

Keeping the Promise: Promoting Children's Well-being

A Submission by the World Bank¹
To the Special Session of the General Assembly
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Executive Summary

i. The 1990 World Summit for Children provided the launching point for major international efforts to improve the lives of children. The Summit documents² set out directions for governments, international organizations and other agencies seeking to improve the well being of children. To take stock of the results of the past decade, the General Assembly of the United Nations will hold a Special Session in September 2001. The World Bank, in response to an invitation from UNICEF, is providing this paper to the preparatory process.

ii. While progress was made during the 1990s in key areas of children's well being, a number of problems weakened efforts to achieve the Summit's goals. The persistence of poverty in many countries was a serious set-back to achieving goals. Furthermore, crises in the 1990s, such as escalating armed conflict and the HIV/AIDS epidemic, now affect the lives of millions of children.

iii. In its work to improve the lives of children, the World Bank brings a core mission of poverty reduction. It also has a commitment to partnerships---we recognize that there are other organizations with knowledge and expertise with whom cooperation is essential. In the past decade, the World Bank has given increasing attention to the needs of children by devoting more of its resources to poverty reduction, human and social development, and supporting programs specifically addressing the needs of children. Such areas as girls' education, basic education, maternal and child health, immunization, child labor, and nutrition were given more support and strengthened.

iv. In looking towards the next decade, the World Bank's efforts to support the key goals of the summit are integral to its core mission of poverty reduction. The immediate needs of children and their well being will remain central to many of the Bank's operations and policy recommendations.

² "First Call for Children", UNICEF, 1990, containing "World Declaration on the Survival, Protection, and Development of Children", "Plan of Action for Implementing the World Declaration", and the "Convention on the Rights of the Child".

Keeping the Promise: Promoting Children's Well-being

Introduction

1.1 The World Summit for Children in 1990 set out a number of goals for improving the lives of children, particularly those living in situations of poverty. In order to take stock of the implementation and results of the Programme of Action that was approved in 1990, the General Assembly of the United Nations will hold a Special Session in September 2001 to review the situation of children and young people. The World Bank, in response to an invitation from UNICEF, the convening organization for the Special Session, is providing this paper as its submission to the preparatory process.³

1.2 This paper summarizes some of the ways in which the World Bank has contributed to the achievement of key goals of the World Summit. It identifies new areas of concern that undermine the security of children. The paper highlights new approaches taken by the World Bank to improve the lives of children and their families.

1.3 In its work to improve the lives of children, the World Bank brings a core mission of poverty reduction. It also has a commitment to partnerships---we recognize that there are other organizations with knowledge and expertise in children and youth that can give important input to the Bank's work and with whom cooperation is essential. We also recognize that children are a different type of development constituency with different forms of vulnerabilities, usually lacking voice or participation in community decision making.

1.4 The lifecycle approach is one of the analytical frameworks adopted by the World Bank that helps to structure how to address risks and opportunities in the lives of children and youth. This involves moving beyond survival goals to issues of basic education, health, social capital and a general flourishing condition for development. The World Bank also uses a social risk management⁴ approach to clarify how to provide greater security and resilience to children and their families. Both life cycle and social risk approaches seek to both strengthen positive impacts on children and youth development⁵, and to reduce negative impacts on children and youth development⁶.

1.5 These and other approaches view the lives of children in the context of families and communities, while also recognizing the children are a distinct group. Gender relations shape children's lives in significant respects and need to be taken into account.

³ General Assembly Resolution 54/93, adopted on 17 December 1999, invited all relevant organizations and bodies of the United Nations system, specialized agencies and the international financial institutions, including the World Bank, to actively participate on the preparations for the Special Session. The General Assembly has also invited "relevant organizations...to undertake reviews of progress achieved since the World Summit".

⁴ "Social Risk Management: A New Conceptual Framework for Social Protection and Beyond", Robert Holzmann and Steen Jorgensen, World Bank, 2000

⁵ Education, health care, nutrition, social inclusion, employment of young people and other areas.

⁶ Less violence, harmful work, at risk pregnancies, substance abuse, school drop outs and other issues.

Further, there are situations where children are no longer part of a family or household, and Bank programs seek to give particular attention to reducing the causes and negative consequences of their exclusion.

Uneven Progress towards Summit Goals

The reduction in child mortality globally has been a development success story as rates have been halved over the last few decades. Childhood deaths have decreased by about 15% since 1990. Progress has, however, been very uneven and some countries have experienced increases in mortality rates in recent years. In 1998, more than 50 countries still had child mortality rates of over 100 per 1000 live births. In nine countries, one in every five children born alive did not survive to the age of 5 years. By the end of this year almost 11 million children will have died before their fifth birth day; seven in ten of these deaths are due to acute respiratory diseases, diarrhea, measles, malaria and malnutrition or a combination of these. Better access to basic services, such as immunization, oral rehydration therapy and antibiotics for pneumonia, improved living standards, and smaller families have been important factors in improving child survival. Gender plays a significant role in some places, notably in the Indian subcontinent where girls still experience higher child mortality and morbidity than boys do from the age one month to five and receive less health care.

Building Foundations

2.1 This section of the paper reviews some key aspects of the World Bank's work over the past decade in such areas as basic education, girls' education, early child development, Integrated Management of Childhood Illnesses and nutrition. These provide illustrations of ways in which the World Bank has given greater attention to the lives of children and young people, as well as emerging future priorities. They are also linked to the World Summit goals that identified certain key foundations for improving the lives of children. These included poverty reduction, education, health care, nutrition, opportunities for girls and women, and lowering infant and maternal mortality. The World Bank's commitment to what has become identified as the International Development Goals⁷ is central to giving focused attention to improving the lives of children both in the past decade and in the next decade.

⁷ See "A Better World For All", joint publication of International Monetary Fund, Organization for Economic Cooperation and Development, United Nations and World Bank Group, 2000

International Development Goals

1. Reduce the proportion of people living in extreme poverty by half between 1990 and 2015.
2. Enroll all children in primary school by 2015.
3. Make progress towards gender equality and empowering women by eliminating gender disparities in primary and secondary education by 2005.
4. Reduce infant and child mortality rates by two-thirds between 1990 and 2015.
5. Reduce maternal mortality rates by three-quarters between 1990 and 2015.
6. Provide access for all who need reproductive health services by 2015.
7. Implement national strategies for sustainable development by 2005 so as to reverse the loss of environmental resources by 2015.

Basic Education

2.2 One foundational aspect of improving children's lives is through the provision of quality basic education. During the 1990s, the World Bank worked with countries to support basic education in line with the key goals of Education for All. As a further indication of its commitment, the Bank also announced specific institutional targets it would meet over the decade. These included doubling the size of education lending, increasing technical assistance lending specifically for basic education, and leveraging partnerships around these endeavors. Subsequently, at the 1995 Fourth World Conference on Women in Beijing, the Bank again emphasized its commitment to EFA by increasing its commitment to support for girls' education. In the April 2000 meeting of the World Education Forum, the World Bank committed itself to support country programs pursuing the WCEFA targets.

2.3 World Bank lending for basic education has shifted in content and focus to place more emphasis on raising children's learning achievement. More projects support quality enhancing inputs to education: better quality textbooks and instructional materials, expansion and enhancement of pre- and in-service teacher training programs, and less support for civil works and equipment. There is also an increasing emphasis on enhancing the ability of the child to learn, through school health and nutrition programs. Moreover, the share of education projects supporting activities related to the measurement of learning has increased steadily, reaching 70 percent of education projects financed in the late 1990s, up from 40 percent a decade before.

2.4 Building from the World Education Forum in Dakar, the Bank will seek to work with governments that identify education for all goals as central to poverty reduction efforts, including those involving debt reduction initiatives and the processes around the

Poverty Reduction Strategy Papers⁸ and the HIPC⁹ process. This will include commitments expressed in various formats that are all country focused efforts such as Comprehensive Development Frameworks¹⁰ (CDFs), and Country Assistance Strategies (CASs).¹¹

2.5 The Bank will work with donors and governments to identify ways to provide adequate and appropriate technical and financial resources in support of countries' efforts to universalize access to quality basic education.¹² The type and extent of support provided would be based on a determination of needs. Agreement on the provision and type of support to be provided to countries would be reached with close consultation and collaboration between all players – country officials, the World Bank, funding partners, NGOs, etc. The support provided would likely include a combination of policy, technical and financial assistance. Along with basic education, the Bank will also continue work on three areas to improve the quality of teaching and learning:

- **Early interventions.** Evidence is widespread regarding the importance of the early years of development for a child's mental and physical development. These interventions in such areas as school health and Early Child Development (see more below) are foundational for educational attainment.
- **Innovative delivery.** Existing and new technological possibilities can reduce costs, increase access, expand the range and quality of education and training options, open up new worlds in classrooms and communities.
- **Selected areas of system reform.** Reliable statistics are essential for measuring improvements in the quality of teaching and learning. The Bank has provided technical and financial support to UNESCO's Institute of Statistics, and has worked with governments to develop national assessment systems.

*Girls' Education*¹³

2.6 Along with general support for basic education, the particular needs of girls have been given growing attention and support. Girls' education has been identified as particularly important for low income countries, which receive credits through the Bank's program known as the International Development Association.¹⁴ IDA support for girls'

⁸ See, <http://www.worldbank.org/prsp/> for full details; also "Partners in Transforming Development: New Approaches to Developing Country Owned Poverty Reduction Strategies", the World Bank, 2000

⁹ See, <http://www.worldbank.org/hipc>; also, "The Enhanced Initiatives for Heavily Indebted Poor Countries---Review of Implementation", International Monetary Fund and World Bank, 2000

¹⁰ See, <http://www.worldbank.org/cdf/> for full details, also "Comprehensive Development Framework Country Experience, March 1999-July 2000, the World Bank, 2000; "Partnership for Development: Proposed Action for the World Bank", the World Bank, 1998

¹¹ See, <http://www.worldbank.org/html/pic/cas/index.htm>

¹² See, Education for All: From Jomtien to Dakar and Beyond, The World Bank, 2000

¹³ <http://www.girlseducation.org>

¹⁴ IDA in Action, 1996-99: Improving Aid Effectiveness and Reaching the Poor, The World Bank, 2000

education has increased significantly over the past decade.¹⁵ In 1991 just 28 of the World Bank's education projects included specific interventions targeting girls' education. Twenty-three of these were IDA projects. By 1999, 63 of the Bank's education lending portfolio of 175 projects included interventions targeting girls' education. Of the 98 IDA projects included in the portfolio, 51, or 52 percent, included interventions targeting girls. The scope and nature of the interventions included in the projects has also changed considerably over time. Earlier projects generally included just one or two interventions targeting girls, with many focusing mainly on infrastructure provision. More recent projects tend to include "packages" of interventions which aim at redressing the full range of barriers to girls' education, be they economic, cultural, or infrastructure related.

2.7 Support for girls' education takes several forms. Although operational lending is central, considerable technical support is provided through diagnostic and analytical ("Economic and Sector") work. IDA's support through operational lending programs has been substantial, with more than US\$1.2 billion in new lending commitments supporting girls' education between FY1996 and FY1999. The proportion of the total new education lending commitments going to girls' education over this period is around 43 percent, although some fluctuation is evident across years. In 1996, 39 percent of new commitments were estimated as going for girls' education; in 1999, the estimate was 48 percent of new commitments.

2.8 The World Bank, also encourages and supports girls' education initiatives through other venues and approaches. These include:

- **Technical Support and Economic and Sector Work.** A considerable amount of the economic and sector work undertaken to support IDA education lending operations have had a strong focus on girls' education issues. Such sector work has both strengthened operational lending programs and expanded and deepened knowledge of girls' education.
- **Building Awareness.** The World Bank also encourages dialogue and awareness building on girls' education, often through national or regional conferences and workshops. Examples include a Bank-sponsored regional conference in the Middle East and North Africa region in 1999, which gave extensive coverage to girls' education. A regional workshop held in Africa in the early 1990s specifically on girls' education proved to be a major impetus to reforms in some countries. Most notably, Malawi embarked on its impressive effort to increase girls' enrollments directly as a consequence of its minister's attendance at this workshop.
- **The World Bank's 31 Girls' Education Target Countries.** These are countries with especially large gender disparities in basic education enrollments. Twenty-seven of the 31 Target Countries are also IDA countries¹⁶. For these 31 countries, special

¹⁵ "Girls' Education: World Bank Support Through IDA", Carolyn Winter and Rebecca Macina, World Bank, 1999

¹⁶ Angola, Bangladesh, Benin, Bolivia, Burkina Faso, Cameroon, Chad, Cote d'Ivoire, Eritrea, Ethiopia, Ghana, Guatemala, Guinea, India, Lao PDR, Malawi, Mali, Morocco, Mozambique, Nepal, Niger, Nigeria, Pakistan, Papua New Guinea, Senegal, Sierra Leone, Togo, Turkey, Uganda, Yemen, Zambia

'Target Country Profiles' have been developed which provide an immediate and very clear picture of the status of girls' education and progress from the mid-1980s. Developing the Target Country Profiles has proven beneficial in establishing a platform for assessing country progress on girls' education and for monitoring future changes.

- **The African Low Enrollment Country Initiative.** This initiative provides special support to African countries where education enrollments of boys and girls are particularly low. The majority of countries covered by this initiative are IDA countries.

2.9 IDA projects are also placing great emphasis on improving education quality and relevance particularly for girls, since low education quality is known to be a special deterrent to girls' enrollment and retention. Prominent among these measures are efforts to increase the proportion of female teachers and to ensure that they are adequately trained, motivated, and supervised. Also, another measure is that they are approved of, and supported by, the community they serve. Other quality enhancing strategies employed in IDA projects include gender sensitization training for teachers, revision of textbooks to remove gender biases, development of improved, gender-sensitive curricula, and extra tutoring programs for girls.

2.10 Awareness campaigns, which increase parental and community knowledge of the importance and benefits of girls' education, are commonplace in IDA projects in Africa and are often associated with wider efforts to expand community involvement in education provision. Indeed, it is notable that in all regions, with the exception of East Asia, community participation has become integral to efforts to improve girls' educational opportunities. In many instances, an expanded role for the community prompts larger changes in education financing and management patterns.

*Early Child Development*¹⁷

2.11 Early child development programs emphasize the synergistic effects of health, nutrition, and stimulation in the early years. The World Bank's approach to ECD¹⁸ is to develop, in collaboration with the government concerned, programs for improved care for children of pre-primary school age in vulnerable circumstances, in terms of their (a) cognitive and language development (recognizing the local language and cultural context), (b) health, (c) nutrition, (d) psycho-social, and (e) motor development. The approach stresses close collaboration with community based organizations which are often supported by national and international NGOs, and bi- and multilateral donors. For example, in Uganda, implementation at the 25 project districts is facilitated by 25 non-governmental organizations. The Bernard van Leer Foundation also participates in its implementation. In Kenya, five major NGOs and foundations (including the Aga Khan Foundation, Catholic Relief Services, AMEREF, Action Aid Kenya, and CARE Kenya) were competitively selected from 50 proponents. In Burundi, the implementation is

¹⁷ <http://www.worldbank.org/children/>

¹⁸ "Early Childhood Development: Investing in the Future", Mary Eming Young, World Bank, 1996

managed by an NGO - Twiterzimbere. In Eritrea, national NGOs such as the National Union of Eritrean Youth and Students and the National Union of Eritrean Women contribute to program implementation. UNICEF plays key role in the Indonesia and Yemen projects, and the InterAmerican Development Bank in the Bolivia Integrated Child Development project.

2.12 Recognizing that children must prosper before economies can grow sustainably and equitably, the World Bank has substantially increased its efforts to improve the health, education and overall well-being of children. Increasingly much of that investment has been directed to help young children (0-8 years) - the human capital of the future. By 2000, the World Bank had lent US\$ 800 million to integrate health, nutrition and early child care services for young children in developing countries, both through free standing projects and as part of other social sector projects.

2.13 Priorities and Development of ECD lending program over the past decade include:

- **ECD investments.** The portfolio on early child development projects have been increasing in all regions. During the past decade, the number of World Bank supported early child development projects has increased substantially. In the Africa region, it increased from one ECD project in the early 1990s to about 13 operations today¹⁹. Another six countries are seeking credit to support their ECD programs.
- **ECD approaches.** For project design and implementation the Bank explores and develops various program options ranging from parent education and support such as the Mexico Initial Education project, to service delivery to children and mothers, such as India's Integrated Child Development Project and Bolivia's Integrated Child Development Project. Other areas include professional development of teachers and caregivers such as Kenya's Early Child Development Project, and institutional capacity building to advocacy and communication tools using, for example, mass communications to enhance people's knowledge and practices in the Uganda Nutrition and Early Child Development Project.
- **Local participation.** The Bank's experiences show that parent and community involvement are essential to program success. These operations need to be designed in the context of social groups, family, neighborhood, and the community and respond to their specific needs as described in the Eritrea, Kenya and Uganda projects.
- **Diverse forms of support.** Not all World Bank support is through lending. Other means to support ECD projects are strategy work, knowledge sharing, capacity building, technical assistance, and advice on policies that affect young children. For example, a major capacity building initiative is supporting ECD programs in the Africa region by combining various training and information technology (IT)

¹⁹ Lending for ECD in Africa: Eritrea, Kenya, Uganda, Nigeria, Burundi, Cape Verde, Ethiopia, Guinea, Lesotho, Rwanda, Senegal, Chad and Tanzania.

components to strengthen local capacity to collect, synthesize and use country-level ECD data for decision-making, planning, and advocacy by at the same time providing a cross-cutting forum for information sharing within countries and across the Africa region. For example, Senegal has initiated building capacities of field practitioners in the use of information technology and has contributed as a country example on ECD in the Global Development Gateway.

Approaches to Child Health

2.14 The World Development Report of 1993, "Investing in Health", defined a list of affordable, potentially cost-effective public health and clinical interventions. Among these are basic child health services: immunization, school health, and Integrated Management of Childhood Illnesses (IMCI). They are all ranked as among the most cost-effective and low-cost interventions that are likely to significantly reduce the global burden of diseases. Immunization and IMCI constitute specific interventions, while school health (see below) and Early Childhood Development (previous section) are examples of effective cross-sectoral approaches

Integrated Management of Childhood Illnesses

2.15 The Bank has been working with WHO and other partners since 1995 to support the introduction of Integrated Management of Childhood Illness (IMCI) in Bank operations as part of its overall Health Nutrition and Population strategy to increase access of basic services for the poor.²⁰ IMCI is a strategy to improve child health and nutrition outcomes through interventions at household, community level and health system levels. It aims at reducing childhood deaths, illnesses, and disability and at improving growth and development, with a particular focus on the poorest and most disadvantaged children. IMCI was developed in the early 1990s to contribute to the goals of the World Summit: to reduce significantly global mortality and morbidity associated with the major causes of death in children under five and to contribute to healthy growth and development. It includes three major components:

- Improvement in family and community practices related to child health and nutrition
- Improvement in the health system required for effective management of childhood illness
- Improvements in the health workers skills

2.16 IMCI promotes treatment, nutrition counseling, micronutrient supplementation, immunization, helminth infection control, and more recently psycho-social development and stimulation has been added. There are several reasons for the Bank's investment and support to IMCI in countries:

²⁰ for further information on work related to health and poverty, <http://www.worldbank.org/poverty/health/index.htm>

- **The World Development Report²¹ of 1993 "Investing in Health" identified IMCI as one of the most cost-effective and affordable public health and clinical intervention.** IMCI is a feasible intervention that can be adapted to local priorities and contexts.
- **Emphasis on the health outcomes of the poor:** IMCI is among the services that specifically benefit the poor. Children bear the largest burden of communicable diseases: measles, malaria, pneumonia and diarrhea to which malnutrition also contributes.
- **Essential services as integral part of the health reform agenda:** improving health systems performance often include the identification of an essential package of health services. IMCI offers a cost effective strategy to address the major causes of childhood deaths and morbidity, and to increase efficiency of health care service delivery.
- **Critical link to child development:** interventions during the earliest period of life (prenatal, infancy and early childhood) are likely to have the greatest impact on child development. IMCI covers both curative and preventive health interventions and are integral to, or complements, effectively early childhood education and care projects.

2.17 IMCI partnerships provide both a focus on country operations and on inter-agency collaboration. Significant progress has been made in child health in many countries, specifically through the introduction of IMCI in the past five years. The Bank is involved in the Interagency Working Group on IMCI at the household and community level, to jointly support communities in their efforts to improve the health and nutrition of children.

2.18 Despite the progress, the challenges for the next decade remain significant. Although IMCI has three components and intervention areas -- improving skills at facility level, improving the health system and family and community practices -- to date the focus has been almost exclusively on the first component: improving health workers skills. Investing in skills without drugs or without community interventions that modify child care and feeding, and appropriate care seeking is not likely to give sustainable results or achieve impact. As increased attention is being given to the systems and community – governments will need partners at community level and financial support in the expansion phase. In addition, there is need for strengthening of the multi-sectorial approach to promote appropriate key behaviors in the family. Best practices such as hand washing, protection of children from malaria through the use of treated bednets, need to be promoted with the contribution of several sectors and civil society: education, environment, social protection and health have all a significant role to play.

²¹ The World Bank annually produces the World Development Report which focuses on major challenges facing the international development agenda.

Nutrition

2.19 The World Bank's efforts to combat malnutrition and food insecurity have focused in large part on achieving the goals of the Convention on the Rights of the Child and the World Summit for Children. In the decade following the ratification of the Convention and the articulation of the Summit's goals and sub-goals for children, the Bank has pursued broad-based institutional advocacy for increased attention to the nutritional needs of pregnant women and young children. Adolescent girls have received explicit attention in nutrition components of a growing number of projects since 1990, and are increasingly recognized as a critical target population for nutrition, health, and education inputs within a life cycle framework. In the Bangladesh National Nutrition Project, for example, dedicated services for adolescents include formation of "Adolescent Forums" where adolescent girls learn about nutrition, personal hygiene and reproductive health, and receive micronutrient supplements. Newly married couples are also given counseling to improve pre-pregnancy nutritional status, and delay the first pregnancy.

2.20 Parallel to the nutrition sectoral goals of the Summit, the key aims of World Bank nutrition investment programs are 1) the reduction of malnutrition (and malnutrition-related mortality) in children under five years (and more recently, three years) of age, 2) the decreased incidence of low birth weight (with interventions aimed at improving maternal prenatal weight as well as pregnancy weight gain), and 3) the reduction of specific micronutrient deficiencies in affected populations. Projects are also targeted at food insecure populations in which improved food distribution systems, expanded marketing networks, increased agricultural productivity, and the overarching reduction of poverty is intended to help alleviate hunger, malnutrition, and concomitant poor health. The goals and actions are outlined below:

- **Reduction in severe, as well as moderate malnutrition among under-5 children.** Over the decade, World Bank lending for nutrition support to the most vulnerable population groups (pregnant/lactating women and children) has increased. Estimated Bank commitments for nutrition projects and components from 1990-1999 (at \$165 million/yr) represents a tenfold increase over yearly investments of \$16 million/yr in the preceding decade (1980-1989). Major recent nutrition investment projects include a second Community Nutrition Project in Madagascar; the first phase of a national nutrition program in Bangladesh; and ongoing support for the Integrated Child Development Services in India. During 1990s, the Bank also supported stand-alone projects in China (1995–2000) and Indonesia (1996–2002) for Iodine Deficiency Disorders (IDD) control through salt iodination
- **Reduction of the rate of low birth weight to less than 10 percent.** Low birth weight prevention components have also increased during this same period. Program design innovations such as the targeting of newly-wed women and their families with information prior to conception of first children in Bangladesh, attempt to better address the multiple behavioral and physical determinants of low birth weight. At project mid-term, women in the BINP project areas reported consuming

more food and supplemental iron, and resting more while pregnant than their control area counterparts.

- **Reduction in iron deficiency anemia in women by one-third of the 1990 levels.**
Iron supplementation has been strongly promoted through World Bank projects. Most of these projects provide iron supplementation to pregnant women, women of child bearing age, and children, with the majority providing iron tablets for pregnant women.
- **Virtual elimination of iodine deficiency disorders and vitamin A deficiency and its consequences, including blindness.**
Vitamin A (VA) deficiency prevention has received support primarily through project components implementing supplement distribution via public health systems. Projects in multiple countries in Africa and Asia as well as countries such as Russia (the Health Reform Pilot Project) distribute vitamin A capsules to children and in many places, to post-partum women.
- **Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year.**
The World Bank has promoted breast-feeding and complementary feeding through its free-standing nutrition projects as well as through its support of Integrated Management of Childhood Illness (IMCI), Maternal Child Health (MCH), and Early Child Development (ECD) projects. One of the three components of IMCI aims at improvements in family and community practices, through support and counseling on appropriate breastfeeding and complementary feeding at the community level. ECD projects emphasize the importance of optimal complementary feeding to promote the physical and cognitive development of children in the context of comprehensive early childhood support services. Besides these projects, many nutrition and MCH components supported by the Bank promote exclusive breast-feeding and complementary feeding in the context of larger projects.
- **Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s.**
Growth monitoring and promotion (GMP) has received increased attention in project design over the past decade. Found in only one major project in the years 1985-1989, the package of GMP activities has been included in 34 projects between 1990 and 1999.
- **Dissemination of knowledge and supporting services to increase food production to ensure household food security.**
Building on the increased institutional recognition of the role that nutritional status plays in poverty reduction (both as a determinant and outcome of poverty), cross-sectoral efforts to address household food security for women and children include incorporation of nutrition and nutrition-related indicators in the Bank's poverty strategy. This is linked to promoting improved food security for all households.

Immunization

2.21 Six communicable diseases account for more than half of the global disease burden, an even higher share within poor countries and in the poorest families. While childhood immunization rates reached more than 80 percent in the early 1990s following an intense international campaign, there has been little further improvement: in some areas, coverage rates have actually fallen and immunization infrastructure has deteriorated.

2.22 The World Bank has increased its support for expanded childhood immunization and looking into new incentives to stimulate development of vaccines against key infectious killers in poor countries—like AIDS, malaria, and TB. Over the last three years, World Bank lending for these communicable diseases and immunization has averaged roughly US\$270 million annually. In addition, the Bank recently announced it is making US\$1 billion in IDA resources available to help fight communicable diseases and HIV/AIDS, and is prepared to move well beyond that level.

2.23 The World Bank has sought to raise immunization rates, ensure the adoption of new vaccines when they are cost-effective, and save millions of lives through:

- **Policy dialogue with governments** on public health priorities, the cost-effectiveness of childhood vaccines, and the increasing need for developing countries to commit their own resources to ensuring coverage.
- **Expanded lending** for immunization infrastructure, training, policy development, cost-effectiveness studies for new vaccines in selected countries, and vaccine purchase.²²
- **Participation in international initiatives** such as the Global Alliance for Vaccines and Immunization (GAVI)²³, and closer collaboration with the private sector (industry and foundations).

2.24 The importance of immunizing the world's children against vaccine-preventable diseases is receiving elevated attention through the efforts of a major new public health initiative, known as the Global Alliance for Vaccines and Immunization (GAVI). GAVI is a coalition of organizations formed in 1999 in response to stagnating global immunization rates and widening disparities in vaccine access among industrialized and developing countries. The partners include: national governments, the Bill and Melinda Gates Children's Vaccine Program at PATH, the International Federation of Pharmaceutical Manufacturers Associations (IFPMA), research and public health institutions, the Rockefeller Foundation, the United Nations Children's Fund (UNICEF), the World Bank Group and the World Health Organization (WHO).

²² See, <http://www.worldbank.org/vaccines>

²³ See, <http://www.vaccinealliance.org>

2.25 Immunization is one of the most cost-effective, equitable health interventions available – once immunized, every child, rich or poor, is equally protected for life. Yet, children in the poorest countries are the least protected, and the gap between the vaccines readily available to them and those available to children in industrialized countries has been growing in recent years. GAVI partners are committed to reversing this trend and reaching coverage rates of 80 percent in all districts within five years. The Global Fund for Children's Vaccines, a grant-making institution created to help support GAVI's goals, has already contributed funds in support of new vaccines and immunization services in 13 countries, and several more proposals for support are being reviewed on a regular basis, and will be funded.

2.26 Other World Bank efforts to increase immunization support to countries are also continuing. For example, a large project is underway in India to assure polio eradication, strengthen delivery systems for childhood vaccines, and develop a strategic plan for expanding coverage of existing and new vaccines. The Bank is also looking at other areas where it can strengthen its contribution to polio eradication, and exploring such options in polio priority countries such as Nigeria and Ethiopia, as well as in other endemic countries.

Building New Initiatives and Responding to New Challenges

3.1 In the decade since the World Summit for Children, there have been both accomplishments in areas of identified goals, new initiatives that address what were emerging issues, and new difficulties that were not highly visible in 1990. This section provides an overview of some specific new approaches in the areas of school health and child labor, the emergence of serious set backs in the form of HIV/AIDS and economic crises, and the increased recognition of the importance of giving greater attention to the needs of adolescents as well as children.

3.2 Along with addressing some of the key goals from the World Summit, the World Bank in partnership with other agencies has built new initiatives and also responded to emerging problems that were not as pressing in 1990. New partnerships have been developed between United Nations agencies and the World Bank in such areas as school health, maternal and child health, child labor, immunization, basic education and nutrition. Greater attention is being given to the linkages between children's well being and overall gains in poverty reduction.

School Health

3.3 Focusing Resources on Effective School Health (FRESH) is a new initiative with WHO and UNICEF supporting an integrated school health approach. Good health and nutrition at school age is essential for effective, child-friendly schools and for the achievement of Education for All. Ensuring that children are healthy and able to learn is essential for learning, and is especially relevant to efforts to achieve universal education, since Education For All strategies aim to bring more girls and more of the poorest and most disadvantaged children to school. These children are often the least healthy and most malnourished, and have the most to gain educationally from improved health.

3.4 School health and nutrition programs, developed as part of community partnerships, provide one of the most cost-effective ways to promote the education, health and nutrition of school children. Such programs have an additional importance today because they provide an important way to reach adolescents and the broader community with messages about HIV/AIDS prevention and the promotion of healthy practices.

3.5 Improving the health and learning of school children through school-based health and nutrition program is not a new concept. Many countries, especially high income countries, have school health programs, and UNESCO, WHO, UNICEF and the World Bank share decades of experience, good and bad, with programs in low income countries. These common experiences have created an opportunity for concerted action by the FRESH partnership of agencies to broaden the scope of school health programs and make them more effective.

3.6 What is new about FRESH is that this interagency initiative has identified a core group of activities, each already recommended by the participating agencies, that captures the best practices from program experiences, and that this has been adopted as a common framework for action by all the partners. The FRESH Framework for action includes:

- **Effective education sector policies on health issues such as tobacco, reproductive health, and HIV/AIDS**
- **Provision of safe water and sanitation in all schools**
- **Skills based health education that targets HIV/AIDS, good nutrition and hygiene**
- **School based health and nutrition services that deliver safe, simple and familiar interventions, such as deworming and good nutrition**

3.7 Focusing initially on delivering all these components in all schools allows concerted action by all partners, and will ensure consistent advice to country programs and projects. Because of the focused and collaborative nature of this approach, it has increased the number of countries able to implement school health components of child-friendly school reforms, and is helping to ensure that these programmes go to scale. The focused actions are a starting point to which other interventions may be added, as appropriate.

3.8 The actions also contribute to existing initiatives and promote new sorts of partnerships. They are an essential component of the “health promoting schools” initiative of WHO and of global efforts by UNICEF, UNESCO and the World Bank to make schools effective academically as well as healthy, hygienic and safe. This provides an unprecedented opportunity for new partnership across sectors and traditional boundaries, with new partners such as the private sector support from pharmaceutical

companies link with civil society through NGOs, and important opportunities to coordinate with bilaterals.

Child Labor

3.9 The World Bank recognizes that harmful forms of child labor are one of the most devastating consequences of persistent poverty and has taken a clear position to help reduce harmful child labor through its ongoing poverty reduction efforts and through new initiatives. Because long hours and hazardous work can have a negative impact on a child's development and their physical and mental health, the World Bank is working to help design projects or project components to help reduce the harmful effects of their employment.

3.10 In January 1997, a paper²⁴ outlined various instruments that the Bank could use in its lending and non-lending activities to mitigate the harmful effects of child labor. The paper recognized that "...children should not have to work, but an estimated 250 million children are working worldwide. Child labor is a complex subject. While often harmful, it is not always so, especially where the alternative is deeper poverty for children and their families. Missteps in trying to stamp it out can make matters worse, for example, if legislation is unevenly enforced, it can result in pushing children into worse situations. Solutions are needed to reach beyond the conventional thinking or example, although primary education is key, it is also critical to adapt schools (for example, their times and schedules) to accommodate children who otherwise attend and increase real access (such as by reducing the costs to families of having their children go to school)."

3.11 "Vital to achieving progress against harmful child labor are (i) effective efforts to reduce poverty generally and (ii) the economic and social policies, programs, and results that are the underpinning for success in poverty reduction. But these broad measures, while important, take time and are not sufficient by themselves. Additional actions focused specifically on child labor per se are also needed."

3.12 These new initiatives include the establishment of the Global Child Labor Program in May 1998. The Program supports various child labor and child labor-related projects, including research and analyses, pilot studies, child labor reduction evaluations, and internal and external dissemination through training, seminars and via the child labor web-site. Policy implications derived from these projects feed into Bank dialogue with clients and donors, Bank country assistance strategies and lending activities and have helped to create the foundation for continued partnership with multilateral and bilateral partners.

3.13 Since its inception, the Program has been instrumental in coordinating and facilitating new work between international agencies, donors and the Bank's Regions, as well as providing resources for Bank initiatives. Nearly all Program supported activities are undertaken in collaboration with NGOs, donor and international organizations, including UNICEF, ILO, UNDP, and the Brazilian and Indonesian governments.

²⁴ "Child Labor: Issues and Directions for the World Bank", Fallon and Tzannatos, 1997

Examples of activities include evaluations and studies of child labor and children at risk in Brazil and the Latin America Region; the Indonesian government's Back-to-School Campaign; a study on the impact of the crisis on children in Korea; education programs in India and Bangladesh which target rural girls; and a child development project in Yemen in cooperation with UNICEF.

3.14 The Oslo International Conference on Child Labor (28-30 October, 1997), unanimously adopted an "Agenda for Action" that described possible roles and responsibilities of stakeholders at national, regional and international levels. An effective implementation of the Agenda for Action requires comprehensive and reliable data, particularly given the increasing need and willingness to develop child labor intervention policies and programs. In June 2000, the ILO, UNICEF and the World Bank created a new level of cooperation with the establishment of the new Inter-Agency Research Cooperation Project: *Developing New Strategies for Understanding Children's Work and Its Impact* (known as the "UCW"). The project will be implemented over a two year period, and will focus on 1) improving child labor research, data collection and data analysis; 2) enhancing the capacity of child labor data collection and research, especially at the local and national level; and 3) improving impact assessments of interventions against child labor.

3.15 The project will also aim to minimize duplication of effort among the agencies by consolidating available information on data and activities, and thus enhance knowledge sharing. It will also identify major information gaps and recommend means for filling them. Over the two year period of the project, several databases containing pertinent and timely information on child labor will be developed and disseminated via a joint web site, and several regional workshops. The establishment of a network directory will also provide a more formal and sustainable vehicle for sharing new knowledge and experiences amongst local, national and international experts and organizations.

Other at Risk Children and Youth Issues

Street Children

3.15 The problem of meeting the needs of street children has proven daunting for governments, NGOs and international organizations²⁵. The majority of street children worldwide are over 10 years of age. Street children reached by existing programs tend to be somewhere between the age of 8 and 18. In most countries, street boys appear to be in higher number than girls. Street girls may be however less visible, and they are for sure an understudied reality. Street work includes odd jobs, petty trading and services, whose unprotected nature enhance the chances for exploitation and health hazards. Many children make a living with illegal activities such as begging, selling drugs, small thefts, and prostitution.

²⁵ Street Children Initiative International Conference, April 13&14, 2000, Washington DC – Conference Brief; Street Children/Children in the Street (Joint Programme of the King Baudouin Foundation-the Soros Foundations in Partnership with the World Bank), *Country Reports* from Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Macedonia, Poland, Romania, Slovakia, June 1999-January 2000;

3.16 Many street children do not go to school, others have poor class performance and are at high risk to drop out. The peculiar life experience, skills and problems developed on the street, and the lack of parental support, makes it difficult for them to adjust to standard school curricula and school discipline. Although underlying and immediate causes of the street children phenomenon may differ, the range of problems that children suffer present similarities across regions: poor education status, low self-esteem and emotional disorders, violence and exploitation by peers and adult, inhuman detention and torture, early pregnancies, sexually transmitted diseases and HIV/AIDS, drug abuse. The World Bank approach is to address the needs of street children through country based operations that give attention to the children in specific contexts²⁶. A number of child welfare projects in countries such as Romania and Bulgaria include specific components to reduce the incidence of children being forced on to the street.

Youth at Risk

3.17 In recent years many countries have experienced increasing social problems relating to their youth population, even when the national economy has had an improved performance. The Bank has been working with governments to identify and respond to the causes behind the marginalization of young people, and how to overcome the problems.²⁷ The overall goal of an integrated youth at risk initiative is to help the government to establish the basis for interventions that would lead to improved youth development. The specific objectives of this work, which also frame the analysis, may include (i) uncover and analyze key issues facing the country's youth, (ii) explore a rationale for investing in youth development activities, (iii) review current services for youth, (iv) examine the existing and proposed policy and legislation relating to youth and capacity for its implementation, and (v) propose interventions to reduce the risks faced by youths and increase the potential for social and human capital development.

3.18 The Bank's work with governments and other agencies has shown that poverty, reduced family care, and exposure to youth protective services and the judicial system pose developmental risks that may contribute to negative outcomes such as youth involvement in crime and drug culture, early sexual activity and pregnancy. Recent studies demonstrate that investments in youth services would help reduce these existing barriers and bring substantial economic and social returns for the individual and for society. Many governments have made progress in addressing these issues, including laying the groundwork for education reform, rationalization of training programs, and improvements in youth and family services. Some of the key efforts in youth work are being done in partnerships with other agencies, such as UNICEF, the World Health Organization, and the International Youth Foundation.²⁸

²⁶ ; Street Children Initiative – Urban Partnership, Department of Social Work, University of Stockholm, *Who Cares? Street Children in their Own Words*, April, 2000; Takahashi, M., Cederlof, C. *Street Children in Central America – An Overview*, April 12, 2000;

²⁷ "Trinidad and Tobago Youth and Social Development: An Integrated Approach for Social Inclusion", the World Bank, 2000; Gary Barker and Miguel Fontes, "Review and Analysis of International Experience with Programs Targeted on At-Risk Youth", the World Bank, 1996

²⁸ Information on International Youth Foundation, <http://www.iyfnet.org>

Children Affected by HIV/AIDS

3.19 AIDS orphans are clearly an increasingly visible and large at-risk group of children.²⁹ Even children in parent-headed households are often at risk (e.g., at the risk of dropping out of school) where parents are sick and dying or trapped in long-term poverty; or in elder (grand-parent)-headed households where the grandparent is incapacitated; or in households where caregivers are overwhelmed with caring for AIDS-infected adults. Recent evidence suggests that children in some poor families are simply expelled from rural homes early on to fend for themselves in nearby urban towns where they eventually end up as street children. To this extent, the problem has both a rural and an urban dimension. Thus, in much of Africa, children, with or without parents, exposed to varying degrees of vulnerability, have emerged as the single largest at-risk group in both rural and urban areas. From the perspective of preserving the human capital asset for the future, by far the greatest single challenge in Africa is to provide adequate social protection to orphans and other children at risk.

3.20 In assessing the impact of HIV/AIDS on the lives of children, it is important to recognize the long term economic and social costs on local and national economies and the society at large. In the short term, children often lose out on educational opportunities that will leave them less productive and less literate over their lifetimes. In addition, adults may have to reduce their labor time in agriculture or the informal sector in order to care for additional dependent children. In the longer term, countries suffer from a reduction in productive human capital and from a poorly educated and thus less productive population. Further, there are longer term social costs from children who become alienated from their communities in the form of crime, drug and alcohol abuse, increases in street children, harmful forms of child labor and sexual trafficking. Addressing the needs of orphaned children is thus to be regarded as an essential investment for economic well-being and future political stability for countries.³⁰

Economic and Financial Crises

3.21 Economic reversals and social setbacks highlighted the costs of financial crises in different countries in the 1990s. During the most recent crisis that began in East Asia in 1997, social issues, including protection of the well being of children, have been at the center of the Bank's operations and policy priorities.³¹ For example, an innovative scholarship distribution scheme succeeded in helping the Government of Indonesia provide an "education safety net" for poor children at the height of the Indonesian economic crisis. Approximately ninety percent of the scholarship and grant funds were in the hands of children and of schools. Enrollment declined much less than expected, and less than five percent of the scholarship recipients dropped out of school.

²⁹ Recent documentation on the scope of HIV AIDS and children at risk can be found in *Children on the Brink*, (2000) USAID; and *Children Orphaned by AIDS*, (1999), UNICEF Program report.

³⁰ One might legitimately argue that this is also a Human Rights issue: an orphaned child has the same right as any other child for love and care, education and health.

³¹ "Social Consequences of the East Asian Financial Crisis", Tamar Manuelyan Atinc and Michael Walton, the World Bank, 1998

3.22 Giving specific attention to children and adolescents in economic crises is particularly important. What has become apparent in recent years is that children have tended to be invisible in the shaping of policies on poverty reduction or risk management, both in crisis and non-crisis settings. Social risk management and lifecycle risk assessments are able to identify key indicators and areas of vulnerability in the lives of children, and thus shape prevention and coping programs.³² Effective social risk management programs can provide support for the fabric of the local community in order to reduce the pressures on children to live on the street or to accept harsh employment conditions. An attention to children's lives helps inform and build the essential linkages between economic and institutional reforms on the one hand, and the mending and repairing of the social fabric on the other. The separation of macroeconomic policy and social development is a recipe for failure.

3.22 What occurred in emerging markets in recent years is a tough lesson on the need for financial and social systems that reduce risk, protect vulnerable groups---especially children and women---and provide for resilience when shocks occur. No country can secure a better future for its children without healthy, well-nourished and educated people who have ample opportunities to participate in their own development. Investing in the future, in the lives of children, is at the heart of building the foundation for long term economic growth and poverty reduction.

Keeping the Promise---Towards a Better Future

4.1 The accomplishments of the past decade have been significant, yet the challenges for improving the lives of children in low income communities remain profound. Improving the lives of children requires greater awareness of the linkages between poverty, exclusion and economic policies. It also necessitates a clear framework of analysis for governments and donors.

4.2 The life cycle framework is being promoted across the Bank to help managers and staff have a greater understanding of and focus on the lives of children and adolescents, and their future as productive members of their different communities. It includes the recognition that adolescents in particular are participants in addressing the challenges in their own lives, not simply 'problems' that need to be solved. This work includes both working across sectors within the Bank and with partners.

4.3 The lifecycle framework is helping work within the Bank that seeks to identify and promote synergies of working across sectors. There are different issues at different stages of the life cycle³³, and some cross all age groups such as violence or health care.

³² for example, see, "Dominican Republic: Managing Social Risks", June 2000 and "Argentina: Managing Social Risks", January 2000, Social Protection Group, Latin America and Caribbean Region, the World Bank

³³ infants--MCH, vaccination; young children---education; older children---harmful work, school leavers

The purpose of the life cycle approach is not only to move beyond survival, but a recognition that enhanced outcomes for children and youth are linked to actions at all stages of the life cycle. Through promoting an integrated approach to the life cycle---we can achieve enhanced outcomes if we identify the main risks and interventions at other stages of the life cycle, as well as the stages of those under 19.

4.4 The scale of the challenges for improving children's lives promotes new forms of partnerships as well. The World Bank recognizes that in face of widespread poverty and social exclusion, the needs of children represent a significant challenge to all those committed to human and social development. No single country or organization can hope to address such far-reaching problems alone. In its effort to improve the lives and prospects of children throughout the world, therefore, the World Bank values its partnership with governments, other multilateral agencies, NGOs, grassroots organizations and the private sector.

4.5 The risk of recurring economic crises brings together the work of the Bank on macroeconomic reforms with the foundations of social risk management, protection of vulnerable groups (notably children) and specific education and health sectors. Children have often in the past been invisible in the shaping of policies on poverty reduction and risk management. New social risk management can provide support for the fabric of the local community in order to reduce the pressures on children to live on the street or accept harsh employment conditions. They can also identify programs with local organizations that can remove children from harmful or at risk settings, as the costs to children already at risk will increase in times of economic shock..

4.6 The recent World Development Report³⁴ on poverty reduction and the related project on the Voices of the Poor³⁵ has highlighted the value that poor people themselves place on the lives of their children. From listening to sixty thousand of voices in about sixty countries, it is quite apparent that the well being is both the objective and means of human development, especially in the lives of their children.³⁶ As the Bank strengthens the linkages between opportunity, security and empowerment, the lives of children and youth can be central to these connections.

4.7 Poverty Reduction Strategy Papers provide a framework for linking public health and education expenditures and systems improvement with targeted interventions for the poor, especially vulnerable groups such as children and their mothers. The PRSP offer an opportunity for giving priority to children's well being in ways that are integrated into the macroeconomic context. In several HIPC countries, key child health indicators (immunization and malaria prevention) are among the key indicators adopted by the countries for their strategies.

³⁴ World Development Report 2000-2001, The World Bank, 2000

³⁵ "Can Anyone Hear Us", World Bank, 2000

³⁶ "Crying Out for Change", World Bank, 2000

4.8 In assessing the progress of the past decade and looking towards the future decade, it is important to reaffirm that as the bearers of the future of their societies, children are central to the development process, not an afterthought.

Children and their lives are part of the social capital of their communities.

--Children's lives within their families and communities provide the thread that weaves together the fabric of each society.

--The building up of secure lives, nurturing relationships and opportunities for participation by children provides the glue that holds societies together.

--Creating peaceful communities helps ensure that relations of trust are established for children.

--The commitment of governments, NGOs, the private sector and international agencies to promote appropriate institutional arrangements that are the foundation of security and well being is essential.

--The creation of social settings where local organizations can include and promote the well being of children is also vital.

4.9 It is a common expression to say that children are the future. In preparation for the Special Session, it is essential to recognize that for millions of children----children on the street; children in harmful forms of labor; girls and boys excluded from educational opportunities; youth at risk of HIV/AIDS infection; youth without hope of employment---their future is now. And their future is central to our process here, as well as to other international processes:

---their future is central how we finance development;

---their future is central to how we support girls and women as evident in Beijing +5;

---their future is central in the reaffirmation of the main point of the Copenhagen Declaration and in how we seek to address those aspects of globalization that are exclusionary in their impacts.