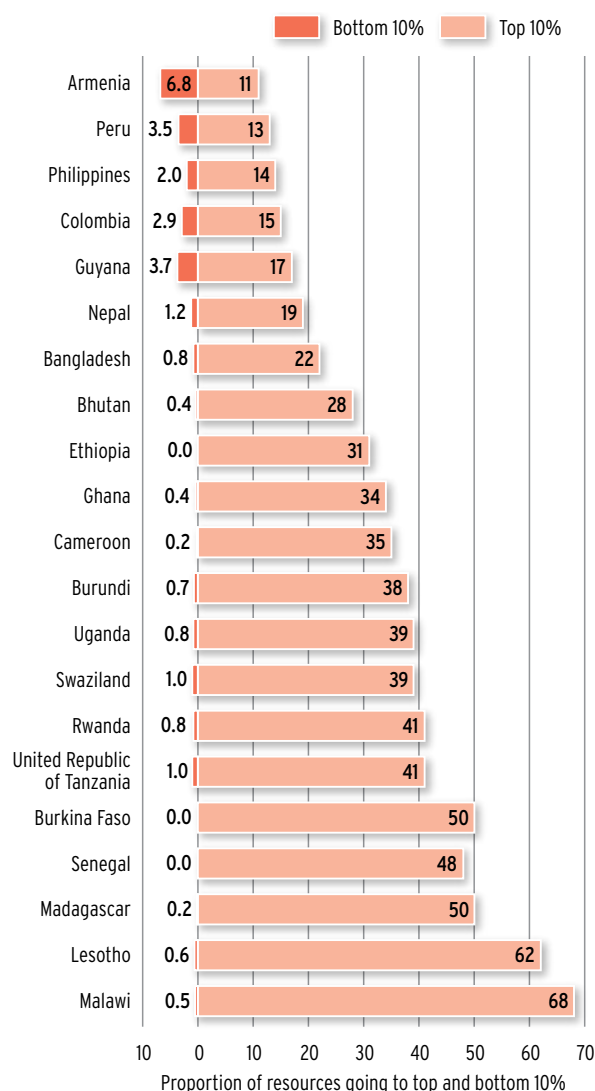
Finally, there are significant challenges with transforming resources into outcomes: high spending does not always translate into education results, whether high enrolment, completion or improved learning. Challenges include insufficient instructional time, lack of appropriate supervision of and support for teachers; and demand-side challenges such as opportunity costs or parents' opposition to their children being educated.

MOVING FORWARD

Governments and their development partners must affirm their commitment to equitable, inclusive and effective education. But resources are not always used efficiently and learning is often low in developing countries. Solutions for improved, more equitable and efficient policies for education and learning need to be contextualized based on in-depth education sector analyses that identify the specific challenges and constraints that countries face.

The report makes a series of detailed recommendations to deliver more equitable education funding, under three broad headings: increasing overall funding to the education sector; using resources more equitably; and using resources effectively to increase access, retention and learning.

FIGURE 4: PERCENTAGE OF PUBLIC-EDUCATION RESOURCES GOING TO THE 10% MOST EDUCATED AND 10% LEAST EDUCATED STUDENTS, SELECTED COUNTRIES



Source: Calculations based on most recent data available from the UIS Data Centre and the Education Policy and Data Center (FHI 360)

INCREASING OVERALL FUNDING TO THE EDUCATION SECTOR

- Increasing total domestic resources as a percentage of GDP and/or increasing the share of the government budget allocated to education.
- Increasing external aid to education. This includes not just donors raising official development assistance and the share of it that goes to education but also mobilizing the private sector – 5 per cent of the profits from the 15 most profitable firms would close the entire global education funding gap.
- Increasing support for education in humanitarian contexts. UNICEF has called for a 10-per-cent education target in humanitarian responses in its 2014–2017 Strategic Plan.



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USING RESOURCES MORE EQUITABLY

- Balancing the education budget by level of education with an equity perspective. A stronger emphasis on public funding of lower rather than higher levels of education is a pro-equity priority in lower-income countries and when budgetary trade-offs have to be made.
- Targeting resources to reach the most vulnerable through more equitable allocation to regions and schools. This includes ensuring equity in the way teachers are deployed to regions and schools in order to reach similar pupil-teacher ratios in all schools.

USING RESOURCES EFFECTIVELY TO INCREASE ACCESS, RETENTION AND LEARNING

- Interventions to increase access, survival and learning. The evidence presented suggests there is a wide variation in both impacts and costs for different interventions to improve access, survival or learning. However, on average, free school uniforms, pre-school and abolishing school fees are among the most cost-effective.
- Interventions to improve learning. These may include developing teachers' capacities

for effective instruction in the classroom and improved transparency, community participation and accountability.

- Contextualized analysis informing implementable, locally owned policies. Solutions for improved, more equitable and efficient policies for education and learning need to be contextualized based on in-depth sector analyses that identify the specific challenges and constraints the country faces. This analysis should inform implementable policies that are locally owned and relevant.
- Understanding better the situations and environments of children, particularly the most vulnerable. This requires the integration of more data into household surveys and national data systems, particularly on children with disabilities. Learning assessment systems at the country level, particularly in the early grades, will also empower governments to make informed decisions.

For full details of research methods and findings link to the full report

http://www.unicef.org/publications/index_78727.html



ZAMBIA

Qualitative Study of Child Marriage in Six Districts of Zambia



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CHILD MARRIAGE IN ZAMBIA

Beyond the stereotypes

Child marriage is often considered to be a problem that involves an adolescent girl being required to wed an older man, most often against her wishes. It is often assumed that the driving force behind the practice is local tradition and culture, and that the children involved are victims rather than active agents in the process. A ground-breaking research project now indicates that, in Zambia at least, the reality is much more complex and diverse – and that understanding child marriage sufficiently to work towards reducing its incidence will involve shedding many preconceptions.

Among the findings of the research were that:

- early marriage involves boys, as well as girls, and can involve their being partnered with older women;
- most early marriages in Zambia actually take place between boys and girls who are both under the age of consent;
- many early marriages also end in early divorce;
- many children actively choose marriage, for a variety of reasons, including wanting to acquire the status and independence of adulthood;
- economic factors, including household poverty, are more likely to drive child marriage than cultural pressures.

PANEL COMMENT

The study has the ambition to provide those working on behalf of children with a wider evidence base with which to develop more effective prevention and response interventions; interventions that also resonate with families and communities and are perceived as legitimate. The report is also very accessible for policy makers and others working in this specific field. It could also serve as an example for similar research in other countries.

**Gillian Mann, Pdraig Quigley,
Rosal Fischer**

HOW AND WHY THE RESEARCH TOOK PLACE

Zambia is reported to have one of the highest rates of child marriage in Africa, with a national prevalence of female child marriage of 42 per cent. Nevertheless, there is a dearth of comprehensive data on the practice. The need for a greater understanding of the dynamics leading to child marriage led UNICEF to commission this study, which aimed to gather in-depth, qualitative information on the underlying social, cultural and economic factors that motivate and sustain child marriage. The goal was to provide those working on behalf of children with a wider evidence base with which to develop more effective interventions that resonate with families and communities and are perceived as legitimate.

The project was overseen by a Technical Working Group, composed of representatives of government, multilateral, non-governmental (NGOs) and civil-society organizations. It was conducted in six districts: Katete, Lusaka, Luwingu, Mufilira, Mwinilunga and Senanga (see Figure 1). These districts were chosen through purposive sampling techniques that balanced a number of divergent criteria: rural, urban or peri-urban setting; high or low prevalence of child marriage; high or low rates of poverty; and cultural context, including initiations or other rites of passage.

FIGURE 1: DISTRICTS OF ZAMBIA WHERE THE PRIMARY RESEARCH WAS CONDUCTED



The researchers employed a range of different methods, including: a review of relevant documentary sources, both locally and globally; interviews with key informants, from local village heads, health workers and child-protection officers through to national and international organizations; focus-group discussions with children, young people and adults (see box); individual testimonies from children and

FOCUS GROUPS

In all research sites, discussions were organized with focus groups of 6-10 participants from each of the eight target groups: mothers; fathers; married and unmarried girls (aged 13-17); married and unmarried boys (aged 13-17); married young adult females and males (aged 18-24).

Group discussions used a visual elicitation method: two drawings were used, one of a 15 to 16-year-old girl and another of a boy of the same age. Together, participants explored the circumstances and influences that would lead a boy or a girl to marry or not marry.

Among the responses were:

"Most girls who marry early, like at the age of 15, do not listen to the advice of their parents... Some get into marriage as a way of running away [from] poverty in the homes of their parents and guardians."

An unmarried boy from Mwinilunga

"Child marriage is a result of no help from anyone. No parents, no school fees, death of parents, getting mistreated."

A married girl from Mufilira



adults who had experienced child marriage or had decided against it; and an SMS-based survey that was distributed nationally and aimed at males and females between the ages of 12 and 21 years.

SIX DIFFERENT TYPES OF CHILD MARRIAGE

The research found that child marriage is widely practised in all six of the areas studied – and, indeed, that it was more prevalent in all locations than had previously been indicated in household surveys or the national census. Six broad forms of marriage emerged, though there was considerable overlap between them and some shifting of marriage categories over time and as circumstances change.

- The traditional or ‘ideal’ marriage, which follows accepted social practices, has the consent of families and involves the payment of a bride price before it takes place.
- Self-decided, peer marriage, where children choose to marry each other and the consent of families may not be asked for or granted.
- Cohabitation-based marriage, in which children live together as ‘spouses’ for periods of three months or more and the relationship comes to be understood as a marriage by the wider community.
- Duty or responsibility-based marriage – typically where a male marries a pregnant girl.
- Retroactively ‘consented’ marriage, where families ultimately accept a peer union they had previously refused to recognize, perhaps after the birth of a child.
- Transactional marriage. This form is the closest to the standard international view of child marriage, where an older man enters into a relationship with a girl, whose family stands to gain economically from the union. In the two urban research sites such ‘transactional marriages’ also happened between boys and older women with the means to look after them.

The most common child marriages in Zambia are those between peers – between girls (from the age of 12 or 13) and boys (from 14 onwards), usually with an age difference of two or three years. They often do not involve parental consent or the payment of a bride price. Many such marriages do not last for longer than a year and divorce is common.

WHY DO CHILD MARRIAGES HAPPEN?

Several categories of boys and girls appear to be more likely to marry than others.

Children from poor families or backgrounds.

Poverty was found to be a key factor driving child marriage in nearly all of its forms. This can be because parents see the marriage as an economic opportunity or because children view it as a chance to escape challenging economic and material circumstances.

Rural children. Rates of child marriage (and teenage motherhood) are higher in rural than urban areas, and rural girls tend to marry around two years earlier than their urban equivalents. Boys and girls in all six research sites lamented the lack of things to do and stressed that sex and marriage were often pursued in the absence of any other available avenues.

Children not attending school. The study suggests, for example, that some girls marry because they cannot go to school – for many families, the financial cost of sending children to secondary school is prohibitive. Children in all areas stressed their frustration – and in some cases, despondency – at being unable to complete their education and thus to forge a personally and socially desirable future.

Pregnant girls and their boyfriends. It is widely accepted that if a girl becomes pregnant then she should marry the father of the child. However, in Katete and Mufulira, pregnancy did not appear to be as significant a driver of child marriage as it was elsewhere and families might agree instead on a damage payment from the boy’s family.

Orphans and stepchildren. In all research sites, orphaned boys and girls were singled out as more likely to be married, especially in areas where HIV prevalence is high.

Difficult or ‘hard-to-manage’ children. Marriage is sometimes seen as a strategy to control boys and girls who are engaging in behaviour considered inappropriate or unacceptable.

Children without adequate supervision or social support. Adults surveyed consistently thought that there was an increasing lack of supervision of adolescents arising out of new economic trends



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such as urban migration and parents needing to work long hours as well as a weakening of traditional family structures.

Many child marriages are driven by a desire to seize an opportunity – or by a status quo considered so intolerable that marriage is seen as the best of the limited options available.

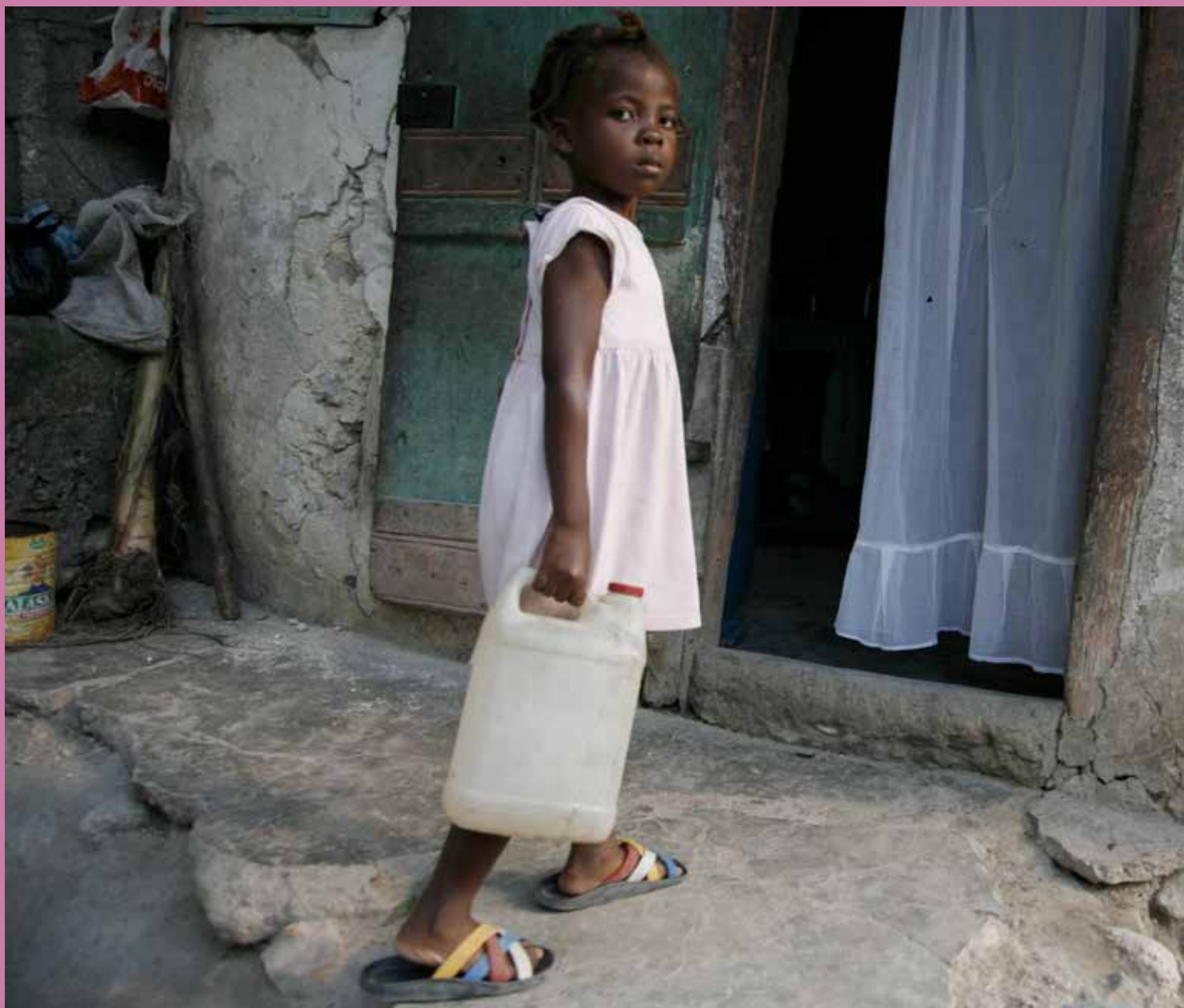
IMPLICATIONS AND RECOMMENDATIONS

The findings of this research challenge many of the assumptions about child marriage in Zambia and should result in new approaches to tackling the problem.

1. Child marriage, in the vast majority of cases, is less a reflection of cultural practice than of social and economic inequality. These findings suggest that policy and programmatic interventions need to engage with the reality that while child marriage often takes place in ‘traditional’ communities, it is no coincidence that these are almost always places where children face significant economic and social hardships.
2. Children’s agency needs to be factored into understandings of child marriage. The most common form of child marriage found in this study was between boys and girls choosing to come together, for whatever reason. Policy and programmes need to confront the reality that, in this context, child marriage may not be a rights violation, at least not in the way that it is commonly portrayed.
3. Child marriage involves boys as well as girls. Not only do most Zambian child marriages happen between peers but boys were also found to marry older women, though there is little statistical data on this. The lack of data underscores the lack of attention paid to boys in policy and programming aimed at addressing child marriage and its causes.
4. Understanding child marriage involves understanding what adulthood has to offer children. This study found that those children who chose to marry were those who wanted what adulthood had to offer (or what they thought it had to offer). Interventions to address child marriage in Zambia need to learn from children and young people what it is they want out of life and explore with them the various ways that their aspirations can be achieved.
5. Child marriage is a protective strategy employed by parents as well as boys and girls. This tends to apply more to girls, though marriage can also be a route out of a difficult situation for boys. There has been insufficient acknowledgement of the protective role that girls and boys hope marriage will serve.
6. Traditional puberty and initiation rites remain important in children’s lives, and these involve learning gender-differentiated skills and knowledge thought to be essential or advantageous to adult life. The extent to which such initiation rites lead or contribute to boys’ and girls’ sexual activity requires more research.
7. A focus on child marriage should not preclude attention to broader issues of sex, pregnancy and parenthood in childhood. Those seeking to intervene need to analyse exactly why (and if) child marriage is a problem before developing policies or programmes.
8. Child divorce is as much a reality as child marriage. Many relationships end after a few months, in some cases leaving teenage girls divorced and single mothers. Interventions and policies designed to counter the negative impacts of child marriage need also to grapple with the gendered and multigenerational impacts of divorce on children.
9. Improved intergenerational relationships and communication are essential to reducing the incidence of child marriage. Both children and parents consistently expressed a desire for greater communication and understanding between the generations, and building bridges in this way can mean that different choices appear possible and acceptable to both parties.
10. Sensitization efforts need to be accompanied by a multisectoral response to child marriage. This research found that both adults and children are aware of the risks associated with child marriage, but often the status quo is considered so intolerable that they are willing to take these risks. Addressing child marriage means addressing this reality and its underlying causes through targeted interventions to improve the lives of girls, boys and their families, including programmes in health, child and social protection, education, training and other areas. Campaigns to raise awareness will not work on their own and may even drive the practice underground, augmenting the risks faced by the girls and boys concerned.

For full details of research methods and findings link to the full report

http://www.unicef.org/zambia/publications_16897.htm



HAITI

Child Fosterage and Child Domestic Workers in Haiti



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CHILD DOMESTIC WORKERS IN HAITI

A multi-faceted problem

Child domestic workers in Haiti have long been a focus for the interest of both campaigners and academic researchers. This is because of the relatively high proportion of children in the country who live in families or households other than their own and are expected to do domestic work there.

Representations of Haitian child domestic workers often fall into two camps. On the one hand, a rights-based media discourse tends to paint all forms of the practice with the same broad brush: it is seen as child labour that restricts children's rights and freedoms and is akin to slavery. On the other hand, much of the academic literature sees the practice in the broader context of rural poverty, high fertility and parenting stress. According to this interpretation, the children are agents rather than victims, not only relieving pressures on their own families but also taking the opportunity to move to the city or out of a limiting family context. The latter view tends to downplay or ignore the more exploitative or hazardous domestic work arrangements that can be faced by children.

PANEL COMMENT

[The study] aims to provide a nuanced imagery with regard to the children involved and tries to move away from the portrayal of child fosterage (*restavek*) as a form of slavery... and to move beyond the narrow concept of 'agency' and the dichotomy of children's agency and victimhood. The research has potential for impact; it is highly informative and provides a very rich picture of the matter concerned.

**Anne Hatløy, Henriette Lunde,
Jon Pedersen, Helen Spraos,
Tone Sommerfelt**

Faced with this dichotomy, this research project aimed to provide much more detailed and nuanced information about the situation of child domestic workers in Haiti than has hitherto been available, as well as to map the existing institutional responses. The resultant report, by the Norwegian research foundation Fafo, analyses the results of research on child domestic workers that was commissioned in 2013 by UNICEF, the International Labour Organization (ILO), the International Organization for Migration, the International Rescue Committee and the Terre des Hommes Lausanne Foundation, in cooperation with the Haitian state. The research was carried out with the support of 28 Haitian organizations that formed a reference group providing feedback, advice and assistance throughout the research period.

The statistical data analysed come from a nationwide household survey carried out in September 2014, while the report also draws on insights from qualitative fieldwork and an institutional study that were carried out in Haiti in the same year.

DEFINING 'CHILD DOMESTIC WORK'

Defining what is meant by 'child domestic work' is vital at the outset, given that all children in Haiti, regardless of whether they live with parents or not, are morally and socially obliged to perform some domestic chores. Most children living away from parents perform some domestic work.

By one common definition any work by children under 15 in a household other than their own counts as child labour, while 15-year-olds can perform up to six hours' work per day and 16-17-year-olds up to

eight. According to these criteria, the number of child labourers in Haiti would decline sharply at the age of 15, which seems unrealistic.

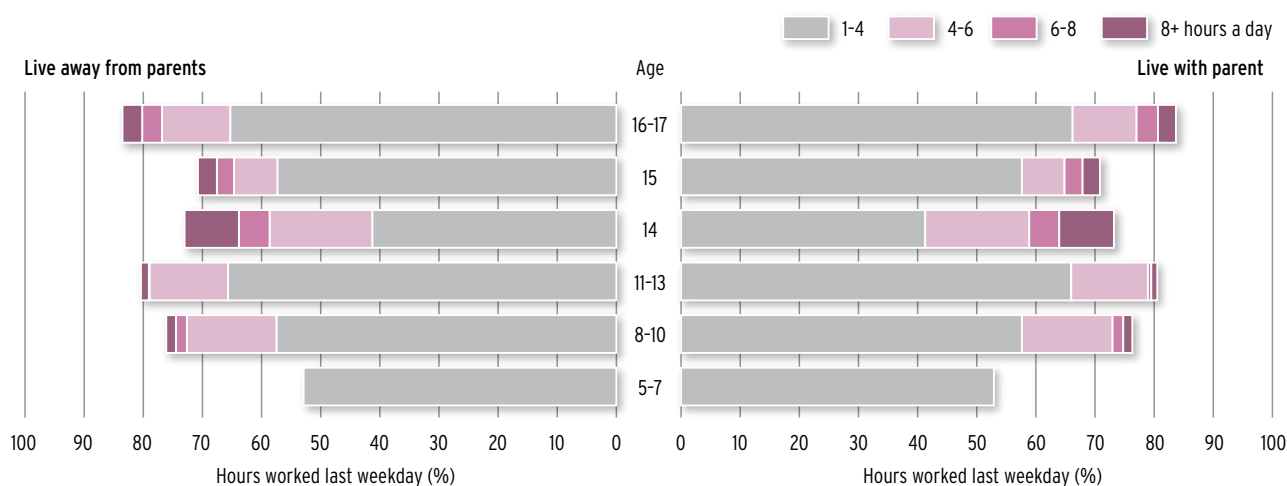
The two charts in Figure 1 compare the work done by children in their parents' house with that done by those living away from home. It is evident from this that children living with their parents have a high workload. While this would be considered permissible under the above definition, a workload of more than four hours a day is difficult to combine with schooling.

In addition, children living at home perform the same types of tasks as children working in other households (see Figure 2).

In general they perform rather less such work than child domestic workers but there is no task undertaken by child domestic workers that is not also performed by children living with their parents. This includes work that is considered hazardous, such as the use of sharp objects or proximity to an open fire.

The report uses instead a definition of child domestic work based on four factors: age; relative workload; educational performance; and parent-child separation. On this basis there are still considerable numbers of child domestic workers below 15 years of age, but the numbers increase with age. According to these criteria, which were also adopted by a previous survey in 2001, both the absolute number and the percentage of child domestic workers in Haiti have increased during the past decade and a half. An estimated 286,000 children aged between 5 and 14 may be considered to be child domestic workers.

FIGURE 1: HOURS WORKED BY CHILDREN AGED 5-17 LIVING AWAY FROM HOME AND LIVING WITH PARENTS



THE IMPORTANCE OF EDUCATION

Some 25 per cent of Haitian children aged 5-17 live apart from their parents (see Figure 3). This is an increase compared with 2001. Around 21 per cent live with relatives while the remaining 4 per cent live with a third party (see Figure 4).

Fewer child domestic workers than children living at home currently attend school. However, enrolment rates for child domestic workers have improved between 2001 and 2014 (see Table 1) – and the percentage of child domestic workers who have never attended school has fallen from 29 per cent to 7 per cent.

Success stories of children who have been given an opportunity to go to school, or to attend a 'better school' in urban areas while living away from parents, figure prominently when children talk about their wish to migrate to towns and live in new homes. Children above the age of 10 often seek employment in order to pay for their own schooling. In this sense, the quest for education is contributing to the supply side of child domestic work.

In the interviews during the qualitative research in 2014, adults as well as children underlined that formal education is a prerequisite for success (albeit an insufficient one), and the emphasis on this was more striking than in 2001. Moreover, children saw not going to school as humiliating, especially when other children in their household were gaining an education.

Domestic tasks do not seem to have a negative influence on school work to the extent that it shows in statistical terms. School enrolment and attendance is the factor that has the highest impact on children's perceptions of their own well-being, whether they are domestic workers or not. Differential treatment and exclusion from education affect children's opportunities as well as their feelings of self-worth. Many acutely feel their sense of separateness from their host or employing family.

PATTERNS OF CHILD DOMESTIC WORK

Contrary to common stereotypes, there are no differences in the proportions of child domestic workers between urban and rural areas. The proportion of boys among child domestic workers is higher in rural than in urban areas, largely due to their

FIGURE 2: HOUSEHOLD TASKS DONE DAILY, CHILD DOMESTIC WORKERS COMPARED TO OTHER CHILDREN AGED 5-17

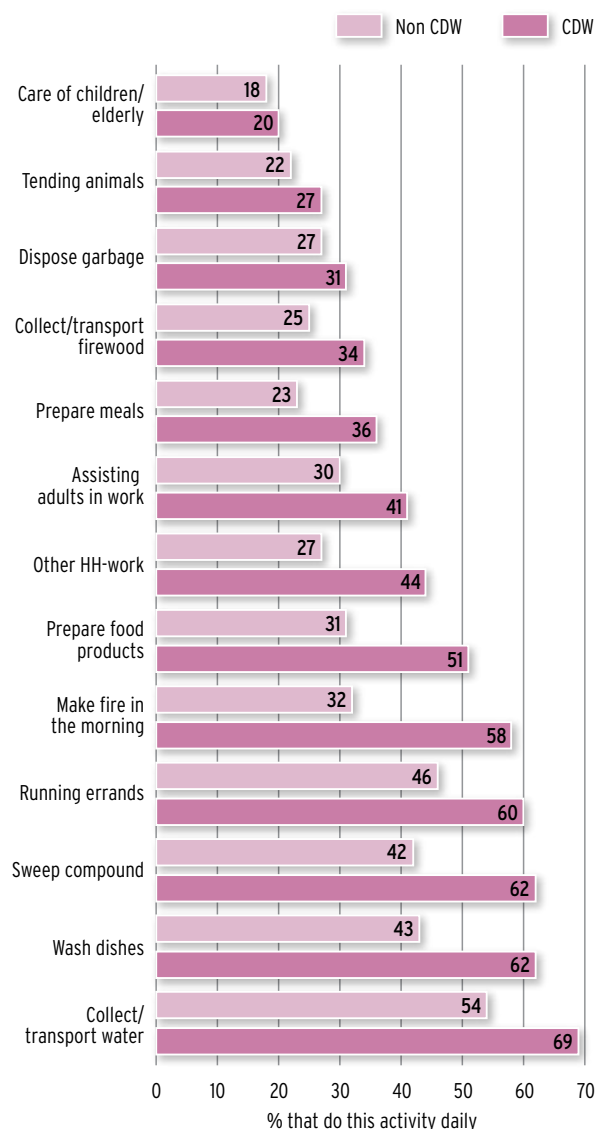


FIGURE 3: PROPORTION OF HAITIAN CHILDREN AGED 5-17 LIVING AT HOME AND WITH OTHERS

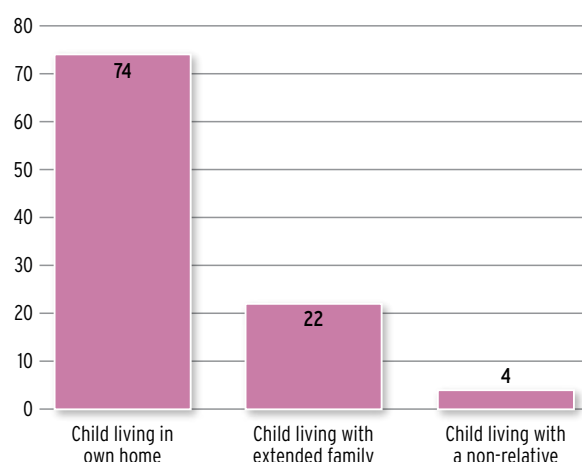


TABLE 1: SCHOOL ENROLMENT BY CHILD STATUS, COMPARING SURVEY DATA FROM 2001 AND 2014

		Never attended	Not currently enrolled	Currently enrolled
Child domestic worker (CDW)	2001	29%	11%	60%
	2014	7%	25%	68%
Non-CDW not with parents	2001	10%	4%	86%
	2014	11%	13%	76%
With parents	2001	16%	5%	79%
	2014	8%	15%	77%
All children	2001	16%	6%	78%
	2014	8%	16%	76%

participation in agricultural work; this is something for policy makers to take account of given the urban focus of many project activities.

Boys more often than girls move shorter distances to or within the rural areas. This reflects the gender difference in tasks undertaken: girls move to urban areas to take up domestic work whereas boys also take part in agricultural labour in the countryside.

According to children's own testimony, the use of a third party that receives payment for placing children in a work relationship (*kouyte* in Creole) occurs in about 10 per cent of cases. For the most part, however, parents, children and receiving/employing households arrange children's movements through informal networks and without compensation.

This should be kept in mind when discussing child domestic work in terms of conscious processes of 'recruitment'. By the same token, distinctions drawn between different categories of children, for instance on the basis of workload, age and education, are constructive for building up an understanding of child domestic work, but must not be understood categorically. These are not different children, but different situations that many children slip in to and out of during their life course.

Households that contain child domestic workers score higher on the wealth index than do households that have sent children away during the past five years. Generally speaking, child domestic work is a 'solution' for households that are in need of helping hands, but also appears as a way to help out relatives who are in trouble and cannot provide proper care for their children at a certain point in time. With the unpredictability of rainfall and income, many people rely on these kinds of informal help networks. They

know that in 10 years' time, they themselves may need to be relieved from upkeep of children. This means that sending versus receiving children in arrangements of domestic work is not necessarily a matter of attitude, but rather an adaptation to difficult phases that parents and households go through.

CONCLUSIONS AND RECOMMENDATIONS

Child domestic work in Haiti therefore covers multiple needs and reflects many motivations, including the need of parents for relief, the need of receiving households for labour, and children's wish for education and a better life. In consequence, multiple methods must be employed to counter the negative effects of child labour in Haiti.

Quality education and relevant vocational training in rural areas, for boys and girls, must be a priority.

At present an unconditional emphasis on education in awareness-raising campaigns – and commercial marketing of educational opportunities – may be contributing to an increase in the migratory flow to urban centres, particularly of boys.

Future interventions must address the significant number of domestic workers living in rural areas.

Current project activities are concentrated in urban and semi-urban areas rather than contributing to sustainable livelihoods in rural areas.

Initiatives to fight child labour in domestic work must focus on reducing workloads.

Given that fetching water is one of child domestic workers' most common tasks, bringing water closer to homes and building water pumps could make a large and important difference.



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Child-labour issues outside the domestic setting merit renewed attention, for instance in agriculture, in crafts and informal apprenticeships, in petty trade, transport and parts of the informal sector.

The Government should develop an action plan on child domestic work while continuing its work on developing data collection tools to monitor progress.

With reference to these monitoring tools, the four criteria used in this study to identify child domestic workers should serve as a guide: age; parent-child separation; lack of schooling; and higher workloads than average.

Children should be encouraged to cultivate relationships with family and (former) caretakers outside their current homes. Moreover, awareness-raising messages to employers of child domestic

workers should reach beyond legal working hours and types of work to encompass the more subtle aspects of decent treatment.

For full details of research methods and findings link to the full report

ENGLISH REPORT:

<http://www.fao.no/index.php/en/research/projects/rights-and-security/item/childrens-household-work-in-haiti>

FRENCH REPORT:

<http://www.fao.no/images/pub/2015/20560-web.pdf>



SOUTH AFRICA

Elements of the Financial and Economic Costs of Disability to Households in South Africa. A pilot study



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DISABILITY IN SOUTH AFRICA

The hidden cost

It is clear that there are significant economic and financial costs to disability that are little researched and understood, particularly in low- and middle-income countries. As increasing numbers of countries sign the UN Convention on the Rights of Persons with Disabilities (CRPD), the concept of ‘disability-inclusive development’ has become more central. A government aiming to fulfil its obligations under the CRPD needs not only to pursue legislative reform but also to allocate its resources effectively so as to deliver the greatest possible benefit to persons with disabilities. In order to do so, it needs to understand the economic vulnerability caused by disability-related costs.

South Africa was one of the first countries to ratify the CRPD in 2007. It prides itself on having a progressive constitution that promotes the right to equality for persons with disabilities and has backed this up with legislative measures, including the Employment Equity Act (1998), the White Paper on Inclusive Education (2001) and the Integrated National Disability Strategy (2007). A number of non-contributory social assistance measures are also in place to protect and promote the rights of persons with disabilities.

Nevertheless, there is insufficient information about and understanding of the economic vulnerabilities

PANEL COMMENT

The study addresses an extremely important topic, that of the costs of disability in a middle-income setting. The original methodological design, using a combination of qualitative and quantitative methods, was sound. Specific aspects related to originality include the separation of different types of disabilities, the study of a wide age range of subjects, and the detailed and comprehensive costing exercise.

of persons with disabilities and their families. This research is a first attempt to fill that gap. It was jointly supported by the South African Department of Social Development and UNICEF within the context of the UN Partnership to Promote the Rights of Persons with Disabilities. As a pilot study, it points to the need for further research, but can still act as a template for other low- and middle-income countries seeking to comply with the CRPD.

HOW THE RESEARCH WAS CONDUCTED

The study used a mixed-methods approach involving quantitative and qualitative methods of inquiry, and a critical literature review. It employed a theoretical framework of economic vulnerability that considered opportunity costs and out-of-pocket costs as well as the buffering effects of social grants, support and tax rebates.

Its goals were to:

- estimate opportunity costs and loss of income due to disability;
- estimate out-of-pocket costs related to disability;
- describe economic effects of a disability grant and tax rebates;
- identify disability-related costs that are currently borne by households with persons with disabilities that should instead be borne by the state;
- determine services to reduce economic vulnerability.

The research was innovative not just in piloting an approach to estimating economic vulnerability that included both opportunity and out-of-pocket costs but also in considering different types and degrees of disability. All too often people with disabilities are considered as a uniform group, when in fact there are not only myriad types but different degrees of disability, from moderate to severe.

The study refers to two disability ‘groups’:

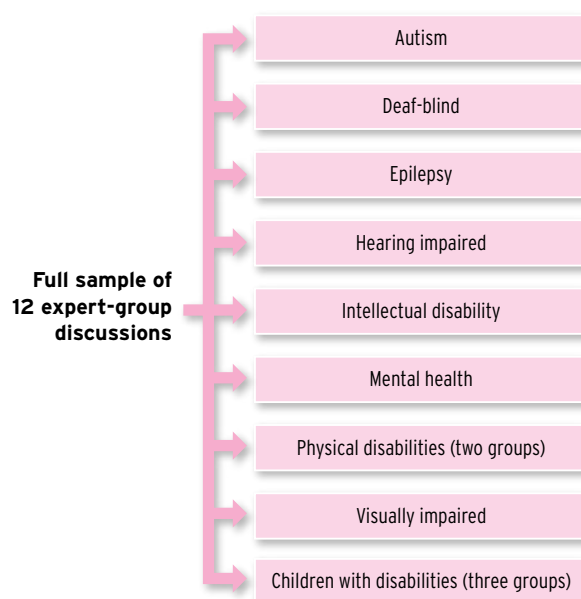
- The ‘broad group’, which includes all those who indicated that they have some difficulty with at least one domain or activity.
- The ‘narrow group’ (also referred to as those with severe disability), which includes only persons who have severe difficulties or cannot do an activity at all. These people are also captured in the broad definition so that these two groups are not mutually exclusive.

The study made use of existing literature and data where possible. Primarily this meant mining the data in the South African Census 2011 and General Household Survey from the same year. Both these followed the guidelines of the Washington Group on Disability Statistics for their questioning, with the result that children under 7 were not included and people with mental-health issues or other conditions such as epilepsy, autism or albinism may well not have been included as having a disability.

In addition, pilot data were collected where none was already available – for example on the out-of-pocket costs, including for support, accommodation and assistive devices. To gather these data, 12 groups of experts were identified who were familiar with nine particular disability types and could collectively estimate costs related to them (see Figure 1).

The cost estimates that emerged from these expert-group discussions were then verified by sending questionnaires to people with all these types of disability. In total, completed questionnaires from 62 carers of children with disabilities and 206 adults with disabilities informed the study. Where possible, researchers sampled until saturation was reached – in other words, until the same issues and costs emerged. For some groups (such as the deaf-blind) saturation was achieved in the time frame of the study, but not for others (such as groups of people with physical disabilities and children with disabilities).

FIGURE 1: SAMPLING FRAMEWORK FOR EXPERT GROUP DISCUSSIONS BY TYPES OF DISABILITY



THE ECONOMIC BURDEN ON HOUSEHOLDS

The study reveals high opportunity and out-of-pocket costs for most households containing a person with a disability. Spending varies depending on disability type, the level of support needs and economic status. The costs of transport, caregiver assistance, communication devices and maintenance of assistive devices emerged as major drivers of out-of-pocket costs. These are, however, likely to be underestimated due to a general lack of awareness of the more sophisticated devices available to assist persons with disabilities.

Households containing persons with high needs for care and support emerged as the most economically

TABLE 1: PERCENTAGE OF CHILDREN WITH DIFFERENT TYPES OF DISABILITIES (BROAD GROUP) WHO ARE OF COMPULSORY SCHOOL-GOING AGE (7-14 YEARS) AND OUT OF SCHOOL

Disability type	% of children ¹
Difficulties seeing	5.3
Difficulties hearing	3.8
Difficulties walking	8.4
Difficulties in self-care	25.1
Difficulties in remembering and/or concentrating	19.9
Difficulties in communication	15.8
All children with disabilities	32.2

¹ Weighted to represent population-level statistics.

Source: Calculations using data from GHS 2011; data separated to account for more than one disability type

vulnerable. Where families cannot meet the costs of reasonable accommodation and support, those members with disabilities are severely marginalized in terms of participating in community activities. This includes access to education for children with disabilities, who are disproportionately represented among children out of school (see Table 1).

Families of children with disabilities also incur opportunity costs when parents or caregivers have to provide intensive care and support. Households containing children with less severe disabilities earn on average only 80 per cent of the income earned by households that have children with no disabilities, even after considering the grants they receive from the state. For households with children with severe disabilities, this income disparity is more pronounced – they only reach 77 per cent of the comparable households' income (see Table 2).

Although social assistance grants reduce the income gap between households containing family members with disability and those that do not, the study highlights the need to improve accessibility, reasonable accommodation and support in specific services.

KEY RECOMMENDATIONS

The study concludes with a number of recommendations for services related to key life areas. These consider the reduction of economic vulnerability and not necessarily the general needs of persons with disabilities.

TABLE 2: MEAN INCOMES FOR HOUSEHOLDS WITH CHILDREN (AGED 5-14 YEARS) WITH AND WITHOUT DISABILITIES

Income source	Household composition			
	Broad-group disability		Severe disability	
	With children with disability	Without children with disability	With children with disability	Without children with disability
Earned income (R)	3,967.10	5,688.50	3,602.40	5,602.40
Other income (R)	239.40	411.00	246.80	400.30
Disability grant (R)	155.90	84.10	212.90	85.70
Other grants (R)	975.00	445.60	1,013.60	475.60
Total grants income (R)	1,130.90	529.70	1,226.50	561.30
Total income (R)	5,337.40	6,629.20	5,075.70	6,564.00
Sample size	2,676	22,417	1,260	23,833
Population size	1,339,163	11,607,177	595,417	12,350,923

Source: Calculations using data from GHS 2011



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Access to inclusive education must be improved for children with disabilities of all kinds.

Mainstream schools need to be physically accessible and supported to provide information in accessible formats, for example through training in sign language interpretation where necessary. At the same time, schools need to be equipped with the human and operational resources to cater for learners with severe disabilities. Where accessible and affordable transport is lacking, this is an additional barrier for children with physical disabilities.

Caregivers of children with disabilities require interventions and support to enable them to provide for their families.

This includes support for caregivers who are part of the workforce and could include policy reform to improve working conditions and provide for part-time work. Under the CRPD, the loss of a job due to the burden of caregiving for persons with disabilities could amount to disability-based discrimination by association. Supporting caregivers to provide for their families requires the collaboration of several government departments.

Affordable assistive devices and support hold great potential to reduce vulnerability by increasing economic independence.

In some cases, the cost of this technology needs to be supported through tax rebates or a home-adjustment grant. Such initiatives must include people with communication difficulties in the planning process to inform how best such services can be made available to them.

Accessible and affordable transport will improve access to education, employment and health services.

Existing transport innovations such as South Africa's Gautrain and MyCiTi should be extended. Specialized transport needs to be considered as a transitory measure while and where accessible transportation is not yet available. State-supported service providers could provide this. A mobility allowance and/or exemption from toll fees could be alternatives for people who cannot access public transport. Accommodating disability needs to feed into the long-term strategies of the Department of Transport.

Sustainable employment opportunities for persons with disabilities are sorely needed. This particularly applies to women with disabilities, persons with severe disabilities and caregivers of adults and children with disabilities. Learnerships provide a suitable way to acquire work experience and additional training for young persons with disabilities. The Department of Labour should consult others to identify feasible strategies to move forward.

Better coordination of health services can help to address economic vulnerability.

Providing accessible transport to healthcare facilities as well as some basic operational improvements can increase access to healthcare. In particular, better coordination of consultations together with a reduction in waiting times and trips for medication and incontinence articles would diminish the economic vulnerability of households containing persons with disabilities. A disability audit of healthcare services could be a vital first step.

Persons with disabilities should be included in the design of plans such as for housing and transport.

This will most likely provide innovative and affordable solutions on how to integrate persons with disabilities and, in so doing, reduce their economic vulnerability. Disability mainstreaming by all government departments would be a key strategy for achieving this goal.

For full details of research methods and findings link to the full report

https://www.researchgate.net/publication/298410460_Elements_of_the_Financial_and_Economic_Costs_of_Disability_to_Households_in_South_Africa

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External reviewers

Mehr Khan Williams (Chair)

Mehr Khan Williams has engaged in development and human rights issues for over forty years, working with the United Nations, UNICEF, Non-Governmental Organizations, the media and academia to promote human rights and child development. She was United Nations' Assistant Secretary-General and Deputy High Commissioner for Human Rights in Geneva from 2004 to 2006. Prior to this, Ms Khan Williams held the role of Regional Director in East Asia and the Pacific for the United Nations Children's Fund (UNICEF) in Bangkok for more than four years. She has also held senior leadership and management roles in UNICEF's New York office where she headed the Division of Communication and in Florence where she served as director of the Innocenti Research Centre. In 2010 she carried out a global survey of UNICEF's research function for the Deputy Executive Director, Programmes. Ms Khan Williams has worked for the World Bank in Washington, D.C., the Associated Press of Pakistan, United Press International and the University of Karachi. She has written extensively on development and human rights issues for the international media. She has also served as a trustee of the United Kingdom Committee for UNICEF, as a board member of Plan International, and as a member of the Council of Minority Rights Group. Most recently she was Chair of the Board of the International Service for Human Rights.

Ton Liefwaard

Ton Liefwaard is the UNICEF Professor of Children's Rights at Leiden Law School, Leiden University. He teaches children's rights, child law and juvenile justice from an international and comparative perspective and has published widely on the meaning of the UN Convention on the Rights of the Child and related international and regional instruments for the position of children at the national level. He is the programme director of the Master's Programme (LL.M) Advanced Studies in International Children's Rights. He also coordinates the Leiden Summer School on International Children's Rights. He received the award for best lecturer of Leiden Law School in 2015. Ton Liefwaard is an honorary juvenile judge at the District Court of Amsterdam and a member of the State Commission advising the Dutch Government on changing parental relationships and the position of children. He also provides consultancy, advice and other outreach activities for national and international organizations, including agencies of the United Nations, the Council of Europe and the European Union, on issues related to children's rights, juvenile justice, child friendly justice, child protection, alternative care and violence against children. He holds a Master and a PhD in law from the VU University Amsterdam.

Théophane Nikyèma

Théophane Nikyèma has been the Executive Director at the African Child Policy Forum (ACPF), an independent pan-African centre of policy research, advocacy and dialogue on the African child, since 2013. He contributes to the Forum's varied evidence-based research aimed at improving knowledge on the conditions of children in Africa and on effective policies, and institutional and implementation mechanisms. He also serves as a Trustee of "Keeping Children Safe" a UK-based global network working to keep the world's most vulnerable children safe from abuse and exploitation. Prior to joining The African Child Policy Forum, Théophane worked for more than 20 years with the United Nations in senior positions including UNICEF Representative to Mali, UNDP Resident Representative, UN Resident Coordinator, Humanitarian Coordinator, and Designated Official to Uganda, UNICEF Deputy Regional Director for West and Central Africa, and UNICEF Representative to Rwanda. He holds a Master's Degree in Business Administration from the Peter F. Drucker and Masatoshi Ito Graduate School of Management of Claremont Graduate University, USA.

Cesar Victora

Cesar G. Victora is Emeritus Professor of Epidemiology at the Federal University of Pelotas in Brazil, where he has worked since 1977. He holds honorary appointments at Harvard, Oxford and Johns Hopkins Universities, and at the London School of Hygiene and Tropical Medicine. He has conducted extensive research in maternal and child health and nutrition, long-term birth cohort studies, inequalities in health, and on the evaluation of the impact of major global health programmes. In the 1980's, he was the first researcher to show the protective effect of exclusive breastfeeding against infant mortality, and one of the leaders of the creation of the World Health Child Growth Standards based on breastfed infants. He is one of the founding members of the "Countdown to 2015: Maternal, Newborn and Child Health" initiative aimed at monitoring the Millennium Development Goals. At the University of Pelotas, he coordinates the International Center for Equity in Health, where he carries out cohort studies as well as global reviews of levels and trends of inequalities in maternal and child health. He has over 650 peer-reviewed publications and is a member of the editorial boards of several journals, including The Lancet. He was President of the International Epidemiological Association from 2011 to 2014.



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