EVERY LAST CHILD

Save the Children



The children the world chooses to forget

Save the Children works in more than 120 countries.
We save children's lives. We fight for their rights.
We help them fulfil their potential.

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FOREWORD

In September 2015 the international community came together to agree on the most ambitious set of global goals the world has ever known. The Sustainable Development Goals, which are founded on the progress achieved in the era of the Millennium Development Goals, set out to build a new world – a better world for us and our children. A critical theme of the SDGs is that we 'leave no one behind' – everyone must benefit from the progress being made.

If we are to meet these exciting objectives, we need all sectors to step up and play their part. That is why I am delighted to support Save the Children's new global campaign, Every Last Child, and to welcome this thorough and hard-hitting report. For almost 100 years Save the Children has fought for the rights of children the world over. Its bold ambition – that all children, whoever they are and wherever they live, should have decent healthcare, education, and protection from harm – is worthy of the organisation's history and mandate.

It's inspiring that so much progress has been made in the last few years in lowering the number of children dying and increasing the number of children in school. Yet the numbers of child deaths and of children out of school are still unacceptably high, inflicting deep distress on parents whose children don't survive or who miss out on the opportunity to fulfil their potential because of poor nutrition or education.

A huge concern here is the disparity between different groups of children. *Every Last Child* shows that recent progress in fighting extreme poverty has often not reached those children who need it most – because of geography, gender, ethnicity or disability, or because they are victims of conflict.

At its worst, discrimination is deadly. A disproportionate number of the 16,000 children who die each day, most from preventable causes, are from these excluded groups. But exclusion exists even in the wealthiest countries, where children from ethnic minorities are more likely to grow up in poverty.

Conflicts have also created a specific group of excluded children – those who are refugees or internally displaced. On average, twice as many children die before their fifth birthday in conflict zones compared with countries not in conflict.

The data in this report makes troubling reading for all of us who want not just a better world but a fairer one too, where the legacy of discrimination and poverty is finally overcome.

It's no good going forward as a world if we can't bring everyone with us. We cannot be satisfied until every last child has the opportunity to survive and thrive.

It's time to build the fairer world we all want. Save the Children is taking a bold lead in confronting one of the great moral struggles of our time. For all those involved in Save the Children, I wish you strength in the fight to ensure that children are not only empowered to escape from poverty, but liberated from inequality and discrimination.

Helen Clark
Administrator of the United Nations Development Programme and the former Prime Minister of New Zealand



PHOTO: LEILEI PHYU/UNDP

THE STORY IN NUMBERS

Children from excluded groups are being left behind across the globe.

400 million children from ethnic and religious groups are discriminated against according to our estimations.[1]

One quarter of all children we have data on – equivalent to 1.2 billion children in developing countries – are living in a region of their country that's been left behind.[2]

117 million women were missing from the global population in 2010 largely due to pre-natal sex selection.[3]

720 million women were married before they were 18 – compared with 156 million men.[4]

1 in 4 refugee children of secondary age are estimated to be in school[5] compared with 3 in 4 children worldwide.[6]

5% of the global population are from indigenous groups but they make up **15%** of those people in poverty.[7]

There's a **3–4 times** greater likelihood that children with disabilities will experience physical and sexual violence and neglect than their peers.[8]

And it's getting worse.

More than half of countries for which data is available have seen an increase in inequality in life chances between ethnic groups and between regions within countries since the 2000s according to our new research.[9]

Two-thirds of families who lack good health, nutrition and education are from a minority ethnic group.[10]

42,500 people a day fled their homes in 2014, a **fourfold** increase from 2010.[11]

17 years: the average length of time refugees spend uprooted from their homes.[12]

But things can get better.

30% increase in the number of children immunised in the Ayacucho region of Peru after receiving cash transfers.[13]

More than 90% of Rwanda's population was covered by the national health insurance system in its first decade.[14]

50% reduction in gender inequalities in child mortality has been achieved in Bangladesh in the last two decades.[15]

91% of girls worldwide completed primary school as of 2013, up from 78% in 2000 and nearing boys' completion rate of 93%.[16]

THE WORLD HAS MADE PROGRESS IN IMPROVING CHILDREN'S LIVES – BUT MILLIONS HAVE BEEN EXCLUDED BECAUSE OF WHO THEY ARE OR WHERE THEY LIVE.



Save the Children is calling on world leaders to make three guarantees to all children...



...to ensure basic rights for all children and to reach every last child.



TO SURVIVE AND THRIVE | TO LEARN | TO BE PROTECTED

EXECUTIVE SUMMARY

THE WORLD'S FORGOTTEN CHILDREN

Around 16,000 children under five will die today.[1] Around 250 million school-age children – two out of five children – are missing out on learning.[2]

Which children survive or die, learn or don't, is no accident. It's a result of choices that exclude some groups of children by design or neglect.

We live in a world where the bodies of child refugees are washed up on European beaches, and where an indigenous child can miss out on life-saving healthcare simply because of their heritage. It's a world where a girl can have her access to education denied and her whole future blighted simply because she is a daughter and not a son. It's a world where millions of children with disabilities are missing out on the education that would free them to make the most of their lives.

For nearly a century, Save the Children has been fighting to save children from poverty. Now we are determined to defeat an enemy every bit as deadly and destructive: the discrimination that means millions of children are dying needlessly, being denied the chance to learn or being exposed to violence, just because of who they are.

This report tells the story of these forgotten children and sets out what is required to reach every last child.

THE WORLD MUST RENEW THE BATTLE AGAINST DISCRIMINATION

In our lifetimes, the world has made tremendous progress in the fight against poverty. Since 1990, the number of children dying before their fifth birthday from preventable causes has halved.[3] There are 42% fewer children out of primary school than in 2000.[4] And the number of children who are stunted as a result of malnutrition has fallen by more than a third.[5]

These celebrated achievements have saved and changed millions of lives, but we have not had similar successes in the fight against discrimination. That means that this progress has not been spread fairly among all children.

Extreme poverty continues to be a fatal outrage, but a disproportionate number of children who die or lose out on education are not 'just' poor. Whether they live in a rich country or in one of the world's poorest countries, they tend to experience a combination of poverty and discrimination. Together these two injustices add up to exclusion.

WHAT DO WE MEAN BY 'EXCLUSION'?

The world's forgotten children are excluded groups of children who are not benefiting from recent global progress in social well-being – particularly in health and learning – because of a toxic mix of poverty and discrimination. The discrimination they face can be deliberate or the result of neglect or oversight.

Experiencing a combination of discrimination – any distinction or restriction based on who they are and where they live and that prevents them enjoying their rights – plus poverty means a child is excluded. That exclusion is stopping millions of children getting the food, healthcare and education they need. What's more, these children and their communities generally have little power to change this and little influence over the decisions that shape their lives.

Exclusion is apparent in every country and for millions of children:

- 400 million children around the world are from ethnic and religious groups that are discriminated against.[6]
- 1 child in 10 lives in a conflict-affected country.[7]
- 150 million children are estimated to be living with a disability.[8]
- 400 million children under 13 live in extreme poverty.[9]
- One quarter of all children we have data on – equivalent to 1.2 billion children in developing countries – are living in a region of their country that has been left behind.[10]

Excluded children are disproportionately those left behind.

These are the world's forgotten children and they are both the focus and the heroes of our new campaign.

We are focusing on these children because discrimination is costing and destroying too many lives:

- Two-thirds of families who experience health, nutrition and education poverty in low- and lower middle-income countries are headed by a person from an ethnic minority group.[11]
- Indigenous groups make up 5% of the global population but 15% of those people in poverty.[12]
- 720 million women were married before they were 18 – compared with 156 million men.[13]
- Girls in the poorest households are less likely to be in school than boys in the poorest households.[14]
- Only one in four refugee children of secondary age is in school.[15]
- Children with disabilities are 3–4 times more likely to experience physical and sexual violence and neglect than their peers.[16]

As well as hurting millions of children, the economic and social impacts of these forms of discrimination are profound. Exclusion undermines trust, community cohesion, economic growth and peace.

NEW FINDINGS ON EXCLUDED CHILDREN

Our **Child Development Index (CDI)** reveals the wide inequalities in life chances that children across the globe experience today simply because of who they are. It measures key indicators of a fair start in life, allowing us to rank countries – and, more importantly, groups within countries – according to children's life chances. Emerging inequalities are striking. In the Republic of Congo, disparities between ethnic groups are as large as differences between average outcomes in Egypt and Somalia. In Peru, a middle-income country, indigenous Quechua children have life chances equivalent to the average for children in the Gambia, a poor country. In Mozambique, disparities are as large as the differences between average outcomes in Chad and Indonesia.

In this report, we use newly computed data on ethnicity, regions within countries and gender from our **Groups-based Inequality Database (GRID)**. This database contains statistics on human development outcomes computed from direct data processing of 280 household surveys and a large compilation of aggregated public sources. We used GRID to compute the Child Development Index and to undertake a series of new analyses, including how the situation is evolving over time. We found that more than half of countries from our sample have seen an increase in inequality in life chances between ethnic groups and regions within countries.

Unfortunately, lack of data remains one of the challenges with excluded groups, as they also remain invisible to statistics. Our analysis was complemented with estimations based on **secondary data**.

The report also benefits from in-depth analysis undertaken in 28 countries where we work. Save the Children experts, working on the ground with the most excluded groups, produced a series of Country Spotlights, with rich evidence that helps to understand specific country contexts and the drivers behind the vast inequalities in children's outcomes. Evidence from their analysis was complemented with case studies of individual children and parents who benefited from Save the Children programmes.

IN MANY COUNTRIES IT'S GETTING WORSE

It might be tempting to dismiss some of these problems as simply 'unfinished business', injustices that will be rectified as poverty is eliminated. In fact, the impact of exclusion on life chances is becoming **more**, not less, important.[17]

Our findings, based on new data analysis, show that inequalities in life chances between excluded ethnic groups and others are worsening in the majority of countries for which data is available. Our research found that, more than 20 years after the end of apartheid and more than 60 years after the birth of the American civil rights movement, ethnicity is still important in defining life outcomes in every corner of the globe. For example, Quechua children in Peru are 1.6 times more likely to die before their fifth birthday and more than twice as likely to be stunted as children from a Spanish-speaking background. In Ghana, Gruma children were about twice as likely to be stunted as more advantaged groups in 1998; this gap had grown to nearly 3.5 more likely by 2014. In the majority of countries, inequalities are getting worse and excluded ethnic groups are being left behind.

Our analysis also shows that inequalities in life chances between regions within countries are growing for the majority of cases with available data. Where a child lives in a country can be as important as which country they are born in. For example, our Child Development Index shows that in Burkina Faso children living in the Sahel region have lower life chances than children living in Chad (a poorer country) – whereas children from the capital region of Ouagadougou are on a par with the average for children in Indonesia. In most countries, these inequalities in life chances are increasing. For example, in Benin children in the most deprived region of Alibori made slower progress and dropped further behind despite important improvements for the country as a whole.

At the same time, the number of child refugees is on the rise, with 2014 seeing the highest number of child refugees in over a decade. In 2011 children made up 46% of refugees worldwide; in 2014 that rose to 51%.[18] And 2014 saw the highest number of displaced people on record – 59.5 million – with a staggering 8.3 million more people displaced than in 2013. Over half of those internally displaced are children.[19]

It is not enough to blame mismanagement or bad luck. The enduring nature of these disparities signal at best gross neglect and at worst profound and deep-seated discrimination.

WE ARE ALL RESPONSIBLE

Without urgent action to tackle exclusion, progress in tackling poverty will slow and may even halt altogether.

In 2015 world leaders agreed a new set of Global Goals (the Sustainable Development Goals or 'SDGs'), which give the world shared targets to end poverty once and for all. In agreeing the goals they promised to 'leave no-one behind'. We share those ambitions and applaud those world leaders who pushed for bold commitments. But we know these goals can't be achieved without ending discrimination against excluded groups. Focusing on poverty alone won't be enough.

In recent years the world has rightly begun to challenge income and wealth inequalities. But what's needed now is a similar focus on how to tackle inequalities in life chances between girls and boys, between different ethnic groups and between different regions, and to address all forms of identity-based inequality. The exclusion of children because of who they are or where they live is a choice, with actors responsible at every level.

- Exclusion is **experienced at the household level** – when the decision about whether a boy or girl goes to school is based on the family's income, the child's gender, or their disability status.
- Exclusion is **reinforced at the local level** – with certain groups penalised, and local schools and health clinics failing to provide inclusive services.
- Exclusion is **institutionalised at the national level**, with the voices and experiences of excluded children and their communities ignored, and a lack of resources to ensure every child survives and thrives.
- And, despite important norms and conventions set by the United Nations and agreed by most countries, this injustice is too often **under-written at the international level** by a failure to give developing countries their fair share of global taxes and aid, and a failure to ensure the rights of all excluded children are realised.

TABLE 1 THREE GUARANTEES TO ALL CHILDREN

1. Fair finance	2. Equal treatment	3. Accountability
Increased public revenue, collected and spent equitably, and supported internationally	Laws and policies to remove discriminatory barriers to services	Better data disaggregation
Remove cost barriers to services	Public campaigns to challenge norms and behaviours	Governance at all levels includes children
Minimum financial security for all children	Every birth registered	Budget transparency and monitoring

A FAIR CHANCE FOR ALL CHILDREN

While the barriers faced by excluded children are high, they are not inevitable. They are the result of human choices, and human choices can help tear them down. To overcome the financial, discriminatory and accountability barriers to inclusion, we're calling on leaders across the world to make **Three Guarantees to All Children**:

1. **Fair finance – sustainable financing of and free access to essential services**
   Public investment in good-quality and equitable essential services must be increased and improved. Universal essential services will help all children, but they will help excluded children the most.
2. **Equal treatment – end discriminatory policies, norms and behaviours**
   Discriminatory norms must change, and legal and policy barriers be removed (for instance, those that tolerate and perpetuate violence in schools and child marriage).
3. **Accountability of decision-makers – to children, their families and communities**
   Greater participation of excluded groups – including children – in policy-making and budget allocation must be ensured.

These Guarantees are demands we make of decision-makers everywhere on behalf of all children everywhere. Small steps won't end exclusion: these Guarantees must be delivered to every last child.

SAVE THE CHILDREN'S GLOBAL CAMPAIGN

We know what needs to be done to ensure that no child gets left behind simply because they are a girl, or from an ethnic group that is discriminated against, or have a disability, or are displaced by conflict or living in the 'wrong' place. This report sets out Save the Children's ambition to help end exclusion – and urges leaders from around the world to join us in doing whatever it takes to reach every last child.

Over the next three years Save the Children will do whatever it takes to help ensure that every last child survives and thrives. We will work directly with excluded children, coming up with innovative solutions and programmatic approaches. We will challenge the laws, norms and policies that have allowed poverty and discrimination to persist. And we will campaign with and for the world's forgotten children.

This task could not be more urgent. The narrow, exclusionary world we live in today is not the world we should be building for our children. With your help we can build one in which no child's chances are determined by who they are or where they were born. Together we can end exclusion.

Together we can reach every last child.

PART ONE
AN UNCOMFORTABLE TRUTH

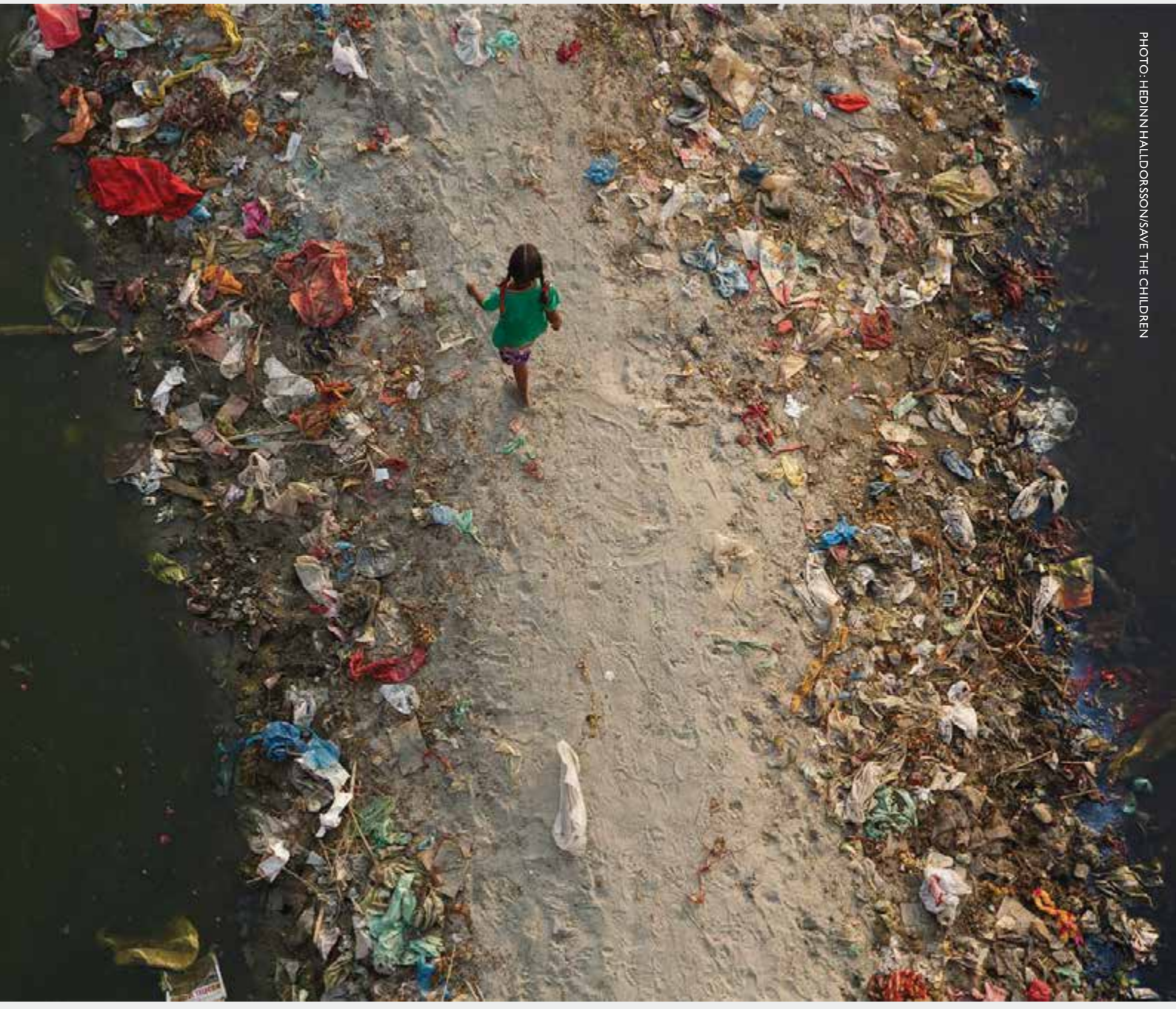


PHOTO: HEDINN HALLDORSSON/SAVE THE CHILDREN

The banks of the Yamuna river, Agra, India, where child workers come to wash clothes

PART ONE
AN UNCOMFORTABLE TRUTH

In the span of a generation, the world has been transformed for millions of children. Since 1990, the proportion of children dying before their fifth birthday from preventable causes has more than halved.[1] The number of children out of primary school has been cut by 42% since 2000.[2] And the number of children who are stunted because of malnutrition fell by a third between 1990 and 2010.[3]

But despite this impressive progress, millions of children are being left behind. Every day 16,000 children under five die, most from preventable causes.[4] 58 million children of primary-school age are out of school.[5]

In the 21st century it is unacceptable that children's lives and futures are being destroyed when the world has the power to stop this happening.

Global leaders have promised to act. Across the world governments have committed to ensure children's basic rights are upheld, and that the most vulnerable and marginalised children are not left behind. The United Nations Convention on the Rights of the Child (see box below) – the most widely ratified human rights treaty in history – states that governments must ensure the rights of children without discrimination of any kind and "irrespective of… race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status".

In September 2015 world leaders agreed a new set of Global Goals, which give the world shared targets to end poverty and secure the future of our planet within a generation. The new 2030 Agenda on Sustainable Development signals a firm commitment from all countries to 'leave no-one behind', and that those furthest behind will be prioritised.

But despite those commitments, and despite higher levels of global wealth than ever before, humanity is still failing to ensure that the basic rights of all its children are realised.

Who are the children being left behind? And why are they being excluded?

THE UN CONVENTION ON THE RIGHTS OF THE CHILD

Children are afforded and protected by the same human rights as adults. However, children are also protected by the UN Convention on the Rights of the Child (UNCRC).

The UNCRC, which has been ratified by almost every country in the world, stipulates the legal obligations of states to realise children's rights to, inter alia, education, health, and protection. The UNCRC contains 54 articles and has three optional protocols. It has four core principles: non-discrimination; ensuring the best interest of the child; ensuring the right to life, survival and development; and respect for the views of the child.

Article 4 of the UNCRC mandates states to "undertake all appropriate legislative, administrative, and other measures for the implementation of the rights recognized in the present Convention. With regard to economic, social and cultural rights, States Parties shall undertake such measures to the maximum extent of their available resources and, where needed, within the framework of international co-operation".

WHAT'S THE PROBLEM?

When we examine in more detail which children are being left behind, an uncomfortable truth emerges. Increasingly, the children dying needlessly and missing out on basic education are not just poor. They also belong to groups whose identities have been culturally devalued, or who live in disadvantaged regions of their countries, or who lack political representation. And when these group identities intersect, children facing multiple forms of discrimination are often the furthest behind.[1]

Are you a girl? A refugee? Do you have a disability? Are you a member of a minority ethnic group? If so, you are more likely to see the opportunities now abundant in our world go to other children.

- In the poorest countries, two-thirds of families experiencing health, nutrition and education poverty are headed by a person from a minority ethnic group.[2, 3]
- Indigenous groups make up 5% of the global population but 15% of the poorest people globally.[4]
- Children in conflict-affected areas make up 36% of out-of-school primary-age children worldwide.[5]
- Children with disabilities are three to four times more likely to experience physical and sexual violence and neglect than their peers.[6]

Put plainly, children are missing out on decent healthcare and learning not just because they are poor, but because they face discrimination – based on their ethnic background, their gender, the region of the country they live in, a disability, their migrant status, or another aspect of their identity. Socially, economically, politically, these are 'excluded children'.

And it happens in rich countries as well as poor. In the UK, more than half of Bangladeshi and Pakistani children are growing up in poverty, compared with one in five children overall.[7] And in Canada the poverty rate among indigenous children is 40%, compared with the national average of 17%.[8] Indigenous children are also more deprived in terms of educational attainment, crowding and homelessness, poor water quality, infant mortality, health and suicide rates.

WHAT DO WE MEAN BY EXCLUSION?

In this report excluded groups of children are those children who are not benefiting from recent global progress in social well-being – particularly in health and learning – because of a toxic mix of poverty and discrimination. The discrimination they face can be deliberate or the result of neglect or oversight.

HOW MANY CHILDREN ARE EXCLUDED?

No child should face discrimination and poverty. But right now, in the second decade of the 21st century, the scale of discrimination and exclusion is shocking. According to our estimates there are:

- **400 million children** from ethnic, religious and indigenous groups that are discriminated against[9]
- **1 in 10 children** living in countries affected by conflict[10]
- **150 million children** estimated to be living with disabilities[11]
- **400 million children** under 13 in extreme poverty,[12] with girls in the poorest households less likely to be in school than boys in the poorest households.[13]

2 WHY DOES EXCLUSION MATTER?

THE DIRECT IMPACT OF EXCLUSION ON CHILDREN

Exclusion is a clear violation of children's rights. Mandates to protect the rights of all groups are set out in a succession of human rights treaties – the Universal Declaration of Human Rights; the Convention on the Rights of the Child; the Convention on the Elimination of all Forms of Discrimination Against Women; the International Convention on the Elimination of All Forms of Racial Discrimination; the International Covenant on Economic, Social and Cultural Rights; the UN Declaration on the Rights of Indigenous Peoples; and the Convention on the Rights of Persons with Disabilities.

The impact of exclusion on children can be severe, long-lasting and wide-ranging, particularly so because of children's vulnerability and because childhood is such a critical developmental period. Children's individual experience of exclusion is, of course, unique. Nevertheless, there are many common themes:

EXCLUDED CHILDREN…

…have poorer access to quality health and education services, and to water, sanitation and electricity.

- A child in the Afar region of Ethiopia is almost nine times less likely to be vaccinated against killer diseases than a child in Addis Ababa, the capital.[1]
- Discrimination in access to water and sanitation on the basis of race and ethnicity has been documented for indigenous people in Costa Rica, for Dalits in Bangladesh, Roma in Europe, and communities of Korean descent in Japan.[2]

…are more likely to experience violence.

Excluded groups, including children with disabilities, street children and children from ethnic, racial, caste or indigenous groups that are discriminated against are more vulnerable to violence.[3] There is a growing body of evidence that violence against children increases their risk of being subjected to and perpetrating subsequent violence, and of experiencing a downward spiral of marginalisation, isolation, and exploitation.[4] Parents often stop their children, especially girls, going to school if they risk sexual harassment, rape or other forms of abuse.[5]

…are more likely to face stigmatisation and unfair cultural practices.

For example, despite extensive legislation prohibiting child marriage, it continues in many parts of the world under customary laws (see page 30).

…are more likely to be persecuted because of their beliefs or identity.

For example, child migrants who are lesbian, gay, bisexual, transgender, intersex or questioning, and who have obtained refuge or asylum in the USA and Canada, report encountering severe verbal and physical abuse by parents and family members, from an early age – some from as young as five.[6]

…are more likely to be administratively invisible, ie, unregistered.

This makes it much harder for children to access health and education services (see page 37).

…are more likely to be adversely affected by disasters related to climate change.

According to the Intergovernmental Panel on Climate Change, "socially and geographically disadvantaged people exposed to persistent inequalities at the intersection of various dimensions of discrimination based on gender, age, race, class, caste, and disability are particularly negatively affected by climate change and climate-related hazards."[7]

…may face long-term psychological damage.

Research has long established that the early stages of life are of enormous importance in development.[8] Discrimination and undignified treatment may result

in children internalising inequality, believing they are inherently 'worth less' than others. In a controlled experiment in India, boys from high and low caste displayed the same ability to solve mazes under monetary incentives, but low-caste boys performed worse if the name and caste of the boys were announced at the beginning of the session.[9] Another study found that female university students who read scientific essays asserting that there are no gender differences in mathematical ability perform better in mathematical problems.[10]

ECONOMIC AND SOCIAL COSTS OF CHILDREN'S EXCLUSION

Exclusion is not only costly to individual children and their families, but to society as a whole.

ECONOMIC COSTS

Social and economic inequalities are already having negative impacts on supply chains, capital flows, and employee productivity.[11] The lost potential of excluded children is associated with significant productivity losses.

ECONOMIC INEQUALITY AND EXCLUDED GROUPS

Income and wealth inequality have increased across the globe.[12] At the same time, strong evidence has emerged that inequality is undermining the ability of countries to reduce poverty,[13] to have strong and stable rates of economic growth[14] and to deliver equality of opportunity.[15] The shift in policy discussions – across low-, middle- and high-income countries – from a primary focus on poverty reduction to consideration of inequality, means also looking at what is happening at the top-end of the income and wealth spectrum, and at the way the economy and political structures are impacting social hierarchy overall.

Levels of economic inequality have huge relevance for the situation of excluded groups and, hence, excluded children. As excluded groups are more likely to be poor, drivers of economic inequality – including globalisation; segmentation of labour markets; regressive tax collection and social spending; political capture and corruption; the increase of size and influence of the financial industry; and skills-biased growth[16, 17] – also drive differences between excluded groups and others. The combination of economic inequality with discrimination means that policies that address only the latter will not suffice. Countries must adopt policies that deliver inclusive growth – whereby economic growth creates opportunities for all segments of society and the proceeds of prosperity are fairly distributed.[18]

Often policies to address group-based inequalities would also help reduce economic inequality and vice versa. But it should not be assumed that a focus on group-based inequality will naturally result in a reduction in economic inequality. For example, in South Africa a reduction in group-based inequalities since the end of apartheid has not been accompanied by an overall reduction in economic inequality.[19]

ECONOMIC GROWTH AND EXCLUDED CHILDREN

Countries where inequalities in children's health and education are getting worse – including Nigeria, Peru, Uganda – as well as those that have seen the fastest reduction in inequalities – including Bangladesh, Kenya, Nepal – vary in size, income-level and conflict status.[20] However, it is worth noting that many of the countries with growing inequalities have experienced impressive rates of economic growth: growth does not necessarily deliver equality of life chances between children.

Nigeria, Africa's most populous nation, is of particular interest in this respect. The economy expanded by an average of 8.2% annually since 1999, and has the third-highest number of millionaires on the continent after South Africa and Egypt.[21] Economic growth has increased per-capita income by nearly fivefold to $2,970.[22] However, growing inequalities in children's healthcare and learning, notably between the north and the south of the country, demonstrate that this progress is not being equally shared.[23]

- One study found that exclusion of the ethnic minority Roma cost Romania 887 million euros in lost productivity.[24]
- Studies in Bolivia estimate that ethnic exclusion reduces agricultural productivity by up to 37%.[25]
- The exclusion of people with disabilities from the labour market in Bangladesh is estimated to lead to a total economic loss of US$891 million a year; income losses among adult caregivers add an additional loss of US$234 million a year.[26]
- The long-term impact of 2.8 million Syrian children never returning to school could be as much as 5.4% of GDP, or over $2 billion.[27]

SOCIAL COSTS

The social costs of exclusion include a lack of community trust and cohesion – a product of unequal power relations in social interactions. Studies have found that countries with higher trust and cohesion tend to have better public service provision and financial accountability.[28] One study calculates a welfare loss of up to 22% as a result of a lack of trust and cooperation among different ethnic groups in selected Latin American countries.[29]

FUELLING CONFLICT

Studies regularly link violent conflicts with group-based inequalities,[32] including between Hutu and Tutsi groups in Burundi, the violence in Kenya after the 2007 election and the conflict in South Sudan.[33] Disparities between rich and poor people that mirror inequalities between ethnic or religious groups create fertile ground for grievances. When combined with political exclusion, social and economic exclusion can increase the likelihood of violent conflict, giving both the leadership and the general population of an excluded group a motivation to mobilise.

In Côte d'Ivoire group inequalities persisted for years without violence until a change in leadership, which brought about political exclusion, led to conflict in 2002.[34] The probability of conflict increases threefold in countries where asset inequalities between ethnic groups, religious groups or regions are greater.[35]

GIRLS' EDUCATION: A SMART INVESTMENT

When girls are not educated, their future families and wider communities suffer.

Secondary education for girls is one of the four most robust predictors of a country's improved health outcomes. Maternal education is associated with:

- later marriage and pregnancy
- fewer women dying in childbirth
- increased use of health services
- improved child health and nutrition.[30]

Rates of child stunting would be decreased by 26% if all mothers had secondary education in low-income countries.[31]

Children's educational attainment also improves when mothers have themselves gone to school.

3 WHAT ARE THE DRIVERS OF EXCLUSION?

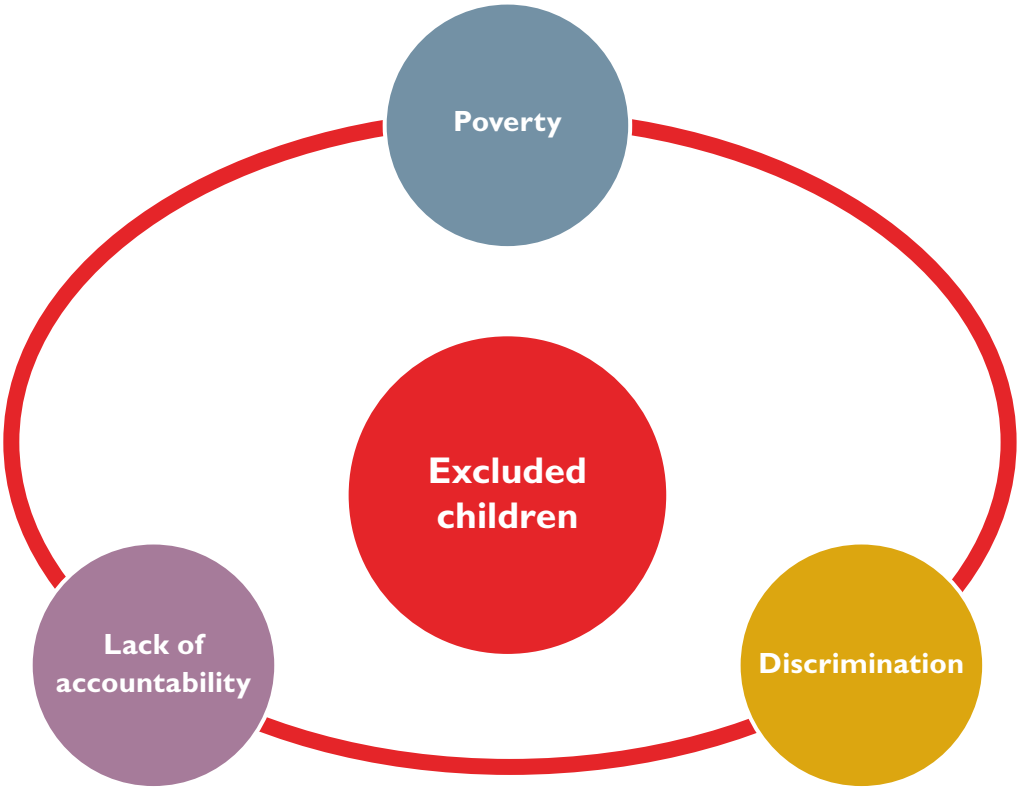
Understanding the drivers of exclusion means considering a large range of social, economic and political factors. These vary from country to country. However, whatever the context, there are three common barriers to progress driving children's exclusion across the world:

1. Financial barriers: The cost of paying for basic services, such as health and education, push people into poverty or prevent them escaping poverty. Up to 17% of people in low- and middle-income countries – nearly 1 billion people – are pushed into or further into poverty as a result of paying for health services.[1] In developing countries, low tax ratios (generally 15–20% of GDP, compared with 30–40% in rich countries) lead to limited resources for essential education, health and social protection services for children.

2. Discrimination: Discrimination at **local and national levels** may take many forms, ranging from laws and policies that explicitly discriminate against particular groups to social and cultural norms that result in discrimination.

3. Lack of accountability of those in power: Without structures and processes that ensure decision-makers are accountable to excluded groups, dominant groups are able to keep lower-status groups at a disadvantage and maintain the status quo. At the international level, the roots of the unfair distribution of tax funds that could potentially benefit children living in poverty lie in a decision-making infrastructure that is skewed towards the needs of high-income countries (see page 53).

FIGURE 1 THE THREE DRIVERS OF EXCLUSION



WHERE ARE THE BARRIERS THAT EXCLUDE CHILDREN?

These three types of barriers play themselves out at four levels – **household, local, national and international** – and combine to limit the life chances and voices of excluded children (see box below). Drivers at one level affect outcomes at the next level, such that there is a trickle-down effect from the international level through to the national, local and household levels. Solutions to these drivers will thus involve actors at all levels taking responsibility.

Figure 2 provides a conceptual framework that sets out some of the drivers of exclusion at these four levels, with children at the centre, both affected by the actions of others, but also potential active agents of change themselves.[2]

CHILDREN'S EXCLUSION – FROM THE HOUSEHOLD TO THE INTERNATIONAL LEVEL

Children's exclusion can be imposed at the **household** level. A key factor driving power-dynamics and decision-making on children's health and education, for instance, is a mother's education, autonomy and access to financial resources. Increasing income available to households reduces the chances of children dropping out of school, and improves their chances of having adequate food supplies and access to healthcare.

The **local** level – including a child's neighbourhood – is where children's exclusion becomes most visible. Barriers to children receiving good-quality education or healthcare include user fees; direct and indirect discrimination – against girls or specific ethnic groups; and violence in schools.

At the **national** level, an absolute lack of resources, is often a key factor in poor health and learning outcomes for the poorest children. Failure to acknowledge the excluded group problem is also often a factor. That includes the inequitable allocation of available resources; the fact that very few countries collect data that is disaggregated by ethnic or religious groups; and an absence of legal protection (including for children with disabilities, and lesbian, gay, bisexual and transgender children).

Finally, the **international** dimension is also critical, most obviously on finance. The wealthier nations and the global system of finance they uphold serves to limit the amount of revenue available to the poorest countries to spend on the poorest children, rather than to enable progress.

TOUGH CONTEXTS: CONFLICT AND EXCLUSION

There is a further component in exclusion – conflict and crisis. This has two key effects on children's exclusion. On the one hand, conflict creates a specific group of excluded children – refugees and internally displaced people (IDPs) (see page 32). Children are forced from their homes, and are likely to face discrimination and poverty as they seek to rebuild their lives far away.

On the other hand, children who were already suffering the effects of exclusion are likely to find their exclusion exacerbated in conflict and crisis situations. Among children, those who are poor, the youngest, girls, and children with disabilities are disproportionately affected. For example, gender discrimination can lead to inequitable distribution of scarce resources such as food to women and girls, leading to malnutrition and other health problems in times of conflict.[3] Children with disabilities are often overlooked in humanitarian action and become even more marginalised as fewer resources are available in the midst of an emergency.[4] In addition, conflict and crisis are usually associated with 'de-development' – ie, those who are in excluded groups are likely to be further disadvantaged in managing the difficult situations that arise.

FIGURE 2 UNDERSTANDING EXCLUSION: A CHILD-CENTRED APPROACH

EXCLUDED CHILDREN

A child's self-confidence and agency are affected by the actions at the household, local, national and international levels. Empowering children and allowing them to participate meaningfully in society will help ensure accountability to excluded children.

NATIONAL

- Growth that is not inclusive
- Unfair financing (eg, inequitable regional budgeting, regressive tax systems)
- Exclusion from markets

≠

- Lack of (enforced) discrimination laws

- Excluded groups not visible in data or policy
- Lack of accountability to excluded groups
- Land rights absent or not upheld
- Conflict
- Elite capture/clientalism



INTERNATIONAL

- Economic ideologies that promote inequalities
- Unfair financing (eg, a global tax system that favours high-income countries)

≠

- Absent or insufficient norms and accountability mechanisms established through conventions, charters and declarations

- Lack of awareness about excluded groups
- Unfair trade deals

HOUSEHOLD

- Poverty

≠

- Cultural/gender norms that affect power dynamics
- Mothers'/caregivers' lack of education

LOCAL

- Limited access to free, good-quality health, education and protection services
- Remoteness and poor transport infrastructure

≠

- Institutional discrimination within local services
- Stigmatisation/discriminatory cultural norms
- Patriarchal and other discriminatory customary laws

- Development projects that harm excluded groups' livelihoods
- Threat/fear of violence/inter-community conflict

FINANCIAL BARRIERS ≠ DISCRIMINATORY BARRIERS AND CULTURAL/GENDER NORMS GOVERNANCE AND ACCOUNTABILITY BARRIERS

NEW FINDINGS ON EXCLUDED CHILDREN

The evidence and findings presented in this report draw on seven core research inputs:

1. Our **Child Development Index:** We built on previous Child Development Indexes by computing four key indicators linked to a fair start in life: being registered at birth, children's chances of surviving to their fifth birthday, levels of child stunting, and primary education completion.

TABLE 2 INDICATORS OF THE CHILD DEVELOPMENT INDEX

Dimension	Indicator
Survival	Under-five mortality rate
Birth registration	% of children not registered at birth
Nutrition	Under-five stunting rate
Education	% young people aged 15–24 years, who have not completed primary school.

Note: For further methodological details see Appendix 3.

While not comprehensive, these four indicators offer a substantive measure of wider human development progress. Once broken down, they provide a landscape of injustice globally and allow us to provide new analysis on regional, ethnic/racial and gender disparities. The CDI includes national level data on 94 countries, with a combined population of more than **1.2 billion** children. In order to analyse inequalities within country, the index is further disaggregated by subgroup of population with a coverage of 83 for disaggregation between boys and girls, 48 countries with disaggregation for regions within the country, and for 22 countries with disaggregation for ethnic groups. (For more details on the CDI, see Appendix 3.)

2. **Groups and Inequality Database** (GRID): In this report we use available data on ethnicity, regions and gender from the Groups-based Inequality Database (GRID), developed by Save the Children in collaboration with the Overseas Development Institute. GRID is based on direct data processing of Demographic Health Surveys and Multiple Cluster Indicators Surveys, and various aggregated public sources (the UN Inter-agency Group for Child Mortality Estimation, World Health Organization, UNICEF, World Bank and the World Inequality Database on Education). For methodological details on GRID see Appendix 2.
3. **Secondary data:** Unfortunately, lack of data remains one of the challenges with excluded groups. Many excluded children – children with disabilities, refugees, street children – remain uncounted in official data. They are not captured in household surveys and hence not included in our index or GRID. Therefore, many statistics in this report are based on best estimates from various UN agencies or credited organisations.
4. **Country Spotlights:** Save the Children has experts working with the most excluded groups on the ground on a daily basis. Research conducted in more than 28 offices from Albania to Zambia provided rich evidence with which to understand specific country contexts and the drivers behind the vast inequalities in children's outcomes. Summaries of Country Spotlights are given in Appendix 1; full versions of the Country Spotlights can be downloaded from the Save the Children website: www.savethechildren.org.uk/resources/online-library/every-last-child
5. **Literature reviews:** We commissioned four literature reviews – exclusion and education, exclusion and child health, exclusion and violence against children and on policies to address discrimination.[5]
6. **Testing our conceptual approach:** We conducted interviews and workshops with relevant actors within the Save the Children movement to develop the child-centred approach to understanding exclusion (see Figure 2 on page 9).
7. **Interviews with excluded children and their parents:** We have included case studies of individual children and their parents who are involved in Save the Children programmes.

PART TWO
WHO ARE THE EXCLUDED CHILDREN?



PHOTO: HEDINN HALLDORSSON/SAVE THE CHILDREN

Fiker, 12, left his home in rural Ethiopia when his father died and came alone to the capital, Addis Ababa. He lives on the street.

PART TWO
WHO ARE THE EXCLUDED CHILDREN?

In this section we look at how children are faring in the four groups of excluded children for which data exists:

- minority ethnic groups
- disadvantaged regions
- girls
- refugee and internally displaced children.

We then look at other groups for which there is very limited data:

- children with disabilities
- street children and children living in informal urban settlements
- lesbian, gay, bisexual, transgender, questioning or intersex (LGBTQI) children.

We use the *Child Development Index* (CDI), developed by Save the Children, for this report. The CDI reflects four key dimensions of a fair start in life. The rationale is simple. Every child, including those in the excluded groups, should be guaranteed survival, birth registration, nutrition and education (see Table 2 on page 10).

While not comprehensive, these four indicators offer a substantive measure of wider human development progress. Once broken down, they provide a landscape of injustice globally, allowing us to provide new analysis on regional, ethnic/racial and gender disparities.

The higher the index value, the better the children are doing in a particular country or excluded group. A score of 100 implies that the minimum requirements of the four dimensions are fully met.[1]

The CDI provides insights on the large global disparities in children's life chances. While Chile has an average CDI score of nearly 100, Somalia and Chad score below 30, underlining what we already know well – the country you are born into defines to a large degree your life chances.

But the real surprises appear when we disaggregate country averages by social and economic groups. This shows that in many supposedly more prosperous countries, excluded groups of children are faring worse than in other countries that are *on average* a lot poorer – see, for example, page 15 and page 19.

4 EXCLUDED BY ETHNICITY, RACE, RELIGION AND CASTE

BORN EQUAL?
TRAN THI HOAN'S STORY

Tran Thi Hoan is a tailor. Her husband, Tran Duy Hung, is a farmer. They live in a village in a mountainous region of Vietnam.

Their son was born at their local district hospital. But from birth he had difficulty breathing. The doctors were unable to treat him. Instead, they were referred to the provincial hospital.

The provincial hospital was 80 km away, along mountain roads.

"It took three hours," says Thi Hoan. "We went by ambulance, but there was no equipment on the ambulance to help my baby breathe. When we got to the provincial hospital, the doctor said the baby was now in a critical condition."

Help came too late.

"Our baby died a few days after being born," says Thi Hoan.

Dr Du Quang Lieu works at the local hospital where Thi Hoan gave birth. "We want to be able to treat newborn cases here at the district hospital," she says. "But to able to do that we need newborn care training. And we need a newborn care unit with machines and equipment that can help save lives.

"The death rate of children under the age of five here is still high. So we also need help to train midwives at the commune level on how to teach mothers to look after their child once they are back home."



PHOTO: TUL PINKAEW/SAVE THE CHILDREN

Tran Thi Hoan lives in a mountain village in Vietnam.

There are some 5,000 ethnic groups in the world, and almost all the world's countries have minority ethnic or religious groups.[1] While different communities live together harmoniously in many contexts, other groups face discrimination, inequalities and associated tensions.

Many ethnic, indigenous, racial, caste and religious groups have experienced centuries of systematic and cumulative discrimination and disadvantage, whether they are the Dalits of India, the Quechua in Peru, the Roma in Eastern Europe or African Americans in the USA. These groups may be diverse in their appearance, language, histories and location, but all share an experience of injustice and marginalisation.

In many countries, poverty is concentrated among some minority ethnic groups.[2] In Bolivia, for example, particular minority ethnic groups feature predominantly in the poorest quintiles, whereas they are virtually absent from the richest quintile.[3]

In education, discriminatory barriers are manifested in language barriers and curriculum design. In Laos, a baseline survey for a Save the Children project found that the average reading comprehension was 68% for Lao-speaking children and only 26% for non-Lao-speaking children. 90% of Lao-Tai children are enrolled in primary schools compared with 49% of Sino-Tibetan children.[4]

In relatively prosperous countries, inequalities between ethnic groups can be so vast that the education and health of children in disadvantaged groups are comparable to children's outcomes in some of the poorest countries.

- Only 29% of Roma children receive primary schooling in Montenegro compared with the national average of 91%.[5]
- In Bosnia and Herzegovina, 40% of Roma children receive primary schooling, compared with the national average of 92%.[6]
- Among Roma households in north-east Romania, south-east Serbia and in the mountains of north and east Albania, the poverty rate is up to 50% higher than the national average.[7]

We estimate that there are 400 million children in ethnic, religious and indigenous groups who are discriminated against and are at risk of being excluded **in today's world**.[8] In the timeline set out in Figure 4 (page 17), we can see how exclusion reinforces itself over a childhood in rural Vietnam, where Tran is from.

RIGHTS OF CHILDREN IN INDIGENOUS GROUPS

The UN Convention on the Rights of the Child (UNCRC) was the first core human rights treaty to include specific references to indigenous children in a number of provisions. The specific references to indigenous children in the UNCRC indicate recognition that they require special measures in order to fully enjoy their rights. The Committee on the Rights of the Child's General Comment no. 11 concerns indigenous children and their rights under the Convention.

The UN Declaration on the Rights of Indigenous Peoples (UNDRIP) sets out how governments should respect the human rights of indigenous peoples. It is also an important guide for the proper implementation (or fulfilment) of other human rights agreements or conventions affecting indigenous peoples, such as ILO Convention 169, the UNCRC and the Convention on the Elimination of All Forms of Discrimination against Women. UNDRIP consists of 46 articles that describe specific rights, and actions that governments must take to protect these rights.

In the case of education (UNDRIP art. 14), indigenous peoples have the right to set up and manage their own schools and education systems. Indigenous individuals, particularly children, have the same right as everyone else to go to school and must not be left out because they are indigenous. This means that governments must ensure that indigenous peoples – particularly children – living in, or outside of, their communities get the same benefit from the education system as other children and in ways that respect indigenous cultures, languages and rights.

DIFFERENCES IN THE CHILD DEVELOPMENT INDEX BY ETHNICITY

Our Child Development Index reveals the wide inequalities in life chances that children of different ethnic origin still experience today in the 21st century. Unfortunately, data on ethnic group is not available for most countries so we are only able to disaggregate the CDI by ethnic groups in a selection of countries. The available comparative data shows significant inequalities (see Figure 3).

The Republic of Congo, a middle-income country, has an average CDI score of 82, but wide disparities between ethnic groups – from a CDI score of 85 for the more advantaged Mbochi children to a score of 28 for Pygmy children. This is equivalent to the gap between children in Egypt and children in Somalia. Inequalities are striking:

- Pygmy children are four times more likely to be stunted than Mbochi children.
- 88% of Mbochi children complete primary school, compared with just 6% of Pygmy children.

In Peru, another middle-income country, indigenous Quechua children have life chances similar to those of children living in a poor African country such as Gambia:

- Quechua children are 1.6 times more likely to die before their fifth birthday and more than twice as likely to be stunted as children from a Spanish-speaking background.

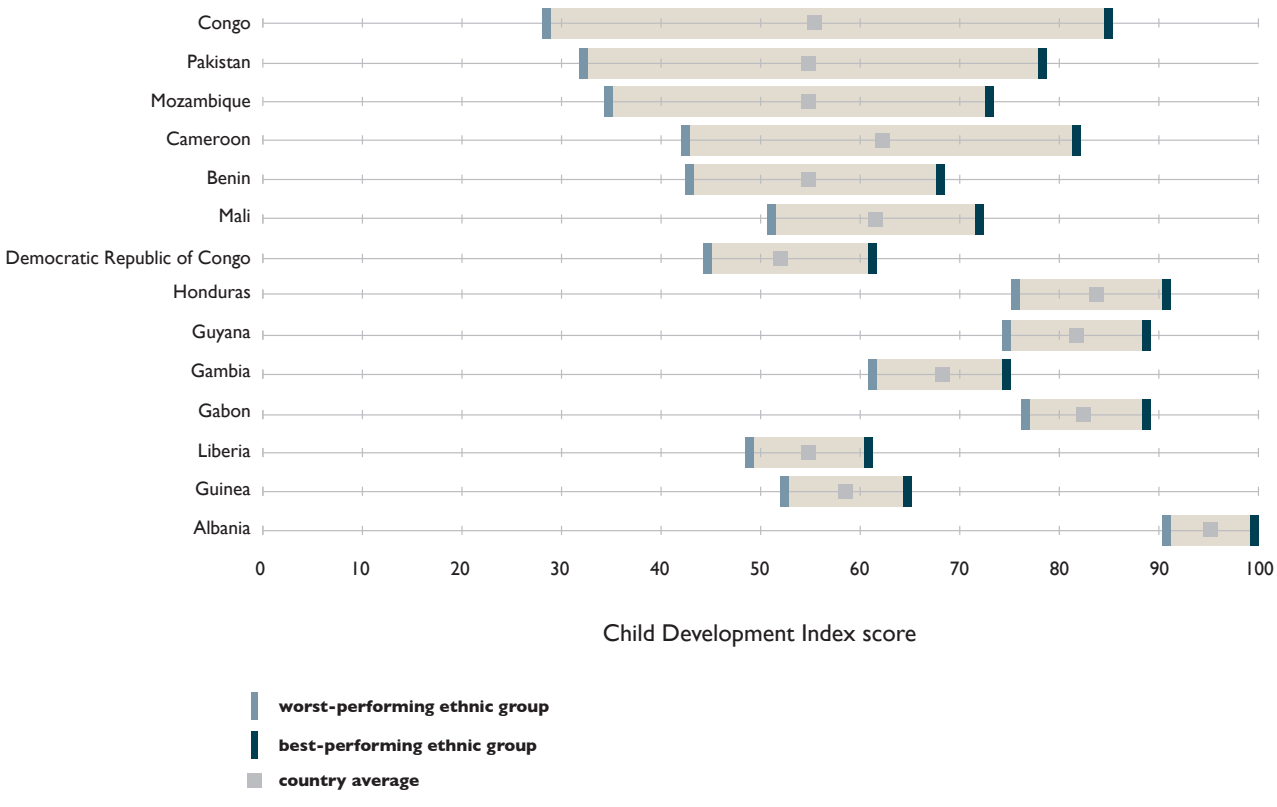
In Cameroon, ethnicity still shapes children's life chances. Children from more disadvantaged Biu-Mandara groups have an index score of about 44 compared with Bamileke and Bamoun who have an index score of 82.

- Children from those excluded ethnic groups are 2.1 times more likely to die and 3.5 times more likely to be stunted.
- They are also three times less likely to finish primary school and 4.5 times less likely to be registered at birth.

Another striking example is Mozambique. While the country as a whole has a CDI score of 52, Portuguese-speaking children's CDI score of 75

FIGURE 3 INEQUALITIES IN CHILDREN'S LIFE CHANCES BETWEEN ETHNIC GROUPS

This graph compares the Child Development Index scores for the best and the worst performing ethnic groups for which data is available. Countries are ranked according to levels of inequalities in CDI scores between the best and the worst-performing group.



is equivalent to that of a middle-income country such as Indonesia. But Elomwe children's CDI score of 35 is equivalent to that of Chad, a poor and fragile country.

- In Mozambique, only 26% of Elomwe children are registered at birth as opposed to 87% of Portuguese-speaking children.
- Portuguese-speaking children are four times more likely to complete primary education than Elomwe children.

INEQUALITY IN LIFE CHANCES BETWEEN ETHNIC GROUPS IS INCREASING

Our analysis reveals that these unfair inequalities in life chances are often increasing. We found that, for those countries with available data:

- Inequalities in the relative chances of surviving their fifth birth are increasing in 11 out of 16 countries (67% of countries).
- Inequalities in the chances of being stunted are increasing in 6 out of 11 countries (55% of countries).
- Inequalities in the risk of children not completing primary education are increasing in 10 out of 11 countries (91% of countries).

In Ghana, Gruma children have arguably been left behind amid the country's recent progress in tackling malnutrition. In 1998, Gruma children were about twice as likely to be stunted as more advantaged groups, but by 2014 this gap had grown, with Gruma children nearly 3.5 more likely to be stunted than other groups.

In most countries, a child in the worst-off ethnic group is twice as likely to be malnourished with respect to the most advantaged groups. This figure has stayed roughly the same between 2000 and 2012.[9]



PHOTO: TOM PILSTON/SAVE THE CHILDREN

Refugee children forced to flee unrest and violence in Burundi, now in a camp in Tanzania

FIGURE 4 EXCLUSION TIMELINE OF ETHNIC MINORITY CHILDREN IN VIETNAM





KINH MAJORITY CHILDREN



ETHNIC MINORITY CHILDREN

FROM BIRTH

18%
of their mothers don't receive antenatal care (4 or more visits)[1]





67%
of their mothers don't receive antenatal care (4 or more visits)[1]

Infant mortality of
10 per 1000
live births[1]





Infant mortality of
30 per 1000
live births[1]

9%
of children don't receive DPT3 vaccine[1]





23%
of children don't receive DPT3 vaccine[1]

2%
of children don't complete primary school[1]





12%
of children don't complete primary school[1]

24%
of children don't attend secondary school[1]





57%
of children don't attend secondary school[1]

30 per 1000
adolescent birth rate[1]





115 per 1000
adolescent birth rate[1]

TO ADOLESCENCE

For references see timeline endnotes

5 EXCLUDED BY REGIONAL DISADVANTAGE

MISSING OUT IN TURKANA, KENYA

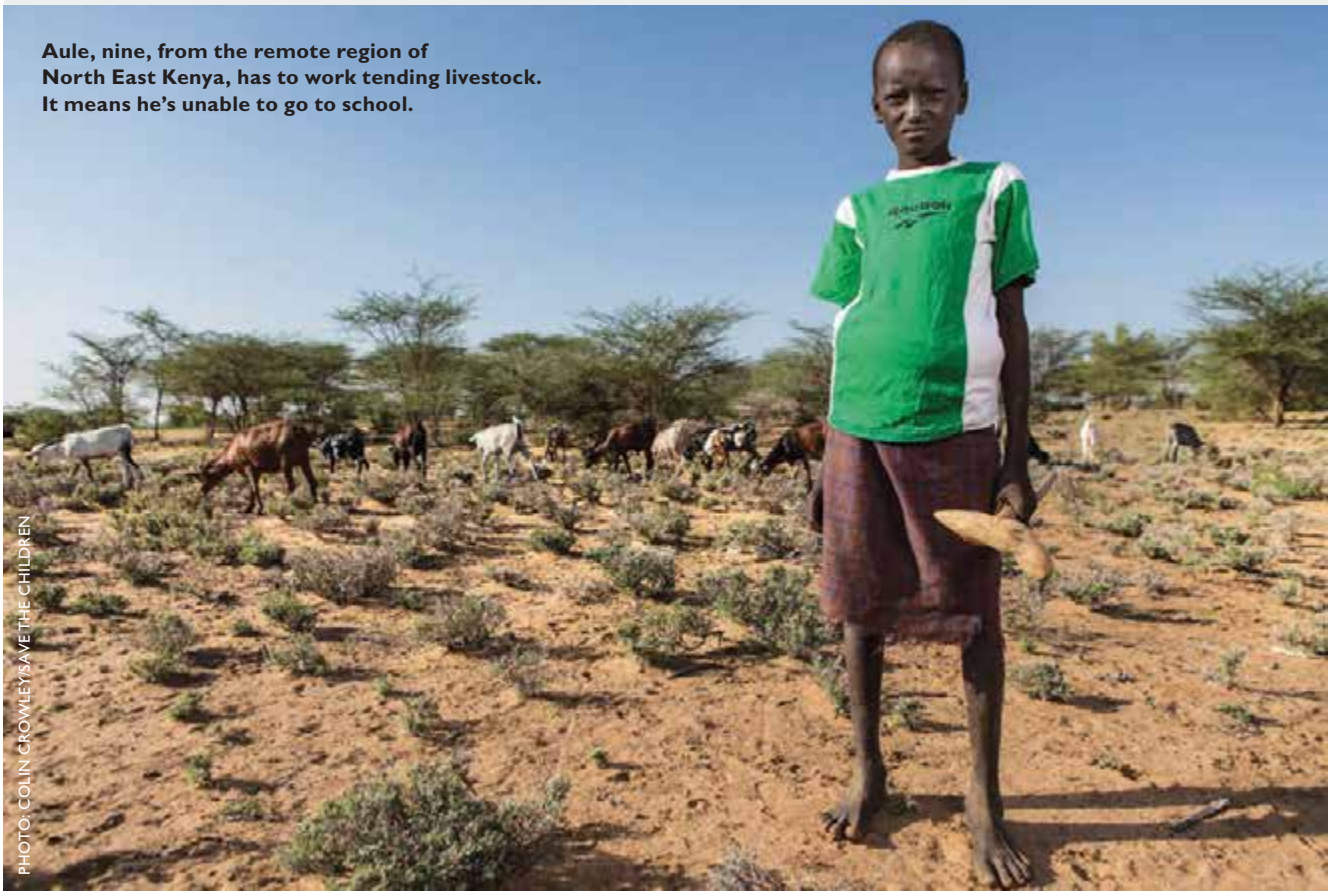
AULE'S STORY

Aule, nine, lives in Turkana County, Kenya with his parents and his six brothers and sisters. Aule works herding livestock every day, providing essential income for his family. He is the only school-age child in his family who does not attend school. Aule says he would like to go to school but has never considered it to be a real possibility.

"Every day I take care of the animals. From morning until night I watch after them, then I take them back safely in the evening. I take them out to places where there are green plants to eat. Sometimes when I'm taking care of the animals, I go far away from home and there are foxes. Sometimes I get afraid that my animals will get attacked. Sometimes when I am out with the animals all day I get hungry because there is no food to eat.

"I went to nursery school when I was younger, but I stopped going to school when I was small. My older sister goes to school and my younger siblings do too. I would like to go to school to get some education and have a good life, but I've never thought that chance could come. It is not something I even think about."

Nine out of ten people in the drought-prone Turkana region of Kenya live in poverty – compared with two out of ten people in Nairobi.[1] Only 42% of children in the North East region have completed primary school – far below the rate in Nairobi of 93%.[2]



Aule, nine, from the remote region of North East Kenya, has to work tending livestock. It means he's unable to go to school.

PHOTO: COLIN CROWLEY/SAVE THE CHILDREN

Remoteness, difficult terrain or conflict pose challenges to delivering services – and these factors might explain some variation from national averages in health, nutrition and education outcomes. However, where there are much bigger gaps between a region and the national average, systematic disadvantage may be a factor.

Disadvantaged regions within countries are often home to minority ethnic groups. For instance, the northern mountainous and the Central Highlands regions of Vietnam have the country's highest proportions of ethnic minorities; they are also the poorest regions in the country.[3]

THE GEOGRAPHICAL LOTTERY

A child's life chances depend not just on which country they are born in, but which part of that country. Figure 5 shows the wide disparities in development outcomes between the best and worst-performing regions of a selection of countries, demonstrating how widely regional inequalities persist.

In some countries the regional inequalities are extreme. For example, in Burkina Faso, Cameroon, India and Tanzania the score of children in the most deprived region of each of those countries is less than half the index score of children living in the most favoured region. In Burkina Faso, children living in the Sahel region have an index score of 35 – less than children living in Chad (a poorer country) – whereas children from the Centre region, where the capital Ouagadougou is situated, have an index score of 76 – on a par with children in Indonesia.

- In Honduras, the most disadvantaged region, Lempira, has a similar CDI score to the average for Haiti, a low-income country. 48% of children in Lempira are stunted, a rate usually observed in much poorer countries such as Malawi or Nepal. In Gracias a Dios, the second worst performing region in Honduras according to the index, child mortality is on a par with countries such as Senegal or Yemen.
- Ogooué-Ivindo – the most disadvantaged region of Gabon, a middle-income country – scores lower on the CDI than Comoros, a low-income country. In Ogooué-Ivindo children are 1.5 times more likely to die before their fifth birthday than in Gabon's capital city Libreville and are more than three times more likely to be stunted.
- Potosi, the most disadvantaged region of Bolivia, a middle-income country, scores lower than the average for Zimbabwe, a low-income country. In Potosi children are 3.6 times more likely to die before their fifth birthday or to be stunted than in Santa Cruz.

The data shows that in regions where children are more likely to die or to be stunted, they are also generally less likely to finish primary school or to have had their birth registered. In the majority of cases, regions that have the lowest index score are lagging behind many of the dimensions simultaneously.

What are some of the factors contributing to these regional disparities? In Burkina Faso where children in the Sahel region are 2.8 times more likely to die before their fifth birthday than children in the Centre-East region,[4] some factors contributing to inequalities between regions in children's health are influenced by geography – for example, the low population density and difficulties in transport, which make it harder to provide healthcare services to remote populations. However, our research shows that factors not derived from physical geography also have a significant influence – including healthcare user fees and an inequitable distribution of resources between regions. People in remote areas face a double burden: they are poor and they have to pay for health services of low quality.[5]

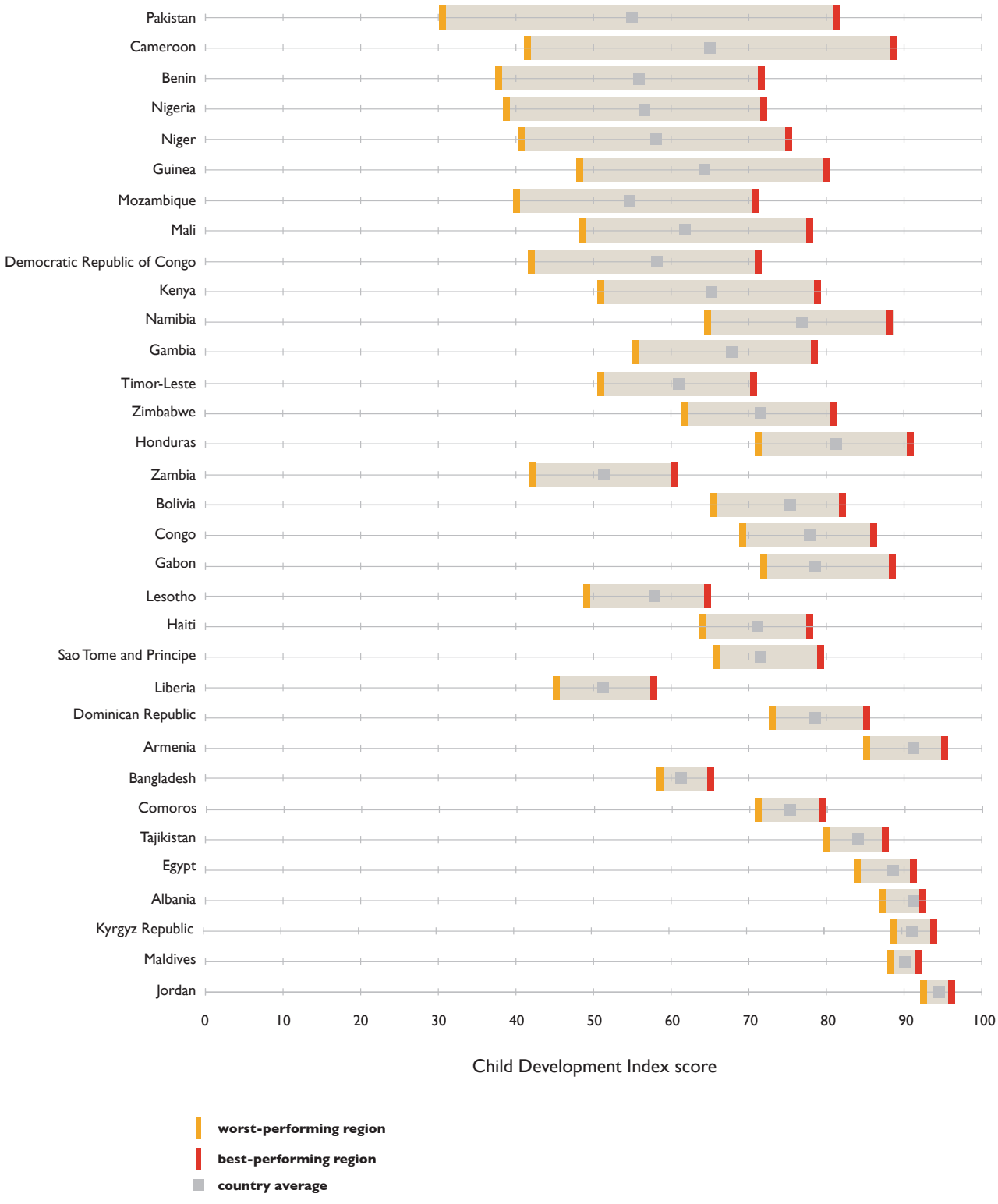
Many of the regions being left behind are very large. Our Child Development Index shows that 29% of children for whom we have data live in a region where the index score is less than 80% the national average index score. That makes up about 242 million children out of more than 800 million who live in countries for which we have data disaggregated at the regional level. It is clear that tackling regional inequalities could substantially improve the lives of huge numbers of children across the world.

RELATIVELY MORE PROSPEROUS COUNTRIES WITH WIDE DISPARITIES

Excluded groups living in disadvantaged regions in more prosperous middle-income countries experience life chances similar to those of children living in much poorer countries. Figure 6 illustrates this situation for India, Cambodia, Nigeria and Peru. Nigeria is a middle-income country with considerably greater resources than many other African countries. However, a Nigerian child's life chances depend hugely on where he or she was born. The South East

FIGURE 5 INEQUALITIES IN CHILDREN'S LIFE CHANCES BETWEEN REGIONS

The graph compares the Child Development Index scores for the best and the worst performing regions for which data is available. Countries are ranked according to levels of inequalities in CDI scores between the best and the worst-performing region.



region has a CDI score of 74 – equivalent to the national average in Ghana. In contrast, the North West region has a CDI score of 39, which is equivalent to the average index score of Chad, a low-income country (see Figure 6).

- A child in the remote North West region of Nigeria – where stunting rates are around 55% – is nearly four times more likely to experience malnutrition than a child in the South East region.
- 95% of children complete primary education in the South East of Nigeria; only 50% do so in the North West.

India is another middle-income country with wide geographic inequalities in life chances. Children in its most disadvantaged region, Bihar, fare similarly on the CDI as the average for children in Ethiopia, a low-income country. Children living in Bihar lag behind other children in all dimensions but their low level of birth registration is particularly striking. Only 6% of children in Bihar are registered at birth in contrast with 43% of children nationally.

As a low-income country, Cambodia illustrates the opposite example. While it is a poor country, Cambodia is doing relatively well as measured against the CDI. It has an average index score of 73 – close to a much more developed country such as the Dominican Republic. However, not all children in Cambodia are benefiting to the same extent:

- Children in the most disadvantaged regions, Mondulkiri and Rattanak Kiri, have a score of 54 – similar to the average score for Nigeria.
- Children from Mondulkiri and Rattanak Kiri are more than twice as likely to die before their fifth birthday or be stunted as children from Phnom Penh, and they are six times less likely to finish primary school.

REGIONAL INEQUALITIES ARE INCREASING IN MANY COUNTRIES…

Our analysis reveals that disadvantaged regions within countries are systematically making slower relative progress than more prosperous regions. As a result, inequalities in life chances between regions are increasing in most countries:

- Inequalities in children's relative chances of surviving past their fifth birthday are increasing in 31 out of 52 countries (59% of countries).
- Inequalities in children's chances of being stunted are increasing in 17 out of 33 countries (52% of countries).
- Inequalities in the risk of children not completing primary education are increasing in 24 out of 35 countries (67% of countries).

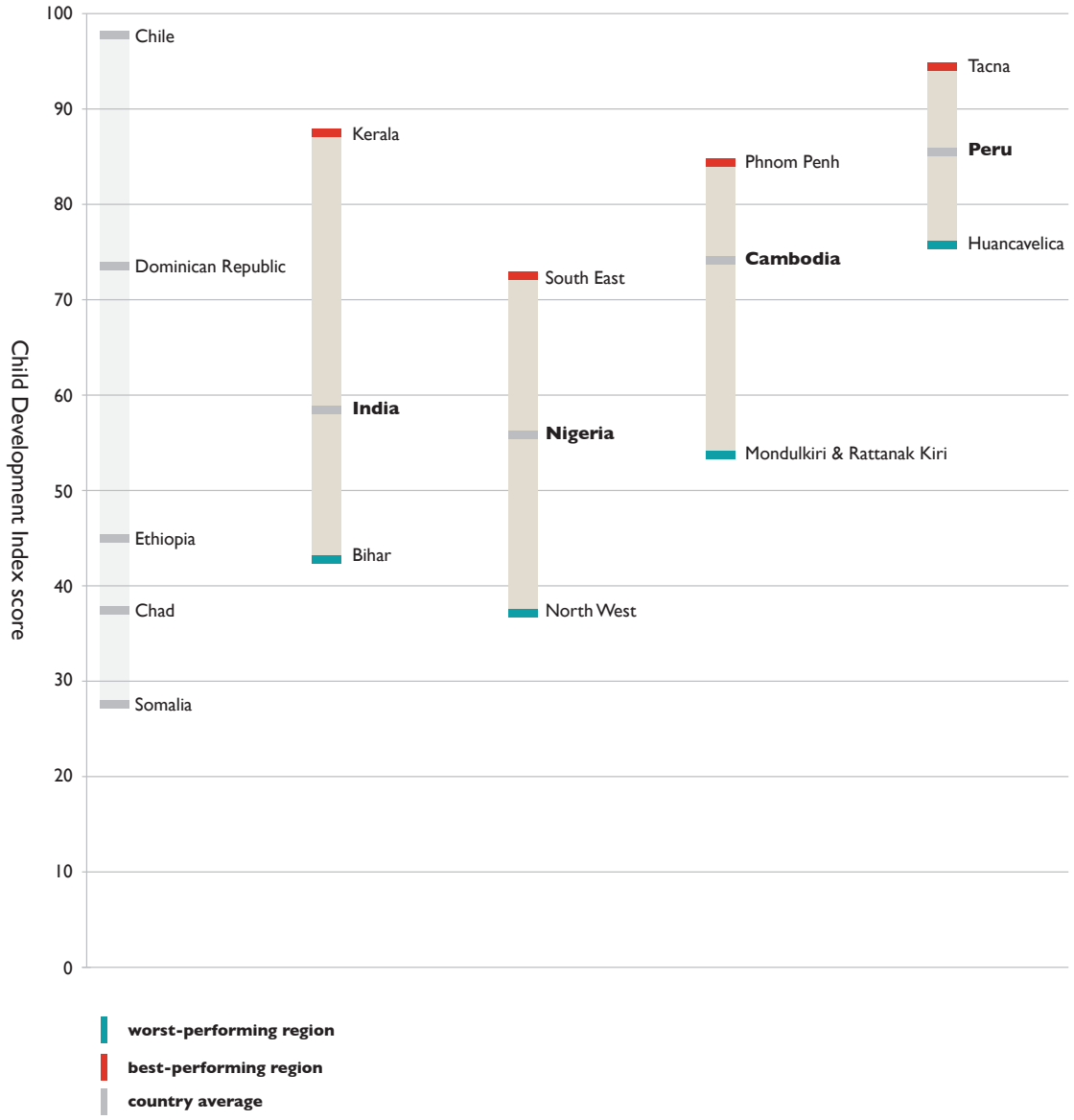


PHOTO: HEDINN HALLDORSSON/SAVE THE CHILDREN

A primary school in a camp for internally displaced people in Puntland, Somalia

FIGURE 6 GEOGRAPHICAL LOTTERY

The graph compares the Child Development Index scores for selected countries and for the best and the worst performing regions in India, Nigeria, Cambodia and Peru.



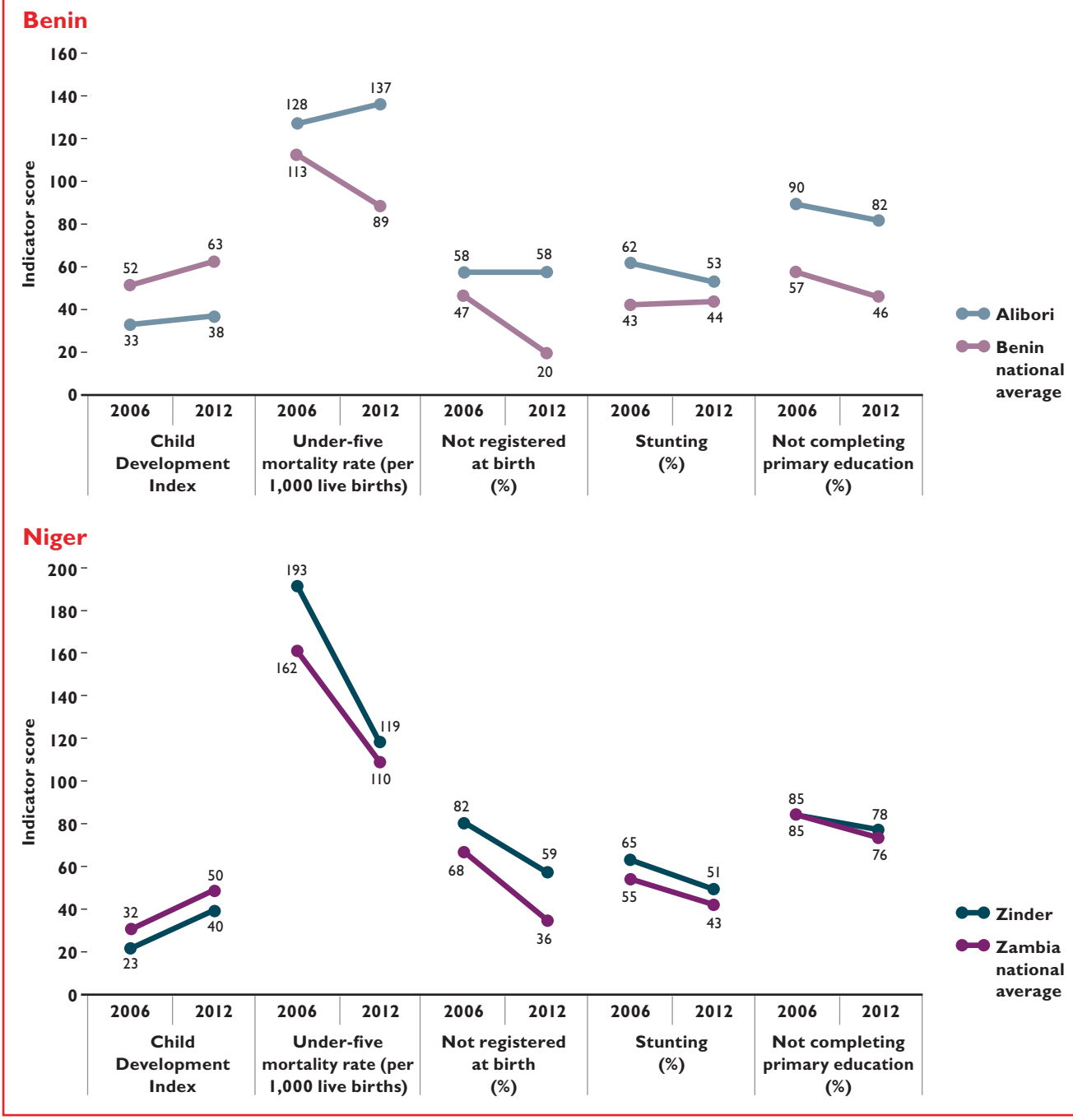
In Benin inequalities in life chances are systematically increasing – as represented by changes in the Child Development Index between 2006 and 2012 (see Figure 7). While Benin as a whole showed important improvements, children from the most deprived region of Alibori dropped further behind:

- Under-five child mortality actually worsened in Alibori in stark contrast to the significant progress in the country as a whole.
- Progress in primary school completion was slower in Alibori than the national average.
- There was no change in birth registration and only modest improvement in malnutrition.
- Overall, the region of Alibori made slow progress on the CDI – from 32 to 38 – in contrast with the faster improvements the country experienced as a whole, from 52 to 63.

…BUT NOT IN ALL

The most successful country in reducing inequalities is Niger. Regions that were lagging behind such as Zinder and Maradi have experienced a faster rate of progress that Niamey, the capital. Niger remains a highly unequal country but the progress of these most deprived regions has benefited children with the lowest life chances in the world.

FIGURE 7 CHANGE IN CORE CHILD WELFARE INDICATORS IN BENIN AND NIGER



THE IMPACT OF CLIMATE CHANGE ON THE POOREST REGIONS

The acute challenges faced by pastoral and other communities in arid and semi-arid areas are likely to be exacerbated by climate change. More severe and more prolonged droughts are projected in a number of vulnerable areas, as are extreme high temperatures. The impact on agricultural production threatens the livelihoods and food security of many of the poorest households. Some of the poorest regions of the world and those already trying to cope with the impact of climate change are among those most at risk of future climate extremes.[6] Efforts to improve the well-being of children in these areas are likely to be thwarted by climate change. In Ethiopia, while stunting has decreased at the national level from 51% in 2005 to 44% in 2011, it increased in the regions of Tigray (from 46% to 51%) and Afar (from 42% to 50%).[7] Both regions have been affected by the latest drought to hit the country, exacerbating nutritional deficits in those regions.[8]

DISCRIMINATION ON THE GROUNDS OF HEALTH STATUS

While exclusion leads to poorer health outcomes, health status itself may also serve as grounds for discrimination and further exclusion. In these cases, a person's health status – whether a mental or physical condition – is stigmatised and may result in discrimination against them.

PEOPLE LIVING WITH HIV, TUBERCULOSIS OR OTHER INFECTIOUS DISEASES

Stigmatisation of and discrimination against people living with HIV results in exclusion and also acts as a barrier to access health care. For example, research has revealed that people living with HIV under-use health services because of the discrimination they face from health workers.[9] Evidence from southern Africa has shown that children from households where one or more members of the household are HIV-positive are especially vulnerable to negative health outcomes, including mental health conditions.[10]

HIV-positive status also often compounds the exclusion children already suffer. In Kenya, HIV-positive children were more likely to be stunted or wasted.[11] In Zimbabwe, women with food insecurity were more likely to be HIV-positive.[12] There are currently approximately 2.6 million children living with HIV around the world the majority of who will face some form of discrimination because of their HIV status.[13]

PEOPLE LIVING WITH MENTAL HEALTH CONDITIONS

Discrimination on the grounds of health status is not limited to those people with infectious diseases. Around the world there is stigmatisation and neglect of people living with mental health conditions, and they are often subject to treatment through local and traditional practices that is not based on scientific evidence. There are an estimated 93 million children aged 0–14 years with moderate or severe disability.[14]

6 EXCLUDED GIRLS

BREAKING THE MOULD

ANGELINA'S STORY

Angelina is 15. She lives with her parents, five sisters and her brother in Pariak, South Sudan. Her father is sick, so her mother looks after the family and runs a restaurant in the market. Angelina is in grade 7 at her local school.

"There are 45 students in my class – just two of us are girls. Lots of girls dropped out in the lower classes – some got married and some of their parents were not able to afford to send them to school any more, so they have to stay at home and help with the family.

"Coming to this school means a bright future for me. When I'm older I intend to go to university so I can become a doctor. But my fear is that my parents won't be able to afford the fees.

"Sometimes I don't come to school for a few days because I have to stay at home to look after the younger children when my mother is working, and sometimes I have to cook or fetch water for the family. This work means I have little time to read and to study.

"My mother never finished school, but she encourages all of the girls in my family. She doesn't want us to struggle like she has, having to work hard for little money in a restaurant. She wants us to have a better life. That's why she doesn't want us to get married early, but to finish our education so we can all get good jobs. I'll support my younger sisters to do the same."



PHOTO: COLIN CROWLEY/SAVE THE CHILDREN

Angelina, 15, from South Sudan, is one of only two girls in her secondary school class of 45 students.

FIGURE 8 EXCLUSION TIMELINE OF GIRLS IN INDIA



BOYS IN INDIA

GIRLS IN INDIA

FROM BIRTH



2–4%
estimated
female foeticide[1]

Child mortality rate of
51 per 1000
live births[2]





Child mortality rate of
55 per 1000
live births[2]

40%
of boys are stunted[3]





38%
of girls are stunted

96%
primary school
completion rate[4]





97%
primary school
completion rate[4]

16%
married
before age 18[5]



58%
married
before age 18[5]

TO ADOLESCENCE

For references see timeline endnotes

Girls and women face gender inequality and violations in many different ways. They confront discrimination and exclusion with regards to education; child marriage and pregnancy; violence, including sexual violence; restricted access to nutritious food; the denial of sexual and reproductive health and rights (SRHR); the denial of opportunities in public and political life; and unpaid and unrecognised domestic work.

WHAT ARE THE MAIN INEQUALITIES BETWEEN GIRLS AND BOYS?

The story of gender disparities that emerges from the Child Development Index is different from the patterns described in the previous two chapters for children from ethnic minorities and disadvantaged regions. Most countries have low or no disparities between girls and boys in the development outcomes that the CDI compares. Gender inequalities are generally manifested at a later stage in life (see Figures 8 and 9).

In 31 of the 50 countries for which we have recent data, the index score of girls is actually higher than it is for boys, though in most cases the difference is so small that it is not statistically significant. However, in the populous countries of India and Nigeria, girls score lower than boys – underlining through weight of numbers the significance of this issue. And in the countries that perform worst on the CDI, girls are more likely to have a lower score than boys. Thus, in seven of the ten worst performing countries of our dataset, girls lag behind boys, suggesting that in situations of extreme vulnerability, girls are often left behind.

What is the global pattern? In some regions of the world, such as Latin America and the Caribbean, and Eastern and Southern Africa, girls tend to outperform boys. By contrast, girls appear to be systematically behind in West African countries. In Asia, India and Nepal have the highest absolute difference between boys and girls, with boys scoring higher, though the difference between boys and girls in these two countries is less than four points. These global differences are mainly driven by differences in education.

GENDER DISPARITIES IN EDUCATION

The world has made dramatic progress in reducing disparities between boys and girls, and a lot of this has been driven by political changes that women and girls have pushed for. This has been particularly true in access to education, as the gender gap in primary school enrolment has reduced significantly. In just 15 years, the number of girls for every 100 boys has risen from 92 to 97 in primary education and from 91 to 97 in secondary education, since 2000.[1]

But despite these gains, great disparities persist in some countries in both primary and secondary education, particularly in Africa. And when taking household economic status into account, gender inequalities become much starker.

- In the poorest households (those in the bottom quintile), only 84 girls complete primary school for every 100 boys, on average.
- In Mozambique only 5% of the poorest girls complete primary school compared with 21% of the poorest boys.
- In Sudan, 69% of the poorest boys complete primary education compared with 37% of the poorest girls.[2]

A study conducted in Andhra Pradesh, India, found that each additional older brother decreased a child's likelihood of attending a private school by 35 percentage points. The study also found that, compared with girls in general, even boys from poorer families in rural areas were twice as likely to have attended a private school by age eight.[3]

In Afghanistan, 40 girls complete primary school for every 100 boys. In the poorest households that reduces to 16 girls for every 100 boys. Figure 10 shows how gender and household asset levels interact so that girls remain at a greater disadvantage than boys in the poorest households. It is clear that gender disparities persist in education at all wealth levels in Afghanistan. And when poverty and gender inequality combine, a girl's chances of completing primary school are remote – just 4%.[4]

FIGURE 9 INEQUALITIES IN LIFE CHANCES BETWEEN BOYS AND GIRLS

The graph compares the Child Development Index scores for girls and boys in countries for which data is available. Countries are ranked according to levels of inequalities in CDI scores between boys and girls.

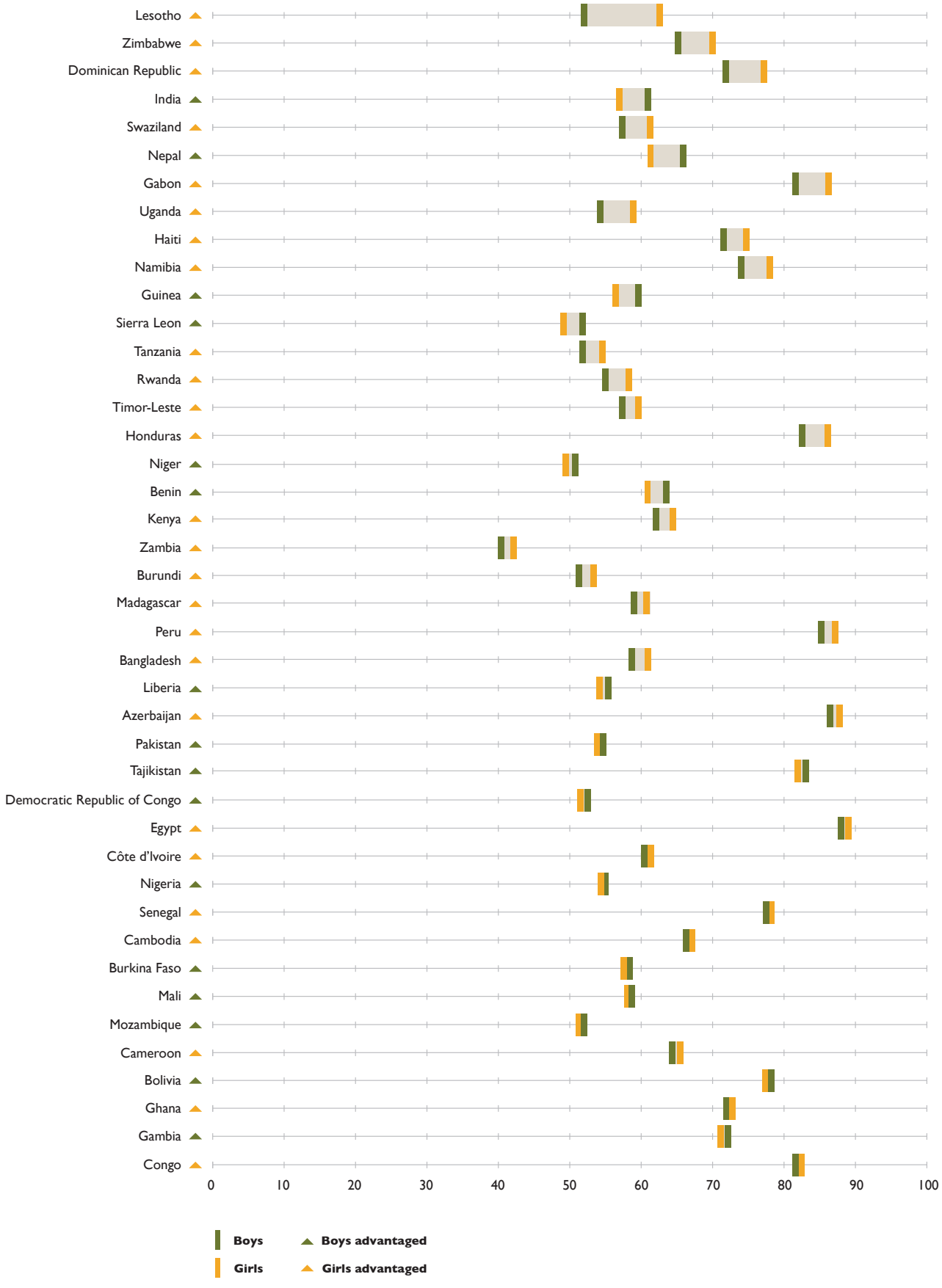
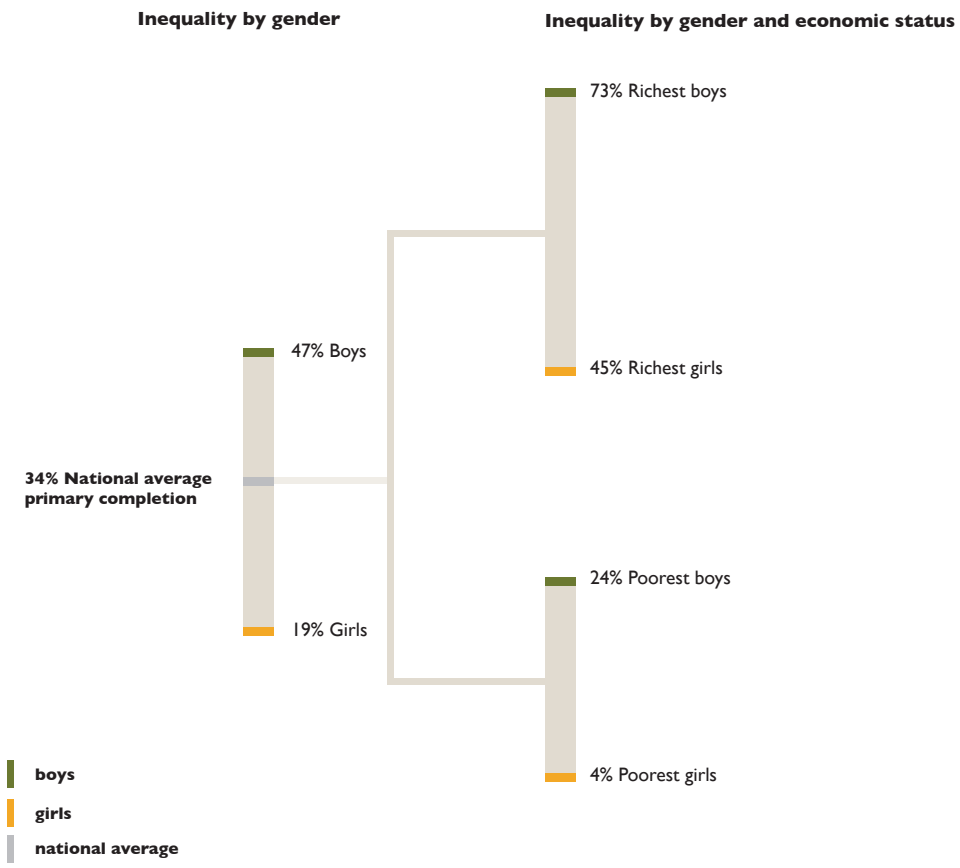


FIGURE 10 INTERSECTION OF POVERTY AND GENDER IN AFGHANISTAN – PRIMARY EDUCATION COMPLETION



GENDER DISPARITIES IN HEALTH AND NUTRITION

There are similar challenges over gender inequalities in health. Under-five mortality rates tend to be slightly higher for boys, due to innate biological differences.[5] However, a notable exception to the general pattern of higher male mortality in the under-five group is in South Asia – indicative of persistent gender discrimination.[6, 7]

Increasingly, child mortality is concentrated in the newborn period (the first 28 days of a child's life).[8] Progress in reducing child deaths is therefore closely connected to the challenge of maternal health and mortality[9] and the investments required in the health system to ensure a continuum of care for reproductive, maternal, newborn and child health. Early marriage and lack of investment in family planning is driving early and closely spaced births, and underlies a growing proportion of maternal and child deaths.[10]

While gender differentials in child mortality are generally unapparent, prenatal sex selection is increasing, with the spread of prenatal diagnosis technology. An estimated 117 million women were missing from the global population in 2010 as a result of prenatal sex selection, mostly in China and India.[11]

There are no major gender disparities in rates of stunting below the age of five. However, up to half of all adolescent girls are stunted in some countries.[12] Adolescent girls and women are particularly vulnerable to malnutrition due to their high nutrient requirements during pregnancy and lactation, and because of gender inequalities in poverty.[13]

There are wider and related issues of gender discrimination that result in poorer outcomes for girls and women. In many settings, women are denied the right to make decisions about their health and that of their children, and may need to seek approval and be accompanied by male relatives if they need health services. Denial of sexual and reproductive health services significantly limits women's rights.

ADOLESCENT GIRLS, EARLY MARRIAGE AND VIOLENCE

It is estimated that in developing countries, one in three girls is married before she is 18 and one in nine is married under 15.[14] For many families living in poverty or affected by conflict and humanitarian crises, marrying their daughters at a young age is seen as a way of protecting them (eg, from sexual violence and sex outside marriage) and securing their future. While child marriage generally involves girls – estimates from UNICEF indicate that about 82% of children married before age 18 are girls – boys can also be affected, both psychologically and emotionally by child marriage.

Widespread sexual violence is a major cause of adolescent pregnancy in many countries. For example, in Peru, 60% of pregnancies among girls aged 12–16 were found to be due to sexual violence.[15] In many cultures, becoming pregnant as a result of sexual violence entails major stigma for a woman and for her child as well. Adolescent girls may be forced out of their parental home and face even greater severe exclusion and deprivation.[16]

continued opposite



PHOTO: SUZANNE LEE/SAVE THE CHILDREN

Sita, 14, from Nepal, was married at 13 and is six-months pregnant.

ADOLESCENT GIRLS, EARLY MARRIAGE AND VIOLENCE *continued*

Early pregnancy among adolescent girls also increases risks to the survival and health of their children – 11% of all global births are to adolescent girls, risking both the infant's and mother's health and nutritional status. Compared with older mothers, pregnancy during adolescence is associated with a 50% increased risk of stillbirths and neonatal deaths and greater risk of preterm birth, of babies having low birth-weight and being small for gestational age.[17] It is estimated that globally there are around 3 million unsafe abortions among girls aged 15–19 every year, many resulting in deaths of girls themselves and causing lasting health problems. Complications during pregnancy and childbirth are now the second cause of death for 15–19-year-old girls globally.[18] In Sierra Leone, teenage girls account for up to 40% of all maternal deaths.[19]

Even when not resulting in death, early pregnancy increases the risk of diseases that can become a cause of social exclusion. For example, in Nigeria, young girls who develop vesicovaginal or rectovaginal fistula as a result of childbirth are often forced from their homes by their husbands, leading to their stigmatisation. It is estimated that between 400,000 and 800,000 women in Nigeria live with this condition, with 20,000 new cases every year.[20]

Pregnant adolescents' health problems are made worse by specific barriers to accessing sexual and reproductive health information and services. These barriers can be both financial and non-financial. For example, 93% of adolescent girls in Bolivia reported problems with accessing healthcare services for a myriad of reasons, ranging from lack of money to needing family permission to receive treatment.[21] Girls in particular – especially those from the poorest communities and with the least education – are often unable to make decisions about sex or to protect themselves against unintended pregnancy, with potentially devastating consequences. Many experience higher levels of gender-based violence and coercion, including sexual violence and exploitation, and increased risks of early and unintended pregnancy, and early marriage, putting their survival, health and well-being under threat. Early marriage also makes girls more vulnerable to sexually-transmitted infections – girls aged 15–19 in sub-Saharan Africa are between two and six times more likely to contract HIV compared with boys of the same age.[22]

Restrictive norms, as well as institutionalised discriminatory practices, also limit pregnant adolescent girls' access to education in many places. For example, despite continued calls from local civil society organisations, in Sierra Leone pregnant girls are not allowed to attend schools and take exams, and are thus effectively excluded from the mainstream education system.[23] In Tanzania, the government should also put an end to pregnancy testing in schools, allow both pregnant and married students to remain in school, and take all possible steps to ensure all girls remain in school to complete their education.[24]

EXCLUDED BOYS

At times of crisis, where families depend on income their children earn through work, boys are often more likely to take on a role of breadwinner than girls, and as a result are more at risk of being out of school. Among Syrian refugees in Iraq, Save the Children found that 42% of boys were attending school compared with 51% of girls. In conflict situations, boys are also more likely to be targeted for recruitment into armed groups, and often do not go back to school again even after they are demobilised.[25]

7 EXCLUDED REFUGEE AND INTERNALLY DISPLACED CHILDREN

LOST CHILDHOODS, LOST FUTURES

IMAD'S STORY

Fadya and her six children – Ali, Yasmeen, Nassim, Imad, Alim and Alima – came to Lebanon in 2011, fleeing fighting in their home town of Homs in Syria. They fled with nothing. A week later, the home they had left was bombed and completely destroyed.

The family now lives in a tented settlement. Fadya is a single parent and has no source of income.

None of her children are in school. Ali, 15, and Nassim, ten, support the family by working – when work is available – as agricultural labourers. They earn just $4 a day.

Nassim, his sister, Yasmeen, 15, and his brother, Imad, eight, all have a visual impairment. A teacher from a local NGO comes once a week to teach disabled children at the camp, though not in winter.

Imad longs to learn. *"I dream of getting an education. I want to learn. There are lots of students at the school here, but teachers won't let me join them because of my sight. I stay at home all the time."*

His sister, Yasmeen, feels the same. *"In Syria, there were schools and doctors – but none are available here. I used to go to school every day. My wish was to be a teacher.*

"In Syria, we used to play and go places. Here we can't go anywhere. At night, I don't walk because it's dark. In front of our place here, there's a big ditch. It's difficult to walk around here."

The family were given registration papers when they arrived in Lebanon. But those papers have since expired; Fadya can't afford the $600-plus to renew them.

"Not having up-to-date papers affects everything," says Fadya. "I can't go anywhere, I can't leave the camp in case I'm stopped at a roadside barrier. I can't go to Beirut to look for a school for children with a visual impairment."

"All of my children are falling behind; no one cares about our needs."



PHOTO: NOUR WAHID/SAVE THE CHILDREN

Imad, right, with his brother, Nassim

Conflict, crisis and other causes of displacement create new groups of excluded children. Children who did not face exclusion in the past see their life options and access to essential services, such as health and education, dramatically fall away. As child refugees or 'internally displaced' children, they face new barriers to their survival and learning: the destruction and collapse of schools and health systems; homelessness; the loss of identity papers; and the neglect of basic needs in refugee settings.

For those children who were already suffering the effects of exclusion pre-crisis, their situation is particularly dire. These children often see their exclusion further exacerbated in conflict and crisis situations as their families are more likely to be pushed into deeper poverty, placing pressure on children to work or increasing the chances they will be exploited.

Children make up half of the world's displaced people, including those living as refugees.[1] With the length of conflict-induced displacement now estimated to average 17 years, being displaced is not a temporary state;[2] for many children around the world it is instead a permanent state of childhood.

MISSING OUT ON ESSENTIAL SERVICES

Children on the move may have trouble accessing essential services for a range of reasons. Sometimes host communities cannot cope with the increased demand. In other situations, displaced children and their families may be discriminated against on the basis of their status and are not actively provided with specialist support and access to services. Or they may be living in refugee camps, which are often under-resourced and unable to cope with the scale of demand. Displaced families' livelihood opportunities will have also drastically reduced either on account of crisis or their need to move around, and they may not be able to afford to access health services to the extent they were able to in the past.

HEALTH

Refugee children face huge challenges in trying to access the healthcare and nutrition they need.

- The average mortality rate for children under five in conflict-affected situations is more than double that in non-conflict contexts. On average, 12 children out of 100 die before their fifth birthday in conflict-affected situations, compared with six out of 100 in non-conflict contexts.[3]
- Children, especially those living in protracted crises and in refugee situations, are exposed to a higher number of health risks, infectious and communicable diseases and lower than normal nutritional intakes, putting them at greater risk of malnutrition. In Yemen, 41% of the children under five are stunted because of malnutrition, with the most acute cases among displaced people. The malnutrition rate in the Doro refugee camp in South Sudan rose from 12% in February 2014 to 18% in March 2014.[4]

EDUCATION

There are more than 14 million refugees and internally displaced children from crisis-affected countries. Of them, only half of the primary-aged children are in school, and just one in four is in school at lower secondary age.[5] Children in conflict-affected areas make up 36% of out-of-school primary age children worldwide.[6]

The poorest children are less likely to attend school and complete their education in conflict-affected contexts because they are more likely to be pushed to work to help support their families. Traditional attitudes mean boys are often more likely to be seen as 'breadwinners' and are more likely to be forced to work than girls, putting boys at greater risk of being out of school. At the same time, girls may be removed from school to take on the role of caregiver or their families may arrange for them to marry early, either as a means of protection or a way to relieve increasing financial pressures.

Research carried out by Save the Children in Iraq found that school attendance of refugee children outside of camps is as low as 42% for boys and 51% for girls, while attendance rates for young people 15–17 is as low as 10%. Schools in refugee camps may not even be seen as safe spaces – in Za'atari camp in Jordan, 25% of families surveyed in 2015 indicated that they thought schools in the camp were unsafe – up from 10% two years earlier. In Syria, the school enrolment rate, which was nearly universal before the war started, had plummeted to less than 50% country-wide by 2013;[7] among displaced children within Syria the rate is only 17%.[8]

FIGURE 11 EXCLUSION OF CONFLICT-AFFECTED CHILDREN IN SYRIA

BEFORE THE CONFLICT

96% births attended by a skilled birth attendant[1]

95% of the population had access to local health services[2]

80% of children received the DPT3 vaccine[3]

UNIVERSAL primary completion[4]

96% youth literacy rate[5]

AFTER 5 YEARS OF CONFLICT

MORE THAN 2 MILLION children have left Syria and are living as refugees around the world.[6]

306,000 CHILDREN have been born in exile since the start of the crisis and are vulnerable to statelessness.[7]

IN 2015 OVER 20% OF CHILDREN had to cross active lines of conflict to take their grade 9 and grade 12 examinations.[8]

LESS THAN 1/4 of sub-districts surveyed have regular reproductive services[9]

64% of public hospitals and **38%** of primary health centres estimated to be damaged, destroyed or closed due to insecurity[9]

2/3 of Syria's doctors have fled the country[9]

43% of children received the DPT3 vaccine[3]

MORE THAN 2 MILLION CHILDREN are out of school[10]

1/5 of schools have been destroyed, damaged, or occupied.[10]

For references see timeline endnotes

FROM EXCLUSION TO MIGRATION – VIOLENCE IN CENTRAL AMERICA

In 2014 almost 63,000 unaccompanied children sought to cross the border from Mexico into the USA. The overwhelming majority of these children came from Guatemala, El Salvador, and Honduras – three countries that are experiencing some of the world's most intense violence, against a backdrop of endemic poverty. Reaching the US border was a dangerous 2,000-mile trip.

While in 2014 the global media covered the crisis extensively, it's now almost absent from US and international news.

But for Central American children, the crisis continues, even though there are fewer reaching the US border. Children continue to flee violence and a lack of economic opportunities, but they are now more often detained in Mexico, rather than at the US border.

The roots of this violence are deep and there are no easy solutions. Addressing the violence requires improved governance, leadership, and solidarity among elites and citizens and more effective and targeted assistance from multilateral and bilateral agencies, including:

- **Strengthen national child protection systems.** Currently, the national protection systems for children in the region, child migrants in transit, and repatriated children are underdeveloped, if they exist at all. Without a place to feel safe, children will continue to flee.
- **Focus on communities.** While national strategies are needed, violence prevention programmes should be tailored to communities to restore the social fabric at home, in schools, and in the streets. There is no one-size-fits-all solution at the regional or national level.[9]
- **Psychosocial support for child deportees.** Deported children often end up back in the dangerous communities they were fleeing. To interrupt this vicious circle, repatriated children need stronger psychosocial and economic support specifically tailored to their needs.



PHOTO: SOUVID DATTA/SAVE THE CHILDREN

School students in Guatemala take part in a Day Against Violence workshop.

8 UNCOUNTED CHILDREN

EVERY CHILD'S RIGHT TO LEARN

MITU'S STORY

"I didn't think my daughter would be able to speak, go to school or read," says Beauty, mother of Mitu.

Mitu, age eight, lives with her parents in a village in Rangpur in Bangladesh. She has a speech disability, which meant she had difficulties learning to talk. As a result, other children avoided her. Mitu became very shy and withdrawn. She stayed indoors, on her own.

More than 2 million children in Bangladesh aged 3–10 have different forms of disabilities. The vast majority don't attend any form of school.

Save the Children opened an early years centre in the village. It's an inclusive centre, open to all children. A worker from the centre persuaded Mitu's parents to enrol Mitu at the centre. A trained teacher helped Mitu make friends and take part in activities. Her parents attended parenting sessions, where they were encouraged to treat Mitu as equal with other children.

"I feel very proud when I see her playing with friends and people understand her speech", said Mitu's mother.



PHOTO: SAVE THE CHILDREN

When she was younger, Mitu, who has a speech disability, was kept at home. Since she started going to school her speech has improved, and she's made friends with other children and has grown in confidence.

Poor data, data that is not disaggregated, or an outright absence of data for some groups are some of the biggest challenges to addressing the needs and rights of the most excluded children. Certain groups of children may be left out of official statistics due to financial constraints, or because of a political decision, or for situational reasons (see box below). In this section we draw on secondary material to consider the health and education outcomes for some of those children who are often absent or underrepresented in national statistics: children with disabilities, street children, children in informal urban settlements, and lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) children.

WHY DO SOME CHILDREN GO UNCOUNTED?

Financial constraints: Large household surveys can be costly. Partly as a result of this, some areas of a country may be underrepresented, leaving certain groups of children – such as those living in informal urban settlements and those living in remote regions – uncounted in the data.

Political considerations: The collection of data on some groups may be highly politicised – for example, on refugees and stateless children, or where there are concerns that the identification of certain groups and awareness of disparities between them could lead to unrest. Argentina, France, South Sudan and other countries do not collect information on people's race or ethnicity in official statics; in India the categories that are used are vague.

Situational reasons: Some groups of children are difficult to survey simply because they are hard to find – for example, children with disabilities who are hidden within the household or institutions; children on the move who do not register with authorities; and street children with no fixed address.

CHILDREN WITH DISABILITIES

It is estimated that there are 150 million children with disabilities globally, 80% of whom live in low- and middle-income countries.[1] Rates of disability tend to be higher among minority ethnic groups – for example, Aboriginal and Torres Strait Islander children in Australia aged 0–14 are more than twice as likely to have a disability as non-indigenous children.[2] When disability intersects with other forms of exclusion, children often face a 'double jeopardy': girls with disabilities, for example, are at a higher risk of violence and neglect than girls who do not have a disability.[3]

Children with disabilities are among the most disadvantaged; their deprivation in health and nutrition is often severe. In poor households, children with disabilities may be further excluded when limited resources mean that they are given less priority, with a significant impact on nutrition outcomes where food resources are scarce.

While official statistics and estimates are poor, children with disabilities are disproportionately represented in the group of out-of-school children. Even in countries with high primary-school enrolment rates, children with disabilities are more likely to drop out of school than any other vulnerable group.[4] In Tajikistan, where overall school enrolment stands at 97%, only 12% of children officially registered with disabilities are enrolled in mainstream education.[5] Among those children with disabilities who do manage to enrol in school, exclusion from learning persists where the curriculum has not been adapted to their needs, where teachers do not have the capacity to adapt to their needs, or where they lack access to assistive devices necessary for them to learn.[6]

Having a child with a disability is often associated with shame, or as a punishment for wrong-doing. Evidence shows that these negative attitudes are a barrier not only to children's access to education but also to their achievement and participation in education.[7] A recent survey conducted by Save the Children in China, in areas where projects have helped support children with disabilities to attend mainstream schools, found that some parents were worried that children with disabilities would distract other children from their studies and have a negative influence through displaying inappropriate behaviour.[8]

While most countries have ratified the Convention on the Rights of Persons with Disabilities (CRPD), many states lack the necessary policy and funding



Ahmad, seven, and his family live in a slum area next to a railway track in Kolkota, India.

mechanisms required to make it a reality. Zambia, having ratified the CRPD, has introduced a number of reforms. However, a shortage of qualified personnel to address the needs of children with disabilities and a lack of infrastructure has meant that the majority of children with disabilities fail to enjoy their rights. At the same time, spending allocation has slipped for the sector from 2.7% in 2015 to 2.4% in 2016.[9]

CHILDREN LIVING IN INFORMAL URBAN SETTLEMENTS AND STREET CHILDREN

Despite the world population now being majority urban, data on the most vulnerable children in urban areas is scarce. Carr-Hill (2013) estimates there are 250 million people worldwide living in cities who do not feature into national surveys. What evidence does exist shows deep inequalities between children living in informal urban settlements and street children, compared with city averages.

A recent study of 45 countries estimates infant mortality to be 5% in slum neighbourhoods and 3% in non-slum, urban neighbourhoods. Child stunting is estimated to be 37% in slum neighbourhoods and 24% in non-slum, urban neighbourhoods.[10] While poverty tends to be higher in slum neighbourhoods, and this could explain some variation in health and nutrition outcomes, the same study found higher infant mortality rates in slum areas independent of socioeconomic status. This can be attributed to lower access to safe drinking water and sanitation facilities, limited antenatal services and poor housing conditions in slum areas.

In Bangladesh, children living in slums are 2.5 times more likely to be excluded from school than the national average.[11] In urban India, children out of school are highly concentrated in slums and among street children, and schooling rates among these groups are similar to the most disadvantaged areas of rural India.[12] In Egypt, many families living in slums keep their daughters at home to protect them from sexual harassment, but by doing so they also deny these girls the chances to learn, develop, work and participate in social life.[13]

A survey of unaccompanied migrant children in South Africa found 80% were living in informal settings or shacks; 14% on the street; and only 5% in formal shelters. Only 8% of those living in informal shelters

attended school. 28% of girls and 19% of boys reported being physically hurt and many expressed experiences of xenophobia.[14]

So little is known about the welfare of street children that we do not even know in any certain terms how many there are. Global estimates vary widely – from tens of millions to 100 million.[15] A study conducted by Save the Children in India found 51,000 street children in Delhi alone. Half of these children were illiterate; half of them reported having suffered verbal, physical or sexual abuse. Only 20% of these children had an ID card or birth certificate, one of which is necessary to obtain government benefits.[16]

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING AND INTERSEX CHILDREN

> *"Lesbian, gay, bisexual and transgender people are all entitled to the same rights as everyone else. They too are born free and equal and I stand shoulder-to-shoulder with them in their struggle for human rights."*
>
> UN Secretary-General Ban-Ki Moon[17]

One form of exclusion receiving increasing recognition is that experienced in all parts of the world by children and young people with diverse genders and sexualities.[18] Exclusion of those who identify as or are perceived to be LGBTQI or non-gender conforming stems from deep-rooted beliefs about sexual orientation, sexual behaviour, gender identity and gender expression. Stereotypes for girls and boys restrict the opportunities and choices of children and young people, and leave many feeling excluded.

Criminalisation of consensual same-sex conduct and stigmatising behaviours associated with such conduct – along with the mistaken belief that non-conforming identities can be 'cured' or changed by force – deny these young people recognition as full, equal members of society and has the potential to reinforce discrimination that may exist in their households and the wider community. UNICEF also points out that "similar patterns of human rights abuses can be found against children whose parents are perceived to be LGBT."[19]

A survey of LGBTQI communities in Europe found that 61% of respondents had negative personal experiences at school related to their perceived LGBTQI status and 43% identified prejudice or discriminatory elements in the school curriculum.[20] A survey conducted in Thailand on harassment in secondary school showed 56% of LGBTQI children reporting being bullied in the previous month.[21]

The impact of homophobia and transphobia on mental health is well evidenced – as are the increased incidences of suicide and self-harming behaviours amongst LGBTQI young people.[22] In countries where consensual same-sex conduct is criminalised, health workers are often legally required to report to the authorities, leading LGBTQI young people to avoid using health services.[23] Such laws may also prohibit access to critical health information or prohibit particular forms of essential health outreach services, such as in the case of HIV, to these communities.

Within the household, discrimination against and stigmatisation of children and young people with diverse genders and sexualities may result in abuse and neglect by family members. In the USA, 40% of homeless youth identify as LGBTQI. In Vietnam, Save the Children's work with LGBTQI street children has shown that less than half of these children think their families would accept them for who they are or that they can speak openly about their sexual orientation or gender identity at home. Over a third felt emotionally or physically abused by their families. A lack of availability and awareness of social services, compounded by the inability to afford those which do exist, puts these youth at additional risk. What keeps these young people on the street is a desire to live as they are, to find a community that accepts them and to escape exclusion experienced at home.

EXCLUSION IN HIGH-INCOME COUNTRIES

We have focused our analysis in this report on low- and middle-income countries – in part because of the data and the basic health and education indicators we have used.

However, exclusion and discrimination are not confined to low- and middle-income countries. The term 'social exclusion' was first used in the Western context to refer to minority groups that were – and still are – being left behind.[24] Disparities between different ethnic, regional, and urban–rural groups, between genders, and between refugees and host populations are often present even in countries with highly developed welfare systems.

Australia is typically ranked near the top of global comparisons of education attainment.[25] However, it also displays a persistently strong link between low levels of achievement and educational disadvantage, particularly among Aboriginal and Torres Strait Islander students from a low socioeconomic class. Aboriginal and Torres Strait Islander children are more than twice as likely to be developmentally vulnerable than non-indigenous children[26] and there has been no overall improvement in reading and numeracy among Aboriginal and Torres Strait Islander children since 2008.[27]

In Canada indigenous children trail non-indigenous children on practically every measure of well-being: family income, educational attainment, water quality, infant mortality, health, suicide, crowding and homelessness. A study commissioned by Save the Children found that Status First Nations children living in poverty are three times more likely to live in a home that requires major repairs compared with non-indigenous children of families with similar income levels, and are five times more likely to live in an overcrowded home.[28]

In the USA, disparities between African American and White children are profound. Black families have higher rates of low birth-weight babies and infant mortality than White families. Black mothers are less likely to receive prenatal care than are White mothers, and Black children are more likely to have an overall level of fair/poor health than White children.[29] In terms of education, students from minority ethnic and racial groups are suspended more often than White students, and Black and Latino students are significantly more likely to have teachers with less experience who are not paid as much as their colleagues in other schools.[30] These ethnic and racial differences remain even after controlling for markers of social class.[31]

In the UK, more than half of Bangladeshi and Pakistani children are growing up in poverty, compared with one in five children in the White majority population.[32] While poor minority ethnic groups tend to gain better school test results than poor White children,[33] ethnic minorities continue to find it harder to find employment upon graduating from school or university.[34] A study found that employers were far more likely to respond positively to curriculum vitae if the applicant's name was obviously White British rather than Muslim or African.[35]

The high levels of social exclusion in wealthier countries suggest that tackling exclusion requires more than increased access to health and education systems. It underlines the importance of *good-quality* services. And it points up the need to address discriminatory practices and attitudes, which prevail in spite of mature non-discriminatory laws and watchdogs.

PART THREE
A FAIR CHANCE FOR ALL CHILDREN



PHOTO: KAUNG HTET/SAVE THE CHILDREN

Ma Zon Htay Hlaing, nine, waits for emergency supplies after her village in Myanmar was flooded following a cyclone.

PART THREE
A FAIR CHANCE FOR ALL CHILDREN

"Social inclusion is the process of improving the ability, opportunity, and dignity of people – disadvantaged on the basis of their identity – to take part in society."[1]

Achieving inclusion means breaking down three barriers that prevent children from realising their basic rights: **financial barriers**, **discrimination** and **lack of accountability of those in power**. These barriers must be tackled systematically at **household**, **local**, **national** and **international** levels.

To meet this challenge – and to achieve the prize of ensuring no child is left behind – we call on leaders in all countries to make **Three Guarantees to All Children**:

1. Fair finance
2. Equal treatment
3. Accountability

While these guarantees must apply to all children, we will measure their fulfilment in terms of how they are delivered to excluded children.

Each guarantee consists of three strands, shown in Table 3. We note that inclusion must not be interpreted too narrowly. For some groups, such as indigenous peoples, the right to accessing education or health services does not necessarily translate into a strict definition of "taking part in society" – eg, through participation in financial or labour markets, or through mainstream education that is not adapted to their needs and rights. We ask that each of these strands be adapted to the country and group context.

TABLE 3 THREE GUARANTEES TO ALL CHILDREN

1. Fair finance	2. Equal treatment	3. Accountability
Increased public revenue, collected and spent equitably, and supported internationally	Laws and policies to remove discriminatory barriers to services	Better data disaggregation
Remove cost barriers to services	Public campaigns to challenge norms and behaviours	Governance at all levels includes children
Minimum financial security for all children	Every birth registered	Budget transparency and monitoring

2030 AGENDA FOR SUSTAINABLE DEVELOPMENT AND FINANCING FOR DEVELOPMENT

SUSTAINABLE DEVELOPMENT GOALS – LEAVE NO ONE BEHIND

In September 2015, UN Member States agreed the 2030 Agenda for Sustainable Development – an ambitious blueprint for people and planet for the next 15 years. The agenda features 17 Sustainable Development Goals and 169 targets: an integrated and indivisible package of measures to advance the job of the Millennium Development Goals (MDGs), end poverty and hunger everywhere, tackle inequalities and build just and inclusive societies.

Because the MDGs focused on average progress across the world, they hid stark inequalities in outcomes for children, allowing them to persist and sometimes grow – a country that saw a reduction in poverty on average may actually have seen poverty increase for some excluded groups of children.[2] The Sustainable Development Goals (SDGs) promise to correct this oversight, placing equality at the heart of this next period of development and promising to "Leave No One Behind". This commitment has been central to the global discussion and is a significant shift in the way the international community approaches development.

Most crucially, the agreement that all of the targets should be met "for all nations, peoples and for all segments of society" is of paramount importance – it is by delivering on this commitment that the leave no-one behind principle will become a reality for the world's most excluded children.

Going forward, governments will be required to provide accessible and timely data on the extent to which the goals and targets are being met for all relevant social and economic groups, including by income, sex, age, race, ethnicity, migration status, disability and geographic location, to ensure that the 2030 Agenda truly transforms our world for the better.

ADDIS ABABA ACTION AGENDA – FINANCING SUSTAINABLE DEVELOPMENT

In July 2015, UN Member States met in Addis Ababa, Ethiopia, for the third international Financing for Development Conference (FFD) and reached agreement on its outcome document, the Addis Ababa Action Agenda. FFD outlines the commitments that are to be taken by governments individually and in partnership to secure adequate and fair financing of sustainable development.

FFD gives strong attention to and recognition of the importance of investing in children. Countries committed to deliver social protection, including floors, and essential services for all. This included "a focus on those furthest below the poverty line and the vulnerable, persons with disabilities, indigenous persons, children, youth and older persons." And it also included encouragement for all countries to "consider setting nationally appropriate spending targets for quality investments in essential public services for all, including health, education, energy, water and sanitation".

The FFD reaffirms existing commitments to Official Development Assistance (ODA), while calling for heightened focus on national and international tax matters as a crucial driver for sustainable development. For the first time, an FFD outcome document also includes a "commitment to strengthen national control mechanisms, such as supreme audit institutions along with other independent oversight institutions", and to "increase transparency and equal participation in budgeting processes".

FROM EXCLUSION TO INCLUSION

SUHAILA'S STORY

Suhaila, age 17, from Zanzibar, Tanzania, is chairperson of the children's club, ZAPHA+ – the Zanzibar Association of People Living with HIV/AIDS. In 2015 she was Tanzania's child representative at the UN General Assembly, where she spoke at various events about the challenges facing children in Tanzania.

"One of the main challenges of Tanzania and Zanzibar is children that are faced with the obstacle of stigmatisation. Children living with HIV/AIDS are stigmatised and isolated by society. Therefore, many children become involved in dangerous activities like drug use, unprotected sex, child labour and theft.

"As the ZAPHA+ chairperson and children's rights activist, I am fighting for the government to reach the goal of 0–3, which means eradication of stigmatisation, abuse and discrimination – because all children are the same. Our club offers a safe space for HIV+ children to play, study, and learn how to manage their health. I teach children how to take their ARVs properly and how to express their emotions and struggles through activities like body mapping.

"I'm also a reporter for Zanzibar's Young Reporter Network and enjoy writing articles about education and children's rights.

"In September 2015, my peers elected me to be the child representative of Tanzania at the United Nations General Assembly 70 in New York City. I prepared for my journey to America by meeting with over 80 youth leaders in Tanzania and writing and rapping in a song called 'Pamoja Tunaweza', or 'Together We Can'. This song challenges our country's leaders to implement the new Sustainable Development Goals and better the lives of Tanzanian children.

"In New York City, I shared my experiences with different child representatives of Save the Children, participated in the UN General Assembly Opening Ceremony with Malala and delivered the messages of Tanzanian children to numerous stakeholders, including our Tanzanian President, Hon. Jakaya Kikwete. At various events – including a press conference for the Bill & Melinda Gates Foundation – I spoke about the challenges of Tanzanian children – including shortages in education supplies, violence against children and stigmatisation of children living with HIV. I was so excited to deliver these messages and to collaborate with children from all around the world."



PHOTO: BENJ BINKS/SAVE THE CHILDREN

Children's rights activist Suhaila, age 17

9 FAIR FINANCE

Financial barriers – at the household, local, national and international levels – are a major obstacle to children's inclusion.

CHALLENGES

Inadequate resources: Insufficient, inefficient and unequal public investment in essential services means that for many excluded children, basic health, nutrition and education services – essential to children's survival and development, and which all children have a right to – are simply not available.

At the **national level**, there are several reasons why countries fail to raise adequate resources. These include their economy and labour market structures (for example, a large agricultural economy and a low level of urbanisation are often associated with low tax-take[1]); the design of the tax system; and the capacity of the tax authorities.

At the **international level**, there are further significant barriers to increasing revenues. For example, according to the United Nations Conference on Trade and Development (UNCTAD), developing countries lose about $100 billion annually in tax revenues due to inward investments being routed through offshore financial centres.[2]

Inequitable government spending: National budgets are too often inequitably distributed, resulting in regional and **local** governments lacking the financial resources to reach or cater for excluded children. For example, in Rwanda, investment in primary education has been consistently reduced over eight years, while spending at secondary level has increased, and the share for higher education has remained high – a regressive shift in spending.[3]

The **national** distribution formula to distribute resources to the **local** level is crucial. In Uganda, for instance, health funds are allocated according to population levels – whereas remote areas, with high needs, are less populated. Education funding is allocated according to the number of government schools in an area, so less funding goes to districts with few schools, exacerbating inequities.[4]

High direct, indirect and opportunity costs mean families in excluded groups are often unable to afford the basic services their children need to survive and learn. In addition, children and their families also need a minimum level of financial security. There is broad consensus "that even tiny out-of-pocket charges can drastically reduce the use of needed services."[5]

SOLUTIONS

We are calling for action in three areas in order to deliver Fair Finance:

- **Increased national and international public revenues, collected and spent equitably**
- **The removal of cost barriers to basic services**
- **Minimum financial security for all children**

Fair Finance draws together numerous commitments that have already been made around investing in children and financing for development. Most recently, the language of a 'social compact' has been used in the Financing for Development process associated with the SDG launch. Save the Children is building on this momentum by setting out the following key actions required if we are to meet the guarantees.

INCREASED PUBLIC REVENUES, COLLECTED AND SPENT EQUITABLY

Increasing the tax-take through progressive means: At the **national** level, many countries could mobilise far more domestic revenues by reforming their tax systems and improving compliance. At present only 13% of low-income countries collect 20% of GDP in taxes[6] – a minimum tax intake proposed by experts.[7, 8] Some countries have been exceptionally successful in increasing their tax intake – for example, Georgia more than doubled its tax revenues from 12% of GDP to 25% between 2003 and 2010.[9]

Governments must also act on tax equity considerations, by focusing on direct and progressive taxes – those levied on income, wealth and property – rather than indirect and regressive taxes, such as VAT, which place a disproportionate burden on poor people.

Change is possible. In Rwanda, tax revenues have increased significantly over the last decade – with the tax/GDP ratio increasing from 10.8% in 2001 to 14.9% in 2013/14 – contributing to a significant increase in investment in social sectors.[10]

This needs to be supported at the **international** level as well. Poor countries will not be able to increase public revenues without international action to stem illicit financial flows and tax avoidance along with other financial reforms. And the poorest countries will continue to require development aid to support their own efforts.

Equitable spending: National budgets need to be equitably distributed to regional and local levels. In education this includes per-pupil funding targeted at those most in need,[11] and providing enough quality schools. It also includes training teachers, and providing incentives to attract the best teachers for children most in need, adequate teaching materials, meaningful curricula and codes of conduct – to ensure teachers are supported in embracing diversity and delivering additional services to meet the needs of all children in the classroom.

REMOVE COST BARRIERS TO ESSENTIAL SERVICES

Giving every child the chance to learn: The abolition of school fees had a strong impact on enrolment and has increased the enrolment of excluded groups in many countries, including Kenya, Malawi, Timor-Leste, Uganda, Tanzania and Zambia. Abolishing fees reduces drop-out rates, in particular for girls and children in rural areas.

However, even fee-free education can be too costly for the poorest due to the costs of school materials – books and uniforms – and the opportunity cost of not contributing work to the **household**. Indeed, if carried out without other measures to reach the very poorest, fee-abolition can in fact widen inequalities.[12] Lowering indirect costs of education such as uniforms, textbooks and cost of transport is also needed as these informal costs impact on children affected by poverty and excluded groups. Programmes and policies improving family livelihoods have positive effects on education.

Wide expansions in primary school provision have often come at the expense of the quality of teaching, and the incentives for children to attend school are therefore diminished, particularly for those in the poorest **households**. Many children sit in overcrowded classrooms with undertrained teachers and complete school without learning even basic literacy and maths skills.

Retaining teachers – and health workers – in remote areas has proven challenging in many countries, with a huge impact on the quality of services provided in those areas. In Malawi, in 2013, the deployment of teachers was highly skewed toward urban areas (46 pupils per teacher) at the expense of rural areas (86 pupils per teacher).[13]

Universal health coverage: Now a target in the SDGs, universal health coverage (UHC) means ensuring access for all to essential health services without pushing people into poverty. More than 100 low- and middle-income countries have taken steps towards UHC.[14]

Systems of UHC need to embrace the notion of 'progressive universalism'; which seeks to ensure that "people who are poor gain as least as much as those who are better off at every step of the way towards universal coverage, rather than having to wait and catch up as that goal is approached."[15] But while the reduction and elimination of financial barriers to access is critical, many other issues, such as quality of services, also need to be addressed.

To make genuine progress towards UHC, countries' **national** UHC plans must:

- **Seek to ensure equitable access** through the design of health services – from delivery to financing, health workers, governance, health technologies and information systems. Health conditions that affect particular excluded groups need to be prioritised to reduce these inequalities.
- **Be free at the point of use.**

- **Take targeted measures** to ensure services are accessible and appropriate for excluded groups, within a system of UHC. For example, Rwanda's **national** health insurance system covers 98% of the population and includes subsidies for the poorest people, while combining **local** accountability with **national** financial pooling.

MINIMUM FINANCIAL SECURITY FOR ALL CHILDREN

Much of the most important work to make finance fairer needs to take place at the **household** level itself.

There is a strong body of evidence that well-designed and well-delivered social protection programmes can lead to improvements in children's nutrition, health and education – and reduce the risk of abuse, exploitation and neglect. For example:

- 24% increase in girls passing secondary school after receiving a stipend in Bangladesh[16]
- 30% increase in the number of children immunised in Peru after receiving cash transfers[17]
- nine percentage point decrease (from 55% to 46%) in chronic malnutrition among child participants of Malawi's Mchinji Social Cash Transfer scheme pilot.[18]

Social protection programmes have delivered the big dividends for excluded groups, with the cash transfers programmes in Brazil,[19] Mexico[20] and Bolivia[21] perhaps most widely celebrated. While not always targeted specifically towards excluded groups, they have disproportionately benefited excluded children because of their focus on the poorest. Furthermore, where cash transfers are given directly to women, there is evidence to show that social protection can contribute to women's empowerment, increase their self-esteem and ultimately induce greater gender equality in the household.[22] Such interventions also bring long-term benefits for **national** economic and social development.

Child-sensitive social protection takes into account the voices and views of children and their caregivers, including analysing and monitoring children by age, gender and different types of vulnerability.[23] This can be an effective tool for income re-distribution to promote inclusive growth – and fair finance. Inclusive growth equitably distributes jobs and wealth. This includes investment in agriculture and labour-intensive sectors, regional economic policies to address spatial inequalities and equitable access to credit.[24] It also means that newly created economic prosperity is redistributed in ways to increase access to essential services.

FAIR FINANCE IN CRISIS AND CONFLICT SITUATIONS

The humanitarian aid system is under great strain owing to the increasing numbers of people affected by crises. Despite a record US$24.5 billion in international humanitarian assistance in 2014, the shortfall continues to grow[25] – for UN-coordinated appeals alone the shortfall was US$7.5 billion in 2014, or 38% of total requirements.[26]

In crisis situations, child protection is one of the lowest-funded sectors. In 2009, only 32% of estimated total requirements were funded.[27] Also, on average, education receives less than 2% of humanitarian aid.[28] Funds are often not flexible enough to adapt to protracted and slow onset crises. Moreover, NGOs, who are usually the first ones to respond to crisis, find 'themselves at the end of a chain of middle-men and consequently face delays in receiving the funding needed to begin operations' when it comes to multilateral administered pooled funding for humanitarian response.[29]

It is critical that humanitarian financing systems mobilise more financial resources in response to early warnings to meet the full range of needs experienced by children in emergencies. Reforms to the global financing architecture must consciously prioritise children's needs and their rights, in a transparent, participatory and accountable manner.

10 EQUAL TREATMENT

Excluded children are also being left behind because of inherently discriminatory social norms, economic policies, and discriminatory laws, which stop children from surviving and learning.

CHALLENGES

Discriminatory laws and policies: At the **local** level discrimination at the point of service delivery – a health facility, for example – is a significant issue facing excluded groups. It includes health workers sometimes targeting people in specific groups for bribes and informal user fees – as reported in India, West Africa and Guatemala.[1, 2, 3]

Excluded children also face huge disadvantages in education – as described in Part Two of this report. For example, girls may face the threat of violence at school. In disadvantaged regions of a country, the quality of education may be poor. Children from ethnic minorities and indigenous groups are often taught and tested in a language they speak poorly and are denied education in their mother tongue. Indigenous peoples are often sceptical about an education they see as irrelevant to their own context and culture.

Addressing discrimination is complex because there are so many varieties of discrimination, directed against so many different groups, and it often involves changing deeply embedded and longstanding social and cultural norms. Specific measures are needed so that discrimination is tackled through budget allocations, through service coverage for targeted groups, through participation of excluded groups in decision-making, through disaggregating data, and through addressing stigma and negative attitudes.

Discriminatory norms and types of behaviour: Removing or changing explicitly discriminatory laws and policies can be done with a stroke of a pen. But that is just the first step. Social and cultural discrimination are persistent and deeply embedded phenomena; change requires substantial additional efforts.

Uncounted children: The right of every child to exist is both a symbolic and practical starting point by which to ensure equal treatment. Yet many children are uncounted, and hence excluded from essential services and exposed to danger (see page 37).

Low birth registration can be explained by a number of factors – most notably weak state institutions and infrastructure and a lack of awareness among the population. Cultural and social norms also seem to impact birth registration on an institutional level, since in many countries, such as Bhutan, Bangladesh, Sierra Leone and Sudan, children of unmarried mothers or of absent fathers cannot register.

SOLUTIONS

Recognising that changing social norms and attitudes requires a longer time frame than a three-year campaign, we are calling for action in three areas in order to deliver Equal Treatment for all children:

- **Laws and policies to remove discriminatory barriers to services**
- **Public campaigns to challenge norms and behaviours**
- **Every birth registered**

LAWS AND POLICIES TO END DISCRIMINATORY BARRIERS TO SERVICES

Protecting children's rights through the law: At the **national level**, there are different legal and policy mechanisms governments can use to help realise human rights and ensure accountability. An obvious starting place is a constitution or foundational legal documents recognising and articulating the full breadth and depth of human rights. Alongside this, countries should adopt and ratify all of the major international human rights treaties and where necessary incorporate them into national law. Accountability also requires the effective

rule of law, through the functional division of powers and an independent and competent judiciary.

For example, the constitution of South Africa includes an entire section (Section 27) articulating and protecting social and economic rights, such as the rights to health, education and housing. This section has been used by human rights advocates and others to successfully identify and remedy discrimination in health, housing and other areas.

Some countries have also opted for oversight bodies such as national human rights commissions that may serve to catalogue systemic discrimination and human rights violations and as accountability mechanisms – such as the National Human Rights Commission of India.[4]

Policies to protect children's rights: Some countries have begun to require human rights impact assessments before putting into place policies that may have significant human rights impacts or when reviewing certain policies. For example, the Canada–Colombia Free Trade Agreement requires an annual human rights impact assessment.[5]

Assessments should allow affected communities to participate in decision-making processes that affect their lives, and promote and protect the rights of excluded groups – and correct issues that may undermine their rights. For example, development projects have often failed to recognise the specific rights of indigenous people concerning their ancestral lands, and their right to free, prior and informed consent concerning projects affecting them or their lands.[6]

For children from excluded groups, transforming schools into hubs for other services can have a profound impact. For instance, girls' enrolment increased in rural India due to a large-scale midday meals programme.[7] And coordinated interventions combining nutritional support, responsive feeding and stimulation and early learning have been found to counteract the effects of poor diet on learning and cognitive development.

Inclusive policies in education: In education, inclusive policies are needed that support teachers to embrace diversity and meet the needs of all children in the classroom. For example, policies to increase the retention of girls in school include creating girl-friendly school environments and providing formal teacher training in subject content, pedagogy, classroom management, inclusion and gender sensitivity. See also the box on page 14 on supporting children from indigenous or minority ethnic communities.

NON-DISCRIMINATION AND INTERNATIONAL HUMAN RIGHTS LAW

The right not to be discriminated is well established in international human rights law. It forms the basis of the foundation of the UN: The Charter of the United Nations of 1945 established that the UN shall promote "universal respect for, and observance of, human rights and fundamental freedoms for all without distinctions as to race, sex, language and religion". Later treaties go further. The UNCRC's art. 2, which also serves as one of the four core principles for implementation of the convention, includes discrimination based on parents' status or convictions, as well as discrimination based on, among others, political opinion, disability, social origin, et al. Article 2 states that:

"1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parents' or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members."

Other treaties, including the UN Convention on the Rights of Persons with Disabilities, the UN Convention on the Elimination of All Forms of Discrimination against Women, and the UN Declaration on the Rights of Indigenous Peoples have their own clauses on discrimination.

In order to make education relevant to indigenous peoples, curricula need to be developed so they are relevant to local context, and not merely translated. More attention needs to be given to **local** solutions coming from indigenous peoples themselves– for example, low-cost effective strategies include organising multi-grade classrooms by language group and community-based language development.

Flexible timing for education can be important to reach the most excluded children – in particular, those more likely to be engaged in labour activities such as the poorest children, those affected by crises or displaced, those from pastoralist communities or street children. Flexible learning programmes have provided children in pastoralist communities with opportunities and increased recognition from governments, leading to nomadic specific education plans in Ethiopia, Nigeria, Sudan and Tanzania. Our early childhood development and education programmes have demonstrated that the most effective way to reach excluded groups is through community involvement.

PUBLIC CAMPAIGNS TO CHALLENGE NORMS AND BEHAVIOURS

Changing attitudes around education: 'Back to school' campaigns can be important to encourage disadvantaged groups to enrol in school. In Nepal, for example, the Welcome to School initiative, which included strong **national** level advocacy, district planning and facilitation of partnerships, and community mapping to identify families with non-enrolled children, resulted in a 21% increase in grade one enrolment.[8]

Ensuring children have the opportunity to learn outside of the classroom is crucial. Families and communities should be supported to create an enriching learning environment outside the classroom.[9]

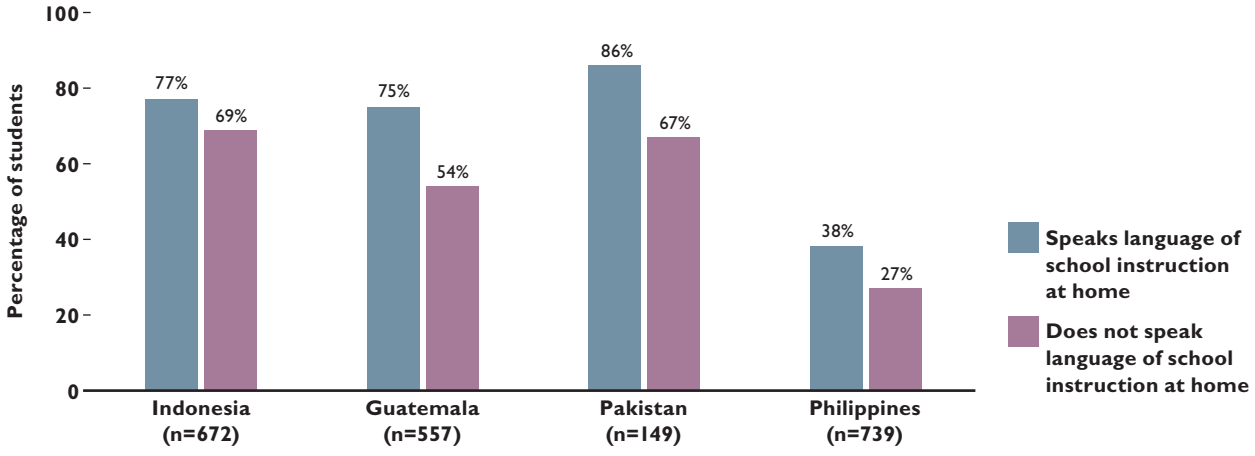
SAVE THE CHILDREN TACKLING LINGUISTIC BARRIERS TO EDUCATION

For many children of indigenous or minority ethnic backgrounds, an additional challenge to learning is that the language of instruction in school is different than the language they speak at home.

The data in Figure 12 – from Save the Children programmes in four countries shows that those children who speak the language of instruction at home – compared with children who speak a different language at home – know more letters in that language of instruction, and are more likely to recognise the vocabulary of the lessons and texts.

Our programmes help teachers, trainers and government staff understand that supporting children who do not speak the language of instruction is critical. This advocacy is key to creating systemic change. We also support schools, using a range of strategies depending on the context. In Nepal, for example, we help teachers support children's understanding across the two languages used at home and at school, in order to promote children's understanding and participation.

FIGURE 12 PERCENTAGE OF ALPHABET KNOWN AT BASELINE BY SPEAKING LANGUAGE OF INSTRUCTION AT HOME



GIRL GENERATION

The Girl Generation project[10] on female genital mutilation (FGM) is a public awareness campaign that aims to change perceptions about FGM and bring about change at **local**, **national**, **regional** and **international** levels. Teams are spread out across many countries in Africa. Bringing together committed activists and joining up different sectors, Girl Generation has helped make FGM a global issue.

In 2015, the Gambian President declared FGM illegal; this campaign is believed to have played an important role in that decision.

Using inclusive global norms: Recognition of a problem at the **international** level has the effect of highlighting the issue as legitimate and significant. Global norm-setting and associated campaigns – much of which takes place at the UN or through UN-related mechanisms – are therefore essential in combatting exclusion. For example, the major international human rights treaties – particularly those addressing the human rights of excluded groups, such as women, children and people living with disabilities – have served to acknowledge the depth and extent of particular challenges and to set global norms with regards to these groups. In turn, communities that are discriminated against are empowered to make claims to governments.

CHANGING CHILDREN'S ATTITUDES ON GENDER IN NEPAL

The Choices intervention has been developed in the Siraha district of the Terai region in Nepal – where there are high rates of early marriage, early child-bearing and dowry – to challenge restrictive norms and promote gender equity.[11] In Nepal women and girls may face discrimination based on gender, caste or ethnicity, and they can be exposed to various forms of psychological or physical violence.[12]

Over three months, the intervention targeted 603 children from 10 to 14 years old – almost equally divided between girls and boys. Eight activities were carried out, designed to stimulate discussion and reflection between girls and boys.[13]

The evaluation showed significant improvements in attitudes and behaviours towards gender:[14]

- Girls felt empowered to talk to their parents about continuing their studies and avoiding early marriage.
- Boys advocated with their parents for their sisters' education and delayed marriage.
- Children's perceptions of gender roles were altered, with more acceptance of non-traditional gender roles.
- Participants were much more confident discussing their feelings and promoting gender equality in their lives.
- Participants were more optimistic about their future.

An adapted version of the activities is being used in Egypt and there are plans to implement Choices in Ethiopia and Bolivia.

Choices is part of a programme partnership between Save the Children and the Georgetown University's Institute for Reproductive Health.

EVERY BIRTH REGISTERED

Several steps have proven successful in increasing birth registration. While different countries present different issues and require different approaches, success stories suggest the actions that are needed are similar. For example:

- facilitating access – whether financial or physical – to birth registration
- removing institutional and legal barriers at **local** and **national** levels
- promoting awareness-raising campaigns
- integrating registration units in existing health services, such as maternity wards and immunisation centres
- putting in place cost-effective and innovative registration practices.[15]

In order to remove financial barriers to registration, monetary incentives paid directly to the child's family have resulted in increased registration in Ukraine[16] and Bangladesh.[17] Siting registration centres in health services has been said to produce excellent results in Algeria, Colombia, Namibia and Venezuela.[18] For excluded groups, increasing registration of birth at health facilities may also require improved access to health services.

EQUAL TREATMENT IN CRISIS AND CONFLICT SITUATIONS

Discriminatory laws and policies towards refugee and IDP children persist in many countries, as do discriminatory social norms. The Convention and Protocol Relating to the Status of Refugees stipulates that refugees must receive the "same treatment" as nationals in primary education, and treatment at least as favourable as that given to non-refugee aliens in secondary education UN article 22.[19]

Special provisions for refugee children may also be necessary to help them transition, particularly in education. Refugee children often do not speak the language of instruction, are facing a new curriculum, or need special assistance to catch up with the lessons available to them.

11 ACCOUNTABILITY

Decision-makers' accountability to excluded groups under the SDGs must be far more comprehensive than that which existed previously under the MDGs. Children and marginalised groups must have opportunities to play a central role in holding decision-makers to account – at local, national, regional and international levels.

Involving children is good for their own development and for improving their engagement in future political processes. It is also good for development effectiveness and outcomes. And it is vital to tackling exclusion and to achieving the SDGs.

CHALLENGES

Disadvantaged children's exclusion from decisions and choices that affect their lives: The first two Guarantees – Fair Finance and Equal Treatment – both require greater participation of excluded groups, including children, in policy making and budget allocation, as well as greater accountability towards these groups by policy makers and budget holders.

A common feature among excluded groups is their lack of voice and political representation in decision-making bodies. For excluded children and their families, a lack of voice and political representation can in many ways exacerbate exclusion and widen inequality.

Lack of international accountability to excluded groups: At the **international** level, donor money is often not allocated to support building universal public services that excluded groups would benefit from. There is also evidence to suggest that development aid can be misused for political gain rather than investing in the realisation of social and economic rights. This can come in the form of outright corruption, or in the form of discrimination on the basis of political opinion in the distribution of aid, and investing in areas where politicians will most benefit rather than investing in the areas of greatest need. People have also been excluded from development programmes, deliberately or inadvertently, because of their religion, ethnic background, gender, sexual orientation or disability, amongst other grounds. Because of the weakness of **international** enforcement mechanisms for human rights violations and considerable legal barriers, such as jurisdictional issues, accountability at this level remains limited.

Lack of data – and understanding – about excluded children: The accountability void that often exists between governments and excluded groups can stem from a lack of acknowledgement of the challenges faced by excluded groups (see chapter 8, page 37). For example, very few countries collect or publish data that are disaggregated by ethnic or religious groups, or by relevant geographical level.

Ignorance of the exclusion of a particular group is not an excuse for government inaction. Governments have a human rights responsibility to ensure that they collect sufficiently disaggregated information to understand which groups may be excluded and how they may be excluded, in order to design policy and programme solutions that remedy such exclusion. The SDGs and associated 'Data Revolution'[1] have put disaggregated data at the top of the development agenda, but governments must have the political will to commit necessary resources.

SOLUTIONS

We are calling for action in three areas to improve Accountability:

- **Better data disaggregation**
- **Governance at all levels includes excluded groups and children**
- **Budget transparency and monitoring**

BETTER DATA DISAGGREGATION

In chapter 8 we explored the challenges facing children who are 'uncounted' (see page 37). Disaggregated data would not only help to understand the levels of inequality, but also to consider the coverage and impacts of inclusion policies. For example, to address inequalities, child-sensitive social protection requires effective accountability, which in turn requires up-to-date data that are reviewed regularly. Administrative invisibility often extends further to **national** survey data, where disaggregation by excluded groups – in particular, children with disabilities; persecuted ethnic, religious and caste groups; as well as street children – is mostly absent. Without these data, researchers and civil society representatives are oblivious of the extent and precise nature of the problem. Unable to hold governments to account about these inequalities, the challenge of exclusion can continue to exist beneath the radar.

GOVERNANCE AT ALL LEVELS INCLUDES EXCLUDED GROUPS AND CHILDREN

Local-level representation of excluded groups in decision-making structures can both help to decrease group-based inequalities and address exclusionary cultural norms. In India, some villages have reserved the position of chief councillor (pradhan) for women. After about seven years of exposure to a female *pradhan*, the gender gap in aspirations was sharply reduced for teenagers in these villages.[2]

Participation has been shown to improve children's access to essential services, build an active and engaged citizenry and result in long-term economic benefits.[3] In short, meaningful participation has been demonstrated to reduce social exclusion.

Some inclusionary instruments include children's assemblies, parliaments and groups and clubs. Save the Children supports adolescents in several provinces in Ecuador to create and strengthen school student councils. According to UNICEF, these councils have helped monitor new policies and practices implemented in the schools and have served as a space for capacity building, as the adolescents involved have been able to advocate for their rights to education and protection.[4]

At the **local** and **national** levels, gender quotas in governments are now in common use across the world. However, evidence on how much impact they have is mixed. Political economy analysis suggests that a combination of strong activism and a willingness of the political elite to make concessions is critical in improving the space for women in political debate.[5]

The creation of youth parliaments and a stronger role for children in decision-making has been celebrated in Albania. However, children with disabilities have not been incorporated into these successes, apart from in selective instances of consultation among a limited number of individuals in public activities or events. Strategies to support children's engagement in decision-making must not reinforce entrenched inequalities.[6]

There are a number of ways in which the **international** community can be made more accountable to excluded groups, including through international human rights reporting mechanisms. A first step would be to consider the impact of official development assistance (ODA) on the most excluded. We would encourage donors to publish what they spend and follow the journey that aid takes by undertaking distributional analysis in terms of the impact ODA has on excluded groups, as set out in the 2030 Agenda (income, sex, age, race, ethnicity, migration status, disability and geographic location). Donors should publish this on an annual basis.

On tax, we need a shift in the conversation from how developing countries mitigate the effects of harmful tax practices to how we create a system in which policies reflect their needs and enable them to build robust and progressive tax systems. In short, we need a global tax system that creates a level playing field and answers to the world's most vulnerable children. Many of the current discussions on tax reform are convened by the G20 or OECD, where the voices of developing countries are absent. Similar power imbalances are found within international financial institutions such as the IMF and World Bank, or in global agreements (or lack of such) on trade, debt or climate, to name a few.

GIVING CHILDREN IN BANGLADESH A VOICE[7]

Bangladesh has around 64 million children, but the country lacks an appropriate formal framework that includes them in decision-making processes, creating a demographic divide that disempowers and disengages children from a very early age.

The Child Friendly Local Governance (CFLG) initiative in Bangladesh aims to ensure an improvement of services and of accountability of government for the rights of children through facilitating children's participation in **local**-level governance.

Issues the initiative covers include children's rights, social safety nets, complaint and response mechanisms, and local budgets.

CFLG also raises awareness of children's rights and participation with **local** government and civil society organisations. For example, it supports civil society in budget tracking, mass awareness campaigns and equitable safety net targeting.

In the short-to-medium-term, this project aims to institutionalise child participation; include a specific mandate to focus on social development of children in budget and development plans; increase government funding for child participation; and mobilise existing **local** government resources. A long-term step is to create a 'CFLG Index' that can 'measure and track progress on the child-friendliness of **local** governance institutions'.

The project has had a number of successes:

- **Local** government institutions are explicitly taking account of children who live in their communities, including in budgeting – for example, funding was allocated in 2014–15 "to improve the well-being of poor and disadvantaged children and their families."
- Children are engaging more **local** decision-making processes through participating in planning and budgeting meetings, and open budget sessions.
- Public service provision has improved in a number of areas – including financial support for vulnerable children and provision of school uniforms and books.
- Serious complaints – including cases of sexual harassment, physical punishments, child marriage, and rape have been submitted to the authorities and successfully followed up.

BUDGET TRANSPARENCY AND MONITORING

One of the most often quoted ways of increasing budget transparency is to guarantee informed or participatory budgeting processes. Participatory budgeting is "a process by which citizens, either as individuals or through civic associations, may voluntarily and regularly contribute to decision-making over at least part of a public budget through an annual series of scheduled meetings of government authorities."[8] Being part of the process gives first-hand access to budget information that may otherwise not be available.

Several experiences of participatory budgeting have proved very successful.[9] In the specific case of youth participation, in Argentina, for example, a municipality undertook a participatory youth budget that included around 1,000 youths annually from several different districts, which led to the identification of gaps in funding of community-led initiatives.[10] In Brazil youth participation in budgeting has resulted in an additional allocation of $760,000 to children and young people in 2005 in the Ceará region.[11]

Budget monitoring initiatives led by civil society and others can effectively promote budget transparency by identifying and detailing 'the distribution of actual inputs, activities and outputs' in order to make budgets accessible and comprehensible.[12] This entails a comprehensive budget analysis and effective measurement of budget transparency and participation.

Budget monitoring tools are particularly useful in identifying specific issues related with gender and children. For example, drawing on the call of the 2006 Paris Declaration Monitoring Survey for the need for more parliamentary engagement in budget

review and advocacy – based on research done in Zambia and Tanzania – the 2012 Inter-Parliamentary Union resolution on women's and children's health was able to identify gaps in specific service provision for women and children. And it was able to commit to 'ensure availability and accessibility of essential, integrated health services for women and children' across the globe.[13] In collaboration with partners, Save the Children is undertaking extensive budget analysis, which allows the national stakeholders to hold governments accountable and influence the distribution of future budgetary allocations.

ACCOUNTABILITY TO EXCLUDED CHILDREN IN CRISIS AND CONFLICT SITUATIONS

For children living in crisis, targeted efforts to foster sustainable peace, build strong institutions and promote effective governance in fragile states will be key to improving their access to essential services and addressing their exclusion. Countries with the weakest institutional legitimacy and governance are the most vulnerable to violence and instability, and are the least able to respond to internal and external stresses.

Accountability and children's participation is particularly important – and often neglected – in planning humanitarian responses and in needs assessments. In rapid and slow crises and in conflict situations, assessments typically take a household approach for validation of overall needs, neglecting children's specific needs. This can lead to child-centred sectors – such as child protection and education – not being prioritised. Save the Children has undertaken several child-led needs assessments,[14] which found that children overwhelmingly prioritise their education, even though education is not usually prioritised in humanitarian response and is chronically underfunded.[15]

CONCLUSION

How can the **Three Guarantees** be delivered?

We have shown that interventions need to be made at four levels – household, local, national and international – if progress is to be made, from a range of fully implemented laws, policies and programmes, to a shift in resource allocation, with devotion of greater resources to excluded groups. And with special emphasis on conflict contexts.

Save the Children is committed, through a combination of programming and campaigning, to work to ensure these **Three Guarantees** are met as soon as possible. It won't be easy, but together we can make progress in the next three years.

Most of these issues require action nationally and internationally, as well as locally and at the household level. It is impossible to list all the various ways in which national governments and international bodies can support the **Three Guarantees**. Across the world, every day, decision makers in many different types of institution need to shift their thinking and the direction of their policies in order to make these aspirations a reality.

The effects of exclusion are a recurring barrier for children to living safe, healthy lives and to accessing quality education and equal life chances. From conception to adulthood, excluded children face more challenges than their peers, and these challenges have a domino effect as a child grows up. Malnutrition in early life may impair a child's ability to learn in school. Failure to complete school leads to fewer economic opportunities in adulthood. If excluded children do not manage to overcome these challenges, they are likely to pass on poverty to their own children, and the cycle will continue.

We hope that this campaign will spur those leaders on so that across the world the jigsaw pieces begin to fall into place and we make global strides towards including all children in progress.

Save the Children will be working through its programmes at all levels to contribute to this big global push, partnering with local communities and local governments, and implementing comprehensive responses in over 100 countries.

WORKING TOGETHER

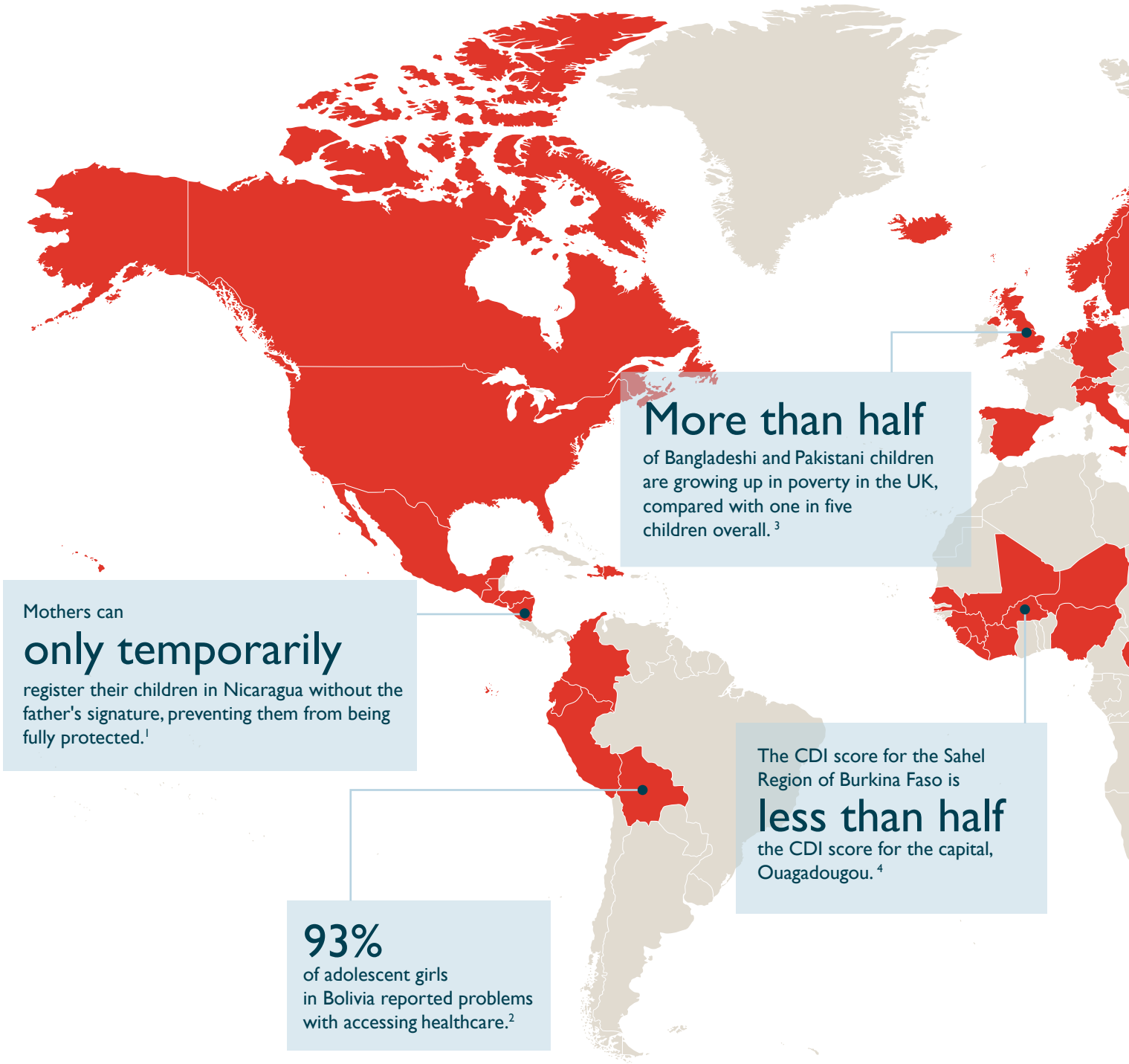
One thing is clear – the size of the challenge means we cannot do it alone. We need our global partners and supporters to take this journey with us.

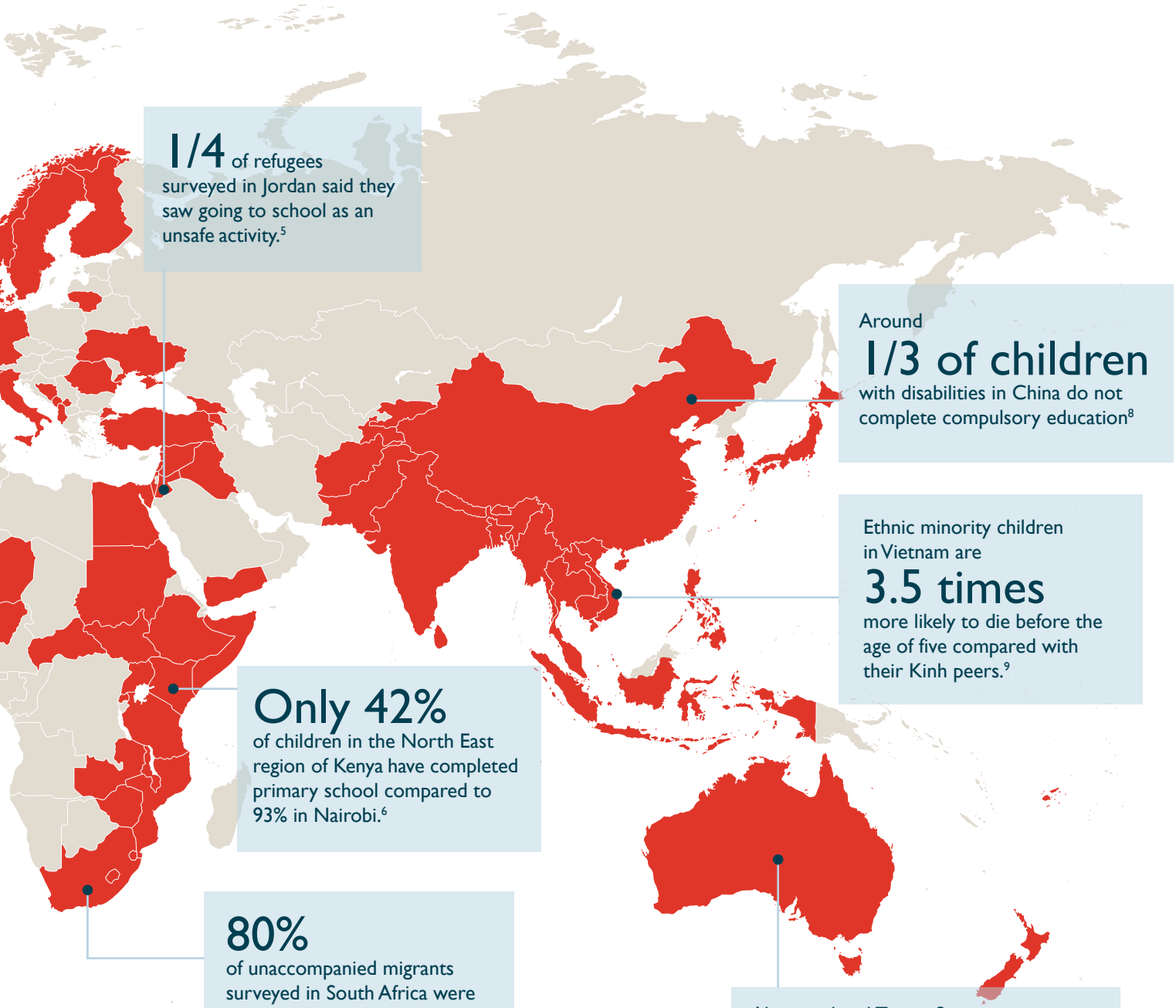
Save the Children's work around the world has brought us up close and personal with children left behind and the realities of their struggle. This work is what has motivated us to fight for equality to be at the heart of the new SDG agenda, and to see that 'no one is left behind'.

Save the Children is recommitting to do whatever it takes to reach these groups. We call on you to join us in this new global campaign.

FIGURE 14 THE GLOBAL CHALLENGE OF CHILDREN'S EXCLUSION

Countries shaded red are where Save the Children is working to tackle children's exclusion.





1/4 of refugees surveyed in Jordan said they saw going to school as an unsafe activity.[5]

Around
1/3 of children
with disabilities in China do not complete compulsory education[8]

Ethnic minority children in Vietnam are
3.5 times
more likely to die before the age of five compared with their Kinh peers.[9]

Only 42%
of children in the North East region of Kenya have completed primary school compared to 93% in Nairobi.[6]

80%
of unaccompanied migrants surveyed in South Africa were living in informal settings or shacks; 14% on the street; and only 5% in formal shelters. Only 8% of those living in informal shelters attended school.[7]

Aboriginal and Torres Strait Islander children are
more than twice
as likely to be developmentally vulnerable than non-indigenous children.[10]

APPENDIX 1: COUNTRY SPOTLIGHTS – SUMMARY VERSIONS

Save the Children has experts working with the most excluded groups of children on the ground on a daily basis. Research conducted in 28 offices, from Armenia to Zambia, provided us with rich evidence to understand specific country contexts and the drivers behind the vast inequalities in children's outcomes. While the barriers that excluded groups of children face are universal, their relative importance varies across different settings.

This report draws on research and learning from those country case studies. The Country Spotlights offer insights into the country context, providing a diagnosis of the causes of exclusion, a brief assessment of relevant policies, an analysis of remaining gaps and policy recommendations as well as national campaign calls. The Country Spotlights are based on the most recent and reliable national quantitative and qualitative sources, as well as the wealth of insights gained by Save the Children's frontline staff.

This appendix provides a summary of each Country Spotlight. The full versions can be downloaded in digital format from: www.savethechildren.org.uk/resources/online-library/every-last-child

ALBANIA

Spotlight on education for children with disabilities

Although Albanian legislation guarantees the right to education to all residents, over half of children with disabilities do not receive any form of education. Recent estimates suggest that 60% of children with disabilities aged between six and 15 are out of school.

We found that children with disabilities are excluded from mainstream education services as a result of stigma and discrimination, environmental barriers, school curriculums not being adjusted to their specific needs and a lack of effective participation mechanisms. Save the Children has pledged to work with the Albanian government and wider society to address the financial, legal, structural, social and cultural barriers that prevent children with disabilities from enjoying unrestricted access to education.

BOLIVIA

Spotlight on teenage pregnancy

The number of teenage pregnancies in Bolivia is on the rise. Between 2003 and 2008, the adolescent fertility rate increased from 84 to 88 per 1,000 teenage girls. Approximately 70% of these pregnancies are not planned and are often the result of violence, sexual abuse, and other violations of girls' sexual and reproductive rights. Our research explores the socioeconomic factors underlying higher teenage pregnancy rates for certain groups – including girls with lower levels of education and girls living in rural areas. And it considers the drivers of high rates of teenage pregnancy – including barriers to accessing health services, trafficking of adolescent girls for sexual and labour purposes, and low levels of contraceptive use.

In Bolivia Save the Children will focus on the implementation of newly enacted child safeguarding laws, to ensure that these effectively protect children and adolescents while guaranteeing their access to services. This will require awareness-raising at all levels, including among judicial bodies, the police and municipal personnel, to improve the protection of adolescents when they are looking for help.

BURKINA FASO

Spotlight on the health of poor children in remote regions

Since 1990, Burkina Faso has achieved significant progress in terms of reducing child mortality. However, our research reveals that these gains are not shared equally across all sectors of society. In particular, some regions and socio-economic groups have far higher under-five mortality rates than others. Our analysis reveals that inadequate health protection mechanisms, unequal distribution of health services across the country and uneven and inadequate funding have all contributed to the marginalisation of these groups. To achieve inclusive development, Burkina Faso must implement universal health insurance, as well as exempt children under five and pregnant and lactating women from user fees. The government must also strengthen the supply of healthcare throughout the country.

CHINA

Spotlight on education for children with disabilities

Children with disabilities are among the most educationally vulnerable in China. Government data reveals that approximately one third do not complete nine years of compulsory education. We identify some of the barriers children with disabilities face and highlight how inclusive education can help tackle their exclusion. We also detail findings from an opinion poll about inclusive education involving almost 900 families in 11 provinces and municipalities. The survey finds that while support for inclusive education is relatively high across the board, the concept is not well understood. In practice, stigma and misunderstanding remain common. Save the Children will be working to dispel misconceptions and promote inclusive education as a cost-effective solution to help realise the right to learning for all.

EGYPT

Spotlight on protection of urban, adolescent girls

Our research found that sexual harassment is an everyday reality for many girls in Egypt, but especially those living in urban slums. The constant fear of being verbally or physically assaulted erodes confidence and can lead to depression. As a coping strategy, many families in urban slums try to keep their daughters at home or only allow them to go outside when accompanied by male family members. While this strategy can reduce the risk of harassment, it also results in effective exclusion of girls living in urban slums from education, as well as from participating in social life, and often irreversibly damages their future prospects.

Save the Children will work with relevant government authorities, UN agencies, civil society organisations and adolescents to tackle the gender-based harassment against girls living in urban slums.

IRAQ

Spotlight on internally displaced and refugee children's education

The current conflict in Iraq has led to a large-scale crisis of displacement, which is affecting the schooling of more than 3 million children, 2 million of whom are now out of school. Of the 3 million children in need of education assistance, 1 million are displaced, 1.1 million are in host communities, 136,000 have returned to newly liberated areas, and an estimated 897,000 are in areas controlled by armed groups.

In addition, there are more than 100,000 refugee children from Syria, mostly concentrated in the Kurdistan Region of Iraq. Only 71% of these refugee children living in camps are enrolled in school, and more than half of Syrian refugee children (54%) living outside of camps are out of school.

Action taken to address the crisis by the Ministry of Education has included establishing a second, and even third, shift in some schools for refugees and displaced children, and the construction of additional schools. Due to the mass displacement and refugee crisis, the education sector in some governorates is under huge strain. Funding is lacking to provide for good-quality education, notably to pay for additional teacher salaries and provide learning materials.

Save the Children is focusing on: providing care and development for children aged 3–5; delivering non-formal education, including catch-up classes; building additional learning spaces; and as co-lead of the Education Cluster, working closely with the Kurdistan regional government and the Iraqi government to address the ongoing education crisis.

JORDAN

Spotlight on Syrian refugee children's education

Jordan hosts more than 200,000 Syrian child refugees. About 85% live in host communities, while the rest are in camps such as Za'atari and Azraq. Between 30% and 43% of children in the camps are out of school, while in host communities the figure is around 40%. Many of those who are enrolled in education are at high risk of dropping out. Obstacles to staying in school include overcrowding, lack of provision and children being forced to work to support their families. In 2015, a quarter of refugees surveyed said they saw going to school as an unsafe activity. Informal, community-based education offers a cost-effective way to provide vulnerable children with quality education. In Jordan, Save the Children's Every Child Learning initiative is piloting solutions that will enable us to reach out-of-school refugee children and prepare them to integrate into the local education system. This will involve providing them with a combination of academic and extracurricular activities that are adapted to their needs.

KENYA

Spotlight on the health and education of the poorest children in marginalised areas

In Kenya, inequality is most marked in urban informal settlements and arid and semi-arid lands. For example, the prevalence of diarrhoea among children in urban slums is twice the national rate and approximately half of slum children are chronically malnourished. Kenya's national net enrolment rate (NER) for primary education stands at 88.2%, whereas in counties such as Mandera the NER is as low as 25.3%. Estimates suggest that the highest levels of child deprivation are in Mandera, Marsabit, Turkana, Wajir and West Pokot counties, while the largest numbers of deprived children are in Bungoma, Kakamega, Kilifi, Mandera and Turkana. The government has put in place robust policy and legal provisions to guarantee access to services for all, but major gaps still exist in terms of implementation. Since the 1950s, Save the Children's programming in Kenya has focused on child protection, child rights governance, education, health, nutrition, water and sanitation, and child poverty. Our teams are working to improve equitable access to these services through policy changes. We are calling for increased investment in quality essential services for children, accelerated implementation of existing policies, and greater accountability of government to marginalised communities.

LAOS

Spotlight on ethnic minority girls' education and health

There are more than 49 ethnic minority groups in Laos. Children from these communities – especially girls – experience significantly worse outcomes in the areas of health and education than children from the Lao-Tai majority ethnic group. Drawing on a number of sources, we highlight the equity gap affecting ethnic minority girls and identify the barriers to access, gender norms and risks associated with this lack of parity. The gap in primary school enrolment rates between ethnic majority and minority groups can reach 41 percentage points in Laos, with ethnic minority girls being most heavily affected. Even within ethnic minority groups, literacy rates among girls can be 33 percentage points lower than among boys. Our consultations with children and families reveal that, in addition to the obstacles of poverty and access that affect ethnic minority children in general, girls from these groups are also held back by social and cultural norms such as early marriage, dowries and gender roles. Health prospects for these girls are diminished by a lack of education and the risk of early pregnancy, which reinforces a cycle of poverty and exclusion.

LEBANON

Spotlight on Syrian refugee children's education

Of the 1.1 million Syrian refugees in Lebanon, 400,000 are school-aged children. So far, Lebanon has managed to offer school places to almost half of them, but the rest are still out of education. Now, one in ten people in Lebanon is a Syrian refugee child, many of whom are struggling to access any form of learning. Obstacles to accessing quality education include financial costs, language barriers, distance to school, lack of documentation, tensions between host and refugee communities, psychosocial issues and early marriage. Save the Children in Lebanon is providing direct support to the formal schooling programme by supporting enrolment in public

education and building community-based systems to monitor the quality of teaching and learning in public institutions. Further international support is needed to fund education in Lebanon, as well as policy and community work to address violence and bullying in schools, decrease social tensions between communities and improve Syrian families' livelihoods.

MALAWI

Spotlight on health, education and protection for children in remote regions

Poor children living in remote areas of Malawi are among the most excluded in the country, and lack access to basic health, education and social protection. Drawing on national survey evidence, our research finds that 34% of deprived children live in rural areas. Access to basic health services for children in hard-to-reach areas is a key challenge, with only 46% of the population having access to a health facility within a 5 km radius. Health surveillance assistants – a critical access point to healthcare – are often inaccessible to rural people due to poor roads and remoteness. The deployment of teachers is also affected by region, with one teacher to 86 children in rural areas, compared with one to 46 children in urban areas.

Save the Children will be working with the government and other stakeholders to ensure that policy changes in health, nutrition, education and protection deliver for the most excluded children in remote areas.

MALI

Spotlight on health and nutrition for children in remote regions and poor children

Between 1990 and 2015, Mali halved its child mortality rate. However, analysis of health and nutritional indicators reveals significant regional disparities. The conflict that has affected the country since 2012 has contributed to a worsening of children's nutritional status and their exclusion from access to basic health services. Nutrition and healthcare services and financing were already limited before the crisis, so despite recent efforts by the government some regions have been left behind. In order to finish the work the government has started and achieve the SDGs, we recommend increasing Mali's health budget and creating a nutrition-specific budgetary line. We also propose sustaining essential community healthcare and strengthening health services by implementing universal health coverage.

MEXICO

Spotlight on adolescent health

Sexual and reproductive health in Mexico is strongly related to poverty. Lower household economic status is associated with poorer sexual and reproductive health (SRH) indicators. We draw on national statistics to detail the impact of poor SRH services on adolescents. Our findings reveal that significant numbers of adolescents are not using contraception. Furthermore, adolescent girls are twice as likely to die from complications in pregnancy or childbirth than women between the ages of 20 and 30.
Save the Children is working with the government and others to promote coordination between agencies so that young people have access to high-quality sexual and reproductive health services. We're also identifying the barriers adolescents face when accessing health services.

MYANMAR

Spotlight on poor children's nutrition

Chronic malnutrition in children eventually causes stunting, resulting in irreversible physical and cognitive damage. In Myanmar, more than a third of all children under five are stunted. In rural areas, the rate of stunting stands at 38%, while in urban areas it is 27%. Poor children are more than twice as likely to be stunted than those living in the wealthiest households and this represents a major barrier to child survival and learning. Compared to a stunted child, a well-nourished child completes more years of school, learns better and earns higher wages in adulthood, providing the foundation to escape a life of poverty. In our next campaign, Save the Children will work to mitigate the causes of stunting – chronic inadequate intake of food and frequent illness – by addressing underlying food and nutrition insecurity, poor care-giving practices for young children and access to health services. These factors are, in turn, shaped by income poverty, lack of access to capital and poor economic and social conditions.

NIGERIA

Spotlight on girls' protection

Nigeria has one of the highest rates of child marriage in the world, with 39% of girls married before the age of 18. We found that intersecting vulnerabilities can impact on the prevalence of child marriage, with poverty, geography and education identified as key factors. Evidence finds that 76% of girls in the North West region are married before the age of 18, compared with 10% in the South East. 82% of women aged 20–24 with no education were married by the age of 18, compared with 13% of women in the same age group who completed secondary education. We are working to end chid marriage through strategies to promote girls' empowerment, change in social and cultural norms, legal reform, and policy action.

NORTH-WEST BALKANS

Spotlight on Roma children's education

Roma children remain the most vulnerable group in Bosnia and Herzegovina, Montenegro and Serbia. Many Roma children have never been enrolled in any form of education, have not been registered at birth and have not been vaccinated. The majority of Roma children live in poor-quality accommodation with no access to clean water or sanitation. Our research explored the barriers that deter Roma children from receiving education. We found that, in each of the three countries, poverty, unresolved legal status, discrimination, lack of family and community support, and limited awareness of Roma children's rights and entitlements result in large gaps between Roma and other children's completion rates at all stages of education. In Bosnia and Herzegovina we will work with national partners to close these gaps by increasing Roma children's access to pre-school services in order to support their subsequent transition into primary education.

OCCUPIED PALESTINIAN TERRITORY

Spotlight on protection of detained children

In the occupied Palestinian territory (OPT), children's safety and right to education and movement continue to be hindered by the ongoing conflict and Israeli occupation, including the policy of separation, the blockade of Gaza, and school invasions and attacks. In the West Bank, children are systematically detained and prosecuted in Israeli military courts, an act which is considered as illegal under international law. On average, 500–700 children are detained in Israeli prisons every year. The majority of these child detainees are charged with throwing stones at Israeli soldiers or settlers, which is an offence that carries a maximum penalty of 12 years under Israeli law. Around 95% of the children detained are boys. Ex-detainee children from both genders lack access to good-quality legal counselling, and to medical and education services. They also suffer from post-traumatic stress disorders – for example, displaying apathy, negative thoughts, insomnia, anxiety and a tendency to isolation.

Lacking tangible governmental support, Save the Children has partnered and supported two organisations (YMCA and Defense for Children International) to provide the only national non-governmental programme to address the special needs of detainee and ex-detainee children in the OPT. As part of the programme, ex-detainee children receive counselling, medical care and legal services. They benefit from catch-up classes in order to return to school. Additionally, ex-detainees who are over 16 years old and who refuse to go back to school receive vocational training that helps them reintegrate into society and to start income-generating activities. The families of detainee and ex-detainee children are also supported.

PERU

Spotlight on teenage pregnancy

While the overall fertility rate in Peru has declined in the last 25 years, this has not been the case among adolescents, among whom it has increased by 2% over the same period. Drawing on national statistics, studies and focus group interviews, we found that the adolescent girls most affected tend to belong to minority ethnic groups living in poverty in rural areas, particularly in the Amazon basin. The principal causes are two-fold:

- scarce and poor-quality sexual and reproductive health services
- sexual violence – especially within the family.

In addition to the impact on health, early pregnancy negatively affects educational attainment and reinforces the cycle of poverty. There are numerous laws and government strategies to address this issue, but these are not effectively implemented due to political, religious, administrative and budgetary obstacles. In

order to ensure excluded teenage girls have access to the information and services they need to help prevent early pregnancy and protect them from sexual violence, we recommend the Peruvian government enforce these laws and adequately funds its strategies.

PHILIPPINES

Spotlight on poor children's nutrition

Our research identifies evidence on the current state of malnutrition in the Philippines, and it presents policy recommendations to ensure a comprehensive health programme for the first 1,000 days of a child's development.

The Philippines has one of the highest burdens of malnutrition in the world, with approximately 3.6 million children stunted. Poverty has a significant impact on rates of malnutrition, with evidence finding that more underweight, stunted and wasted children are found among the poorest households and in the poorest regions. Barriers to addressing malnutrition include:

- unclear policy and a lack of accountability
- a lack of human resource capacity
- variation in health system performance.

Save the Children is calling for policy change at both national and local levels to address malnutrition and stunting, including:

- a comprehensive policy regime that is improved by civil society and other stakeholders
- training courses for health workers
- an extension of maternity leave for women.

RWANDA

Spotlight on poor children's education

Rwanda has accomplished some significant achievements in education. But the country still has a lot to do in order to provide a good-quality education system that meets the needs of all children, especially the poorest. Drawing on national statistics, we carried out research into children's access to good-quality education.

With regards to early childhood education, we found that services are not available fee-free and access is largely dependent on parents' capacity to pay. As a result, the poorest children are generally excluded. In primary education, while infrastructure is in place, the poor-quality of education on offer to some children means acquiring basic literacy skills is still a major challenge. Our analysis found that budget disparities affect the delivery of services, with the worst-performing districts more likely to have low budgets, and the best-performing districts tending to have higher budgets.

To ensure that education delivers for all children in Rwanda, we are calling for:

- an urgent increase in the share of the national budget to education and increased spending at pre-primary and primary levels
- the provision of fee-free pre-primary services, at least for the poorest children in Rwanda
- equity to be placed at the heart of government and bilateral education financing models
- a commitment from government that there will be sustainable action and investment to improve the quality and effectiveness of early years education.

SIERRA LEONE

Spotlight on teenage pregnancy

A survey by the Sierra Leone Ministry of Education Science and Technology and the United Nations Population Fund (UNFPA) reveals at least 14,000 new cases of teenage pregnancy occurred in the nine months between October 2014 and July 2015 across 12 of the 14 districts. The high rate of teenage pregnancy remains an endemic threat for the country's 3 million children. Teenage pregnancy is a contributory factor in a high proportion of maternal and infant deaths. A number of studies have confirmed that there was an increase in teenage pregnancy during the Ebola outbreak. This is understood to be due in part to the closure of schools and an increase in transactional sex.

Sierra Leone has enacted the Child Right Act and Sexual Offense Act (2012). Pregnant girls benefit from the government's antenatal, delivery and postnatal services as part of the Free Healthcare Initiative (FHI). However, neither FHI nor the Child Rights Act address the special attention and standards required to support pregnant girls and child mothers. A study undertaken by Action Against Hunger, Concern and Save the Children in 2014 showed there is a need for multi-sector support for young child mothers at each phase of motherhood. Official government policy continues to ban pregnant girls from attending mainstream schools and taking exams. Alongside other organisations, we are

challenging this policy and calling on the government to provide targeted assistance urgently to young pregnant mothers to enable them to complete their education and to access basic services.

SOMALIA

Spotlight on girls' education, health, nutrition and protection

Somalia is one of the toughest places in the world for children to grow up in, especially girls. Girls are excluded and denied their rights and dignity because of poor basic services – including healthcare and education; weak governance; active discrimination; and harmful practices. While education is enshrined as a right of every citizen in Somalia, there is not enough consistent financial investment to translate this right into reality. And while Somalia ratified the UN Convention on the Rights of the Child in 2015, there are no laws on the registration of births and marriages, making it difficult to ascertain age at marriage. There are no active policies on reducing female genital mutilation (FGM), and Somalia/Somaliland has the highest rate of FGM in the world.

Save the Children in Somalia/Somaliland will campaign for girls' exclusion to be tackled – especially among girls in rural areas, mobile populations and settlements for displaced people. We will focus our efforts on ensuring that young girls have access to good-quality public services, particularly education, and are protected from child marriage and FGM.

We will call on the government and donors to address the financial barriers that exclude girls and to strengthen legal provisions to protect girls' rights and dignity. And we will seek to influence public attitudes and behaviour in order to address the discriminatory barriers girls face.

SYRIA

Spotlight on education

In Syria the enrolment rate of children in primary school has plummeted from pre-conflict levels of nearly 100% to under 50%. For displaced children within Syria the rate is as low as 17%. Drop-out rates for children in IDP camps are twice as high as in other areas.

Between 2011 and 2014 more than half of all attacks on schools across the world happened in Syria. Children have been kidnapped from schools and face perilous journeys to attend exams in neighbouring towns. The system is chronically underfunded, despite the No Lost Generation Initiative. There is a dire need for children's psychological well-being to be integrated into any education response.

Since 2012 Save the Children programmes have supported more than 1 million children. Along with partners, we are running 53 schools, providing teacher incentives, teacher training, learning materials and recreational equipment, and rehabilitating war-damaged classrooms. Given the lack of governance structures in many areas of the country, there is a need to scale-up what has already been achieved by NGOs and the international community.

TAJIKISTAN

Spotlight on education for children with disabilities

The chances of receiving formal education are very slim for children with disabilities in Tajikistan – only 12% of children who are officially registered as disabled are enrolled in mainstream education. In reality this percentage is perhaps several times lower, given that the majority of children with disabilities do not have official confirmation of their status. Our research traces the root causes of children with disabilities' exclusion from education, highlighting negative public attitudes and stigma; the absence of an enabling physical environment and tailored programmes; and education providers' lack of interest in supporting children with special needs.

Save the Children will work with the national government and other counterparts to ensure that children with disabilities are properly integrated in the education system.

TANZANIA

Spotlight on early marriage among adolescent girls

Tanzania has one of the highest child marriage rates in the world: 37% of girls are married before the age of 18. Rates of child marriage are highest among girls who are least educated, from the poorest households and living in rural areas:

- 61% of girls with no education are married by 18, compared with 5% of girls with secondary or higher education.

- Girls from the poorest households are more than twice as likely to be married before they are 18 as girls from the richest households.
- Girls living in rural areas are almost twice as likely to be married under the age of 18 as their urban counterparts.

Tanzanian law fails to protect girls from child marriage. While commitments have been made to promote girls' education, along with legal and policy reforms in the area of girls' and women's human rights, these do not address child marriage explicitly. We are calling on the government to undergo a comprehensive reform of its marriage and related laws, including setting the minimum age for marriage at 18.

UGANDA

Spotlight on the education, health and protection of children in remote regions

For children in Uganda, the chances of surviving, learning and being protected vary significantly according to where they live. In remote areas, the challenges faced by children include poor access to services – including very weak transport infrastructure in rural areas – and extremely poor-quality services. When we asked children in remote areas what worries them and what needs to happen, their responses included:

- a fear of being sick, given their distance from health facilities
- concern that they might not complete their education due to their parents not letting them attend school
- anxiety over personal safety, including early marriage.

We're working with children to tackle these issues. And we're calling for the Ugandan government to:

- re-formulate the health spending distribution formula to take account of local challenges
- ensure that appropriate resources are provided to schools in remote areas
- take steps to finalise, fund and implement a cohesive child protection strategy.

VIETNAM

Spotlight on the nutrition and education of children from ethnic minorities

Despite Vietnam's rapid economic growth and progress in child care and protection, children from ethnic minority groups continue to have far lower child development outcomes than children from the majority group. Our research focused on exclusionary barriers faced by minority ethnic groups in education and nutrition. At school, ethnic minority children often find it difficult to understand what is being taught and to participate in class because of the limited number of teachers who can speak their first language and because of an inflexible curriculum. In mountainous regions, insufficient investment in infrastructure means that children may spend hours walking on mountain trails to get to school. In these areas poor sanitation and lack of knowledge of proper nutrition practice for children and expectant mothers underlie persistently higher rates of diarrhoea, digestive-related diseases and poor nutrition among children.

We will advocate for greater public investment in improving the lives of children from minority ethnic groups – particularly their nutrition and education. And we will call for inclusive economic development and the reduction of economic inequality affecting ethnic minority children.

ZAMBIA

Spotlight on the nutrition and education of children in rural areas and remote regions

An estimated 65% of children and adolescents in Zambia live in poverty. Our research looked at the intersections between poverty, malnutrition, surface water use, disability, literacy, and labour force participation. Chronic underinvestment, weak policy implementation, and discriminatory social and cultural norms are key drivers of children's exclusion. We're working with government and other stakeholders to address the multiple dimensions of poverty, and we're advocating for child-sensitive social protection policies.

APPENDIX 2: METHODOLOGICAL NOTE ON DATA ANALYSIS

There are numerous data challenges in conducting a global analysis of exclusion of children across different groups and dimensions. Save the Children has made substantial efforts to compile existing statistics and produce additional data, in order to provide a global diagnostic of exclusion and to analyse inequalities in life chances between social and economic groups. This methodological note describes the groups-based inequality database (GRID) and the parameters for analysis undertaken in Part Two of this report, 'Who are the excluded children?'.

THE GROUPS-BASED INEQUALITY DATABASE

The background research in this report is based on either new calculated data or compiled from public sources into the GRID, developed by Save the Children in collaboration with the Development Progress project at the Overseas Development Institute (ODI).[1] It is based on direct data processing of 280 Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS); on aggregated public sources (UN IGME, WHO, UNICEF and UNESCO);[2] and on official disaggregated figures for a few countries without survey data.[3] It contains data on a total of 89 countries, with disaggregated data on disparities across social and economic groups, and a total of 62 countries with data over time for up to seven data points (190 periods). In the current version, GRID contains measures of stunting, wasting, overweight, child mortality, primary completion rate and birth registration. Each of these indicators is disaggregated by the following groups: boys/girls; urban/rural areas; subnational regions; ethnolinguistic groups; and economic groups (either quintiles or bottom 40% and top 10% according to asset index).

GRID has some advantages over data that can be obtained from online stat compilers. GRID includes data on sample sizes and standard errors in order to assess whether comparisons are statistically significant and the reliability of estimates. This is particularly important for analysis at the group level as the sample size of some groups can be particularly small. Also, GRID is computed systematically for all regions and ethnic groups available. It makes it possible to have figures for the same ethnicity or region across all the outcomes.

UNDER-FIVE MORTALITY RATE DATA

National-level under-five child mortality rates in GRID are compiled from UN Inter-agency Group estimates, corresponding to the official MDG 4 figures. GRID uses all available nationally representative data that have been judged to be of good quality (ie, vital registration data, census data, household surveys and sample registration systems). Using these data, the methodology fits a statistical model (called Bayesian B-spline bias-reduction model) to generate a smooth trend curve that averages over possibly disparate estimates from the different sources.[4] These figures are arguably more accurate than the ones derived through surveys only.

Disaggregated estimates in GRID are derived through:

i) processing DHS/MICS data
ii) public sources mentioned above
iii) national administrative accounts.

GRID uses the direct estimation method for under-five child mortality when processing DHS/MICS data.[5] The recall period in the birth history corresponds to the five-year period prior to the survey.

To make the DHS/MICS disaggregated figures compatible with the UN IGME national estimates, we adjusted the figures in order that the national

average in GRID is equal to the national average from the UN Inter-agency group. Groups with a sample size below 150 were not included in the analysis.

STUNTING RATE DATA

Stunting is defined as having a height-for-age 2 standard deviations below the median height-for-age of the reference population produced by the World Health Organization. Stunting rates for each social group were computed directly from DHS datasets for which data on child anthropometry is available (208 in total). The standard deviation of height-for-age is computed according to the WHO reference population and is provided by DHS.[6] The population of reference corresponds to living children between birth and five years old. The final estimations at national and group levels were cross-checked with those provided by the DHS stat compiler when data was available and no significant differences were noticed. Groups with a small sample size (less than 100 children) were not included in the analysis. The standard errors were computed for all groups.

PRIMARY COMPLETION RATE DATA

Data on primary school completion rate was computed directly from DHS datasets for which data on primary completion is available (216 in total). The population of reference consists of individuals aged 15–24-years-old in order to focus on the age cohort that is expected to have completed primary school. Estimates have been compared with figures from the WIDE dataset computed by the Global Monitoring report;[7] no significant differences were noticed. Groups with a small sample size (less than 100 children) were not included in the analysis.

BIRTH REGISTRATION

Data on birth registration was computed directly from DHS datasets for which data on birth registration is available (78 in total). The population of reference is children under the age of five who live in the household. Ethnicity of the mother was used as a proxy for the ethnicity of the child. The figures have been compared with figures provided by the DHS stat compiler where possible; no significant differences were noticed.

DISAGGREGATION BY SUBNATIONAL REGIONS AND ETHNIC GROUPS

One of the advantages of GRID is that it contains sample sizes and confidence intervals for each of the disaggregated estimates obtained from direct processing of DHS and MICS data. This is particularly useful, as in some cases DHS/MICS sample sizes are too small for particular groups (especially in countries that have dozens of regions and/or ethnicities) and confidence intervals of compared groups may be overlapping. Therefore, reported rates may simply be a data artefact rather than an indicator of genuine difference between the groups. For these reasons, when the sample sizes were below 100 for the nutrition and education analysis and 150 for the child mortality analysis, groups were not included in the analysis. The standard error of the Child Development Index has been computed using the standard errors of the four sub-indicators and groups were not analysed when the standard error was above 0.025.

Changes in the ethno/regional classification also pose additional challenges. In a significant number of countries, the number of ethnic groups and/or administrative borders of regions have changed between surveys. For this reason, in the retrospective analysis we included only those countries where the number of regions and ethnic groups had experienced minimum changes.[8]

GROUP-BASED INEQUALITY METRICS

We considered using two main metrics for the analysis: the absolute gap and the relative ratio. The former measures absolute difference in the given indicator between disadvantaged and reference groups, while the latter measures how much more likely the disadvantaged group is to experience the given condition compared to the reference group. Reduction in the gap implies conversion in the total absolute number of children experiencing child mortality. Reduction in the ratio tells more directly about equalisation in life chances, as the measures effectively show how much more likely a child from one group is to die than a child from another group. We opted for the ratio as it is more useful for making comparisons across countries/groups. As reference groups we used boys for the gender analysis, the region with the best outcome for regional inequality and the ethnicity with the best outcome for regional ethnicity.

We used the following formula:

Ratio = O_d/O_a

Where

Ratio = Inequality in outcome

O_d = estimated outcome in disadvantaged group

O_a = estimated outcome in advantaged group

There are three additional reasons that support our decision to use ratio as the main metric in our analysis. To survive, to be protected, to be properly nourished and to have an education are basic human rights – any differences between groups can be ascribed to systematic differences in life chances and are fundamentally unjust. This means that the ratio between the top and bottom groups is revealing of the extent of inequity in life chances. Second, the ratio between the most and least advantaged groups is easy for both politicians and citizens to understand, and should therefore motivate action. Third, examining the performance of the top-performing group in society shows what level and pace of progress is possible within a given country context.

We are aware that the ratio does not provide a full account of the entire distribution. For example, while the ratio between the most/least disadvantaged groups may increase, at the same time all other groups may be catching up with the best performer. To test the validity of our findings we have carried out robustness tests where, instead of the most advantaged groups, we used national averages as a reference point to which the rates of most disadvantaged groups were compared. We have also checked our findings using the absolute gap as a measure of inequality. In the vast majority of cases, these tests yielded results similar to those presented in the report.

COUNTRIES INCLUDED IN THE ANALYSES

As noted above, the GRID database contains data from 89 countries. Because of the different focus, the number of countries varies depending on the outcome of interest and level of disaggregation.

There were 52 countries in the analysis of nutrition with data as recent as 2008 and 33 for which we have at least two data points. There were 55 countries with a least two data points for the child mortality analysis and 65 countries with data as recent as 2008. For education, there are 53 countries with data as recent as 2008 and 49 with at least two data points. There are 48 countries with data on birth registration as recent as 2008 but no country with two data points.

NOTE: 400 MILLION CHILDREN FROM ETHNIC AND RELIGIOUS GROUPS ARE ESTIMATED TO BE DISCRIMINATED AGAINST

This figure has been calculated using the Minorities at Risk (MAR) Database, which has tracked 284 politically active ethnic groups from 1945 to 2006, identifying whether these groups "actively suffer from, or benefit from, systematic discriminatory treatment" or whether "the group is a basis for political mobilization and collective action in defense or promotion of its self-defined interests".[9]

All groups that have been identified by MAR as 'discriminated against' either politically or economically have been used in this calculation. The categories used to describe these groups' discrimination are: neglect/remedial policies; neglect/no remedial policies; social exclusion/neutral policy; and exclusion/repressive policy. The data set also includes figures on the proportion of the population that this group makes up in the country (as of 2006, the latest point in the data). These have been used alongside the UN Population Division's 2015 estimates for the number of children aged 0–19 in each country to arrive at the estimated total number of children from ethnic groups who are discriminated against.

NOTE ON FIGURE 9

Due to limited space the following countries were omitted from Figure 9: Comoros, Guyana, Kyrgyz Republic, Maldives, and São Tomé and Príncipe.

APPENDIX 3: METHODOLOGICAL NOTE ON THE CHILD DEVELOPMENT INDEX

The Child Development Index builds on the previous versions published in 2008 and 2012 by Save the Children.[1] The parameters of the index were substantially refined for this report. The CDI aggregates four indicators, covering four key dimensions of a fair start in life.

The rationale is simple. Every child, including those in the excluded groups, should have a global guarantee to:

1. survive
2. avoid hunger
3. be educated and learn
4. be protected from violence

The index provides a country ranking, giving an indication of where is the worst country in the world to be a child. Disaggregating the index by sub-group of population allows assessment of the inequalities in life chances and the worst circumstances to be born as a child within each country. Disaggregation is achieved for as many groups as data is available for in GRID, including boys/girls, subnational regions and ethno-linguistic groups. We have also computed inequalities between economic groups and urban/rural areas.

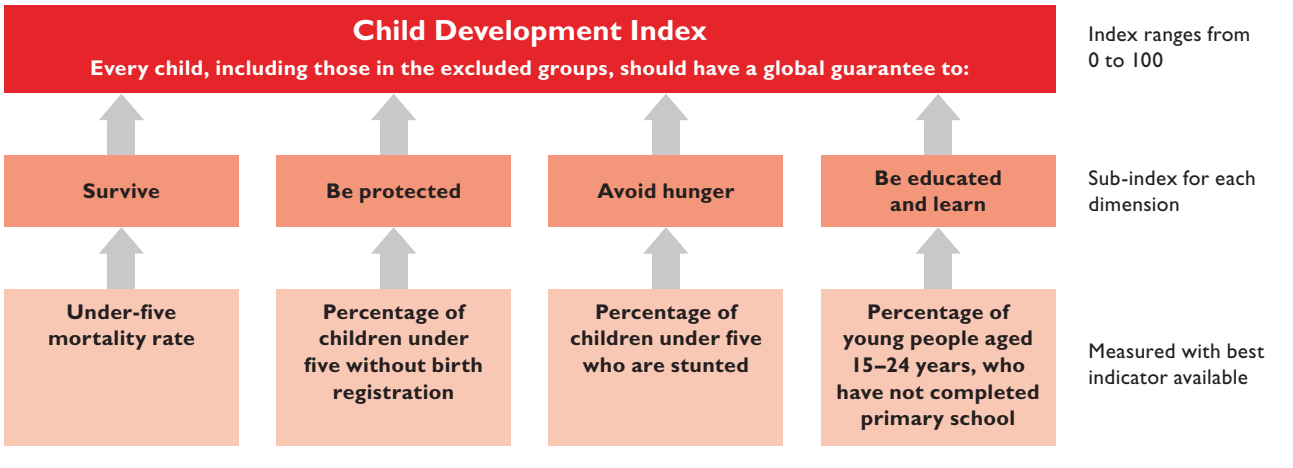
WHAT PROPERTIES DOES THE INDEX AIM TO SATISFY?

- The index aims to be simple in design, intuitive and easy to communicate.
- It is aligned to the changes Save the Children's campaign aims to achieve for children.
- It has high country coverage to allow comparison and wide use.
- It provides a basis to assess exclusion, so it is disaggregated by as many social and economic groups as possible.
- It is based on official and publicly available data.

WHAT DOES THE INDEX LOOK LIKE?

The index provides a synthesis of four core dimensions, which are measured with best proxy indicators and gives a sign of the ultimate results the campaign expects to achieve for children.

FIGURE 13 THE STRUCTURE OF THE CHILD DEVELOPMENT INDEX



CHOICE OF INDICATORS

Indicators used to measure the four dimensions of the index have been selected carefully in order to measure the dimension as well as possible; to be available for a large number of countries and groups in a consistent manner; and to be based on public sources.

SURVIVE

The **under-five child mortality rate** reflects the basic guarantee that all children should have the right to survive their fifth birthday. It is a flagship indicator for a series of improvements in early childhood development. The child mortality rate is a good synthetic indicator of overall human development in a country. In order to improve child mortality rates, a range of comprehensive measures are needed including a strong health system that provides access to antenatal care, skilled birth attendance and vaccination – as well as broad access to improved sources of water and sanitation, and greater maternal empowerment and education.

BE PROTECTED

Birth registration is a fundamental right for children. Lack of child birth registration reflects the fundamental denial of the right to identity and citizenship, with exclusion from public services and wider participation at later stage in life. Birth registration is one of our campaign calls. Data on birth registration is available for many countries and can be disaggregated by many social and economic groups.

AVOID HUNGER

Stunting is a top indicator of human development and reflects the long-term nutritional status of children. The stunting rate is a comprehensive indicator associated with various forms of child poverty. It is available for a large number of countries and groups.

BE EDUCATED AND LEARN

The percentage of children aged 15 to 24 who do not complete primary school is one of the best available indicators to measure achievement in schooling and was used in the MDGs (target 2.A). Completing primary school does not guarantee that children learn, but there are no indicators for learning that are comparable across a large number of countries.

HOW ARE THE POLICY CALLS CONNECTED TO THE INDEX?

The diagram below illustrates the links between our policy calls at different levels, and the outputs we expect to see for children in our campaign.

Three Guarantees to All Children…	**…implemented at all four levels…**	**…to ensure basic rights to all children in all sectors of society**
1. Fair finance 2. Equal treatment 3. Accountability to children	**Household** **Local** **National** **International**	1. Survive 2. Avoid hunger 3. Education and learning 4. Being protected

FORMULA OF THE CHILD DEVELOPMENT INDEX

The Child Development Index combines the four dimensions of child well-being. Each dimension is rescaled so that the maximum equals 0 for the worst possible outcome and 100 for the desirable minimum (see below for the parameters of rescaling).

$$\text{Rescaled indicator} = \frac{\text{Maximum} - \text{Actual value of the indicator}}{\text{Maximum} - \text{Desirable minimum}} * 100$$

The Child Development Index is computed by taking the average of the four rescaled indicators with each rescaled indicator carrying an equal weight. A value of 0 corresponds to a situation where children experience outcomes at the highest possible level of deprivation, and a value of 100 corresponds to a situation where the four global guarantees are achieved.

PARAMETERS FOR SCALING

The parameters are defined by the desirable minimum and either the possible maximum or the observed maximum. For child mortality and stunting, maximums correspond to the worst situation observed in the world between 1980 and 2013. Indeed, using the maximum possible of 1,000 for the under five mortality rate or 100% for the stunting rate would have given a lower weight to these two components in the index where such a high numbers have never been observed. However, we were careful to use a maximum number for child mortality and stunting that was high enough so that no groups are currently above it and that we will be able to track future changes in the index without having the index exceeding 100. For unregistered births and not completing primary school, the possible maximum of 100% was used as there are countries or groups that are close to this level of deprivation.

We used the desirable minimum of 0% for birth registration, stunting and not completing primary school but we used 4 per 1,000 for child mortality, since even rich countries with the best available health technology still experience a child mortality rate of about 4 per 1,000.

TABLE 4 PARAMETERS FOR SCALING

Indicator	Maximum	Desirable minimum
Under-five child mortality rate	337 x 1,000 live birth (Niger 1987)[2]	4 x 1,000 live birth. Equivalent to the average U5CM for high income OECD countries[3]
% children without birth certificate	100% is the maximum possible[4]	0% is the desirable minimum
Stunting rate	76% (Bangladesh 1991)[5]	0% is the desirable minimum[6]
% of children not completing primary school[7]	100% is the maximum possible[8]	0% is the desirable minimum

COVERAGE

The index has been computed for developing countries only. There are 94 countries with data available at the national level. They make up 1,280 million children or about 68% of the 1,880 million children[9] living in developing countries.[10] Details on the coverage for different levels of disaggregation are shown in the table below.

TABLE 5 COVERAGE FOR DIFFERENT LEVELS OF DISAGGREGATION

	Level of disaggregation			
	National average	**Girls and boys**	**Regions**	**Ethnicity**
Total number of countries	94	83	48	22
Low income	30	29	23	11
Lower-middle income	37	33	17	7
Upper-middle income	27	21	8	4
Number of children	1,270 million	1,110 million	834 million	208 million
Percentage of total child population living in developing countries	68%	59%	44%	11%

ENDNOTES

THE STORY IN NUMBERS

[1] Calculated using the Minorities at Risk database (http://www.cidcm.umd.edu/mar/about.asp) and UN population statistics (see Appendix 2)

[2] This is 1.2 billion out of 2.2 billion children living in developing countries based on population estimates from 2014. Figures correspond to own analysis based on Save the Children Group Based Inequality Database.

[3] UNFPA (2012). *Sex Imbalances at Birth: Current trends, consequences and policy implications*. http://www.unfpa.org/sites/default/files/pub-pdf/Sex%20Imbalances%20at%20Birth.%20PDF%20UNFPA%20APRO%20publication%202012.pdf

[4] UNICEF (2014). *Ending Child Marriage: Progress and prospects*. UNICEF, New York. http://www.unicef.org/media/files/Child_Marriage_Report_7_17_LR..pdf

[5] UNHCR (2016). *Education*. http://www.unhcr.org/pages/49c3646cda.html

[6] The World Bank Group (2016 Gross enrolment ratio, secondary, both sexes (%). http://data.worldbank.org/indicator/SE.SEC.ENRR/countries?display=graph

[7] IFAD (n.d.). *Rural Poverty Portal: Indigenous people and rural poverty*. http://www.ruralpovertyportal.org/topic/home/tags/indigenous_peoples

[8] Jones, L., Bellis, M.A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T., Officer, A. (2012) 'Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies'. *The Lancet*, Vol. 380, No. 9845

[9] Own calculations based on Save the Children's Groups-based Inequality Database (GRID). See Appendix 2 for methodological details.

[10] Sumner, A. (2012). *The New Face of Poverty: How has the Composition of Poverty in Low Income and Lower Middle Income Countries (excluding China) Changed since the 1990s?* IDS Working Paper No 408. https://www.ids.ac.uk/files/dmfile/Wp408.pdf

[11] UNHCR. (2014). *UNHCR Global Trends, Forced Displacement in 2014, World at War*. http://unhcr.org/556725e69.html

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[13] Jones, N., with Vargas, R. and Villar, E. (2008) 'Cash transfers to tackle childhood poverty and vulnerability: an analysis of Peru's Juntos programme', *Environment and Urbanization*, 20(1), 2008, pp 255–273 p. 264.

[14] Makaka, A., Breen, S & A. Binagwaho (2012). 'Universal health coverage in Rwanda: a report on innovations to increase enrolment in community-based health insurance'. *The Lancet*. Vol 380, Special Issue, S7.

[15] Save the Children (2015). *The Lottery of birth: Giving all children an equal chance to survive*. http://www.savethechildren.org.uk/resources/online-library/lottery-birth

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EXECUTIVE SUMMARY

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PART ONE AN UNCOMFORTABLE TRUTH

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PART TWO WHO ARE THE EXCLUDED CHILDREN?

INTRODUCTION TO PART TWO

[1] The index is composed of four flagship indicators that are a good measure of wider human development progress and a fair start in life. For example, the index includes child mortality rate which is a fundamental right, but also a good indicator of wider development. In order to improve child mortality rates a range of comprehensive measures are needed including a strong health system that provides access to antenatal care, skilled birth attendants and vaccination; but also wide access to improved source of water and sanitation; increase mother empowerment and education; among many others. Stunting rate is a comprehensive indicator associated with various forms of child poverty. Birth registration rate is one of the very basic child protection indicators, reflecting the fundamental denial of the right to identity, citizenship, with the equivalent exclusion to participation at later stage in life. Primary completion rate provides a comparative measure of minimum level of access to education. Unfortunately, there is not an equivalent international comparable measure of learning outcomes. Save the Children is calling for the SDGs to include indicators of learning outcomes to be used for monitoring the new sustainable development framework.

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PART THREE A FAIR CHANCE FOR ALL CHILDREN

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FIGURE 14 THE GLOBAL CHALLENGE OF CHILDREN'S EXCLUSION (MAP)

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APPENDIX 2: METHODOLOGICAL NOTE ON DATA ANALYSIS

[1] Colleagues from ODI contributed by computing the estimates from MICS, and by compiling disaggregated estimates for India.

[2] Including: UN IGME data (www.childmortality.org), WHO stats (http://ow.ly/FMNDu), DHS Stat Compiler (http://www.statcompiler.com/); UNICEF Data (http://ow.ly/FMMrw); WIDE dataset (http://www.education-inequalities.org/), Countdown equity profiles, http://countdown2015mnch.org/about-countdown/countdown-data; World Bank reports, http://documents.worldbank.org/curated/en/2012/01/16860295/inequalities-health-outcomes-child-health , http://documents.worldbank.org/curated/en/2012/01/16860889/inequalities-health-utilization-maternal-child-health-interventions

[3] The cases of Brazil, China, India and Mexico.

[4] UN IGME (2014). Op. Cit. For detailed discussion of the model please consult http://childmortality.org/files_v17/download/unicef-2013-child-mortality-report-LR-10_31_14_195.pdf. For detailed discussion of the model please consult http://arxiv.org/pdf/1309.1602v1.pdf

[5] Direct estimation method implies using retrospective birth or pregnancy histories to collect the data needed for computing child mortality rates. Birth or pregnancy histories include information for each birth or pregnancy that the interviewed woman has ever had. Usually as a minimum it includes: month and year of birth of each child; sex of each child; survival status of each child (i.e., alive or dead); age of each surviving child; age at death of each deceased (or date of death). In the case of pregnancy histories, information on the outcome of each pregnancy (i.e., live birth, still birth, miscarriage, or induced abortion) is collected (http://www.un.org/en/development/desa/population/publications/pdf/technical/TP2011-2_MortEstMajorSampSurv.pdf).

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[7] Available at: http://www.education-inequalities.org/

[8] In most cases this implies exactly the same structure, and in some only one group has changed.

[9] Minorities at Risk website: http://www.cidcm.umd.edu/mar/about.asp

APPENDIX 3: METHODOLOGICAL NOTE ON THE CHILD DEVELOPMENT INDEX

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[2] The highest group in our sample is 371 x 1,000 for Tuareg Bella ethnic group from Niger (1992).

[3] The minimum observed for any country between 1980 – 2013 is Luxemburg 1.9 x 1,000 in 2015.

[4] Some groups have over 90% children without registration in Chad, Ethiopia, Liberia, among others.

[5] The second highest is India (1980) with 72.9%.

[6] We recognise that statistically it is possible to be under two standard deviations to the mean, which is the threshold to compute stunting rate based on population of reference. In a normal distribution this would be equivalent to about 2% of children (probability to be under 2 SD = 2.28%). We run robustness analysis with this minimum value also.

[7] The age cohort considered is 15 to 24 years old.

[8] Somalia has 95% of children not completing primary school, and some groups within the country are close to 100%.

[9] Population of children include individuals between the age of 0 and 15. From World Bank (2015) World Development Indicators: Population. http://data.worldbank.org/indicator/SP.POP.TOTL

[10] It corresponds to the country and lending groups classification from the World Bank. http://data.worldbank.org/about/country-and-lending-groups

EVERY LAST CHILD

The children the world chooses to forget

It's estimated 16,000 children under five will die today – most from causes we know how to treat. Meanwhile, around 250 million school-age children are missing out on learning.

Which children are being left out and left behind? And why?

Extreme poverty continues to be a fatal injustice. But a disproportionate number of children who die or lose out on education are not 'just' poor. Discrimination is also an underlying cause of millions of children dying needlessly, being denied the chance to learn or being exposed to violence.

Together these two injustices – poverty and discrimination – add up to exclusion. And it's apparent in every country and for millions of children.

Every Last Child tells the story of these forgotten children, addressing key questions:

- How many children are excluded?
- What's the impact of exclusion on children?
- What are the drivers of exclusion?
- Is it getting better or worse?
- What can be done to tackle exclusion?

This report presents new quantitative research findings on excluded groups – children from ethnic minorities, those in disadvantaged regions of their country, and excluded girls. We also point to shocking inequalities faced by refugee and internally displaced children, as well as those who often go uncounted – including children with disabilities and street children.

Drawing on these new findings and analysis, this report identifies a series of measures to ensure no child is left behind. And it urges leaders around the world to meet that challenge by making Three Guarantees to All Children: Fair Finance, Equal Treatment and Accountability.

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