

PROGRESS IN CHILD WELL-BEING

– BUILDING ON WHAT WORKS

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Children around the world are doing better than ever, according to a new report from UNICEF and Save the Children UK. Compared to just a few decades ago, fewer young children are dying each day, fewer children are living in poverty and more children are well-fed and in school.

The good news for decision makers is that there seems to be a path to extending these gains:

Evidence suggests that they have resulted from strong, explicit national commitments to invest in children, supportive policies, and greater and well-targeted development assistance. Going forward, efforts will have the greatest impact if focused on the most disadvantaged, where childhood deprivation is increasingly concentrated.

Progress in Child Well-Being

– building on what works

A new report¹ commissioned by UNICEF and Save the Children UK, and prepared in collaboration with the Overseas Development Institute, brings encouraging news: There has been remarkable progress in children's well-being throughout the world over the past few decades, and there is a path to extending these gains. Greater emphasis on the most disadvantaged children, where childhood deprivation is increasingly concentrated, offers a cost-effective and efficient way to make even faster progress toward internationally-agreed goals for children. Case studies examined in the report suggest that various factors have been critical in delivering positive outcomes for children: stronger and explicit national commitments to invest in children, supportive policies and programmes at country level, and greater and well-targeted development assistance.

Why invest in children?

Investing in children's well-being is not only right in principle but also right in practice: It has significant pay-offs in terms of economic growth and social stability. Such investment develops human capital and can lead to greater productivity – a critical component of stronger economies. There are indirect impacts on economic growth too because girls' education and women's empowerment lead to smaller families, healthier babies and more children in school. Focusing resources on the most marginalized children can also contribute to reducing inequality and foster greater social cohesion. Investments in children are essential to not only achieve child rights today but also to underpin the foundations for more stable and prosperous countries in the future.

Reducing child poverty and deprivation is a key commitment of both governments and the international community. In the 2000 UN Millennium Declaration, world leaders agreed to work together to reduce poverty and hunger and promote education and health in the developing world. The eight Millennium Development Goals (MDGs) are all directly or indirectly relevant to children. With only four years left to reach the MDG target date of 2015, and in the wake of the global financial crisis, it is critical not to let this commitment falter. Indeed, this is the time to capitalize on the solid progress being made and intensify efforts to reach the finish line. The Convention on the Rights of the Child also commits States Parties to invest the maximum extent of their available

resources in the survival, protection and development of children.

Some striking signs of progress

- 12,000 fewer children under five died every day in 2010 than in 1990.
- Stunting – damage to children's physical and cognitive development caused by malnutrition – declined in developing countries from 40 per cent to 29 per cent between 1990 and 2008, while underweight prevalence also fell.
- Fewer children, are becoming infected with HIV or dying of AIDS.
- The number of children enrolled in pre-primary education worldwide increased from 113 million to 157 million between 1999 and 2009.
- From 1999 to 2009 an additional 58 million children enrolled in primary school and the number of out-of-school primary-aged children decreased by 39 million.
- Globally, girls now make up 53 per cent of out-of-school primary-aged children, compared to 61 per cent in 1990.
- The proportion of adolescents of lower secondary age who were out of school worldwide fell by 21 per cent from 1999 to 2009.
- More children are being registered at birth, and rates of child marriage and child labour have gone down in many countries.

There have been some remarkable advances

Significant strides have been made towards achieving several of the MDGs and in child well-being generally as a result of appropriate interventions resulting from a mix of government, donor and non-government efforts.

Fewer children under five are dying every day – 12,000 fewer in 2010 than in 1990. The annual rate of reduction globally increased from 1.9 per cent in the 1990s to 2.5 per cent in the 2000s; it doubled in sub-Saharan Africa over this period. Fourteen of the countries with the highest child mortality rates have managed to cut under-five deaths by half – one of them, Bangladesh, achieved a 67 per cent reduction between 1990 and 2010 (see Box 1).

Box 1: Improvements in child health in Bangladesh

Between 1990 and 2010 the infant mortality rate in Bangladesh declined by 62 per cent and the under-five rate by 67 per cent. Strong economic growth during those years helped boost efforts to reduce poverty, somewhat improve nutrition, make education more accessible to women and girls, and increase the resources available for health care. Perhaps more important, though, has been the sustained commitment of successive governments to improving child health through, for example, integrated management of childhood illnesses, increased immunization, vitamin A, de-worming, and water and sanitation coverage. Another key factor has been efforts to reduce gender inequalities, including government stipends to encourage girls' attendance at school and a large NGO microfinance movement that has focused largely on poor women. However, child survival rates lag behind national averages in some remote and disadvantaged regions of the country.

Reasons for this progress include more educated girls, greater investment in health-care systems, improved nutrition for mothers, better infant and young child feeding practices, effective preventive approaches (including preventing mother-to-child transmission of HIV) and increased access to safe water and sanitation.

There are fewer people living in poverty. It is estimated that between 2005 and 2010 the total number of poor people around the world fell by nearly half a billion to under 900 million. A particularly positive feature is that this decline is happening in most regions of the world, though at different speeds. While this aggregate decline can hide widening disparities, children generally benefit from falling poverty rates because they are disproportionately likely to be living in poor households (which tend to have more children than non-poor households).

In many countries, children are doing better despite slow economic growth. Achievements in key areas for child development – such as reducing child mortality and severe malnutrition, improving access to water and sanitation and increasing the number of children in school – have been made even in countries with moderate poverty reduction and slow rates of growth. Evidence suggests that although economic growth is a necessary condition of sustained improvement in health and education indicators and in the quality of social services, the 'take-off' in social development is more closely linked to national commitment, a favourable policy environment and spreading knowledge on effective, targeted and often low-cost interventions – such as immunizations or basic sanitation (see Box 2).

Box 2: Progress in water and sanitation in the Lao People's Democratic Republic

The Lao People's Democratic Republic is classified as a least-developed country and is one of the poorest countries in East Asia. Yet between 1995 and 2008 its average yearly progress in increasing the share of the population with access to improved sanitation was the second highest in the world. Some of the initial gains reflected achievements in broadening knowledge about basic sanitation, and consequent private household investments supported by rising incomes. Sanitation initiatives in the past decade have focused on the poorest districts, mostly in rural areas. The Government has also adopted a policy and toolkits to better target poorer and marginalized groups in project design and implementation.

Moreover, equitable approaches to, for example, education and access to land have underpinned later advances in social development.

There has been improvement in children's nutrition around the world, though the pace of progress has varied. Stunting (damage to children's physical and cognitive development as a result of chronic early under-nutrition) declined in developing countries from 40 per cent to 29 per cent between 1990 and 2008. Underweight prevalence among children under five also went down – especially in Latin America and the Caribbean where it fell from 11 per cent in 1990 to 6 per cent in 2008. There have been successes in tackling micronutrient (vitamin A, iodine and iron) deficiencies too.

Fewer people are becoming infected with HIV and fewer people are dying of AIDS. Thirty years of investment in preventing and treating HIV is paying off. Further, there has been significant progress in preventing HIV among children – globally there was a 24 per cent decline in newly infected children and a 19 per cent decline in children dying from AIDS between 2004 and 2009. One success story is Botswana, a country with high HIV prevalence (see Box 3).

Box 3: Preventing mother-to-child transmission of HIV/AIDS in Botswana

Botswana has pioneered an effective approach to preventing mother-to-child transmission of HIV and AIDS. It provides free HIV testing to pregnant women throughout the country – reaching 93 per cent in 2009 – and free anti-retrovirals (ARVs) to those who prove HIV-positive. In addition, increasing numbers of infants receive prophylactic ARVs. As a result, the proportion of children of HIV-infected mothers who were themselves infected declined dramatically from 20.7 per cent in 2003 to 4.8 per cent in 2008.

More people have access to improved water and sanitation. Between 1990 and 2008, 1.8 billion more people worldwide gained access to improved drinking water – an increase from 77 per cent of the world's population to 87 per cent. Over the same period, 1.3 billion people

gained access to improved sanitation (from 54 per cent to 61 per cent). The greatest progress has been in North Africa. Poor sanitation, water and hygiene are major factors in child health, with diarrhoea killing as many children under five as AIDS, malaria and measles combined.

More children are in pre-school. The number of children enrolled in pre-primary education worldwide increased from 113 million in 1999 to 157 million in 2009, mostly because of gains in South and West Asia and, to a lesser extent, sub-Saharan Africa and Latin America and the Caribbean. A few countries such as Chile (see Box 4) have either universalized services or developed special initiatives to provide early childhood development programmes in remote rural areas.

Box 4: Reducing inequalities in early childhood development programmes in Chile

Chile Crece Contigo (Chile grows with you) is a comprehensive protection system for early childhood set up in 2007 that provides integrated financial, educational and health support for children's development until four years of age. One of its main objectives is to reduce the effects of socioeconomic inequalities by the time children finish primary school. It targets children and families from the bottom two income quintiles. Though coverage of young children is not universal, the sustained expansion of early childhood development since 1990 reflects the strong commitment from successive governments. Chile Crece Contigo is institutionalized as a Chilean law, thereby guaranteeing funding, and continuity over time.

More children are in primary and secondary school – including more girls. There has been rapid advance towards the goal of universal primary education (MDG2). From 1999 to 2009 an additional 58 million children enrolled in primary school and the number of out-of-school primary-aged children decreased by 39 million, with 80 per cent of this decline in sub-Saharan Africa and South and West Asia. Survival rates until the last year of primary school have also increased in just over half the low- and middle-income countries for which there are data (26/50) and remained stable in around a third

(15/50), though they have decreased in approximately a fifth (9/50), and completion rates more generally need to be improved particularly for the poor and vulnerable. In addition, the global gender gap in school enrolment has narrowed. Worldwide, girls now make up 53 per cent of the out-of-school population compared to 60 per cent in 1990. The proportion of adolescents of lower secondary age who were out of school fell globally by 21 per cent from 1999 to 2009.

Children overall are better protected.

Approximately three quarters of States have signed, ratified or acceded to the Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, and the Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography, thus demonstrating their official commitment to child protection. The Guidelines for the Alternative Care of Children, which have been endorsed by the UN General Assembly, are being aligned with national frameworks and actions to reach children who are in need of or at risk of being in need of alternative care. Progress has been made in several key areas including birth registration, an increase in the median age of child marriage and a reduction in child labour in most countries (including those of substantial size such as Brazil, India and Mexico). Support for female genital mutilation/cutting has also declined significantly in some parts of sub-Saharan Africa.

What has driven these positive changes?

In 2010 world leaders called for intensified collective action on the MDGs and the expansion of successful approaches. This makes it crucial to identify the types of actions and interventions that have yielded positive results, particularly for children. The following are some of the key factors identified by the report as having resulted in long-term, sustainable improvements for children.

High-level national commitment and leadership

Strong leadership (often from the head of government) has led to various children's

issues being institutionalized as policy priorities and governments being given mandates and resources to achieve clear goals. In the case of Brazil, for example, political will led to well-resourced programmes for children. These programmes were considered ministerial priorities. They had strong accompanying mechanisms to strengthen accountability to citizens (see *Box 5*).

The fact that the fight against HIV and AIDS has mobilized political will and leadership globally has led to significant resources for prevention and treatment and to technical innovations such as the new generation of highly effective drugs. Even more importantly, these resources and innovations have been used in well-targeted ways. For example, a focus on critical issues such as preventing mother-to-child transmission has been shown to be highly cost-effective.

Box 5: A multifaceted approach to improving children's nutrition in Brazil

Rates of stunting and underweight have fallen dramatically in Brazil since 1990, and part of the credit goes to Fome Zero (zero hunger), a package of interventions structured around access to food, income-generating activities, social mobilization, citizenship education and strengthening smallholder agriculture. Fome Zero builds on a personal desire of former President Lula da Silva that by the time he left office every Brazilian should be able to have three meals a day. Political will has led to a well-chosen, evidence-based social policy that is well integrated with initiatives in other sectors and includes well-resourced programmes such as Bolsa Familia (household cash transfers), which is targeted to the poor and extreme poor. Other factors in its success include an engaged civil society and a positive economic environment.

A supportive environment

In most cases where progress has been achieved on a significant scale and been sustainable over the years, the leading role of the state has been key, either in terms of providing direct policy support, creating an enabling environment, financing initiatives or allowing the space for NGOs and donors to fill gaps in government provision. There have been

impressive increases in exclusive breastfeeding, for example, in countries where parliaments have passed laws on issues such as maternity protection for working women and the marketing of infant formula – challenging established practices and, at times, powerful business interests. As change for children does not happen in the very short term, sustainable commitment for continued support to programmes over the medium and long term needs to be retained across political cycles/terms.

Non-Governmental Organisations (NGOs) have been important in developing innovative approaches to reduce social or financial barriers to service use. When given access, they have helped extend service provision – particularly in geographically isolated areas and to socially marginalized groups. Their advocacy has played a positive role in making private sector services an important part of the overall service delivery.

Economic growth

Improvements in child well-being have generally occurred during or following periods of economic growth, as periods of growth tend to make greater resources available overall. Without growth, extending and maintaining access to services and quality improvements can become difficult, requiring hard choices in allocating limited funds. Yet, while growth tends to help foster aggregate progress, it does not always narrow the gaps between the poorest and the richest, and it may leave the very poorest behind. Indeed, as already noted, growth is not sufficient on its own but must be accompanied by multi-faceted programmes and the dedication of both financial and human resources to achieving goals. Governments may also need to take measures to tap the increased wealth generated by growth – for example, by improving the efficiency of revenue collection so as to capture a greater share of the benefits and use it for social progress.

Comprehensive policies for child well-being

Countries with comprehensive and holistic policies and strategies that address the multidimensionality of child poverty – including their human, social and emotional well-being -

are more successful in advancing children's rights and needs than countries with piecemeal approaches. For example, it is difficult to help children without addressing the challenges of their caretakers and environments. Having a range of policies in place on different areas of social well-being for households, particularly focused on children, can fuel progress across most child well-being indicators – as shown by the example of Viet Nam (see Box 6).

Box 6: A multidimensional focus on children in Viet Nam yields results

One of the world's sharpest declines in absolute poverty in recent decades has been in Viet Nam, and levels continue to go down despite the global economic slowdown. The country ranks in the top 10 worldwide in both absolute and relative progress toward achieving the MDGs. This is due in part to an explicitly child-focused development strategy that has increased budgetary allocations and set time-bound objectives for children's health, nutrition, education and access to clean water and hygiene. Child rights were integrated into the 2006–2010 Social-Economic Development Plan and there are national programmes in place to address the needs of children with specific vulnerabilities (such as those with disabilities or living on the street).

Understanding how successful programmes are designed and implemented is key to making sure that children benefit from policies aimed at improving their well-being such as free or low-cost basic health-care services, maternity benefits and the availability of affordable childcare that enables both parents to work. Social protection measures are increasingly gaining recognition as tools that can reduce child poverty as they commonly address social vulnerability and take into account the inter-relationship between exclusion and poverty.

Action on reducing inequities, including gender inequality

Progress in child well-being has often been greatest where there has been an explicit emphasis on directing resources to and improving the situation of the poorest and most marginalized groups. While conventional wisdom has been that more lives are saved, protected and enhanced in poor countries by

focusing on those individuals that are closer to the poverty line, or closer to meeting a particular development target, there is evidence that this is not always the case. Important gains can be achieved by focusing on the most vulnerable and marginalized because, for example, excluded populations within countries generally have a larger proportion of children owing to higher fertility rates, or a higher proportion of children in these groups die of preventable or treatable diseases. Examples in the report of equitable development strategies where improvements have been concentrated among the poorest include Brazil and Viet Nam (see Boxes 5 and 6).

Promoting gender equality and empowering women (MDG3) has also been a driver of child development progress in different ways. Some examples include improvements in girls' education rates, which have been critical to improvements in child health, nutrition and child protection, and preventing childbearing until young women are fully grown, which can play a crucial role in improving maternal nutrition and reducing low birth weight.

Adequate resources and cost-effective programmes

Progress has generally required significant financial investment. In most cases, additional resources have come from a combination of more investment by national governments and increased aid. The share of national income spent by low-income countries on education, for example, rose from 2.9 to 3.8 per cent between 1999 and 2009, and per capita spending on education rose in every region. Public spending on education in sub-Saharan Africa increased by 29 per cent between 2000 and 2005. Three quarters of this increased investment was the result of economic growth with the rest attributable to more efficient taxation and a redistribution of budgets in favour of education.

Effective programmes need to be affordable in a sustained manner, and this has to be part of their design. Increasingly governments and donors are seeking to invest resources in programmes that can yield positive results within a manageable level of costs. Research cited in the report shows that an equity-based

approach is cost-effective in achieving crucial child development objectives. Progress in transparency in the use of public funds and in the evaluation of interventions has also enabled a better overall use of resources. For example, evaluations of conditional cash transfer programmes, which originated in Latin America, have shown them to be effective in helping people pull themselves out of poverty and improving children's lives. This evidence has been used for the design of cash transfer programmes elsewhere.

The role played by development assistance

There is some debate in development circles about the causality between development assistance and economic and social progress. The report, however, argues that increased resources allow governments to scale up and extend services (as in Ethiopia, the Lao People's Democratic Republic, and Botswana); and/or enable quality improvements in service delivery to contribute to better policy outcomes (such as in Bangladesh's health sector).

The report's quantitative analysis further suggests a positive correlation between aid and positive outcomes for children in some regions and sectors. In the smaller sub-Saharan countries that have been receiving relatively higher levels of aid per capita, an additional annual \$0.01 of social sector aid per capita is associated with a reduction in infant mortality of 0.4 deaths per 1,000. In sub-Saharan Africa more generally, greater aid is correlated with falling infant mortality rates, reduced numbers of children living with HIV and AIDS, and lower levels of underweight children.

Development assistance dedicated to prevention and treatment programmes has contributed to progress in reducing infection and decline in AIDS-related deaths among children. This would not have been possible without the strong mobilization of the global community and the unprecedented levels of funding provided collectively by donors, governments, the private sector, philanthropic organizations and individuals. Development assistance has been well-targeted to countries

with the greatest needs and has been effective in reducing HIV rates among children. Analysis in the report suggests that (outside Southern Africa, where the HIV burden is highest) an additional cent per capita in aid dedicated to fighting HIV results in an annual decrease of 0.2 infected children per 1,000 of population.

Another example where it is clear that development assistance has made a difference is that 63 countries now have 90 per cent immunization coverage for major preventable childhood diseases, as compared to 12 in 1990. The formation of the GAVI Alliance in 2000 has led to the mobilization of substantially more funds for the introduction of new vaccines and increased coverage of longer-standing vaccination programmes. International support has also been important in enabling developing countries to expand educational provision, train and deploy more teachers, abolish school fees, enact curriculum reforms and improve quality – as in Ethiopia (see *Box 7*).

Box 7: Rapid and equitable expansion in primary and secondary education in Ethiopia

More children are attending school in Ethiopia due to increased spending, a massive increase in school facilities, the abolition of school fees, programmes to reach disadvantaged children, action on gender inequalities and efforts to improve quality. Net enrolments in primary education increased from 37 per cent in 1999 to 84 per cent in 2009, with girls' rates only 5 per cent below boys'. Secondary school enrolment, though low, also increased over the same period and is expected to rise sharply as the greater numbers of children now attending primary school transition to secondary. The Government-led expansion of education has been supported by external assistance.

Overall, it is clear that national investment in several aspects of child well-being, either in sequence or simultaneously, is key and has had strong pay-offs. But external assistance can catalyse progress and strengthen outcomes. Indeed, development assistance works best in contexts where there are national level commitments to pursue child development and there are functional programmes and

services that can be improved and scaled up. In addition, donors often foster knowledge sharing and provide technical support – such as inputs for design and impact evaluations – that can contribute positively to programme implementation beyond financing.

What still remains to be done?

While the report shows significant progress, there are continuing challenges. The world is off-track to meet the MDGs and the targets could be missed without intensified efforts. Child mortality rates globally remain very high – 7.6 million children under 5 died in 2010 – and 67 million primary-school-age children are still out of school. While stunting and underweight are on the decline, there are still 180 million stunted children around the world, and continued progress is needed in tackling nutrition and micronutrient deficiencies. Moreover, 2.6 billion people still lack access to improved sanitation, with major implications for child health.

Forty per cent of under-five deaths in developing countries (and half of all child deaths in South Asia) now occur in the first month of life and 71 per cent in the first year. Three quarters of newborn deaths could be prevented through a package of improved antenatal, obstetric and postnatal care and community outreach. Other interventions that pay off in better child survival rates include increasing rates of girls' education, promoting other programmes focused on women's empowerment, reducing poverty and extending immunization coverage. An estimated additional \$60 billion is needed between 2009 and 2015 to implement a full package of maternal, newborn and child health interventions in the 68 countries with the highest child and maternal mortality levels.

There is still a lot to be done as well to improve school retention and completion rates. The majority of children not attending primary school live in conflict-affected countries or in remote rural areas, sometimes among mobile or ethnic minority populations where mainstream education does not necessarily accord with cultural practices. Moreover, there is still much

to be done to ensure adequate education outcomes, especially for the sort of workplace demands and citizenship skills that can deliver economic payoffs and that are typically acquired with high quality secondary education.

Child ill-being is becoming increasingly concentrated among the poorest and most disadvantaged. Worldwide, they are at most risk of early death, malnutrition and not attending school, and in many countries they have been left behind by progress among middle-income and better-off groups. They are also often at the greatest risk of severe violations of their rights, such as abuse and exploitation. Disparities in progress between urban and rural areas, and problems in slums within urban areas, remain daunting, and the needs of the poorest of the poor – and those disadvantaged and pervasively discriminated against because of their sex, age, ethnicity or disability – must be addressed.

Progress for children has been particularly slow in conflict-affected countries. While only 20 per cent of the world's poor lived in fragile states in 2005, this share is now over 40 per cent and is expected to exceed 50 per cent by 2014. In weak and failed states with governance problems, armed violence and criminal activity (including through gangs) is escalating in rapidly expanding urban spaces and under-governed spaces with adverse consequences for all, including the young.

The way forward: Sustain commitment to reach all children

There is now a wealth of evidence and experience to help guide our way forward in investing in children and addressing their rights. The report makes it clear that progress in achieving children's rights has been accomplished by spending more and better targeted resources on key social sectors, often with the leadership of national governments and with technical and/or financial support from the international community. Going forward, sustained commitment and improved actions are vital to narrow the gaps and promote equitable outcomes for all children.

All actors – governments, civil society, the private sector, international agencies and multi and bilateral donors – should draw on the lessons of how these achievements have been made, and work to scale up successful approaches. In particular, greater coverage of well-designed social protection policies have the potential to continue helping to reduce poverty and improve other areas of well-being, especially education, health and nutrition.

Successful programmes for children in the future are likely to include social safety nets to prevent households that have broken out of poverty from slipping backwards; the scaling up of cash transfer programmes focused on promoting human development, particularly of children and women, and on pulling the extreme poor out of poverty; or programmes targeted at discriminated minorities or sub-national regions that could miss out on the rising living standards enjoyed by others. If such interventions address malnutrition, keep children in school, prevent early marriages of girls and so on, they can break the inter-generational cycle of poverty.

A greater focus on equity should be key. UNICEF estimates that MDG4 on child mortality could be achieved much more rapidly by focusing attention on the poorest households, which have the highest rates of child deaths. In 15 low-income, high child mortality countries, a focus on the poorest could reduce up to 60 per cent more deaths for every \$1 million invested than the current approach.² Save the Children has also argued that if the 42 developing countries that account for over 90 per cent of child deaths all took an egalitarian approach to cutting under-five mortality, and made progress across all income groups at the same rate as for the fastest-improving income group, an additional 4 million child deaths could be averted over a 10-year period.³

Technology and innovation offer the opportunity for multiplied impact, and for greater efficiencies and accountability along the spectrum of development work. More children can be treated if markets are shaped to create more affordable, available vaccines. Technologies like the internet and mobile phone networks can

provide access to information (and thus education, and thus opportunity) to the most remote and underserved communities at a scale that was impossible just a few years ago. The growing capacity for local innovation and local development of solutions to global problems is a true, scalable, driver of change.

All this means that greater mobilization of resources and action is needed – both from a moral and child rights perspective and because the economic and social pay-offs are great. Healthy, educated children are key to the future of all nations; those marginalized and left behind will threaten it. With new technologies connecting even the most remote communities, the poorest today are acutely aware of being left behind, and of missing out on larger societal gains. The goal should be to extend the achievements made to every part of the world, and to each and every child.

¹ The draft for public consultation and comment is available at http://www.unicef.org/socialpolicy/index_59577.html. The final report will be launched in early 2012.

² *Narrowing the Gaps to Meet the Goals* (UNICEF, 2010) is available at http://www.unicef.org/publications/index_55927.html.

³ *A Fair Chance At Life* (STC, 2010) is available at http://www.savethechildren.org.uk/en/54_12454.htm.

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