



# Best of UNICEF Research 2019

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# Best of UNICEF Research 2019

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## UNICEF Office of Research – Innocenti

The Office of Research – Innocenti is UNICEF’s dedicated research centre. It undertakes research on emerging or current issues to inform the strategic direction, 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.

Office of Research – Innocenti publications are contributions to a global debate on children and may not necessarily reflect UNICEF policies or approaches.

This publication has not been edited to official publication standards and UNICEF accepts no responsibility for errors.

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## Acknowledgements

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# Foreword

2019 marks the thirtieth anniversary of the Convention on the Rights of the Child, a historic commitment to the world's children. As we look at current and future challenges and opportunities for children's rights, we can see many pressing issues for children and young people, and for UNICEF, reflected in this year's selection of *Best of UNICEF Research 2019* finalists.

A key highlight is research on the Sustainable Development Goals (SDGs). An innovative study in **Ethiopia** estimates the cost of *financing the child-centred SDGs* and includes macroeconomic modelling and scenario analysis. This reflects a growing awareness of the paucity of cost data in identifying 'what works' in programming, and underscores UNICEF's increasing interest in systems strengthening and the cumulative impact of interactions across policy sectors.

UNICEF's growing understanding of the *importance of behavioural science* in enhancing country programmes is highlighted in three studies. Research in **Cambodia** shows the role of behaviour in ensuring water quality not just at point of collection but also at point of use. An impact evaluation in the **Philippines** tests how social norms motivate changes in handwashing behaviour in primary schools. A systematic review on the response to the Ebola epidemic in **West and Central Africa** highlights the importance of combining epidemiological research with social and behavioural science perspectives and responses to enhance programming efficacy.

A further trend across UNICEF is the recognition of the *value of evidence synthesis* to inform programmes and operations. In addition to the Ebola example, an innovative, policy-orientated study from the **United Kingdom** synthesizes qualitative and quantitative evidence from multiple *Freedom of Information* requests to local authorities and children's lived experiences, identifying barriers preventing refugee and asylum-seeking children from accessing education.

Barriers are often present when *conducting rigorous research in humanitarian contexts*. A randomized

control trial (RCT) in the **Democratic Republic of the Congo (DRC)** proves, however, that this is possible. This research examines the effect of humanitarian assistance vouchers among internally displaced people and their host communities and identifies an innovative technique to address ethical considerations, a frequent criticism of RCTs.

The Philippines and DRC summaries illustrate UNICEF's *commitment to presenting balanced research*, acknowledging the value of inconclusive or negative results as well as positive ones. The organization is also expanding its range of research methods, as shown in the longitudinal study from **India** that follows a cohort of children aged 4–8 over five years, and in a secondary analysis of household survey data in several countries from the **Middle East and North Africa** that provides new insights into violent discipline against children.

Finally, two studies on service delivery highlight *growing inequality and marginalization*. Research in **Ethiopia** examines the exclusion from pro-poor policies of homeless people, including children, and those living with disabilities. A study in the **Europe and Central Asia** region looks at age-related barriers to service access and explores tensions between realizing children's participatory rights and protective rights, especially for adolescents. This piece highlights rising interest across UNICEF in research on adolescents.

I hope you find this report insightful and useful. We at the Office of Research – Innocenti are looking forward to working with you to explore how these findings can translate into enhanced programming for children and young people in the future.



Priscilla Idele  
Director, a.i.  
UNICEF Office of Research – Innocenti  
December 2019

## ABOUT THE BEST OF UNICEF RESEARCH

The Best of UNICEF Research was initiated in 2013 by UNICEF's Office of Research – Innocenti to highlight research undertaken or supported by UNICEF offices worldwide. It aims to draw attention to a vital part of UNICEF's work that contributes to shifting policy agendas and has a high potential to impact programmes and policies for the benefit of children.

### Eligibility and assessment criteria

All UNICEF offices, including country and regional offices, headquarters and National Committees (but excluding the Office of Research – Innocenti), are invited to submit research outputs undertaken or commissioned by UNICEF and completed within the last two years, which meet UNICEF's definition of research as follows:

*".. the systematic process of the collection and analysis of data and information, in order to generate new knowledge, to answer a specific question or to test a hypothesis. Its methodology must be sufficiently documented to permit assessment and replication. Research at UNICEF should examine relevant issues and yield evidence for better programme and policy advice."*

UNICEF Policy on Research, CF/EXD/2016-003,  
19 April 2016

Submissions are assessed on the basis of: originality; relevance of the topic; conceptualization; methodology; clarity and appeal of presentation; ethical standards; and potential for impact.

### Review process

- Internal review: Each submission is reviewed by two Innocenti staff, overseen by a coordinating group to ensure consistency in scoring. A shortlist of the 10–12 top-ranked submissions are sent for external review.
- External panel assessment: A panel of international experts with significant academic and policy experience and good knowledge of UNICEF review the final submissions, provide comments and recommend up to three pieces for additional special recognition.

### Final selection

All finalists are featured in the report. Those selected for special recognition are recognized at an award ceremony during UNICEF's annual meeting of Data, Research, Evaluation, Analytics and Monitoring (DREAM) specialists. Here, members of the research teams are invited to present their findings to peers as examples of the value that research can bring to UNICEF policy and programming.



# Summary reports

## Cambodia

Water quality for young children in Cambodia: High contamination at collection and consumption levels



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## Democratic Republic of the Congo

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## West and Central Africa

Lessons from the West Africa Ebola epidemic: A systematic review of epidemiological and social and behavioural science research priorities



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## Europe and Central Asia

Age Matters! Understanding age-related barriers to service access and the realization of rights for children, adolescents and youth



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## Ethiopia

Situation and access to services of people with disabilities and homeless people in two sub-cities of Addis Ababa



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## Ethiopia

Financing the child-centred Sustainable Development Goals in Ethiopia



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## India

The India Early Childhood Education Impact Study



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## Middle East and North Africa

Violent discipline in the Middle East and North Africa region: A statistical analysis of household survey data



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## The Philippines

Teaching handwashing in primary schools



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## United Kingdom

Education for refugee and asylum-seeking children: Access and equality in England, Scotland and Wales



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# CAMBODIA

## Water quality for young children in Cambodia: High contamination at collection and consumption levels

Etienne Poirot, Somphos Vicheth Som, Frank T. Wieringa, Sam Treglown,  
Jacques Berger, Arnaud Laillou

### EDITORIAL INSIGHT

Reviewers praised this research for its conceptualization and clear insights into potential sources of water contamination. They commented that testing drinking water at both the 'point of use' and 'point of collection' was an "excellent idea", as it clearly showed the role of human behaviour in maintaining water quality, and hence the research also scored highly on innovation. The report was clearly presented and contained well-articulated advocacy messages. Reviewers felt the report would be "a strong tool for informing multiple layers of UNICEF programming" and that it had great potential to support advocacy efforts to strengthen Cambodia's water standards and regulation. Potential for impact was therefore also highly rated.

## How can young children in Cambodia be protected from waterborne diseases?

Unsafe drinking water is a leading cause of child morbidity, especially among young children in low-income settings. This is because waterborne diseases can lead to diarrhoea, which prevents absorption of the nutrients that a child needs to grow and thrive. Every year in Cambodia, 4,500 children under the age of 5 die from malnutrition, and the growth and development of many more thousands of children are stunted. These deaths from malnutrition represent nearly one third of the overall child mortality rate in Cambodia.

While previous research had shown that water quality in many parts of Cambodia was often poor, the researchers also suspected that drinking water was becoming contaminated within households. When they tested drinking water at the 'point of collection' (e.g., a tap or well) and again at the 'point of use' (e.g., a child's drinking cup or bottle), they discovered that contamination with faecal bacteria was much higher at the point where children were drinking the water. Surprisingly, homes with piped water experienced the most dramatic increases in contamination between the two points – from 19.6 per cent of samples affected by high levels of contamination, to 66.3 per cent of samples affected. These findings highlight the need for all those involved in child public health in Cambodia to promote safe water management in the home, especially in households with babies and young children.

## WHY WAS THE RESEARCH DONE?

Results of a 2015 survey published by the World Health Organization (WHO) showed that 20 per cent of households in Cambodia store their water in open containers such as dip bowls, scoops and cups. Frequent interruptions in the water supply mean that many people living in urban homes with piped water are also in the habit of storing drinking water in this way.

Water storage is significant given that UNICEF research has found that many Cambodian mothers believe that babies need to drink water, even during the first six months of life when exclusive breastfeeding is recommended. As a result, water is given in addition to breast milk to 15 per cent of babies aged 2–3 months – the time when they are most vulnerable to infection from waterborne diseases. More than 90 per cent of babies aged 6–12 months are given plain water to drink, and in urban areas more than 70 per cent of this age group are bottle-fed with breast-milk substitutes, which are made using drinking water.

A wider UNICEF research initiative in Cambodia, focusing on child development in the first five years of life, provided an opportunity to discover how many children aged under 5 were being exposed to unsafe drinking water. The researchers drew on the records of 5,419 families with young children enrolled in the Cambodian Health and Nutrition Monitoring Study being conducted jointly by France’s Institut de Recherche pour le Développement, the Cambodian Ministry of Health, the Cambodian Ministry of Agriculture, Forestry and Fisheries, and the Royal University of Phnom Penh.

*“Coliform contamination levels are indicative of the quality of a water supply. If coliform bacteria are present, it is likely that other microorganisms and chemical compounds are also present, further undermining children’s health, growth and cognitive development.”*

Research report

## HOW WAS THE RESEARCH DONE?

### REPRESENTING FAMILY LIFE IN CAMBODIA

A total of 796 households in three areas with children aged under 3 were randomly selected to participate in the research. This resulted in a sample of families in which around two thirds (64 per cent) of children were aged 6–24 months, just under one third (28 per cent) were aged 25–36 months, and fewer than 10 per cent were under 6 months of age. Households were located in one of three areas – the capital Phnom Penh, Kratié Province or Ratanakiri Province – which included both urban and rural settings. Half of the households were surveyed in Cambodia’s wet season (October 2016) and the other half during the dry season (February 2017).

The researchers categorized the source of drinking water used in the home according to whether it was ‘improved’ (e.g., piped water, standpipe, borehole) or ‘non-improved’ (e.g., river, unprotected stream, water vendor), using standard definitions recommended by WHO and UNICEF.

### TESTING THE WATERS

Using a unique approach, distinct from earlier analyses of drinking water quality in Cambodia, researchers made use of a new UNICEF/WHO Multiple Indicator Cluster Survey (MICS) water quality module that defines ‘point-of-collection’ and ‘point-of-use’ samples. For every household, point-of-collection and point-of-use samples were collected in sterilized bags, placed in cold boxes and tested within six hours of storage. Samples underwent microbiological analysis using the membrane filtration method to detect coliforms, a class of bacteria found in human and animal faeces as well as in soil and surface water.

Bacterial cultures were assessed for the presence of coliforms including *Escherichia coli* – the most common species of coliform in human and animal faeces, and the only one that does not reproduce in the environment. The presence of *E. coli* in a sample is therefore a strong indication that the water has been contaminated with faecal matter. The number of bacteria present on culture plates was counted and classified as either low, intermediate or high risk according to WHO guidelines for drinking water standards. These standards are in line with the Cambodian Government’s drinking water standards, which set a target of zero colony-forming units (CFU) of *E. coli* per 100ml of water.

The researchers also measured the chlorine level of each sample taken at the point of collection to see whether this had any impact on the number of bacteria in the water.

All data collected underwent statistical analyses and modelling to determine risk factors for the contamination of water between point of collection and point of use. The results were published in the journal, *Maternal & Child Nutrition*.

## WHAT ARE THE FINDINGS AND WHAT DO THEY MEAN?

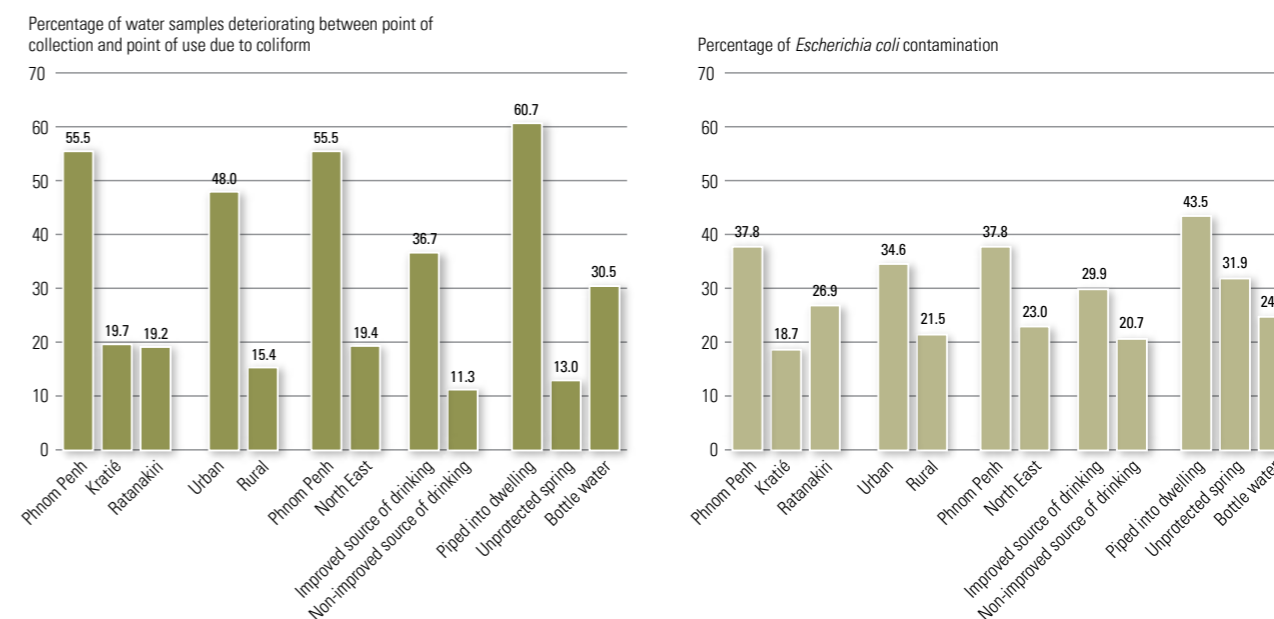
### WATER CONTAMINATION WITHIN THE HOME

As expected, the quality of water was generally low – only 25 per cent of water samples had zero coliforms at the point of collection. Even more troubling, however, was that 70 per cent of the samples collected at the point of use – water that was actually being drunk by children – had high coliform concentrations, with counts of more than 100 CFU per 100ml. When the researchers looked at *E. coli* levels, they saw a similar picture. At the point of collection, 53.6 per cent of samples had no detectable *E. coli* contamination (0 CFU/100 ml). For water intended for child consumption at the point of use, *E. coli* contamination of more than 100 CFU/100 ml was 17.2 per cent.

*“The presence of coliform and E. coli ... suggests that household drinking water is a significant pathway for ingestion of faecal and other pathogens by young children.”*

Research report

**FIGURE 1. PERCENTAGE OF WATER SAMPLES DETERIORATING BETWEEN POINT OF COLLECTION AND POINT OF USE**



Source: Adapted from Figure 1, page 7 of full report.



The proportion of samples that deteriorated between point of collection and point of use was considerably higher in urban settings than in rural areas (48 per cent versus 15.4 per cent for coliforms, and 34.6 per cent versus 21.5 per cent for *E. coli*).

One surprising finding was that water piped into homes deteriorated the most between point of collection – in this case, being drawn from the tap – and being drunk by the child. At the point of collection, contamination in these samples was the lowest of all the sources of water – only 19.6 per cent of samples had high levels of coliforms and 7.3 per cent had high levels of *E. coli*. Yet by the point of use, 66.3 per cent of samples had high coliform concentrations and 16.2 per cent had high *E. coli* concentrations.

### BOTTLED WATER CONTAMINATION

The research also revealed some other surprising findings. Around 29 per cent of young children were being given bottled water to drink, presumably because parents considered this a safe source of drinking water. Yet almost half of the bottled water sampled was highly contaminated with coliforms and nearly 30 per cent of the samples had detectable levels of *E. coli*, in violation of international quality standards. This is especially worrying because the use of bottled water in Cambodia increased fivefold from 2010 to 2014 and seems to be on the rise.

### KEY MESSAGES

- The prevalence of faecal contamination in household drinking water in Cambodia is high, particularly in rural areas.
- Water contamination with coliforms and *E. coli* is higher at the point of use than at the point of collection.
- The major contributors to contaminated drinking water occur at the household level in Cambodia.
- Drinking water is a key pathway for the ingestion of faecal and other pathogens by young Cambodian children.
- Strengthening of national legislation on water quality standards and of enforcement mechanisms is needed as well as promotion of safe water management at the household level to reduce children's exposure to pathogens.



### MULTIPLE FACTORS AFFECT CONTAMINATION

Area of residence (urban versus rural), type of water source and whether or not water had been treated with chlorine were found to affect the levels of total coliform concentration between point of collection and point of use. Overall, children in rural settings or receiving water from a non-improved source were at twice the risk of drinking contaminated water, while children consuming non-chlorinated water were at three times the risk. Higher levels of contaminated drinking water were also found during the wet season compared with the dry season.

### EMERGING IMPACTS

With over three quarters of drinking water sources contaminated with coliform bacteria (and nearly half with *E. coli*), the researchers strongly recommend that water quality standards in Cambodia and accompanying enforcement mechanisms are strengthened. With the rise in the use of bottled water, the Government must also increase the regulation of private companies that sell it.

According to the researchers, addressing the high levels of water contamination that take place within the household calls for a public health behaviour change campaign that discourages families from storing water in open containers and explains the importance of regular handwashing and the need to boil water intended for young children. The campaign should also emphasize the importance of exclusive breastfeeding for babies under 6 months of age to reduce the exposure of very young babies to contaminated water. It is also suggested that regular national surveys to test water quality at the point of use are conducted to monitor progress.

*“Given the widespread provision of water to infants and young children, keeping point-of-use microbiological contamination low is an important measure to safeguard the nutritional and health status of Cambodian young babies and children.”*

Research report

### NEXT STEPS

This research offers indications of how drinking water becomes contaminated within the home. To understand more about how to prevent this, future research will need to discover how drinking water is stored and how long it is stored for. More detailed analysis of each family's housing type may reveal, for example, whether the provision of a separate kitchen and toilet is a factor in preventing water from becoming contaminated. Also, future research could benefit from the use of high-precision laboratory equipment, as procedural limitations in this research meant that samples were tested using on-site equipment.

The United Nations Sustainable Development Goals recognize the need to go beyond issues of safe drinking water access to also address the quality of water consumed by households and particularly by young children. This report contains some key lessons for the Cambodian Government and all those involved in child public health in the country, but the implications of this research go well beyond Cambodia. Researchers and policymakers in other low- and middle-income countries should be inspired to carry out similar research studies on the quality of water not only at the point of collection but also at the point of use. In doing so, they could help to protect the health of millions of young children across the world.

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

<http://bit.ly/cambodia-children-water>





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# DEMOCRATIC REPUBLIC OF THE CONGO

Effects of humanitarian assistance: evidence from a randomized control trial in the Democratic Republic of the Congo

John Quattrochi, Ghislain Bisimwa, Tyler Thompson, Peter Van der Windt and Maarten Voors

## EDITORIAL INSIGHT

This research fills an important literature gap, providing rigorous evidence on the impacts of vouchers for essential household items in a humanitarian setting. The panel commended how the team addressed the ethical considerations of a randomized controlled trial. Additional strengths included: the use of validated questionnaire items to assess outcomes of interest; integration of biomarkers in data collection; detailed information on power calculations; heterogeneous treatment effect analysis; and the use of mixed methods. The external reviewers praised the rigorous research in a challenging environment and the creative solutions found. The report targeted practitioner audiences without sacrificing academic standards. Limitations and ethical considerations were transparently documented. It scored highly for all review criteria.

## How effective are humanitarian assistance vouchers in the Democratic Republic of the Congo?

In 2017, the Democratic Republic of the Congo (DRC) had the highest number of internally displaced people in Africa as families abandoned their homes to escape the relentless conflict in the remote eastern provinces of North and South Kivu. Leaving without any possessions and arriving in communities that were just as poor as the ones they had left, these people were extremely vulnerable and in urgent need of humanitarian assistance and protection.

To assess the effectiveness of humanitarian assistance in eastern DRC, an independent research team was matched with a programme delivering emergency aid to displaced and host communities in the region – the Rapid Response to Movements of Population (RRMP) Program, which has been jointly managed by UNICEF and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) since 2009. A randomized controlled trial focused on the health and well-being effects of providing vouchers for buying essential household items (EHIs) to recently displaced persons and vulnerable host communities. The results showed that receiving this support greatly improved the mental health and well-being of both displaced and local adults and also, to a lesser extent, strengthened household resilience and social cohesion. However, no benefits were seen in child physical health.

## WHY WAS THE RESEARCH DONE?

### RAPID RESPONSE TO MOVEMENTS OF PEOPLE

As of December 2017, ongoing armed conflicts and an escalation in communal clashes in DRC were estimated to have internally displaced 4,480,000 people out of a national population of around 80 million. The RRMP responded to these events by providing urgent humanitarian assistance to vulnerable families who had fled conflict, had recently returned home or were local hosts to displaced families. Assistance was provided in four key areas: supply of EHIs; health and nutrition services; child protection and education; and access to water, sanitation and hygiene.

*“We took [internally displaced people] in our homes knowing that war may come from anywhere. There was a time we were fleeing in their areas.”*

Host

Following an extensive consultation stage, the distribution of vouchers for EHIs, and the system for doing so, became the focus of the independent research team. EHI vouchers (for between US\$55 and \$90 per household) were given to both internally displaced families and their community hosts to buy non-food items such as clothing, bedding, cooking utensils, soap and jerry cans at specially arranged local fairs.

Funded by a grant from the International Initiative for Impact Evaluation (3ie), the research was part of a wider initiative to meet increased demand for a stronger evidence base on humanitarian effectiveness, which is better placed to support the current expansion of the global humanitarian sector. Carrying out high-quality studies in emergency contexts is extremely challenging and the research team also sought to develop innovative methods to overcome constraints such as the urgency of relief work, ethical dilemmas, security concerns, logistical challenges and a lack of reliable data sources.

## HOW WAS THE RESEARCH DONE?

### MEASURING HEALTH AND WELL-BEING ACROSS FOUR AREAS

Following a literature review and consultations with UNICEF and OCHA, the research team (comprising researchers from Simmons University, USA; the Catholic University of Bukavu, DRC; New York University Abu Dhabi; and Wageningen University & Research, the Netherlands) developed a detailed, evidence-based road map – a ‘theory of change’ – for how they thought the provision of EHI vouchers could lead to improvements in the health and well-being of recipients. They decided to study the effects on four specific outcome areas of relevance to improving health and well-being: child physical health, adult mental health, social cohesion and resilience. The effects of EHIs on these four areas were measured through a combination of well-established checklists, indexes, and screening tools, as well as additional questions designed by the research team.

**TABLE 1: OUTCOMES AND MEASURES OF THE EFFECTS OF EHI VOUCHERS**

| Outcome                            | Measure   |
|------------------------------------|---|
| Physical health (children under 5) | <ul style="list-style-type: none"> <li>■ Mothers’ reports of diarrhoea, cough and fever among children in the last two weeks</li> <li>■ Anthropometry (height, weight and middle upper arm circumference)</li> <li>■ Haemoglobin (anaemia indicator)</li> <li>■ Malaria rapid diagnostic test</li> </ul>  |
| Mental health (adults)             | <ul style="list-style-type: none"> <li>■ Selections from the Hopkins Symptom Checklist</li> <li>■ World Health Organization Well-being Index</li> <li>■ Response to satisfaction with life question</li> </ul>  |
| Social cohesion                    | <ul style="list-style-type: none"> <li>■ Group membership</li> <li>■ Contributions to the village</li> <li>■ Contributions to other households in dwelling</li> <li>■ Problems with other households in dwelling</li> <li>■ Trust</li> <li>■ Incidence of theft</li> </ul>  |
| Resilience                         | <ul style="list-style-type: none"> <li>■ Self-reported and enumerator observations of number of assets owned</li> <li>■ Debt</li> <li>■ Savings</li> <li>■ Income</li> <li>■ Responses to standard food security questions</li> <li>■ Proportion of children aged 5–18 in school/ household</li> <li>■ Unhealthy behaviours: alcohol consumption</li> </ul> |

## RANDOM ASSIGNMENT FOR ASSISTANCE

The researchers designed a randomized controlled trial that was complemented by focus group discussions in the community. The trial targeted seven RRMP operational areas covering 25 villages in North Kivu province. The wider Kivu region of DRC was where displacements had been most common, and thus where RRMP was most likely to be effective. To determine eligibility for assistance, the RRMP targeting process involved a household survey to assess and score vulnerability. Working in collaboration with but independently from the RRMP, the researchers used the standard RRMP process to enrol an additional 976 households that were *just below* the vulnerability threshold for assistance. The research team then randomly assigned half of these households to receive EHI vouchers and half to a control group which did not.

### BOX 1: CONTROL GROUP ETHICS IN EMERGENCY SETTINGS

This research is thought to be one of the first in a humanitarian context that includes a valuable ‘counterfactual’ to measure causal effect – showing what would have happened to beneficiaries in the absence of the intervention and comparing this with the outcomes for those observed under the intervention. The researchers addressed the ethical issues of this approach by selecting households that were just below the vulnerability threshold but were still much more vulnerable than the average Congolese citizen. UNICEF provided the extra budget to enable these additional households to receive the vouchers. All households that would normally receive assistance from the relief programme therefore continued to receive assistance.

## DATA COLLECTION

A large team of experienced Congolese research assistants, local nurses and enumerators were intensively trained to collect data in the field and record information securely on tablets. The teams collected data from four quantitative sources (a series of baseline, midline and endline surveys of households enrolled in the study and brief village surveys).

Twenty-five village surveys were conducted with village leaders across the seven RRMP operational areas to understand events that had affected the whole village. A baseline survey (of 856 households) measured demographics, socioeconomic characteristics, health, well-being and vulnerability of household members before the provision of EHI vouchers. The midline survey was carried out during or shortly after each voucher recipient’s attendance at a fair (434 households) to record what they had purchased and at what price. Finally, an endline survey of 769 households (including 90 per cent of households from the baseline survey) was conducted five to six weeks after the baseline survey to re-evaluate all measurements and determine any change in circumstances. In addition, the endline survey measured the height, weight, mid-upper arm circumference and haemoglobin levels of children under 5 years old, as well as analysing a rapid diagnostic test for malaria.

Lastly, the researchers undertook additional qualitative research six weeks after the endline survey through 20 focus group discussions across the seven RRMP sites. Ten discussions involved internally displaced people and 10 involved those in the wider community, many of whom were hosting displaced families in their homes. Each group included EHI voucher recipients and people who had not received them. Discussions covered challenges faced by community members, perceptions of RRMP and the effects of EHI vouchers.



## WHAT ARE THE FINDINGS AND WHAT DO THEY MEAN?

*“When considering all the evidence from this study, the results show a positive overall impact of the RRMP involving the provision of EHI via vouchers and fairs.”*

Research report

### STRONGLY IMPROVED ADULT MENTAL HEALTH

Data analysis showed that in all seven RRMP sites the distribution of EHI vouchers had strong positive effects on improving the mental health of adults who were internally displaced or from host households. This was supported by results from the focus group discussions. People receiving the vouchers were less likely to “feel hopeless about the future” or “feel like everything is an effort” – key statements used to measure mental health according to the Hopkins Symptom Checklist – even though the vouchers did not necessarily help with their immediate concerns of food shortages and shelter.

*“Currently we are sleeping poorly, the kids are starving, and we are all living in inhumane conditions, but the day when we received assistance we were overjoyed and we again found hope that we will make it.”*

Internally displaced person

### MODERATELY IMPROVED RESILIENCE AND SOCIAL COHESION

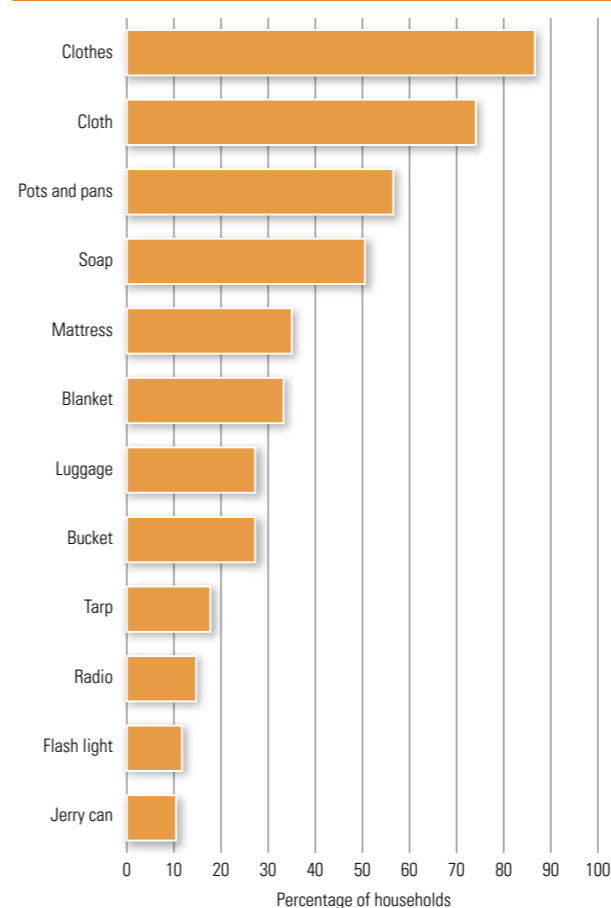
The researchers recorded a moderate increase in household-level resilience, suggesting that being able to buy EHIs contributed to people’s ability to cope with difficult circumstances. This result was driven by increased assets and food security, while not taking into account the effects of debt or alcohol consumption as their relationship with resilience is ambiguous. In some cases, people were found to satisfy more urgent needs by exchanging vouchers for cash to buy food and medicines, or to have resold the items they had bought to provide extra resources to cope with their situation.

There was also a moderate increase in social cohesion for households receiving EHI vouchers, which appeared to be driven by an increase in requests for them to contribute to their village. This was further supported by qualitative reports of people sharing EHIs. There were no changes in reports of conflict or theft, suggesting that the distribution of vouchers did not increase community tensions within the villages.

### SUCCESSFUL ATTENDANCE AT EHI FAIRS

Independent research assistants on the ground verified that EHI fairs took place. They recorded that 79 per cent of the voucher recipients – generally the female household head – purchased EHIs through fairs (14 per cent were purchased by a spouse and 4 per cent by a child). Data suggested that it took an average of two hours for people to travel to a fair. The endline survey confirmed that each participating household had a much higher asset holding six weeks after the fairs, indicating that most people were keeping the items purchased for their own use.

**FIGURE 1. MOST POPULAR ITEMS PURCHASED WITH EHI VOUCHERS BY 10 PER CENT OR MORE OF HOUSEHOLDS AT FAIRS**



Source: Adapted from Table 4. EHI Fair Purchasing Pattern Information, page 31 of full report.

### NO EVIDENCE OF IMPROVED CHILD PHYSICAL HEALTH

No evidence was found for any effect on the physical health of children under five. In addition, the researchers note that this may be due to the short time period of just five to six weeks between households receiving the vouchers and being interviewed as part of the endline survey.

### ALTERNATIVE PRIORITIES

While the research focused on the provision of non-food items, most internally displaced respondents across all seven sites were unequivocal in citing hunger as their biggest problem. Many had tried to visit their home fields to obtain food and had experienced violence. Some displaced households would have preferred cash to purchase food, farming tools and tarpaulin to help build shelters and avoid paying rent to their local hosts.

This evaluation focused on the impact of EHI vouchers and fairs through a targeted intervention in which households were assessed for their vulnerability and offered vouchers depending on their score. The qualitative survey recorded significant and consistent feedback from people that the vouchers should be distributed to all households.

### EMERGING IMPACTS

The use of vouchers to purchase EHIs is increasingly a core component of humanitarian assistance and this research will provide implementing programmes with a more in-depth understanding of how conflict-displaced households use EHI vouchers, their positive effects and their limitations.

The research has shown how ethical reservations can be sensitively addressed when conducting randomized control trials in emergency settings. The research also provides a good benchmark for future research projects as it demonstrates how complex assessments can be delivered if planning, security protocols, high-quality training and supervision, and clear coordination are prioritized.

### NEXT STEPS

This research measured the impact of only one component of the RRMP program (the effectiveness of EHI vouchers) and only at the household level. The RRMP provides scope for a randomized controlled study at the site level that could help to provide data which could be applied to similar contexts of ongoing conflict and chronic poverty, for example in South Sudan, northern Nigeria and Afghanistan. As no effects on child physical health were established, investigating the effects on child physical health over a longer time frame than six weeks is recommended.

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

<http://bit.ly/impact-vouchers-child-health>



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# WEST AND CENTRAL AFRICA

**Lessons from the West Africa Ebola epidemic: A systematic review of epidemiological and social and behavioural science research priorities**

Sharon A Abramowitz, David B Hipgrave, Alison Witchard and David L Heymann

## EDITORIAL INSIGHT

**This research deals with an important issue: the need to integrate epidemiological and social and behavioural science research perspectives and responses during epidemics and other health emergencies. The internal reviewers praised the study's clear presentation and its argument for a road map, "The issue is clearly and succinctly presented and thoroughly explained, particularly in its conceptualization." Reviewers were also particularly pleased to see a systematic review being undertaken, noting that they would like to see UNICEF researchers using this technique of synthesizing available evidence to inform decision-making more often.**

## What lessons can be learned from the response to the West Africa Ebola epidemic?

The West Africa Ebola virus disease epidemic of 2014–2016 had a devastating impact on the region. Around 30,000 people were infected, resulting in more than 11,000 deaths in four countries (Guinea, Liberia, Nigeria and Sierra Leone). The virus disproportionately infected children, who accounted for one fifth of all cases and had a higher mortality rate. Many thousands more were left orphaned by the disease. The epidemic prompted one of the largest ever public health responses – which eventually contained the outbreak – making use of both epidemiological (EPI) and social and behavioural science (SBS) research.

Researchers decided to use the West Africa Ebola epidemic as an opportunity to assess the extent to which EPI and SBS research efforts work together to provide the knowledge needed to respond to a disease outbreak. A systematic literature review showed that the two disciplines dealt with some core themes in very different ways, reducing their capacity for mutual augmentation of the Ebola response. The findings thereby provide insights and recommendations that could help to action more effective, collaborative and integrated responses in future.



## WHY WAS THE RESEARCH DONE?

While the response to the West Africa Ebola epidemic was ultimately successful, it also highlighted existing ‘fault lines’ in the knowledge-based response to disease outbreaks, due to the perceived disconnect between EPI and SBS research efforts.

To determine the validity of this perception, as well as the lessons that could be learned from the West Africa Ebola outbreak and subsequent response, the researchers conducted a systematic review of more than 2,000 research articles published on the outbreak – specifically comparing the topics of EPI and SBS research, including any impact that such discipline-specific priorities may have had on the response. They also aimed to identify opportunities for future multidisciplinary collaboration that would better support real-time responses to disease outbreaks.

The research team comprised researchers from Rutgers University, USA; the Australian National University, Australia; the London School of Hygiene and Tropical Medicine, UK; and UNICEF.

## HOW WAS THE RESEARCH DONE?

The researchers conducted two systematic reviews using Cochrane guidelines, and a subsequent discourse-driven thematic analysis, with the objective of capturing and analysing the full range of thematic topics covered by each of the two disciplines – EPI research and SBS research – and examining where these themes overlapped or diverged from one another.

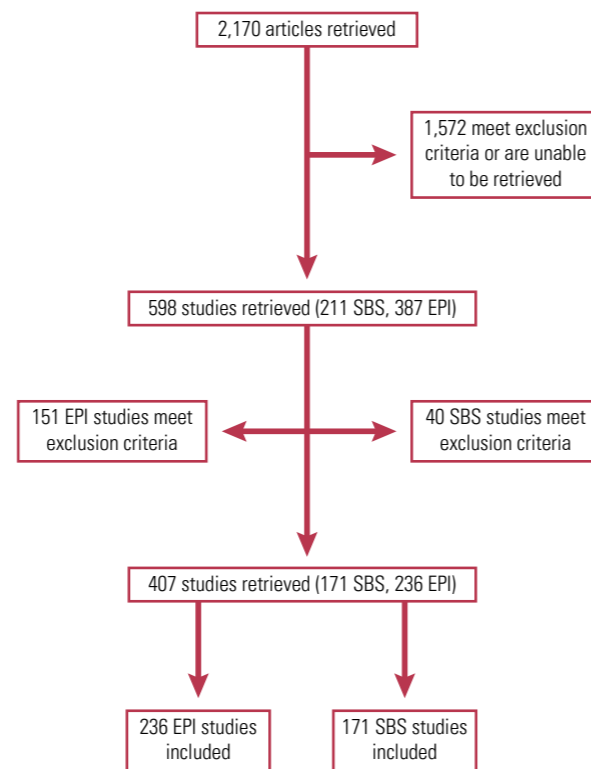
Both reviews involved a broad electronic and manual search of literature published in English and French, using a standardized keyword search of the most frequently used research catalogues. To capture the more informal publication patterns of the SBS community, the researchers also conducted a manual inventory of non-peer-reviewed publications (so-called ‘grey’ literature) available on topic-specific websites, and sought to identify any forthcoming peer-reviewed articles. Abstracts were first screened to exclude any articles that were not full primary research reports and to restrict the geographic area covered to Guinea, Liberia, Nigeria and Sierra Leone – the countries affected by the 2014–2016 Ebola outbreak. The full

articles remaining were then screened further using a set of predefined criteria for inclusion or exclusion.

The review process initially identified 2,170 articles, which were then whittled down to 598 according to the selected exclusion criteria. Further screening to ensure consistency among reviewers in applying the exclusion criteria resulted in a final count of 236 EPI articles and 171 SBS articles.

Data extraction and analysis were used to identify within the final set of 407 articles a comprehensive list of 29 overarching themes, along with 327 subthemes. The researchers then categorized the content of each article by any number of these themes. Because ascribing themes is a naturally subjective process, two researchers analysed the articles independently and then came together to reconcile any differences. Once the articles had been categorized, the researchers calculated the proportions of EPI research and SBS research assigned to each theme. The results of the analyses were published in *The Journal of Infectious Diseases*.

**FIGURE 1. SELECTION PROCESS USED IN THE SYSTEMATIC LITERATURE REVIEW**



Source: Adapted from Figure 1. Data Retrieval, page 3 of full report.

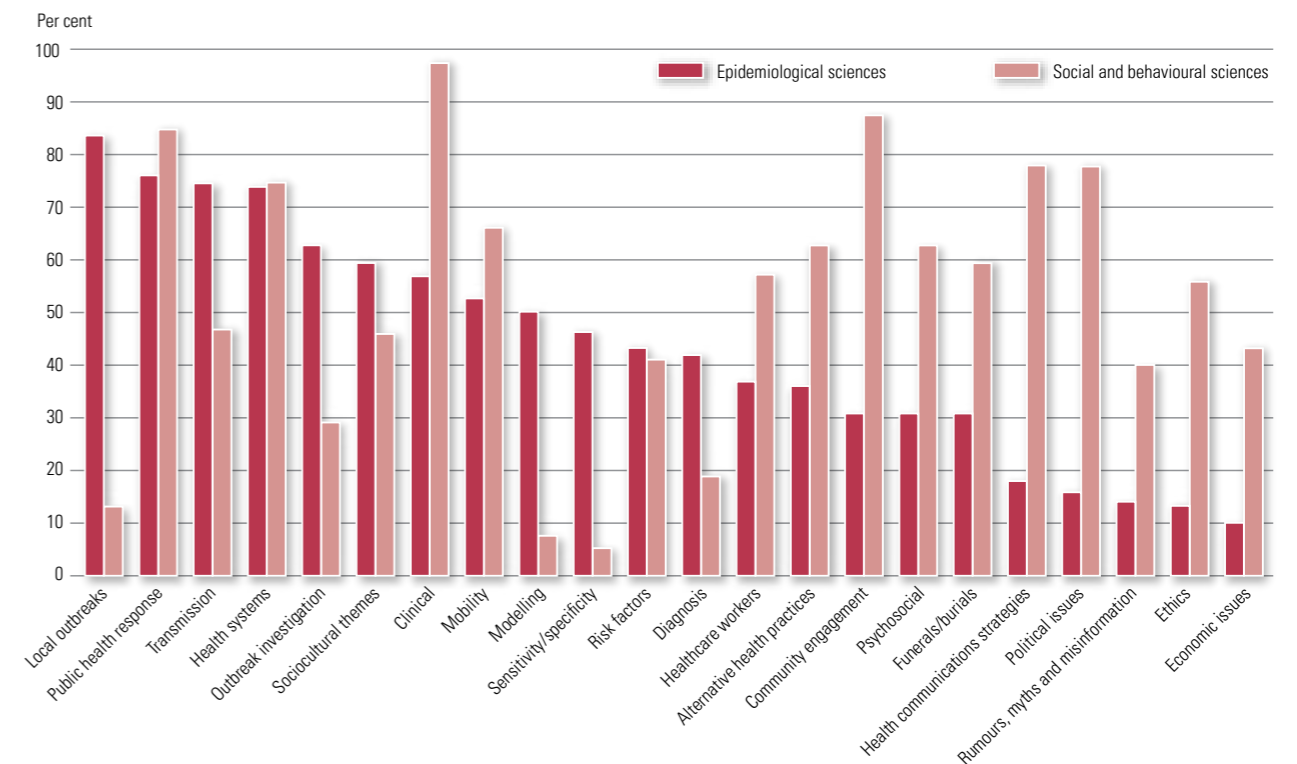
## WHAT ARE THE FINDINGS AND WHAT DO THEY MEAN?

### THEMATIC DIFFERENCES BETWEEN THE TWO DISCIPLINES

The researchers found that the EPI and SBS research disciplines appeared to prioritize different themes. For example, the most frequent themes seen in EPI articles were characterization of local outbreaks (84 per cent); transmission (75 per cent); and outbreak investigation (63 per cent). SBS articles also prioritized the theme of transmission but did so less often (47 per cent). By contrast, the most frequent themes seen in the SBS articles were psychosocial experiences around risk, mortality and stigma (88 per cent); political issues (78 per cent); and population mobility (66 per cent). The researchers noted that – while SBS studies were flagging factors such as gender, social roles, vulnerabilities, access to health care, food insecurity, and mobility early on in the Ebola outbreak (July to September 2014) – these factors were not integrated into EPI models until later on (around November to December 2014).

The EPI and SBS research disciplines were found to converge in addressing some common themes. These included the public health response (76 per cent and 85 per cent respectively); health systems (74 per cent and 75 per cent); population mobility (53 per cent and 66 per cent); and risk factors (43 per cent and 41 per cent). The researchers note, however, that the two disciplines dealt with these themes in very different ways. For example, on the topic of health systems, the EPI studies focused on capacity gaps and support needs, whereas the SBS studies addressed labour recruitment and retention, and community confidence in government-run health care systems – including local perceptions of their morality and ethics before and during the epidemic. The public health response was also dealt with very differently: EPI studies tended to focus on its effectiveness, reach and impact, whereas SBS studies focused on inequalities and structural gaps in the system.

**FIGURE 2. COMPARISON OF THEMES COVERED BY 40 PER CENT OR MORE OF ARTICLES IN AT LEAST ONE DISCIPLINE**



Source: Adapted from Table 3. Themes and Ratios of Themes in EVD Publications by Research Type With Shading to Indicate Greater Proportion, page 4 of full report.



## RESEARCHERS STAYED WITHIN THEIR OWN SILOS

The core problems identified by the systematic review were that EPI models, forecasts and clinical treatment guidelines were unable to capture the complex sociocultural conditions and fragile health systems prevailing in the affected countries. In addition, epidemiologists were not responsive enough in adapting their models to incorporate SBS observations. At the same time, social and behavioural scientists were not good at quantifying their observations and were unable to translate their knowledge of local conditions into epidemiologically relevant insights. Specifically, community-based behaviour changes were insufficiently integrated into EPI models and forecasts.

*“Where the social and behavioural sciences and epidemiology literatures diverged, they diverged widely. Although each frequently acknowledged similar core themes, they rarely integrated these concerns into their research designs or analysis.”*

Research report

For example, while the EPI articles described how cultural and behavioural influences informed funerary practices, they struggled to integrate these concerns into their research designs. Likewise, while the SBS articles acknowledged clinical and EPI concerns such as standards of care, sources of risk and transmission dynamics, they failed to transform these into measurable observations on the scale needed to inform the response.

This lack of a joined-up, interdisciplinary approach was thought to make the response to the epidemic less effective, as it led to different conclusions about the best direction to take. Epidemiologists suggested that the disruption to health services may have affected non-Ebola mortality, while social and behavioural scientists contended that widespread continuing health services were provided by private, informal or traditional health care providers.

The results show that the two disciplines often diverged in their approach, leading the researchers to conclude that adopting a more multidisciplinary approach from the start would have accelerated the response, potentially saving lives.

*“The approaches used by the two literatures often seemed diametrically opposed. The epidemiological literature drew upon broad population data ... to make general inferences without incorporating local insights ... By contrast, the social and behavioural sciences literature used small samples to make sweeping references for which there was scant data.”*

Research report

## EMERGING IMPACTS

### BUILDING A ROAD MAP FOR THE NEXT GLOBAL HEALTH EMERGENCY

Having identified some key problems with the research response to the 2014–2016 Ebola epidemic, the researchers developed a set of recommendations based on the lessons learned from the systematic review. They suggest that this ‘road map’ for a more closely integrated approach should be used to help guide the response to the next global infectious disease emergency when it happens.

What would an integrated response look like in practice? To give an idea of this, the researchers point to examples from fields outside of the health sector. For example, in the financial sector, detailed knowledge of population groups has been successfully applied in risk modelling. Similarly, collaboration between the EPI and SBS research disciplines could help to define groups within a population that have tended to behave in similar ways and these ‘risk segments’ could then be used to help predict future exposures. Such approaches have been tested in HIV research and to reduce harmful practices that could lead to newborn tetanus or kuru, but they have not yet been tested in global health emergency responses.

### BOX 1. ROAD MAP FOR RESPONDING TO A GLOBAL EPIDEMIC

1. Develop the capacity to systematically quantify sociocultural factors for epidemiological purposes.
2. Establish interdisciplinary collaborations to improve ‘risk segmentation’ practices.
3. Create qualitative indicators and composite sociocultural indices that can be rapidly deployed during outbreaks.
4. Use community resources to create real-time, rolling data collection systems.
5. Develop new techniques for modelling social mobilization and community engagement.
6. Prioritize accurate, high-quality data collection and analysis early in the emergency response.
7. Draw on the experience of the West Africa Ebola epidemic of 2014–2016.

Lessons can be taken from validated mental health research approaches to quantifying qualitative diagnostic observations, through which patient interviews are transformed into valid diagnostic scores. Such an approach could be used by social and behavioural scientists and epidemiologists to develop qualitative or semi-quantitative indicators of epidemic progression or risk, community engagement or resistance, and intervention effectiveness. This knowledge could be rapidly employed to develop responses using EPI approaches – targeting disease spread – but founded upon SBS principles.

The researchers point out that community engagement is key to any successful response. This did happen to an extent in West Africa, but the lack of cohesion between the disciplines means that it is impossible to know what truly worked – and what didn’t work – in the Ebola emergency response.

The impact of this research will depend on whether the recommendations in the road map are taken up by the global public health community and especially by the World Health Organization, which coordinates the global response to emergencies like Ebola. There are signs that it has already attracted interest, with the journal article being picked up by the US Centers for

Disease Control and Prevention, for example, which has disseminated it widely within the organization.

## NEXT STEPS

The researchers call for better collaboration and, in particular, the real-time integration of EPI and SBS research. This ought to lead to SBS research that includes larger sample populations and EPI data collection that draws on more locally relevant social factors. Other reviews that have looked at the 2014–2016 Ebola epidemic have highlighted some similar concerns and efforts are already under way to address these, but this research points out some structural problems that remain. For example, SBS research is still generally associated with health communication and is not usually part of preparedness and response coordination during global health emergencies. This needs to change.

*“There are no informal networks, shortcuts, or workarounds that can substitute for overcoming capacity gaps that are currently causing the ‘missed connections’ and ‘blind sides’ between the social and behavioural sciences and epidemiological sciences domains.”*

Research report

While some EPI research does not require a behavioural component, and not all health-focused SBS research must be contextualized in local epidemiology, disciplinary segregation leads to missed opportunities in global health emergency and humanitarian response according to the findings of this research. This gap should be bridged to more rapidly and efficiently respond to future disease epidemics.

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

<http://bit.ly/west-africa-ebola-lessons>



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# EUROPE AND CENTRAL ASIA

**Age Matters! Understanding age-related barriers to service access and the realization of rights for children, adolescents and youth**

Cristina Bacalso and Dragan Mihajlović, editorial guidance Nina Ferencic

## EDITORIAL INSIGHT

This research was praised for its innovative approach to exploring the tensions between children's participatory and protective rights. The adolescent-centred nature of the research, was commended as an "extraordinary attempt" to include them in a debate that has their interests at heart. Internal reviewers noted the researchers' attention to detail, from their extensive use and analysis of descriptive statistics to their in-depth discussion of how focus groups were organized. Researchers were praised for making space for female-only focus groups and including vulnerable and digitally marginalized groups. Reviewers also noted the thorough consideration given to the ethical concerns of working with adolescents, acknowledging the authors' efforts to develop and follow a precise plan to respond to emerging issues.

## How does age-related legislation affect adolescents' lives in Europe and Central Asia?

Some of life's most pivotal events are governed by minimum age laws. Covering aspects from political expression and financial means to marriage and criminality, such legislation has the potential to empower, protect or restrict. The tensions between safeguarding autonomy and providing protection underpin the debate on minimum age legislation. Signatories to the United Nations Convention on the Rights of the Child are required to abide by the right of non-discrimination, respect the views of the child and take account of the child's evolving emotional, cognitive and physical capacities. How well countries manage to balance their duties to protect while respecting these rights, particularly for adolescents, remains open to question.

By identifying relevant policies in countries throughout Europe and Central Asia and comparing the legal frameworks with the views of young people, this research shows where legislation is incongruent with the lived experience of adolescents. An online survey and focus group discussions helped researchers to better understand where a state's view of children diverges from adolescents' views of themselves. Participants were asked to assess their capability to carry out various activities, and rate their knowledge, perceptions and capacity in areas in which minimum age laws apply. As well as giving adolescents a chance



to be heard, the research demonstrates how both policy discussion and rights education could be improved – by having an adolescent-centred perspective as the starting point.

### WHY WAS THE RESEARCH DONE?

In more than half of the world’s countries, the legal threshold of adulthood is 18 years of age, while the global average age of criminal responsibility is 12.1 years. In nearly a quarter of countries, the marriageable age of females is younger than for males, and yet girls often lack the ability to make independent health choices before the age of 18. Voting age is almost universally set at 18 years, while the global average age to stand as a candidate for election is 22.2 years. Such contradictions complicate the application and monitoring of minimum age laws and make it harder for young people to understand how the law applies to them.

Led jointly by the UNICEF Europe and Central Asia Regional Office and Youth Policy Labs, this exploratory research draws on the experiences of adolescents to consider how a more nuanced understanding of emotional and social maturity could inform discussions around protection, capacity, risk and responsibility. The driving hypothesis was that minimum age legislation may not reflect the heterogeneous nature of young people’s emotional and social maturity, which in turn can affect their rights.

### HOW WAS THE RESEARCH DONE?

The first phase of the research, conducted in 2016, used a desk-based review to map 70 minimum age laws and policies across 22 countries and territories in Europe and Central Asia. Based on their findings, the researchers decided to focus on priority areas where tensions exist between national legislation and provisions in the Convention on the Rights of the Child – that is, civic/legal rights, social participation, economic participation, education, health and political participation. Other important themes, such as sexual consent, were not addressed at length due to restrictions on resources and time.

The second research phase, in 2017, focused on five countries – Armenia, Bulgaria, Kazakhstan, Romania and Ukraine – with the aim of answering the research question: How does age-related legislation affect the lives of adolescents and youth, in regard to accessing services and realizing their rights? The researchers sought to understand adolescents’ knowledge, perceptions and experiences of age-related legislation and policies; how such legislation and policies affect their well-being and aspirations for the future; and how adolescents’ evolving capacities relate to their ability to access services and realize their rights.

### AN EXPLORATORY, MIXED METHODS APPROACH

An exploratory, mixed methods approach gathered quantitative data from an online survey of 5,725 adolescents selected using stratified sampling techniques, while 30 focus group discussions (6 per country) involving 241 adolescents in total explored topics in greater depth. Participants were aged 10–17 years (the Convention defines a child as anyone below the age of 18) and came from both urban and rural areas. As the research was exploratory, the project methodology did not aim to ensure full representation of all adolescents or allow for generalizations to be made across the entire adolescent population of a country or the Europe and Central Asia region. Instead, it aimed to gain further insights into the issues faced by adolescents in relation to minimum age legislation, and open new avenues for dialogue and policy discussion as well as for future research.

The online survey was disseminated by UNICEF country offices and partners such as schools and youth organizations, all of which took steps to ensure that not having a computer at home did not lead to the digital exclusion of participants. Respondents were asked 43 questions to determine how capable they consider themselves in various areas and their opinions on the capabilities of their age group, knowledge of minimum age laws, experiences in seeking services and reflections on personal well-being.

### BOX 1. FOCUS GROUP ACTIVITY METHODOLOGY

- **Reflection:** Participants were asked at what age they thought a young person should be allowed to do a certain act (e.g., marry, speak to a doctor alone).
- **Probing questions:** Participants were asked why they chose the age they did; what kind of factors affect whether the age should be higher or lower; and which skills, experiences or capabilities may be needed to do that act.
- **Reveal:** Participants were told the minimum legal age for the act in their country and asked to react to it (i.e., whether they thought the legal age was too young or too old, and why).

Focus group discussions were tailored to two age groups of adolescents: 10–13 years and 14–17 years. To ensure different groups were represented, groups were either mixed-sex or girls only, and either urban or rural. To include vulnerable populations, discussions took place with adolescents from low socioeconomic backgrounds, from ethnic minority groups and living in institutional care.

### ETHICAL CONSIDERATIONS

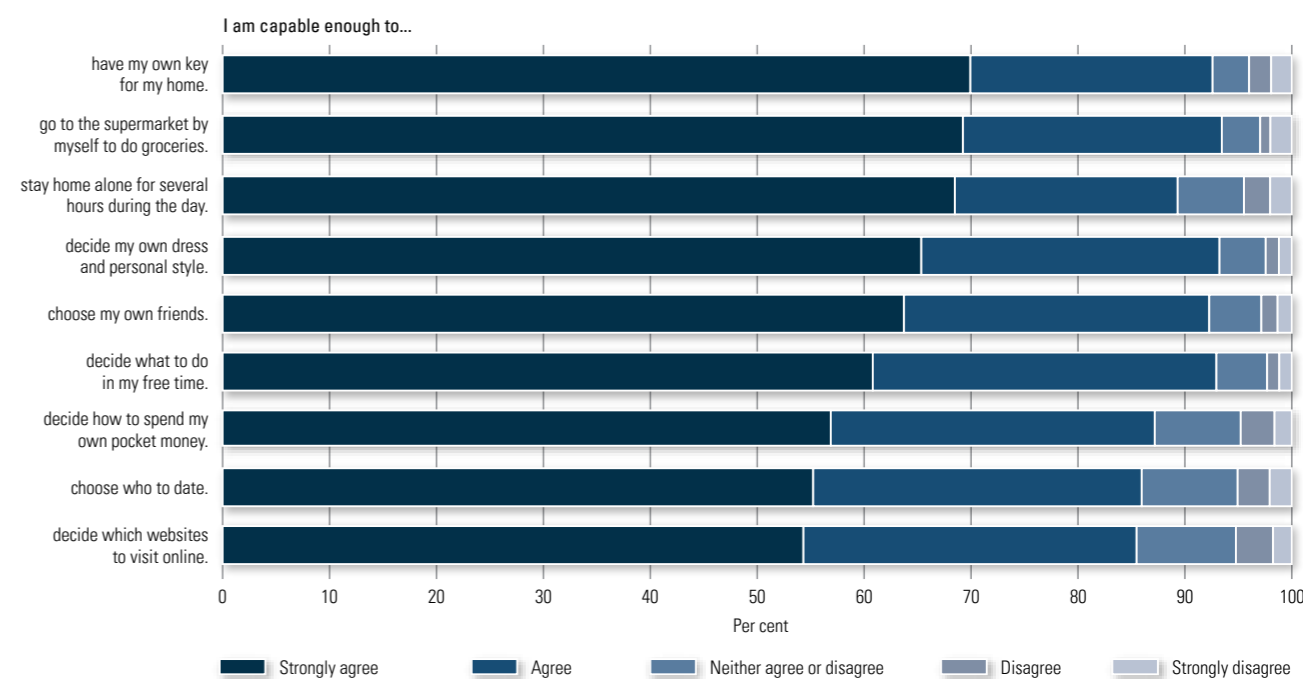
To ensure that the research was carried out with the highest regard for privacy, confidentiality, informed consent and child safety, participation was anonymized and a specialist independent review board was appointed. The board included experts active within the children’s rights and youth research communities, thereby doubling as a space for collaboration in the interests of promoting children’s well-being, dignity and rights. The project took a reflexive approach, which meant that researchers continually reviewed how the best interests of the child were being upheld.

### WHAT ARE THE FINDINGS AND WHAT DO THEY MEAN?

#### AGENTS IN THEIR OWN LIVES

In general, the older the participant, the more capable she or he feels – in fact, adolescents often feel capable of handling situations at a stage before minimum age laws confer the rights to do so. But adolescents lack knowledge about minimum age laws – apart from those relating to voting and marriage – which could constrain their ability to exercise their rights and act on their own behalf.

FIGURE 1. ADOLESCENTS’ RESPONSES TO HOW CAPABLE THEY FEEL ACROSS A RANGE OF TYPICAL ACTIVITIES



Source: Adapted from Figure 4. “I am capable enough to...”, page 47 of full report.



## HEALTH AND CONSENT

Health proved to be a strikingly contentious and contradictory area. For example, in many countries a young woman aged 17 years can marry and assume legal emancipation, yet still require parental consent for contraception. Many adolescents did not know the minimum legal age for seeking medical advice without a parent or guardian present. In terms of capacity, however, more than half of the survey respondents aged 14 or over feel capable of seeing a doctor independently, yet legislation in all of the countries studied except Ukraine prevents them from doing so – until the age of 18 in Armenia, Kazakhstan and Romania and 16 in Bulgaria. Fifteen per cent of respondents said they had been refused medical advice because of this requirement.

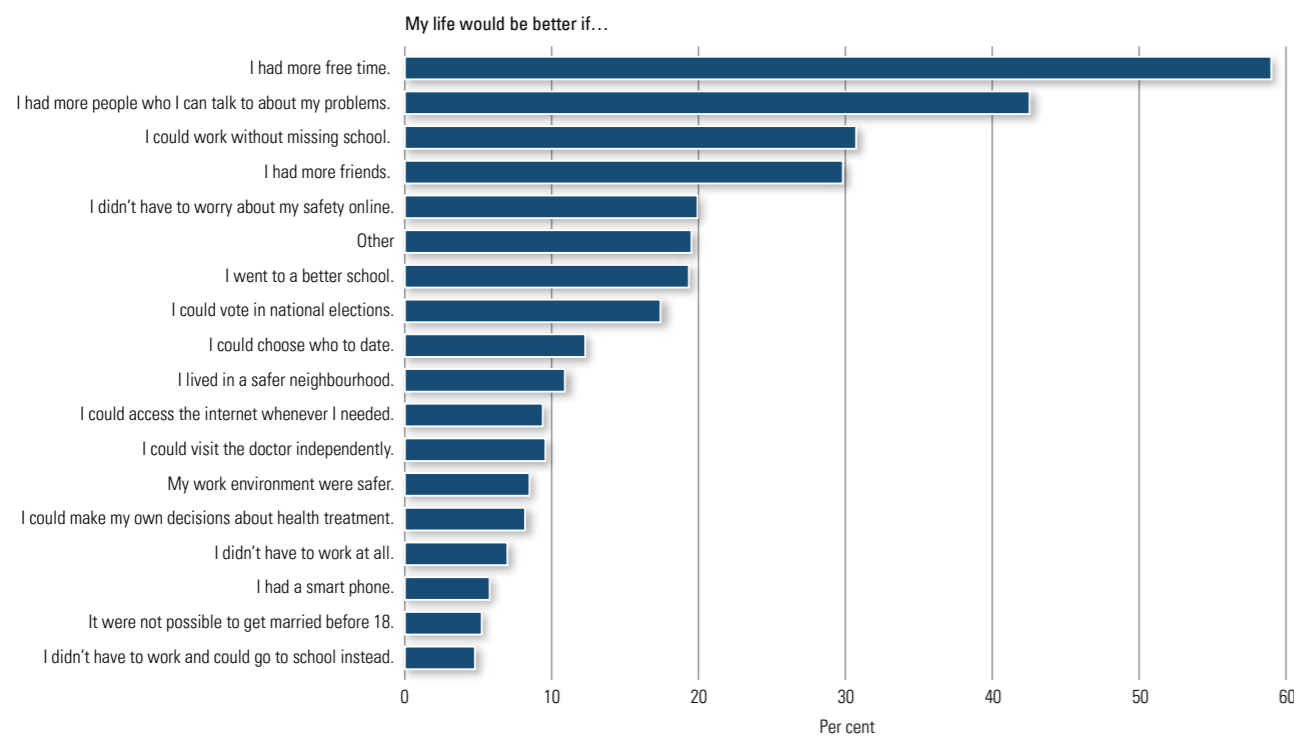
While the Convention does not recommend a specific minimum age at which young people should have a right to refuse medical treatment or intervention, it does stipulate that children should be involved in making health decisions that affect them – something that just under 70 per cent of adolescents agreed with. Few said they feel capable of making an informed decision about treatment on their own,

however, suggesting the need for a more youth-friendly way of making medical information accessible and understandable. Nearly one third of respondents noted receiving medical treatment that had felt forced upon them by a parent and/or doctor. Even if this was ultimately deemed to be in the adolescents' best interests, such feelings indicate that their voluntary and informed consent had not been sought.

## IMPROVING WELL-BEING

Younger participants rated their well-being higher than older adolescents did, with well-being appearing to drop at the age of 14–17 years. As this coincides with the transition from childhood to late adolescence, accompanied by changes in school life and identity formation, this highlights a need for more support at this age. Having someone to talk to about their problems is particularly important, affecting adolescents' mental health – which is the number one issue (according to 46.4 per cent of respondents) that adolescents wish to discuss independently with a medical professional but tend to avoid. This indicates a clear need to provide youth-friendly, confidential mental health services for adolescents.

**FIGURE 2. ADOLESCENTS' RANKING OF OPTIONS THAT WOULD MAKE THEIR LIFE BETTER**



Source: Adapted from Figure 43. "My life would be better if...", page 95 of full report.

## SPLIT BY POLITICS

A common argument against lowering the voting age is that young people lack the capacity to understand the political system and make their own decisions, yet 52.8 per cent of respondents said they feel capable of voting. The older the participant, the more capable she or he feels, with 40.3 per cent of 17-year-old adolescents agreeing with the idea that their age group should be allowed to vote.

In focus group discussions, participants aged 10–13 were more sceptical about voting than older adolescents. Others were simply uninterested or disenchanted with a political system that seemed to them ineffective, corrupt or unresponsive to the issues that matter to young people, suggesting the need for more youth-friendly information on politics that could ultimately increase political engagement.

*"Eighteen years old is not enough, you may not have completed the first 12 years of education. You have no knowledge of politics, so you make a bad choice. After all, every vote counts. It could make a difference. So, it doesn't seem OK to me that we can vote at 18 years old."*

Ina, 16, discussing the voting age in Romania in an all-female focus group of urban adolescents aged 14–17

## EDUCATION BEFORE EMPLOYMENT

The minimum legal age to work full-time in all five countries is 16, though some countries have contradictorily set the end of compulsory school at ages higher than 16. Most adolescents (70.1 per cent of survey respondents) thought that they must be aged 18 to leave school and start work. When asked whether they felt that someone their age should be allowed to start work before the end of compulsory schooling, 56.2 per cent of respondents disagreed, echoing focus group discussions about education being vital for laying the foundations of a successful career. Overall, all participants recognized the value of work, seeing part-time work as a route to personal development and autonomy. Among those aged 14–17, work is seen as a gateway to independence.

## UNDERSTANDING CRIMINALITY

When asked at what age a young person could be charged with a crime, only 24.6 per cent of respondents knew the correct age – 14 in all countries studied – with most respondents thinking it was older. Discussions revolved around whether adolescents are always fully aware of the morality of their actions, the role of peer pressure and the influence of poverty and family circumstances. Rather than focus on criminality, participants believed efforts should be made to understand and prevent the root causes of youth crime. Participants felt strongly that punishments should not negatively affect future prospects, based on the belief that young people who offend can be rehabilitated and reintegrated into society.

*"[Fourteen years old] is too exaggerated. That child does not know how to behave! He does not know how people are. He is not yet standing on his own feet, he does not know what to do in his life."*

Vio, 11, discussing the age of criminal responsibility in Romania in a mixed-sex focus group of urban adolescents aged 10–13



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## PROTECTION FROM EARLY MARRIAGE

Most respondents knew that the minimum age to marry without parental consent is 18. In fact, 60.2 per cent agree that no young person under the age of 18 should be able to marry. Girls specifically worry about how early marriage would stifle their education and career possibilities. Many participants suggested the minimum age should be raised to 24 or 25, saying that it would be misguided to marry before they had a career, could afford a house or support a family.

A striking gender difference emerged, with focus group participants noting increased parental pressure on young females to marry. This is an area in which adolescents expressed a strong desire to be protected by the law, suggesting that girls in particular may require greater support as a potentially vulnerable group.

*“I have a dream in my mind: first, I’ll build a career, be accomplished professionally and then maybe I’ll get married. And every time I argue with my mother ... she has some opinions ... ‘It’s OK, if things don’t work out with school, you can always find someone and get married.’ And it really bothers me.”*

Ramo, 17, discussing the familial pressure she experiences in Romania on the issue of marriage in an all-female focus group of urban adolescents aged 14–17

## EMERGING IMPACTS

Widespread dissemination of the report, at both the regional and global level, has enabled the research to inform ongoing policy debates. Notably, the findings of the first phase of the research were presented at the launch of General comment No. 20 (2016) – on the implementation of the Convention on the Rights of the Child, which includes recommendations on implementing the rights of the child during adolescence when setting minimum legal ages. The report has also been included on the research agenda of agencies such as the European Union Agency for Fundamental Rights. For the adolescents who took part in the research, their involvement has led to further dialogue with their peers on the issues around age-related rights and policies.

## NEXT STEPS

The overarching message from the research – and from the participants themselves – is that adolescent voices must be heard if minimum age laws are to protect them from harm, safeguard their rights, and ensure their participation in social, political and economic activities. It is hoped that the methods used in and lessons learned from consulting and collaborating with adolescents will prompt other world regions to increase adolescent participation in research activities, including in the co-production of research, to allow for greater cross-regional analysis and comparability of findings. As evidenced by the report, adolescents are agents in their own lives, capable of forming and expressing views, which should inform the laws that shape their lives.

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

<http://bit.ly/age-matters-research>





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# ETHIOPIA

## Situation and access to services of people with disabilities and homeless people in two sub-cities of Addis Ababa

Rasmus Schjoedt, Bjorn Gelders, Anasuya Sengupta, Dagnachew Wakene, Moges Belay, Ashebir Debebe, Hana Abebe, Donyat Haile, Dina Berhane, Heiner Salomon, Diloá Bailey-Athias, Lisa-Marie Ouedraogo, Getachew Berhanu and Vincenzo Vinci

### EDITORIAL INSIGHT

Reviewers commented that this research was original, comprehensive and thorough, with a direct policy orientation. The research provides good insights into the ways in which homeless people, including children living on the streets, and people with disabilities are excluded from policies and programmes that are aimed at helping the poor in Ethiopia. The research was well conceptualized with strong and transparent documentation of its methodology and limitations, meaning that the results should be replicable. The report was also easy to read and contained many important recommendations that should be prioritized alongside a plan for engaging stakeholders.

# How can the needs and aspirations of Ethiopia's most vulnerable urban poor be supported?

Ethiopia has taken great strides in terms of improving education, health care and other public services. There are still significant gaps in provision that need to be addressed, however, especially for the most vulnerable and stigmatized groups, including homeless families with children, and adults and children with disabilities. Homelessness is a trap that can become almost impossible to escape without help, leading to exclusion from employment, social support and social services. Adults and children with disabilities are also disadvantaged. Although Ethiopia has well-developed legal and policy frameworks concerning disability, their implementation has been limited. Progress is hampered by a general lack of awareness about disability issues at all levels of government and among non-governmental and community-based organizations.

This research paints an initial picture of the needs of these two very different population groups living in Addis Ababa, the capital city, with a view to resolving gaps in service provision in Ethiopia. By determining the extent to which homeless people and people with disabilities can access the services they need, the researchers aimed to inform the development of a more effective, demand-led and integrated social services pilot programme as well as inform the design of the destitution component of Ethiopia's Urban Productive Safety Net Project (UPSNP).



## WHY WAS THE RESEARCH DONE?

### DESIGNING INTEGRATED AND RESPONSIVE SOCIAL SERVICES

There is an urgent need to know more about the living conditions and needs of vulnerable people in urban Ethiopia. Measuring homelessness is challenging and hence there are scarce data on the homeless population both in Ethiopia and globally, with prevalence estimates varying widely. A recent report by the Ethiopian Ministry of Labour and Social Affairs put the number of homeless people in Addis Ababa at around 24,000 in 2018, comprising approximately 13,500 homeless adults and 10,500 children living on the streets. In Addis Ababa, homeless people find themselves excluded from services provided at the *woreda* (district) level for people living locally, because they have no fixed address and no identity card proving their residence.

It is estimated that nearly 7.8 million people living in Ethiopia have some form of disability, which equates to 9.3 per cent of the country's total population. The estimated number of people with severe disabilities in Addis Ababa alone is around 47,000. Around 30 per cent of all people with disabilities are thought to be children and youth under 25 years of age. For people living with disabilities, health care centres can be inaccessible, and special needs schooling for children is almost non-existent.

### RECONSIDERING 'DESTITUTION' AS A CRITERION

The UPSNP is the only systematic and substantial income support programme available to low-income families in Addis Ababa. There are concerns, however, that its policies, together with the use of quotas capping income support, exclude homeless people and fail to address the needs of people with disabilities. Using 'destitution' as a criterion for service delivery is particularly problematic as there is no universal definition of the term. Subjective interpretations of destitution are an even bigger issue in the context of low-income countries, where the majority of people exist in deprived conditions.

## HOW WAS THE RESEARCH DONE?

### MIXED METHODS APPROACH METHODOLOGIES IN TWO SUB-CITIES

Research was carried out in July 2018 by Development Pathways in collaboration with researchers from the Africa Disability Alliance, on behalf of UNICEF Ethiopia and the Ethiopian Ministry of Labour and Social Affairs. It took place in two sub-cities of Addis Ababa, Addis Ketema and Arada, which were selected as being representative of a variety of sub-cities in Addis Ababa and beyond, and because of their potential capacity for service delivery. Three methodologies were employed: a comprehensive literature review; secondary quantitative analysis of existing national household survey datasets; and qualitative field research based on interviews.

Three core research questions were addressed:

1. What is the current situation of destitute households and households with family members with disabilities in Addis Ababa in terms of basic and disability-specific needs?
2. To what extent are households with family members with disabilities and homeless people able to access social services in Addis Ababa?
3. Which processes and systems exist that can form the basis for an integrated case management pilot programme in the Addis Ketema and Arada sub-cities?

### PRIMARY QUALITATIVE RESEARCH WITH SERVICE PROVIDERS AND TARGET GROUPS

The two primary target groups for qualitative research were households in low-income areas with a family member with a disability (including people with disabilities taking care of children, and parents or caregivers of children with disabilities) and families living on the streets. Semi-structured interviews with 43 people covered a wide range of issues including employment and income, housing, food security, access to services and informal safety nets, and people's hopes and aspirations.

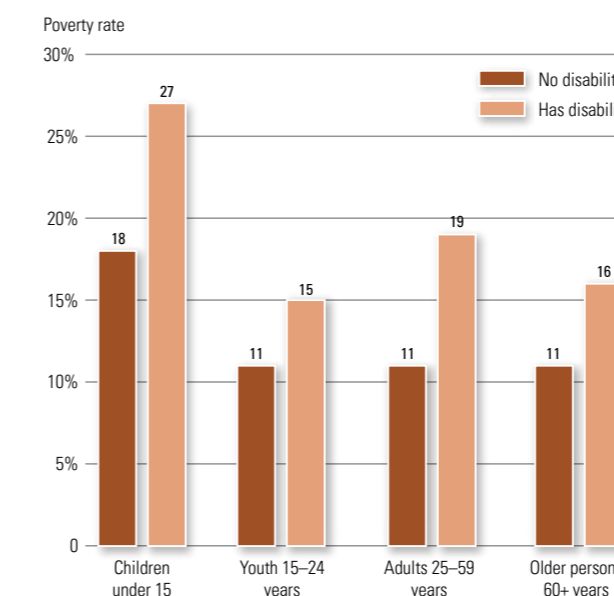
A third target group comprised children living on the streets, although they were not interviewed directly for ethical reasons. Information about this group was instead sourced from existing literature and from people and organizations working with children living on the streets.

Sixty-six key informant interviews were conducted with officials at the city, sub-city and *woreda* level; with representatives of civil society organizations; and with front-line workers such as community police officers, health extension workers and community workers. Fifteen focus group discussions with 83 participants included front-line social workers and representatives of community-based organizations, organizations for people with disabilities, *iddirs* (community funeral associations) and community-level *ketena* committees. These interviews and discussions gathered information about the difficulties faced by the target groups, their needs and how these are perceived, and the services currently provided.

### WHAT ARE THE FINDINGS AND WHAT DO THEY MEAN?

A literature review of 368 research studies published between 2000 and 2018 showed that while there is substantial information about different aspects of poverty in Ethiopia, little was known about the specific situation and needs of people with disabilities and homeless people living in urban areas, and their access to services. In addition, families living on the street were not captured by standard household surveys.

### FIGURE 1. PERCENTAGE OF PEOPLE LIVING IN EXTREME POVERTY IN URBAN AREAS, BY AGE AND DISABILITY STATUS

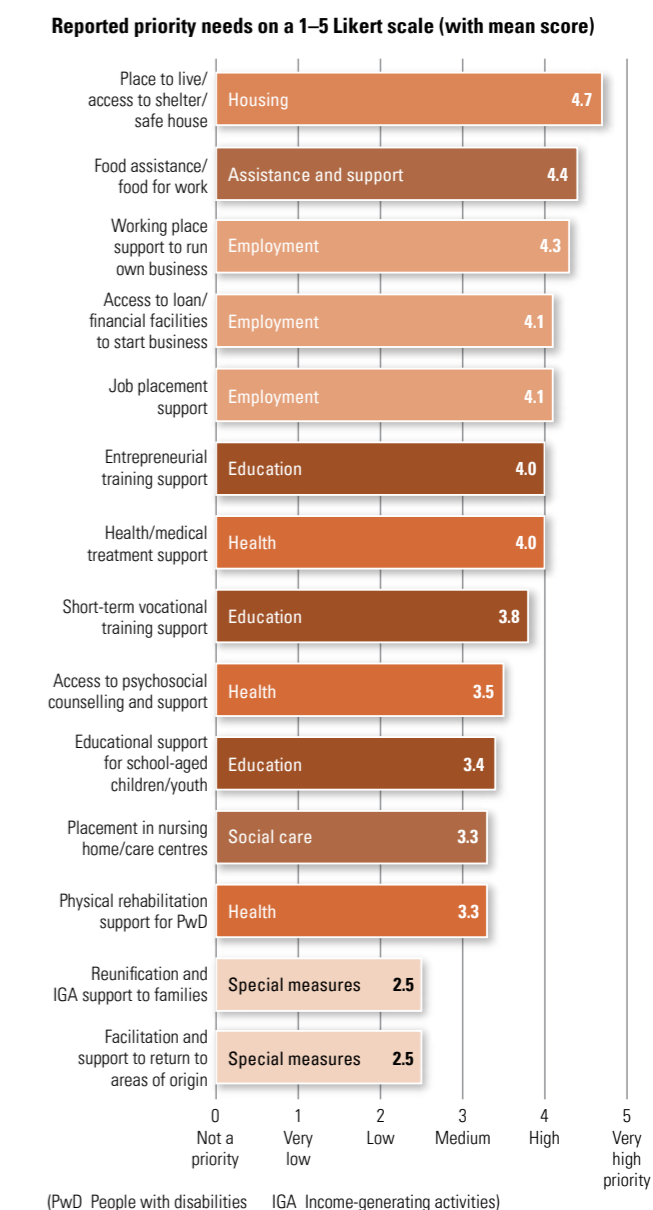


Source: Based on data from Household Consumption and Expenditure Survey 2015/16, cited in 'Situation and access to services of people with disabilities and homeless people in Addis Ababa' a presentation by Bjorn Gelders, Senior Social Policy Specialist, Development Pathways, 8 August 2019.

## HOUSING IS THE TOP PRIORITY

Low-cost and adequate housing is an overarching concern for both primary target groups. There is insufficient housing to meet demand; the process for accessing government housing is lengthy, unpredictable and lacks transparency; and without housing, the identity documents needed to access other services cannot be secured. People with disabilities described living in overcrowded and unsanitary government housing, with inaccessible shared latrines.

### FIGURE 2. SELF-REPORTED NEEDS ASSESSMENT BY HOMELESS PEOPLE



Source: Based on data reported in Soberland (2018). Scoping Study of People with Special Needs (urban destitute) & Service Providers in 11 cities of Ethiopia, cited in 'Situation and access to services of people with disabilities and homeless people in Addis Ababa' a presentation by Bjorn Gelders, Senior Social Policy Specialist, Development Pathways, 8 August 2019.



### OBTAINING EMPLOYMENT IS DIFFICULT

Homeless people are heavily stigmatized, people are often unwilling to hire them and it is difficult to get a job without identification documents. Begging is a key means of supplementing income, especially for women. Other sources of income include low-paid work as day labourers, porters or street traders, and washing clothes or collecting waste. Children may also be expected to work, even though they often earn very little. Homeless boys work as day labourers in construction or as shoeshines; both homeless girls and boys acquire money from begging or stealing.

People with disabilities face similar difficulties – there is a widespread preconception, including among government officials, that they cannot or should not work. Interviewees who had been able to find informal sector jobs reported earning monthly incomes of 500–1,000 birr (US\$17–34). For those caring for a child with a disability, the lack of childcare facilities means there are limited opportunities to earn an income.

*“One day I started delivering tutorial classes to young children in one household. I taught them for two months. Then the mother heard that I am homeless and live on the street. She insulted me and told me to get out of her house.”*

Young homeless man with a Bachelor of Science degree

### INCOME BENEFITS ARE DENIED

Despite their dire situation, homeless people are excluded from the UPSNP, even though there are no insurmountable practical barriers to their inclusion. People with disabilities are similarly excluded from the ‘public works’ component, reflecting a prejudice that people with disabilities cannot work. There is no functional grievance redress mechanism, making it difficult for people to challenge decisions.

*“It is difficult to even consider them as human beings, looking at the current state they are in.”*  
UPSNP targeting committee member

### HEALTH CARE CANNOT BE ACCESSED

Disability inclusion is slowly but surely gaining traction in Ethiopia, but further health sector improvements are required for people with disabilities and for homeless people. People with disabilities cannot access *woreda* health care centres; rehabilitation services and assistive devices are in short supply; and medicines are prohibitively expensive. Homeless people are excluded from the health care fee waiver programme because they lack identification documents.

### SCHOOLS ARE FAILING THOSE CHILDREN MOST IN NEED

There are not enough inclusive and physically accessible schools with the capacity to care for children with disabilities. Special needs education is almost entirely lacking. Homeless children fare slightly better – they can enrol in and receive appropriate education as well as free school meals, but retention is a challenge. They must work to buy school materials and uniforms; they lack electric light to do their homework; and they must often confront other – social and psychological – problems associated with homelessness.



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## KEY RECOMMENDATIONS

- The supply of low-cost, accessible housing needs to be increased on a ‘housing first’ basis, in line with international best practice. Existing government housing should be improved and made more accessible for people with disabilities. The process for allocating government housing should be more transparent, predictable and swift.
- The process for issuing identification cards to homeless people should be reviewed to enable access to vital services.
- Ethiopia’s legal and policy frameworks for the inclusion of people with disabilities need to be implemented, and service delivery gaps pinpointed. Everyone involved, from policymakers through to front-line workers, needs to be aware of modern approaches to disability, and identification and assessment processes should be improved.
- Access to the UPSNP should be enhanced to ensure that homeless people have access on the same basis as other low-income families and that people with disabilities are supported to meet the higher living costs they face. The public works component should be open to people with disabilities, and all public works beneficiaries with children should be able to access childcare services. People taking care of a child with a disability, with no other adult present in the household, should qualify for direct support.
- People with disabilities should be able to access government health care centres as well as the rehabilitation services and assistive devices that they need. Homeless people should have easy access to the health care fee waiver programme. All children under 5 living on the streets should be included in vaccination programmes.
- Children with disabilities need more special needs schools and special needs teachers in all schools, specialized teaching materials, accessible school buildings and better disability assessment. Individual needs assessment and integrated case management would help homeless children to stay in school by addressing the multiple needs they face.
- Access to protection for those at risk of violence, especially women and children, needs to be significantly improved, with increased training for police and greater investment in social workers.
- Current informal and ad hoc processes need to be replaced with an integrated case management system based on common procedural guidelines, effective horizontal coordination across departments and sectors, and coordinated and centralized data collection.
- A comprehensive review of the procedures and tools used for needs assessments is required, with a view to strengthening them.
- Effective case management requires a skilled and qualified cadre of social workers, and better coordination with and support for community volunteers and other community workers.

## THERE IS LITTLE PROTECTION FROM VIOLENCE

Homeless people are often victims of crime, with homeless women and children at high risk of abuse, sexual harassment and theft. Children with disabilities are also more likely to experience various violent situations. There is limited access to protection services for both groups and most incidents are unlikely to be reported.

*“It is a must to get married as far as you are on the street. Otherwise you will have children without father by losing your dignity.”*

Young homeless woman

## IMPROVED SERVICES ARE NEEDED

Ethiopia’s services are underfunded and most bureaux are unable to fulfil their mandates. Except in the health sector, official home visits for people with disabilities and outreach to homeless people are not possible, and there is no proper case management system. Little horizontal coordination takes place between departments at the various tiers of government (although there is more interaction at the *woreda* level). Needs assessments do happen, but guidelines and training are required on identifying vulnerable groups, carrying out initial interviews and screening, conducting disability assessments and working with homeless people. Data collection processes and tools exist but are not very effective in identifying adults and children with disabilities, and no data are systematically collected regarding the homeless population.

*“In practice, there is no support. We are only addressing these issues [rehabilitation] on paper. We do not have any resources to do anything. There is a huge gap between the needs and the services we can provide.”*

Key informant interview, *woreda*-level  
Bureau of Labor and Social Affairs

## EMERGING IMPACTS

Although the research has only just reached its final phases, it is already clear that the delivery of integrated social services should be grounded on rights-based universal entitlement, not time-bound poverty relief. Programme development needs to recognize that a person’s life trajectory is not linear but is instead vulnerable to shocks that may be related to age, gender, work capacity and/or disability status. Service provision should be based on these needs rather than on an arbitrary criterion such as destitution.

## NEXT STEPS

More in-depth, sector-focused research is needed to provide a detailed analysis of barriers to specific services for people with disabilities and people living on the streets. For example, the services available to people with mental illnesses and the connection between homelessness and mental illness both need to be assessed. Improving data collection and needs assessment procedures are vital next steps. The former should include collecting and analysing disability data, identifying and resolving disability data gaps, and finding more effective ways to collect data about homeless people.

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

Not yet published. Please contact UNICEF Ethiopia for more information.





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# ETHIOPIA

## Financing the child-centred Sustainable Development Goals in Ethiopia

Michael Samson, Karim Stephan, Preksha Golchha, Abebual Demilew, Jonathan Broekhuizen, Jesse Cohen, Remy Pigois, Vincenzo Vinci and Zeleka Paulos

### EDITORIAL INSIGHT

**This research offers innovative methodology, easily replicable in other countries and strong enough to support credible recommendations for Ethiopia. The external reviewers found it “a very comprehensive and well-thought-through framework to address the financing of the child-related SDGs”. It introduces innovative tools to more realistically measure the costs and benefits of investing in child-centred SDGs. It provides an excellent overview of how Ethiopia’s performance on key development indicators has evolved over the past decade, according to a child-centric SDG baseline assessment. It provides useful insights into ways to expand revenue streams to achieve SDGs and about how important it is to use best practices when evaluating and framing policy.**

# How much will it cost Ethiopia to meet child-focused Sustainable Development Goals?

Ethiopia has taken an ambitious development path. Through its five-year Growth and Transformation Plan, it aims to spur on the growth needed to become a lower-middle-income country by 2025. Drawing on economic gains and its success in meeting almost all of the Millennium Development Goals, Ethiopia is in a good position to meet the Sustainable Development Goals (SDGs) by 2030. Still, as in most countries, this is challenged by the fragmented nature of government institutions. In this context, policy proposals must compete for attention, armed with a robust and credible answer to an important question: What will it cost?

This research, commissioned by UNICEF Ethiopia and conducted by the Economic Policy Research Institute and Zerihun Associates, developed and tested an innovative methodology to estimate the price tag of achieving SDGs that focus on children. This improves on the standard ‘unit cost’ method by explicitly measuring the combined impact of policies in various sectors. The results reveal that, although Ethiopia must triple public spending to achieve these goals, it can cut costs to an affordable level by ensuring that planning for development is coordinated across government. Allocating funds effectively and learning from well-performing districts will also be crucial. Overall, the findings convey a clear message that systems thinking

is essential to the achievement of child-centred SDGs – they cannot be achieved by working in silos.

## WHY WAS THE RESEARCH DONE?

### SUPPORTING ETHIOPIA'S DEVELOPMENT PATH

Ethiopia achieved a top-ranking performance among African countries on the Millennium Development Goals, achieving almost all of them. It is now in a much better position than most to build on its progress and draw lessons from that experience to meet the SDGs. Ethiopia's medium-term development plan – the Second Growth and Transformation Plan, covering the period from 2015 to 2020 – is integral to a growth agenda that aims to turn the nation into a lower-middle-income country by 2025. The Government is also going through fiscal decentralization, a process of shifting responsibility for spending and for generating revenue to *woredas* (districts). This provides opportunities to identify links between spending patterns and performance on SDG indicators and to assess where Ethiopia stands in its efforts to achieve development goals that focus on children.

### MEASURING THE PRICE TAG

Accurately estimating the cost of any policy is difficult. If costs are underestimated, the resources allocated to make the policy work will be insufficient; if costs are overestimated, the political will to make the policy work may be paralysed. The most widely used method for assessing the resources needed to meet development objectives is the unit cost approach (also known as the 'input-outcome elasticities' approach). Its simplicity makes it attractive – primary education, for example, can be costed by dividing spending by the number of students enrolled in primary school. But the approach has been criticized for failing to account for practical aspects of policy decisions, including the impact of any given policy on other sectors or across the economy. The analytical approach put forward in this research takes this and other criticisms into account, innovating to capture such synergies, and represents an addition to a toolbox rather than a replacement for existing methods.

## HOW WAS THE RESEARCH DONE?

### SETTING A BASELINE

The research first aimed to understand the scope of Ethiopia's efforts to achieve 20 SDG targets, selected for their importance to child development. This baseline analysis aimed to identify areas of progress as well as disparities that undermine the country's prospects of achieving the goals. Its identification of the country's best-performing districts also informed subsequent models.

### ACCOUNTING FOR SYNERGIES

The cost of achieving the SDG targets was estimated while testing a methodology designed to improve on the standard unit cost approach. Data for each indicator and each of the country's districts, which were available from household surveys, were matched with data on public spending in each district, available from Ethiopia's BOOST database (this World Bank initiative provides access to country-specific public expenditure data and links expenditure to relevant outcomes). Analysts then built a model that made it possible to assess SDG achievement by explicitly measuring the cross-sectoral synergies, or combined impact, of interactions among policy sectors.

### SCOUTING FOR FUNDING

Setting the stage for the final part of the analysis, the researchers then undertook a fiscal space analysis to identify how Ethiopia could use various revenue streams to boost its financing of child-centred SDGs. Focusing on forward-looking ways to do this, the researchers identified three primary revenue streams:

1. Ethiopia's economic growth rates, which are expected to be high and enduring
2. official development assistance, mainly from the World Bank, the United States of America and the United Kingdom of Great Britain and Northern Ireland – although its total value is expected to fall as a share of gross domestic product (GDP) over the next decade
3. mobilization of domestic tax revenue such as taxes on income and business profits as well as export duties.

As devolution in the country continues, another revenue stream could result from rationalization of the budgeting process. For each potential source of revenue included in subsequent analyses, the main question asked was whether it could be drawn upon by Ethiopia to finance the delivery of SDGs.

### SPENDING IN THREE SCENARIOS

In the final stage of the research, a macroeconomic model was developed to forecast the public spending needed to achieve child-centred SDGs between now and 2030, under three different scenarios and using data on current spending by sector in each district. The analysis was repeated to break down the results according to whether the location was rural or urban.

*"Identifying and strengthening cross-sectoral synergies constitutes a vital strategy for Ethiopia's achievement of the SDGs."*

Research report

## WHAT ARE THE FINDINGS AND WHAT DO THEY MEAN?

### PROGRESS ON SEVERAL FRONTS

Ethiopia's efforts to deliver child-centred SDGs are on a good track, despite uneven progress. The country has done well to reduce poverty rates, increase school enrolment and provide modern contraceptive care. But it needs to invest more to boost access to basic services, improve child nutrition, reduce child mortality, abolish child labour and eliminate gender inequalities. To cut rates of child mortality, particularly resulting from stunting and wasting, more investment should be channelled into water and sanitation, electricity and health care. Efforts to better reach excluded and marginalized groups should be another priority, as highlighted by large disparities found between urban and rural areas.

## BOX 1. THREE POSSIBLE FUTURES FOR ETHIOPIA'S SPENDING ON SDGS

**Scenario 1: 'Business-as-usual' approach** – This scenario models how current expenditures would grow in line with projected rates of economic growth. Growth in spending reflects changes in the size of the economy and population.

**Scenario 2: 'Learning-by-doing' optimization** – This scenario draws on practices across districts to identify a 'best' combination of expenditures. The top-performing district – in terms of achieving the most SDG targets and lowest spending per capita – is selected and set as best practice for all districts to replicate over time.

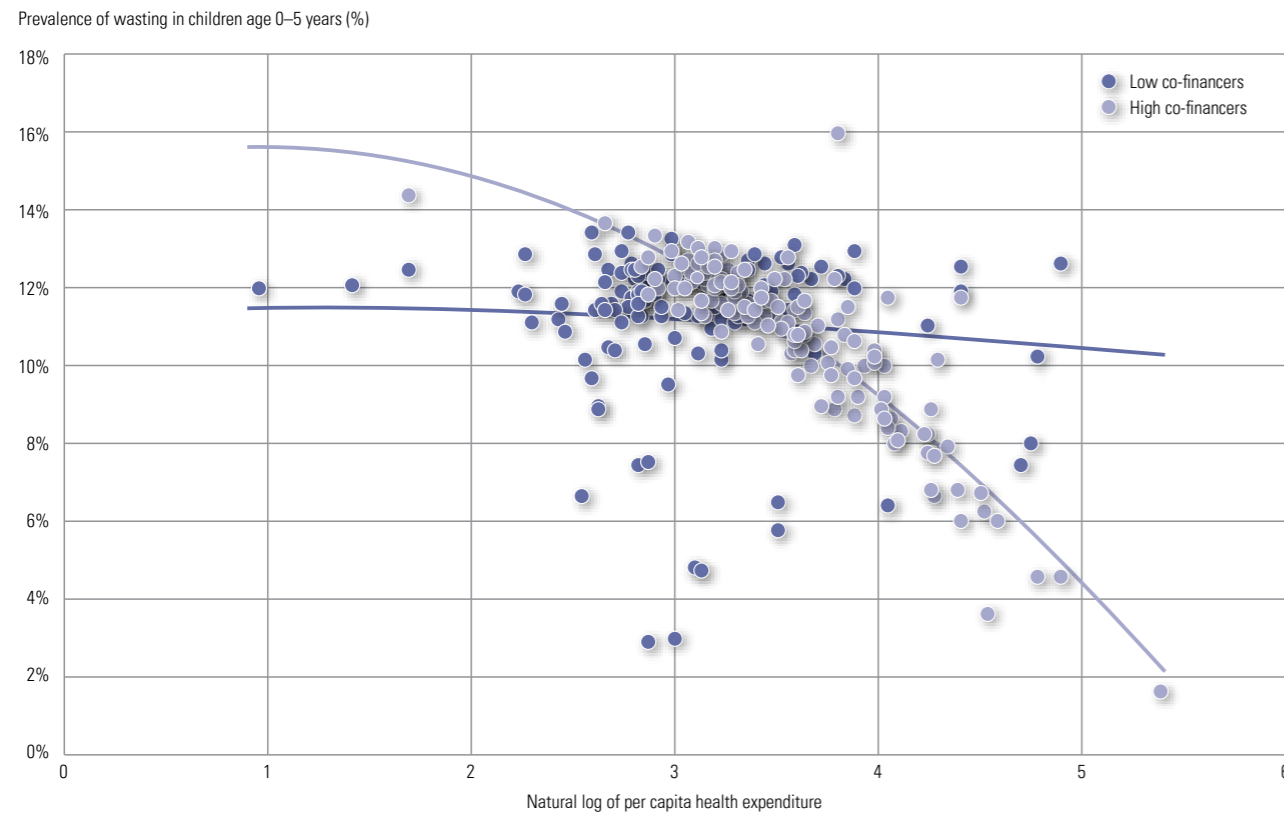
**Scenario 3: 'Smart-search' optimization** – This scenario builds incrementally on scenario 2, from the starting point of the fiscal mix and spending levels of the top-performing district. It then adjusts spending sequentially – increasing it to achieve as many additional goals as possible or reducing it to improve cost-efficiency – without compromising any of the SDGs already achieved. In other words, it uses an algorithm to search for improvements in either SDG achievement or cost reduction, but without compromising SDGs achieved in scenario 2.

### A MORE POWERFUL MODEL

The modelling approach developed for this analysis performed much better in predicting SDG outcomes than the conventional unit cost approach, which performed poorly in key statistical tests. By capturing complex relationships between spending policies and SDG outcomes, the new approach was found to have greater power to explain those outcomes; it also produced more statistically significant and robust results. Overall, it improves how accurately the long-term costs of achieving the SDGs can be estimated, providing a basis for the rest of the analysis. Much of this improved explanatory power is a result of the model reflecting policy synergies across sectors.



**FIGURE 1. EFFECT OF HEALTH EXPENDITURE ON THE PREVALENCE OF WASTING, BY HIGH AND LOW COFINANCING DISTRICTS**



Source: Adapted from Figure I. Health expenditure on prevalence of wasting, by high and low co-financing districts, page IV of full report.

Figure 1, for example, illustrates the effect of investments aimed at reducing the prevalence of wasting, showing how districts that spend more effectively on both education and agriculture ('high co-financers') are more efficient and better able to reduce wasting in children compared with districts that do not invest adequately in these complementary policy sectors ('low co-financers'). This evidence illustrates how a systems approach to development – which strengthens sectoral synergies and involves comprehensive programmes that have impacts beyond a single sector (e.g., health programmes that foster education outcomes) – can help a country to more effectively and efficiently achieve the SDGs.

**GROWTH TO DRIVE PROGRESS**

Ethiopia's anticipated economic growth will be the big driver of government revenue. Although official development assistance and donor grants are expected to increase in the coming years, their total value as a share of GDP is expected to fall substantially. The country is also at high risk of debt distress. Though the research refers to it as "impressive," Ethiopia's

economic growth forecast will not be enough to fund the SDGs fully. It will, however, bring the added benefit of increasing the Government's capacity to mobilize domestic revenue, particularly from national taxes and sources at the district level. More autonomy should also enable districts to offer more effective public services.

**DELIVERING SDGS AT A LOWER COST**

The modelling exercise involving three possible scenarios of how Ethiopia could achieve the best SDG results at a reasonable cost suggested that the country's chances of success will be greater if the Government can work across sectors. Scenario 3, which reflects this approach, would lead to the country successfully meeting 11 out of 13 SDG indicators at a cost of US\$230 per capita per year by 2030.<sup>1</sup> The result was found to be roughly the same when urban and rural areas were analysed separately. Because the macroeconomic model considers only the impacts of increasing government spending and improving synergies, it is possible that costs may be reduced further by other factors such as the use of better technologies.

**BOX 2. ETHIOPIA'S PATH TO FINANCING THE SDGS IN THREE SCENARIOS**

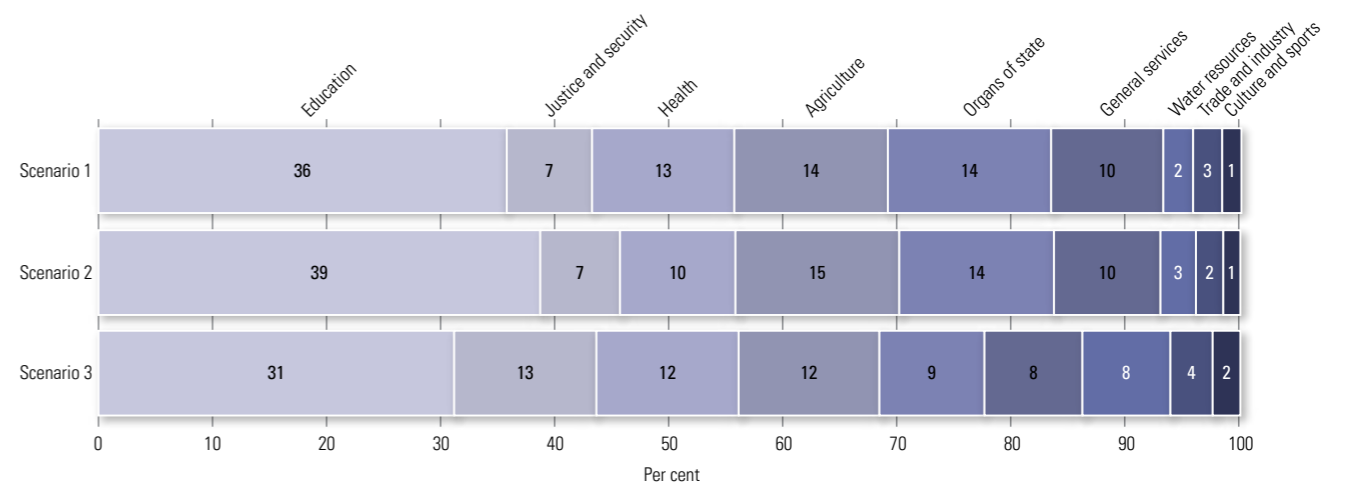
**Scenario 1:** This baseline scenario asks: How many of the SDGs will be achieved if the country continues on its current trajectory? It was found that this scenario would lead to modest improvements in nearly all indicators, but with large variations and without coming close to achieving SDG targets. Only a small proportion of the districts modelled could achieve each target. There were some signs of promise, including significantly lower rates of wasting and inequality, and better access to primary education and safe water.

**Scenario 2:** In this scenario, the best-performing district's public spending mix is adopted by other districts across the country. The results for this scenario were dramatically better than for scenario 1 – all districts could achieve 10 out of the 13 SDG

targets, but not without a jump in spending, from 6.7 per cent to 23.9 per cent of GDP.

**Scenario 3:** This scenario improves on the previous one with smart-search optimization that looks for an optimal solution by trying out various investment combinations. It was found to increase to 11 the number of SDG targets that could be met, while lowering the spending needed to achieve them – to 22.8 per cent of GDP, or US\$230 per capita per year by 2030. This makes it the most cost-efficient scenario. To achieve this result, the Government would need to invest in the sectors that drive the most progress, in the following order: education, organs of state, agriculture and health.

**FIGURE 2. SECTORAL EXPENDITURE FROM BUSINESS AS USUAL TO MEETING THE 2030 GOALS, SCENARIOS 1–3**



Source: Adapted from Figure 26. Sectoral expenditure mix in 2030, scenarios 1–3, page 51 of full report.

*“This study estimates the cost of achieving a selection of child-sensitive SDGs to be roughly US\$230 per capita in 2030, compared to an estimated US\$40 per capita actually invested in 2018.”*

Research report



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### STRATEGIES TO SUCCESS

Taken together, the results show that Ethiopia's current spending towards child-focused development needs to increase substantially, but that the price tag is affordable given its projected economic growth prospects. To boost child well-being, the country needs to invest in education first. But more public spending on its own is not enough. The right spending mix is crucial, and a robust evaluation framework is needed to inform the process of allocating and distributing fiscal resources. According to the researchers, the analysis shows untapped potential for "exceptional progress" to be made by collaborating across sectors. SDG targets can be achieved at a more affordable cost using this approach, as spending in one sector can also benefit others. For instance, education expenditure could make health spending more productive, while nutrition programmes could make education more effective (e.g., through school meals). All these spending inputs could simultaneously achieve joint outputs for health, education, nutrition, livelihoods and overall child well-being.

### EMERGING IMPACTS

How can complex objectives such as the SDGs be costed? The research offers an innovative approach to answering this question for Ethiopia, with insights into how the Government can allocate funds to produce positive results quickly. The finding that higher spending alone will not achieve the greatest progress on child-centred SDGs is important, as studies that use the conventional unit cost method tend to show that increasing spending is what primarily drives development. Instead, this analysis shows that value for money lies in pinpointing the right spending mix. SDGs can be met in a cost-effective way by investing in sectors where synergies have the highest joint return. Though challenging, allocating budgets in this way will be essential for meeting the child-centred SDGs.

1 While two indicators – poverty rate, measured using the international poverty line, and prevalence of child labour – are not achieved, they are significantly reduced. Scenario 3 halves poverty and reduces child labour by two thirds.

### NEXT STEPS

Four policy recommendations emerge from this research. First, Ethiopia will need to triple the funds it has committed to achieving the SDGs. The Government will also need to adopt practices that foster synergies across sectors. As part of this, data should be collected and updated regularly to support similar analyses. The country is also advised to root budgets firmly in its development strategy – countries that have adopted such 'whole-of-government' approaches have done better than those in which public investments are politicized and fragmented. Finally, Ethiopia will need to identify new ways to tackle extreme poverty and child labour, two targets that look challenging to achieve even with more public spending and greater cross-sectoral coordination.

*"A nation of ambitious and innovative risk-takers that learn from each other will provide the world with the lessons of SDG success."*

Research report

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

<http://bit.ly/ethiopia-financing-SDGs>





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# INDIA

## The India Early Childhood Education Impact Study

Venita Kaul, Aparajita Bhargav Chaudhary, Suman Bhattacharjea, Purnima Ramanujan, Manjisha Banerji and Mansi Nanda

### EDITORIAL INSIGHT

This longitudinal mixed methods research on early childhood education in India was the first of its kind. Its complex methodology enabled an analysis of the realities of and prospects for early childhood education both at scale and in depth. It includes a comprehensive literature review, providing a strong rationale for the need to improve early childhood education in line with Sustainable Development Goal (SDG) Target 4.2. Reviewers commended its rigour, design, and structure. Its comprehensive assessment supports clear and policy-relevant recommendations that are already informing significant changes in policy and procedure at both national and state levels in India.

## How can early childhood education in India be enhanced?

Pioneering research in fields such as neuroscience, child development and economics shows that children's experiences in their first eight years will have lifelong impacts, influencing their social, emotional, cognitive and physical development. Ninety per cent of brain growth occurs in the first five years of life and early experiences influence the development of specific neural pathways, with far-reaching effects on overall brain development and behaviour. Participation in preschool is about much more than the transition to primary school. It affects a child's social and economic development with lifelong impacts. High-quality, developmentally appropriate early childhood care and education can therefore generate significant long-term returns on investment.

In recent years, India has made significant progress in strengthening its early childhood education policy framework and standards at both national and state levels. Yet although the primary school enrolment rate has been well over 90 per cent for more than a decade, many children are still failing to acquire even the minimum knowledge, skills and abilities prescribed by the school curriculum. This far-reaching research sought to uncover possible reasons for this gap in learning. The benefits of addressing early disadvantages are enormous, both for the future of these individual children and for the country.

## WHY WAS THE RESEARCH DONE?

*“By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.”*

SDG Target 4.2

A vibrant discourse around early childhood care and education is under way in India beneath the umbrella of the country's Integrated Child Development Services programme for children under 6 years of age. Previous research had shown that around three quarters of four-year-old children in rural India were enrolled in preschool facilities of one kind or another. But more detailed information about participation, quality and outcomes was needed to inform further progress. Were children participating in a government-run preschool facility known as an *anganwadi* centre? Or in a private preschool? Or perhaps accompanying their older siblings to primary school? More importantly, were these early experiences successfully helping to prepare children for primary school and later life?

The India Early Childhood Education Impact Study was designed to help answer these questions authoritatively and at scale, so that informed, evidence-based recommendations could be made about the best ways to improve provision of developmentally appropriate early childhood education for all children in India. There is currently a dearth of large-scale empirical research evidence on early childhood care and education in India and this study represents an effort towards filling this gap. It was anticipated that the results would inform and influence ongoing policy discussions about early childhood education at national level, including with the Ministry of Women and Child Development. Researchers also carried out an annual, observation-based assessment of the quality of early education that children experienced over four years.

## HOW WAS THE RESEARCH DONE?

This ambitious longitudinal research project collected primary data by following a cohort of some 14,000 children from 2011 to 2015, from the age of 4 to 8 years. It was designed and undertaken by the Centre for Early Childhood Education Development at Ambedkar University Delhi and ASER Centre, New Delhi, in collaboration with UNICEF India. Through three different strands, researchers measured participation in various types of preschool, assessed the quality of preschools and analysed the impact of preschool experiences on readiness for school and later learning (including for marginalized groups). Researchers also collected detailed household characteristics of the sampled cohort of children to assess the contribution of these factors to school readiness and later learning.

### TAKING INDIA'S DIVERSITY INTO ACCOUNT

To generate findings that would be applicable across India, the study focused on three very different states – Assam, Rajasthan and Telangana (previously part of undivided Andhra Pradesh). These states differ markedly across a range of social, economic, education and geographic indicators, including affluence, mix of scheduled tribe and scheduled caste populations, and female literacy rates.

Villages were randomly sampled in six districts (two per state). In 306 villages, four-year-old children were randomly selected (11,225 children from 1,591 preschools), enabling researchers to generate estimates of participation and learning that were representative at the district level. In 75 villages, four-year-old children were purposively selected (2,779 children from 298 preschools) and followed much more closely over a longer time frame, to gain a comprehensive and detailed understanding of the quality of the institutions they attended and the social and cognitive outcomes they achieved.

The study compared various types of preschool institutions, with a primary focus on government-run *anganwadi* centres and privately run schools, which the majority of sampled children attend. In a third strand of the study, nine 'known practice preschools' run by non-governmental organizations and located in various states (including additional states to those sampled) were also purposively selected to provide case studies of good practice and a more nuanced assessment of quality.

### OBSERVATIONAL AND LONGITUDINAL MIXED METHODS RESEARCH

Children's learning outcomes and the quality of education they received were assessed at five points in time, each one year apart. A comprehensive range of measures and assessment tools were selected to track both learning and socio-emotional skills. These were validated for the specific Indian context while following gold standards for global comparisons. They included surveys with children and their families and in-school observations of participation, facilities, staff and processes. Case studies and qualitative interviews added a rich and layered understanding of some of the key elements found in a good-quality preschool and an in-depth comprehension of what parents were looking for.

## ETHICAL CONSIDERATIONS

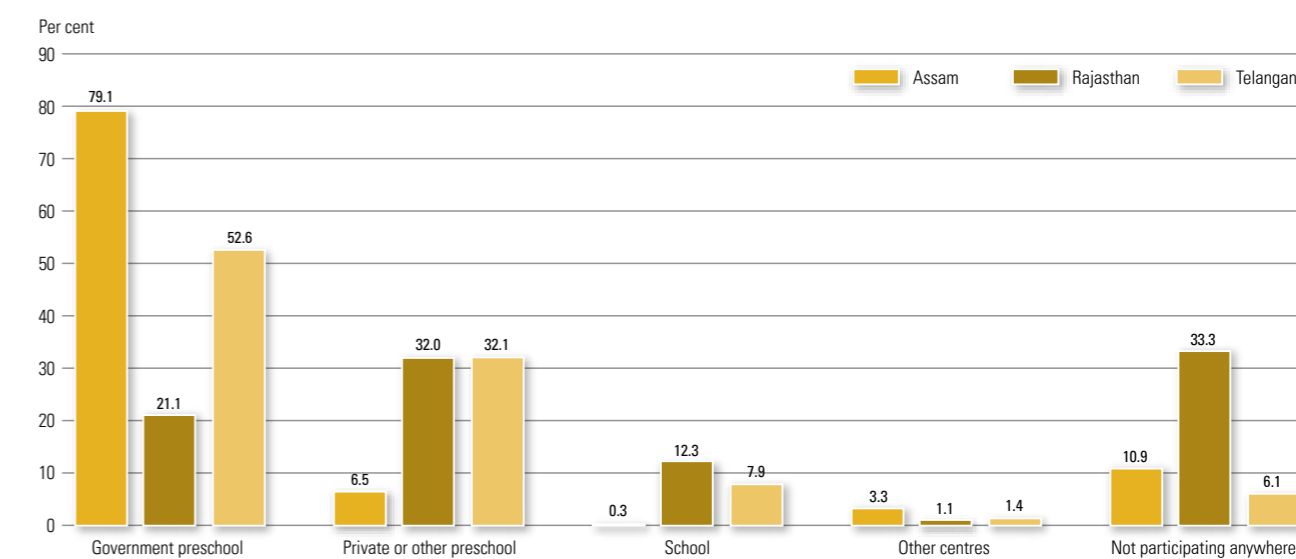
The ethical considerations of the research were identified and addressed. Consent and approval were secured from state and district officials, and the use of high-level but separate coordination and research advisory committees avoided conflicts of interest. Prior informed consent was obtained from parents, and children were not forced to participate. Special care was taken when assessing young children for school readiness, with rapport established by the researchers through play-based activities, and all information that could be used to identify individuals or locations was removed from datasets.

## WHAT ARE THE FINDINGS AND WHAT DO THEY MEAN?

### THE TIME IS RIPE TO FOCUS ON QUALITY

Among those sampled, 7 out of 10 four-year-olds attended a preschool programme, whether provided by a government-run *anganwadi* or privately managed preschool. Almost all of the villages sampled had at least one government preschool (*anganwadi* or *ka-shreni*) and the majority also had one or more privately managed preschool. This is a major achievement, meaning that inadequate access is no longer the main issue. With supply and demand for preschool facilities in place, the time is ripe to focus on ensuring the quality of services provided, while still improving access for those children not yet reached.

FIGURE 1. PERCENTAGE OF CHILDREN PARTICIPATING IN THE MAIN TYPES OF PRESCHOOL, BY STATE



Source: Created on the basis of data from Table 4.1. Percentage of sampled children age 4 in preschool or school, by state and institution type, page 31 of full report.



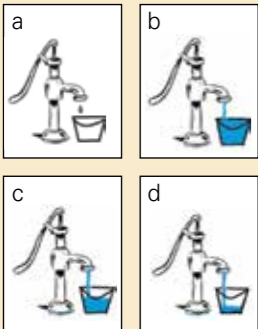
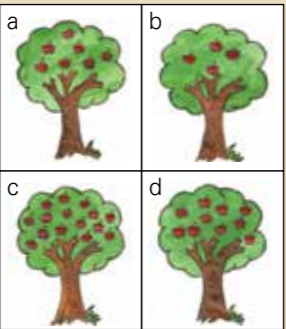
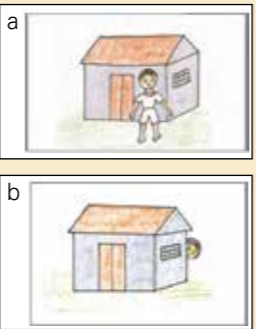
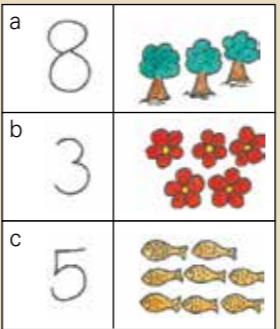
### CHILDREN NEED AGE-APPROPRIATE CLASSES

Many young children were found to be diverging from the linear age-related trajectories that the education system expects. In some areas, many four-year-olds were in primary school two years too early, while in others significant numbers of six- and seven-year-olds were still in preschool. Some children moved back and forth between the two educational stages, with enrolment not stabilizing for the majority of children until they turned 8. This means that large numbers of young children in India are faced with developmentally inappropriate curriculum content.

### SCHOOL READINESS LEVELS ARE STILL BELOW PAR

Good-quality preschool education emerged as a key factor in enhancing school readiness levels and in improved early grade outcomes, particularly in language and mathematics. Yet children's actual school readiness levels were still far below expectations. Many children enter primary school without the necessary cognitive, pre-literacy and pre-numeracy skills, and conceptual understanding. This initial gap between what is expected of children and what they can actually do appears early on and widens rapidly as children progress from one grade to the next.

FIGURE 2. EXAMPLES OF TASKS GIVEN TO CHILDREN AGED 5 YEARS TO ASSESS SCHOOL READINESS

| Sequential thinking  | Pre-number   | Spatial concept   | Number matching   |
|--|--|---|---|
| <ul style="list-style-type: none"> <li>Indicate the correct sequence of pictures for the process of filling up an empty bucket.</li> </ul> | <ul style="list-style-type: none"> <li>Point to the tree that has the least number of apples.</li> <li>Point to the tree that has the maximum number of apples.</li> </ul> | <ul style="list-style-type: none"> <li>In which picture is the child behind the house?</li> </ul> | <ul style="list-style-type: none"> <li>Identify the pictures and numbers and match them.</li> </ul> |
|   |   |                |                |

Source: Created on the basis of data from Figures 7.6, 7.7 and 7.8, pages 88 and 89 of full report.

### BOX 1. ENHANCING THE QUALITY OF PRESCHOOL EDUCATION

In line with the flagship UNICEF report, *Learning Through Play: Strengthening learning through play in early childhood education programmes*, quality factors that emerged from the research included physical infrastructure, the availability and use of play and learning materials, good classroom management and organization, a democratic classroom environment, and qualified, interactive teachers. Children need age-specific opportunities for free play and guided activities that deliver a balance of language, cognitive, concept-based, social and creative skills (as indicated in India's *National Early Childhood Care and Education Curriculum Framework*, published in 2013). Formal instruction at this early stage of education is not appropriate and neither is corporal punishment.

### PRESCHOOL EDUCATION IS OFTEN POORLY DESIGNED

Although there were variations by state, the two main types of preschool providers – government-run *anganwadi* centres and privately managed preschools – were found to be failing to provide developmentally appropriate preschool education. Across the sample states, nearly all schools lacked basic infrastructural facilities required for children with special needs. As a result, very few children with special needs were seen in the preschools across the states. Also, opportunities for planned play (a critical component of successful early childhood education programmes) were almost entirely absent from both models. *Anganwadi* centres focus on nutrition and day care and their staff are not trained in early child education. Private preschools prioritize the formal teaching of reading, writing and arithmetic, often delivered in English, but this approach was found to be negatively correlated with school readiness (though it was favoured by parents in all three states). An alternative known practice preschool programme provided a good practice model in Rajasthan, especially for disadvantaged communities.

### FINDINGS RELATING TO EQUITY ARE LESS CLEAR

Even at this young age, children's participation in various types of institutions, their participation trajectories and their school readiness levels appeared to differ by household affluence and maternal education levels. The type of institution attended was also found to vary by gender, with more girls attending government-run *anganwadi* centres and more boys going to private preschools. But the expectation that preschool participation reduces the learning gap between 'the haves and the have nots' was not confirmed – an example from Rajasthan suggested that this may be the case, but the small sample size means the results need to be interpreted with caution.

### EMERGING IMPACTS

The research findings and recommendations were presented to the committee tasked with developing India's new Samagra Shiksha integrated school education programme, which now includes preschool education. A national launch was followed by a technical round table and four regional workshops to discuss the research, and state governments are developing action plans to design flexible, play-based, developmentally appropriate curricula as a result of the study, with technical support from UNICEF. A subcommittee of the Central Advisory Board of Education has been set up to consider the feasibility of making related changes to the Right of Children to Free and Compulsory Education Act, 2009.

There is a renewed focus on building the capacity of front-line workers, including through an e-learning course developed by UNICEF. Technical support has helped to standardize tools used for assessing school readiness and quality of early childhood education programmes to contribute to the monitoring of progress towards SDG Target 4.2, and to develop a pictorial handbook promoting quality standards. Simple materials and methods are being developed to encourage parents to support their children's learning at home.





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## KEY RECOMMENDATIONS

- Quality preschool education is vital and should be included in an amendment to the Right of Children to Free and Compulsory Education Act, 2009.
- An effective regulatory or quality accreditation system for early childhood education should enforce the Grade 1 entry age of 6 years and ensure that children are not accepted below this age. It should also ensure children's linear progression through preschool and primary school and foster the convergence of relevant national and subnational policies.
- There should be a shift in focus from access to quality. Early childhood education should be considered a stage lasting up to the age of 8, with a flexible, play-based foundational curriculum designed for children aged 3–8 across the early learning continuum.
- There is a great need for adequately qualified and trained preschool teachers. Training should include teacher preparation programmes for the foundational stage as well as ongoing professional training. A cadre of early childhood education teachers should be instituted and close mentoring of teachers – and of the mentors themselves – provided.
- It would be beneficial to reach out to parents, communities and other stakeholders to generate a better understanding of and demand for developmentally appropriate early childhood education.
- Improving women's education and literacy programmes will consequently improve children's participation in early childhood education.

The 2019 draft National Education Policy includes key recommendations to strengthen early childhood education. Among them is the recommendation that a foundational curriculum is designed for children aged 3–8 years across the early learning continuum, with the draft policy calling for this to cover the three years of preschool and first two grades of primary school; and that the Right of Children to Free and Compulsory Education Act is amended to include free and compulsory quality pre-primary education for all children aged 3 to 6.

## NEXT STEPS

Key areas highlighted for further investigation include researching the impact of high-quality preschool education on social and gender equity gaps. It would also be beneficial to consider alternative models for high-quality preschool programmes and ways of financing them at scale and in a viable manner across diverse contexts. Improving parenting programmes would help to improve the cognitive stimulation and support provided by parents.

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

<http://bit.ly/india-impact-early-childhood>





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# MIDDLE EAST AND NORTH AFRICA

**Violent discipline in the Middle East and North Africa Region:  
A statistical analysis of household survey data**

Hrayr Wanniss and Kay Engelhardt

## EDITORIAL INSIGHT

**This research makes an original contribution to the evidence base on a sensitive issue for vulnerable populations in the MENA region. External reviewers noted, “It is one of the very few studies that harmonizes and pools country datasets to allow regional trends and analysis.” Through secondary analysis of existing household survey data, the research sheds light on what can increase children’s risk of experiencing violent discipline. It also illustrates how fine-grained analysis can reveal context – crucial to understanding why violent discipline is so widespread in the region. Reviewers commended the explicit documentation of study limitations. The report was well presented and structured, using helpful infographics. It summarizes clear areas for advocacy, programming and further research.**

## How common is violent discipline against children in the Middle East and North Africa?

Millions of children across the Middle East and North Africa (MENA) region have suffered from conflict and displacement in recent years. Violence ranging from serious injuries to sexual exploitation has been widely documented. But abuse against children takes many forms and occurs not only in times of war. Violent disciplinary practices are the form of abuse experienced most often by children in their own home, and UNICEF has identified the MENA region as a global hot spot in this regard. Although family and caregivers have a right to guide and discipline a child as she or he grows, physical or psychological abuse violates basic human rights. It can also disrupt how well a child develops vital life skills.

This research published by UNICEF offers the first comprehensive analysis of how often this type of violence occurs in 12 countries across the MENA region. It probes its effects and identifies complex factors that raise the risk of a parent or caregiver using violence to discipline a child – showing, for the first time, that risk factors can add up. The findings and proposals for action aim to strengthen government policy to tackle the problem, boost investment in programmes that encourage non-abusive behaviours, and expand monitoring to probe why violent discipline at home is so widespread in this region.



## WHY WAS THE RESEARCH DONE?

### A GROWING MOMENTUM TO MONITOR VIOLENCE

In 2001, just over a decade after the United Nations Convention on the Rights of the Child came into force, the United Nations called for a study to document violence against children. Published five years later, the study revealed pervasive abuse by people whom children know and should be able to trust. As follow-up surveys began to monitor the problem, UNICEF developed tools to capture instances of non-violent discipline, instances of violent discipline (whether in the form of psychological aggression or physical punishment) and attitudes towards physical punishment. The information gathered since 2005 comes from surveys with a module on child discipline, offering a comprehensive dataset that covers roughly 80 countries.

### ZOOM IN ON THE MENA REGION

For a long time, this wealth of evidence was not harnessed to its full potential. In 2014, UNICEF analysed the global data to reveal “exceptionally high” rates of violent discipline against children in the MENA region – 7 out of the 20 countries in which this type of abuse was most common were located in the region. But still no in-depth analysis had been conducted to better understand patterns across national borders or what might explain the extensive use of abuse to discipline children. This research aimed to fill that gap.

*“Violence is not only occurring at times of war. It is a pervasive problem across the region, including at home.”*

Research report

## HOW WAS THE RESEARCH DONE?

### THE LARGEST DATASET

As of November 2017, 12 out of 20 countries in the MENA region had data on violent and non-violent child discipline that had been collected through either the UNICEF Multiple Indicator Cluster Survey (MICS) or the Demographic and Health Surveys Program. The data were publicly accessible, relatively recent and of a good quality. Pooled together from 15 surveys, these data represent approximately 85 million children aged 2–14 years, or just over two thirds of the relevant target population across the entire region. To assess how violent discipline may affect children over the course of their lives, the analysis also included data from six surveys that measured early childhood development from 36 to 59 months of age. This wealth of data provided the opportunity to conduct a range of in-depth secondary analyses to generate more evidence on the interactions among some of the components that influence parental adoption of violent disciplinary practices.

### RESEARCH OBJECTIVES AND METHODS

The objectives of the research were to: (1) conduct a comparative cross-country equity analysis of the prevalence of violent discipline for children aged 2–14 years across dimensions such as age group, wealth, educational attainment and other relevant characteristics; (2) analyse the associations between violent disciplinary practices and early childhood development; and (3) understand the extent to which positive attitudes towards physical punishment and other risk factors (child’s age, child’s sex, educational attainment of parent/caregiver) influence behaviours.

Descriptive methods such as scatter plots were used to mine the pooled datasets; cross-tabulations and maps were used to describe the prevalence of different violent disciplinary actions; factor analysis was used to explore the perceptions of these actions; and hierarchical logistic models were used to control for subnational and national variations with regard to factors that can increase risk or have a protective effect.

## PROBING BEHAVIOURS AND PATTERNS

The MICS child discipline module asks survey respondents whether a randomly selected child in their household has experienced violent disciplining by any member of the household in the last month and, if so, which specific behaviours have been used. Shouting or screaming, for example, and calling a child names or using insults such as ‘dumb’ count as psychological aggression. Shaking a child, slapping on the bottom and hitting with a belt or a stick count as physical punishment. Hitting a child hard anywhere, and hitting or slapping the face, head or ears, count as severe physical punishment. Any of the above behaviours constitutes violent discipline. The MICS questionnaire also covers non-violent behaviours such as explaining to a child why something she or he did was wrong. Finally, the survey probes whether the respondent believes that physical punishment is necessary to raise a child properly.

### MISSING THE FULL PICTURE

The analysis of the existing survey data was guided by a widely adopted conceptual model used to understand this type of risk, the so-called ‘ecological model’, which focuses on how violent disciplinary behaviours are

influenced by characteristics of an individual, family and society. For example, the model can factor in a child’s sex as well as parental education, family stress or whether the family resides in a rural or urban area. But some variables that may be linked with violent discipline, such as unemployment and family dynamics, were not considered in the analysis as they are not covered by the available household surveys. This meant that the researchers could not take a comprehensive look at all factors that may encourage violent behaviour. Other limitations in the dataset also mean that the analysis stops short of representing the entire MENA region. Data for some countries were missing or dated, for example, and questions were sometimes phrased differently, or even omitted, when adapting survey questionnaires for local conditions.

*“Previously data has only been analysed at the country level – this regional analysis is the first of its kind.”*

Research report



Child’s drawing of boy being attacked, alongside the words (in Arabic) “Violence Against Children”



## WHAT ARE THE FINDINGS AND WHAT DO THEY MEAN?

### NUMBERS “ALARMINGLY HIGH”

Across the countries surveyed, 84 per cent of children had experienced violent discipline in the last month, which amounts to an estimated 71 million children aged 2–14 years. Breaking this down by the type of violent discipline experienced, 68 million children (80 per cent) had experienced psychological aggression; 60 million children (70 per cent) had experienced physical punishment; and roughly 27 million children (31 per cent) had experienced severe physical punishment.

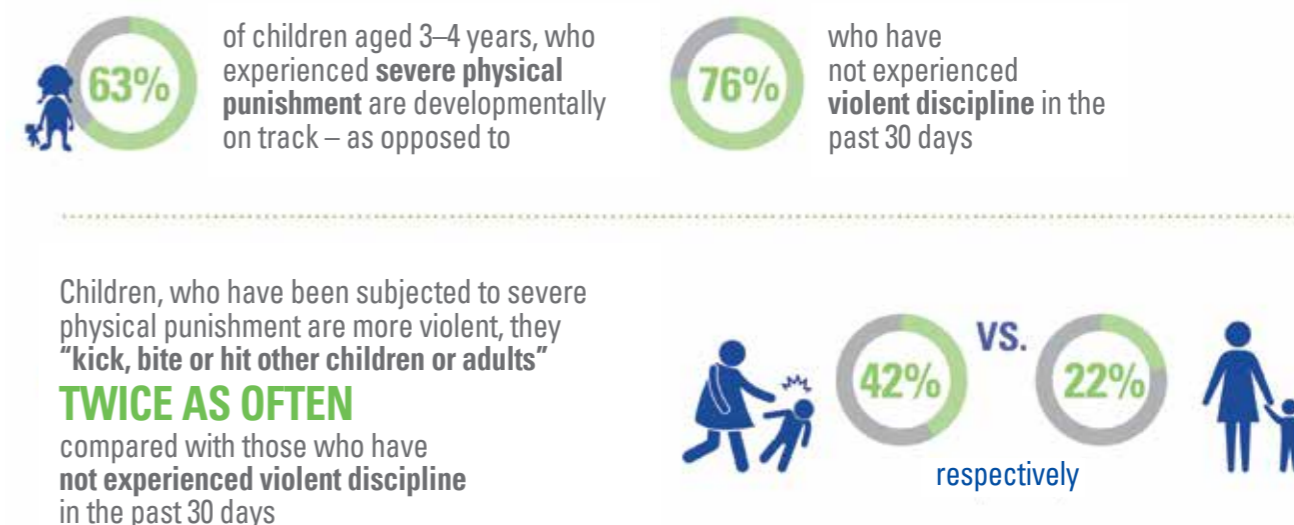
Generally, the more common violent discipline is in a country, the lower the country scores on the Human Development Index and on national income per capita. But the researchers discovered that, taken as a whole, the MENA region bucks this global trend. This unexpected finding prompted a closer look at prevalence rates for violent discipline within national borders, revealing wide variation that suggests that local norms or traditions have a bearing on a child’s risk of violent discipline. The analysis also found variation between countries. Although most countries had a proportion of violently disciplined children in the range of 75–92 per cent, prevalence rates across different

types of violent discipline were found to be consistently highest in Egypt, Tunisia and Yemen, and lowest in Djibouti, Lebanon, Qatar and the Sudan, all of which had prevalence rates of below 70 per cent, with Qatar an outlier at around 50 per cent.

### QUESTIONS OVER IMPACT

The analysis suggests that violent discipline is connected to how children behave and develop. Almost twice as many children who had been subjected to severe physical punishment in the past 30 days were reported to kick, bite or hit other children or adults, as compared with those who had not (42 per cent versus 22 per cent respectively). Researchers also found a “strong contrast” in measures of early childhood development such as literacy skills, physical development, and social and emotional development. Generally, children without a recent experience of violent discipline ranked highest on all of these measures, with those who had experienced severe physical punishment always ranking the lowest. The report cautions, however, that this does not necessarily mean that violence causes developmental delays. It is possible that the link works the other way around, with parents reacting towards perceived or actual developmental problems using violent discipline.

## FIGURE 2. IMPACT OF VIOLENT DISCIPLINE PRACTICES ON EARLY CHILDHOOD DEVELOPMENT



Source: Extracted from Key Findings: Impact of violent discipline practices on early childhood development, page 17 of full report.

### A CLOSER LOOK AT THE RISK FACTORS

Questions about who was more likely to experience severe physical punishment highlighted the child’s sex and age as important risk factors. This finding reinforces earlier international studies which suggest that boys aged 5–9 years are at particularly high risk of this form of violent discipline. But fresh insights emerged when the researchers looked at whether risk factors could add up. For a child with all of the characteristics that confer a higher risk (i.e., a boy living in a rural household,

where the respondent has a positive attitude towards physical punishment), the likelihood of experiencing severe physical punishment is 53 per cent – much higher than the 12 per cent likelihood for a child without any of these characteristics. This cumulative effect had not previously been reported.

## FIGURE 1. PREVALENCE OF VIOLENT DISCIPLINE IN THE MENA REGION

PREVALENCE RATE FOR **VIOLENT DISCIPLINE** FOR ALL 12 COUNTRIES IN THIS STUDY



WITH AN ESTIMATED POPULATION OF **85 MILLION CHILDREN** aged 2–14 years across the surveyed countries,



have experienced this type of behaviour

**68 MILLION CHILDREN** have experienced psychological aggression



**60 MILLION CHILDREN** have experienced physical punishment

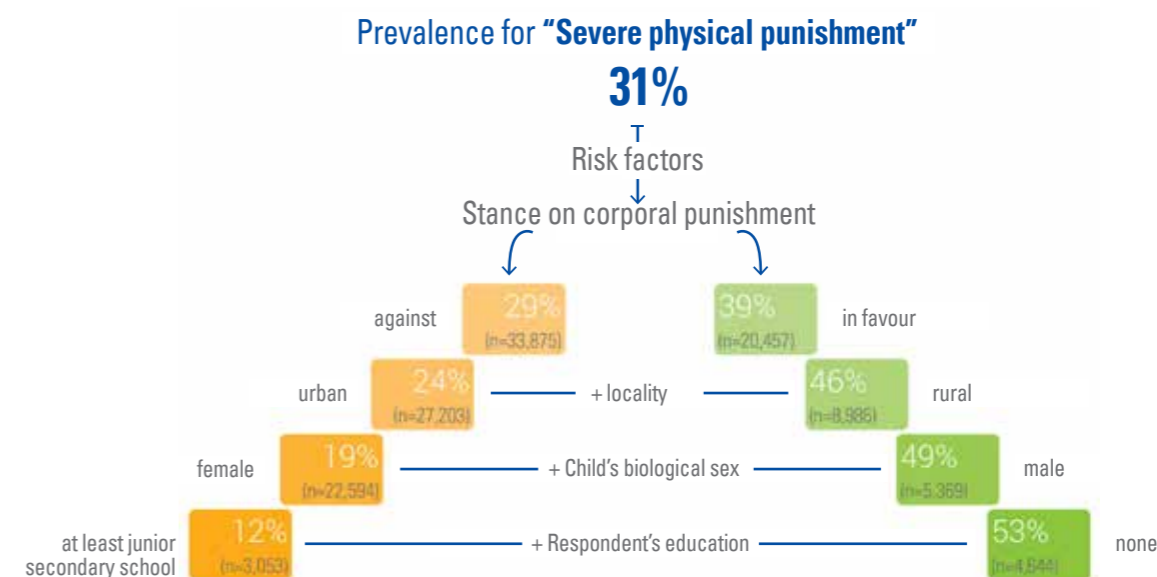


roughly **27 MILLION CHILDREN** have experienced severe physical punishment



Source: Extracted from Key Findings: Prevalence of violent discipline in the MENA Region, page 16 of full report.

## FIGURE 3. CUMULATIVE RISK FACTORS AND THEIR INFLUENCE ON PREVALENCE OF SEVERE PHYSICAL PUNISHMENT



Source: Extracted from Figure 20: Combination of risk factors and influence of prevalence (severe physical punishment), page 63 of full report.

The research also highlights a disconnect between perceptions and behaviours with regard to physical punishment. For the majority of MENA countries, prevalence rates for violent discipline were much higher than the proportion of respondents who said that they accept violent discipline, suggesting that rather than follow their own judgement, some people may be influenced by social and cultural norms. Algeria offers a clear example that attitudes and behaviours do not always go hand in hand: 19 per cent of respondents in

Algeria said that they supported physical punishment, yet 71 per cent of children had experienced physical punishment in the last month. It is also possible that opinions differ on what constitutes violent discipline. Although the research found that adults can generally tell the difference between very violent and non-violent conduct, behaviours such as yelling or slapping a child on the bottom are often considered acceptable and non-violent.

### BOX 1. CHILDREN AT RISK OF EXPERIENCING VIOLENT DISCIPLINE

- **Boys:** Odds of experiencing violent discipline are 1.3 times higher for boys than for girls.
- **Young children:** The odds are 1.4 times higher for children aged 5–9 years than for children aged 10–14 years. For severe physical punishment, the odds are 1.2 times higher for children as young as 2–4 years of age than for those aged 10–14 years.
- **Living outside the city:** The odds are 1.05 times higher for children in rural households compared with children living in the city.
- **Living with both parents:** The odds are 1.36 times higher for children living with both parents than for children without at least one parent.
- **A punishment-positive environment:** The odds are 2.94 times higher for children in households where the respondent has a positive attitude towards violent discipline than where the respondent does not. A punishment-positive attitude includes women who believe that domestic violence is justified. These beliefs are linked with how common violent discipline is, and the odds of experiencing severe physical punishment are at least 1.3 times higher where the respondent is female.
- **Large households:** For severe physical punishment, the odds are twice as high for children in households with seven or more children compared with those in single-child households.
- **Low education of parent or caregiver:** The odds of experiencing severe physical punishment are 1.15 times higher for children in households where the respondent has a level of education below lower secondary school than where the respondent has completed a higher level of education.
- **Poorer households:** The odds of experiencing violent discipline are 1.5 times higher for children living in poorer households (i.e., the poorest 40 per cent of the sample) compared with those in relatively more affluent households.

### EMERGING IMPACTS

The research findings confirm that key drivers and risk factors for violent discipline identified internationally are also valid for the MENA region – but the report also provides fresh insights. One is the lack of a negative association, which is usually seen globally, between the prevalence of violent discipline and country-level indices of development across the region. Another important new piece of evidence is the cumulative effect of key risk factors. The analysis of subgroups from which this insight has emerged was possible because of the large dataset studied. By looking closely at how prevalence rates vary across and within countries, the research also highlights the value of looking at social and cultural context – including social norms and traditions, as well as subnational and local locations that deviate from broader trends – to understand why violent discipline is more widespread in some areas than others.

*“The report makes an original contribution to a sensitive but important policy-relevant topic for vulnerable populations in the MENA region.”*

External reviewers

### NEXT STEPS

Proposals stemming from this in-depth analysis of violent discipline in the MENA region can reinforce ongoing global efforts to tackle violence against children. To agree concrete follow-up actions for advocacy and policy, it is recommended that the findings are discussed with experts working across disciplines at both the regional and country level. Actions should link to the wider international agenda to end violence against children wherever possible. The report also suggests initiating a dialogue with governments in the region to set in motion changes in policy and legislation to ban violent discipline.

For programming purposes, the high prevalence rates documented also signal an urgent need to boost investment in evidence-based programmes that offer parents and caregivers the skills to shift towards non-violent behaviours; these programmes may include home visits by nurses and social workers, among other broader initiatives. There is also a critical need to invest in behaviour change interventions to address the underlying and specific drivers of violent disciplinary practices. National communication campaigns can also help to convey how violent discipline can harm children in both the immediate and long term.

*“We can see a strong contrast [in child development] between those who have not experienced violent discipline and those who have.”*

Research report

For monitoring purposes, the analysis could only go so far in probing what drives violent disciplinary behaviours, because the surveys from which it drew data were not designed specifically for this purpose. UNICEF calls for a comprehensive monitoring framework and accompanying measurement tools to assess progress made in changing such behaviours. Finally, strengthening investment in national administrative data systems concerned with the provision of child protection services will be crucial in providing more current data on the children who are accessing and benefiting from such services.

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

<http://bit.ly/violent-discipline-mena>





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# THE PHILIPPINES

## Teaching handwashing in primary schools

Lillian Lehmann, Clément Bisserbe, Qayam Jetha and Daniel Waldroop

### EDITORIAL INSIGHT

**This research evaluated the effectiveness of a school hygiene intervention that aimed to enhance infectious disease control through improvements in handwashing behaviour. Reviewers praised its rigorous methodology, the use of several data collection methods to cross-validate findings, solid criteria for selecting schools, and an “impressive” sample size. The external panel commended the researchers’ transparency regarding design limitations, implementation-level constraints and that no clear impact of the original intervention was found. Ethical considerations were well documented and clear recommendations made. This research also raises interesting questions about how feasible it is for ‘social motivators’ to easily change individual behaviours and deeply held social norms, especially among children.**

## Can social motivators boost handwashing in schools in the Philippines?

Good hand hygiene is a simple way to stay healthy. If everyone washed their hands regularly, about 1 million deaths from diarrhoeal disease could be prevented each year. Yet fewer than 20 per cent of people globally wash their hands with soap after using the toilet. A solution to this has been elusive; neither educating people nor improving handwashing facilities has made a big difference. A fresh approach now promises to motivate changes in behaviour by appealing to people’s tendency to follow social norms and avoid something unpleasant or offensive. But there is little evidence on how well this approach works, particularly with children.

This research study is among only a handful to use a randomized controlled trial to test whether a programme focused on behaviour change interventions, rooted in a social psychology approach, can motivate primary school-aged children to wash their hands with soap. The intervention was tested in two pilot phases, across two districts in the Philippines, where preventable infectious diseases in childhood are common and linked to poor hand hygiene. As well as contributing to a growing body of research on the effects of ‘social motivators’ for behaviour change, the results will inform a decision by the Philippine Department of Education on whether to scale up the intervention in the country.

## WHY WAS THE RESEARCH DONE?

Promoting good hand hygiene is an enduring challenge. Programmes to encourage handwashing have had mixed results, and no single approach has worked consistently or widely enough. Many of these efforts have focused on educating people about how important it is to wash their hands. Others have focused on improving facilities, for example, by providing soap, to make handwashing easier for people to do. But neither approach has made a big difference, and handwashing rates remain low globally.

*“Generating sustained improvements in handwashing behaviour is an enduring public health challenge.”*

Research report

## PROMISE FROM A NEW APPROACH

In recent years, a new approach has emerged that shows signs of promise. It draws from social psychology to motivate changes in behaviour by appealing to people’s tendency to follow social norms (this social motivator is known as ‘affiliation’) and to avoid something unpleasant or offensive (this is known as ‘disgust’). In other words, it promotes hand hygiene by turning it into a socially acceptable or ‘normal’ behaviour, and by reinforcing feelings of disgust around unwashed hands. Although a familiar strategy has been used in efforts to eliminate open defecation, few programmes have used it to promote hand hygiene.

## TESTING IN THE PHILIPPINES

In the Philippines, research by the International Water Centre, together with UNICEF and the country’s Department of Education (DepEd), explored how the country’s WASH in Schools policy – which promotes daily group handwashing – could be reinforced to motivate children to independently wash their hands with soap. This led to the HiFive for Hygiene and Sanitation (HiFive for HySan or HiFive) intervention, designed to achieve this goal using the social motivators of peer affiliation and disgust. Initial testing in eight schools showed signs of success in increasing handwashing rates. But more rigorous evidence was needed to decide whether the intervention should be rolled out as national policy, leading to an expanded pilot study.

*“School children in the Philippines suffer from a high burden of preventable diseases, with hygiene deficiencies identified as a common cause.”*

Phase II evaluation design

## HOW WAS THE RESEARCH DONE?

### EVALUATION OF PILOT PHASE I

With support from the Bill & Melinda Gates Foundation, IDinsight was commissioned to work with UNICEF to conduct an impact evaluation of the pilot intervention. HiFive was introduced to primary schools in the Philippine province of Camarines Norte and the city of Puerto Princesa over six weeks in July and August 2017. The criteria for including schools in the pilot were based on requirements for minimum water, sanitation and hygiene (WASH) infrastructure. In a clustered randomized controlled trial, half of the 196 eligible primary schools were randomly assigned to receive the intervention in the 2017/18 academic year. The rest served as controls, which would receive HiFive the following academic year. Eligible schools were randomly assigned to the intervention in a way that ensured that schools with similar characteristics were allocated equally to the treatment and control groups.

## BOX 1. THE HIFIVE INTERVENTION

The HiFive intervention aimed to change handwashing behaviour at ‘critical times’ such as before eating and after using the toilet. Teachers were trained to use five interactive tools designed locally as a fun and engaging way to promote hand hygiene in five steps. These activities aimed to instil the social motivators and convey key messages such as “it is disgusting to not wash hands” and “friends should wash hands”. School staff were also encouraged to demand greater availability of clean and functional toilets as well as handwashing facilities stocked with soap and water. The idea was that increasing supply and demand for facilities would encourage students to wash their hands more often.

The HiFive tools:

- **Storyboard** – an interactive flip-chart activity using stories about Philippine school children to introduce the key social motivators
- **iWash Song** – a tune sung during group handwashing as a reminder of key messages
- **Poo-tag** – a game in which students role-play as germs, water and soap, to reinforce students’ understanding of contamination
- **Murals** – scenes from storyboard painted as cues to wash hands at critical times
- **Star Chart** – an activity tracker used in classrooms to monitor progress.

## ASSESSING IMPACT AND PROCESS

The research aimed to answer the following questions about the HiFive intervention:

- Does the HiFive intervention increase the prevalence of handwashing with soap at critical times among Grade 1–6 students at school?
- Does it increase the frequency of supervised daily group handwashing?
- Does it affect how students perceive the critical handwashing times and their motivation to wash their hands at these times?
- Does it increase the availability of handwashing facilities with soap and water, or functional and clean toilets?

The impact evaluation surveyed 4,295 students and observed 5,507 instances of handwashing. It was organized into three activities: observing handwashing behaviour; surveying students to assess self-reported behaviour as well as perceptions and motivations; and inspecting toilet and handwashing facilities. This combination of self-reports and observations aimed to reduce the chance of bias that might result from using any one method on its own. Data were collected through two visits to each school, three months after the HiFive intervention was complete. No baseline data could be collected because of the school schedule, but the study design had a large enough sample size to detect meaningful differences without these data.

Statistical analyses produced estimates of impact by comparing outcomes for students in schools that received HiFive relative to those for students in schools that did not. To add context to the results, and to identify implementation challenges faced by teachers, school principals and DepEd staff, a process evaluation was also conducted by examining the inputs, activities and immediate results of HiFive through focus group discussions and interviews.



## AN OVERHAUL LEADING TO PILOT PHASE II

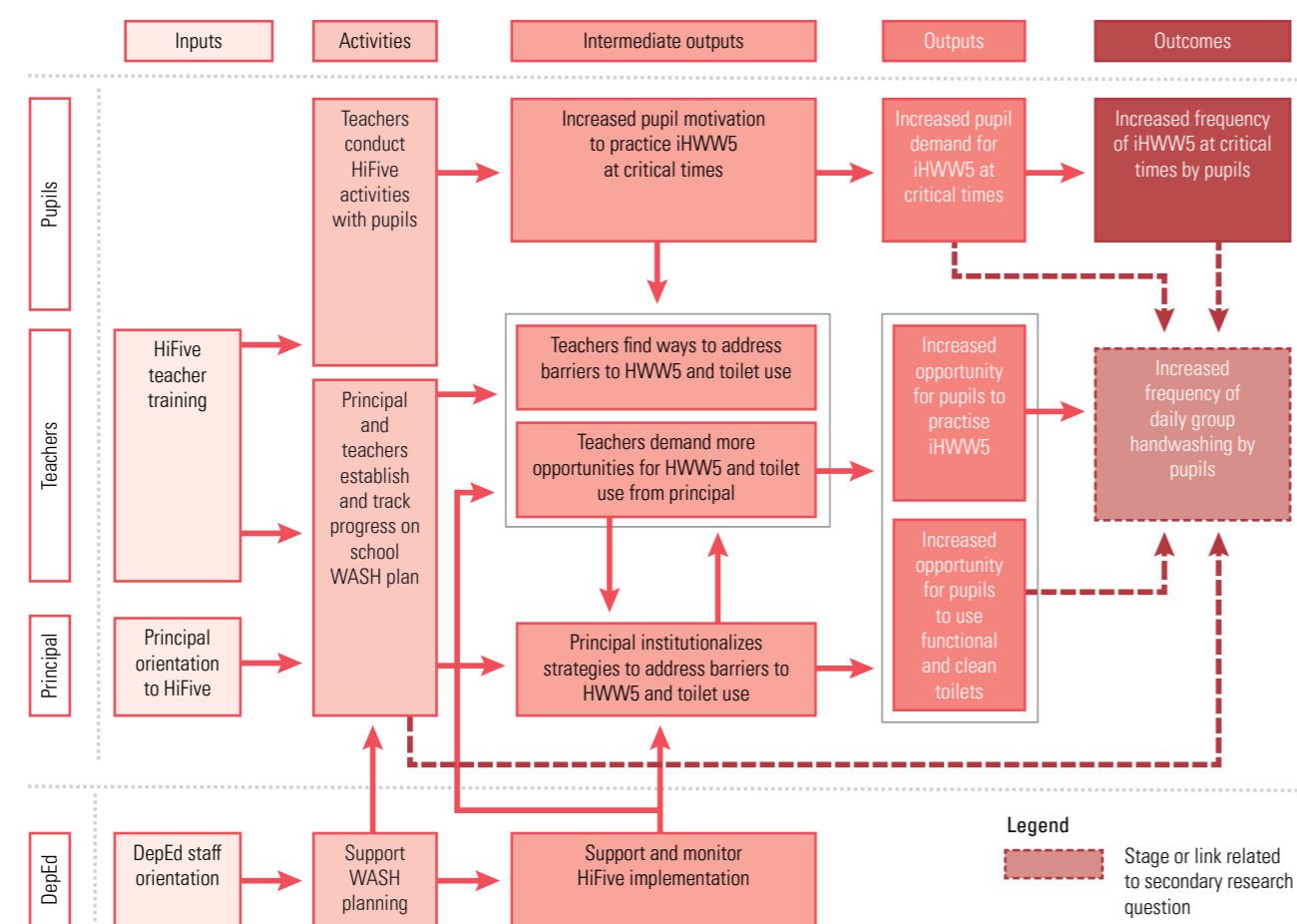
Results from the first pilot phase revealed limitations stemming from how the intervention had been designed and delivered. Instead of recommending the roll-out of HiFive across more schools, UNICEF led a revision process to refine its tools and improve guidance for teachers on its use, before the intervention was reassessed the following academic year. To address limitations arising from tool design,

the revised version integrated activities more deeply into the school curriculum; to tackle implementation challenges, teacher training was expanded and redesigned as a two-stage process based on a training-of-trainers model. Monitoring systems were also updated so that DepEd staff could be alerted to any difficulties. The main objective remained the same: to better motivate students to practise individual handwashing with soap at critical times.

**TABLE 1. KEY CHANGES IN PILOT PHASE II**

| Training  | Monitoring   | Lesson plans  |
|---|--|---|
| <ul style="list-style-type: none"> <li>Training of master trainers</li> <li>Training of teachers</li> </ul> | <ul style="list-style-type: none"> <li>Daily classroom tracker</li> <li>Weekly school tracker</li> <li>Weekly DepEd tracker</li> </ul> | <ul style="list-style-type: none"> <li>93 lesson plans created for science, English, music, health, values education and Filipino in Grades 1–6</li> <li>Lesson plans slotted into subject curricula</li> </ul> |

**FIGURE 1. THEORY OF CHANGE GRAPHIC**



Source: Extracted from Figure 1: Simplified Theory of Change for the HiFive for HySan intervention on independent hand-washing with soap at critical times by pupils at schools, page 10 of the Research Protocol.

## EVALUATING A REVAMPED PROGRAMME

A pre-post analysis of the second pilot phase focused on the 98 control group schools that had not received HiFive in the first phase. The outcomes of phase II were compared with those of the same schools from phase I, when no intervention had taken place. The primary question addressed was whether rates of handwashing had increased since the previous academic year. The researchers also assessed whether the refined implementation process for HiFive had been successful. Because there was no control group for this analysis, estimates likely overstate the size of impact of the adjustments.

## WHAT ARE THE FINDINGS AND WHAT DO THEY MEAN?

### HAND HYGIENE LEVELS “EXTREMELY LOW”

Following the first pilot phase, the researchers reported that handwashing rates remained “extremely low”. Before HiFive, students in Grades 1–6 were seen washing their hands with soap after using the toilet only 2.2 per cent of the time. After receiving the intervention, handwashing at this critical time rose by just 3.7 percentage points, a result that was probably due to students having more opportunities to wash their hands rather than a greater desire to do so. A rise of 4.5 percentage points in how often students reported washing their hands before eating was also modest and merely “suggestive” since students tended to exaggerate when reporting their behaviour.

## FACILITIES AND KNOWLEDGE ARE NOT ENOUGH

HiFive did little to change students’ motivations or perceptions regarding handwashing. When asked why they had failed to wash their hands at critical times, most said “I forgot” or “I was in a hurry”. Reasons for handwashing related to social motivators came up as infrequently as 1 per cent of the time, and the kind of visceral language used repeatedly in HiFive tools, such as “gross” or “yuck”, rarely came up. The phase I evaluation did find a statistically significant increase – of 10.5 percentage points – in the number of handwashing facilities near toilets that were stocked with soap. But taken as a whole, the results confirm earlier research showing that greater knowledge and wider access to facilities with soap are not enough to make a dramatic difference to handwashing behaviour.

### WEAK LINKS IN PHASE I

It was unclear why the intervention had failed to make a significant difference. Results from the process evaluation suggested that key messages may not have been clear and strong enough for students to fully understand them or to internalize the motivating factors. Feedback from staff also suggested a need for more training and support to enable them to better convey the aims and messages of HiFive. Teachers and school principals also had little understanding of how to plan and track progress, while DepEd staff had limited capacity to support their efforts. It is also possible that the social motivators were insufficiently relevant to students of this demographic or location.

**FIGURE 2. HIFIVE IMPLEMENTATION TRAINING SEQUENCE**



Source: Extracted from Slide 24: Training sequence, HIFIVE FOR HYSAN: PHASE II PILOT EVALUATION FINDINGS presentation.



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### IMPROVING HIFIVE – BUT NOT HAND HYGIENE

Following the second phase pilot, involving the refined HiFive tools and guidance for teachers, a minimal change in children's behaviour was seen. There was a small increase of 5.1 percentage points (between 2017/18 and 2018/19) in how often students were observed washing their hands independently after using the toilet. But handwashing levels remained low at 7.6 per cent.

Again, it was unclear why the revised intervention, with its refined implementation process, made little difference. Implementation went to plan, with training and curriculum integration proving particularly effective and well received. As in the first pilot phase, students had good access to handwashing facilities and good knowledge of the reasons for washing their hands. Awareness that “after using the toilet” is a critical time to wash hands even rose in the second phase, from 30.3 per cent to 59 per cent – a result that highlights how having the right knowledge is not always enough to inspire a change in behaviour.

### EMERGING IMPACTS

The research supports findings from previous studies by confirming that widespread changes in handwashing cannot be expected by simply increasing knowledge about hand hygiene or by increasing access to handwashing facilities with soap. But despite the evidence of no meaningful change as a result of HiFive, the impact evaluation reinforces the value of pursuing strategies to promote healthy behaviour: when asked why they had failed to wash their hands after using the toilet or before eating, students most often gave behavioural reasons. This study contributes to the growing body of research that is casting doubt on the ability of highly targeted social motivators to change deeply held social norms and/or to address structural barriers to good health practices. This area merits further investigation and research and could potentially help to ensure the best use of UNICEF funding in the future.

Future interventions that adopt the same social psychology approach should be evaluated more extensively at the pilot stage to ensure that the social motivators they target are relevant and appropriate. The study also highlights how important it is to rigorously assess bias in self-reports of socially stigmatized

behaviour. Although handwashing programmes targeting schools can play an important role in promoting healthy behaviours, it is still unclear how children may be affected by social motivators such as affiliation and disgust, and this needs to be investigated further. A journal article by the researchers is currently under consideration by *The Lancet Global Health*.

### NEXT STEPS

The results of this impact evaluation across both pilot phases will inform a decision by the Philippine Department of Education on whether to scale up HiFive in its current form as part of the national WASH in Schools policy. Considering emerging evidence that WASH programmes that make use of physical ‘behavioural nudges’ in other countries are on the right track, UNICEF is now conducting further research on behavioural nudges and ‘choice architecture’, including evaluating the impact of such interventions. One suggestion is to continue integrating handwashing messages into school curricula but complement these with behavioural nudges designed to influence a choice (like painted footprints from the toilet to the sink) and reminders to counter inattention (like rotating posters of handwashing in toilets) or the tendency to base choices on current cost (extra time washing hands) rather than future value (cleanliness, social acceptance). Together, these could help to make the behaviour more appealing at the moment when a child decides whether or not to wash her or his hands.

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

<http://bit.ly/hand-washing-phil>





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# UNITED KINGDOM

## Education for refugee and asylum-seeking children: Access and equality in England, Scotland and Wales

Catherine Gladwell and Georgina Chetwynd

### EDITORIAL INSIGHT

This research was commended for addressing an important and timely policy-oriented topic with impressive breadth and depth. The reviewers noted that the report's main strength was in how it synthesized quantitative and qualitative evidence. The use of data obtained through Freedom of Information requests was highlighted as a particularly striking quality of the research methodology and subsequent insights. Internal reviewers commented on the value of the best practice examples included from local authorities, schools and colleges, and the voluntary sector. The potential for research impact was rated as excellent, with the internal reviewers noting that some of the findings have already had an impact on policy changes in the United Kingdom of Great Britain and Northern Ireland.

# What stops refugee and asylum-seeking children in the United Kingdom from accessing education?

Education is one of the most critical services for children forced to relocate. Not only does it lay the foundations for a child's personal development, it is also pivotal to a nation's economic growth, poverty reduction, inclusion and diversity. The right to education is enshrined in the United Nations Convention on the Rights of the Child and embedded in UK law. This is further reflected in the Government of the United Kingdom's vision for "a highly educated society in which all children have the opportunity to do well, regardless of their background or family circumstances".

Despite this, the lived experiences of refugee and asylum-seeking children in the UK have historically remained unexplored. This research carried out in 2017 by the Refugee Support Network (RSN) on behalf of the United Kingdom National Committee for UNICEF (UNICEF UK) sheds new light on the systemic, institutional and contextual challenges that prevent uprooted children from accessing education. It provides additional insights into the barriers – and potential solutions – to enabling these children to remain and thrive in school or college. The research builds on the UNICEF ambition to ensure that every young person is in school, learning, training or employment by 2030.

## WHY WAS THE RESEARCH DONE?

Recognizing that millions of children are displaced each year, the UNICEF Uprooted campaign calls on nations involved in resettling refugee and asylum-seeking children to help them stay in school and stay healthy.

Prior to this research, however, the speed at which such children were being admitted to UK schools and colleges, and their experiences of education, remained relatively unknown. In 2016, the Association of Directors of Children’s Services examined the services provided by 33 local education authorities in England to meet the needs of children seeking international protection. It showed that 26 per cent of these children attended a secondary school and 32 per cent attended a further education college. But education provision was not stated for more than one third of children seeking international protection, while 9 per cent of these children were recorded as being in ‘other provision’, which referred to either receiving private tuition, awaiting a place, or being without education, training or employment.

Among the statutory guidance in this area is a stipulation that displaced children arriving in England should be admitted to a school or college within 20 school days of entering care. In Wales, local authorities are required to make counselling services available to displaced children aged 11–18 years, regardless of their immigration status. Similarly, local authorities in Scotland are legally required to make adequate, tailored provision for displaced children, including for their education.

## POLICY VERSUS REALITY

Despite clear statutory guidance, compliance with the legal requirements is inconsistent, and this disparity could worsen given financial pressures on local authorities in relation to children’s social care services and recent policy changes. Non-governmental organizations have raised specific concerns about the impact of the National Transfer Scheme, which relocates unaccompanied asylum-seeking children out of areas highly populated with young people from similar circumstances. The Syrian Vulnerable Persons Resettlement Scheme, introduced in 2014 with the aim of resettling 20,000 Syrians in the UK over a five-year period, adds to the challenge of complying with requirements.

## HOW WAS THE RESEARCH DONE?

This research adopted a practice-based approach, allowing researchers to draw on almost a decade of RSN expertise and to use existing networks to set up interviews. It aimed to answer four research questions:

- Are refugee and asylum-seeking children accessing education in the UK? To what extent is their entitlement to education not being fulfilled?
- What are the barriers to accessing education, including finding a school placement, sustaining a school placement and accessing support to remain in school?
- To what extent does the situation vary between three of the UK’s nations, England, Scotland and Wales?
- What solutions are proposed or in place at the local and national levels to reduce or overcome these barriers and how far are these effective in increasing access to education?

## QUANTITATIVE DATA: FREEDOM OF INFORMATION REQUESTS

Questions were submitted via Freedom of Information requests to all 205 local authorities across England, Scotland and Wales – the first time this is thought to have been done. Data requested for the academic year 2016/17 included the number of displaced children who had entered care and the number admitted to education within 20 school days of entering care.

## QUALITATIVE DATA: PERSONAL TESTIMONIES

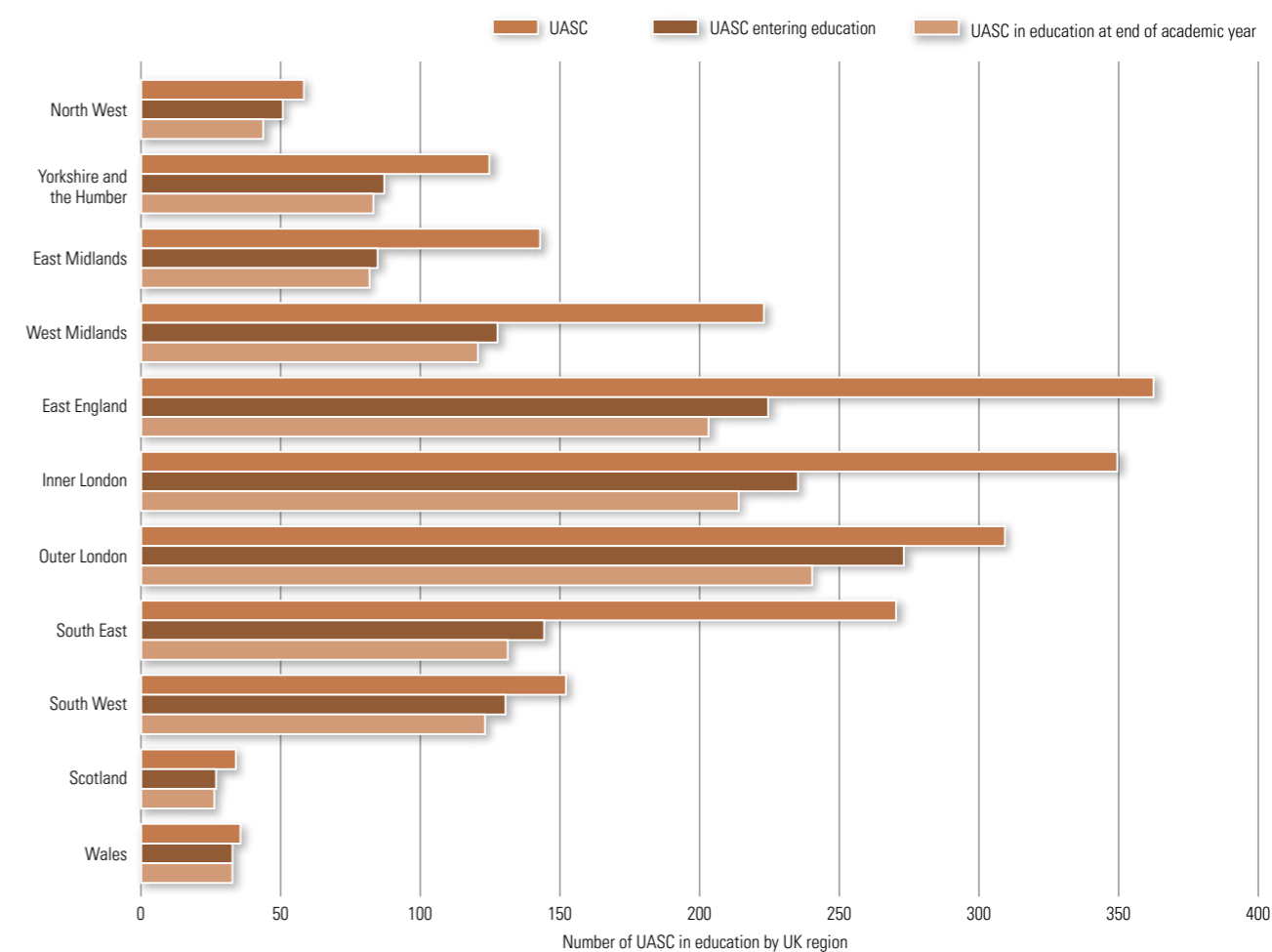
Interviews and focus group discussions were conducted with 86 refugee and asylum-seeking children aged 4–17 years when awaiting a school or college place (24 were unaccompanied and 62 had arrived with their families). To provide the most up-to-date picture, researchers aimed to include newer arrivals, with most children arriving in the UK in 2016 or 2017. This included

unaccompanied asylum-seeking children and children either resettled with their families through the Syrian Vulnerable Persons Resettlement Scheme, brought to the UK under the Dublin Regulation or belonging to asylum-seeking families.

A further 48 interviews were conducted across England, Scotland and Wales with teachers and other education professionals from primary, secondary and further education establishments; senior social workers from local authorities; policy experts; and senior staff from non-governmental organizations that provide education-related support.

The data collected were analysed using coding systems that enabled the researchers to identify recurring themes and patterns across the three nations.

**FIGURE 1. NUMBER OF UNACCOMPANIED ASYLUM-SEEKING CHILDREN (UASC) IN CARE WHO ENTERED EDUCATION DURING THE ACADEMIC YEAR 2016/17, BY UK REGION**



Source: Extracted from Figure 3. Number of UASC entering into care during academic year 2016-17; of which numbers entering and remaining in education, page 17 of full report.



## WHAT ARE THE FINDINGS AND WHAT DO THEY MEAN?

### INCONSISTENCIES AND DELAYS

Responses to the Freedom of Information requests suggested an absence of any systematic or uniform approaches to data collection. The available data showed that, of the 77 local authorities which reported having 10 or more unaccompanied asylum-seeking children in their care, none were consistent in meeting the 20-school day target. Interviews indicated that the most significant delays occurred at the secondary and further education level, with 33 per cent of young people waiting more than three months for such a place. Against guidance to the contrary, some children were inappropriately placed in pupil referral units, designed for troubled and disruptive pupils.

### INSUFFICIENT SUPPORT AND CHALLENGING SYSTEMS

The researchers found that navigating waiting lists and admissions policies posed the most difficulties in accessing education. More than half of the parents interviewed were not computer literate and most did not speak English, which meant that they struggled with online admissions systems. Within local authorities, high staff turnover, the reduction of specialist expertise due to mainstreaming within social services and the need for remaining social workers to take on mixed caseloads without being able to build expertise in working with refugee and asylum-seeking children were also detrimental.

### BOX 1. INNOVATIVE PRACTICE

Some innovative interim provisions have been implemented for children awaiting mainstream school or college places. This may involve developing critical skills for life in the UK, enabling young people to connect with teaching staff, or providing the school or college with information on young people before they take up a place to facilitate their transition to mainstream education. Innovative interim provisions include:

- **Orientation Programme:** Oxfordshire County Council contracted a local supported accommodation provider to run a four-week programme. Focusing on welcoming young people and supporting their well-being, this helped 28 young people in 2017/18.
- **Chrysalis programme:** In Glasgow, the British Red Cross ran an eight-week course for young people aged 16–25 years, focusing on English language skills and life skills such as budgeting, sexual health and UK law.
- **Croydon Virtual School interim provision:** Croydon Council operates an interim education programme for children up to the age of 16 years. Available to children for six weeks (or longer if needed), it offers them the opportunity to test out skills and subjects in a school setting.

*“We don’t ask social services for help, because we come from a different culture. We are very afraid of social services. Social services were private in Syria. If I have a problem I would go to a private social services and pay. Connections do tell people about social services but they scare people, you abuse your children you will go to social services, like police ... people are afraid of social services.”*

Parent

Of particular concern were cases of schools delaying entry for children with special educational needs. Some academies and grammar schools even tried to block the entry of refugee and asylum-seeking students. Almost all delays experienced at primary level by Syrian families were due to their children having conditions such as autism or mobility or hearing difficulties.

### INSTITUTIONAL PERCEPTIONS

At secondary level, 27 per cent of children (mostly seeking to enter Years 10 and 11) waited longer than three months for a place, often due to schools worrying that their performance results would be negatively affected. The situation was worse in England’s academies and grammar schools, which deal with admissions independently and can refuse a child a place. Local authorities in England have to apply to the Secretary of State for Education to direct a school to change its decision.

### CONTEXTUAL BARRIERS

The very nature of being a refugee or asylum seeker is inherently challenging. From the restrictions and uncertainty of temporary accommodation to lack of financial means, interviewees faced barriers at every turn. Add to this the psychological effects of witnessing violence, the grief of being separated from family and the stress of the asylum process. Age assessments caused further problems: just under one quarter of young people interviewed said they had been told they were ineligible for a school place because of uncertainty surrounding their status as a child. These decisions were ultimately overturned, with each young person eventually admitted to an age-appropriate level in school or college – but the individuals concerned typically missed out on several months of education in the process.

### REMAINING AND THRIVING IN EDUCATION

While accepting that the education outcomes for displaced children lay beyond the scope of this research, it was noted that access to school or college is only a first step. Equal consideration should be given to the factors that help – or hinder – academic

development. Among these is the potential for placing refugee and asylum-seeking children in inappropriate or unsuccessful placements. Lack of language support, challenges in addressing special educational needs, bullying, and lack of awareness among schools and teachers about issues affecting displaced children further compound the situation.

The same contextual barriers that prevent enrolment also negatively affect children’s ability to remain in education, namely mental health difficulties, poverty and the challenges of living in unstable accommodation. For children approaching the age of 18 – at which point they must apply for further leave to remain – there is the added stress of an uncertain future. Many professionals working with unaccompanied children noted a correlation between their advancement towards their 18th birthday and a disengagement with education or decreased ability to concentrate on their studies.

### IMPROVING CHILDREN’S EXPERIENCE

The most important determinant in ensuring access to education was the quality of local authority staff and, where available, dedicated teams to support refugee and asylum-seeking children. Parents and children noted the difference when staff were simply kind, helping them with forms and taking the time to listen. Access was made easier where schools created a welcoming environment and had a named contact to assess a child’s needs. While the researchers commended the outstanding support provided by the voluntary sector, they noted that its availability was more by chance than by right, depending on capacity and funding.

*“An approach of warmth is so important. In the college here all the teachers who deal with these young people are committed and want to help the young people – this is really important.”*

Local authority representative



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## BOX 2. SIX KEY FACTORS THAT HELP REFUGEE AND ASYLUM-SEEKING CHILDREN TO REMAIN AND THRIVE IN EDUCATION

1. The support of a committed, caring, supportive adult.
2. A curriculum tailored to meet their needs.
3. Access to pastoral care and mental health support.
4. Guidance from specialist organizations partnered with schools.
5. Peer support initiatives including buddy schemes and school-wide awareness-raising initiatives about forced migration.
6. Teachers and staff who are adequately trained to meet the educational needs of refugee and asylum-seeking children.

A proactive, personalized approach on the part of local authorities was beneficial, as was the provision of language support by schools. One quarter of education professionals interviewed applauded the value of peer support systems such as buddy schemes. Partnerships formed between schools and refugee support charities also helped, as did educating staff about the asylum process and providing staff with background information about refugee and asylum-seeking children.

*“Young people need to feel that they are individual and that their experience of education is individual. There’s a kind of approach sometimes to refugee children that they are all one homogenized group whose response to education will all be the same, when this is clearly not the case.”*

Local authority representative

## EMERGING IMPACTS

Following dissemination of the research among education authorities and government bodies, as well as coverage by the mass media, the Department for Education (England) agreed to reassure schools that performance tables will not be negatively affected by the admission of refugee and asylum-seeking children, with their scores exempt from inclusion for two years. The Local Government Association (England and Wales) agreed to share best practice examples within its networks to encourage members to create a more welcoming culture for displaced children. RSN has also been granted a place on a new UK-wide body that will oversee improvements in policy and practice.

## NEXT STEPS

The report provides detailed recommendations to help ensure that refugee and asylum-seeking children can access and then succeed in education. For example, governments are urged to clarify their official guidance on the right to education, to review service provision for displaced children with special educational needs and to increase funding for English language provision.

Local authorities are advised to provide specialist training for social workers and other key staff, to support refugee and asylum-seeking families with online admissions systems and to inform schools of the exemption from inclusion in performance data for children who have been in the UK for less than two years.

Schools and colleges are urged to provide designated staff to support displaced children, to create more peer support systems and to connect with refugee youth charities. Ofsted (Office for Standards in Education, Children’s Services and Skills; England) is also asked to reward educational providers for implementing best practice.

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

<http://bit.ly/refugee-children-uk>



## Partners and funders

Full titles of original reports are used here. The views expressed in the summary reports do not necessarily represent the views of the partners listed.

**CAMBODIA: Water quality for young children in Cambodia: High contamination at collection and consumption level**  
Institute of Research for Development; UNICEF National Committees of Australia, Korea, and Canada; and UNICEF Cambodia

**DEMOCRATIC REPUBLIC OF THE CONGO: The effects of vouchers for essential household items on child health, mental health, resilience, and social cohesion among internally displaced persons in the Democratic Republic of Congo**  
International Initiative for Impact Evaluation (3ie); and UNICEF Democratic Republic of Congo

**WEST AND CENTRAL AFRICA: Lessons from the West Africa Ebola Epidemic: A Systematic Review of Epidemiological and Social and Behavioral Science Research Priorities**  
Rutgers University, Australian National University; London School of Hygiene and Tropical Medicine; and UNICEF

**EUROPE AND CENTRAL ASIA: Age Matters! Understanding age-related barriers to service access and the realisation of rights of children, adolescents and youth**  
Youth Policy Labs; and UNICEF Europe and Central Asia Regional Office (ECARO)

**ETHIOPIA: Situation and access to services of people with disabilities and homeless people in two sub-cities of Addis Ababa**  
Development Pathways; Africa Disability Alliance; Austrian Development Agency and the Bridging the Gap (BtG) II project, Ethiopia Centre for Child Research; and UNICEF Ethiopia

**ETHIOPIA: Financing the Child Centred Sustainable Development Goals (SDGs) in Ethiopia**  
Economic Policy Research Institute (EPRI); Zerihun Associates; and UNICEF Ethiopia

**INDIA: The India Early Childhood Education Impact Study**  
ASER Centre, New Delhi, India; the Centre for Early Childhood Education and Development; Ambedkar University, Dehli, India; and UNICEF India

**MIDDLE EAST AND NORTH AFRICA: Violent Discipline in Middle East and North Africa: A statistical analysis of household survey data**  
UNICEF Middle East and North Africa (MENA) regional office

**THE PHILIPPINES: Teaching Handwashing in Primary Schools**  
IDinsight; the Philippine Department of Education (DepEd); the International Water Centre (IWC); The Bill and Melinda Gates Foundation; and UNICEF Philippines

**UNITED KINGDOM: Education for refugee and asylum-seeking children: Access and equality in England, Scotland and Wales**  
Refugee Support Network (RSN); and UNICEF UK

## External review panel biographies

### Marie-Claude Martin

Marie-Claude Martin is Director of Global Initiatives at the Alliance for Human Development (AHD), where she manages and conducts intervention research in support of children's healthy development in low- and middle-income countries. Previously, as Associate Director and then Director of the UNICEF Office of Research – Innocenti, Marie-Claude led the development of a UNICEF-wide research agenda. Before that, she held various senior positions in Canada's International Development Research Centre. Her areas of research include human development, child well-being, poverty analysis, health equity and determinants of population health. Marie-Claude has an MA in development economics and a PhD in public health.

### Alex Ezeh

Alex Ezeh is Dornsife Professor of Global Health at Drexel University and a distinguished visiting fellow at the Center for Global Development. Alex was the founding Executive Director of the African Population and Health Research Centre. He also initiated and for a time directed the Consortium for Advanced Research Training in Africa, a programme that seeks to strengthen doctoral training, research and faculty retention at universities across the African continent. Alex's work focuses on slum health, population dynamics in sub-Saharan Africa and models to strengthen knowledge-based institutions in Africa. Alex has a PhD in demography from the University of Pennsylvania.

### Ruth Levine

Ruth Levine holds a doctorate degree in economic demography from Johns Hopkins University. She was, until recently, Program Director of Global Development and Population at the William and Flora Hewlett Foundation. Previously, as part of the Bureau of Policy, Planning and Learning in the United States Agency for International Development, Ruth led the development of the organization's evaluation policy. While at the Center for Global Development, where she spent nearly a decade as a senior fellow and Vice President for Programs and Operations, Ruth co-founded its Global Health Policy Program. Her previous experience also includes designing and evaluating health and education projects at the Inter-American Development Bank and World Bank. Ruth is a fellow at the Center for Advanced Study in the Behavioral Sciences, Stanford University, for 2019/20.

### Ricardo Fuentes-Nieva

Ricardo Fuentes-Nieva is the Executive Director of Oxfam México. He was previously Head of Research at Oxfam Great Britain. An economist who qualified at the Center for Economic Research and Training and Universitat Pompeu Fabra, Ricardo specializes in development and inequality. He was the lead author of the United Nations Development Programme's first Africa Human Development Report, published in 2012, and he also co-authored several of the agency's global Human Development Reports. Ricardo was a co-author of the World Bank's flagship World Development Report 2010 on climate change and development. He also led Oxfam's initial work on economic inequality.

### Sabu Padmadas

Sabu Padmadas is Associate Dean (International) of the Faculty of Social Sciences and a professor of demography and global health at the University of Southampton. He is a fellow of the UK Higher Education Academy and an honorary senior research fellow at the China Population and Development Research Centre. His research interests focus generally on population dynamics and applying demographic and statistical modelling of health and well-being outcomes in low- to middle-income and transition economies in Asia, Africa and Latin America. Sabu has international expertise in programme impact evaluation and quantitative demography, census and survey data analysis. His specific areas of research span a broad spectrum of critical policy-relevant population health topics, from family planning to social determinants of disease outcomes.



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