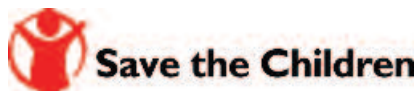


Protect for the future

Placing children's protection and care
at the heart of achieving the MDGs



Foreword

The Millennium Development Goals (MDGs) have focused global efforts to improve the lives of the world's poorest people. Yet many of the crucial targets are in danger of not being reached by 2015, which will have devastating impacts for the wellbeing of children throughout the world. This important report argues that a failure to provide proper care and protection for children is hindering progress in the achievement of many of the MDGs.

We live in a time with access to wide-ranging knowledge, transformative modern technology, new medicines and human and financial resources undreamt of in the past. Yet too many children die from preventable diseases, too many children go to sleep hungry each day, too many children still have no access to even primary education and too many children continue to be subjected to violence and sexual abuse in the home, in institutions, in communities or in school.

Every child deserves to grow up, go to school and live their childhoods free from hunger and disease, free from exploitation, abuse and violence. Experience has shown that this happens best when children are loved and cared for in family settings.

The MDGs offer an opportunity to improve the care and protection of the world's poorest and most marginalised children. However, despite the clear threat posed to children, to communities and to nations by this lack of adequate care and protection, this report shows that those with a responsibility to achieve the MDG goals are not doing enough to promote these rights. Currently,

very little is invested in government ministries dealing with childcare and protection, and those working in the areas of education, health, justice or social protection are failing to ensure that their actions promote the protection and care of all children, but especially those that are most difficult to reach for a variety of geographical, social or political reasons. Placed alongside the effects of the global recession and the spread of HIV and AIDS, one of the consequences of this selective approach is growing numbers of children living outside of parental care and facing violence, abuse and exploitation: a destruction of young lives and hopes before they have even had a chance to grow.

There is an urgent need to work together to reverse this trend, and to ensure that the rights and wellbeing of all children are placed at the heart of sustainable progress in reaching the MDGs.

With global attention currently focused on the MDGs, we have a unique opportunity to put in place concrete actions to safeguard millions of children's futures as a vital step in the promotion of their wellbeing and in the reduction of global poverty. Whether we work in government, in civil society, locally or globally, we must take individual and collective responsibility for delivering the promise of the MDGs to the world's children.



Theo Sowa International social development and children's rights specialist

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Summary

The Millennium Development Goals (MDGs) have done much to galvanise support for health, education and poverty alleviation in the developing world, and, ten years on from their inception, progress has been made against several of the MDG targets. However, in many parts of the world the poorest and most vulnerable are still unable to gain their basic rights to survival and education, and concerns have been raised that, without a change in approach, many MDG targets will not be met by 2015. The evidence presented in this report clearly shows that the widespread abuse of children's rights to care and protection is in part responsible for hindering progress against the MDGs. These rights include a recognition of the central importance of family-based care for child wellbeing, and children's right to be free from violence, exploitation, abuse and neglect. The impact of failing to address these rights on the MDGs is most clearly seen in relation to MDGs 1-6:

■ **MDG 1:** A lack of attention to the poverty, neglect and discrimination faced by the millions of children in extended family care, in institutions, in prison, on the streets or in inadequate parental care is preventing equitable progress in reducing extreme poverty and hunger. Poorly designed social protection systems are at best failing to reach children without adequate care and protection, and at worst actively encouraging family separation or child labour.

■ **MDG 2 and 3:** Education for all will not be achieved unless the current widespread exclusion of young married girls and children in extended family care, prison or work is addressed. Education planners have not done enough to address violence in schools or ensure that inclusive education extends to children without adequate care and protection.

■ **MDG 4:** Child mortality will continue to disproportionately affect girls unless their routine neglect in some cultures is challenged. The widespread and growing institutionalisation of children continues to make millions of young children more vulnerable to an early death. Currently, there is chronic under-investment in the childcare reform and child protection systems needed to address this neglect, abuse and inappropriate residential care.

■ **MDGs 5 and 6:** Stopping sexual abuse in families, and particularly for the millions of children without parental care, and preventing early marriage is essential for stemming the spread of HIV and preventing girls from becoming mothers at an early age when the risks of maternal and child mortality are highest. Many children without adequate care and protection are unable to access reproductive health services due to stigma and discrimination.

Key policy recommendations

In working to achieve the MDGs by 2015:

- The UK's Department for International Development (DFID) and other agencies engaged in monitoring the MDGs must ensure that the development of equity indicators includes indicators on impacts on children outside of parental care and/or facing situations of abuse or exploitation.
- DFID, the European Union (EU) and other donors, and national governments must invest more in appropriate, integrated child protection systems which adhere to the UN Guidelines for the Alternative Care of Children.
- DFID, the EU and other donors, and national governments must mainstream child protection and care into humanitarian relief, and sector level plans on social protection, education, health and justice (see box below for specific sector level recommendations).

In developing a post-MDG framework, it is essential to:

- Ensure that this framework includes specific goals and targets on children's protection and care.

Elements of sector-wise strategies for mainstreaming child protection and care

- Social protection:**
- Explicitly design social protection schemes to ensure that they seek to reduce poverty in the most vulnerable households and are sensitive to children's care and protection.
 - Complete further research on the links between social and child protection so that social protection schemes can be more effectively designed to improve children's care and protection.

- Education:**
- Ensure that further efforts to make education more inclusive and equitable increase access for children without parental care, and girls and boys who have faced violence, abuse, neglect or exploitation.
 - Prioritise efforts to end violence in schools.

- Health:**
- Ensure that girls and boys without adequate care and protection receive appropriate advice and support in relation to sexual and reproductive health.
 - Provide guidance to those dealing with pre and postnatal care to help prevent violence, abuse and neglect in the home, child abandonment and the harmful institutionalisation of infants.
 - Provide therapeutic care for children who have experienced violence and abuse.

- Justice:**
- Provide justice for children affected by violence and abuse, and make justice systems more child-friendly.

- Humanitarian relief:**
- Ensure that child protection is incorporated into all emergency preparedness and response plans.

1 Introduction

Ten years after the agreement of the Millennium Development Goals (MDGs) there is growing evidence to suggest that a change in approach is needed if these commitments to improving the lives of the world's poorest are to be fulfilled. So far the MDGs have achieved much by drawing attention to global poverty and galvanising efforts in poverty alleviation, health and education. Significant progress has been made in some countries against some of the goals. However, in many parts of the world the poorest and most vulnerable are still unable to gain their basic rights to survival and education, with climate change, conflict and the global economic crisis further threatening progress (UN 2010). Many experts are calling for new strategies to achieve the goals which promote human and child rights, and ensure that those most in need are not ignored in favour of those who are easiest to reach (see for example: DFID 2009; DFID CSO Child Rights Group 2010; UNESCO 2010).

This paper argues that, in relation to children, this vital change in approach must go beyond a consideration of survival, health and education rights already specifically referred to in the MDGs, to encompass rights relating to children's protection and care. These include recognition of the central importance of family-based care for child wellbeing, and children's rights to be free from violence, exploitation, abuse and neglect. It is argued that only through a consideration of such rights will it be possible to make wide-reaching and sustainable progress in efforts to alleviate child

poverty, increase access to education, improve maternal and child health, and reduce the spread of HIV and AIDS. A consideration of children's protective rights will also help to ensure the equitable achievement of the MDGs by focusing on hard to reach and highly vulnerable groups such as those without parental care, engaged in harmful forms of work, living on the streets or married early.

The report demonstrates that measures to address the current childcare and protection vacuum in efforts to achieve the MDGs must take place urgently. Currently there is a clear downward spiral, with poor progress against some MDGs leading to greater abuses of children's rights to care and protection, and the denial of these rights further preventing equitable progress against the MDGs. Reversing this spiral must include dual strategies of change and investment in childcare and protection reform, and mainstreaming these rights into social protection, education, justice and health strategies. This report is therefore of relevance to many of those working in international development, and not just to those with a narrow child protection remit.

The report is divided into five sections. Following on from the introduction, drawing on evidence relating to MDGs one to six, the second section shows how a recognition of children's rights to care and protection is a vital component of efforts towards achieving the MDGs. The third section highlights the importance of including protection and care concerns in efforts to monitor the MDGs, and provides suggested equity indicators which encompass these concerns. The fourth section looks forward to

the post-MDG framework, arguing that the absence of an explicit reference to child protection and care in the current MDGs needs to be addressed if such a framework is to be effective in improving children's wellbeing in the future. Finally, the concluding section summarises the arguments made and provides policy recommendations to make the MDGs more effective.

The report is the result of a collaboration between nine UK-based NGOs working on child protection and care with a common commitment to ensuring that these important rights are recognised in the international development agenda.



Street children in Addis Ababa, Ethiopia.

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2

Child protection and care: essential for achieving the MDGs

In this part of the report, it is argued that it is essential to address children's rights to care and protection as a failure to do so exacerbates poverty, damages education, increases the risk of HIV infection and reduces chances of survival. Children's rights to care and protection are outlined in the UN Convention on the Rights of the Child (UNCRC) which states that all children have the right to be free from abuse, exploitation and neglect, and that children should grow up in a family environment and not be separated from their parents unless it is in their best interests to be so. The UNCRC also outlines parents' duty to care for their children, and the state's responsibility to support parents in their efforts. These rights to protection and care encompass a vast array of issues, including child labour, children living and working on the streets, early marriage, violence and abuse within families, parental support and alternative care for children who are without parental care. Recently agreed UN Guidelines for the Alternative Care of Children (UN 2009) further extrapolate on rights relating to children's care, highlighting the need to keep families together and avoid harmful residential care.

Goal 1: Eradicate extreme poverty and hunger

Neglect and a loss of parental care increase child poverty and hunger

There are at least 24 million children around the world who are without parental care, and in parts of Sub-Saharan Africa, 12-34% of children live apart from parents, with evidence suggesting that these figures are growing rapidly due to factors such as HIV and AIDS and the global recession (EveryChild 2009b; Harper et al 2009). Growing up outside of parental care increases children's vulnerability to poverty and hunger dramatically. In Sub-Saharan African, and in many other parts of the world, the vast majority of children who cannot be cared for by parents are looked after by relatives. These girls and boys often find themselves in already resource poor households, such as those headed by elderly grandparents or female relatives, who may struggle to provide enough food for the children in their care. The problems experienced by children in extended family care are often exacerbated by discrimination, and boys and girls, particularly those living with more distant relatives, commonly report being given less or different types of food to other children in the household (UNICEF et al 2006). Children who are in the care of the state, either in residential care or in detention, may also fail to receive adequate food, despite the government's obligation to provide this (EveryChild 2005; Parwon 2006; Rocella 2007; Save the Children 2004).



📌 **The food we are given here is very limited, only five grams of rice a day with soup like water. It is not enough for us and we are always hungry. One time I got very sick. They said I had typhoid. There is a prison nurse who is supposed to look after us when we get sick but she only becomes nice if there is money. I had no money so had to wait for my family to arrive with medicine. I had a drip in my arm but I was not taken to hospital. I do not know why not.** 📌

A 19 year old man, who has been in detention in Cambodia since he was 13, cited in EveryChild 2009b

Children who are without any care, such as those living alone on the streets or with employers, often struggle to meet their basic needs. Street children are common throughout the developing world (see Consortium for Street Children 2009). These girls and boys commonly have to resort to scavenging for food, and suffer problems caused by inadequate shelter. Children living with employers, such as child domestic workers, may be denied food to enhance profits or as punishment (see for example Blagbrough 2008).

Children in parental care are not immune to poverty and hunger as a result of an abuse of their protective rights. As in the developed world, children in developing countries experience neglect by parents. Neglect includes failing to provide enough food for children when there are the means and knowledge to do so, and as such contributes to child hunger. It is poorly understood in developing countries, partially because it is hard to distinguish between deliberate neglect and a lack of knowledge or resources. However, it is believed to be widespread against girls and children with disabilities in some communities. For example, there is strong evidence in India to suggest that girls are breast-fed for less time than boys and given less food when weaned (cited in Pinheiro 2006). In many parts of the world, children being cared for by step-parents also commonly experience discrimination and neglect (EveryChild 2009a; EveryChild 2010).



■ ■ **My [step] mother used to say she and my father quarrelled because of me - she did not want to take me in with her other children. But my father wanted to take me. After big arguments my [step] mother used to beat me - even when it was not any fault of mine. My father never used to defend me or stopped my stepmother. He was afraid of my Stepmother.** ■ ■ 11-year-old girl living on the streets in India, cited in Thomas de Benitez 2007

A lack of care and protection has long-term implications for poverty reduction

A lack of adequate care and protection denies children opportunities to develop and learn, depleting human resources, and contributing to poverty in the medium to long-term. As is shown below, a loss of parental care, violence in the home, child labour, child marriage and living and working on the streets are all associated with an inability to gain an education, with long-term impacts on livelihoods. Violence in the home has many consequences for child development, and increases the likelihood of a range of problems in adulthood, including drug and alcohol abuse and mental health issues, all of which have consequences for the ability of citizens to contribute productively to society (Pineiro 2006). Residential care often denies children the opportunity to form loving attachments with one carer, which impacts on self-esteem, confidence and ability to form relationships (Tolfree 2003; Save the Children 2009a). Although poorly analysed in the developing world, the long-term outcomes for children placed in relatively well-resourced state care in the developed world are shocking, with high levels of drug and alcohol abuse and mental health problems (Jackson and McParlin 2006).

Care and protection are not actively promoted in existing poverty alleviation strategies

The links between poverty and a lack of adequate care and protection are exacerbated by the inadequate attention paid to these issues in many poverty alleviation strategies. In recent years, there has been growing recognition of the need to enhance social protection in developing countries through cash transfers or income generation schemes linked to access to basic services and social welfare. Specialists argue that schemes aimed at improving children's wellbeing must consider their rights in design, delivery and impact assessment in order to be effective (DFID et al 2009). Whilst there is a growing body of knowledge on the impacts of social protection on rights related to survival, health or education, there is extremely limited knowledge of how different forms of social protection affect children's care and protection (Giese 2007; Wansbrough-Jones 2010). This is alarming as the evidence that does exist suggests that many children without care and protection are excluded from social protection schemes, and that poorly designed programmes can actually increase the problems they face. For example:

- Social protection schemes often fail to reach the most disadvantaged households and children who are not in conventional households, such as those living on the streets, in migrant families, or in child-only households, are often excluded from social protection schemes. This is often linked to a lack of birth registration, illegal residence or other factors which prevent families and children from being officially recognised (Giese 2007; Wansbrough-Jones 2010; Barrientos and DeJong 2006).



Teleza from Malawi is 16 years old. Both her parents have died leaving her to care for her three younger siblings on her own.

- The discrimination described above means that many children in extended family care are unlikely to gain from social protection in the same way as other children in the household (Giese 2007; JLICA 2009).
- Administering social protection can take staff and resources away from child protection as under-resourced social welfare ministries are often expected to deal with both (Giese 2007; Parry-Williams 2007).
- Whilst on paper many policy-makers argue that social protection schemes should link income support with improved access to basic services and social welfare, in practice these connections are rarely made. The focus is currently on cash transfers, with outcomes measured exclusively in relation to income-related poverty (Giese 2007; Wansbrough-Jones 2010).
- In the past, many social protection schemes in Sub-Saharan Africa have explicitly targeted children without parental care through a focus on those orphaned by HIV and AIDS. This has drawn attention to children affected by HIV and AIDS, created jealousy, and increased the stigma and discrimination that these girls and boys face (JLICA 2009).
- Poorly-designed interventions have been shown to either be ineffective at reducing numbers without parental care, or to create perverse incentives which actively encourage families to place children in alternative forms of care (Giese 2009). In South Africa and Ukraine, payments to foster or extended family carers mean that children will be in better resourced households if parents give them up to other forms of care (Hanlon et al 2010).¹

¹ As observed in Ukraine by EveryChild country programme staff.



- Some forms of social protection can actually increase children's work. Badly designed income generation schemes can require contributions from all the family if they are to be successful. Food for work programmes can leave adults too busy to complete housework chores, with children having to replace their labour (Young Lives 2008).

Policy recommendations for achieving MDG 1

As already acknowledged by many donors, including DFID, the achievement of the MDGs requires more investment in social protection programmes which target the poorest and most vulnerable (DFID 2010). To achieve this goal, it is essential to:

- Explicitly design social protection schemes to ensure that they seek to reduce poverty in the most vulnerable households and are sensitive to children's care and protection.
- Complete further research on the links between social and child protection so that social protection schemes can be more effectively designed to improve children's care and protection.

Box 1 below provides a more comprehensive list of key actions that need to be taken to ensure that social protection is sensitive to children's rights to care and protection. Box 2 gives an example from Moldova of childcare and protection sensitive social protection in practice.

1: How to develop social protection which is sensitive to children's protection and care

For social protection schemes to promote rather than harm rights to protection and care, it is important to ensure that:

- Social protection does not just aim to increase household incomes, but also addresses other vulnerabilities which affect poverty through linkages to basic services, social welfare and child protection structures.
- Targeting reaches the most vulnerable groups in a manner that is cost-effective and does not further stigmatise children without adequate care or protection by drawing attention to HIV and AIDS or other problems faced.
- Intra-household resource allocation is considered in the ways in which schemes are designed.
- Resources follow the child, so that if children have to leave parental care and enter a new household they can still benefit if they continue to require social protection.
- Extended families, including elderly carers, are supported, but perverse incentives which encourage parental or family separation are avoided.
- Efforts are made to consider children who are excluded from mainstream programmes, such as specific programmes which target those living on the streets.
- Income generation schemes monitor impact on child labour and take steps to ensure that children's work is not increased as a result of such programmes.
- Children, including those outside of parental care, are involved in the monitoring of social protection schemes.

2: Social protection which promotes children's protection and care – an example from Moldova²

In Moldova, EveryChild has worked with the government to make the cash benefit system more equitable and beneficial to children's rights to care and protection. Previously, this system was based on individual eligibility criteria, leading to those households with several incapacitated members receiving substantial benefits, whilst other poor and vulnerable households received none. Now, a simpler and fairer system has been developed in which eligibility is based purely on household income levels. Vulnerable families with children are prioritised, and as poverty is the main reason for institutionalisation of children in Moldova, incentives have also been put in place to encourage those with children in residential care to bring their children home.

Following EveryChild lobbying, social protection and social welfare are now fully integrated, with social workers identifying vulnerable families, informing them of their rights to state benefits, and helping them to access the system. A deliberate decision has also been made to prevent social workers from actually deciding which families should receive benefits to ensure neutrality and protect levels of trust between social worker and client. Families are only initially eligible for benefits for a six-month period, during which time social workers work closely with them to try and increase access to services and enhance household incomes. Although too early for formal evaluations, anecdotal evidence suggests that far more vulnerable families are now being reached with the new cash benefit system, with reduced levels of child separation from parents as a result.



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Nina spent years living in an institution as her mother did not have the means to support her at home. She is now living at home as her mother is receiving cash benefits from the government and other support from social workers.

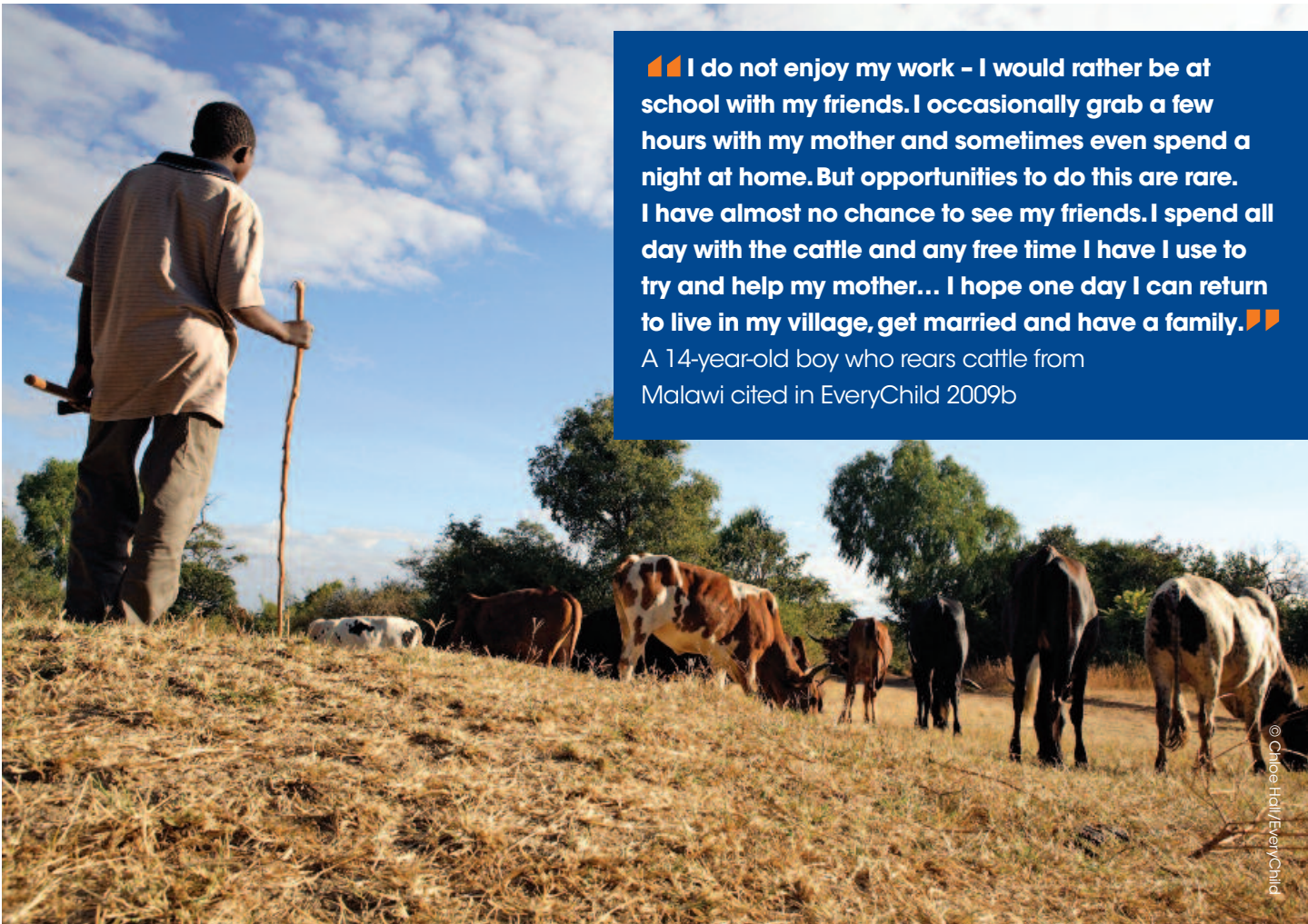
² EveryChild field notes.

Goals 2 & 3: Achieve universal primary education and promote gender equity in education

The importance of recognising the needs of children without adequate care and protection to achieve education for all

There is widespread recognition that the next major challenge in achieving greater access to education is ensuring that hard-to-reach groups of children are able to attend school (UNESCO 2010; Save the Children 2009b). Evidence clearly shows that exploited and abused children, and those without parental care are amongst the most marginalised groups who are missing out on an education:

- Children who have lost both parents are 12% less likely to be in school than other children (UN 2010), and as up to 30% of children in some countries are without parental care, this constitutes a major barrier to education. Problems may be exacerbated when extended family carers discriminate against children in their care, or when orphaned children suffer stigma and abuse in school because their parents have died of AIDS (Save the Children 2007).
- The vast majority of children living and working on the streets do not attend school. According to a study in Egypt, 70% of children working and/or living on the streets had dropped out of school and 30% had never been to school (cited in Consortium for Street Children 2009).
- Children in detention often have no access to formal school during their sentences (Save the Children 2004).
- Violence and abuse in the home can affect school attendance and achievement (see below).
- As stated above, poverty often disproportionately affects children without adequate care and protection, and the costs associated with school systems, including school fees and other costs such as books, uniforms or exam fees, are likely to be particularly prohibitive for these groups. Reductions in costs associated with school will not fully benefit poor families if they are merely translated into increases in costs associated with other basic services.
- Child marriage, which affects more girls than boys, usually puts an end to education (CRIN 2007; IWCH 2008). Around 34% of women in Africa and 40% in Asia were married or in a union before the age of 18 (UNICEF 2009b). In the Amhara region of Ethiopia, 30% of girls who are not in school said that the primary reason is marriage (ICRW 2006).
- Already excluded groups, such as children with disabilities, are also more likely to suffer from a lack of adequate care and abuses of their protective rights, making them doubly disadvantaged and even less likely to attend school (see Pinheiro 2006).
- Children are frequently placed unnecessarily in residential care by parents as a means of accessing education for their child. This problem is particularly acute for children with disabilities who are excluded from mainstream schools, and in the aftermath of emergencies when poverty levels may be particularly high (UNICEF 2005; Save the Children 2009a).
- For the 13.6% of children who are child labourers, including a quarter of children in Sub-Saharan Africa (ILO 2010), combining work with school often has a negative impact on learning achievements with long working hours preventing children from attending school at all (UNESCO 2010).



“I do not enjoy my work – I would rather be at school with my friends. I occasionally grab a few hours with my mother and sometimes even spend a night at home. But opportunities to do this are rare. I have almost no chance to see my friends. I spend all day with the cattle and any free time I have I use to try and help my mother... I hope one day I can return to live in my village, get married and have a family.”

A 14-year-old boy who rears cattle from Malawi cited in EveryChild 2009b

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Education planners fail to address the needs of children without adequate care and protection

Part of the reason why these boys and girls continue to be excluded from education systems is that education policy-makers do not routinely consider their needs in the design of education systems. Inclusive education is widely promoted by many international agencies working to encourage education for all (see UNESCO 2010), and recent reports suggest that at the international level at least, there is an increased focus on one element of child protection and care, with more consistent explicit references to child labour in the education for all agenda (ILO 2010). However, it has also been noted that international recognition of the linkages between child labour and education have not translated into policy

change on the part of many governments (ILO 2010). There are only limited references to the impact of other child protection and care issues, such as a loss of parental care, street living, or juvenile justice, in global reports and policy papers aimed at encouraging education for the most marginalised.

Violence and abuse in and out of school prevents many children from receiving an education

Violence and abuse is endemic in schools in many countries, and this is a key factor in preventing children from receiving an education (Pineiro 2006). This violence is perpetrated by teachers and students and takes on many forms including state-sanctioned corporal punishment, bullying and sexual abuse. In Kenya, 40% of sexually active school girls reported that their first sexual encounter was forced, usually by a male

student. In Nepal 9% of children report severe sexual abuse and 18% of this abuse is perpetrated by teachers. Violence and abuse is acknowledged as a key reason for school drop out by children around the world. Many children who lack adequate care and protection outside of school are more vulnerable to violence and abuse within school, with stigma and discrimination faced by working children, children affected by HIV and AIDS, and children without parental care increasing the chances of bullying by other students and mistreatment by teachers (Pinheiro 2006).

Violence and abuse outside of schools can also affect children's education. Many children have to travel long distances to get to school, and may be vulnerable during the journey, leading to drop-out from school, particularly amongst adolescent girls (Pinheiro 2006). Violence and abuse in the home can disrupt children's schooling and cause developmental delays. Violence and abuse in the home is extremely common, with the WHO estimating that 150 million girls and 73 million boys have experienced some form of sexual abuse, which in most cases is perpetrated by a family member (cited in Pinheiro 2006).

Long distances to school mean that some children have to find alternative accommodation if they wish to regularly attend, making children vulnerable to exploitation and abuse and affecting their ability to learn. For example, in many parts of the world, children have to work as domestic servants for kin or distant relatives in return for accommodation close to schools, and often this leads to exploitation and abuse. To make matters worse, promised opportunities to go to school are regularly broken, and many children in such situations do not get the education they so desperately want (Blaghbrough 2008). In West Africa, boys are often sent from villages to cities to receive Koranic schooling as parents cannot afford to feed them and there are no schools close to home. These boys live in basic conditions and commonly have to beg for long

hours to earn their keep, leaving little time to actually study (Delap 2009a).

Policy recommendations for achieving MDGs 2 and 3

As already acknowledged by DFID and the Education for All movement, change needs to occur within and outside of education systems to make schooling more inclusive and address the 'social issues' that stop parents from sending their children to school (DFID 2010; UNESCO 2010). Towards this end, it is particularly important to:

- Ensure that further efforts to make education more inclusive and equitable increase access for children without parental care, and girls and boys who have faced violence, abuse, neglect or exploitation.
- Prioritise efforts to end violence in schools.

Box 3 provides further details on the implementation of these policy recommendations. Box 4 gives an example of an education programme which successfully reaches out to children lacking proper care and protection.

3: How to address rights to care and protection to make education more inclusive

Efforts to address violence in schools and ensure that children without proper care and protection are able to go to school should include:³

- Providing affordable schooling close to home, and while this is not possible, ensuring that children who leave home to go to school have safe, well-regulated accommodation and frequent contact with families.
- Making schooling fully free, including removing costs associated with uniforms, books or exam fees, and ensuring that reductions in costs associated with schooling are not merely translated into increases in the cost associated with other basic services.
- Joined up social protection, which links efforts to increase incomes to child protection and access to schooling.
- Improving the relevance of education through, for example: vocational training; efforts to build on children's own experiences and resilience; and helping children to better protect themselves from violence, abuse and exploitation through life-skills classes.
- Helping older children who have been out of school for a long time as a result of work or marriage to return to school through specially designed catch-up classes.
- Changing attitudes, adapting infra-structure and training teachers so that children with disabilities can be educated in the school closest to their homes, and do not have to be placed in residential care to obtain an education.
- Addressing early marriage through changes to and enforcement of legislation and awareness-raising on the risks of early marriage.
- Providing therapeutic care for children who have experienced violence in and outside school to help enable them to deal with the trauma they have experienced and achieve in schools.
- Legislation to ban violence in schools, codes of conduct for staff and teachers, including non-violent means of disciplining children, and revising the curriculum so that it promotes the importance of finding alternatives to violence.
- Recognising and responding to the particular vulnerabilities to violence caused by stigma and discrimination related to a loss of parental care, HIV and AIDS, disability and child work.
- Providing safe physical spaces for children in schools.
- Consulting vulnerable children, including those outside of parental care, in the design and delivery of education systems.

Innovative practices have been developed regarding the schooling of children without proper care and protection, such as those living and working on the streets, through Non-Governmental Organisation (NGO) provision in the informal sector. Good practice should be mainstreamed into the formal sector by governments who have the ultimate responsibility for providing children with quality and relevant education.

³ These policy recommendations are drawn from a number of sources including: UNESCO 2010; Save the Children 2009b & 2008; ILO 2006; Delap and Seel 2004; Nour 2006 and IWHC 2008; Pinheiro 2006

4: Ensuring that children without care and protection can go to school

Retrak are dedicated to ensuring that children living on the streets are able to access school and see this schooling as a vital component of the reintegration of these boys and girls into their families or foster care. Retrak have found that education is essential for building children's self-esteem, confidence and belief in their future possibilities, and for settling children back into life in a family. Getting street children back into school can be challenging owing to their often chaotic lives and the cost of going to school, as even though many schools are nominally free, there are numerous costs associated with them in terms of exam fees, books or uniforms. Many street children have also often missed out on several years of schooling, making them fall far behind their contemporaries. To overcome these problems, Retrak have established programmes in Ethiopia and Uganda which provide catch-up classes enabling street children to quickly reach the grade level appropriate to their age. Schooling is offered in a flexible way to enable street children to fit it in around their often unpredictable daily lives, and efforts are made to make schooling more relevant by providing vocational training. Once back in families and communities, Retrak continue to help children go to school by, for example, providing families with income generation programmes to enable them to afford the costs associated with schooling.

Goals 4, 5 & 6: Reduce child mortality, improve maternal health and stem the spread of HIV and AIDS

Violence, abuse and separation from parents increases the risk of infant and child mortality

There is much evidence to suggest that avoiding a loss of parental care, and preventing violence, neglect and abuse in the home is essential for keeping young children alive and achieving MDG 4. For example, in many countries, female infanticide or the neglect of girls in favour of boys is a major cause of death of girls. In India, research suggests that between 10 and 40 percent of deaths amongst female babies are due to female infanticide. In China, there are 117 boys to every 100 girls, a ratio attributed to female infanticide. In Nepal, evidence suggests that girls are often denied access to healthcare, leading to twice as many boys surviving polio than girls (Pinheiro 2006). As stated above,

many children suffer abuse and violence in the family at the hands of their parents or other carers. In Latin America, an estimated 80,000 children die each year as a result of this violence (Knaul et al. 2005).

The widespread use of residential care for children under three places many children and infants at greater risk of dying young. In Russia, official statistics suggest that the mortality rate for children under four years old in residential care is ten times higher than that of the general population (Ministry of Health and Social Development 2007). In Sudan, of the 2,500 infants admitted to one institution over a five year period, only 400 survived (cited in Consortium for Street Children 2009). Research suggests that it is not just poor quality of care in institutions that threatens survival and leads to developmental delays; institutional care is intrinsically harmful as it denies children the chance to form an attachment with one carer, with severe consequences for health and wellbeing for infants and young children, and those in long-

term residential care (Save the Children 2009a). This evidence is alarming as there are currently at least 8 million children in residential care, with evidence to suggest a growth in this form of care in many countries in the former Soviet Union, Sub-Saharan Africa and South Asia (Pinheiro 2006; UNICEF 2008b/c; UNICEF 2009a; Powel et al 2004).

■ ■ **In the orphanage, the substitute mothers could not give us the love of a true mother. We didn't have our parents' care and that is something terrible. We would have really wanted to have it, even if they were starving poor, we would have wanted to have the care that each child deserves.** ■ ■

A young person in residential care in El Salvador cited in Tolfree 2005

A lack of adequate care and protection makes children more vulnerable to early sexual activity and motherhood, with implications for the spread of HIV and maternal and child health

Abuse of children's protective rights and separation from parents are closely linked to early sexual activity, often forced. For example:

- Girls who marry early are typically expected to become sexually active as soon as they marry, with extreme pressure to bear children and virtually no control over abstaining or contraceptive use (CRIN 2007).
- Trafficked children, child domestic workers and other working children often face sexual abuse. There are an estimated two million children, mainly girls, sexually exploited in the commercial sex trade each year.⁴
- Street children are often sexually active at a very young age. More than half the boys and three quarters of the girls in one Rwandan study admitted to being sexually active, including 35% of those under ten years old. 93% of the sexually active girls reported having been raped. 80% of boys

and 90% of girls living on the streets in one city in Nepal reported sexual abuse (cited in Consortium for Street Child 2009)

■ ■ **One boy in my gang knew a way of making fast money... he encouraged me to go with him and his friends. They met a German tourist, he was about 30, and he paid them \$2-5 to sexually abuse them. I would not join in; I just kind of hung out with them... After a few months, I saw more kids getting paid to do this. I needed the money and wanted to be like my older mates.** ■ ■

A 13 year old boy living on the streets in Cambodia, cited in Thomas de Benitez 2007

- Children in residential care face sexual abuse at the hands of adult carers or other children, and girls in kinship care report sexual abuse by uncles and brothers-in-law (Tolfree 2003; EveryChild 2009a).

■ ■ **Usually her [sister's] husband will want to sleep with you as his second wife.** ■ ■

■ ■ **In our culture, you can marry your cousin, so if you happen to stay with him, he will start making advances at you to have sex with him. You could become pregnant and drop out of school.** ■ ■ Girls from Malawi describing life in extended family care cited in EveryChild 2009a/b

This early sexual activity has profound implications for maternal and child health. Forced sex, and limited power in relationships, means that girls without adequate care and protection often face early motherhood, with severe consequences for both the health of young mothers and babies. Pregnancy-related deaths are the leading cause of mortality for 15-19 year old girls, and those who give birth aged under 15 are five times more likely to die than women aged over 20. Babies born to young mothers are also less likely to survive, with babies born to mothers under 18 60% more likely to die in their first year of life than those born to mothers over 19 (UNICEF 2006a).

4 Cited in: http://www.unicef.org.uk/campaigns/campaign_sub_pages.asp?page=5

Early and often forced sexual activity amongst children lacking adequate care and protection enhances the risk of HIV infection. Lack of control over contraceptive use, inadequate knowledge of reproductive health, frequent sexual activity, and having sex with often older husbands all mean that such children are more vulnerable to HIV infection and other sexually transmitted diseases. Research in one area of Kenya shows HIV infection rates of nearly 33% amongst married women aged 15-19 years, compared with 22% for unmarried sexually active girls of the same age (IWHC 2008). 15-20% of street children in Vietnam are estimated to be HIV positive (cited in Consortium for Street Children 2009).

Healthcare systems must do more to prevent child abandonment, early motherhood and HIV infection amongst vulnerable groups

Risks of both child abandonment and institutionalisation, and early motherhood and HIV infection could be reduced by changes in healthcare systems. Research suggests that in contexts where institutionalisation is common, many mothers do not receive support and encouragement during pre and postnatal care to prevent child abandonment. Indeed, in some cases, particularly amongst HIV positive mothers or those from disadvantaged backgrounds, nurses, doctors and midwives may actively encourage women to give up their babies (Gathina and Luga 2006; Miskhina et al 2008).

Risks of early motherhood and HIV infection are exacerbated by a lack of access to reproductive health services by many children lacking adequate care and protection. For example, children on the streets are often discriminated against by service providers and unable to access healthcare or advice about contraceptive use.⁵

Policy recommendations for achieving MDGs 4, 5 and 6

Changes need to take place within and outside of health systems in order to address 'social issues' and discrimination which are preventing equitable progress against the health and survival-related MDGs (DFID 2010). To prevent abuses of children's protective rights from stopping progress against these MDGs, it is particularly important to:

- Address the institutionalisation of young children, and neglect, abuse and violence against children to reduce infant and child mortality through greater investments in childcare reform and child protection, and the full implementation of the UN guidelines for the Alternative Care of Children (UN 2009).
- Reduce risky early motherhood and exposure to HIV through ensuring that children are protected from forced sex and early marriage, and that girls and boys without adequate care and protection receive appropriate advice and support in relation to sexual and reproductive health.

Box 5 provides further details of the changes needed within and outside of health systems in order to achieve these policy recommendations. Boxes 6 and 7 provide concrete examples of instances where these changes have been put into practice.

⁵ See for example research by Street Action in Durban, South Africa: <http://streetaction.org/research-advocacy/projects>

5: Changes needed in healthcare, child protection and justice systems to achieve progress against MDGs 4-6

To address the inadequate care and the violence, abuse and exploitation that threatens the achievement of MDGs 4, 5 and 6, it is important to:

Make changes within healthcare systems including:

- Providing guidance to those dealing with pre and postnatal care to prevent child abandonment, and provide more effective support for at risk families from the very start of a child's life.
- Reproductive health services that target hard-to-reach groups such as young wives and children living on the streets or in residential care.

Make changes in childcare and protection systems including:

- Greater investments in government departments dealing with children's protection and care.
- Efforts to reduce the number of children without parental care and in particularly vulnerable situations by supporting families to care for children through appropriate social protection (see above) and parenting support programmes.
- Efforts to reduce the use of residential care, especially for very young children, and support to family-based alternatives, such as foster care, guardianship and adoption. Decisions about where children should be placed should be based on their best interest.
- Implementing the recommendations made in the UN Study on Violence Against Children regarding violence in the home including: parenting support, linkages to social protection measures, and advocacy to challenge harmful norms and values.
- Support to state and community-based child protection mechanisms.
- Measures to reduce early marriage (see above under MDGs 2 and 3)

Make changes in justice systems including:

- Making courts more child-friendly, and ensuring that therapeutic support is provided to identified victims of child violence.
- Providing justice to victims of violence, abuse and exploitation, and support to witnesses.
- Avoiding the criminalisation of child survivors of violence and abuse, including children who have been trafficked.



A child-friendly court in Ethiopia.

6: Community-based responses to violence and abuse in the home from Malawi

In Malawi, EveryChild has established community child protection committees which aim to reduce child abuse, violence in the family, early marriage, stigma associated with HIV and AIDS, and child labour. Members of the committee are trained in providing basic psycho-social support, and in how to document and report cases. Children and adults from the community report cases of abuse or violence to the committee, who then forward them to child protection units at local police stations. These units are also supported by EveryChild.

7: De-institutionalising children in Indonesia

Indonesia has 8,000 childcare institutions housing approximately 500,000 children. A 2007 survey revealing that almost 90% of the children living in institutions had one parent alive, and that 56% had both, led to a major shift in government thinking. With support from Save the Children, the Ministry of Social Affairs introduced a new strategy for regulating residential care and promoting family-based care. This included a new regulatory framework with agreed National Standards of Care and the establishment of a regulatory authority and licensing system. The Ministry of Social Affairs has set up a national database on children in alternative care and has directed all district level authorities to monitor their childcare institutions. Child protection and care strategies now promote family-based care over residential care, with fostering and adoption encouraged and a shift in investment away from institutions and towards these other forms of care. The National Graduate School of Social Work has set up a pilot centre to demonstrate strategies for preventing institutionalisation and promoting family reintegration and permanency planning, and social work training has been adapted to prioritise family support (see Save the Children 2009a).

The importance of child protection and care in normal and emergency periods

The arguments outlined above clearly show that the current lack of attention paid to proper systems of childcare and protection must be addressed in order to reach many MDG targets. Efforts to develop integrated child protection systems cannot be considered a luxury for periods of relative peace and stability; strategies must also be developed to ensure that children are properly cared for and protected in emergencies. Indeed, it is often during conflict or the aftermath of natural disasters that children are most vulnerable to becoming separated from parents or facing

exploitation, violence and abuse. Emergencies can lead to parental death or the separation of families, and make children more vulnerable to living on the streets, exploitation and long-term institutionalisation (Thomas de Benitez 2007; Dottridge 2006; DEPOS and Save the Children 2006).

Evidence suggests that current emergency responses often fail to fully protect children or offer girls and boys quality family-based care. Although refugee camps are supposed to offer a safe haven, a lack of secure buildings, good lighting and regular law enforcement leaves women and girls highly vulnerable to sexual abuse (Pinheiro 2006). Girls and boys in conflict

situations are often abused by those who are supposed to protect them, and despite increased training and the establishment of reporting systems, sexual abuse by peace-keepers continues (Csaky 2008; Delap 2009b).

Institutions are frequently created in response to emergency situations, which remain in place long after the need for emergency care has passed. The continued existence of such facilities can discourage family reunification or the development of family-based alternatives to institutionalisation, such as foster care or adoption. Following the 2004 tsunami, \$5.43 million was invested in children's homes, a four-fold increase from previous levels. Closer analysis revealed that nearly all of the supposed 'tsunami orphans' had living parents who could have continued to care for them had this money been invested in supporting family-based care (DEPOS and Save the Children 2006; Save the Children 2009a).

In 2008, over 2 million children were affected by emergencies, and the number of girls and boys whose lives are blighted by conflict over resources and natural disasters will increase with climate change (Save the Children UK 2009c).

Policy recommendations

It is essential to:

- Ensure that child protection is incorporated into all emergency preparedness and response plans.

Box 8 below provides more details on how this recommendation can be achieved.

8: How to incorporate child protection and care concerns in preparing for and responding to emergencies⁶

Emergency preparedness and response plans should include:

- Strategies for the rapid identification and reunification of children separated from parents or carers.
- Provision of appropriate care for children who cannot be reunited with parents or carers, wherever possible in family-based care, with residential care used only as a temporary measure until family-based care can be developed. No new residential care facilities should be established.
- Returning children to school as soon as possible, and ensuring that schools are protective environments where children can be helped to deal with the trauma and shock experienced.
- Ensuring that systems are in place for preventing and responding to abuse by peace-keepers or camp staff, including efforts to shift attitudes towards the sexual exploitation of children, establishing and publicising reporting systems, and protecting those who report crimes against humanitarian workers.
- Efforts to demobilise and reintegrate child soldiers, with the definition of child soldiers encompassing children acting as cooks, porters or messengers, and girls recruited for sexual purposes and forced marriage.

⁶ These recommendations are taken from various guidelines for child protection in emergencies: Cskay 2008; Red Cross 2004; Save the Children 2009c and UN 2009.

Stopping spirals of deprivation and a lack of care and protection for the sustained achievement of the MDGs

In addition to improvements in children's care and protection helping in the achievement of the MDGs, it is also the case that achieving the MDGs will go a long way to keeping families together and reducing vulnerability to violence, abuse, neglect and exploitation. For example, there is strong evidence to suggest that:

■ **Reducing poverty will decrease vulnerability to child labour, institutionalisation, violence and abuse in the home, delinquency, and early marriage:**

Many children work for their own or family survival. Children in residential care often have families who could care for them but are too poor to do so (see EveryChild 2009a; Tolfree 2003). Although children in both richer and poorer households suffer from abuse and violence, poverty, low parental education, and overcrowding all make children more vulnerable (Pinheiro 2006). Girls may marry early to reduce the perceived economic burden on the household or to gain from the resources of richer and often older husbands (UNICEF 2006b). In many cases juvenile crime is committed as a means of getting an income, and the majority of children in the criminal justice system are from deprived communities (Save the Children 2004).

■ **Good quality education can protect children from exploitation, delinquency and early marriage:**

Education can provide an alternative to child labour, crime or to a life on the streets (ILO 2006; Retrak 2010). It can teach children skills and knowledge that can help protect them from violence or exploitation (Dotteridge 2006), and can

delay early marriage as it makes girls more 'valuable' to their families (Nour 2006).

■ **Reducing the spread of HIV and AIDS will have a major impact on children's care and protection:**

HIV and AIDS is a major factor responsible for the rise of the number of children without parental care globally. Largely due to this pandemic, the number of orphans in Sub-Saharan Africa has risen by more than 50% since 1990 (UNICEF et al 2006). Whilst some children who lose parental care as a result of HIV or AIDS are well-cared for and protected by extended family members, as argued above, many face poverty, discrimination and neglect.

Currently, the evidence presented in this report points towards a downward spiral, with poor care and protection preventing equitable progress against some MDG targets,⁷ and this lack of progress against the MDGs making it harder to make sustained improvements in children's care and protection. This downward spiral can only be reversed by ensuring that integrated child protection strategies are implemented which mainstream child protection and care concerns into poverty reduction, education, justice, and health policies.

▀▀ **You are rebuilding the schools and the roads and the bridges, but you are not rebuilding us and we suffered too much. What is done in Liberia is like constructing a house without cement. It can't hold for too long.** ▀▀

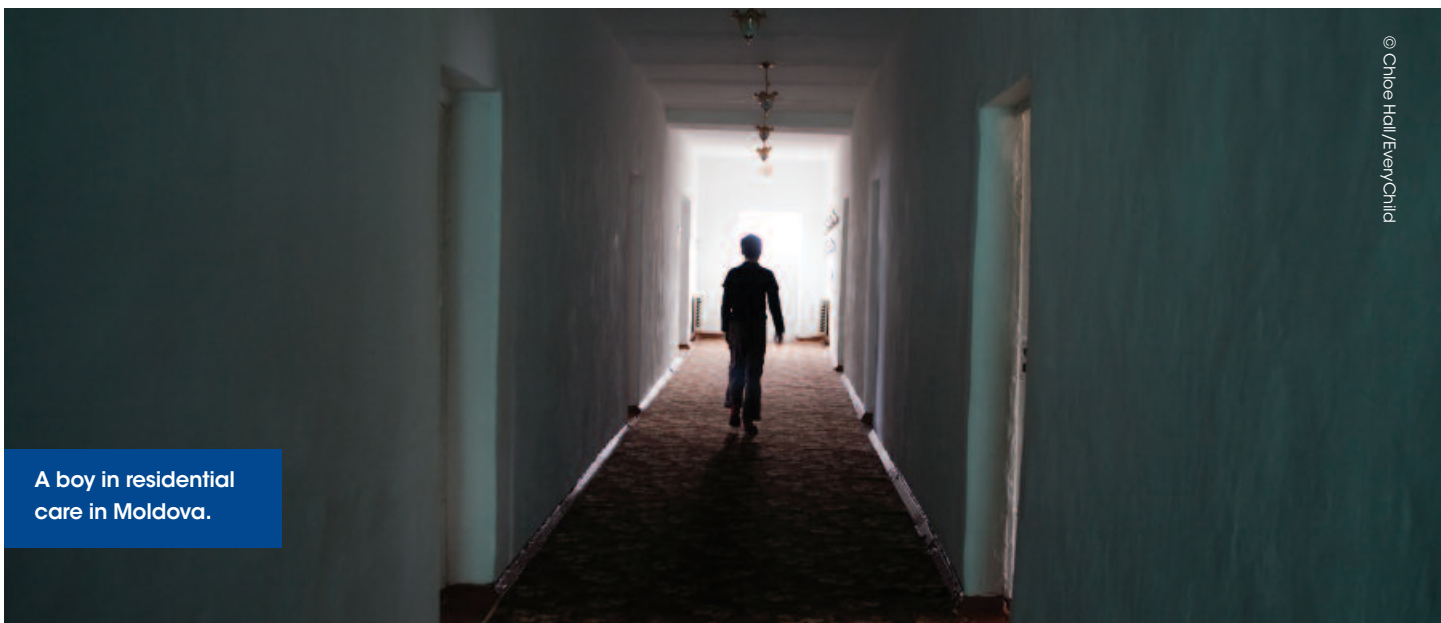
Quote from a young Liberian woman who, as a child, witnessed her father and brother killed, and is now engaged in commercial sex work in order to survive – cited in Plan and FHI 2009

⁷ According to the latest review of progress against the MDGs, there is cause for concern against several of the targets. Overall, extreme poverty has fallen, but this is largely due to improvements in China, and elsewhere in the world, numbers are rising. The number of hungry people was at its highest ever level in 2009. Whilst there have been dramatic improvements in primary school enrolment, concerns have been raised about retention and quality in schools, and gender equity, particularly at secondary level. Child mortality has fallen, but less rapid progress is being made in relation to infant mortality and at current rates, goals for reducing maternal mortality will not be achieved by 2015. HIV infection rates have fallen, and the number of people on antiretroviral drugs has risen. However, there is still inadequate testing of pregnant women, and rates of HIV and AIDS remain extremely high in Sub-Saharan Africa (UN 2010).

3 Child protection and care and monitoring the equitable achievement of the MDGs

As an important step to ensuring that the lack of attention to children’s protection and care in strategies to achieve the MDGs is addressed, it is essential that the monitoring of the current goals considers impacts on boys and girls without adequate care and protection. Currently, calls are being made for monitoring equity in the achievement of the MDGs to ensure that all groups in society benefit from gains in areas such as poverty alleviation, education, gender equity or health. Given the stigma and discrimination faced by many girls and boys without adequate care and protection, it is essential that efforts are made to assess whether groups such as children living on the streets, in prison or institutions, and with employers or husbands, are reached by current initiatives aimed at achieving the MDGs.

In measuring outcomes for such groups, it will first be necessary to more systematically monitor the different care and living arrangements of children, and levels of abuse and exploitation faced. Currently, national and international level statistics only inconsistently assess key factors such as the number of children without parental care experiencing sexual abuse, facing neglect, or living on the streets. Whilst it is certainly challenging to measure these factors, it is by no means impossible. Only through more accurate indications of the scale of the problems faced will it be possible to reduce the invisibility of many groups of children without adequate care or protection.



A boy in residential care in Moldova.

© Chloe Hall/EveryChild

Policy recommendations

DFID and other agencies committed to enhancing equity in the achievement of the MDGs must:

- Ensure that the development of equity indicators to assess whether or not the MDGs are benefiting all sections of society includes indicators on impacts on children outside of parental care and/or facing situations of abuse or exploitation.

Box 9 provides examples of indicators that could be used to assess whether or not adequate steps are being taken to ensure that future efforts to achieve the MDGs reach children in need of adequate care and protection:

9: Examples of equity indicators for measuring progress against the MDGs in relation to children without adequate care and protection

MDG 1:

- Disaggregate national poverty levels according to living situation of the child.⁸
- Number of social protection schemes that monitor implications on children's care and protection.

MDG 2 and 3:

- Disaggregate school enrolment and achievement figures by the living situation of the child.
- Reported incidence of violence in school as a factor preventing enrolment or achievement.

MDG 4:

- Disaggregate infant mortality figures by living situation of the child.
- Levels of life-threatening residential care for children under three.
- Reported incidence of child or infant deaths as a result of neglect or violence and abuse.

MDG 5:

- Percentage of all cases of maternal death that have occurred amongst girls who have married early.
- Reproductive health services explicitly targeted at young married girls, and at other vulnerable children, such as those living on the streets.

MDG 6:

- Child HIV prevalence rates disaggregated by living situation of the child.
- Adult HIV prevalence rates disaggregated by living situation during childhood.

⁸ Disaggregation according to the living situation of the child should at the very least include those in and outside of parental care, and should preferably include disaggregation by as many of the following categories as possible: in parental care, in parental care but identified as vulnerable to abuse or neglect, in extended family care, in institutions, in prison, on the streets, living with husbands, living with employers, or in child-only households.

4

Child protection and care and the post-MDG agenda

The time allocated to reach the MDGs comes to an end in 2015, and whilst it is clearly important to continue to focus efforts on achieving these important goals, it is also time to begin thinking about a framework to replace these influential commitments. Currently, the goals are inadequate for promoting greater attention on children's care and protection. The goals highlight children's rights to survival, education and health but no specific reference is made in either the goals, or the targets, to children's right to remain in parental care unless separation is in their best interests, or to their rights to be free from exploitation, abuse and neglect. This is despite the fact that both the UNCRC and the Millennium Declaration, which led to the development of the goals, promote the importance of these rights (see UNICEF 2006b).

This lack of attention to children's care and protection in the MDGs is a problem that needs to be urgently rectified as the violation of children's rights to care and protection is widespread and growing. As noted above, the number of children without parental care is on the increase, and recent figures suggest that progress in reducing child labour is slowing in the face of the global economic recession (ILO 2010). Those working on these important rights have long acknowledged that, in order to be successful, responses must be integrated, addressing a range of root causes, including poverty, lack of access to quality education, lack of justice for victims of violence and abuse, and inadequate systems of childcare and protection (see Box 10 for more details of integrated child protection systems). Currently, the MDGs only

touch on some of these issues, missing out the promotion of the crucial areas of childcare reform, juvenile justice, and community or state child protection structures.

Evidence from around the world suggests a massive under-investment in many of these areas, with government departments dealing with care and protection often amongst the least resourced. The Asian Development Bank estimates that just 4% of already low social protection budgets in East Asia are reserved for child protection. In India, only 0.035% of total union budget is spent on child protection (Harper and Jones 2008). Staff working on complex child protection issues are often small in number and not professionally trained. In Malawi, for example, there is only one degree level social work course available, and only a third of the of the Department for Child Development's professional staff allocation is filled, averaging out at just over three professional staff per district (Parry-Williams 2007).

By failing to make any specific reference to children's rights to care and protection, the current goals also fail to encourage policy-makers to consider ramifications for child protection in the ways that the goals are achieved. As is repeatedly demonstrated above, this failure at best leads to strategies which do not promote children's protection and care, and at worst makes boys and girls more vulnerable to family separation, exploitation, violence, abuse and neglect.

10: What is an integrated child protection system?

In the past, agency and government actions on child protection have tended towards an issue by issue approach which develops separate strategies for each area of concern. The inefficiency of such approaches, and their inability to effectively target common root causes of a lack adequate care and protection, has led to calls for the development of integrated child protection systems (see UNICEF 2008a; Save the Children 2009d). The specific nature of such systems vary from country-to-country, and must always take into account the norms of the country in which the system is being developed. Components often include:

- A focus on prevention alongside efforts to protect children whose rights to protection and care have already been violated. This includes a consideration of root causes of a lack of adequate care and protection such as poverty, a lack of family support systems, and a lack of access to good quality education.
- Efforts to keep children with parents, or in family-based care where this is not possible, and to limit the use of residential care.
- A robust legislative and policy framework aimed at protecting children and keeping families together.
- Strengthening of social protection and welfare systems to support parents to fulfil their responsibilities, and support to community-based child protection mechanisms.
- Changes to social protection to ensure the integration of child protection and care concerns.
- Recognition that special measures may be needed for especially vulnerable and hard-to-reach groups, such as those living and working on the streets.
- A strong element of child participation in all aspects of decision-making about their lives or the systems and structures that concern them, and recognition of the evolving capacities of children in the design of interventions.
- An emphasis on a multi-sector/ agency approach and on co-ordination and collaboration. This includes a recognition of both state responsibility to fulfil children's protection rights and the valuable role played by civil society.
- A consideration of both emergency and non-emergency situations.

Policy recommendations

The inclusion of child protection and care in a post-MDG framework would bring increased investment and attention to this neglected area. It is therefore essential to:

- Ensure that the post-MDG framework includes specific goals and targets on children's protection and care, for example by measuring reductions in numbers

without parental care, in residential care, in detention, in harmful child labour, living and working on the streets, or experiencing violence, abuse or neglect in homes and schools.

5

Conclusion and policy recommendations

This report clearly shows that the widespread abuse of children's rights to care and protection is hindering progress against several of the MDGs. Parental neglect and a loss of parental care enhance risks of poverty and hunger. Young married girls, children in extended family care, prison or work often miss out on school, and violence and abuse in and outside of school frequently prevents children from getting an education. Child mortality will continue to disproportionately affect girls unless their routine neglect in some cultures is challenged, and the widespread institutionalisation of children will continue to make millions of young children more vulnerable to an early death. The high prevalence of early marriage and child sexual abuse, particularly amongst children without parental care, increases risks of HIV infection and early pregnancy.

Policy-makers are not doing enough to respond to these problems. There is massive under-investment in child protection and care services, and harmful residential care continues to be widely used. Social protection programmes often either fail to reach vulnerable groups, or actually encourage family separation or child labour. Education planners do not routinely consider the needs of children outside of parental care in their efforts to make systems more inclusive, and more needs to be done to address violence in schools. Children most in need of reproductive health services are often not targeted or excluded. In emergency settings, when children are most vulnerable to an abuse of their protective rights, humanitarian responses continue to pay insufficient attention to these issues. These findings point towards four key policy recommendations:

In working to achieve the MDGs by 2015:

- DFID and other agencies engaged in monitoring the MDGs must ensure that the development of equity indicators includes indicators on impacts on children outside of parental care and/or facing situations of abuse or exploitation.
- DFID, the EU and other donors, and national governments must invest more in appropriate, integrated child protection systems which adhere to the UN Guidelines on the Alternative Care of Children.
- DFID, the EU and other donors, and national governments must mainstream child protection and care into humanitarian relief, and sector level plans on social protection, education, health and justice.

In developing a post-MDG framework, it is essential to:

- Ensure that this framework includes specific goals and targets on children's protection and care.

As these policy recommendations demonstrate, children's protection and care is not just of concern for those with a narrow child protection remit; the abuse of these rights should also cause alarm for others working in international development. Only through greater investments and co-ordinated actions by child protection, health, education, justice and social protection specialists will it be possible to stop the abuse of these rights from preventing the achievement of the MDGs, and ensure that all children grow up cared for, and protected from violence, abuse, exploitation and neglect.

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