



**BEST OF
UNICEF
RESEARCH
2021**



Office of Research – Innocenti

**BEST OF UNICEF RESEARCH
2021**



ACKNOWLEDGEMENTS

The UNICEF Office of Research – Innocenti is the dedicated research arm of UNICEF. Its prime objectives are to improve international understanding of issues relating to children’s rights and to help facilitate full implementation of the Convention on the Rights of the Child across the world.

UNICEF Innocenti aims to set out a comprehensive framework for research and knowledge within the organization, in support of UNICEF global policies and programmes, and works with partners to ensure that policies for children are based on evidence. Publications produced by UNICEF Innocenti are contributions to a global debate on children, and child rights, and include a wide range of opinions.

Any part of this publication may be freely reproduced if accompanied by the following citation: Best of UNICEF Research 2021. UNICEF Office of Research – Innocenti, Florence, 2021. Requests to utilize larger portions or the full publication should be addressed to the Communications Unit at: florence@unicef.org. Further information on the role and mission of UNICEF Innocenti is available at <https://www.unicef-irc.org/>.

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

The designations employed in this publication and the presentation of the material do not imply on the part of UNICEF the expression of any opinion whatsoever concerning the legal status of any country or territory, or of its authorities or the delimitations of its frontiers.



© United Nations Children’s Fund (UNICEF), 2021

UNICEF Office of Research – Innocenti
Via degli Alfani, 58
50121 Florence, Italy
Tel: (+39) 055 20 330
Fax: (+39) 055 2033 220
research@unicef.org
www.unicef-irc.org

Cover photo: © UNICEF/UN0535808/Dejongh

Children playing in a transit centre.
Agadez, Niger.

ISBN: 9788865220627
Best of UNICEF Research 2021

BEST OF UNICEF RESEARCH COORDINATION TEAM

Advisory oversight:
Kerry Albright, Priscilla Idele
Project management:
Emanuela Bianchera
Technical assistance:
Davide Colombi
Administration:
Patricia Arquero Caballero

EDITORIAL AND PRODUCTION

Editorial and design coordination:
Sarah Marchant, UNICEF Innocenti
Report writing:
Paul Roberts, Accuracy Matters
Copy-editing and proofreading:
Accuracy Matters
Graphic design and layout:
Alessandro Mannocchi

MEDIA AND COMMUNICATIONS

Claire Akehurst
David Anthony
Stephanie Joanna Curran
Angie Lee
Céline Little
Cristina Pizzolato
Silke Rechenbach
Dale Rutstein
Kathleen Sullivan

EXTERNAL REVIEW PANEL

Chair: Sarah Cook
Manuel Contreras-Urbina
Imran Matin
Bidjan Nashat
Ruth Nduati

UNICEF Innocenti would like to thank its research staff who reviewed all submissions, as well as the UNICEF country and regional offices, headquarters divisions and national committees that participated in the Best of UNICEF Research competition in 2021. Special thanks go to UNICEF colleagues in China, the East Asia and the Pacific Regional Office, the Eastern and Southern Africa Regional Office, Ghana, Republic of Moldova, Montenegro, Mozambique, the Regional Office for South Asia, and the State of Palestine, for their input.

Contents

FOREWORD	4		
SELECTION PROCESS AND CRITERIA	6		
SUMMARY REPORTS	8		
<hr/>		<hr/>	
Goal Area ONE		Goal Area FOUR	
CHINA	13	MOZAMBIQUE	67
How much is spent on adolescent healthcare in China, and who spends it?		What is the effect of climate-related hazards on access to healthcare?	
ESARO	21	<hr/>	
How can viral load suppression be improved in children with HIV in Eastern and Southern Africa?		Goal Area FIVE	
<hr/>		GHANA	77
Goal Area TWO		How do people in Ghana perceive poverty and the role of social protection?	
EAPRO	31	REPUBLIC OF MOLDOVA	85
How do you measure learning outcomes in primary education and what factors influence those outcomes most?		How has COVID-19 affected children and their families in the Republic of Moldova?	
EAPRO	39	<hr/>	
What barriers do girls and young women in Southeast Asia face to entrepreneurship and leadership?		Cross-cutting research	
ROSA	47	MONTENEGRO	95
How do South Asian youth feel about entering the world of work?		How effective is the support provided to children with disabilities in Montenegro?	
<hr/>		STATE OF PALESTINE	103
Goal Area THREE		How do children in Palestine with developmental delays and disabilities experience stigma and discrimination?	
ROSA	57	<hr/>	
Does child marriage increase in humanitarian settings – and if so, why?		REVIEW PANELS	112
		PARTNERS AND FUNDERS	114

Foreword

For the second year running, *Best of UNICEF Research* is being produced in the shadow of the COVID-19 pandemic. Beyond individual losses, the long-term social and economic consequences of the pandemic are increasingly apparent. Classroom education has been disrupted, child poverty has spread and inequality has increased.

Even before the pandemic, progress towards child rights-related Sustainable Development Goals (SDGs) was lagging. Now, with evidence to show that the hardest-hit children are those from the poorest and most discriminated against communities, there is an even more urgent need to reinvent responses and prioritize those at risk of being left behind.

This is the context in which UNICEF's Strategic Plan for 2022–2025 has been developed. It charts a course towards inclusive recovery from COVID-19, a much-needed acceleration towards attainment of the SDGs and the creation of a society in which every child is included, without discrimination, and has agency, opportunity and rights fulfilled.

Research and data are at the heart of this plan. As one of nine change strategies – through which UNICEF can deliver the plan – research and data are vital for guiding evidence-informed change, demonstrating tangible impact for policy and programming, and securing political support.

Best of UNICEF Research 2021 brings together 11 powerful studies from around the world, conducted or funded by UNICEF, demonstrating the breadth and quality of UNICEF's research. All have strong potential for impact not only within UNICEF's own advocacy and programming, but also on national and international policy. Many demonstrate innovation – another change strategy of our Strategic Plan – in their methods and use of technologies.

In addition to contributing to progress in UNICEF's Strategic Goal Areas, the selected studies focus on reducing social inequalities and discrimination for transformative structural change, including around gender and disability rights, addressing gaps in knowledge and seeking new perspectives.

Two studies on different aspects of child health are also already translating into action. An analysis of how adolescent healthcare is financed in **China** highlighted gaps in preventive care. Thanks to a partnership with government ministries, its findings have fed directly into the development of a national adolescent health strategy. In **Eastern and Southern Africa**, three countries' health ministries jointly supported an investigation to understand why antiretroviral therapy (ART), which is proving successful in suppressing viral loads among adults with HIV, is not as effective for children. Recommendations included decentralizing paediatric HIV services to primary care, considering child-specific drug regimes, and improving support to caregivers and children.

Several governments also came together to co-create a substantial study from **Southeast Asia**, which compared primary learning outcomes for 29,000 children across six countries. The results provide important insights for educational policymakers nationally and regionally. Completed pre-pandemic, when learning poverty was already a focus, it serves as a vital benchmark for future analysis.

As governments and partners begin to focus on long-term recovery from COVID-19, two studies engaged with young people to gather their views on their own future employment prospects. One used participatory methods to ask young people (aged 15–24) from **South Asia** how well their education has equipped them for the world of work. Its findings, based on responses from over

33,000 young people, illustrate a widespread view that the education system needs to be realigned to meet future employment needs. There was also a strong sense that young women had fewer opportunities than young men.

This was even clearer in a qualitative study from **Southeast Asia** on gender barriers to entrepreneurship, underlining how family responsibilities, unpaid care and pressure from society, limit career possibilities for girls and women. The harmful impact of persistent social norms and gender-based discrimination were also central themes of research conducted in **South Asia** on why child marriage appears to increase in humanitarian settings. Engaging with boys as well as girls among Rohingya refugees and survivors of the 2015 earthquakes in Nepal, this study showed how established drivers of child marriage, such as poverty, lack of education and gender-based violence, become more influential following displacement or disasters.

Natural disasters also formed the context for a study from **Mozambique**, which used geographic modelling to assess the impact of two cyclones on children's access to healthcare. By highlighting areas of greatest need, this innovative analysis enabled a more rapid and targeted response. It demonstrated the scalability of the approach for responding to future natural disasters, and for planning climate-resilient health systems, highlighted as a priority in the Strategic Plan.

Social protection has been an integral part of many countries' pandemic response, but there are significant gaps in coverage, adequacy and uptake. This was explored in a study from **Ghana**, examining how perceptions of poverty affect the readiness of citizens to accept social protection, even when it is offered as a basic right for families and children. While the pandemic served as a complicating factor to

several of the studies, research from **Republic of Moldova** focused on how households with children have coped with the drop in income resulting from lockdowns: particularly relevant given the high proportion of households relying on remittances from workers overseas.

In the **State of Palestine**, researchers examined the impact of stigma and discrimination on children with disabilities and their families, as the baseline for a behavioural change communication strategy. In **Montenegro**, research assessed the effectiveness of cross-sector support for this same group; supported closely by the Government, its findings are already being applied to improve service provision.

The projects featured showcase a wide range of methodologies and approaches, demonstrating the immense range of partners UNICEF works with around the world. We are, as ever, hugely proud of the work on display and urge those designing policy or leading programming for children to read not only these summaries, but also to dive deeper into the full reports. Beyond the clear analysis and recommendations of the research teams, many feature the insights of young people: voices that must be listened to, in order to fulfil agency, opportunity and rights for all children and to drive systemic change for future generations.



Gunilla Olsson
Director
UNICEF Office of Research – Innocenti





Seated in an outdoor class at a non-formal girls' school two grade-one students share a textbook. Jalalabad, Afghanistan, 2020.

Selection Process and Criteria

About Best of UNICEF Research

For the past nine years, the Best of UNICEF Research annual competition, managed by the UNICEF Office of Research – Innocenti, has invited UNICEF colleagues around the world to submit their best, most recent, quality research for children. The aim is to promote research best practices, in order to identify where they may be scaled up, and to award quality submissions with a high potential for impact on policies and programmes that benefit children.

Eligibility and assessment criteria

All UNICEF offices, including country and regional offices, headquarters divisions and National Committees, are invited to submit research outputs undertaken or commissioned by UNICEF and completed within the last two years. Submissions must meet the following UNICEF definition of research:

“Research is 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.”

– United Nations Children’s Fund, ‘Taxonomy for Defining and Classifying UNICEF Research, Evaluation & Studies’, UNICEF Office of Research – Innocenti, Florence, 2014.

To avoid potential conflicts of interest and ensure impartiality in the review process, research conducted by UNICEF Innocenti, or co-authored by a UNICEF Innocenti staff member, is ineligible for consideration.

The submissions were assessed on the basis of originality, relevance of the topic, conceptualization, methodology, clarity and appeal of presentation, ethical standards, and potential for future impact. In addition to these established criteria, in 2021 the reviewers also screened and scored the submissions for local engagement and ownership.

Review process in 2021

- **Internal peer review:** Each of the Best of UNICEF Research 2021 submissions was pre-screened for eligibility. Those deemed eligible were peer-reviewed by six thematic review groups – each comprising 10 to 15 UNICEF Innocenti researchers with relevant expertise – overseen by a coordinating group to ensure consistency in process and scoring. A shortlist of the top 11 submissions was agreed by the coordinating group and then sent for external assessment.
- **External panel assessment:** Five international experts with significant academic and policy experience, and good knowledge of UNICEF, reviewed the research of the 11 finalists. After providing comments on each piece, the panel selected three final winners, awarding them bronze, silver and gold status.

Summary Reports

Goal Area ONE
Every child survives
CHINA
ESARO

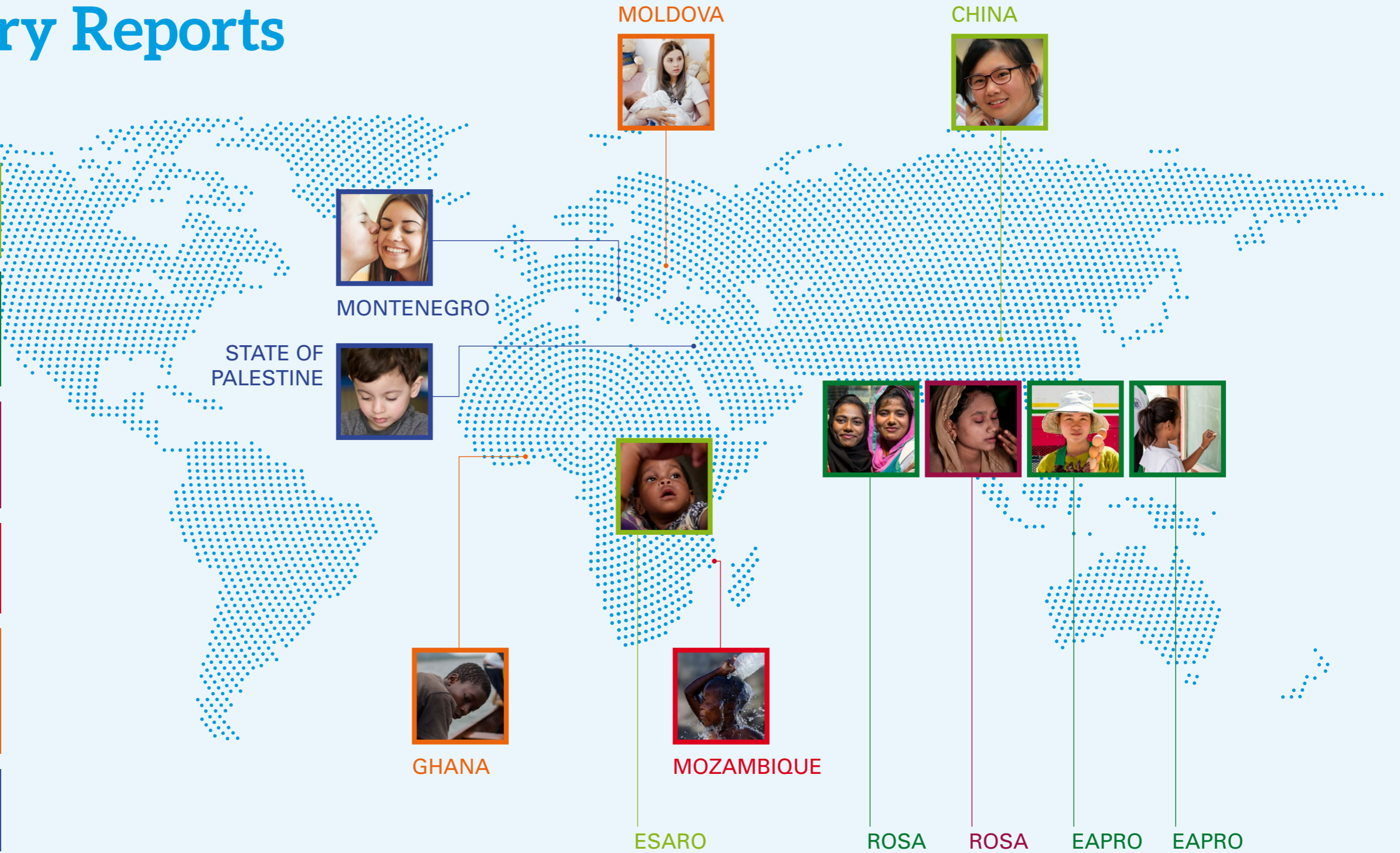
Goal Area TWO
Every child learns
EAPRO
EAPRO
ROSA

Goal Area THREE
Every child is protected
from violence and
exploitation
ROSA

Goal Area FOUR
Every child lives in a safe
and clean environment
MOZAMBIQUE

Goal Area FIVE
Every child
has an equitable chance
in life
GHANA
REPUBLIC OF MOLDOVA

Cross-cutting research
MONTENEGRO
STATE OF PALESTINE



Note: The designations employed in this publication and the presentation of the material do not imply on the part of UNICEF the expression of any opinion whatsoever concerning the legal status of any country or territory, or of its authorities or the delimitations of its frontiers.





GOAL AREA ONE

Every child survives



CHINA

How much is spent on adolescent healthcare in China, and who spends it?



ESARO

How can viral load suppression be improved in children with HIV in Eastern and Southern Africa?



A group of girls and boys participate in an adolescent health camp during a national holiday. Jiaxing City, Zhejiang Province, China, 2019.

© UNICEF/China/2019/Jin Jianyin

CHINA

Financing Adolescent Health in China:
How Much, Who Pays, and Where It Goes

How much is spent on adolescent healthcare in China, and who spends it?

Research Managers:

Xiaobo Tian, Health Officer, Child Health and Development Section, UNICEF China; Xiaona Huang, Maternal and Child Health Specialist, Child Health and Development Section, UNICEF China; Anuradha Narayan, Chief, Child Health and Development Section, UNICEF China

Authors:

Yuhui Zhang, Peipei Chai, Xiaona Huang, Quan Wan, Xiaobo Tian, Feng Guo, Anuradha Narayan, John Goss and Chunling Lu

Editorial insight

As the first analysis of adolescent health expenditure and financing in China using the System of Health Accounts 2011 (SHA), published by OECD, Eurostat and WHO, this research provides a powerful evidence base for the development of a new adolescent health strategy in the country.

Reviewers commended this “excellent study” for its focus on a topical but under-researched issue and for the rigorous methodology. The analysis innovatively applies the SHA framework to China’s national context, drawing on international best practice. The findings have good generalizability across contexts and demonstrate great potential for policy uptake and government ownership.



The importance of adolescent health for achieving the Sustainable Development Goals (SDGs) has been recognized and specifically included in the Global Strategy for Women's, Children's and Adolescents' Health.¹ Evidence increasingly shows that good health in adolescence supports better long-term health and well-being.² By contrast, unhealthy behaviours initiated in adolescence, such as substance use, physical inactivity and risky sexual behaviours, track strongly into adult life and increase rates of morbidity and mortality.³

With studies indicating a substantial benefit-to-cost ratio from just a small investment in the physical, mental and sexual health of adolescents, the international development community and many governments are rethinking their approach to adolescent health.

China has the second highest number of adolescents in the world – some 145.7 million in 2016.⁴ But little is known about China's national expenditure on adolescent healthcare: how much is spent, on what services, and by whom. This study sought to address this gap.

Applying the System of Health Accounts 2011 (SHA 2011), published by the Organisation for Economic Co-operation and Development (OECD), Eurostat and the World Health Organization (WHO),⁵ it used data from China's National Health Accounts to represent the total national expenditure, then surveyed over 2,000 healthcare institutions, across nine provinces, to understand how much of this was spent on adolescents.

This was the first time that expenditure on adolescent healthcare has been calculated in the country and it is believed to be the first time that the SHA 2011 framework has been used to assess domestic spending on adolescent health in low- or middle-income countries.

The findings provide health policymakers in China with a strong evidence base for the country's forthcoming adolescent healthcare strategy – which will include greater and more targeted investment in preventive care. The report also demonstrates that much of the financial burden for curative care for adolescents falls on families – an important insight into one factor that may affect the take-up of primary care among those with competing financial priorities.

Why was the research done?

Over recent years, there has been a growing recognition across national governments that the importance of good adolescent health has been underestimated. China is no exception. Recent national data show rises in the incidence of unintentional pregnancy and abortion, and in the number of newly reported sexually transmitted infections among adolescents.⁶ But studies have highlighted that many adolescent health needs in the country are currently not being met.

For example, one study found that around 60 per cent of the surveyed adolescents who were in need of consultation services for reproductive healthcare, sexual psychology, and contraceptive knowledge and skills did not get these services.⁷

“China has the second highest number of adolescents in the world – 145.7 million in 2016. But little is known about China's national expenditure on adolescent health care: how much is spent, on what services, and by whom.”

– Research article

It is also estimated that at least 30 million children and adolescents under 17 are affected by behavioural or emotional problems.⁸

The Healthy China 2030 plan, the country's first national medium- and long-term strategic plan for population health, has responded to this by focusing on the importance of adolescent health and development, especially in areas such as sexual and reproductive health.⁹

But to turn that high-level plan into a targeted and costed adolescent health strategy, policymakers need more evidence about the quality and availability of existing provision and the barriers adolescents face in accessing healthcare.

This study aimed to fill that gap, offering a robust method of assessing how much has been spent on adolescent health, where the money is from, and where the money goes.

How was the research done?

This study calculated expenditure on adolescent health in China in 2014 – defined as the amount spent on health goods and services consumed to restore, maintain and improve the health condition of adolescents (10–19 years) during the calendar year.

It began with data from China's National Health Accounts based on the SHA 2011 framework, showing the total national expenditure on health. In these data, expenditure is reported by function (e.g., hospitals, primary care, ancillary care, etc.) but not by age group.

Therefore, researchers surveyed a representative sample of healthcare institutions across 9 of mainland China's 31 provinces, to gather information about the proportion of their expenditure allocated to adolescent health. In total, 2,093 providers participated, consisting of 461 hospitals, 310 community health service centres or township hospitals, 1,230 ambulatory care providers and 92 preventive care providers.

Providers were asked for data about preventive and curative care. For example, for curative care, hospitals were asked to provide data from patient records in the Hospital Information System. Researchers were then able to identify

the records of adolescents, to calculate the percentage of a hospital's total curative care expenditure allocated to adolescents.

By applying the same percentages to the national spending data set out in the National Health Accounts, researchers were then able to extrapolate an estimated national curative care expenditure on adolescents.

Information about primary diagnosis allowed researchers to calculate expenditure on adolescent curative care by disease type. Records also showed how care was financed – through government schemes or social insurance, private insurance or via out-of-pocket (OOP) payment. The research used the frameworks defined in SHA 2011 to classify expenditure by healthcare function and financing schemes.

Limitations

The researchers noted some limitations relating to the quality and depth of the data.

First, national-level spending on adolescent health was based on estimates generated from data from nine provinces – and within the nine provinces, the researchers selected counties or districts with better information systems. Although similar approaches have been used in other studies, the figures remain estimates with possible bias.

There were also issues around classification. Spending by disease was based on primary diagnosis, which may overlook comorbidities. There was not always evidence to confirm the function or financing of certain expenditure; assumptions were made based on the opinions of medical experts.

What are the key findings?

In 2014, the total estimated expenditure on adolescent healthcare in China was CNY82.1 billion (approx. US\$13.4 billion). This equated to just 2.6 per cent of all health expenditure in the year, even though adolescents amounted to more than 10 per cent of the population.

Where does the money go?

Table 1 shows the expenditure by function. As can be seen, the proportion spent on curative care is many times higher than on preventive care.

“Health expenditure per adolescent in China in 2014 was CNY525, compared with a national per capita expenditure of CNY2,349.”

– Research article

Table 1: Adolescent health expenditure and by health function in China, 2014

	CNY (billion)	US\$ (billion)	%
Adolescent health expenditure	82.1	13.4	100.0
■ Curative care	60.0	9.8	73.1
– Outpatient care	31.8	5.2	38.7
– Inpatient care	28.2	4.6	34.4
■ Medical goods	8.1	1.3	9.8
■ Ancillary services	0.1	0.0	0.2
■ Preventive care	8.5	1.4	10.3
■ Governance and health system and financing administration	5.4	0.9	6.6
As the share of total health expenditure	–	–	2.6
As the share of GDP	–	–	0.1

Source: Zhang, Yuhui, et al., ‘Financing Adolescent Health in China: How Much, Who Pays, and Where It Goes’, *Journal of Adolescent Health*, vol. 67, no. 5S, 2020, <<https://www.sciencedirect.com/science/article/pii/S1054139X2030149X>>, accessed 2 August 2021.

While this reflects the structure of China’s healthcare system, which is based around responding to disease and a high level of hospital care, many of the more common health problems of adolescents are preventable, and there are well-established interventions that are proven to be effective.

“Of all curative care expenditure on adolescents, 22.8 per cent was related to respiratory disease – the highest share of all disease types.”

– Research article

The study found that over half of curative expenditure on adolescents was focused on respiratory, digestive or genitourinary diseases, injuries and poisoning; many of these could be prevented, or at least treated in primary care without needing hospital treatment.

Where does the money come from?

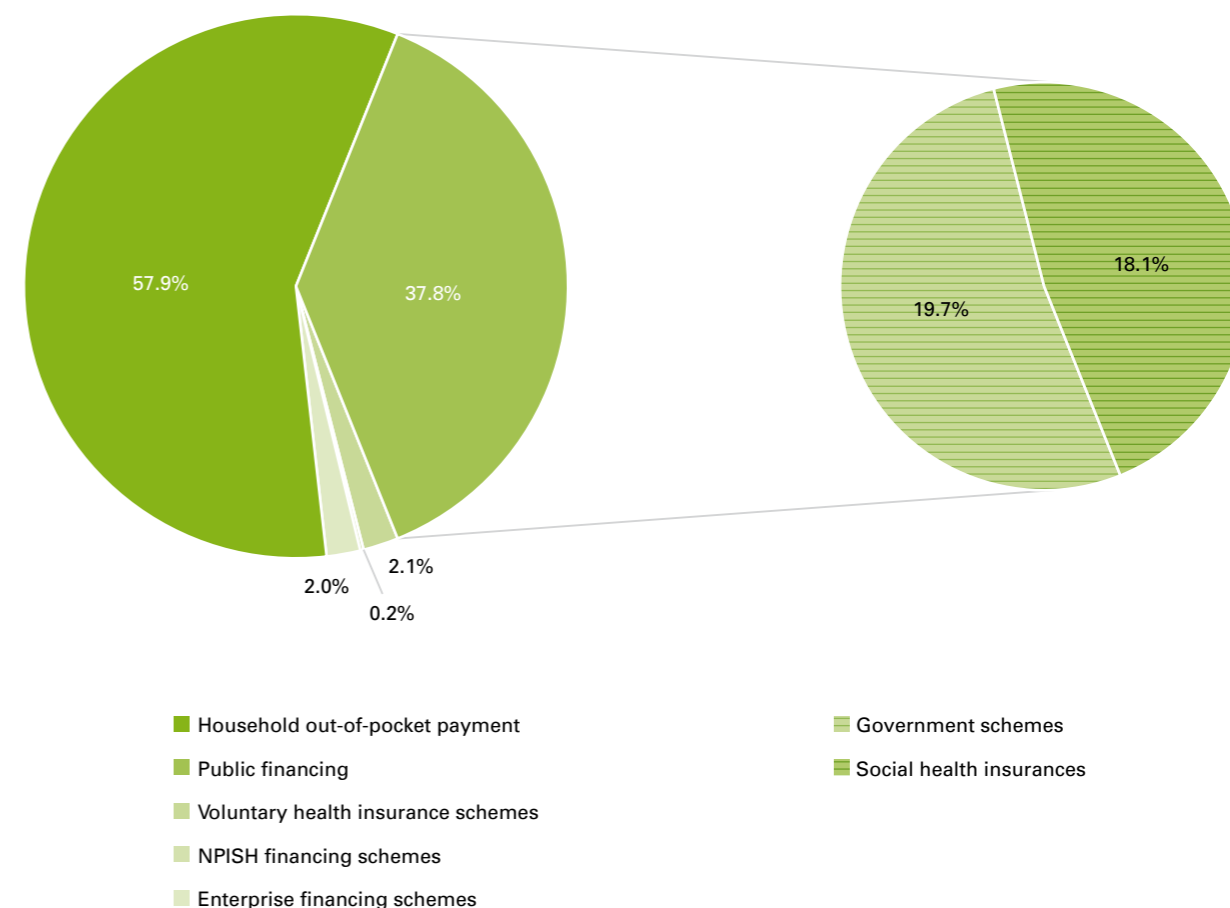
More than half (57.9 per cent) of healthcare provided to adolescents was paid for by households as OOP payments. The proportions of OOP payments were particularly high for dermatological diseases (72.9 per cent), pregnancy and childbirth complications (70.2 per cent), and injury and poisoning (64.3 per cent). Only 50.3 per cent of inpatient care, and just 23.1% of outpatient care, was financed by public financing.

The risk of high OOP payments can lead individuals, particularly from poorer households, to delay seeking medical care or opt for cheaper alternatives in the first instance – which can then result in higher expenditure in the long term.

“Current financing mechanisms for adolescent health do not invest in preventive care, placing a large portion of the financial burden on households.”

– Research article

Figure 1: Adolescent health expenditure in China by financing scheme, 2014



Source: Zhang, Yuhui, et al., ‘Financing Adolescent Health in China: How Much, Who Pays, and Where It Goes’, *Journal of Adolescent Health*, vol. 67, no. 5S, 2020, <<https://www.sciencedirect.com/science/article/pii/S1054139X2030149X>>, accessed 2 August 2021.
Note: NPISH = non-profit institutions serving households.

Influence on policy and programming

Thanks to its strong financial focus, the findings of this research have fed directly into the development of a costed national adolescent health strategy, involving multiple ministries. The strategy is due to be published by the end of 2021.

The evidence base presents a strong case for a greater focus on adolescent healthcare in general and preventive care in particular, as part of the Government of China's flagship Healthy China 2030 plan.

This last recommendation is in line with the target set in the Healthy China 2030 plan to reduce the proportion of OOP payments in total health expenditure to 25 per cent by 2030, to help protect people from medical financial risk.¹⁰ As this study has found that OOP payments for adolescent healthcare are relatively high, addressing the issue for this age group appears a key opportunity to progress towards the target.

Recommendations

- Shift the focus from curative care towards preventive care for adolescents, backed by increased investment in prevention.
- Reshape health financing schemes for adolescents to focus on the primary risks they face and the most common diseases within this age group.
- Improve data collection around adolescent health financing, to inform future policy.
- Ensure that health services for adolescents are accessible and equitable – including by reducing reliance on OOP expenditure for adolescent healthcare.

Looking ahead

The study was one of six original papers commissioned by UNICEF China and published in a standalone supplement to the *Journal of Adolescent Health*. The papers were launched at a landmark event organized by UNICEF China and Peking University on 24 November 2020. The event brought together stakeholders – including the National Health Commission, the National Development and Reform Commission, and the Ministry of Finance, as well as youth representatives – and received widespread media coverage.

A Chinese version of the supplement including this research was co-launched by UNICEF and Elsevier in early 2021. It has been disseminated to all key stakeholders, including the National Health Commission, as well as to academic institutes.

UNICEF will continue to facilitate dialogue between health and financial policymakers, to advocate targeted investment on adolescent health, focusing more on preventive care and ways to reduce household OOP expenditure on medical care used by adolescents.

Beyond China, the methodology developed for this study has the potential to be replicated in other countries, to estimate healthcare expenditure and inform evidence-based policymaking around adolescent health – as the challenge of meeting SDG targets for promoting mental well-being, tackling substance use, and improving sexual and reproductive healthcare comes closer.¹¹



Students hold up a health education leaflet developed by UNICEF, designed to help children learn about hand washing and staying safe from COVID-19. Datong County, Qinghai Province, China, 2020.

Endnotes

- 1 World Health Organization, *The Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*, WHO, Geneva, 2017, <www.who.int/life-course/partners/global-strategy/globalstrategyreport2016-2030-lowres.pdf>, accessed 2 August 2021.
- 2 The full research report points to several studies to support this. Zhang, Yuhui, et al., 'Financing Adolescent Health in China: How Much, Who Pays, and Where It Goes', *Journal of Adolescent Health*, vol. 67, no. 5S, 2020, <<https://www.sciencedirect.com/science/article/pii/S1054139X2030149X>>, accessed 2 August 2021.
- 3 For example, Viner, Russell M., et al., 'Life course epidemiology: Recognising the importance of adolescence', *Journal of Epidemiology and Community Health*, vol. 69, no. 8, 2015, <<https://ech.bmj.com/content/69/8/719>>, accessed 2 August 2021.
- 4 National Bureau of Statistics, *China Statistical Yearbook*, China Statistical Press, Beijing, 2017, <www.stats.gov.cn/tjsj/ndsj/2017/indexeh.htm>, accessed 2 August 2021.
- 5 Organisation for Economic Co-operation and Development, Eurostat and the World Health Organization, *A System of Health Accounts: 2011 Edition*, OECD Publishing, Paris, 2011.
- 6 Wang, Hongjing, et al., 'Contraception and unintended pregnancy among unmarried female university students: A cross-sectional study from China', *PLOS*, vol. 10, no. 6, 2015, <<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0130212>>, accessed 2 August 2021.
- 7 Zheng, Xiao-ying, et al., 'Survey of youth access to reproductive health in China', *Population Development*, 2010, <https://en.cnki.com.cn/Article_en/CJFDTotal-SCRK201003001.htm>, accessed 2 August 2021.
- 8 Zhang, S.P., 'Mental Health', in *Children's Survival and Development in China: Data and analysis* by China Children Center, China Women Publishing House, Beijing, 2006.
- 9 National Health Commission, *Healthy China Action Plan 2019-2030*, 2019, <<http://en.nhc.gov.cn/HealthyChinaActionPlan.html>>, accessed 2 August 2021.
- 10 Ibid.
- 11 United Nations Department of Economic and Social Affairs, Sustainable Development Goals, targets 3.4, 3.5 and 3.7 <<https://sdgs.un.org/goals/goal3>> accessed 10 August 2021.



A mother makes sure both her children receive their paediatric HIV medicine at the same time every day. This child is now taking the oral pellets instead of the bitter syrup, which helps in getting her to take her medication and suppressing her viral load. Mbarara, Western Uganda, 2019.

© UNICEF/UN1211871/Scherbrucke

ESARO

Understanding and Improving Viral Load Suppression in Children with HIV in Eastern and Southern Africa

How can viral load suppression be improved in children with HIV in Eastern and Southern Africa?

Research Managers:

Geoffrey Chipungu, HIV/AIDS Specialist, HIV/AIDS Section, UNICEF Eastern and Southern Africa Regional Office (ESARO); Laurie A. Gulaid, HIV/AIDS Regional Adviser, UNICEF ESARO; Judith Sherman, Independent Consultant

Authors:

Edward Chigwedere, Kundai Moyo, Rose Nyirenda, Eleanor Namusoke Magongo, Sekesai Zinyowera, Geoffrey Chipungu, Laurie Gulaid, Brown Chiwandira, Michael Tsilizani Eliya, James Kandulu, Aaron Mdolo, Jacqueline Nkhoma, Emmanuel Saka, Nande Putta, Susan Nabadda, Charles Kiyaga, Isaac Sewanyana, Christopher Okiira, Ivan Lukabwe, Esther Nyamugisa Ochora, Barbara Asire, Jacqueline Kabambe, Steve Okokwu, Owen Mugurungi, Raiva Simbi, Sekesai Zinyowera, Nora Vere, Tendai Shamu, Rutendo Pedzisai, Tonderayi Murimwa

Editorial insight

By providing insights into the factors that influence viral load suppression (VLS) among children with HIV in Eastern and Southern Africa, this study serves as a foundation for practical, targeted initiatives to improve VLS rates and treatment outcomes for children in the region and beyond.

The review panel commended this multi-country study as “an exceptionally valuable resource for the region”, for its rich range of data sources and the mixed-methods, comparative approach. Additional strengths include the attention to research ethics, the involvement of local institutions and the potential for impact on programmes and the management of HIV in paediatrics.

In the effort to end AIDS among children, viral load suppression (VLS) – essentially reducing the virus’s ability to reproduce in the body – is crucial in improving survival rates and quality of life. The global target for 2030 is that 95 per cent of people receiving treatment for HIV have a suppressed viral load.¹

The primary means of VLS is antiretroviral therapy (ART), involving lifelong medication. ART has proved highly successful in driving VLS among adults with HIV worldwide. However, evidence suggests that ART has not been as successful for VLS among children.

This is a particular concern in Eastern and Southern Africa, where more than 1.2 million children aged 0–14 are living with HIV – and where it is estimated that, without treatment, one out of every two babies with HIV would die before their second birthday. Previous studies have shown that VLS rates in children in the region are far lower than among adults. In Uganda, for example, VLS in children was found to be just 39 per cent, compared to 84 per cent in adults.²

To gain a better understanding of why VLS among children on ART has been lower, UNICEF Eastern and Southern Africa Regional Office (ESARO) commissioned a multifaceted review of relevant studies, laboratory data from Malawi,

Uganda and Zimbabwe, and patient records, as well as conducting in-depth interviews with health workers and caregivers in Malawi. The research was supported by the health ministries in each of the three countries.

The study found that one out of every three children in these countries who had a viral load test had not achieved VLS – defined as having <1,000 copies of viral RNA per ml of blood plasma. One fundamental problem identified was that children often struggle to adhere to the ART regimen. Reasons for this include the large quantity of medication they are required to take and practical difficulties in accessing paediatric care.

The study found that adherence could be improved where practical and emotional support was available to both caregivers and children. However, it also identified gaps in the available support – in particular from health and social support services.

The report provides six key recommendations to help improve VLS in children. UNICEF ESARO is providing targeted support to the three national governments that were involved in the research, and other high-prevalence countries in the region, to help them take forward relevant recommendations and improve outcomes for children with HIV.

Why was the research done?

Of all children with HIV globally, nearly 70 per cent live in Eastern and Southern Africa. In 2019 alone, 74,000 new infections occurred in children in the region and 46,000 children died from AIDS-related causes. Over 700,000 children in the region are receiving ART, but previous studies have found that this approach is proving far less effective in suppressing viral load among children than it is among adults. In several countries, only around 40 per cent of children are achieving VLS – far short of the global target for 2030 that 95 per cent of people on treatment should have a suppressed viral load.³

“In 2019 it was estimated that 1.2 million children were living with HIV in Eastern and Southern Africa, yet more than a half million of these children were not receiving lifesaving treatment.”

– Research report



A midwife gives antiretroviral drugs to a young mother with HIV at a health centre. Gulu District, Uganda, 2015.

This research was designed to explore the factors influencing VLS rates among children in the region. It focused on three countries with high HIV prevalence and low VLS among children: Malawi, Uganda and Zimbabwe. Its ultimate aim was to provide a body of evidence that can inform paediatric HIV programmes in the region and so improve health outcomes for children.

How was the research done?

This mixed-methods study consisted of four key elements:

- 1. A systematic literature review:** A review of country ART guidelines, reports and peer-reviewed published papers between 2014 and 2019 provided context for the study.
- 2. Secondary analysis of Laboratory Information Management System (LIMS) data from Malawi, Uganda and Zimbabwe:** After initial data cleansing,

LIMS data provided around 260,000 records of children under 15 years who had undergone a viral load test. These data were then analysed using demographic factors and available clinical data (e.g. ART regimen, duration on ART, viral load results, reason for viral load test).

- 3. A review of 275 patient records:** Randomly selected from eight representative facilities in Malawi, the records reviewed covered 137 children whose viral load was suppressed and 138 whose viral load was not. This allowed further examination of the links between other health and lifestyle factors (e.g. nutrition, other diseases) and VLS.
- 4. In-depth interviews with 16 health workers and 36 caregivers in the eight selected health facilities in Malawi:** These were designed to gather individual perspectives on different aspects of treatment regimens, what helped with adherence and what barriers were faced.

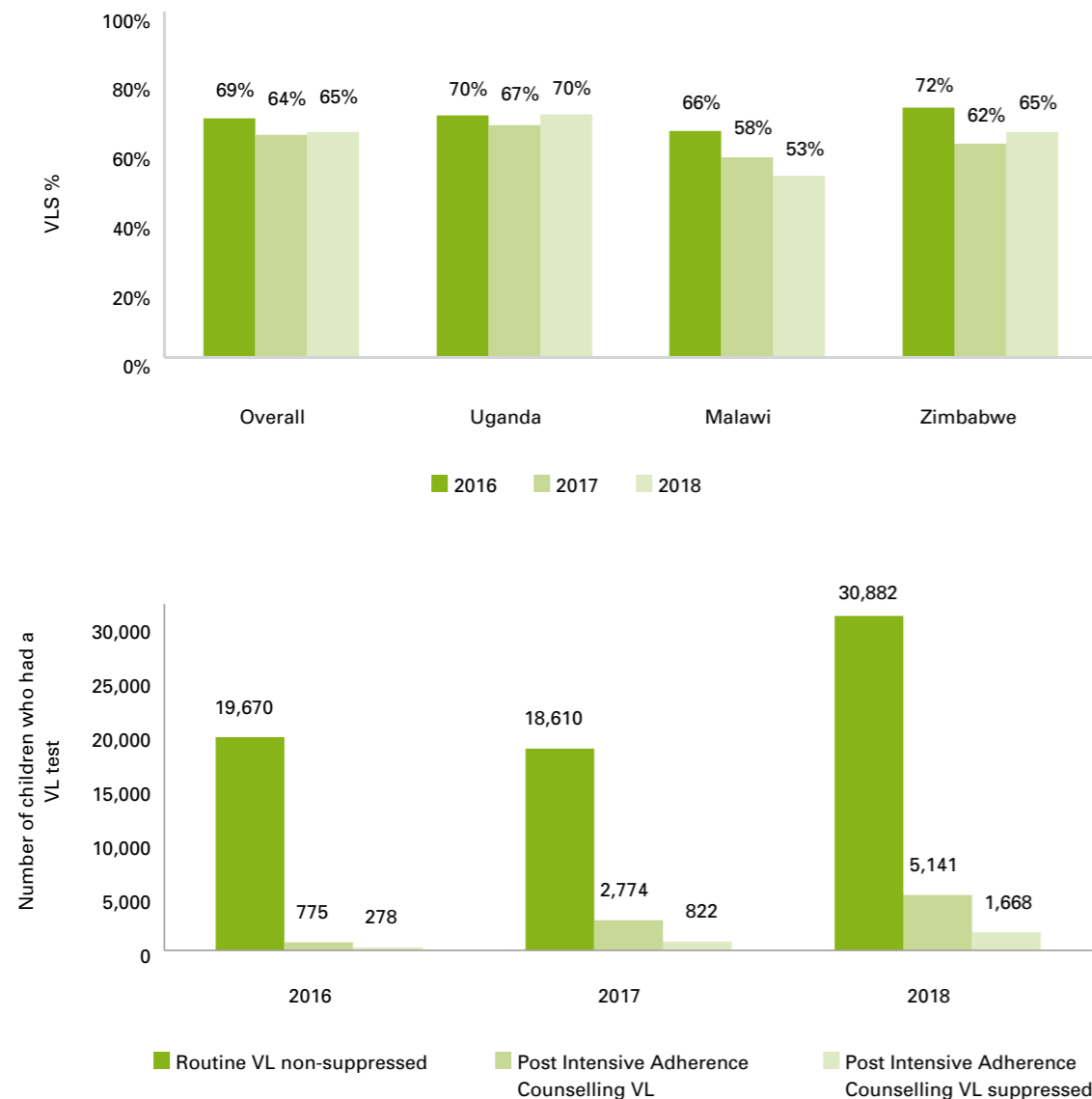
Limitations

The researchers identified substantial gaps in the data for both the LIMS and the clinical case files. Reasons for missing data were: data tools did not allow entries for specific data types; data entry was incomplete, left blank or had errors; data were lost during migration from one system

to another (such as the migration from a paper-based system to an electronic medical records system in Malawi).

Aside from gaps in the data, another limitation of the study was that qualitative methods were only used in Malawi.

Figure 1: Non-suppressed viral load as a percentage of all children who have had a viral load test



Source: United Nations Children’s Fund, *Understanding and Improving Viral Load Suppression in Children with HIV in Eastern and Southern Africa*, UNICEF, 2020, <<http://www.childrenandaids.org/sites/default/files/2021-03/VLS-STUDY-2021.pdf>>, accessed 2 August 2021.

What are the key findings?

Overall, a third of children on ART in the study had not achieved VLS – and there was no improvement in VLS rates across the three-year period. While rates remained relatively static in Uganda, they decreased in Malawi and Zimbabwe.

“A supportive home and community environment for caregiver and child increase the likelihood of both optimal adherence and VLS.”

– Research report

Caregiving

Research underlined the pivotal role of caregivers in helping children achieve VLS – whether in administering medication and ensuring regimens are followed or taking children to appointments. VLS rates were lowest among children aged 1–4, where reliance on caregivers is the highest. However, caregivers cannot do this alone. There was a strong correlation between VLS and access to family, community and healthcare worker support for caregivers – and for children.

For example, among children who were virally suppressed, other family members provided medication when the primary caregiver was away. Regular monitoring by health workers also helped to identify and address non-adherence. Ongoing practical support and access to professional and peer counselling for children and caregivers were associated with greater confidence in disclosing HIV status to others and less stigma in community and school environments – in turn facilitating adherence.

As caregivers and children become accustomed to treatment and understand their HIV status, they are more likely to recognize the benefits of ART and the importance of adherence. However, caregivers and health workers alike reported that children of all ages struggled with taking high numbers of pills and the bitter taste.

Adequate nutrition

Availability of food also played a major role in promoting adherence. Respondents highlighted that, without food, it was hard to convince children to take the medication. Malnutrition appeared to be associated with morbidity and unsuppressed viral load; however, there was limited evidence here. For instance, in Malawi, the majority of patient records did not include nutrition status at the start of ART, even though national guidelines advise nutrition screening.

Accessibility of health and social services

Importantly, concerns were raised about the quality and accessibility of health services. Distance to facilities, lack of funds for transport, staff shortages, waiting times and unfriendly attitudes by service providers were all identified as factors in whether children received timely, comprehensive and supportive care. Key support services, such as intensive adherence counselling, were not available in all areas and the evidence suggests that viral load monitoring – crucial to checking whether the drug regimen is working – was infrequent.

“Clubs provide a forum where young children get to realize they are not alone, they are not any different from others and they can live a happy fruitful life.”

– Research report

Influence on policy and programming

The research findings provide valuable insight into factors influencing VLS in children in the three countries and apply as well to other countries in the region.

The report includes six recommendations to improve VLS and health outcomes for children with HIV – some for policymakers, others for communities and care providers.

Recommendations

■ Provide essential multi-year support to caregivers and children

Emotional and material support for caregivers and children should be provided from the time of ART initiation until the child becomes an adult. For children, this support should be age appropriate. One recommended approach is to extend existing support platforms, such as prevention of mother-to-child transmission programmes.

■ Promote paediatric viral load testing and child-friendly drug regimens

The majority of children in the study were taking first-line nevirapine. Given the persistently low VLS rates, there is an urgent need to transition more children to more efficacious lopinavir and ritonavir-based or dolutegravir-based regimens. This would be in line with current World Health Organization (WHO) guidelines.

■ Strengthen paediatric HIV service delivery accessibility, coverage and quality

More community health workers should be trained to overcome shortages in the number of health workers. Decentralization to primary healthcare centres, expanded clinic hours and home visits may help adherence to ART appointments.

■ Improve case management with multisectoral linkages and referrals

Protocols on nutrition screening and support for children on ART must be followed and links made to social protection programmes. Screening for other comorbidities, such as tuberculosis, must be conducted to ensure that children are receiving optimal treatment.

■ Strengthen paediatric HIV data collection, analysis and use

The quality of data collection around children with HIV must be improved and the data should be linked to electronic medical records. This is vital at patient level, for health workers and programme managers to make informed clinical decisions, but also at programme and national level.

■ Include paediatric VLS in evidence generation and use

Although evidence is growing on paediatric HIV, there are still notable gaps in knowledge about adherence, VLS and associated health outcomes. Country-specific studies will assist policymakers, service providers and programme implementers in ensuring that children receive the support and services they need.

Looking ahead

The underlying aim of the research was to provide insight into ways to improve health outcomes for children with HIV and to address the disparity in VLS between children and adults. This is urgent if we are to achieve the global aim, encompassed in the Sustainable Development Goal target 3.3, to end the AIDS epidemic by 2030.⁴

The findings and recommendations of this research have been shared with the three national governments that were involved in and supported the study and globally through a webinar co-hosted by UNICEF, WHO and UNAIDS. UNICEF is now working closely with each of the three countries and others with a high prevalence in the region, to take forward

relevant recommendations. Having achieved much progress in VLS among adults, VLS in children must now be a priority.

Since this study was completed, the COVID-19 pandemic has severely impacted the Eastern and Southern Africa region. Countries have made a concerted effort to sustain ART services for children. In line with the study recommendations, these client-centred, innovative approaches have included expanding eligibility for multi-month dispensing of antiretroviral drugs to older children,

employing diverse community-based service delivery options, and using virtual platforms to provide support to children and their caregivers.

UNICEF ESARO has commissioned additional research to look at LIMS data from 2019 and 2020 in the three countries to investigate the effects of the COVID-19 pandemic and recent programmatic changes and innovations.



[Download original report](#)



Mother and daughters catch a ride on a 'boda-boda', a common means of transport in Uganda, to pick up their HIV medication at their local clinic. Mbarara, Western Uganda, 2019.

Endnotes

- 1 UNAIDS, *Understanding Fast Track: Accelerating action to end the AIDS epidemic by 2030*, UNAIDS, Geneva, 2014, <www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf>, accessed 2 August 2021.
- 2 Population-based HIV Impact Assessment (PHIA) Project, 'Uganda Population-based HIV Impact Assessment (UPHIA) Summary sheet', PHIA, 2018, <https://phia.icap.columbia.edu/wp-content/uploads/2020/02/3430%E2%80%A2PHIA-Uganda-SS_NEW.v14.pdf>, accessed 2 August 2021.
- 3 UNAIDS, *Understanding Fast Track: Accelerating action to end the AIDS epidemic by 2030*, UNAIDS, Geneva, 2014, <www.unaids.org/sites/default/files/media_asset/201506_JC2743_Understanding_FastTrack_en.pdf>, accessed 2 August 2021.
- 4 United Nations Department of Economic and Social Affairs, Sustainable Development Goals, Goal 3, <<https://sdgs.un.org/goals/goal3>>, accessed 10 August 2021



GOAL AREA TWO

Every child learns



EAPRO

How do you measure learning outcomes in primary education and what factors influence those outcomes most?



EAPRO

What barriers do girls and young women in Southeast Asia face to entrepreneurship and leadership?



ROSA

How do South Asian youth feel about entering the world of work?





The headmaster of an elementary school oversees the work of a girl who is doing exercises on the blackboard in front of her class. Maguindanao, the Philippines, 2019.

EAPRO

SEA-PLM 2019 Main Regional Report: Children’s learning in 6 Southeast Asian countries

How do you measure learning outcomes in primary education and what factors influence those outcomes most?

Research Managers:

Francisco Benavides, Regional Education Advisor, UNICEF East Asia and the Pacific Regional Office (EAPRO); Antoine Marivin, Southeast Asia Primary Learning Metrics (SEA-PLM) Programme Manager, UNICEF EAPRO; Dr Ethel Agnes Pascua-Valenzuela, Director, Southeast Asian Ministers of Education Organization (SEAMEO) Secretariat

Authors:

UNICEF EAPRO and SEAMEO

Editorial insight

Covering over 29,000 children in Southeast Asia, this is the first study to provide robust data about learning outcomes in primary education in the region.

This “ambitious, relevant and timely” multi-country project was commended for its rigorous quantitative methodology and the thoughtful analysis of education and learning mechanisms. Based on a true co-creation approach, involving governments from six countries, this study can be a powerful tool for improving educational achievements in Southeast Asia, while offering a relevant pre-COVID benchmark to assess learning loss due to the pandemic.

© UNICEF/UN1217248/Kokic



The Southeast Asia Primary Learning Metrics (SEA-PLM) programme is the first large-scale comparative assessment of learning outcomes in primary education in the region. Designed by and for countries in Southeast Asia and delivered in partnership with the UNICEF East Asia and the Pacific Regional Office (EAPRO), it uses a consistent assessment framework to monitor learning outcomes at Grade 5. More than 29,000 students from Cambodia, the Lao PDR, Malaysia, Myanmar, the Philippines and Viet Nam were involved in the first assessment.

The research applied proficiency scales agreed by the participating governments to assess outcomes in reading, writing and mathematics. It found considerable variation between countries. For example, the percentage of Grade 5 children performing at or above the minimum proficiency level for reading at the end of primary education – which is Sustainable Development Goal 4 (SDG 4; Quality Education) indicator 4.1.1b¹ – ranged from 2 per cent (Lao PDR) to 82 per cent (Viet Nam).

Why was the research done?

The most relevant measure of the effectiveness of an education programme is learning outcomes. But beyond formal examinations, how do you measure outcomes consistently?

To address this, in 2012 the Southeast Asian Ministers of Education Organization (SEAMEO) Secretariat and UNICEF EAPRO launched the SEA-PLM programme.

The programme had multiple aims related to SDG 4 on education, but specifically intended to track progress on foundational learning (indicator 4.1.1) and knowledge and skills related to global citizenship (target 4.7).²

The research also looked at demographic and socio-economic data to explore what factors influenced outcomes – and how strong that influence was. Factors such as parental engagement, availability of preschool education and receiving education in the language spoken at home all contributed to better outcomes. However, the biggest influence appeared to be socio-economic status. This insight can inform decisions around future educational policies.

All participating students also answered questionnaires about global citizenship. This was truly pioneering: it is believed to be the first large-scale comparative assessment of the citizenship values and attitudes of primary school aged children. The study found that children were interested in learning about the world and, in particular, about environmental issues and how to solve problems in their own communities.

The report provides six broad recommendations to help bring more children up to the SDG4 proficiency levels and to improve educational outcomes in general. The study has also generated a wealth of data that can be used as a baseline for future work.

The partners agreed a standard means of measuring learning outcomes in primary education against minimum proficiency levels, as referenced in and defined for SDG indicator 4.1.1b. Countries can use this to benchmark their education against their peers and against the SDG 4 indicator and as a foundation for tracking performance over time.

Crucially, too, outcome data are placed within a range of contexts, including gender, socio-economic status, school size and resources. This allows analysis of the factors that correlate with better or worse outcomes – which can feed into educational policy, planning and practice.

The wider programme also aims to strengthen national education stakeholders' capacity to analyse and apply learning outcomes data and to improve assessment processes at all levels.

“Southeast Asia Primary Learning Metrics (SEA-PLM) is a new regional large-scale student learning assessment programme, designed by and for countries in Southeast Asia.”

– Research report

How was the research done?

The first survey under the SEA-PLM programme took place at the end of the 2018–2019 school year. The core assessment was conducted via a nationally representative sample:

- In each of the six participating countries, a minimum of 150 schools were sampled.
- One Grade 5 class was selected at random within each school and all children in that class were assessed.
- At least 4,400 students were assessed in each country.

Children undertook the same tests in three domains: reading, writing and mathematics. Tests were administered in the official language(s) of instruction for the country. Results were represented in bands: for example, for writing, band 1 was the lowest, for children who showed ‘limited ability to present ideas in writing’, and band 8 the highest, where children could ‘write cohesive texts with detailed ideas and a good range of appropriate vocabulary’.

The bands were aligned, where appropriate, with SDG indicators. For example, in reading, the top band (6) was equivalent to the minimum proficiency level for the end of primary education, as referenced in indicator 4.1.1b.³ In mathematics, the minimum proficiency level expected at the end of primary education was also equivalent to band 6 or above.⁴

The assessment was supported by separate questionnaires for students, parents, teachers and school principals. This enabled the research team to see how learning outcomes correlated with different contextual factors. Regression analysis offered a means of quantifying the impact – at a national level – of a particular factor on proficiency.

The questionnaires for students and teachers also included global citizenship questions, designed to assess attitudes and understanding of issues such as climate change and globalization.

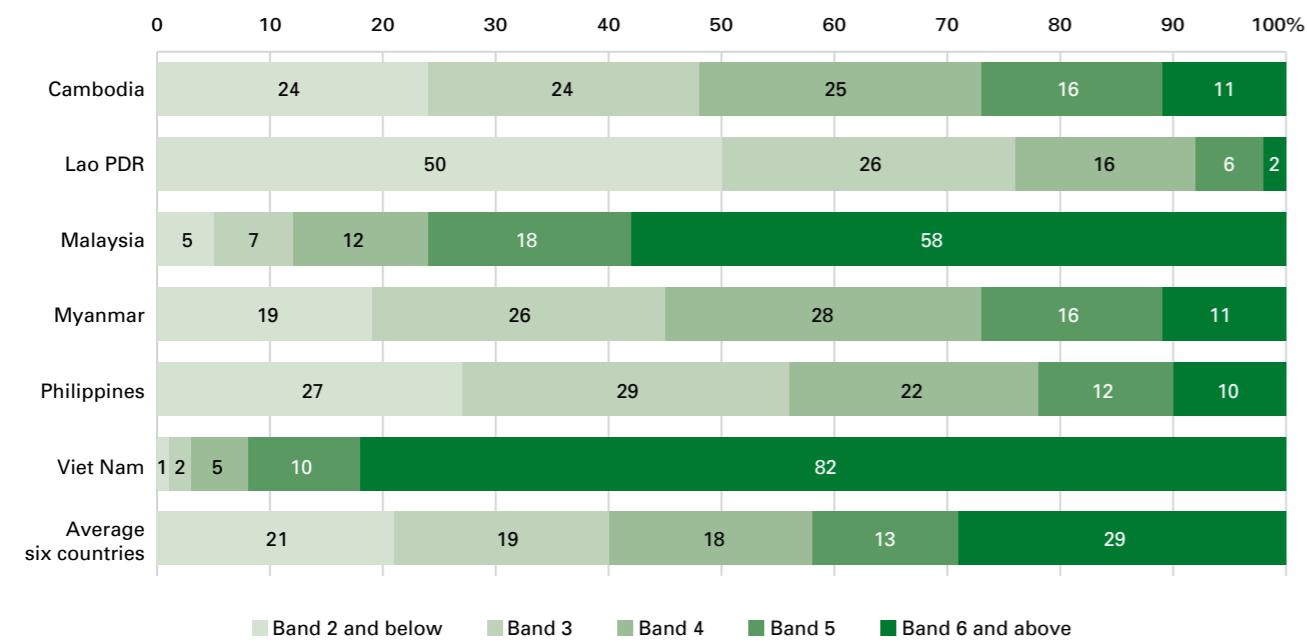
What are the key findings?

Proficiency in each of the three domains varied greatly between the participating countries. Across the six countries, 21 per cent of children were assessed as being in band 2 for reading, meaning they were only able to read simple words. However, in Lao PDR, 50 per cent of children were in this band, while in Viet Nam just 1 per cent were. Some 29 per cent of primary school-age children across six Southeast Asian countries were in the top band for reading.

“Findings reveal stark differences between students’ learning outcomes according to gender, socioeconomic status, preschool experience and early developmental skills.”

– Research report

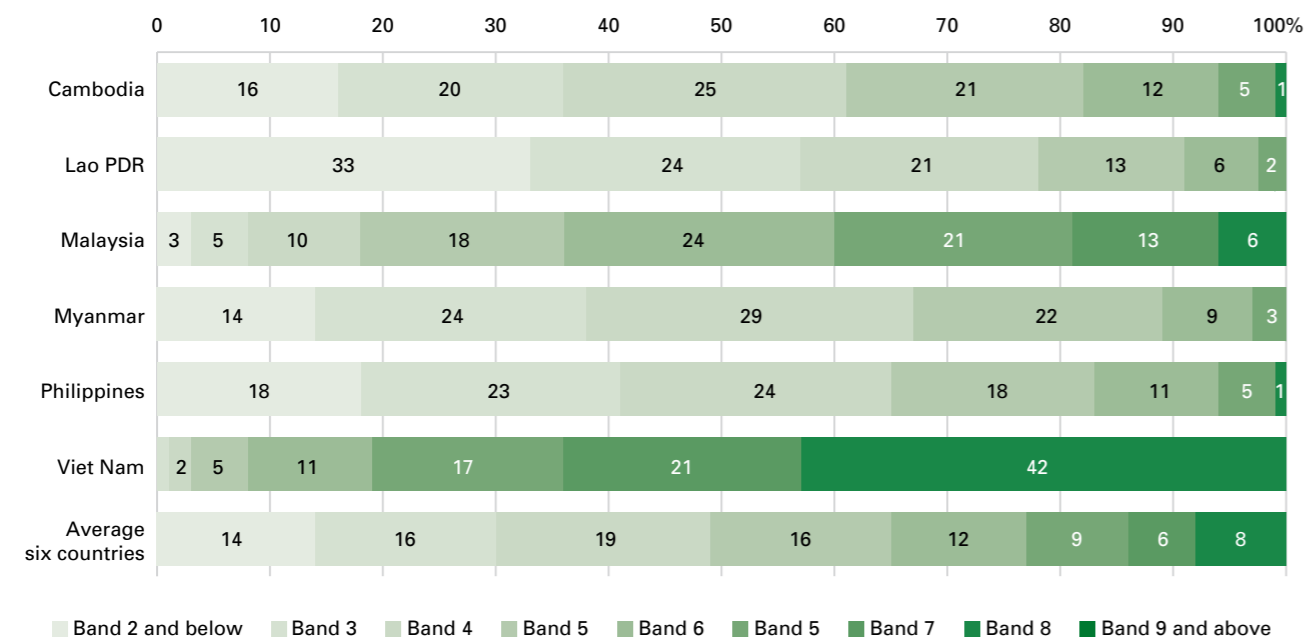
Figure 1: Percentage of Grade 5 children in each reading band by country



Source: United Nations Children’s Fund and Southeast Asian Ministers of Education Organization, *SEA-PLM 2019 Main Regional Report: Children’s learning in 6 Southeast Asian countries*, UNICEF AND SEAMEO, 2020, <<https://www.seapl.org/PUBLICATIONS/regional%20results/SEA-PLM%202019%20Main%20Regional%20Report.pdf>>, accessed 9 August 2021.

In mathematics, across the region, 35 per cent of children achieved the minimum proficiency level – equivalent to band 6 in the SEA-PLM method – but again there was considerable variation between countries.

Figure 2: Percentage of Grade 5 children in each mathematics band by country



Source: United Nations Children’s Fund and Southeast Asian Ministers of Education Organization, *SEA-PLM 2019 Main Regional Report: Children’s learning in 6 Southeast Asian countries*, UNICEF AND SEAMEO, 2020, <<https://www.seapl.org/PUBLICATIONS/regional%20results/SEA-PLM%202019%20Main%20Regional%20Report.pdf>>, accessed 9 August 2021.

What factors are associated with better outcomes?

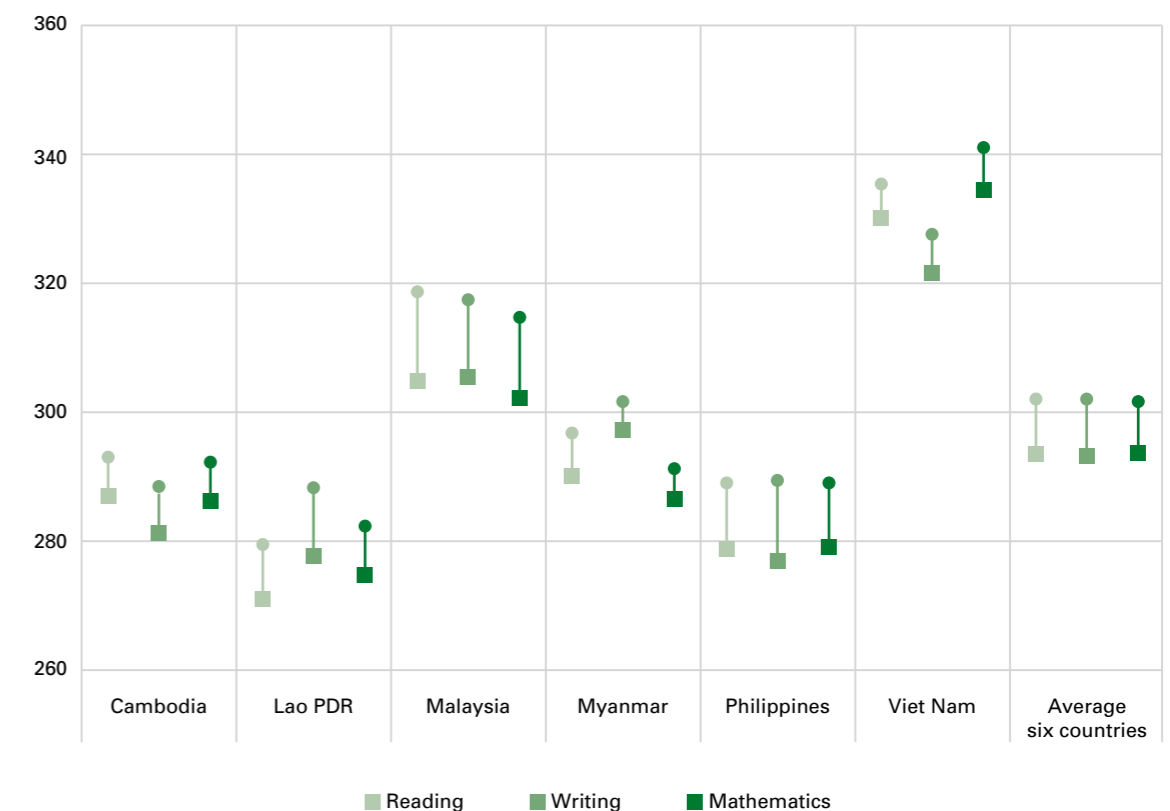
- **Girls performed better than boys** in reading (by around 5 scale points) and writing (10 points). In three countries, they also outperformed boys in mathematics.
- Children from **higher socio-economic status** (SES index) backgrounds performed better than those from the bottom quartile. This difference was substantial, ranging between 24 and 26 scale points on average across countries, for all three domains.
- Children in **larger schools** performed around 10 scale points better on average than children in smaller schools. However, the impact varied between countries; in the Philippines the

positive change was around 15 scale points in all domains while in Myanmar, the difference between large and small schools was not statistically significant.

- Children who had attended at least one year of **preschool education** performed better across all three domains than children who had not. The positive impact ranged from just 5 scale points to 14 (see Figure 3).

The report includes similar charts and data analysis for 12 different contextual factors. While these provide an indication of the impact of different factors, it is important to recognize that many factors are related. The most vulnerable children are those who have multiple factors negatively affecting their learning – for example, boys from poorer households who live in remote rural areas.

Figure 3: Differences in average reading, writing and mathematics scores by preschool education



Source: United Nations Children’s Fund and Southeast Asian Ministers of Education Organization, *SEA-PLM 2019 Main Regional Report: Children’s learning in 6 Southeast Asian countries*, UNICEF AND SEAMEO, 2020, <<https://www.seapl.org/PUBLICATIONS/regional%20results/SEA-PLM%202019%20Main%20Regional%20Report.pdf>>, accessed 9 August 2021.

Global citizenship

SEA-PLM 2019 was the first large-scale comparative assessment to measure global citizenship attitudes of children at primary school level.

The majority of children reported participating in school activities that relate to citizenship education. The topic most valued by children was protecting the environment (89 per cent) and more than 70 per cent of children said that it was important to learn about how things that happen in other countries might affect their own country.

Influence on policy and programming

SEA-PLM 2019 data were collected towards the end of the 2018–2019 school year. This has proved extremely timely: the study provides a solid picture of children’s learning before COVID-19 and serves as a baseline for future monitoring.

The data will also help governments to address inequities in learning. The research has revealed stark differences in outcomes according to gender, socio-economic status and preschool experience. It has also shown that the resources and contexts of schools have a substantial impact on learning.

The report provides six priority recommendations, focused on improving the foundational learning and skills of all students. Some target system-level changes, while others focus on the practices of schools and communities.

Addressing learning gaps is complex: governments will not be able to immediately apply the same standards, resources and practices to all. However, while socio-economic factors take time to change, there are factors that can be readily addressed at the system and local levels. For example, based on the SEA-PLM findings, countries could choose – as per the actions under recommendation 1 – to prioritize the development of fundamental skills for children coming from disadvantaged backgrounds or to invest in strategies that provide practical solutions for better parental engagement with children’s learning. Both are likely to have a significant impact on educational outcomes.

“In addition to students’ home environment, the resources and contexts of schools and classrooms have a substantial impact on learning.”

– Research report

Looking ahead

The researchers hope that the report will lead to smarter resource allocation and improved pedagogical practice at regional, national and sub-national levels, with the aim of increasing the number of children achieving the minimum proficiency levels referenced in SDG indicator 4.1.1b.

During 2021, all six participating countries will publish a national report using the SEA-PLM data, and the SEA-PLM Secretariat will produce additional regional secondary analysis on factors influencing performance. The secretariat will

also work with countries to help them interpret the findings and share good practice. UNICEF country offices will support this process.

The second round of the SEA-PLM programme is under way, with the main data collection planned for 2023. All countries in Southeast Asia have been invited to participate. For more details, visit www.seaplms.org.



Primary school students at play. Kayin State, Myanmar, 2020.

Endnotes

- 1 In support of SDG indicator 4.1.1, the Global Alliance to Monitor Learning (GAML) has defined such ‘minimum proficiency levels’ for reading and mathematics at the end of primary education. For reading, the definition is: ‘Students independently and fluently read simple, short narrative and expository texts. They locate explicitly-stated information. They interpret and give some explanations about the key ideas in these texts. They provide simple, personal opinions or judgements about the information, events and characters in a text’ (GAML, *SDG Goal 4.1, Indicator 4.1.1 Minimum Proficiency Levels – Described, unpacked and illustrated*, Global Alliance to Monitor Learning, 2019, page 16, <http://gaml.uis.unesco.org/wp-content/uploads/sites/2/2019/05/GAML6-REF-2-MLP-recommendations-ACER.pdf>, accessed 9 August 2021).
- 2 United Nations Department of Economic and Social Affairs, Sustainable Development Goals, Goal 4 <https://sdgs.un.org/goals/goal4>, accessed 9 August 2021.
- 3 See note 1.
- 4 Defined as ‘Students demonstrate skills in number sense, computation, real world problems, basic measurement, 2D shape recognition, and reading and interpreting simple data displays’ (GAML, *SDG Goal 4.1, Indicator 4.1.1 Minimum Proficiency Levels – Described, unpacked and illustrated*, Global Alliance to Monitor Learning, 2019, page 29, <http://gaml.uis.unesco.org/wp-content/uploads/sites/2/2019/05/GAML6-REF-2-MLP-recommendations-ACER.pdf>, accessed 9 August 2021).

Recommendations

- Prioritize early learning in disadvantaged contexts.
- Guarantee a solid start in primary education through on-time enrolment and progression for all children, especially the disadvantaged.
- Ensure explicit and progressive learning standards in the curriculum of basic education, including in digital and blended learning options.
- Support motivated and experienced teachers with conducive teaching and positive school environments.
- Use data, monitoring and research to achieve better learning.
- Participate in and support SEA-PLM 2023 activities, including the opportunities and challenges arising from the COVID-19 pandemic.



A young woman sells food on skewers at the roadside. Thakhek, Lao PDR, 2017.

© Shutterstock/1344345671

EAPRO

Addressing Gender Barriers to Entrepreneurship and Leadership Among Girls and Young Women in Southeast Asia

What barriers do girls and young women in Southeast Asia face to entrepreneurship and leadership?

Research Managers:

Roshni Basu, Regional Adviser, Adolescent Development and Participation (ADAP), UNICEF East Asia and the Pacific Regional Office (EAPRO); Allison Morris, Adolescent Development Specialist, UNICEF EAPRO

Authors:

Ayush Chauhan, Chitrangna Dewan, Aditya Prakash, Mallika Vaznaik, Shelly Sharma (Quicksand Design Studio); support to field research provided by Empatika (Indonesia), Lao Social Research (Lao PDR), and InsightPact (Thailand)

Editorial insight

This in-depth, human-centered design research engaged with young women aged 10 upwards in three countries in Southeast Asia, to explore their attitudes to entrepreneurship and leadership. It offers compelling personal insights into the gender-based barriers that women and girls in the region face, alongside actionable recommendations.

Reviewers commended this research for its “outstanding structure, design and visual presentation” which enhances its value for communication and advocacy. Its participatory action research approach was particularly appreciated for significantly empowering women and girls, and for creating ownership of the research within local communities.



Despite high rates of women's entrepreneurship in Southeast Asia, compared with many other regions of the world, women-led enterprises lag behind their male-run counterparts in terms of size, profitability, resilience and growth potential.

To change this pattern, and achieve targets under Sustainable Development Goal 5 (SDG 5; Gender Equality), understanding the diverse reasons behind such persisting inequities is important.

Previous studies have examined the barriers young women face as they contemplate starting a business. This research took a different angle, to examine how girls' and young women's expectations and values are shaped through the years of adolescence and how this affects their capacity and agency for entrepreneurship and leadership. It combined participatory workshops with girls and young women in Indonesia, Lao PDR and Thailand with a quantitative survey and interviews with subject matter experts, as well as some workshops with young men.

The picture that emerged was of a range of factors that exert a powerful influence on what girls and young women in the region can do, and

on what they think they should do. As a result of gendered social norms, young women in Asia and the Pacific spend triple the time on unpaid care and domestic work than young men. From the age of 10, girls feel that their individual needs and choices are secondary to their family duties.

The study found that girls and young women in the region have lower self-confidence than boys and young men and a high fear of failure. Their career possibilities are limited by societal pressures on 'appropriate' roles for women, and they feel that public education does not provide them with the skills they need for their professional journeys. An absence of female role models in business or leadership roles reinforces their perceptions.

While these overall findings were arguably expected, the report stands out through its use of individual stories and first-person perspectives. These bring the issues to life and demonstrate how powerful the pressures are. The report draws on best practice examples from across the region to offer strategies to drive change and reshape cultural norms.

Why was the research done?

Entrepreneurship provides a pathway for income generation, poverty reduction and improvements in household welfare. However, in Southeast Asia women-led enterprises are more likely than those led by men to be informal, home-based businesses – created due to a lack of alternative options – instead of 'opportunity enterprises' in sectors with higher productivity and higher growth.

Some of the reasons for this are well known: discriminatory socio-cultural norms, a higher unpaid care burden, lack of access to and control over assets, and gender-blind policies and laws. Tackling such long-established barriers requires a deeper understanding of how they are built.

That is where this research fits in. It sought to understand how girls' and young women's

opportunities, capacity and agency for entrepreneurship and broader empowerment are shaped. Its specific aims were:

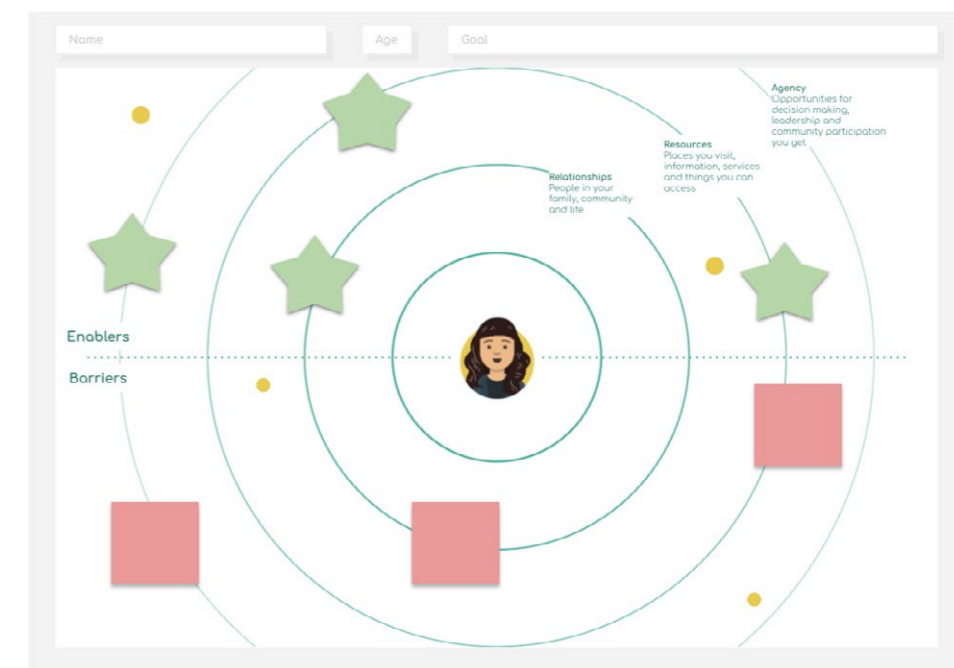
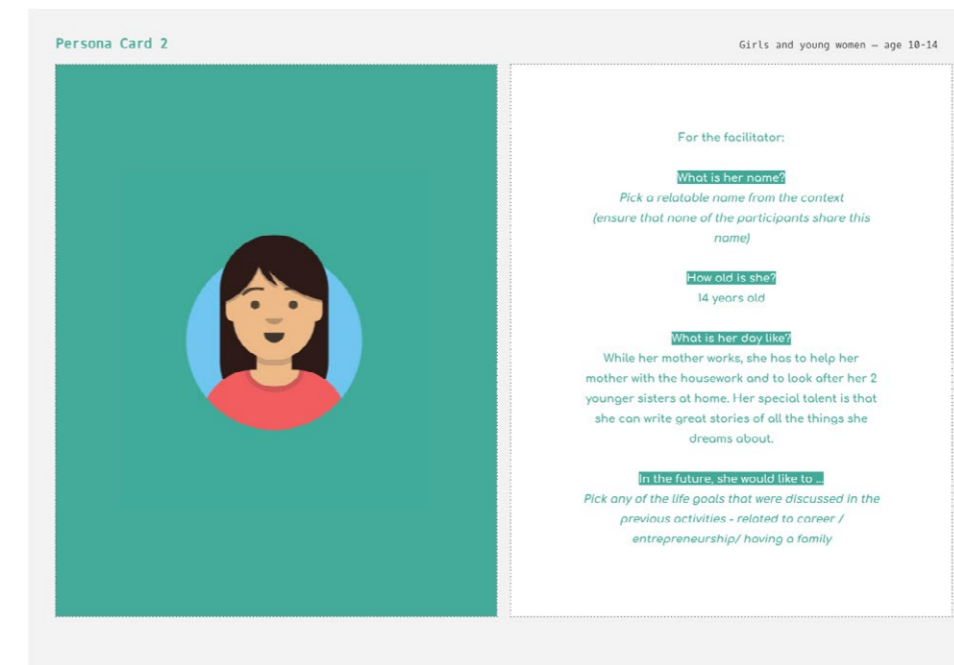
- to map the journeys of girls and young women (relative to the journeys of boys and young men) from adolescence to early adulthood (aged 10–24) to understand the enablers and barriers at different stages; and
- to identify high-potential interventions and strategies that can transform the ecosystems around young women, address systemic gender-related barriers to entrepreneurship and broader empowerment, and unlock the entrepreneurial potential of young women in Asia and the Pacific, particularly the most vulnerable and marginalized.

How was the research done?

To capture their particular experiences and voices, the study conducted primary research with adolescent girls and young women aged 10–14, 15–19 and 20–24, in Indonesia, Lao PDR and Thailand. The countries were chosen as representative of different levels of economic

development and with different gender equality contexts. In addition, three co-design workshops were conducted with adolescent boys aged 15–19. The workshops used tools such as card sorts, stakeholder maps and community canvas to build trust and encourage engagement.

Figure 1: Examples of materials used in the workshops



Source: United Nations Development Programme and United Nations Children's Fund, *Addressing Gender Barriers to Entrepreneurship and Leadership Among Girls and Young Women in South-East Asia*, UNDP Bangkok Regional Hub and UNICEF East Asia and the Pacific Regional Office, Bangkok, 2021, <<https://www.unicef.org/eap/media/8036/file/Gender%20barriers%20report.pdf>>, accessed 10 August 2021.

Following the workshops, in-depth interviews were conducted with some participants to gain a richer understanding of their experiences.

To add a quantitative dimension, the programme also conducted an online survey of a representative sample of 394 women aged 18–24 across Thailand and Indonesia. The aim of the survey was to validate findings from the qualitative research.

Due to low internet penetration in the desired areas of research and among target groups, it was not feasible to conduct the online quantitative survey in Lao PDR.

The research teams also undertook expert interviews with academics, policymakers, practitioners and subject matter experts from the three countries. This was supported by a literature review of the period 2012 to 2021. These helped identify trends in the region and in each of the three countries, as well as highlighting interventions that have had a positive impact.

Limitations

This study relied on in-depth responses from a relatively small number of participants, in selected locations. The findings are therefore based on a small sample. This can mean that factors specific to other locations or individuals are not incorporated: a common risk for human-centred design.

Because the primary research took place between April and September 2020 during the COVID-19 pandemic, research was undertaken by different experienced qualitative research providers in each country, rather than a single team. This could have led to some variation in the nature of research facilitation across the countries.

What are the key findings?

The research underlined that women face barriers to entrepreneurship and leadership that are deeply embedded and interconnected – layering onto one another to damaging effect.

Crucially, these barriers do not suddenly present themselves in adulthood. Throughout childhood and adolescence, girls and young women are subject to relational dynamics and institutional structures that constrain their voices, their choices and their decision-making power. These same forces limit their access to the resources and opportunities that determine their capacity and agency to participate in economic activity.

There are seven key findings:

- 1. Young women have significantly lower self-confidence and higher fear of failure** than young men. They assign responsibility for success or failure to their own perseverance, and underestimate the role of external factors beyond their control.

“Girls need a strong mental state to fight the external environment in order to live and earn a living.”

– Girl, 15–19, Lao PDR

- 2. Girls and young women feel that their individual needs and choices must come second to their family duties.** From a young age, girls are expected by their families to balance their education and employment aspirations with an unequal share of domestic work.

“I wake up at 3 a.m. to steam rice, water the garden, fetch water, wash dishes and go to school. After school in the evening, I return home to pound rice, fetch water, steam rice, study and sleep. Girls have to work harder than men.”

– Girl, 10–14, Lao PDR

- 3. Young women feel that their career possibilities, including for entrepreneurship, are limited by societal pressures on appropriate roles for women.**

“Working is optional for women. We don't mind if women choose to work, but they still need to take care of their family.”

– Boy, 15–19, Indonesia

- 4. Although young women view educational qualifications as vital for employment, they feel public education systems do not adequately equip them for their professional journeys,** including in entrepreneurship. Skills development options are particularly restricted for the poorest and most vulnerable segments of the population.

“I learnt about entrepreneurship for three years in vocational school, but just ‘basic things’ and I cannot recall what I learned except for marketing.”

– Girl, 15–19, Indonesia

- 5. Young women, especially those in rural areas, are driven to entrepreneurship not only because of a lack of local formal employment opportunities, but also because entrepreneurship allows them to balance income generation with care responsibilities.**

“Making a business is a good idea, because I can have the flexibility I need.”

– Young woman, 20–24, Indonesia

- 6. The most significant barriers that young women face to starting and growing businesses are inadequate access to affordable finance, business networks, and information** – underpinned by discriminatory gender norms.

“A woman's connections to a network in a similar industry is a key enabler.”

– Girl, 15–19, Thailand

- 7. The lack of female leadership in decision-making positions** and existence of gender-blind policies and laws – particularly related to access to finance and assets, and care provision – limit the potential for advancing gender equality and women's empowerment.

“Access to social media helps young women like us see more role models and the possibility of our potential.”

– Girl, 10–14, Thailand



A farmer transplants saplings of Holy Basil from pots to fertile soil, with her daughter. Thailand.

Influence on policy and programming

Building on the findings, the report makes five broad recommendations for future policy direction. Each is backed by supporting actions and examples of existing initiatives from across Southeast Asia that have been successful in achieving the underlying goals.

For example, under recommendation 1, the report proposes the establishment of opportunities for girls and young women to lead, test, fail and build their self-confidence without negative

repercussions. Under recommendation 2, it notes that interventions such as career counselling should not just focus on girls and boys themselves, but also on parents, to shift gendered perceptions on careers.

As well as engaging different groups, the report emphasizes the need for interventions to evolve as girls move into adolescence and young adulthood (see Figure 2).

Recommendations

- Support girls and young women to build self-confidence and exercise agency.
- Engage boys, families, peers and community members as agents for gender transformation.
- Reengineer education systems as launchpads for professional journeys.
- Make entrepreneurship support services gender responsive and accessible to young women, including for marginalized groups such as young mothers and women in rural areas.
- Enact corrective interventions to redress women’s relative asset and time poverty.

Looking ahead

As the first thought leadership product to be produced from the UNDP-UNICEF Asia Pacific Youth Empowerment initiative, the research was launched at the 2021 UNDP Youth Co:Lab Asia Pacific Summit through an interactive session where young female entrepreneurs shared their own journeys and challenges, further validating the research findings.

The recommendations are expected to be presented at the 2021 UNICEF-ASEAN Senior Officials Meeting with Education and Youth and Sports Ministries to promote government and private sector engagement and action in support of girls’ and young women’s rights to economic empowerment.

UNICEF and UNDP are working in partnership with stakeholders, from government ministries and international development organizations


to schools and community groups, to help put the recommendations into action. This will entail tackling barriers to mentorship for adolescent girls, financing women-led start-ups, and integrating 21st-century and entrepreneurial skillsets into national education systems.

With less than 10 years to go to achieve the SDGs, this is an urgent agenda. Acting now to advance gender equality will be critical to achieving a more sustainable and inclusive recovery beyond COVID-19. Indeed, McKinsey Global Institute has found that advancing gender equality in the recovery process could add US\$13 trillion to global GDP by 2030 – benefiting not only girls and young women, but also the whole global community. This research provides some powerful insights to help achieve that vital outcome.

Figure 2: The four key stages of a young woman’s journey, as identified by the research



This four-stage approach can inform the development of policies and initiatives, to provide the most relevant support at different life stages.

 [Download original report](#) | [View interactive report](#)

Endnotes

- 1 United Nations Department of Economic and Social Affairs, Sustainable Development Goals, Goal 5 <<https://sdgs.un.org/goals/goal5>>, accessed 10 August 2021.
- 2 McKinsey Global Institute, 'COVID-19 and gender equality: Countering the regressive effects', 15 July 2020, <www.mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-countering-the-regressive-effects>, accessed 10 August 2021.



Students embrace each other in the workshop where they are receiving vocational training. Ukhiya, Bangladesh, 2019.

ROSA

Voices of Youth: South Asian Perspectives on Education, Skills and Employment

How do South Asian youth feel about entering the world of work?

Research Managers:

Samuel Bickel, Consultant, Evaluation Office, UNICEF HQ (former Evaluation and Research Regional Adviser, UNICEF Regional Office for South Asia (ROSA));
Veronica Lee, Partnerships Specialist, UNICEF ROSA (former Consultant, UNICEF ROSA)

Authors:

Amit A. Majumdar and Arjun Nanda (Ernst & Young India)

Editorial insight

Closing the gap in skills and employment begins with understanding young people's journeys from adolescence to adulthood. Through this regional study, over 33,200 young people across eight South Asian countries shared their views on how education and skilling need to better prepare them to enter and thrive in the world of work.

The review panel valued this research for its large sample size and its "significant contribution" in empowering young people and centring on youth voices. Its use of technology and participative methods have potential for replication in future research and communication initiatives with this age group in the region.



Ambitious, but lacking confidence. Hard-working, but feeling under-prepared for the world of employment. Determined to support their families, but disillusioned by the nepotism and bribery that restricts their opportunities. These are some examples of young people’s perspectives on education, skills and employment, shown in the compelling findings from this regional study.

South Asia is home to one of the largest youth labour forces in the world, with an estimated 150 million young people set to enter the workforce by 2030.¹ Its economies are evolving fast in a context of rapid technological change. While this indicates opportunity for young people, there is a growing concern that many of the region’s youth do not have adequate skills to succeed in these new economies.

This research, commissioned by the UNICEF Regional Office for South Asia (ROSA), puts youth at the centre, encouraging them to speak freely about how (un)prepared they feel to enter the world of work. Using a questionnaire distributed on social media, as well as focus group discussions,

it gathered the views of over 33,200 young people in eight countries – Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka. A regional study of this scope and size had been a clear gap in previous analyses of youth employment.

Although there is a strong desire to work and contribute to household income, responses highlighted the many barriers that South Asian youth face. Among young people with low education levels from rural areas, the main barrier was lack of jobs. For those with more education, perceived unfair hiring practices were the main obstacle. There was a widespread view from respondents that education systems and support services were not adequately preparing them for transitioning from school to employment.

Understanding these insights is vital for governments, business leaders and the education sector. The findings have catalysed dialogue and policy discussions on the urgent need to better connect the worlds of education, training/skilling and employment.

Why was the research done?

South Asia’s current demographic make-up, with a very large proportion of young people of working age, and a smaller cohort of people dependent on them, has the potential to accelerate economic growth in the region.

However, this ‘demographic dividend’ cannot be reaped automatically; South Asian countries need to invest in education, skilling and labour markets in order to fully realize economic opportunities and to transform future generations of young people.

According to current trends, more than half of South Asia’s youth workforce (54 per cent) are not on track to acquire the most basic skills necessary for employment in 2030.² Despite significant increases in education participation over the last two decades,³ graduate unemployment rates across the region are

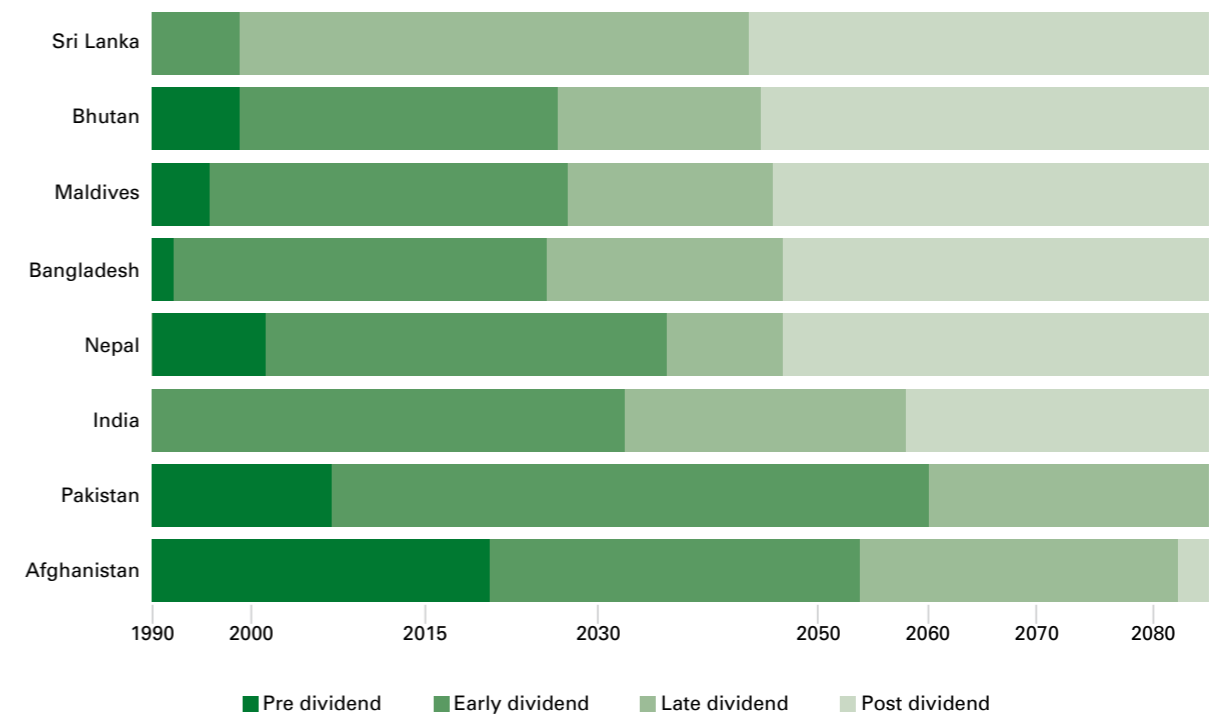
high and many young people are working in informal and vulnerable employment. Young women in particular are more likely to be outside the labour force and not participating in education.

Recognizing these issues, in 2019, UNICEF ROSA commissioned EY India to conduct a series of studies. This study was part of the overall research project.⁴ The aim was to examine the aspirations, perceptions, preferences and experiences of young people who are currently in, or preparing to enter, the workforce in South Asia.

“Employers should hire based on qualifications, not on relations or bribery.”

– Young woman, 24, Afghanistan

Figure 1: The demographic dividend in South Asia, 1950–2085



Source: UNICEF analysis based on World Bank, *Global Monitoring Report 2015/2016: Development Goals in an Era of Demographic Change*, World Bank, Washington, DC, 2016, <<https://openknowledge.worldbank.org/handle/10986/22547>>, accessed 11 August 2021; and United Nations Department of Economic and Social Affairs, *World Population Prospects: 2017 revision*, UNDESA, New York, 2017, <https://population.un.org/wpp/publications/files/wpp2017_keyfindings.pdf>, accessed 11 August 2021.
Note: Countries sorted from top to bottom based on dividend type (from pre-dividend to post-dividend) and total fertility rate.

Figure 2: Research methodology at a glance

Research themes	Aspirations on future plans	Perceptions on barriers and challenges	Experiences transitioning from school to work	Preferences when looking for work	Preferences when developing skills			
Research methods	Online survey (32,928 complete responses)			Focus group discussions (29 FGDs/352 participants)				
Countries ⁶	Afghanistan	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka

Source: United Nations Children’s Fund Regional Office for South Asia, *Voices of Youth: South Asian Perspectives on Education, Skills and Employment*, UNICEF ROSA, Nepal, 2020, <https://www.unicef.org/rosa/media/4556/file/Voices%20of%20Youth%20-%20South%20Asian%20Perspectives%20on%20Education,%20Skills%20and%20Employment_June%202020.pdf>, accessed 11 August 2021.

How was the research done?

The research combined quantitative and qualitative methods. The quantitative component consisted of an online survey conducted between April and June 2019. Consisting of 34 questions and made available in 11 languages, it received 32,928 responses from 15–24-year-olds living in Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka.

The survey was disseminated through social media using targeted Facebook advertising and was administered through Facebook Messenger using UNICEF’s own community participation platform, U-Report.⁵

A total of 29 focus group discussions – each involving 10-15 participants – were subsequently held in the eight countries, to add depth to the quantitative data. Segments that had been under-represented in the survey (e.g. digitally excluded) were specifically targeted. In total, 352 young people (134 male and 218 female) participated.

Limitations

The focus on online research meant that those without internet access could not participate in the survey – risking under-coverage. There was some selection bias as a result of reliance on self-selection. To address over-representation or under-representation of certain population groups, weighting adjustment – based on each country’s population, gender and locality (urban/rural) – was used post-survey as a correction technique.

Qualitative data collection, using different facilitators across eight countries, also brought about the possibility of inconsistencies. A standard protocol was utilized in order to minimize this risk.

Young women reported facing multiple obstacles and being more disadvantaged than their male counterparts in accessing work. In focus group discussions, female participants expressed feeling restricted by cultural norms, societal pressures and gendered expectations.

Many South Asian youth feel unprepared to enter the workforce. From early in their lives, pressure to provide financial support can lead them to make difficult choices, such as dropping out of school. Among those who had pursued education, nearly a quarter of respondents felt that the education system did not sufficiently support them for work.

South Asian youth value soft skills as much as hard skills. The areas they most wanted to develop were: information and IT skills (27 per cent), interpersonal and communication skills (21 per cent) and resource management skills (19 per cent). Technical and vocational education and training is seen as valuable in theory, but few young people aspire to it in its current form. While youth place considerable value on acquiring skills, 25 per cent of respondents had not received any skills training, especially young women.

What are the key findings?

South Asian youth have strong aspirations. For most young people, education is a means to an end – and they seek to obtain a solid position in the job market. Lack of jobs was the main barrier for youth with low education levels from rural areas, whereas unfair hiring practices was the main obstacle for those with education. Overall, the top external barriers to finding employment were the demand for bribes by employers, discrimination and a preference for hiring within the employer’s network.

To find jobs, South Asian youth rely primarily on personal efforts (internet searches, newspapers, approaching employers – 34 per cent) and their own networks (family and friends – 28 per cent). Personal contacts can enable access to employment, and young people benefit massively when they have them, but when they do not and experience nepotism, they perceive this as unfair favouritism.

Some 43 per cent of respondents had migrated from their hometown for job opportunities. Migration was 11 percentage points higher among rural youth than urban, and 12 percentage points higher among young men compared to women. Having limited ability to move was cited by young women as a key disadvantage compared to young men.

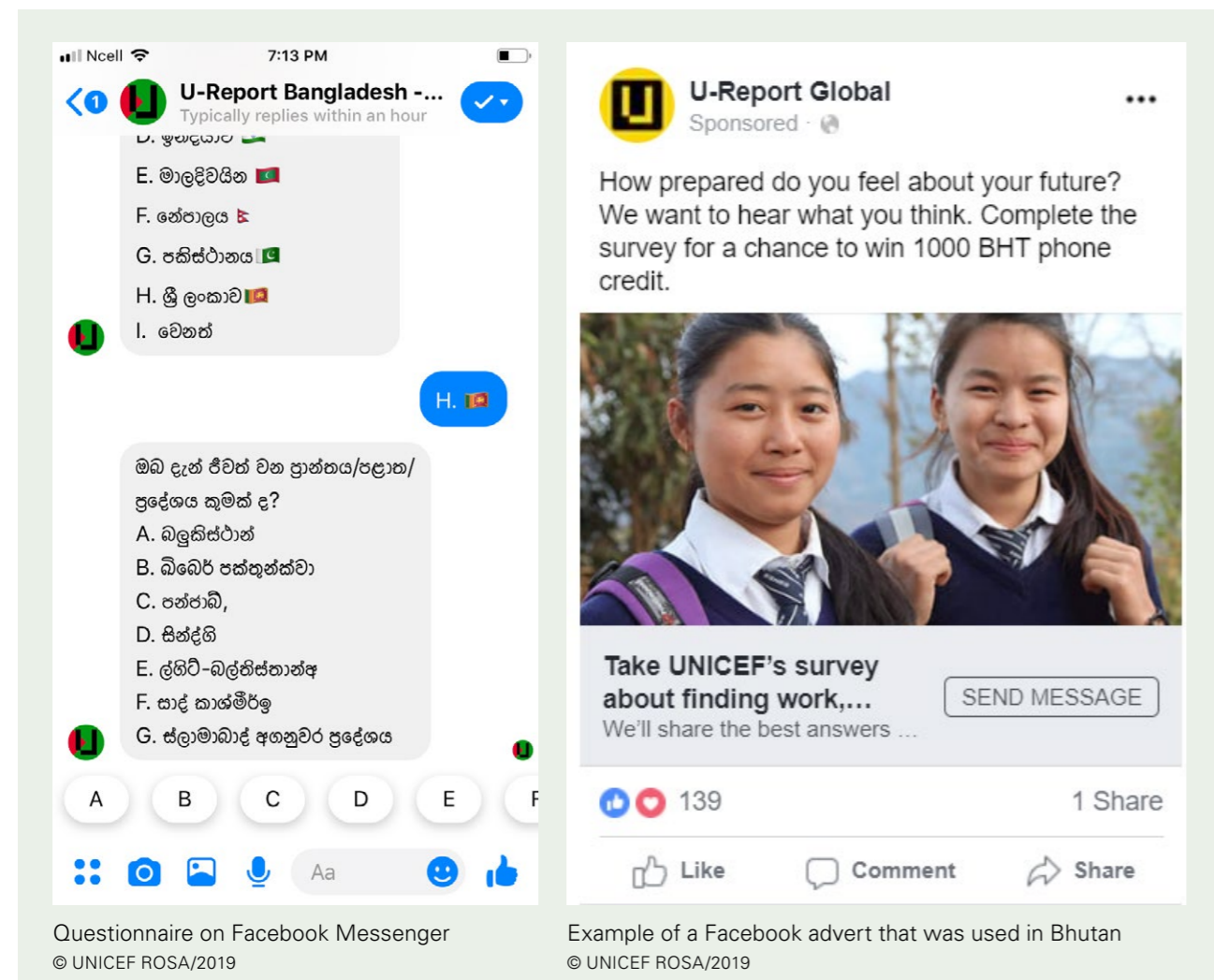
“Syllabuses of schools and universities should be more focused on job markets. Frequently the knowledge and skills of graduates don’t match the requirements of the job market.”

– Young woman, 23, Sri Lanka

“The majority of young women in our country are married after completing their studies and become housewives. They face barriers when they want to work outside the house, so all their talent and energy is wasted.”

– Male, 23, Afghanistan

Figure 3: VoY survey administered through Facebook Messenger and the U-Report platform



Questionnaire on Facebook Messenger © UNICEF ROSA/2019

Example of a Facebook advert that was used in Bhutan © UNICEF ROSA/2019



Influence on policy and programming

By gathering the perspectives of young people on their pathways to employment, this research has added a vital dimension to discussions around economic growth in the region. It has highlighted the barriers to effective participation in the workforce that need to be addressed urgently, if South Asia is to capitalize on its current demographic dividend.

In October 2019, young people were involved in the South Asia Youth Skills and Solutions Forum,⁷ as well as in co-designing a youth-led intergenerational dialogue, where preliminary findings from the research were shared. The dialogue involved not only policymakers and educators but also business leaders. The Forum received extensive media coverage.

Recommendations

- Reduce gender gaps and break down the social and gender norms that marginalize girls and boys.
- Empower youth to exercise their rights in decisions that affect them in life and work.
- Promote youth entrepreneurship and entrepreneurial mindsets in South Asia.
- Provide better quality and more relevant curricula, integrated into mainstream education with the necessary secondary-level skills.
- Help young people transition to, and progress through, secondary education and expand learning opportunities for the most vulnerable and marginalized.
- Increase private and public investment in the institutions, policies and programmes that support school-to-work linkages.
- Provide better labour market information and career guidance.
- Expand partnerships between the public and private sectors to improve connections between job seekers and work opportunities.
- Improve the existing technical and vocational skills structures and modes of service delivery to enhance the quality, relevance and outcomes of trainings.
- Enhance skills for employability and workforce readiness by significantly expanding access to transferable skills, especially for young girls, inside and outside the formal education system.
- Increase private and public investment in learning that enables youth to acquire skills, as well as to reskill and upskill.

Looking ahead

Governments, employers and education institutions have complementary responsibilities in building an effective and appropriately financed learning ecosystem that develops the capacities of young people and supports them at critical junctures in their lives. This research serves as a catalyst for dialogue and provides a powerful basis to help shape how businesses engage with young people, as well as enhancing policy and programming.

The impact of the COVID-19 pandemic has deepened inequalities and will continue to affect opportunities for youth in South Asia, especially for the most marginalized. Now more than ever, the findings of this study are critical for UNICEF's expansion of its agenda for young people in all eight countries of the region.



[Download original report](#)



A young mother has embraced farming as a way of being self-sufficient and supporting her child and siblings. She takes her organic vegetables to the market and uses her earnings to buy produce and to pay her workers. Thinleygang Village, Bhutan, 2019.

Endnotes

- 1 Goretto, M., et al., *Is South Asia Ready for Take Off? A Sustainable and Inclusive Growth Agenda*, International Monetary Fund (IMF), Washington, DC, 2019, <www.imf.org/en/Publications/Departmental-Papers-Policy-Papers/Issues/2019/10/29/Is-South-Asia-Ready-for-Take-Off-A-Sustainable-and-Inclusive-Growth-Agenda-47125>, accessed 11 August 2021.
- 2 Global Business Coalition for Education and The Education Commission, *The 2030 Skills Scorecard: Bridging Business, Education, and the Future of Work*, 2019, <<https://gbc-education.org/project/2030-skills-scorecard/>>
- 3 Beyer, R.C.M., M.A. Chocce Falla and M.G. Rama, *Employment in South Asia: A New Dataset*, Policy Research Working Paper No. 8779, World Bank, Washington, DC, 2019, <<https://openknowledge.worldbank.org/handle/10986/31405>>, accessed 11 August 2021.
- 4 EY India conducted data processing and data analysis for Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal and Sri Lanka, while Viamo conducted the same for the Pakistan data (given in a separate report). Data integration for all eight countries was conducted jointly and the final report was authored by EY India.
- 5 In Pakistan, the same data collection process was conducted by Viamo using their own social media platforms.
- 6 The countries were selected based on regional representation within the South Asia region.
- 7 See: <www.unicef.org/rosa/south-asia-youth-skills-and-solutions-forum>, accessed 11 August 2021.





GOAL AREA THREE

Every child is protected from violence and exploitation



ROSA

Does child marriage increase in humanitarian settings – and if so, why?



ROSA

Child Marriage in Humanitarian Settings in South Asia:
Study Results from Bangladesh and Nepal

Does child marriage increase in humanitarian settings – and if so, why?

Research Managers:*

Amanda Bissex, Regional Advisor, Child Protection, UNICEF Regional Office for South Asia (ROSA), Upala Devi, Regional Gender Technical Advisor, UNFPA Asia and the Pacific Regional Office (APRO)

Authors:

Jennifer Leigh, Prativa Baral, Alexa Edmier, Janna Metzler, Courtland Robinson and Thakshayeni Skanthakumar

* The research was started by two former advisors, Kendra Gregson (UNICEF ROSA) and Ingrid FitzGerald (UNFPA APRO).

Editorial insight

This mixed-method study examines the drivers for child marriage in two critical humanitarian settings: the refugee camps in Bangladesh, housing the Rohingya population; and two districts affected by the 2015 earthquakes in Nepal.

The reviewers appreciated this “insightful, well-designed” study for raising sensitive and under-researched child protection issues in very challenging emergency contexts. Additional strengths include the solid interview strategy, the effort to engage local partners and communities, and the ethics review process. The application of a gender lens – and the inclusion of boys as well as girls in the interview process – was also highly commended.



A young bride gets ready for her wedding with the help of friends and family. Cox's Bazar, Bangladesh, 2018.

© UNICEF/JUN0231409/Brown



Ending child marriage by 2030 is a key element of Sustainable Development Goal 5 (SDG 5; Gender Equality), with target 5.3.¹ Recent years have seen substantial progress in this area, with many countries introducing laws that prohibit child marriage – defined as the marriage of a girl or boy under the age of 18.

However, with an estimated 285 million child brides in South Asia alone, there is still a long way to go before child marriage is eradicated. In addition, research has repeatedly highlighted that child marriage rates increase in humanitarian crises.

To examine this issue in the context of South Asia, the Asia and the Pacific Regional Office (APRO) for the United Nations Population Fund (UNFPA) and UNICEF's Regional Office for South Asia (ROSA) commissioned a study into child marriage in two humanitarian settings: the refugee camps in Bangladesh housing the Rohingya population, displaced by conflict from Myanmar; and two districts affected by the devastating 2015 earthquakes in Nepal.

The study sought to compare the drivers of child marriage in these different settings. It combined qualitative and quantitative primary research in both countries and, unlike previous work on this topic, interviewed boys as well as girls.

In both situations, there was evidence of an increase in child marriage in the immediate aftermath of the crisis. Researchers found that the underlying drivers of child marriage identified in previous studies – persistent gender inequality, cultural norms, poverty and lack of opportunity – were amplified during both crises.

However, there were important differences between the two settings: in the Rohingya community, the increase in child marriage in the camps was due, in part, to the easing of the prohibition on child marriage, which was strictly enforced in Myanmar, as well as economic distress, and a lack of perceived security for girls and women in the camps. In Nepal, there was evidence of a rise in self-initiated marriage among young people, in particular elopements.

The study also revealed a concerning finding from the Rohingya community, where some children were married so that their families could receive more aid. With food distributed on a per household basis, marriage enabled the creation of an additional, recognized 'household' – thus making the two families eligible for greater food rations overall. This finding is significant for how aid is distributed in communities where child marriage is practised.

Why was the research done?

Global advocacy and programming work over recent years has had a substantial impact on child marriage rates. Many countries have legislated to prevent child marriage and, in South Asia, the proportion of marriages involving children dropped from 49 per cent to 30 per cent in just a decade.²

Although Bangladesh and Nepal are the countries in South Asia with the highest rates of child marriage, both have seen a marked decline in child marriage in the last decade. However, evidence indicates that – against these prevailing trends – rates have started to increase again in humanitarian settings in the two countries.

“In both development and humanitarian contexts, child marriage is rooted in gender inequality and sustained by cultural and social norms, poverty and lack of opportunities. Crises, however, may amplify or alter pre-existing drivers, or even introduce new drivers and moderators.”

– Research report

Given this concerning picture, UNICEF ROSA and UNFPA APRO commissioned the Women's Refugee Commission (WRC) and Johns Hopkins University (JHU)³ to undertake a research project under the Global Programme to End Child Marriage,⁴ with the following objectives:

- to measure the prevalence of child marriage in the two humanitarian settings;
- to explore the drivers of child marriage within these communities; and
- to develop recommendations for interventions.

How was the research done?

The study began with a comprehensive review of over 480 previous studies and reports relating to child marriage in humanitarian settings. This review informed the primary research, which combined quantitative and qualitative methods.

The quantitative research comprised a survey, conducted with the female head of the household, and interviews with adolescents (aged 10–19) in the same household.

Researchers targeted a sample of 1,200 households in each country. In Bangladesh, this was split between 400 registered refugee households (of those who had arrived in Bangladesh prior to 1995) and 800 Forcibly Displaced Myanmar National (FDMN) households, who had arrived after October 2016. In Nepal, the target was 600 households in each of the two districts chosen for the research, Sindhupalchowk and Dolakha. Both had been heavily affected by the 2015 earthquakes.

In addition, focus group discussions were held with married and unmarried boys and girls (aged 15–19), parents, service providers and young adults (aged 20–24). In total, 38 focus groups were conducted (16 in Bangladesh, 22 in Nepal).

Researchers also carried out in-depth interviews with married and unmarried adolescents (aged 15–19) of both genders (43 in Bangladesh and 49 in Nepal) and interviewed 25 selected individuals, such as community or religious leaders.

As the research involved particularly vulnerable groups, the study was reviewed by three Institutional Review Boards. In addition, researchers engaged in a community consultation process with Rohingya refugees, informing them of the research goals, incorporating their views on the process, and obtaining their consent to proceed.

Limitations

Although this study involved a larger sample size than many studies of child marriage, the sample size was too small to allow extensive disaggregation and subgroup comparisons.

On a practical level, it was hard to verify the ages of participants, due to a lack of consistent birth documentation.

What are the key findings?

The pivotal finding from the study is that the underlying drivers of child marriage identified in previous research – economic insecurity, lack of educational and employment opportunities, gender-based discrimination and social norms – do not fundamentally change during crises. However, they may shift in importance.

For example, in both locations studied, there was evidence of persistent patriarchal social norms around control of adolescent sexuality and reproduction, in particular for girls. Pregnancy outside marriage remains taboo, even if it is the result of rape. Among the Rohingya, any contact between unmarried girls and boys can be viewed as indicating a relationship. Adolescents themselves see marriage as important for family honour and duty in both Bangladesh and Nepal.

In addition, in emergency settings, the risks of violence and/or sexual harassment are perceived to be heightened and early marriage is viewed as a way of protecting girls from such risks.

Established underlying drivers, such as poverty and lack of schooling and job opportunities, were also associated with increases in early marriage in both locations. While some respondents in refugee camps mentioned a lack of funds (for dowry, bride gold and wedding festivities) as a reason to delay marriage, by and large economic insecurity was a stronger driver than moderating factor.

Bangladesh

Among the Rohingya displaced into Bangladesh, the prevalence of child marriage increased among FDMNs after their arrival, particularly for the first two years, until Bangladesh child marriage laws were more strictly enforced in the camps.

Economic insecurity among families, exacerbated by displacement, arose in conjunction with male adolescents and their families looking to dowries as a source of income.

It is notable that, before displacement, child marriage among males was non-existent in

“The reason the Rohingya virgin girls are given in marriage at early ages is not having any fencing and security here in the camp.”

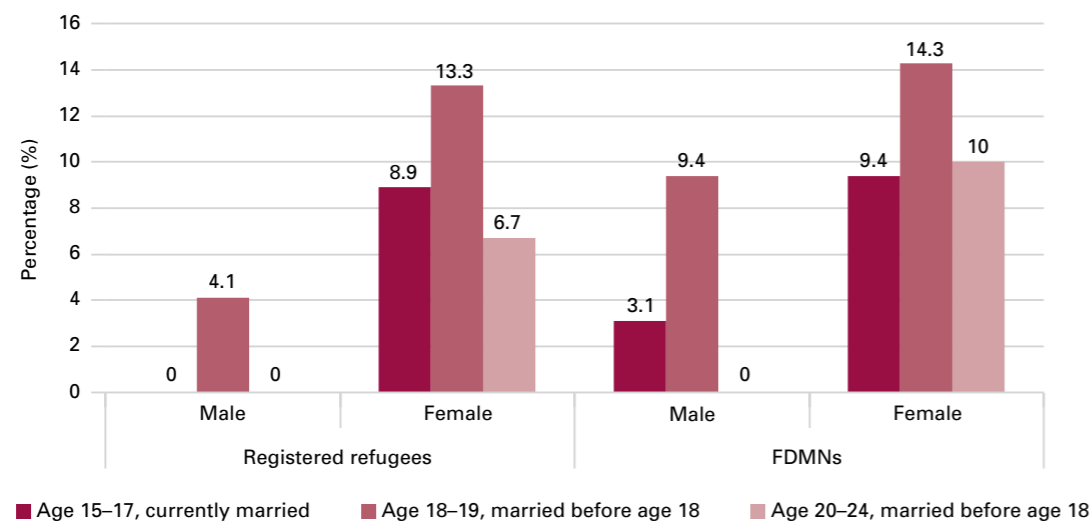
– In-depth interview with unmarried girl, 15–19

the Rohingya community; respondents to this study described boys being married to adult women, to provide physical security for all-female households.

Furthermore, lack of security and parents’ concerns about their daughters’ physical safety and sexual purity were noted frequently by respondents as contributing to marriage decision-making.

The research also found that camp policies regarding aid distribution per household may have inadvertently encouraged child marriage. As a separate household, a newly married couple would qualify for separate aid distributions. Marriage therefore became seen as a way to receive more food, particularly among larger families.

Figure 1: Prevalence of child marriage in the Rohingya community in Bangladesh, 2019



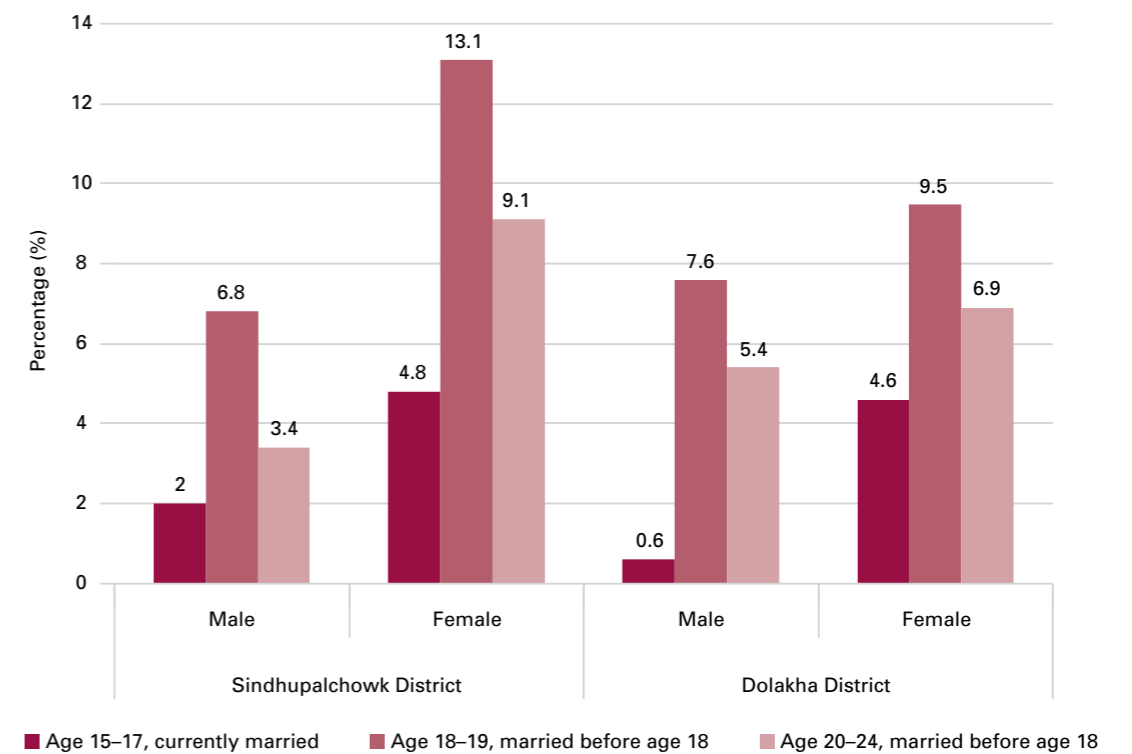
Source: United Nations Children’s Fund, ‘Child Marriage in Humanitarian Settings: The Rohingya community in Bangladesh’, Policy Brief, UNICEF, June 2021, <<https://www.unicef.org/rosa/media/14851/file/Policy%20Brief%20-%20Bangladesh.pdf>>, accessed 12 August 2021.

Nepal

In both Sindhupalchowk and Dolakha districts, child marriage rates were below the national average in 2019. Girls were

more likely than boys to be married before they were 18 and the highest rates of child marriage were reported in the poorest communities.

Figure 2: Prevalence of child marriage in Sindhupalchowk and Dolakha, 2019



Source: United Nations Children’s Fund, ‘Child Marriage in Humanitarian Settings: Earthquake-affected districts in Nepal’, Policy Brief, UNICEF, June 2021, <<https://www.unicef.org/rosa/media/14856/file/Policy%20Brief%20-%20Nepal.pdf>>, accessed 12 August 2021.

There was a slight increase in child marriage in both districts in the years immediately following the earthquakes. This was associated with increased economic insecurity in families and fear of violence and trafficking of girls.

In addition, it appeared that school closures were associated with increased marriage rates. As part of the subsequent humanitarian response, provision of education has expanded, particularly for girls, which has resulted in increased agency.

While arranged marriages have decreased, there has been a rise in self-initiated child marriage and in particular elopements. These accounted for the majority of child marriages in both districts.

The advent of social media was viewed as contributing to this, because it offers a way for young people to build relationships without being controlled by their parents. In the quantitative survey of adolescents, 63.6 per cent of respondents agreed or strongly agreed that social media had caused adolescents to elope.

“We are living in overcrowded shelters so people think that girls could go the wrong way, so they are arranging their marriages early.”

– In-depth interview with unmarried boy, 15–19

Influence on policy and programming

Following the report's publication, action is already being taken to ensure services such as child helplines have the capacity to address the increased reporting of child marriage.

The study included overarching recommendations for future research, programming and policy, as well as targeted recommendations for the communities affected. These included recommendations to address new drivers that appeared in each location, such as the issue of food distribution in the camps. Such drivers tend to be circumstantial and not as deep-seated, so may be easier to address.

“Parents don't force their children into child marriage in this community; however, children elope at an early age.”

– Focus group discussion with Women's Savings and Credit Cooperative, Dolakha District

Recommendations

Research

- As the underlying drivers of child marriage are unchanged across humanitarian contexts, future studies should focus on identifying what interventions work best to end child marriage in these contexts.
- Future research should also consider the impact of COVID-19 on child marriage; the role of social media; and how migration affects child marriage.

Programming

- Because economic and physical insecurity are amplified in humanitarian crises, interventions to address these issues should be quickly scaled up.
- Adolescent boys must be included in programming, both for their own sake and to increase gender equality.

Policy

- Child marriage legislation must be monitored for its impact in humanitarian settings.
- Policy must address all types of child marriage, including polygamy, marriages between children, marriages between adults and children, arranged marriages, sanctioned love marriages, and elopements.

Looking ahead

With the SDG target of ending child marriage by 2030 coming closer, it is imperative that the risks of child marriage in humanitarian settings are explicitly addressed.

Following its launch on the International Day of the Girl Child in 2020, this report – produced as part of UNICEF's flagship programme, in partnership with UNFPA, to end child marriage – has been shared online by numerous organizations and has received extensive media coverage.

The evidence presented is informing UNICEF programming on the ground in South Asia and the responses of governments in the region to addressing and reducing child marriage. Findings are informing risk assessment and risk mitigation planning in humanitarian settings in the region. With concerns that the COVID-19 pandemic could lead to an increase in child marriage, action is being taken to gather data around this and ensure that addressing child marriage is included within individual country response plans.



[Download original report](#)



Adolescents watch an interactive popular theatre show on the negative effects of child marriage. Dewanganj, Jamalpur, Bangladesh, 2018.

Endnotes

- 1 United Nations Department of Economic and Social Affairs, Sustainable Development Goals, Goal 5 <<https://sdgs.un.org/goals/goal5>>, accessed 12 August 2021.
- 2 United Nations Children's Fund, 'Child marriage around the world', UNICEF, 11 March 2020, <www.unicef.org/stories/child-marriage-around-world>, accessed 12 August 2021.
- 3 WRC and JHU have worked together since 2011 to build the evidence base on child marriage in humanitarian settings.
- 4 United Nations Children's Fund, 'UNFPA-UNICEF Global Programme to End Child Marriage', UNICEF, n.d., <www.unicef.org/protection/unfpa-unicef-global-programme-end-child-marriage>, accessed 12 August 2021.



GOAL AREA FOUR

Every child lives in a safe and clean environment



MOZAMBIQUE

What is the effect
of climate-related
hazards on access
to healthcare?

A child washes himself with dirty water in an area that was flooded after Cyclone Idai made landfall. Beira, Mozambique, 2019.

MOZAMBIQUE

Modelling geographical accessibility to support disaster response and rehabilitation of a healthcare system: an impact analysis of Cyclones Idai and Kenneth in Mozambique

What is the effect of climate-related hazards on access to healthcare?

Research Managers:

Nelson Rodrigues, Innovation Specialist, UNICEF Mozambique; Frederico Brito, Health Programme Manager, UNICEF Mozambique; Rocco Panciera, Health Specialist, Geospatial Health, UNICEF HQ

Authors:

Fleur Hierink, University of Geneva, Switzerland; Nelson Rodrigues, UNICEF Mozambique; María Muñoz, UNICEF ESARO; Rocco Panciera, UNICEF HQ; Nicolas Ray, University of Geneva, Switzerland

Editorial insight

This study demonstrates how geographic modelling can inform disaster response, by assessing post-disaster accessibility of healthcare in terms of travel times to healthcare facilities. The approach is applicable not only for future disaster responses but also for health system recovery, mitigation and preparedness.

The review panel commended this “highly innovative” research for its novel approach to risk assessment in post-disaster settings, and for its high potential impact as a valuable tool that can be scaled to different humanitarian settings, and enhance UNICEF’s work as a frontline organization in disaster response and health systems resilience.



Responding effectively to a climate-related hazard requires an urgent assessment of the healthcare needs of the populations in affected locations.

Current guidelines for post-disaster assessments advise comparing the situation pre- and post-disaster using measures such as the size of the population served by a functioning health facility and the number of hospital beds per 10,000 of the population.

This assessment approach does not, however, reflect some of the key impacts of climate-related hazards or the geographic distribution of needs in the aftermath, such as disruption to transport infrastructure, damage to health facilities, and widespread flooding. This can mean that facilities in close geographical proximity may be unreachable in practical terms.

This study applied an innovative approach to post-disaster needs assessment, which took these crucial factors into account. Researchers from the University of Geneva, in partnership with UNICEF, applied geographic accessibility modelling to examine the geographic accessibility to healthcare in the aftermath of two cyclones that struck Mozambique in 2019.

The approach used up-to-date information drawn from multiple sources about the extent of flooding, the damage to health facilities and the impassability of roads. Using the geographic information system tool AccessMod V.5.6.30, researchers were able to model the travel time to functional health facilities pre-and post-disaster.

By overlaying this information with high-resolution maps of population density, researchers could then estimate the percentage of children under 5 years – some of the most vulnerable to the impact of a disaster – who could access a health facility within a defined travel time threshold, and how this had changed from pre-cyclone to post-cyclone. Researchers identified locations where geographic accessibility was particularly affected.

This is one of the first known instances of travel time modelling, typically used to assess routine healthcare accessibility and coverage, being applied to a post-disaster situation.

While the analysis was conducted after the immediate response to the cyclones, its findings have been used to inform and prioritize the reconstruction of Mozambique's infrastructure and healthcare facilities. The methodology developed in this study has also demonstrated potential applicability in both the response to future climate-related hazards, and to inform healthcare planning.

Why was the research done?

In 2019, just six weeks apart, two major cyclones hit Mozambique. The first, Cyclone Idai, was the most devastating, hitting the city of Beira, in central Mozambique, on 14 March. Then, on 25 April, Cyclone Kenneth made landfall in Pemba, in northern Mozambique.

The combined death toll was 648, but more than 2.2 million people were left in need of humanitarian assistance. There was extensive damage to roads and telecommunication networks, while persistent flooding and a lack of access to clean water resulted in a cholera outbreak and a significant increase in malaria cases. Over 100 health facilities reported major damage.

While there was a rapid and extensive humanitarian response, those coordinating the response had limited means of establishing which areas were in most need of additional medical facilities and resources, since the existing

“This is the first study presenting the applicability of postdisaster geographical accessibility modelling.”

– Research article

framework for post-disaster assessment does not take account of the situation on the ground, and what this means in terms of travel time to a functioning health facility.

Geographic accessibility modelling – frequently used in commercial decisions such as where to locate a store – has seen increasing application for public health assessment and planning. It brings together data on population, location and capacity of health facilities, transportation networks and landscape features (terrain, rivers, etc.) to spatially map the point-to-point distance and travel time to the nearest health facility.

This research, supported by the UNICEF country office, applied the same approach to reassess the accessibility of health facilities following the cyclones – taking into account damage to infrastructure and to the health facilities themselves, and barriers to movement such as flood waters. Information about travel times could then be used to inform urgent decisions about where to deploy community health teams and locate temporary medical facilities, and to help prioritize reconstruction of damaged facilities and infrastructure.

How was the research done?

The researchers gathered geographic and demographic data from multiple sources to assess travel time to health facilities before the two cyclones, and one week after each one made landfall.

Data on the situation pre-cyclone were drawn from multiple sources, including the Mozambique Government, UN agencies and commercial entities. For example:

- Geographic coordinates of all villages in Idai-affected districts were obtained from UNICEF Mozambique, which had gathered this information through a community mapping initiative conducted by district health teams, around six to eight months before Cyclone Idai.

- Population density estimates for children under 5 years were obtained from the Facebook Connectivity Lab and Center for International Earth Science Information Network.

- The pre-cyclone road network dataset was retrieved from OpenStreetMap through the GeoNode platform of the National Institute for Disaster Management Mozambique.

- Terrain elevation and landcover data were derived from publicly available datasets.

Information on post-cyclone conditions included:

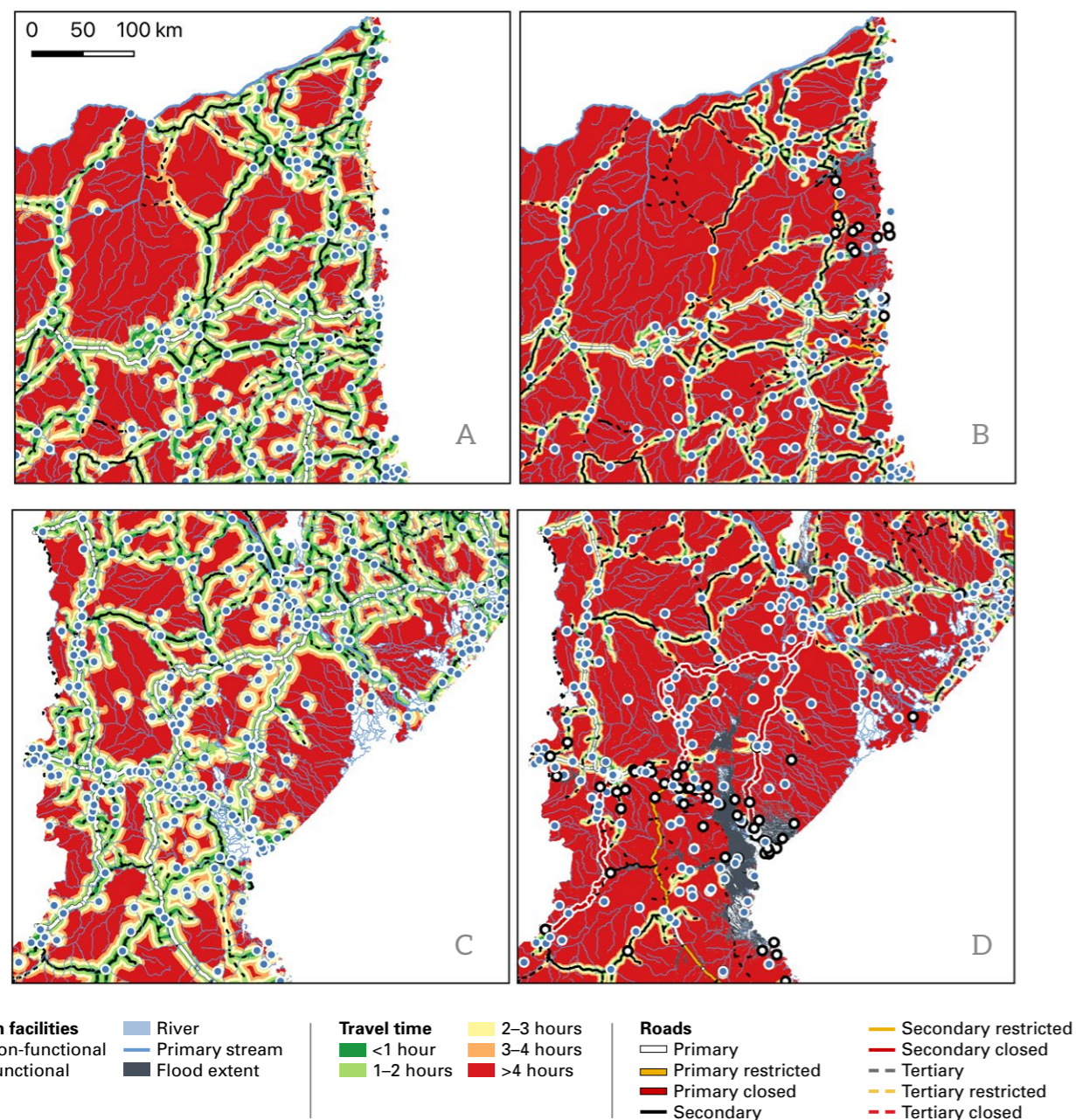
- Data on road closure, obtained from the Logistics Cluster of the World Food Programme, with roads categorized as open, restricted or closed;
- Flood extents for Idai (on 19 March 2019) and Kenneth (on 2 May 2019), obtained from satellite data; and
- Information on damaged health facilities, provided by the World Health Organization (WHO).

Pre- and post-cyclone travel times were then estimated using AccessMod 5, a free open-source software tool originally developed by WHO for modelling physical accessibility to healthcare. Estimates took into account the status of the road networks, the terrain, the topography, and geographic barriers to movement, such as rivers, lakes and flood extents. Assumptions on modes and speeds of travel in pre- and post-cyclone conditions were established in close collaboration with UNICEF Mozambique, based on local knowledge.

The primary focus was on accessibility of health facilities for children under 5 years. This age group was selected as it is used as a benchmark for child survival targets in the Sustainable Development Goals (SDGs).

Maps of travel times to health facilities pre- and post-cyclones are shown in Figure 1.

Figure 1: Travel times to medical facilities in north Mozambique before Cyclone Kenneth (A) and after Cyclone Kenneth (B), and in central Mozambique before Cyclone Idai (C) and after Cyclone Idai (D)



Source: Hierink, F., et al., 'Modelling geographical accessibility to support disaster response and rehabilitation of a healthcare system: an impact analysis of Cyclones Idai and Kenneth in Mozambique', *BMJ*, 3 November 2020, <<https://bmjopen.bmj.com/content/10/11/e039138>>, accessed 12 August 2021.
Note: The designations employed in this publication and the presentation of the material do not imply on the part of UNICEF the expression of any opinion whatsoever concerning the legal status of any country or territory, or of its authorities or the delimitations of its frontiers.

Limitations

Most limitations were related to the difficulty inherent in gathering accurate and complete data on post-cyclone conditions. Given that data gathering was ongoing at the time of analysis, it was expected that some data were incomplete or not fully processed at the time of usage.

The modelling is also based on the assumption that people would seek care at their nearest health facility. However, patients are known to sometimes bypass the nearest health facilities in search of higher quality care.

What are the key findings?

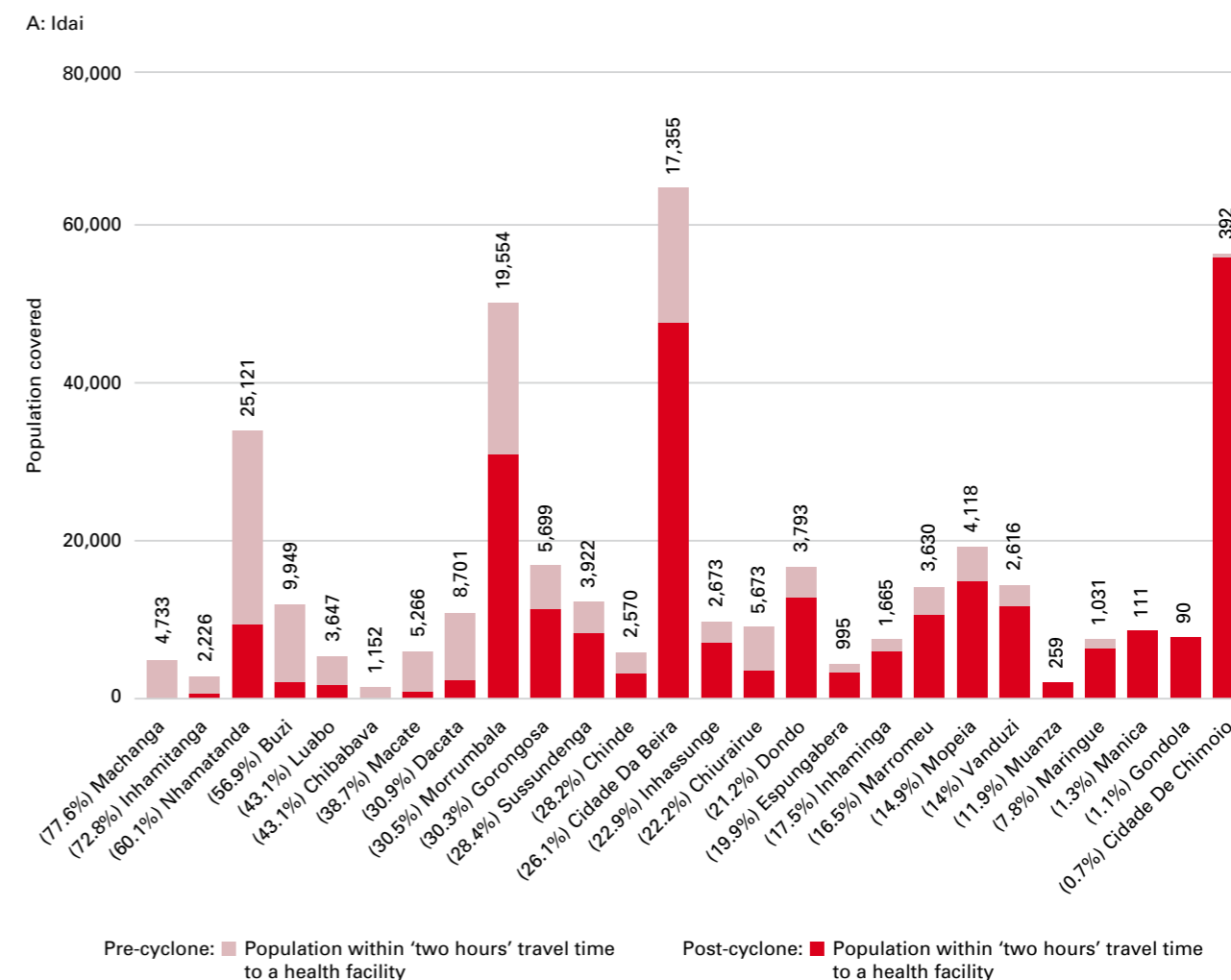
The research showed that accessibility coverage decreased in the cyclone-affected districts, as a result of longer travel times, additional barriers to movement including damaged roads, and the fact that many health facilities had become non-functional.

14,330 children under 5 years having to travel more than two hours to reach the nearest facility. A travel time of two hours was selected as an indicator as it is often used in health accessibility studies, notably in maternal health.

In Idai-affected districts, accessibility coverage decreased from 78.8 per cent to 52.5 per cent, implying that 136,941 children under 5 years were no longer able to reach the nearest facility within two hours' travel time. In Kenneth-affected districts, accessibility coverage decreased from 82.2 per cent to 71.5 per cent, corresponding to

The study also examined accessibility at a district level, to help with targeting the response to the areas of greatest need. Figure 2 shows how accessibility reduced by district following Cyclone Idai. The largest relative reduction in accessibility was in Machanga district, where 77.6 per cent of the previously covered population was no longer able to access a facility in under two hours.

Figure 2: Absolute and relative reduction in accessibility coverage by district before and after Cyclone Idai for children under 5 years



Source: Hierink, F., et al., 'Modelling geographical accessibility to support disaster response and rehabilitation of a healthcare system: an impact analysis of Cyclones Idai and Kenneth in Mozambique', *BMJ*, 3 November 2020, <<https://bmjopen.bmj.com/content/10/11/e039138>>, accessed 12 August 2021.

Communities in two districts in Sofala province experienced an increase in travel time to the nearest health facility, from 1.3 hours pre-cyclone to 63.6 hours in the direct aftermath of Idai. Similar variation in accessibility was seen as a result of Cyclone Kenneth.

By using maps of travel time overlaid with communities' locations, the impact on accessibility at the individual community level could also be analysed.

The study showed that the main factor affecting accessibility was damage to road networks. Damage to health facilities caused an additional reduction in accessibility, but this was very unevenly distributed.

Influence on policy and programming

The research has important insights to support Mozambique's recovery from the cyclones. Study data have the potential to support the targeted deployment of mobile units and temporary facilities, and of community health workers, in the most relevant locations. As part of longer-term recovery, these findings can also support road and health authorities in prioritizing infrastructure reconstruction.

The study also demonstrates the viability of the model and the effectiveness of using an existing open-source application to provide insights into the accessibility of healthcare facilities following a natural disaster. It therefore has the potential to be applied elsewhere – not only in response to climate-related hazards but also as part of planning and preparedness, and health-system resilience.

Looking ahead

By focusing on accessibility to basic healthcare services, including by making health systems more resilient, this research can help with the achievement of SDG target 3.8, to achieve universal health coverage, and 13.1, regarding strengthening resilience to climate-related hazards.

Already, the approach used has received considerable interest as a means of targeting the most effective investment of often limited resources following a disaster. There are opportunities for it to be incorporated into the existing WHO guidelines for post-disaster needs

assessment or used alongside it. The fact that the approach is built on open-source WHO software should assist with this.

The research was also cited in a 2021 World Bank report on preparing healthcare systems for shocks from natural disasters to pandemics. Its methodology can be used pre-disaster, to identify gaps in coverage and service vulnerabilities and to support risk-informed community planning.



[Download original article](#)

Recommendations

- Incorporate accessibility modelling into early disaster response to better target response efforts, health system recovery, mitigation and preparedness.
- Use accessibility modelling to prioritize recovery efforts, in particular to focus health facility reconstruction on facilities with the highest levels of accessibility coverage.
- Use accessibility modelling to inform disaster preparedness, by identifying the hospitals with the highest population coverage to be strengthened for increased resilience to future climate-related hazards.
- Encourage a concerted effort between road and health authorities when prioritizing reconstruction efforts, as road damage is responsible for a relatively large loss of accessibility.

“Postdisaster accessibility modelling can increase our understanding of spatial differences in healthcare needs in the direct aftermath of a disaster and can help target limited resources efficiently.”

– Research article

“Our results reflect opportunities for integrating accessibility modelling in early disaster response, and to inform discussions on health system recovery, mitigation and preparedness.”

– Research article



On the road to Buzi. Many people have begun returning and to start the arduous task of rebuilding their lives. Buzi, Mozambique, 2019.

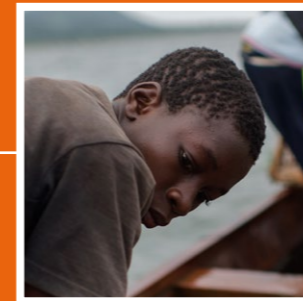
Endnotes

- 1 World Health Organization, *Post-Disaster Needs Assessments Guidelines*, WHO, Geneva, 2014, <www.who.int/publications/i/item/post-disaster-needs-assessment-guidelines>, accessed 12 August 2021.
- 2 See <www.accessmod.org>.
- 3 United Nations Department of Economic and Social Affairs, Sustainable Development Goals, Goal 3, <<https://sdgs.un.org/goals/goal3>> and Goal 13, <<https://sdgs.un.org/goals/goal13>>, accessed 12 August 2021.
- 4 Rentschler, J., et al., *Frontline: Preparing healthcare systems for shocks, from disasters to pandemics*, World Bank, Washington, DC, 2021, <<https://openknowledge.worldbank.org/handle/10986/35429>>, accessed 12 August 2021.



GOAL AREA FIVE

Every child has an equitable chance in life



GHANA

How do people in Ghana perceive poverty and the role of social protection?

REPUBLIC OF MOLDOVA

How has COVID-19 affected children and their families in the Republic of Moldova?



Two children engaged in hazardous labour. They spend up to six nights a week aboard a fishing canoe and only attend school when they earn enough money to pay their way, and when work permits. Lake Volta, Ghana, 2015.

© UNICEF/JUN193374/Quemmyne

GHANA

Citizens' knowledge and perceptions about poverty, vulnerability, rights and social protection in Ghana: a baseline study

How do people in Ghana perceive poverty and the role of social protection?

Research Managers:

Christiana Gbedemah, Social Policy Specialist, UNICEF Ghana; Jennifer Yablonski, Social Policy Specialist, UNICEF Ghana

Authors:

Abdul-Gafaru Abdulai, Adam Salifu, Mohammed Ibrahim, Collins Nunynameh, Ernestina Dankyi and Patrick Asuming

Editorial insight

Social protection is integral to ending poverty. Yet systems need to be nationally appropriate if uptake is to be maximized and the available support accessed. This research provides important insights into citizens' perceptions of poverty and social protection, which can be used to enhance Ghana's social protection system.

This study was commended for covering an important gap in the field of social protection, as well as for its helpful reflections on ethics and adaptation of research methodology in response to COVID-19. The well-articulated recommendations have the potential to inform the development of national social protection policies and programmes in Ghana and beyond.



Social protection systems are fundamental to reducing poverty and vulnerability, and preventing people from falling back into poverty. Target 1.3 of the Sustainable Development Goals (SDGs) requires countries to implement nationally appropriate social protection systems and achieve substantial coverage of the poor and vulnerable, by 2030.

Ghana has taken steps towards this goal. With assistance from development partners, successive governments have significantly expanded the scope of social protection and, in 2015, a national social protection policy was launched with the aim of providing “universal social protection for Ghanaians throughout the life-cycle”.

However, as has repeatedly been demonstrated, one of the key factors for sustained success of a social protection programme is public support for, and understanding of, its aims and how it operates.

In Ghana, very little is known about how the country’s citizens view poverty and vulnerability, and how they understand the role of social protection in addressing these problems. UNICEF Ghana commissioned this study to address this important knowledge gap.

Funded by USAID, the research asked Ghanaian citizens in three areas of the country – Greater Accra, Oti and Upper West regions – about their knowledge of social protection programmes and their views on what causes poverty. Respondents

included those who were receiving social protection, those who appeared eligible but were not receiving any support, and the middle class.

The findings revealed that poverty and vulnerability are generally seen as the same thing. The primary causes of poverty were perceived to include corruption and low political commitment to fighting poverty, disability and lack of education. Most citizens perceived external factors to be the main reason for the persistence of poverty. Other respondents suggested that the causes included lack of initiative, and family size.

With evidence that traditional forms of support through the extended family and community are under strain, as family structures change, there was a widespread view that the Government has primary responsibility for supporting the poor. However, respondents had limited knowledge of existing social protection programmes and who was eligible for them. Social protection is generally seen as a favour from the state, rather than an entitlement – including by those who receive it.

Based on these findings, the report offers a series of recommendations to increase public understanding of social protection as a right, and to improve awareness and delivery of existing programmes. The findings and recommendations will inform a national rights and social protection campaign to be led by UNICEF Ghana and its partners, beginning in 2021.

Why was the research done?

In the national social protection policy document, the Government of Ghana recognized the need for “increased understanding of social protection by the larger public”. However, to date, there has been no systematic study measuring public knowledge and perceptions about poverty, and analysing the role of different social protection programmes in tackling poverty, inequality and vulnerabilities.

This study was commissioned to help fill these knowledge gaps. Its objectives were to:

- assess how people perceive social protection and its linkage to their rights;
- explore what the public know about the Government’s role and responsibility vis-à-vis communal/family provisions and support for the poor and vulnerable (reciprocity);
- explore the underlying values and beliefs that shape people’s perception of poverty and

vulnerability, and how the poor should be supported;

- explore the extent to which rights holders understand and apply their rights to social protection in their actions; and
- identify gaps in the application of rights-based approaches to social protection by right-holders.

How was the research done?

The research sought to gather views from a representative sample of Ghanaians through a structured survey, followed by focus group discussions and key informant interviews.

Primary data were collected in two separate districts in each of the Greater Accra, Oti and Upper West regions of Ghana – representing the country’s three broad geographical zones and a balance of rural and urban areas. There were slightly different surveys for three target groups: those who were receiving social protection at the time, those who weren’t but might be eligible, and middle-class respondents. In total, 640 responses were received (58 per cent female).

In addition, four focus group discussions, each involving 10–12 participants, were arranged in each region. Separate groups were held for men and women, as well as for beneficiaries and non-beneficiaries of social protection programmes.

Key informant interviews were undertaken with media practitioners, donors, civil society representatives, senior policymakers, religious leaders and district social welfare officers. They were largely conducted by phone or video.

The surveys and focus group discussions primarily took place in person. As the COVID-19 pandemic was under way, members of the research team were provided with face masks and hand sanitizers to minimize the risks of contracting or transmitting the virus during data collection.

Limitations

This study missed the opportunity to engage beneficiaries of other national flagship social protection programmes, particularly the Ghana School Feeding Programme and the School Capitation Grant, due to COVID-19 protocols and the closure of schools.



Isaac Nartey, LEAP Programme Volunteer sharing his experience with the LEAP programme. Apese Aborminya, Eastern Region Ghana, 2020

What are the key findings?

The survey found strong consensus on perceptions of what constitutes poverty – the absence of basic necessities – and who is likely to be poor, with a particular focus on orphaned children, severely disabled people and the homeless.

The perceived causes of poverty were divided between external (or exogenous) causes and personal (endogenous) ones. As Table 1 shows, beneficiaries and non-beneficiaries of social protection had similar views on the causes of poverty.

Table 1: Top 10 perceived causes of poverty

Ranking	Beneficiaries of social protection		Non-beneficiaries	
	Perceived causes of poverty	Percentage	Perceived causes of poverty	Percentage
1	Corruption in society	66.4%	Corruption in society	66.7%
2	Sickness and physical disability	56.6%	Sickness and physical disability	57.3%
3	Low political commitment to fighting poverty	52.1%	Low political commitment to fighting poverty	55.4%
4	Government inability to provide enough good jobs	50%	Government inability to provide enough good jobs	54%
5	Having too many children	45.5%	Elite lack of sensitivity towards the poor and vulnerable	50%
6	Elite lack of sensitivity towards the poor and vulnerable	43.7%	Having too many children	47.4%
7	Limited opportunities for education	43%	Lack of assets (including land)	45.5%
8	Laziness and lack of motivation to work	42.3%	Lack of formal education and employable skills	44.1%
9	Lack of assets (including land)	40.3%	Inequality of opportunities in accessing social services	44.1%
10	The poor have limited opportunities for education / Unequal access to social services	39.2%		

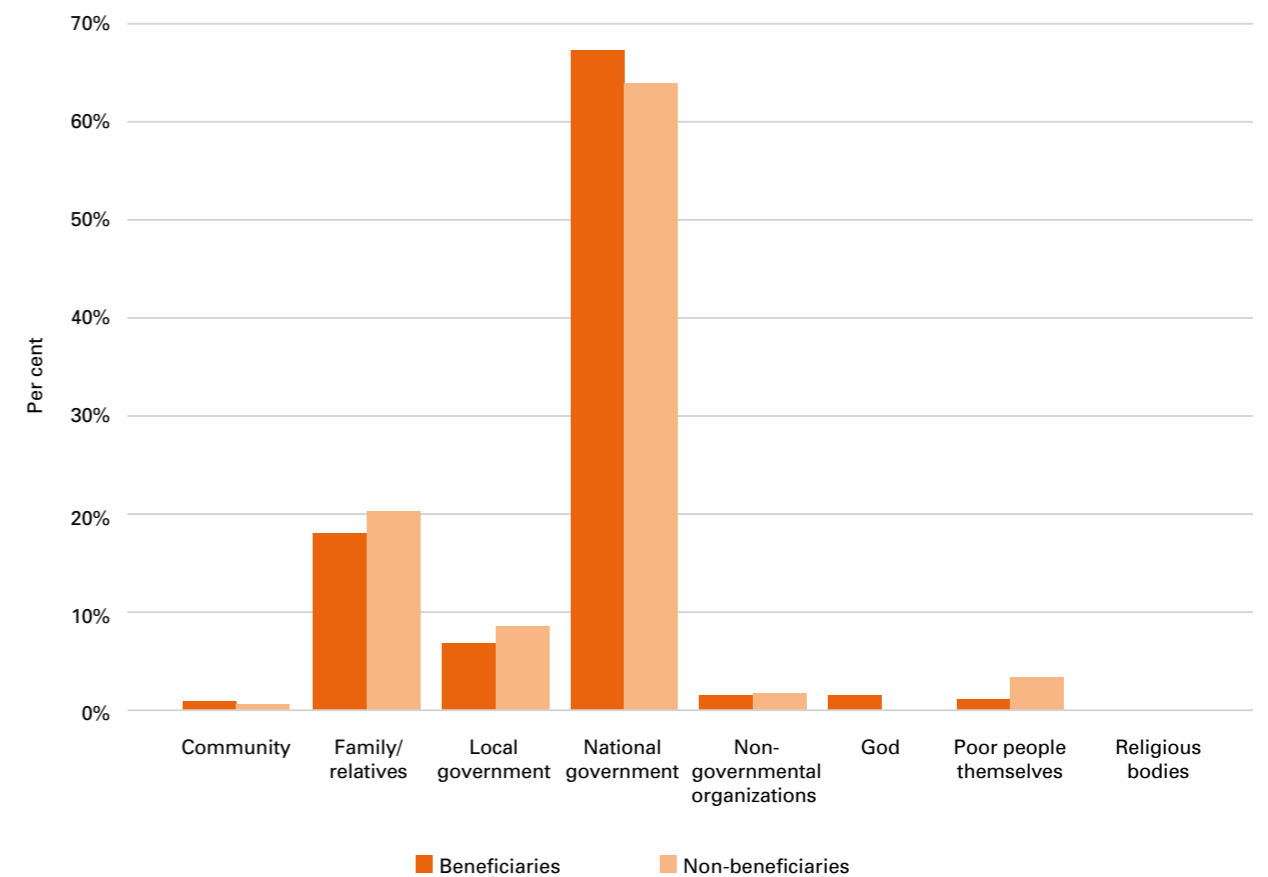
Source: Abdulai, A.-G., et al., *Citizens' knowledge and perception about poverty, vulnerability, rights and social protection in Ghana: a baseline study*, United Nations Children's Fund Ghana, 2021.

Historically, extended families and communities have been the key source of support for the poor. However, respondents indicated – in line with previous studies – that urbanization and nuclearization of the family system, as well as widespread economic hardship, have put a strain on the ability of people to provide such support. Given this, respondents strongly agreed that the primary responsibility for supporting those in poverty sits with the Government.

“In Greater Accra, less than 50 per cent of respondents were aware of any programme providing support to the poor and vulnerable.”

– Research report

Figure 1: Who has the primary responsibility for supporting those in poverty in your community?



Source: Abdulai, A.-G., et al., *Citizens' knowledge and perception about poverty, vulnerability, rights and social protection in Ghana: a baseline study*, United Nations Children's Fund Ghana, 2021.

Some 74.1 per cent of beneficiaries and 71.8 per cent of non-beneficiaries said that the Government does not invest enough in improving the quality of life of the poor and vulnerable in their communities. This view was most prevalent in the Greater Accra region.

However, data show that, as of 2018, only 9,087 households in the Greater Accra region had benefited from the Government's flagship social protection programme, Livelihood Empowerment Against Poverty (LEAP), compared with 38,399 households in the largely rural Upper West.

Another factor potentially influencing the perception that government investment is insufficient is a lack of knowledge about available social protection programmes. As many as 71.4 per cent of non-beneficiaries were not aware of any programme that provided support to the poor and vulnerable.

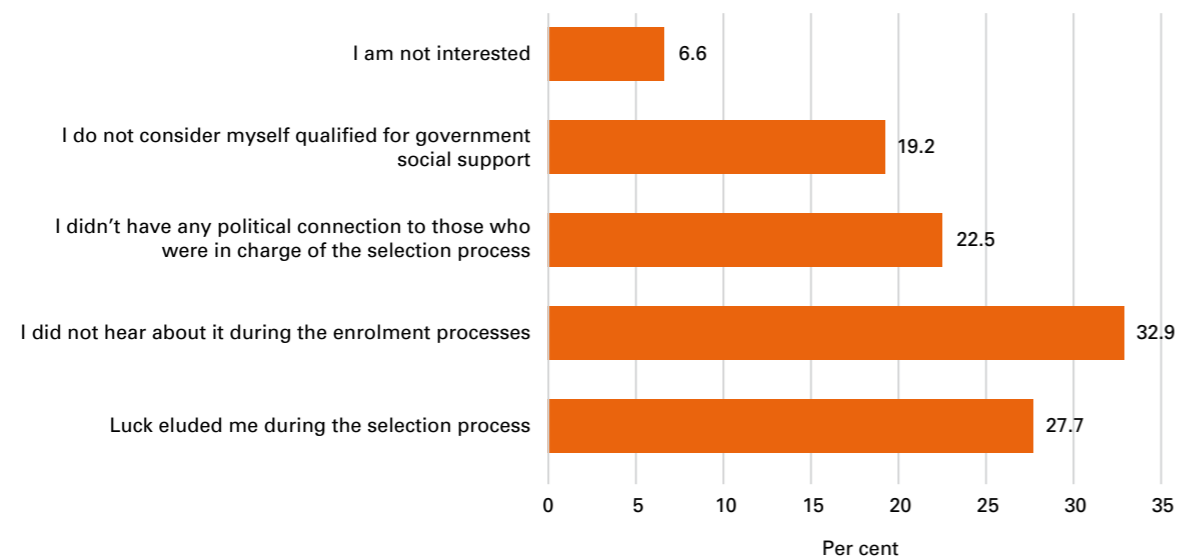
Even among those aware of the LEAP programme, many did not understand the eligibility criteria. There was also a lack of awareness that LEAP beneficiaries are eligible to register for free under the National Health Insurance Scheme, granting further support.

This lack of understanding meant that many of those who felt qualified for LEAP but were not receiving it at the time attributed their non-inclusion either to 'bad luck' during the selection processes or lack of political connections.

“Perceptions of who social protection is for, and a lack of understanding of eligibility for social protection, may reduce people's likelihood of applying for programmes.”

– Research report

Figure 2: Why do you think you are not a beneficiary of any government social protection programmes? (Non-beneficiaries)



Source: Abdulai, A.-G., et al., *Citizens' knowledge and perception about poverty, vulnerability, rights and social protection in Ghana: a baseline study*, United Nations Children's Fund Ghana, 2021.

Meanwhile, many respondents who were beneficiaries perceived receiving social protection as luck (18.2 per cent), or a favour from the Government (52.1 per cent). Only 26.6 per cent thought it was their right as a citizen.

This common perspective becomes significant in light of the study's finding that many respondents struggle to distinguish between the concepts of poverty and vulnerability. This may reinforce perceptions of social protection as a handout for those in need, rather than a safety net for all.

The research also found that, while respondents were in favour of universal social protection – with pensions and child support policies in particular being seen as viable and desirable – the majority believed that resource constraints meant that programmes should be targeted at those with the greatest need.

“72.7 per cent of female and 67 per cent of male respondents said that child support policies were viable and desirable.”

– Research report

Yet evidence from the more urbanized Greater Accra region showed that, as a result of COVID-19, a growing share of middle-class residents had lost their jobs or other means of livelihood. Although not yet poor – in the sense of being unable to afford basic necessities – they were increasingly vulnerable. There is a thin line between the two, which is an important consideration for official decisions around social protection.

Perceptions of who social protection is for, and a lack of understanding of eligibility for social protection, may reduce people's likelihood of applying for programmes.

Influence on policy and programming

This baseline study is being used to inform a rights and social protection campaign implemented by UNICEF and its partners. Plans are under way for the launch.

Furthermore, the report's findings provide a compelling insight into perceptions of poverty in general and social protection among Ghanaians. They highlight important knowledge gaps and

misunderstandings around the extent of existing social protection programmes. More immediately, they may mean that many households are missing out on support to which they are entitled.

The report includes recommendations for government and the international development community, to build awareness of the role of social protection and increase the impact of existing schemes. These are summarized here.

Recommendations

- Advocacy efforts from government and the development community must raise awareness among the public, and among policymakers, of:
 - the individual and external causes of poverty and vulnerability;
 - the role of social protection in addressing poverty and vulnerability; and
 - the role of the state in meeting welfare needs.
- Government should adopt a rights-based approach to the design and implementation of social protection.
- Government should consider leading a public debate about the targeting of benefits.
- Government should use the findings of this research – and further focused studies – to make qualitative improvements to existing social protection programmes.
- The international community must intensify its advocacy efforts for more effective social protection, including by making the case for both universal protection and targeted programmes, implemented in appropriate ways for different groups and locations.

Looking ahead

Ghana's 1992 Constitution contains impressive measures that make social protection a right of every citizen. This study has shown that, at present, this is not how social protection is perceived or delivered.

undoubtedly opportunities to improve aspects of existing social protection programmes, but arguably the priority for Ghana now is to increase awareness of the right to social protection and the eligibility for specific programmes.

The report's recommendations are designed to help target interventions and approaches that can inform and address these issues. There are



Endnotes

- 1 United Nations Department of Economic and Social Affairs, Sustainable Development Goals, Goal 1, <<https://sdgs.un.org/goals/goal1>>, accessed 12 August 2021.
- 2 Ministry of Gender, Children and Social Protection, Ghana National Social Protection Policy, page 20, <https://social-assistance.africa.undp.org/sites/default/files/resources/Ghana_National%20Social%20Protection%20Policy_2015.pdf>, accessed 12 August 2021.
- 3 Ministry of Gender, Children and Social Protection, Ghana National Social Protection Policy, pages 12–13, <https://social-assistance.africa.undp.org/sites/default/files/resources/Ghana_National%20Social%20Protection%20Policy_2015.pdf>, accessed 12 August 2021.



A nurse visits a mother and her newborn as part of the UNICEF/EU-supported home-visiting programme, created to monitor the health of mother and child and to identify potential risks of domestic violence and neglect. Republic of Moldova, 2021.

REPUBLIC OF MOLDOVA

COVID-19 Impact on the Remittances: Assessment of coping mechanisms of families with children from the Republic of Moldova

How has COVID-19 affected children and their families in the Republic of Moldova?

Research Managers:

Xavier R. Sire, Social and Economic Policy Specialist, UNICEF Moldova

Authors:

Rodolphe Baudeau, Co-Founder and Lead Partner, Altai Consulting; Alizée Boutard, Director, Altai Consulting; Anastasia Durbailova, Consultant in Moldova; data collection partner: ASK Moldova (under the supervision of Oleg Sliusarenco)

Editorial insight

While the global effort to suppress COVID-19 continues, it is already becoming clear that the broader impact on economies and well-being will last for generations. This research from the Republic of Moldova highlights the particular risks for a country where many families are strongly reliant on overseas remittances.

Reviewers appreciated this study for its timeliness, relevance and articulate methodology. The close collaboration between agencies and government officials was also commended. Results and recommendations are being used to inform the Government’s strategy for recovery and the development of future policies addressing the economic impact of COVID-19 on households with children.



Even though children are less likely than adults to become seriously ill from COVID-19, the impact of the pandemic on children and young people has been enormous. Their education and social lives have been disrupted and there are concerns about their mental well-being. Further, the economic consequences of the global pandemic – from the drop in household incomes to the long-term damage to many industry sectors – will affect not only children's lives today, but also their future prospects.

To coordinate its response to the pandemic in the Republic of Moldova, the United Nations set up a task force, under the guidance of the United Nations Development Programme (UNDP). The task force commissioned a set of research initiatives to better understand the socio-economic impact of the pandemic on the country. This study, commissioned by UNICEF Moldova, focused specifically on the impact of COVID-19 on families with children.

The research sought to understand how households with children have been affected and how they have coped, including financially. Republic of Moldova's economy is heavily reliant on remittances from Moldovans working overseas. As much as 16 per cent of the country's gross domestic product (GDP) comes from remittances and for many households they are the primary income source. In 2019, it was estimated that, without these remittances, 100,000 Moldovan households would have fallen into poverty. The pandemic has meant that many

Moldovan migrants have stopped sending home any remittance or have reduced the amount they are sending home.

The research compared the experiences of households with children in the Republic of Moldova that receive remittances with those that do not. It found that there had been only a small difference between the two groups, in terms of the impact on household income overall. However, within the group dependent on remittances, there was an increasing divide; some households had continued to receive a similar level of income, but in 25 per cent of cases, remittance levels had fallen by over half.

While incomes have dropped, household expenditure has risen, particularly on food and utilities, due to more people being at home for longer. To cope, many households have cut down on certain categories of expenditure, resulting in a drop in living standards. Some have had to cut back on food. Households have also used savings or sold assets to get by; clearly, these coping mechanisms cannot be sustained as the pandemic continues.

The findings of the research are being used both to inform the United Nations task force's response and the Moldovan Government's strategy for recovery. Recommendations focus on ways to limit the impact of the crisis on families' incomes and budgets, and to guarantee children's rights, including access to education and health services.

Why was the research done?

To help the Government of the Republic of Moldova shape its ongoing response to the COVID-19 pandemic and its strategy for recovery, the UNDP commissioned a series of research initiatives on the impact of COVID-19 on the country.

One particular risk for the country is its reliance on remittances from migrant workers; as foreign workers, often with low-skilled jobs, and sometimes without any official working status,

they are among the first people to be affected in their host countries. According to a report by the International Organization for Migration (IOM), 62 per cent of Moldovan migrants have reported decreased income due to COVID-19.

There were concerns that families that depend on such remittances as their primary source of income were particularly vulnerable. UNICEF, supported by the IOM, sought to examine how remittances had been affected by the pandemic

and what the impact of this had been on the families that rely on them, comparing this with the impact of the pandemic on households that don't rely on remittances.

The specific research aims were to:

- measure the impact of COVID-19 on the level of remittances (monetary and non-monetary);
- profile households with children (location, family structure, demography, etc.) with a particular focus on those that depend to a large extent on remittances for their income;
- understand the coping mechanisms most commonly adopted by these households to deal with the impact of reduced income and/or a returning family member;
- understand how these coping mechanisms affect children's rights and well-being; and
- provide recommendations on sector-specific policy options (including international best practices) for decision-makers at all levels, to mitigate the negative impact of COVID-19 on the most vulnerable families with children.

How was the research done?

This was a mixed-methods study:

- A desk review sought to highlight any gaps in existing data. Data on migration, remittance volumes and the profile of receiving households were sourced from the National Bureau of Statistics of the Republic of Moldova, the IOM, UNICEF, UNDP, the World Bank and the International Labour Organization.
- Key informant interviews with representatives of UNICEF, the IOM, UNDP, the National Bureau of Statistics and local public authorities aimed to gather context into the impact of COVID-19 on Moldovan families and discuss the primary research methodology.

“During the pandemic, due to the return of migrants, the volume of remittances decreased. We also expect a negative impact on families' incomes and savings.”

– One of the heads of the Health, Social Protection and Education Departments, Bălți

- A nationally representative survey of 500 households with children that receive remittances and 500 households with children that do not was conducted by telephone in August and September 2020.
- Four focus group discussions, each involving eight (co-)heads of households with children, took place via video. They lasted between 75 and 90 minutes. Two were in rural areas and two in urban, and researchers ensured a mix of gender, age, socio-economic profile and reliance on remittances.

Limitations

The survey did not include institutionalized children (e.g. children living in orphanages). Some questions triggered a sizeable number of non-answers. This might lead to slight discrepancies in the numbers presented, particularly in relation to disaggregated figures.

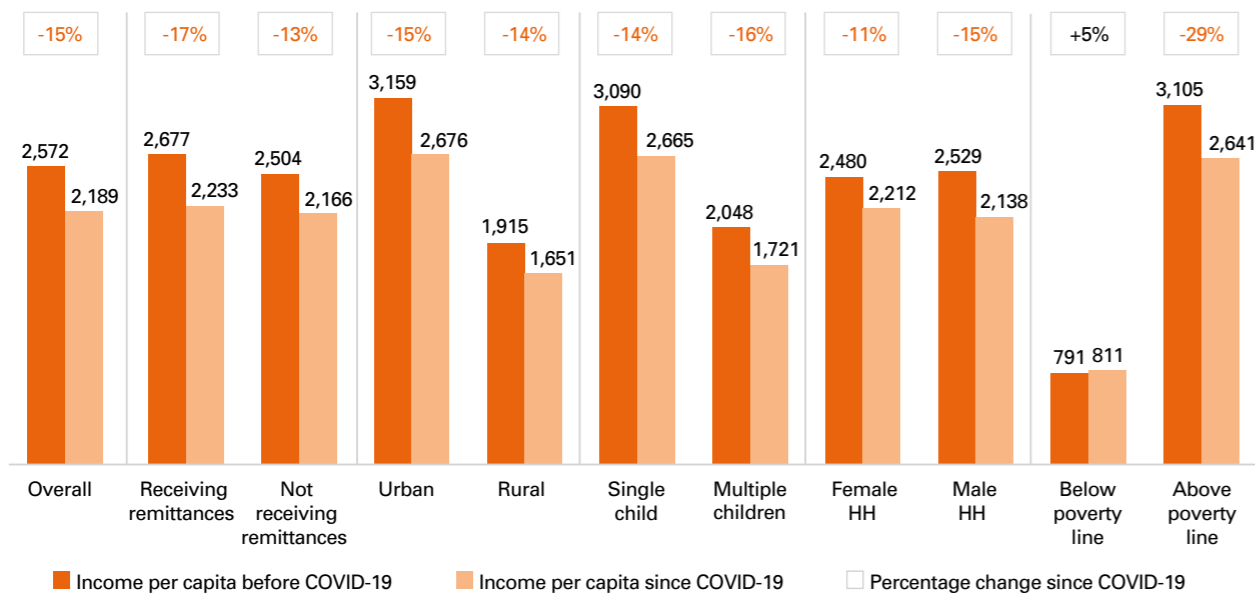
What are the key findings?

The COVID-19 crisis has seen incomes drop by, on average, 15 per cent for all Moldovan households, between March 2020 (pre-pandemic) and September 2020. As Figure 1 shows, the decrease has been similar across all population segments.

“Households with children have had a drop in remittances of 25 per cent since the COVID-19 crisis. Rural households have been particularly affected, with a drop of 28 per cent.”

– Research report

Figure 1: Change in monthly income (Moldovan leu) per capita since COVID-19

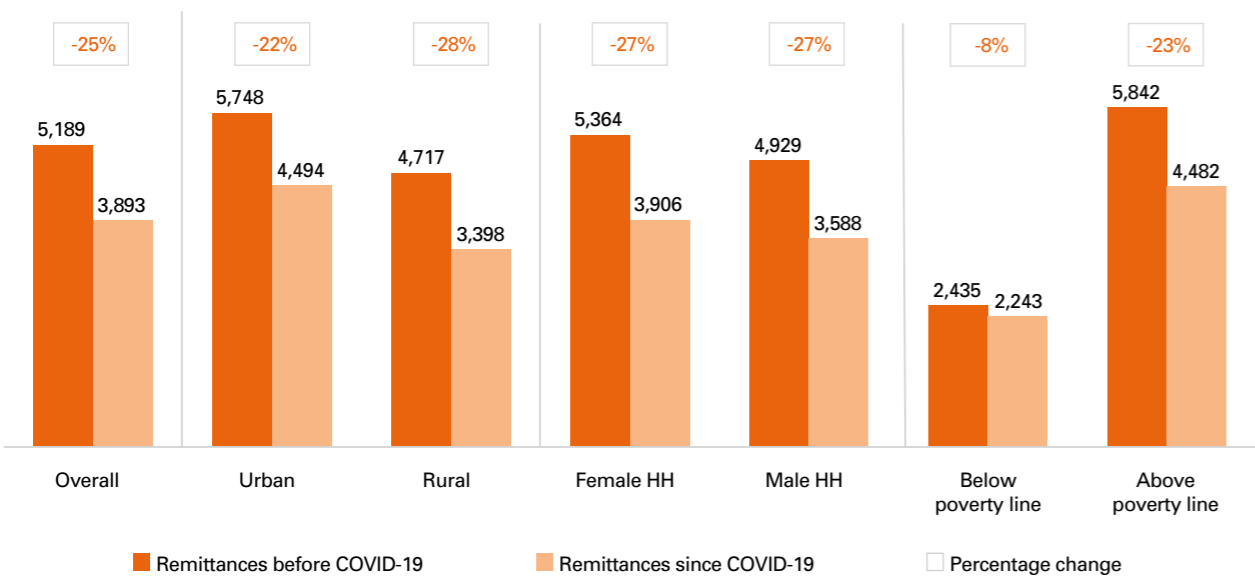


Source: United Nations Children’s Fund, COVID-19 impact on the remittances: Assessment of coping mechanisms of families with children from the Republic of Moldova, UNICEF, 2021, <<https://www.unicef.org/eca/reports/covid-19-impact-remittances>>, accessed 12 August 2021.
 Note: HH = head of household.

For households that did not receive remittances, the loss of income mostly resulted from a salary loss. Conversely, for those households that did receive remittances, the loss of income can

mostly be explained by a fall in remittances. Between March and September 2020, monthly remittances dropped by 25 per cent on average.

Figure 2: Change in monthly remittances (Moldovan leu) since COVID-19



Source: United Nations Children’s Fund, COVID-19 impact on the remittances: Assessment of coping mechanisms of families with children from the Republic of Moldova, UNICEF, 2021, <<https://www.unicef.org/eca/reports/covid-19-impact-remittances>>, accessed 12 August 2021.
 Note: HH = head of household.

There were signs of a growing divide among households with children that receive remittances. Most migrants working under an official contract continued to receive their salary and so were able to continue to provide remittances. However, 54 per cent of households receiving remittances that we interviewed reported a drop.

While incomes have reduced, household expenditure has typically risen. Home schooling and lockdowns meant more people were at home for longer. Utility bills increased and, for a majority of households with children, so did the food budget, due to more meals being eaten at home by children and by adults working from home or returning home having lost their jobs abroad.

To cope, households with children have cut down on other expenses, such as leisure activities (55 per cent) and clothing (58 per cent). Even meals have been cut back for 15 per cent of households – although 70 per cent of households said that the crisis has not yet affected children’s nutrition, which they have prioritized.

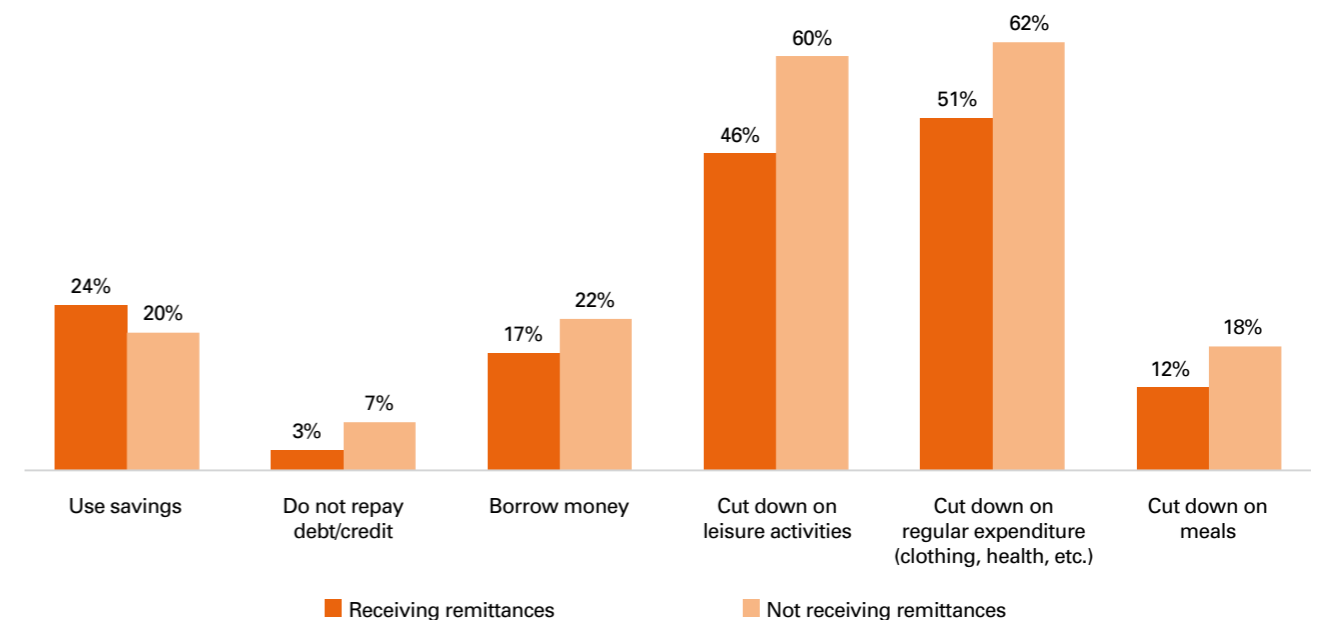
“My husband remained without a job due to COVID and had to return to Moldova. Now we have no income. He is going abroad in a week or two, as we cannot afford to spend all our savings.”

– Female, 43-year-old, whose husband recently returned from the Russian Federation, where he had been working in construction, two children (including one under 18 years of age), low income, rural

Some 22 per cent of households have resorted to using their savings and 7 per cent sold assets. Only very few (3 per cent) have requested social protection (*ajutor social*).

Households receiving remittances appear to have been slightly more resilient than those not, with proportionately fewer cutting back on expenditure (see Figure 3). However, they have been more likely to use their savings to sustain their standard of living.

Figure 3: COVID-19 financial coping mechanisms – households receiving remittances versus those who do not



Source: United Nations Children’s Fund, COVID-19 impact on the remittances: Assessment of coping mechanisms of families with children from the Republic of Moldova, UNICEF, 2021, <<https://www.unicef.org/eca/reports/covid-19-impact-remittances>>, accessed 12 August 2021.

Reliance on savings is clearly not a sustainable measure; as the crisis continues, alternative coping mechanisms will be essential.

Other findings highlight widespread dissatisfaction with education during lockdown and concerns about the long-term impact. This was due in part to practical difficulties in accessing online learning, such as insufficient devices and poor internet connections. School closures have also meant additional childcare responsibilities, meaning many women have not been able to work, or had to reduce their hours. Overall, 70 per cent of families believe that their children's education has already been affected by the pandemic; 79 per cent said it would continue to be affected in the future.

Access to children's healthcare has also reduced. In part, this was because public resources were overstretched by the pandemic – leading some to resort to expensive private medical care.

However, in rural areas, many chose not to use health services for fear of contracting COVID-19. Again, there is concern that the long-term impact of the pandemic will affect children's health and well-being.

Influence on policy and programming

The research provides a rich insight into the situation of households with children in the Republic of Moldova as they face up to the ongoing pandemic, and identifies particular challenges for those families that have relied on remittances as a primary source of income.

The findings are already being used to inform the United Nations task force's work in the Republic of Moldova and the Moldovan Government's strategy for recovery.

Looking ahead

The impact of the COVID-19 pandemic will clearly have long-lasting effects. This study offers an important insight into how children may be affected, with potential consequences identified across many areas of the Sustainable Development Goals (SDGs), including SDGs 1, 2, 4 and 5, on ending poverty and hunger, improving education and increasing equality.

UNICEF Moldova plans to repeat the survey in this study to continue monitoring the impact of the crisis on vulnerable families, as well as their coping mechanisms. The survey will be expanded

to the Transnistria region and will include additional questions to monitor the specific impacts on children with disabilities and on Roma populations. The updated survey will further inform the response plan of the Government and UN partners, building resilience to mitigate the risk of negative impacts from the pandemic, and to strengthen the existing social protection system.

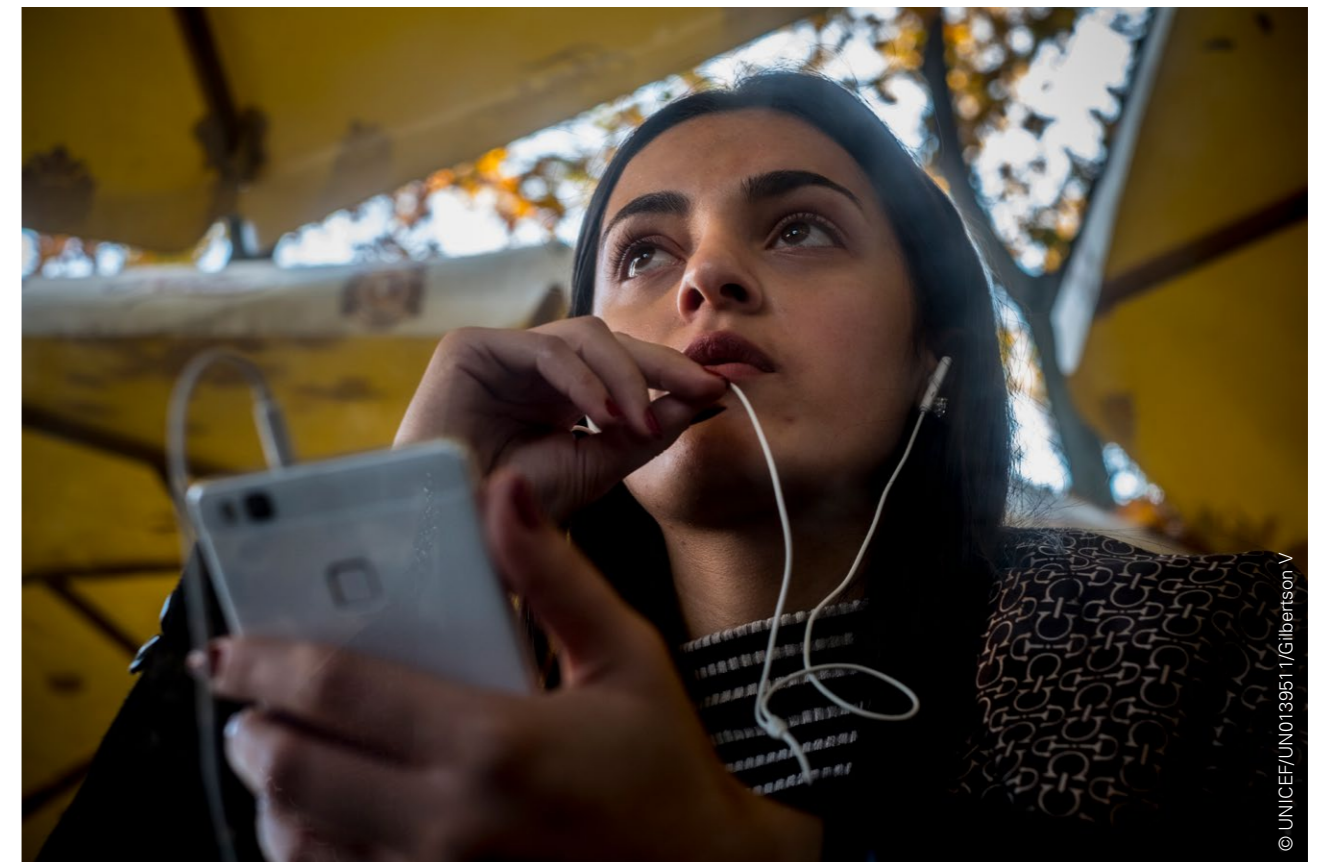


Download original report

Recommendations

The Government should:

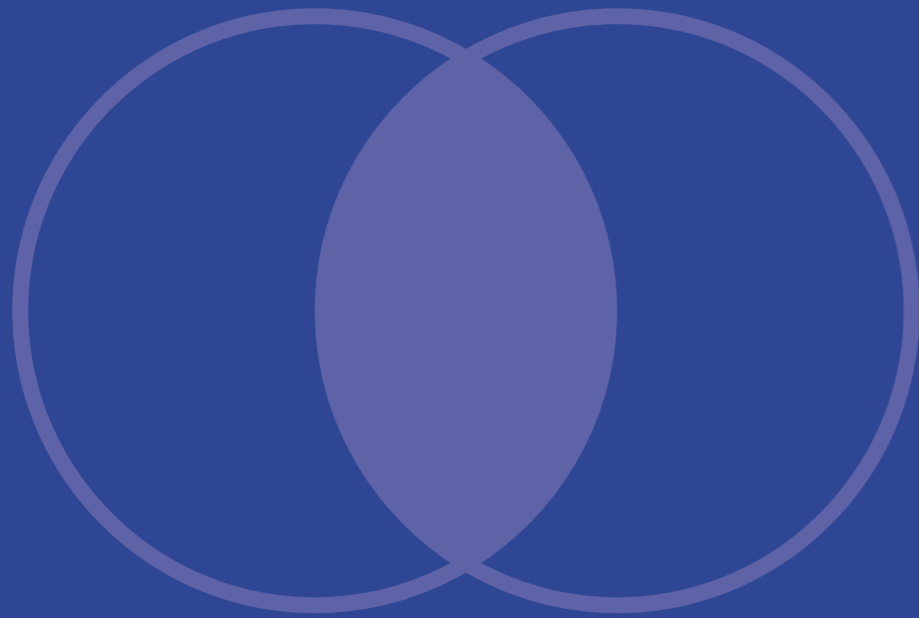
- Support Moldovan migrant workers, including by protecting them abroad so that they do not lose their jobs and by facilitating travel in and out of the Republic of Moldova.
- Protect jobs and salaries in the Republic of Moldova, through support to local businesses.
- Minimize the financial impact of the pandemic on essential costs, including by ensuring that families are not burdened with paying for meals normally provided in school and by preventing access to utilities from being cut off due to late payments.
- Provide extra support to the most vulnerable, by offering a form of pandemic compensation through the *ajutor social* programme.
- Minimize school closures and deliver online learning in a way that maximizes participation.
- Launch awareness campaigns to reassure families about sending children to health facilities and remind them of the risks of not getting vaccinations and treatments.
- Improve training for the police and social workers on domestic violence and child neglect, to ensure that cases are reported and adequately addressed by the authorities.



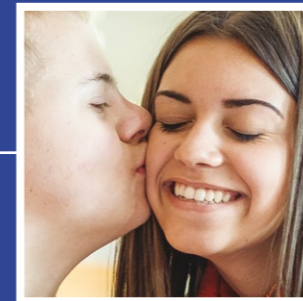
A girl chats with her mother who works in Germany at a nursing home, during a break between lessons at school. Chisinau, Republic of Moldova, 2017.

Endnotes

- 1 International Organization for Migration, *IOM rapid field assessment of the impact of COVID-19 on the wellbeing of the Moldovan diaspora: an evidence base regarding migrants' coping strategies and contributions*, IOM Mission in Moldova, Chisinau, 2020, <https://moldova.iom.int/sites/g/files/tmzbdl266/files/documents/IOM%20Diaspora%20Survey%20Report-EN_FINAL_3.pdf>, accessed 12 August 2021.
- 2 Ibid.
- 3 United Nations Department of Economic and Social Affairs, Sustainable Development Goals, <<https://sdgs.un.org/goals>>, accessed 12 August 2021.



CROSS-CUTTING RESEARCH



MONTENEGRO

How effective is the support provided to children with disabilities in Montenegro?

STATE OF PALESTINE

How do children in Palestine with developmental delays and disabilities experience stigma and discrimination?



A boy kisses his visitor at a centre for children with disabilities. Bijelo Polje, Montenegro, 2021.



MONTENEGRO

Analysis of the cross-sector system support for children with disabilities in Montenegro

How effective is the support provided to children with disabilities in Montenegro?

Research Managers:

Nela Krnic, Child Protection Officer, UNICEF Montenegro

Authors:

Roxana Irimia, Diana Chiriacescu and Sonja Vasic

Editorial insight

Commissioned at the request of the Government of Montenegro, this study provides evidence-based, practical recommendations for changes to service provision for children with disabilities across health, education and other social sectors. The recommendations verified by the Council for the Rights of the Child are already leading to action on the ground.

The review panel selected this “excellent and insightful” research for its thorough conceptualization and for successfully applying a participatory, human rights centred approach. As a joint effort with the Government, the study has clear local ownership and strong potential to positively impact policy and advocacy initiatives for advancing the rights of children with disabilities in Montenegro.



Montenegro has acceded to numerous international treaties and conventions, including the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child.

However, despite strengthened legal and strategic frameworks, work is still needed to improve cross-sectoral cooperation, institutional capacity and service provision to fully realize the rights of children with disabilities and their families, and address discriminatory attitudes and practices.

To inform this work, in 2018 the Government of Montenegro and UNICEF commissioned an analysis of cross-sectoral cooperation and service provision for children with disabilities and their families in Montenegro, to better understand the challenges and provide recommendations on how to achieve full inclusion.

Researchers examined the national policy and legislative framework and, using a combination of data provided by relevant ministries, interviews and focus groups, assessed how well it is implemented on the ground. The approach taken in Montenegro was then compared with international standards and best practices.

While there were no major gaps in the strategic aspects of disability-related policies, the research found a lack of coordination between different sectors, which can cause unnecessary difficulties in the lives of children with disabilities. This is embodied by the fact that children with disabilities must

undergo separate needs assessments for access to health, education and social services. In most cases, assessment is – like much of the underlying legislation – based on a medical model of disability (i.e. what is ‘wrong’ with the child) as opposed to a social model, which seeks to identify potential, foster inclusion and address what is preventing people with disabilities from being fully included in society.

The research also highlighted issues with access to services and a need for improved training for professionals working in different sectors. A further important gap related to the quality and depth of existing data on disability in Montenegro.

The research was initiated by Montenegro’s Council for the Rights of the Child – the governmental body with overall responsibility for children’s rights in the country – and several government departments. It also directly involved organizations working in areas related to disability, as co-creators, and ensured full participation of children with disabilities and their families.

In addition to overarching recommendations to improve the policy and legal framework and facilitate cross-sector approaches, the report includes specific recommendations for the health, education, social care and justice sectors. These are being taken forward, under the lead of the Council for the Rights of the Child and with UNICEF’s support, to improve compliance with the CRPD and the Convention on the Rights of the Child and to make tangible improvements to the lives of children with disabilities and their families.

Why was the research done?

The research was undertaken at the request of the Council for the Rights of the Child, with the objective of helping Montenegro strengthen inter-sector cooperation and support for children with disabilities and their families.

The ultimate objectives were to improve:

- the policy and legal framework for children with disabilities across sectors;
- the system of data collection and analysis about children with disabilities across sectors;
- multi-sector coordination in working with children with disabilities;
- access to, and the quality of, the health, education, justice, social and child protection systems for children with disabilities, applying relevant international standards and best practices to enable the full inclusion of children with disabilities.

How was the research done?

The research was non-experimental and used a mix of quantitative, qualitative, participatory methods. It began with a comprehensive desk review of relevant national and international legislative and policy documents and reports. Quantitative data from the Ministry of Education and Institute for Social and Child Protection were analysed.

Primary data collection combined interviews and focus groups to gather insights from a cross-section of stakeholders to support the quantitative findings.

The consultancy team conducted group and individual interviews with key stakeholders, including representatives of the government departments involved and international development organizations, plus professionals from the education, health and justice sectors. There were then focus group discussions, including two with children with disabilities and four with the families of children with disabilities.

A Steering Committee, including representatives of line ministries and civil society organizations, reviewed the proposed methodology, facilitated data collection and received analytical reports.

Limitations

The researchers highlighted two key limitations. There was an absence of reliable, disaggregated data about children with disabilities – particularly in relation to health, social care and the justice sector; and the timeframes were challenging, which reflected the urgent demand at government level for the findings.

“Equity gaps in the realization of the rights of children with disabilities are linked to barriers that these children face in their access to health, education and social- and child-protection services.”

– Research report

What are the key findings?

The researchers found that, in general terms, Montenegro’s legislation and policies are aligned with the CRPD and the Convention on the Rights of the Child in terms of respect for, and protection of, the human rights of children with disabilities. There were no major gaps in the vision and strategic aspects of disability-related policies. However, improvements are needed to realize these rights on the ground.

Significant inconsistencies were identified in the legal and policy framework. In the health, social security and labour sectors, legislation is primarily based on a medical model of disability, while in education it is more aligned with the principles of the CRPD. Also, in health legislation, a child is defined as someone aged 15 and under, which means that – above this threshold – adolescents with disabilities are eligible for the health provisions designed for adults. This is not the case in education or social protection. These inconsistencies create confusion for children with disabilities and their families and undermine the ability to provide coordinated support to the child.

Health

Early detection of developmental delays is recognized as crucial to long-term outcomes for children with disabilities. In Montenegro, developmental screening relies on paediatricians, who are already overwhelmed with their curative work. As a result, access to early detection depends on where a child lives, the type of disability and the resources of the family. Early intervention and additional support appear to be seen primarily as therapies, based on a medical approach, and focus on certain types of disability (mainly physical, hearing and visual).

Access to free-of-charge health protection is guaranteed to children with disabilities by the Constitution and the Law on Health Insurance. However, in practice there are major issues around this, particularly in the access to and quality of services, in professional capacities, and in physical accessibility.

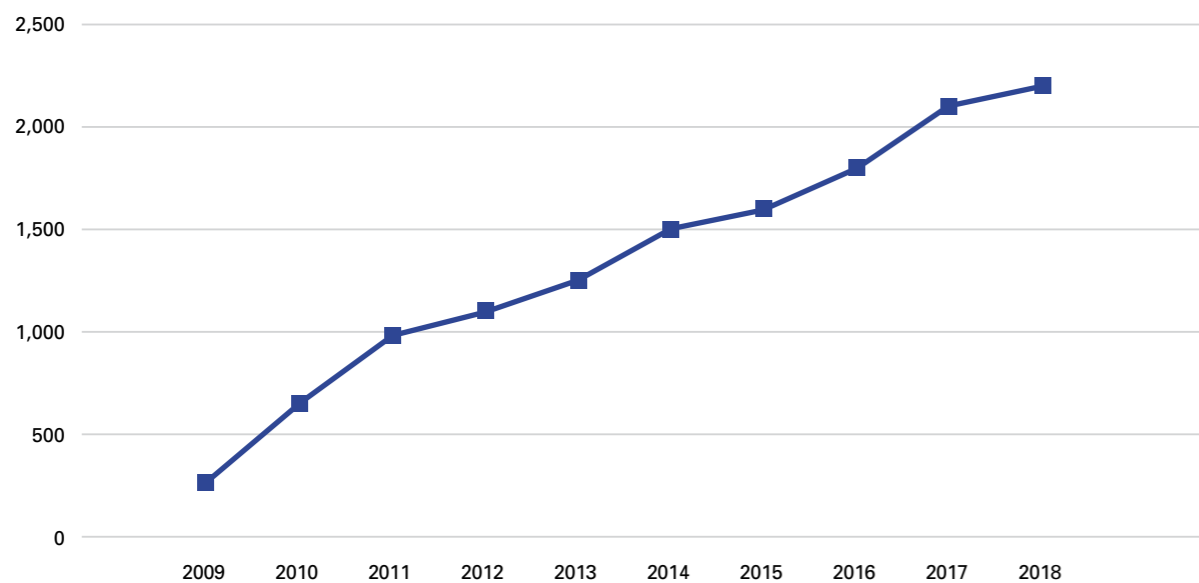
Education

As Figure 1 shows, the number of children with disabilities enrolled in mainstream schools in 2018 was almost 10 times higher than in 2009.

This appears to be the result of successive strategies for inclusive education, along with the Law on Education of Children with Special Needs (2007). However, the quality

of education remains very uneven. Children with disabilities and their families mention a high discrepancy between legal provisions for inclusion and concrete practices in schools. Many reported accessibility issues. There is a lack of assistive technology, and teachers, already managing large class sizes, are rarely trained to support children who have special educational needs.

Figure 1: Number of children with disabilities enrolled in mainstream schools



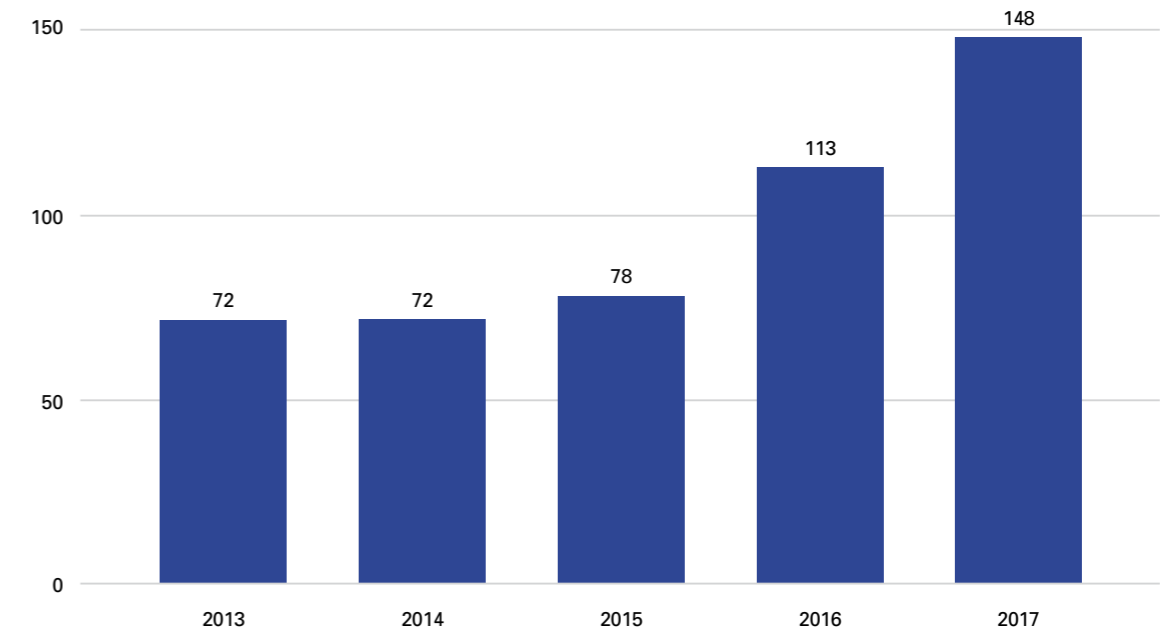
Source: Educational Information System of Montenegro (MEIS), September 2018

Focus group respondents described these as invaluable for reducing the burden on families.

However, day-care centres are sometimes seen as an alternative to formal education,

rather than as additional support. There were also concerns that in some day-care centres, children as young as 4 are mixing with young adults (20+). This is not aligned with international standards.

Figure 2: Number of children with disabilities who received day-care services (2013–2017)



Source: Institute for Social and Child Protection, Montenegro, October 2018.

“A child with disability in Montenegro passes through numerous commissions and filters in order to access various entitlements and support services. This long procedure exhausts the families and children. It also leads to the risk of conflicting recommendations or duplication of interventions.”

– Research report

Social and child protection

Montenegro’s Law on Social and Child Protection is broadly aligned with international standards and prohibits the placement of children under 3 years of age in residential care. Although this meant that the placement of such young children ended in 2017 and the total number of children in large-scale residential institutions has reduced by over 50 per cent, the proportion of children with disabilities in institutional care has increased.

There is an urgent need to develop specialized services for children with disabilities, including respite care and specialized foster care, to reduce the likelihood of institutional care. There has already been a substantial increase in the number of children with disabilities who receive day-care services (see Figure 2).

Coordination between sectors and services

Overall, coordination between services is poor. This is embodied by the fact that children with disabilities pass through numerous commissions and filters (different in each sector) to access entitlements and support services. This exhausts children and families, and leads to a risk of conflicting recommendations or duplication of interventions.

Except in education, the evaluation procedures do not consider the child’s environment, lifestyle and choices.

There are also geographical gaps in service provision, which mean that even where a particular service is recommended, it may not be accessible for all children and their families throughout the country.

Overall, this shows a need for a more coordinated, cross-sectoral approach to assessment and service delivery at the local level – with local and national authorities working in a coordinated way.

However, procedures for cross-sector co-financing are not well established and funding of community services is insufficient. Although funding is allocated in state and local budgets, there is no clarity about who is responsible for paying for services.

The Council for the Rights of the Child, as the highest inter-sector body in the country, is best placed to foster inter-sector cooperation, but the research found that it was not sufficiently using its mandate.

Influence on policy and programming

With significant government involvement from the outset, the research was designed to have a direct and immediate impact on policy. At the Government's request, findings were made available at speed – with detailed analysis and targeted recommendations for the health, education, social protection and justice sectors.

In addition, the report includes a number of overarching recommendations to address inconsistencies in legislation and policy design, strengthen resource allocation and increase alignment with the CRPD and the Convention on the Rights of the Child. These are intended for rapid adoption to enhance the implementation of future policy interventions.

“It’s a big relief for parents to know that five days a week the child is looked after and fed and has therapy and activities provided – many families could not afford that standard of care at home. As long as this service exists I will not place the children in an institution. I would not be able to function without this day centre.”

– Research report

Recommendations

Overarching recommendations include:

- Adopt a single definition of disability and a single model of disability assessment, based on the International Classification of Functioning, Disability and Health (ICF, in particular ICF-CY).¹
- Improve data collection and sharing in relation to children with disabilities.
- Simplify the legal and strategic framework and address inconsistencies.
- Define within policy and legislation a minimum package of services for children with disabilities.
- Increase public funding for services for children with disabilities and establish procedures to facilitate cross-sector financing.
- Invest in training for professionals in all sectors.
- Enhance coordination between different sectors and with local authorities, with the Council for the Rights of the Child taking a lead role.

Looking ahead

Recommendations from this research are already being taken forward by the Council for the Rights of the Child and by individual ministries.

The findings have also been shared with a wide range of national and local institutions that work with children with disabilities and their families, including organizations working in areas related to disability.

The aim is not only to inform them in general, but also to encourage them to introduce small changes to services and provision that can make

an important difference – such as making premises accessible.

With strong political support for change, it is expected that the research will lead to tangible improvements in the lives of children with disabilities and their families.



[Download original report](#)



Three children with disabilities run along the beach together. Tivat, Montenegro, 2011.

Endnote

- ¹ World Health Organization, *International Classification of Functioning, Disability and Health (ICF)*, WHO, 2021, <www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>, accessed 13 August 2021.



A boy draws a face, as part of early childhood development skills education activities in one of the UNICEF-supported childcare facilities.

© UNICEF-SoP/2020/zehiaman

STATE OF PALESTINE

Baseline Knowledge, Attitudes, Beliefs and Practices (KABP) Study in support of a C4D Strategy for Early Childhood Development and Children with Developmental Delays and Disabilities for Palestine

How do children in Palestine with developmental delays and disabilities experience stigma and discrimination?

Research Managers:

Shereen Obaid, Monitoring and Evaluation Specialist, Programme Section, UNICEF State of Palestine; Selena Bajraktarevic, Chief, Health and Nutrition, UNICEF State of Palestine

Authors:

Andrew Carlson and Arab World for Research and Development

Editorial insight

Besides the practical difficulties of everyday life, children with developmental delays and disabilities in Palestine also deal with considerable stigma and discrimination. This research examines the impact of marginalization on children and their families and provides a baseline for a communication for development strategy aimed at tackling stigma.

The review panel highly commended this research for focusing on a marginalized population in a challenging context and for its innovative approach to working with children, parents, caregivers and professionals. Results have strong potential to inform policy and advocacy initiatives, providing children with developmental delays and disabilities and their families with the skills they need to confront discrimination in their communities.



Although the State of Palestine has put in place a range of strategies to support children with developmental delays and disabilities, repeated studies have found that these children continue to be severely marginalized in their communities. While in part this is a consequence of the political situation, there is also evidence that they and their parents/caregivers struggle with stigma and discrimination from those around them. This stigma can be a significant barrier to the ability of children with developmental delays and disabilities to access services and to gain fulfilment of their human rights.

This research was commissioned by UNICEF State of Palestine to gather baseline data about the current knowledge, attitudes and beliefs of different groups of Palestinians regarding discrimination and stigma faced by children with developmental delays and disabilities, and how to confront it. This evidence will form the foundation of a communication for development (C4D) strategy, in which communications, advocacy and social mobilization will be combined to redefine perceptions about disability, to empower individuals to confront discrimination, and to drive changes in policy and service delivery.

The research was conducted in the West Bank and the Gaza Strip, and explored the views of parents, caregivers and key stakeholders. Participatory techniques were used to engage children with developmental delays and disabilities themselves.

The results showed that, although there was a strong desire to confront stigma, parents and caregivers were not confident in their ability to do so. There was a lack of awareness of legal rights for children with developmental delays and disabilities, and inconsistent financial or practical support available to them. Many families struggled to exercise rights to education or healthcare for their children due to basic accessibility issues. There were also important differences in perceptions between communities in the West Bank and the Gaza Strip.

The findings have been shared with government ministries, the international development community and organizations working in areas related to disability in the State of Palestine. They are now being used by UNICEF State of Palestine to shape its multi-year C4D strategy to reduce stigma and discrimination against children with developmental delays and disabilities.

Why was the research done?

A 2016 assessment from the World Bank recommended that, to improve the situation for people with disabilities in Palestine, increased focus must be placed on the reduction of discrimination.¹ Further research by UNICEF and the Overseas Development Institute found that, among the many challenges Palestinian children with developmental delays and disabilities faced, significant levels of cultural stigma were directed at their disability.²

The study highlighted the need for behavioural and social change within Palestine, to empower children with developmental delays and disabilities and their parents, and to transform attitudes across the wider community.

To drive that change, UNICEF State of Palestine is devising a C4D strategy that aims to:

- address the stigmatization of children with developmental delays and disabilities; and
- equip parents/caregivers and service providers with the information and attitudes they need to implement positive approaches to caregiving, child-rearing and seeking services.

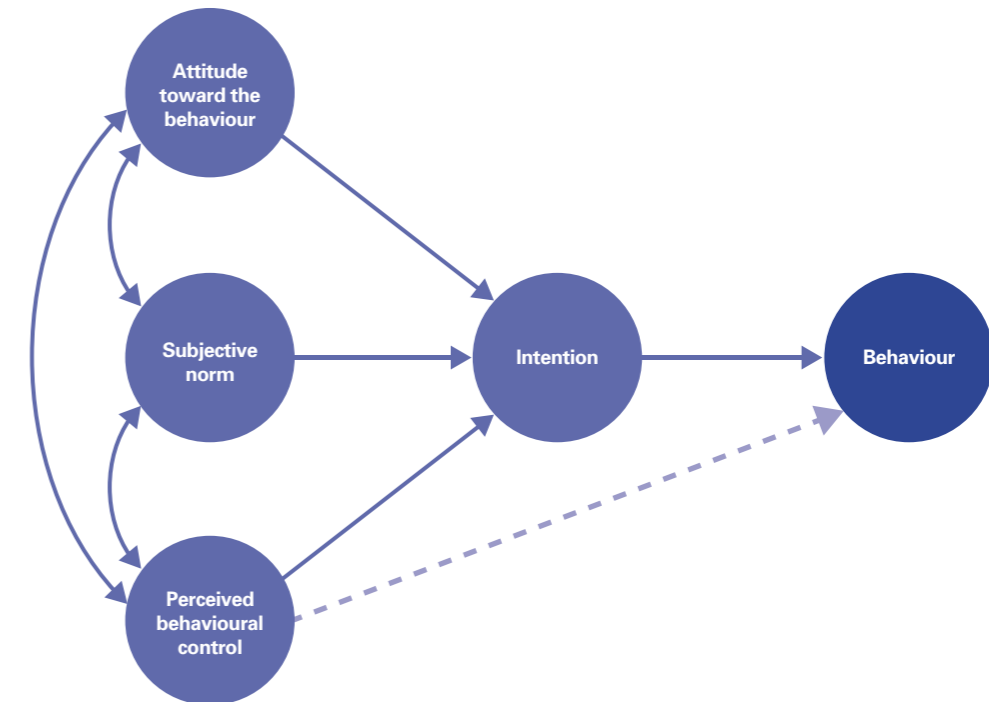
A crucial element of C4D is to understand the existing knowledge, attitudes and beliefs of different groups in relation to an issue, in order to provide a baseline for monitoring social change and to help shape communication activities. This study was designed to gather evidence to generate the baseline.

How was the research done?

The theoretical framework for the research was Azjen's (1991) theory of planned behaviour, which investigates the contributors to behavioural intention – a strong predictor of whether a

behaviour is adopted. Three factors are seen as shaping behavioural intention: attitudes, normative beliefs and perceived behavioural control (self-efficacy).

Figure 1: Theory of planned behaviour



Source: Ajzen, I., 'The theory of planned behavior', *Organizational Behavior and Human Decision Processes*, vol. 50, no. 2, 1991, pages 179–211.

The research sought to understand these three factors in the context of Palestine, using a mixed-methods design. A quantitative survey was undertaken with parents/caregivers of children with developmental delays and disabilities in five governorates of the Gaza Strip and three in the West Bank, to examine the knowledge, attitudes, normative expectations and self-efficacy of parents/caregivers. There were 799 respondents in total: 398 in the West Bank and 401 in the Gaza Strip.

The survey was followed by focus group discussions with parents/caregivers, extended family members and community members, and key informant interviews with community leaders and policymakers.

Participatory activities were also administered in the study with children with developmental delays and disabilities aged 10–15 in both the Gaza Strip and the West Bank, plus parents/caregivers in each region. These included sketching/drawing, photography and mapping activities, to facilitate conversations with the children about their abilities and opportunities, and the barriers they face to full participation in life in Palestine.

A total of 1,087 people participated in this research and participants were distributed equally between the Gaza Strip and the West Bank.

Limitations

Not all governorates were sampled in the West Bank. Further, there was likely selection bias as participants in the survey were, almost inevitably, more likely to be engaged in seeking to fulfil their children’s rights, as opposed to parents/caregivers who preferred not to disclose their children’s developmental delays and disabilities. Therefore, the results may not necessarily be generalizable to the entire population.

The participatory element proved challenging to implement, particularly in the West Bank, as the participants had different types of disabilities with varying levels of severity. Also, the planned activities were not suitable for all, potentially excluding some groups of children. This is an important lesson to learn for future research with this cohort.

What are the key findings?

The study found that social stigma related to disability remains widespread in the State of Palestine. Out of 799 total respondents from the quantitative survey, 40 per cent said that their children with a developmental delay or disability received inferior treatment from extended family members and 56 per cent reported inferior treatment in the community. During focus group discussions, participants expressed being unwilling to take their children out of the house for fear of being mocked, shouted at or discriminated against.

Several participants reported positive shifts in attitudes towards children with developmental delays and disabilities, not least through increased integration of the children into community life.

Table 1: Main difficulty attending school for children with developmental delays or disabilities

Main difficulty attending school	Gaza	West Bank	Overall
	Per cent	Per cent	Per cent
Lack of accessibility of the building such as ramps, curb cuts, and other physical accommodations	8	45	23
Lack of assistive devices such as screen readers, Braille texts or markers, or other assistive devices	12	9	11
Lack of accessible toilets for {index child} to use	29	21	26
Transportation	20	9	16
Attitudes of people at school toward {index child}	22	12	18
Teachers’ knowledge of {index child’s} delay or disability	4	0	2
Other	4	3	4

Source: Carlson, A., and C. Lungu, Report: Baseline Knowledge, Attitudes, Beliefs and Practices (KABP) Study in Support of A C4D Strategy for Early Childhood Development and Children with Developmental Delays and Disabilities for Palestine, UNICEF State of Palestine, Jerusalem, 2019.

In both the Gaza Strip and the West Bank, participants provided examples of important integration activities, including children attending prayers, being taken to social events and going to school. However, many respondents noted that attending school was a significant challenge, primarily due to accessibility issues.

Only 35 per cent of survey respondents believed that their child received the same quality of education as other children at their school. Many had abandoned the idea of school altogether, despite their belief in the right of their child to receive an education.

As in past research, lack of awareness of legal protection and services for children with developmental delays and disabilities was identified. Some 62 per cent of respondents in both regions did not believe that Palestinian law provided legal rights for children with developmental delays and disabilities. Further, many parents/caregivers were caring for children with disabilities without consistent grants or welfare from state agencies (despite being entitled by law to these).

Table 2: Percentage of respondents whose household receives cash benefits from the Ministry of Social Development

Receive benefits	Gaza	West Bank	Overall
	Per cent	Per cent	Per cent
Yes	48	12	30
No	52	88	70
Total	100	100	100

Source: Carlson, A., and C. Lungu, Report: Baseline Knowledge, Attitudes, Beliefs and Practices (KABP) Study in Support of A C4D Strategy for Early Childhood Development and Children with Developmental Delays and Disabilities for Palestine, UNICEF State of Palestine, Jerusalem, 2019.

Many relied on their immediate family for psychological and financial support. 35 per cent of respondents reported, however, that they had no one who provided support on a regular basis.

There was widespread frustration at the on-going lack of coordination among institutions, ministries and other organizations. While some children were able to receive support from several sources, others received none.

Despite these difficulties, the majority of parents and caregivers had a positive attitude towards the rights of their children and strongly agreed that they had a role to play in confronting stigma and discrimination.

However, their belief in their ability to accomplish this was quite low, in particular in the Gaza Strip, where fewer than 40 per cent of parents felt that they could successfully tackle stigma (compared with 63 per cent in the West Bank). This was one of several differences between findings from the Gaza Strip and the West Bank, underlining the need for the C4D strategy to take slightly different approaches in each region. In both locations, households in the lowest income tier were significantly less likely to feel positive about their ability to tackle stigma.

Parents and caregivers appreciated opportunities to share their experiences with peers; however, only a small proportion of them attended support

“Out of the 799 respondents, 40 percent said that their children received inferior treatment from extended family members and 56 per cent reported inferior treatment in the community.”

– Research report

“None of the schools accepted my daughter because of her physical disability, although she does not suffer from any mental disability and she is very smart. She is 8 years old today and is illiterate.”

– Mother, Hebron

groups regularly. Exchange via social media – in particular Facebook – was also seen as an opportunity to interact with others with similar experiences and as a relevant source of information.

“The negative attitudes will not change unless there is an understanding of persons with special needs through more awareness and inclusion in the community and for them to become part of the public sphere.”

– Community leader, Nablus

Influence on policy and programming

The research provides significant evidence in the field of developmental delays and disabilities among children, particularly around the need to build capacity among parents and caregivers to confront stigma and discrimination when it occurs. It also highlights how difficulties in accessing everyday services and unaccommodating physical environments create practical challenges to inclusion.

The findings from this study have informed targeted recommendations for the development of a C4D strategy by UNICEF State of Palestine. These are summarized here.

Recommendations

- Design messages targeted at the community level, rather than nationally, to reflect differences between the Gaza Strip and the West Bank.
- Focus communication efforts on building self-efficacy around confronting stigma and discrimination, getting referrals and communicating with service providers.
- Use communication efforts to build parents’ and caregivers’ knowledge of where to find relevant information and guidance, particularly on caregiving techniques.
- Encourage communities to play an increased role in providing emotional support for parents/caregivers.
- Design messaging that challenges the barriers to inclusion that result from Palestine’s physical and social environment, to help shift public consciousness around disability.
- Focus advocacy efforts on building capacity for institutional coordination.
- Support inclusion by investing in the physical environment, to increase visibility and public consciousness of the presence of persons and children with disabilities in communities.
- Prioritize face-to-face and online approaches to communication, and ensure channels are accessible to people with disabilities.
- In developing C4D materials, build on the participatory activities included in this research.

Looking ahead

UNICEF State of Palestine is now engaged with relevant government and non-governmental partners in the development of a C4D strategy. The intent is that the strategy is agreed by the end of 2021 and can be implemented over the coming years. Organizations working in areas related to disability have been involved in the process.

Additionally, the research will be used by UNICEF and the Palestinian Authority to develop an investment case and to present evidence-based

arguments to the World Bank and other donors, in order to leverage resources for future scale-up of early childhood development (ECD) and early childhood intervention (ECI) services in the Gaza Strip and the West Bank. The findings will also help UNICEF to advocate jointly with decision-makers and relevant national authorities and national partners to ensure sustainable funding for ECD and ECI services within the national budget.



[Download original report](#)



A girl plays throw-and-catch with her teacher, as part of an ECD session at one of the UNICEF-supported facilities in East Jerusalem, State of Palestine, 2020.

Endnotes

- 1 Kaur, I., et al., *West Bank and Gaza - Disability in the Palestinian Territories: Assessing situation and services for people with disabilities*, World Bank Group, Washington, DC, 2016, <<http://documents.worldbank.org/curated/en/501421472239948627/West-Bank-and-Gaza-Disability-in-the-Palestinian-territories-assessing-situation-and-services-for-people-with-disabilities>>, accessed 13 August 2021.
- 2 Jones, N., et al., *Every Child Counts: Understanding the needs and perspectives of children with disabilities in the State of Palestine*, UNICEF State of Palestine, Jerusalem, and Overseas Development Institute, London, 2016.

**REVIEW
PANELS**

**PARTNERS
AND FUNDERS**

Review Panels

External Review Panel

Sarah Cook (Chair)

Sarah Cook is Honorary Associate Professor at the University of New South Wales Sydney, Australia, where she was the inaugural Director at the Institute for Global Development (2018–2020), alongside her role as Visiting Professor at the Southern Centre for Inequality Studies, University of the Witwatersrand. Previously she held director positions at the United Nations, at UNICEF's Office of Research – Innocenti in Florence (2015–2018), and at the United Nations Research Institute for Social Development (2009–2015). She was a Fellow at the Institute of Development Studies, University of Sussex.

A development economist/ social policy and China specialist, Sarah has focused primarily on China's social and economic transformations in her research, encompassing issues of labour and migration, poverty, inequality, social policy and gender. Her engagement in China began in the mid-1980s, including as a Programme Officer with the Ford Foundation in Beijing (2000–2005), where she led the Foundation's initiatives on economics, governance and gender. Sarah received her PhD from the Kennedy School of Government, Harvard University, an MSc from the London School of Economics and Political Science and her BA from Oxford University.

Manuel Contreras-Urbina

Manuel Contreras-Urbina is a Senior Social Development Specialist at the World Bank and the Gender-based Violence Advisor for Latin America and the Caribbean. From 2014 to 2020, he was Director of Research at the Global Women's Institute of George Washington University in Washington, DC.

Manuel is a gender specialist with 25 years of national and international experience in gender, reproductive and sexual health research and programmes. His areas of technical expertise include violence against women and girls, social change in gender norms, men and masculinities, and reproductive and sexual health. He specializes in formative and operational quantitative and qualitative research and in design, monitoring and evaluation, and management of evidence-based programmes. Manuel holds a master's degree in Demography and Population Studies from El Colegio de México and a PhD from the London School of Hygiene and Tropical Medicine.

Imran Matin

Imran Matin is Executive Director of the BRAC Institute of Governance and Development, BRAC University and is Country Director for Bangladesh at the International Growth Centre at the London School of Economics and Political Science. Imran started his professional career at BRAC's Research and Evaluation Division, which he led from 2003 to 2006

and then at BRAC International as Deputy Executive Director until 2012.

He served as the International Programmes Director of Save the Children International from 2012 to 2017, overseeing the international programme portfolio of the organization operating in over 60 countries around the world. His immediate past role has been as Chief Research and Policy Officer of Innovations for Poverty Action, a global research and evaluation organization working across 20 countries. He has been involved in major research studies on microfinance, extreme poverty and social protection. He has a Masters and PhD in Economics from the University of Sussex.

Bidjan Nashat

Bidjan Nashat is Chief Executive Officer at Atlas Corps. Until July 2021, he was Global Program Impact Director and a member of the Senior Executive Team at Save the Children International.

In this role, he managed the technical quality and impact of an annual programming budget of \$1.2 billion that reaches 40 million children in over 100 countries worldwide. During the COVID-19 pandemic, he also played a major role coordinating the emergency response by engaging all technical departments, focusing mainly on adapting programmes across the globe.

Bidjan formerly served as Director of Programs and Advocacy at Save the Children Germany

(2013–2018) and as a Strategy Officer on Evaluation and Results at the World Bank (2008–2013). He studied at Yale and Georgetown University and holds a Master of Public Policy from the Hertie School in Berlin.

Ruth Nduati

Ruth Nduati is a Professor of Paediatrics and Child Health at the School of Medicine, College of Health Sciences, University of Nairobi. She is a world-renowned researcher in the field of HIV and a strong advocate for the rights of children. Her major achievements are her contributions to the understanding of the epidemiology and biology of breast milk transmission of HIV and the integration of prevention of mother-to-child transmission of HIV in resource-constrained settings. Over the years, Professor Nduati has mentored a number of people who have gone on to have illustrious careers as physician researchers.

She maintains an active research collaboration with the Department of Global Health at the University of Washington in Seattle. Professor Nduati also served as a member of the Kenya Medical Research Institute Board of Management and the International Monitoring Board for the Global Polio Elimination Initiative. She received a Bachelor of Medicine and Bachelor of Surgery from the University of Nairobi and a Master of Public Health from the University of Washington, Seattle.

UNICEF Innocenti Internal Review Panel

Agg, Catherine	Levano Gavidia, Maria Lorena
Albright, Kerry	Little, Celine
Anthony, David	McGrath, Nilam
Baghdasaryan, Bella	Mussa, Essa Chanie
Bakrania, Shivit	Nagesh, Radhika
Berduskaya, Vera	Nesbitt-Ahmed, Zahrah
Berman, Gabrielle	Nugroho, Dita
Bianchera, Emanuela	Ortiz Correa, Javier Santiago
Brossard, Matt	Otchere, Frank
Camilletti, Elena	Pasquini, Chiara
Carnelli, Marta	Perera, Camila
Carraro, Alessandro	Pesando, Luca Maria
Comba, Renaud	Peterman, Amber
Cunsolo, Sabbiana	Pizzolato, Cristina
Damborsky, Matej	Pontuschka, Rafael
Damoah, Kaku Attah	Rai, Bernadette
Faustini, Patrizia	Rechenbach, Silke
Gavrilovic, Maja	Rees, Gwyther
Gennari, Floriza	Rutstein, Dale
Gromada, Anna	Saeed, Marium
Groppa, Valeria	Sharma, Manasi
Guedes, Alessandra	Subrahmanian, Ramya
Hickler, Benjamin	Timar, Eszter
Ipince, Alessandra	Tirivayi, Juliana Nyasha
Jativa, Ximena	Twesigye, Rogers
Kajula, Lusajo	Valenza, Marco
Kamei, Akito	van de Scheur, Jorinde
Kaplan, Josiah	Viola, Francesca
Kapungu, Roselyn	Waidler, Jennifer
Karamperidou, Despina	Wells Dreesen, Thomas
Kardefelt Winther, Daniel	Wood, Gavin
Kodogo, Eugenie	Yu, Ruichuan
Lee, Angie	Zgrzywa, Ewa

Partners and Funders

The full titles of the original reports are provided here.

The reports are listed in the order in which they appear in this publication.

Disclaimer: The views expressed in the report summaries do not necessarily represent the views of the partners listed.

CHINA

Financing Adolescent Health in China: How Much, Who Pays, and Where it Goes

Partners and funders: Department of Global Health and Social Medicine, Harvard Medical School; Department of Health Economics and National Health Accounts Research, China National Health Development Research Center, National Health Commission; Hong Kong Committee for UNICEF; UNICEF China

EASTERN AND SOUTHERN AFRICA

Understanding and Improving Viral Load Suppression in Children with HIV in Eastern and Southern Africa

Partners and funders: AIDS Control Program and National Health Laboratory Services, Ministry of Health of Uganda; Department of Diagnostics and National Microbiology Reference Laboratory, Ministry of Health and Child Care of Zimbabwe; Departments of HIV/AIDS and HTSS Diagnostics, Ministry of Health of Malawi; UNICEF Eastern and Southern Africa Regional Office; UNICEF Malawi; UNICEF Uganda; UNICEF Zimbabwe

EAST ASIA AND THE PACIFIC

SEA-PLM 2019 Main Regional Report: Children's learning in 6 Southeast Asian countries

Partners and funders: UNICEF East Asia and the Pacific Regional Office education section and the Southeast Asian Ministers of Education Organization; UNICEF Cambodia, UNICEF Lao PDR, UNICEF Malaysia, UNICEF Philippines, UNICEF Viet Nam; Southeast Asia Primary Learning Metrics (SEA-PLM) bodies of governance; Governments and Ministries of Education of Cambodia, Lao PDR, Malaysia, Myanmar, Philippines and Viet Nam; Australian Council for Educational Research

Addressing Gender Barriers to Entrepreneurship and Leadership Among Girls and Young Women in Southeast Asia

Partners and funders: Citi Foundation; Youth Co:Lab; United Nations Development Programme; UNICEF East Asia and the Pacific Regional Office

SOUTH ASIA

Voices of Youth: South Asian Perspectives on Education, Skills and Employment

Partners and funders: Ernst & Young India; Generation Unlimited; UNICEF Pakistan; UNICEF Regional Office for South Asia; Viamo Pakistan; UNICEF Afghanistan; UNICEF Bangladesh; UNICEF Bhutan; UNICEF India; UNICEF Maldives; UNICEF Nepal; UNICEF Sri Lanka

Child Marriage in Humanitarian Settings in South Asia: Study Results from Bangladesh and Nepal

Partners and funders: Asia and the Pacific Regional Office of the United Nations Population Fund (UNFPA); Johns Hopkins University Bloomberg School of Public Health and Women's Refugee Commission; UNFPA-UNICEF Global Programme to End Child Marriage, funded by the Governments of Belgium, Canada, the Netherlands, Norway, the United Kingdom and the European Union and Zonta International; UNICEF Regional Office for South Asia

MOZAMBIQUE

Modelling geographical accessibility to support disaster response and rehabilitation of a healthcare system: an impact analysis of Cyclones Idai and Kenneth in Mozambique

Partners and funders: Gavi; Institute of Global Health, University of Geneva; UNICEF Eastern and Southern Africa Regional Office; UNICEF Health Division, New York Headquarters; UNICEF Mozambique

GHANA

Citizens' knowledge and perceptions about poverty, vulnerability, rights and social protection in Ghana: A baseline study

Partners and funders: UNICEF Ghana; University of Ghana; USAID

REPUBLIC OF MOLDOVA

COVID-19 Impact on the Remittances: Assessment of coping mechanisms of families with children from the Republic of Moldova

Partners and funders: Altai Consulting; local public authorities; National Bureau of Statistics; UNICEF Moldova; USAID

MONTENEGRO

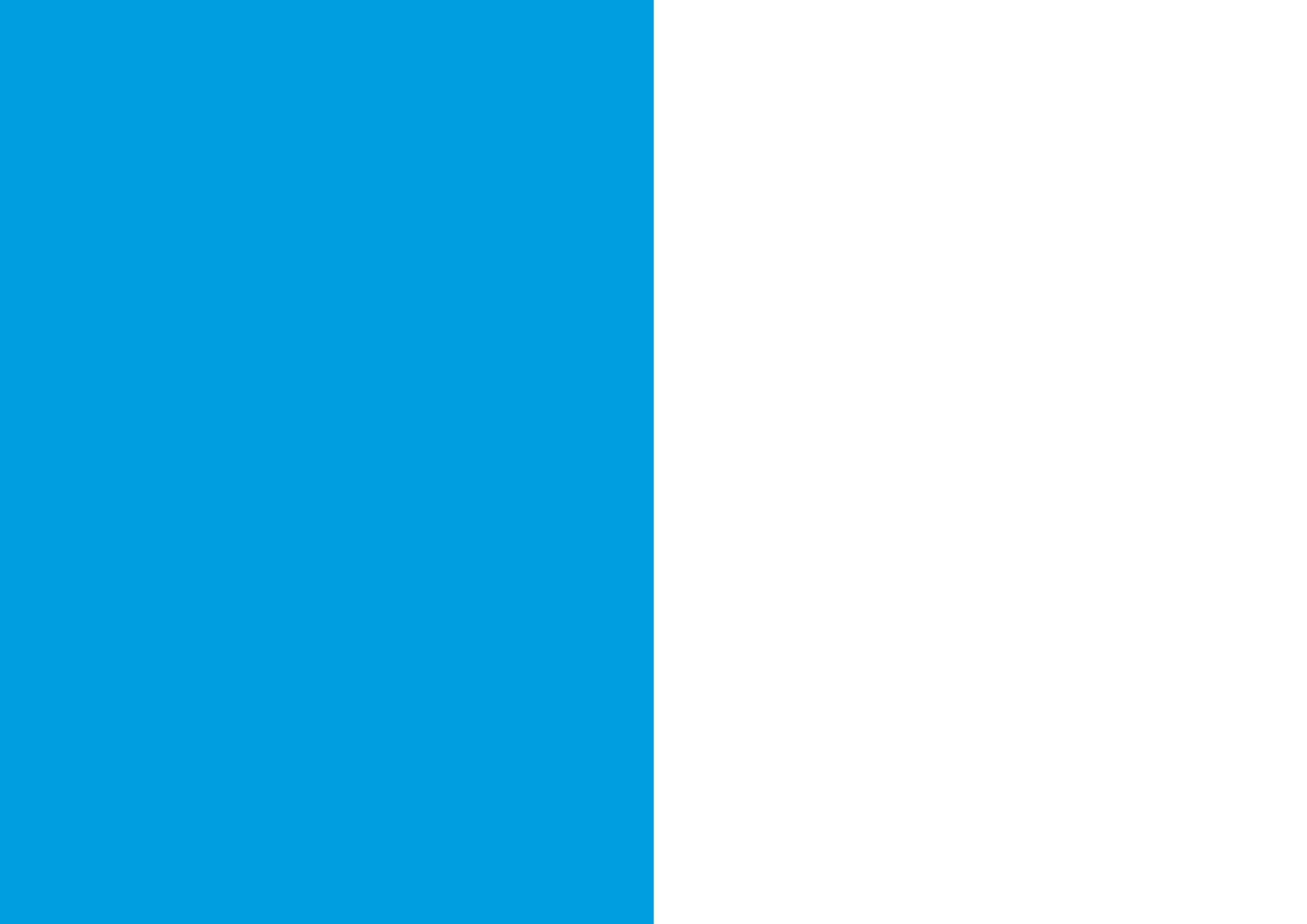
Analysis of the cross-sector system support for children with disabilities in Montenegro

Partners and funders: Civil Society Organizations, including Organizations of Persons with Disabilities; Council for the Rights of the Child; Government of Montenegro; Head of the Country Office, Montenegro; World Health Organization; Parliament of Montenegro: Committee on Human Rights and Freedoms and Committee on Health Labour and Social Welfare; Pluriconsult LTD; Protector of Human Rights and Freedoms of Montenegro; Social Affairs and Disability Section Representative, Delegation of the European Union to Montenegro; Social Inclusion Team, United Nations Development Programme; UNICEF Europe and Central Asia Regional Office; UNICEF Montenegro.

STATE OF PALESTINE

Baseline Knowledge, Attitudes, Beliefs and Practices (KABP) Study in support of a C4D Strategy for Early Childhood Development and Children with Developmental Delays and Disabilities for Palestine

Partners and funders: Government of Japan; UNICEF State of Palestine



for every child, answers

UNICEF Office of Research – Innocenti

Via degli Alfani, 58
50121 Florence, Italy
Tel: (+39) 055 20 330
Fax: (+39) 055 2033 220
research@unicef.org
www.unicef-irc.org