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A child-focused
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Ethiopian Sustainable
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Preface

This paper is one of a series of Young Lives Project working papers, an innovative longitudinal study of childhood poverty in Ethiopia, India (Andhra Pradesh State), Peru and Vietnam. Between 2002 and 2015, some 2,000 children in each country are being tracked and surveyed at 3–4 year intervals from when they are 1 until 14 years of age. In addition, 1,000 older children in each country are being followed from when they are aged 8 years.

Young Lives is a joint research and policy initiative co-ordinated by an academic consortium and Save the Children UK, incorporating both inter-disciplinary and North-South collaboration. In Ethiopia the research component of the project is housed under the Ethiopian Development Research Institute, while the policy monitoring, engagement and advocacy components are led by Save the Children UK, Ethiopia.

Young Lives seeks to:

- produce long-term data on children and poverty in the four research countries
- draw on this data to develop a nuanced and comparative understanding of childhood poverty dynamics to inform national policy agendas
- trace associations between key macro policy trends and child outcomes and use these findings as a basis to advocate for policy choices at macro and meso levels that facilitate the reduction of childhood poverty
- actively engage with ongoing work on poverty alleviation and reduction, involving stakeholders who may use or be impacted by the research throughout the research design, data collection and analyses, and dissemination stages
- foster public concern about, and encourage political motivation to act on, childhood poverty issues through its advocacy and media work at both national and international levels.

In Ethiopia, the project has received financial support from the UK Department for International Development and the Canadian International Development Research Centre. This support is gratefully acknowledged.

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Abstract

The purpose of this paper is to assess how the needs of children are incorporated into Ethiopia's Poverty Reduction Strategy Paper (PRSP)—known as the Ethiopian Sustainable Development and Poverty Reduction Programme 2002-2005 (SDRDP)—and to develop policy recommendations for the second PRSP based on a comparative content analysis with other countries' PRSPs. The paper begins by identifying the key ingredients of a child-centred PRSP, including: consideration of childhood poverty in the document's poverty analysis; spaces for consultation with children; child-specific policies and programmes as well as child-sensitive macro-development policies; institutionalized mechanisms to coordinate these policy approaches and the inclusion of child-related progress indicators. The second section uses a content analysis methodology to consider the extent to which the Ethiopian PRSP is pro-poor and pro-child and contrasts this to more child-sensitive approaches in other PRSPs. The paper then analyses the SDPRP's policies, programmes and indicators using a rights-based framework. It assesses the extent to which both the direct (child-specific policy commitments) and indirect (macro-development) policies are in keeping with the United Nations Convention on the Rights of the Child (UNCRC) principles of child survival, development, protection, equal treatment and participation. The paper concludes by drawing on the best practices of PRSPs in other countries and outlining how a child-focused PRSP could more effectively address the multi-dimensionality of childhood poverty in Ethiopia.

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I. Introduction

Although children living in poverty are profoundly affected by development and poverty reduction policies, their rights are often neglected in mainstream policy and budgetary frameworks. Children's well-being tends to be viewed narrowly as being impacted only by specified child-targeted programmes, rather than being seen in relation to broader macro-economic and social sector development policies. This is true of the Poverty Reduction Strategy Papers (PRSPs) adopted by many developing countries since the late 1990s.

Because childhood poverty is connected to family and community poverty, it is naively assumed that policies which improve the livelihoods and well-being of poor communities will therefore enable communities and households to meet children's survival, development and protection needs, and guarantee children's rights. This perspective overlooks the potentially differential impact of economic growth and poverty reduction policies *within* the household.¹ A growing body of literature has highlighted the way that economic development policies may translate into different outcomes for women and men, adults and children (e.g. Kabeer, 2003; Mehrotra and Jolly, 1998). For example, broader development policies aimed at improving economic well-being – such as labour-intensive income-generation strategies – may undermine child well-being by raising the demand for child labour (Harper, 2004) or may increase women's work burden. In the absence of alternative childcare services and measures to reduce the domestic reproductive burden, drawing women into the paid workforce could have a negative knock-on impact on childcare for younger children, and impose additional household labour demands on older children.

Children necessitate a special focus because they comprise a large share of the population, and have distinct developmental needs and experiences of poverty. The literature on the inter-generational transmission of poverty suggests that tackling childhood poverty has significant longer-term consequences. Children born into poverty are both more likely to become impoverished adults, and in turn, to pass on their poverty status to their children (Harper *et al*, 2003, Harper, 2004). Moreover, in keeping with a growing recognition of the multi-dimensionality of poverty, addressing one aspect of childhood poverty without addressing other aspects is unlikely to lift children out of poverty. Accordingly, a comprehensive analytical framework is required in the analysis of children, rather than a piecemeal approach whereby children are linked to individual sector policies such as education or HIV/AIDS.

The purpose of this paper is to assess how the needs of children are incorporated in Ethiopia's PRSP – the Ethiopian Sustainable Development and Poverty Reduction Program 2002–05 (SDRDP)² – and to develop policy recommendations for the second PRSP, based on a comparative content analysis with other countries' PRSPs. The paper begins with a brief discussion of analytical approaches to assessing PRSPs from a child-centred perspective. The following section focuses on the SDPRP's poverty analysis and uses a content analysis methodology to consider the extent to which the document is pro-poor and pro-children. A comparison with other PRSPs suggests that Ethiopia's SDPRP's basic needs approach could be significantly enhanced by learning from the more holistic frameworks adopted by countries such as Vietnam, Kyrgyzstan, Honduras and Guinea. The paper then analyses the SDPRP's policies, programmes and indicators using a rights-based framework. It assesses the extent to which

1 As is discussed further below, the impacts of economic development strategies are also felt outside the household – such as austerity measures which may relate to reduced public expenditure on education or health services (e.g. Ansell, 2005).

2 <http://www.imf.org/external/np/prsp/2002/eth/01/>

both the direct (child-specific policy commitments) and indirect (macro-development) policies are in keeping with the United Nations Convention on the Rights of the Child (UNCRC) principles of child survival, development, protection, equal treatment and participation.³ More specifically, this section discusses the child-focused components of the Education Sector Development Program (ESDP) and the Health Sector Development Program (HSDP),⁴ food security/nutrition policies, and social and physical protection measures. The following section discusses the consultation process that underpinned the development of the SDPRP, and suggests that children need to be more substantively involved in order to meet the UNCRC's emphasis on children's rights to participate in community decisions that affect their lives. The paper concludes by drawing on the best practices of PRSPs in other countries and outlining how a child-focused PRSP could more effectively address the multi-dimensionality of childhood poverty in Ethiopia.

3 www.unicef.org/crc/crc.htm. Ethiopia ratified the Convention in 1991.

4 Please note that the education and health sections of the PRSP represent a less detailed version of the ESDP and HSDP and do not incorporate new policy goals or targets.

2. Children and national poverty reduction strategies

The UN Committee on the Rights of the Child urged, in 2003, that:

“As the central, country-led strategy for achieving the Millennium Development Goals, PRSPs must include a strong focus on the rights of the child. The Committee urges governments, donors and civil society to ensure that children are a prominent priority in the development of PRSPs...[PRSPs] should reflect child rights principles, with a holistic, child-centred approach recognizing children as holders of rights and the incorporation of development goals and objectives which are relevant to children” (UNCRC 2003, General Comment no. 5)⁵.

In keeping with this call for PRSPs to serve as a policy instrument to eliminate childhood poverty, Marcus *et al's* (2002) child-focused evaluation of interim and final PRSPs provides the ingredients for a comprehensive analytical framework. It highlights the need to assess not only the child-specific commitments of any national poverty strategy, but also the way in which children are integrated into the poverty analysis, the implications of macro-economic policies for social policy expenditures, the indicators used to monitor progress in reducing child poverty, and the involvement of children and children's rights advocates in shaping the PRSP document. Drawing on their analysis, the following questions serve as a useful checklist for assessing the extent to which children are incorporated into poverty reduction strategies.

Conceptualising poverty

- What rationale is given for including children in the PRSP (e.g. rights discourses, the danger of life-cycle or inter-generational poverty transfers, investment in human capital development, vulnerability and need of protection)?
- To what extent are children included in the poverty analysis underpinning the policy and programme strategies? Have the needs of different groups of children been taken into consideration?

Policies, programmes and indicators

- What child-focused policies and programmes are outlined? How specific are they? To what extent do they span the four key broad areas of rights outlined in the UNCRC?
- What types of child-sensitive indicators are incorporated that will be monitored during annual progress reporting?
- Do they involve the creation of institutionalised mechanisms to co-ordinate child-related policy issues and legal infrastructure reforms?
- To what extent are the macro-economic/development policies underpinning the poverty reduction strategy pro-poor and pro-children?
 - a) Are the differential impacts of development policies on specific groups of the population considered or just aggregate household impacts?

⁵ Committee on the Rights of the Child, 34th Session, 19 September - 3 October 2003.

- b) Is there specific attention paid to policies to address the needs of the poorest?
- c) Has fiscal tightness hampered commitments to social sector investments?
- d) Are there social protection policies and, if so, who do they target?

Participation

- Were there spaces/opportunities for children to participate in the PRSP consultation process?

The remainder of the paper uses this framework to evaluate the first Ethiopia Poverty Reduction Strategy. The SPRDP is a national planning framework to articulate a broad-based national strategy to refocus activities and resources towards reducing the level of poverty. It synthesises existing sector development programmes, while providing a framework to organise donor-recipient relationships.

2.1 Conceptualising childhood poverty in the SDPRP

Understanding the way in which childhood poverty is conceptualised by the framers of poverty reduction strategies is of key importance, as it determines the type of policy strategies adopted and related resource allocations (Marcus *et al*, 2002). For example, do they adopt a ‘trickle-down’ approach – that is, manifestations of childhood poverty will be best tackled by strategies to address aggregate household poverty – rather than a more targeted approach? Or are children viewed as an investment in the development of future human capital, and thus children’s needs are conceptualised primarily in terms of education and health, and perhaps in terms of breaking inter-generational transmissions of poverty? Alternatively, are children integrated into a broader rights-based approach to poverty, and thus measures to address children’s material/physical well-being balanced by policy strategies to address issues of protection from abuse, exploitation, discrimination and social exclusion?

In the Ethiopian case, we conducted a content analysis of the SDPRP document in order to understand how often, and in which contexts, children and their families were explicitly incorporated (see Table 1 below). The methodology entailed counting not only the number of times children are mentioned (to proxy the relative weight accorded to the issue of childhood poverty) but also the range of policy areas in which children are considered, in order to assess how comprehensive the approach is to tackling childhood poverty. The results show that overall the word ‘child(ren)’ was mentioned 59 times within a 225 page document. This is relatively high compared to the elderly (who were mentioned only five times) and disabled/’handicapped’ people (nine times), but low compared to ‘women’/’gender’ (153 times) and ‘pastoral/ists’ (66 times).⁶

Children were mentioned primarily in relation to malnutrition, child mortality and morbidity (and hence the importance of health service provision) and education (enrolment, girls’ education). Youth/young people were mentioned in the context of educational opportunities and HIV/AIDS awareness. The dominant discourse underlying these sections is that of investing in human capital to produce productive citizens and meeting the Millennium Development Goals (MDGs). The inclusion of these indicators clearly constitutes a positive recognition of the needs of Ethiopian children; as UNICEF argues, six of the eight MDGs cannot be met without addressing children’s rights.

The SDPRP also refers to the need to protect particular groups of vulnerable children: orphans and street children, as well as victims of sexual violence and harmful traditional practices such as female genital mutilation. Nevertheless, the concern with dimensions of poverty related to exclusion,

6 The greater focus on pastoralists is noteworthy, given that they represent a small percentage of the overall population compared to children, who account for more than half of the population (see footnote 6).

exploitation and discrimination is relatively narrow. As will be discussed further below, issues such as domestic and school violence, juvenile justice, harmful child labour practices and children's right to have a voice in their communities are omitted. Yet as White *et al* (2003) argue, children's protection from abuse, and their rights to psychological well-being and development, are as relevant in the developing world as in the developed world.

Similarly, although there is a commendable level of attention to differences between girls and boys and the particular needs of orphans and street children, there is inadequate attention to the varied needs of different children. The diverse experiences of poverty of rural and urban children, children with disabilities, child-headed households, children from different regions/ethnic groups, adolescent mothers, children of different ages, and children in conflict with the law or in penal institutions are omitted. Policy initiatives thus tend to be 'one-size-fits-all', with few specific measures to ensure they are tailored to meet the differential needs of children, who constitute 53.6 per cent of the national population (UNICEF, 2004).⁷ For instance, if we take the example of the education sector, while the introduction of non-formal education might allow working children an opportunity to attain at least a basic level of education, there are no explicit considerations of how these programmes might be adapted to meet disabled children's differential needs. Nor is there understanding of the working pressures facing girls and boys, and children of different ages, or the particular challenges to accessing education which confront the growing number of child-headed households and adolescent mothers.

More fundamentally, the SDPRP lacks any specific discussion of children as a group with distinct rights, and as a result there is no overarching rationale provided for the range of policies and programmes that impact children. Because of this absence of a clear analytical framework for analysing childhood poverty, the strategy's approach is narrowly sectoral and does not consider sequencing and synergies between sectoral policies (e.g. health and education, agricultural development and education). This weakness is, in turn, further exacerbated by an omission of any discussion of institutional mechanisms to address children's issues – such as state agencies to co-ordinate child-sensitive policy initiatives and monitor related budgets, or legislative reforms to help translate international commitments to the UNCRC into administrative practice. Although a Department of Children exists within the Ministry of Labour and Social Affairs, the SDPRP 2002–05 does not provide any explicit mention of a co-ordinating role for it in tackling childhood poverty. This paper will return to these issues later.

7 53.6 per cent of the population are under the age of 18, and 45.7 per cent of the population are under the age of 15 (Human Development Report 2004: 9).

Table 1: Content analysis of frequency and context in which children and their families are mentioned in the Ethiopian SDPRP

Category/ term	Word frequency (out of a document of 225 pages)
<i>Child(ren)</i>	
Vulnerable social group; food poverty: wasting/ stunting/ malnutrition; education; dependency ratio; family health services	59
Infants (mortality and morbidity)	9
Out-of-school children	6
Street children	6
Orphans (1 cash transfer)	5
Childcare	1
Violence (against women impacting on children)	1
Rights (of women and children in terms of freedom from violence)	1
Girls (education, fetching water, harmful traditional practices)	24
Boys	12
Daughters (education)	3
<i>Youth</i>	22
Young people	1
Adolescents	2
HIV/AIDS education and condom distribution for out-of-school youth and street adolescents	2
<i>Family</i>	23
Parents	3
Family planning	4
Fathers	0
<i>Women</i>	88
Mothers (importance in terms of education, especially daughters; childcare; literacy and new knowledge)	8
Pregnant	3
Male/female head (headed-households)	22
Maternal	6
Gender	65

Comparative content analyses carried out for other countries' PRSPs suggest that there is considerable scope for improvement in Ethiopia, both in terms of the relative weighting attached to addressing childhood poverty and the comprehensiveness of the strategies employed. As seen in Table 2, the word count ranged from 27 in the case of Uganda, to 211 in the case of Kyrgyzstan, with a median score of 119, suggesting that the Ethiopian PRSP has a relatively weak and narrow focus on childhood

poverty (see Appendix for these comparative tables). Although word counts can only be viewed as a heuristic device, an analysis of nine other PRSPs⁸ found that documents which mentioned children more frequently had a more comprehensive strategy for child-sensitive poverty reduction. That is, high scorers Kyrgyzstan, Honduras and Guinea all encompass policy strategies that address the four key principles of the UNCRC – the rights to survival, development, protection and participation. Moreover, in the cases of Kyrgyzstan, Honduras and Vietnam, there is explicit recognition of childhood poverty as distinct from general household-level poverty, as well as the need for active intervention in childhood in order to break life-cycle and inter-generational transmissions of poverty.

Table 2: Summary of child content in ten PRSPs

Country	Frequency of the word 'child(ren)'	Inclusion of different categories of children’s rights in the PRSP			
		Survival	Development	Protection	Participation
Uganda	27	✓	✓	✗	✗
Yemen	53	✓	✓	✗	✗
Kenya	56	✓	✓	✗	✗
Ethiopia	59	✓	✓	✗	✗
Sri Lanka	112	✓	✓	✗	✗
Vietnam	119	✓	✓	✓	✗
Guinea	141	✓	✓	✓	✓
Honduras	151	✓	✓	✓	✓
Cambodia	181	✓	✓	✓	✓
Kyrgyzstan	211	✓	✓	✓	✓

2.2 Policies, programmes and indicators

2.2.1 Indirect impacts of macro-economic/development policies

Analysts are increasingly paying attention to the ways in which children are affected by broader development processes (e.g. Ansell, 2005; Harper *et al*, 2003). While development theories such as modernisation or dependency theory have ignored children in their frameworks, the impact of macro-development and poverty reduction policies may have a major influence on the lives of children and their families; and are perhaps more influential than policies with more direct visible impacts, such as education or health. These indirect effects may be related to:

- inadequate budget allocations to meet specified policy targets, resulting from pressures for fiscal tightness from international financial institutions and inadequate donor support; and/or
- the potentially contradictory impacts of macro-development policies on child well-being, such as labour-intensive development strategies that demand greater involvement of children in work activities, or development initiatives that target women’s greater participation in the paid labour force, but which indirectly lead to reduced care time for children and/or greater pressures on children to shoulder domestic responsibilities.

8 These countries were chosen based on their economic and geographical diversity. It should be noted that these PRSPs provided statements of policy intent and do not reflect an assessment of policy implementation or impacts.

The following section discusses the macro-development pillars of the SDPRP and their indirect impacts on childhood poverty.

2.2.1.1 Budgetary allocations and targets

Projecting average annual GDP growth of seven per cent for 2002–05, the SDPRP goal was to reduce the poverty head count by ten per cent. Initial estimates put total expenditure at 52.4 billion Birr (equivalent to \$6.3bn), but this figure had to be scaled down by 30 per cent to 37.3bn Birr, due to the improbability of securing adequate resources to meet the strategy's requirements (SDPRP, 2002: 148).⁹ Budget allocations to key pro-poor sectors, as a percentage of total government expenditure were: education 31 per cent, roads 27 per cent and agriculture 18 per cent. Shares for the health and water sectors were 13 and ten per cent respectively. It was estimated that expenditure for poverty-oriented sectors (agriculture, education, health, water and roads) would increase from 16 per cent of GDP in 2001–02, to 18.4 per cent in 2002–03, and to 19.9 per cent by 2004–05.

However, it is important to note that the SDPRP budget forecast was based on assumptions about GDP growth, donor pledges, debt relief and community contributions, and was thus subject to considerable uncertainty on a year-to-year basis. For instance, when donors suspended aid in response to the Ethiopian-Eritrea war, there were major budgetary shortfalls in development programmes. Community contributions are also likely to fluctuate significantly due to economic and natural/environmental shocks. Therefore, it is important to examine whether the projected growth rates are capable of bringing about basic changes, in the context of rapid population increase and extreme poverty.

Unfortunately, however, the international financial institutions prioritise fiscal tightness over achieving SDPRP and MDG targets. As Jeffrey Sachs, special adviser to UN Secretary General Kofi Annan and head of the UN Millennium Project, has pointed out:

"I don't think [the SDPRP] yet reaches the scale of ambition that it needs to reach; right now development assistance is about \$1bn a year. I think a country like Ethiopia needs probably something in the order of \$5bn a year to have a real go at things. A vast increase of investment in primary health, education, water in the countryside is needed" (28 July, 2003)¹⁰.

Indeed, the World Bank and International Monetary Fund (IMF) Joint Staff Assessment Report suggested adjusting the SDPRP targets, as the estimated costs of fulfilling the SDPRP goals are substantially higher than the projected budget allocations (World Bank, 2004a). However, adequate resources are imperative if children's rights are to be met and inroads made into reducing childhood poverty. The World Health Organisation has noted that, in order to meet basic disease prevention and health needs, an annual per capita expenditure of \$30–40 is required. Yet Ethiopia is devoting just \$1, and would need to allocate 133 per cent of its total government budget to meet the WHO threshold (Save the Children UK, 2004). Similarly, the Global Campaign for Education (2004) noted that, in order to cover the costs of universal primary education (UPE), approximately \$100 is needed per child per annum in low-income countries. Ethiopia's spending per pupil per year, however, is well below this target.

9 Moreover, budget allocations in the 2003/04 fiscal year at the federal level did not strictly follow the PRSP programme cost forecasts (Woldehanna, 2004: 51). This trend was similar at the regional level, largely because the PRSP did not set targets by region.

10 <http://www2.irc.nl/source/issue.php/194#p03>.

Table 3: Budgetary sectoral distribution

Sector	Main policy objective	Scenario type	Percentage ⁹ of total PRSP budget	Estimated budget allocation (billions of Birr)	Foreign assistance
Education	Achieve 65% gross enrolment ratio (GER) at primary level by 2005	High scenario	31%	15.1 (\$1.8bn)	40% of total education costs
		Low scenario	31%	11.8 (\$1.3bn)	
Roads	Develop sustainable level of essential road infrastructure in rural areas	High scenario	27%	13.8 (\$1.6bn)	
		Low scenario	27%	10.1 (\$1.2bn)	
Agriculture	Livestock development, natural resource management, training, food security for rain-deficit areas	High scenario	18%	9.9 (\$1.1bn)	
		Low scenario	18%		
Health	Improve access to services and disease prevention efforts	High scenario	13%	6.8 (\$0.7bn)	40% of total health costs
		Low scenario	13%	6.6 (\$0.7bn)	
Water resource development	Expand level of safe water supply	High scenario	10%	6.8 (\$0.7bn)	
		Low scenario	10%	3.9 (\$0.5bn)	
TOTAL				52.4 (\$6.1bn)	
				37.3 (\$4.3bn)	

2.2.1.2 Agricultural development-led industrialisation

Reflecting the fact that an estimated 84 per cent of Ethiopians live in rural areas, and four-fifths of the labour force is engaged in agriculture, the Agricultural Development-Led Industrialisation (ADLI) strategy aims to make agriculture internationally competitive. Growth in agricultural exports is expected to be a major pillar of Ethiopia's poverty reduction and development strategy:

“For agriculture to continue serving as an engine of growth in the coming years, through the domestic economy and international trade, there has to be progress in terms of commercialisation, with more intensive farming, increasing proportion of marketable output and correspondingly decreasing ratio of production for own consumption” (SDPRP, 2002: 38).

To justify the strategy, the Rural Development Policies, Strategies and Programmes policy document emphasises the scarcity of capital in the country, on the one hand, and the abundance of land and labour on the other. It therefore prioritises the use of human resources and land over capital investment (MoFED, 2003).

11 All percentages are rounded to whole numbers.

However, there are serious questions about the merits of this approach as there is a high degree of land fragmentation, and soil fertility is deteriorating. Given the reliance on traditional non-technological methods of agriculture, the assumption of plentiful labour is less sound than it may appear at first glance.

The labour-intensive agricultural development strategy has implications for child labour and child well-being. Reliance on a massive rural labour force for national development may lead to increasing demands for child labour and a perpetuation of reliance on large numbers of offspring to meet household labour needs. As we argue elsewhere (Woldehanna *et al*, 2005), the fact that young children of four or five years of age are already engaged in economic activities, suggests that ADLI's assumption about surplus of labour is not a reality in many parts of the country. In fact, there is often inadequate adult labour to meet household demands. Cockburn (2001: 12), for example, found that:

“Existing studies on schooling in rural Ethiopia suggest that the income opportunities provided by child work constitute a major, perhaps the principal, reason for low school enrolment”.

Indeed, according to the 2001 Ethiopian Central Statistics Authority's Child Labour Survey report,¹² over half of all children were involved in some form of work (52.1 per cent), often starting as young as five years of age. Working children, who are predominantly concentrated in rural areas, spend an average of 33 hours per week working – significantly longer than the maximum of 14 hours recommended by the International Labour Organisation – with 39 percent saying that their work was having a significant impact on their schooling. Although children's involvement in labour activities peaks during harvest season, it is not limited to these times, and large numbers of boys and girls are engaged in domestic and agricultural activities throughout the year (Woldehanna *et al*, 2005).

Another major concern is that ADLI may increase the participation of women in the rural labour force, and that in the absence of alternative childcare mechanisms this will have a negative impact on children, especially girls. Synthesising findings on the intra-household allocation of resources, Kabeer (2003) has argued that greater income in women's hands enables them to act on their general preference to invest in the education and nutrition of their children. By contrast, although not universal, she points out that there is growing empirical evidence that indicates a greater tendency for fathers to utilise income for their own needs – such as alcohol and cigarettes – and to support additional female partners and offspring. However, without additional community or governmental support, mothers' time spent on income-generation activities may result in a reduction in time devoted to the nutritional, health and educational needs of children. The trade-off between income and time depends, to a large extent, on the amount of income generated and the type and hours of work involved. If working hours are longer, the work is physically demanding, or the work place is far from the home, there may be a significant negative impact on the well-being of children (Glick, 2002). Moreover, mothers' caregiving responsibilities may be passed on to older siblings, especially girls:

“Numerous studies in the developing world [...] indicate that girls are kept out of school to care for younger siblings or to do other household work” (ibid: 16).

In Ethiopia, available evidence suggests that both scenarios can be found. Women engaged in petty trading often travel long distances to reach markets, and either return late in the evening or remain outside the house for several days (Carswell, 2000). However, those involved in household enterprises,

such as home-based food and alcohol production and retailing, spend more of their time within the household – circumstances which may expose their daughters to threats of sexual assault or lead to involvement in sex work, given the frequent associations between alcohol sales and the sale of sex. Women involved in off-farm activities, such as terracing or road construction, although usually employed in their home village, are often required to work long hours. This forces their children, especially daughters, to shoulder more of the domestic labour burden (Woldehanna *et al*, 2005). Given these mixed impacts, more research, monitoring and evaluation is required in order to develop appropriate policy responses.

2.2.2 Specific child-focused policy commitments

In addition to pro-poor macro-economic policies, tackling childhood poverty also necessitates child-focused policy commitments whereby concerns over access and efficiency of social services are balanced with attention to equity and quality. This next section begins with a detailed analysis of the child-focused policies and budget allocations of the education and health sector development programmes. It then turns to a discussion of nutrition and food security policies as well as physical and social protection measures. The latter section, however, is by necessity brief, given that the SDPRP pays relatively limited attention to these areas.

2.2.2.1 Education

The education policy strategies of the SDPRP are a condensed version of Phase 2 of the ESDP. Phase 1 of the Education Sector Development Program (ESDP) was launched in 1997–98 with the aim of ‘increasing access to education opportunities with enhanced equity, quality and relevance’, and Phase 2 matches the duration of the SDPRP, 2002–05. The ESDP emphasises the need to increase access to education, in particular for girls and rural children; to improve educational quality; to use local languages in school; and to make curricula relevant to local production and social life. The overall objectives are to: produce good citizens; achieve UPE by 2015; meet the demand for sufficient human resources; and build capacity within the education system. This represents a major challenge, as it is estimated that there are some seven million children out of school (the second largest number of children out of school in sub-Saharan Africa, after Nigeria) and the overall literacy rate is still only 29 per cent (DFID, 2004: 06).

ESDP targets and budget allocations

The programme targets for the EDSP II (2002–05) can be seen in Table 4.¹³ The actual budget available to finance the targets has been inadequate (Assefa, 2004). While the PRSP set a target of 3.9bn Birr for the education sector for 2003–04, the budget approved by parliament for the same year was just 1.3bn Birr; 35 per cent of the target total. The remaining 65 per cent was expected to be covered by the regions, where the amount represented an estimated 37 per cent of their total budget

13 The ESDP is a multi-year (20-year) programme divided into phases. The major goals of ESDP I for 1997–2002 were:

- expanding gross primary enrolment ratio from 30 to 50 per cent
- increasing girls’ share from 38 to 45 percent
- providing text books for each child
- reducing dropout and repeat years
- increasing spending to 19 per cent of government budget and 4.6 per cent of GDP.

Total education expenditure for 1997–2002 was 12.2bn Birr (\$1.5bn), of which 60 per cent was allocated to primary education. Secondary and tertiary education both took 11 per cent, and 1.3 per cent was allocated for adult and non-formal learning. In terms of expenditure type, 50 per cent of the budget was allocated for salaries, while shares for construction and equipment were 22 and 11 per cent respectively.

– an unrealistic amount, as regions struggle to cover 15–35 per cent of their total budget (*ibid*). Demographic pressures are so great that the primary school-age population is estimated to grow from 11 million in 2002 to 19 million by 2015. This suggests that the current budget expenditures and targets of the EDSP will be insufficient to realise the goal of UPE by 2015.

Table 4: EDSP II 2002–05

Programme target	Enrolment in 2000–01	Budget allocation	Per capita recurrent expenditure		Per capital recurrent + capital expenditure	
			Birr	\$		
65% GER primary school	57.4%	46.4%	13	1.5	24.2	2.8
16% GER first cycle secondary school	12.9%	6%	23.4	2.7	317.8	36.9
8% GER second cycle secondary school						
130,000 students in technical and vocational education/training	25,000	15.9%	n/a	n/a	n/a	n/a
Enrol 500,000 out-of-school children and 3.5 million youth/adults in non-formal basic primary education and literacy programmes	n/a	1.07%	n/a	n/a	n/a	n/a
Enrol 30,000 undergraduates and 6,000 postgraduates at the tertiary level	13,000 undergraduates and 6,000 postgraduates	22.9%	694.2	80.7	10,213.7	1,187.6

Educational access

Although the first phase of ESDP witnessed an extraordinary expansion in education (see Table 5) (MoFED, 2002b), the gross enrolment ratio does not accurately show progress toward achieving UPE because it does not distinguish between 7–14-year-old children who are in school in the appropriate grade for their age, and those who are not. While the national gross primary enrolment ratio in 1999–2000 was 58.9 per cent, the national net primary enrolment ratio – a measure of children who are the appropriate age to be in primary school – was just 33.8 per cent (28 per cent for rural children and 25.2 per cent for girls). In other words, the net primary enrolment ratio highlights the immense gap – exacerbated by demographic pressures – that must be narrowed in order to achieve UPE by 2015. Woldehanna (2004: 2) shows that the expansion of enrolment in primary education was simultaneously accompanied by an increased drop-out rate, which grew from 15.7 per cent in 1996–97 to 17.8 per cent in 2001–02. Problems of over-age children and drop-outs are often related to household poverty: child enrolment is delayed until costs are affordable, or children are withdrawn from schooling and their re-entry depends on household economic circumstances.

To meet the target of completing eight years of primary education by 2015 it will be necessary for all children to enrol in Grade 1 by 2007. This would entail enrolment of approximately 15 million children by 2007, six million more than are currently in primary school. This would require an increase of 70 per cent within three years, or more than 20 per cent growth annually. If we look however at the net enrolment ratio – which currently stands at 38 per cent or 5.3 million children – enrolment would have to be tripled to achieve the MDG targets. However, the actual annual growth in budget and targets is not more than ten per cent.

Table 5: Enrolment expansion over time and increase required to meet MDG goals

	Gross enrolment ratio	Annual percentage change	Number of students	Net enrolment ratio	Number of students	Percentage drop-outs
1996–97						15.7%
1997–98	35%	13.4%				
2001–02	57.4%					17.8%
2003–04	65%		9 million	38%	5.3 million	
2007 goals		Would necessitate 20%	15 million	Would necessitate 100%	15 million	

To achieve the required expansion of education it is evident that the ESDP budget allocations need to be revised. The current average cost of constructing a standard primary school – 500,000–650,000 Birr (\$58,000–75,000) – is daunting, considering the number that must be built to enable expansion of primary education. The government has allocated some 3.26bn Birr (\$384m) for teachers’ salaries and 1.22bn Birr for equipment for the same period. Given that educational quality is not necessarily linked to expensive buildings, more low-cost options are needed, relying on local skills, materials and labour. For example, in Ethiopia’s Somali region Save the Children UK has worked with local communities to construct 20 informal education centres at an average cost of 20,000 Birr – a third of the price of a standard primary school (Save the Children UK, 2004). While there are potential concerns about the durability of such schools, it is apparent they do not entail the same maintenance demands as formal schools and can be maintained using community labour and skills.

Educational equity

Concerning equity, the major challenge is to improve disparities among regions and to create equal educational opportunities for both girls and boys. Clearly, primary education in rural areas has expanded since the initiation of the ESDP. A 2002 government report claimed that rural primary enrolment was growing by 16.5 per cent, which was more than double that of the urban growth rate (MoFED, 2002b). However, regional disparities in enrolment are still wide: gross primary enrolment is 17 per cent in Afar, and 19 per cent in Somali (with just four per cent for girls), whereas the national average is 65 per cent. While there is a general policy commitment to improving educational access for primarily nomadic pastoralist communities, policy measures lack specificity and funds are not allocated.

Government reports show that the ESDP has reduced the gender gap in primary enrolment:

“The gender gap of 30.2 percentage points in favor of boys in 1996-1997 in GER for first cycle primary was brought down to 25.1 percentage points in 2000-2001. The gender gap for the whole primary school cycle (1-8) has remained constant at approximately 20 percentage points throughout the four-year period of implementation of ESDP I” (SDPRP, 2002: 89).

The ESDP also aims to further improve the ratio of girls to boys from 40.6 per cent in 2001 to 45 per cent by 2004–05 through measures to minimise barriers to girls’ education. These include revising the curriculum and teaching materials to remove gender-biased text and images, offering guidance and counselling services to female students, and initiating community-level campaigns to promote girls’ education. However, as with declared commitments to reduce regional disparities, the rhetoric has not been matched by specific policy measures and related budget allocations.

The low enrolment of girls is linked to their need to contribute to time-consuming household chores, such as fetching water from long distances and looking after younger siblings. It is also the result of perceptions that investments in girls’ education will be wasted when they leave home after marriage, fears about girls’ safety when travelling to distant schools, absence of gender-segregated school toilets, and the necessity to share textbooks with boys. The burden of household chores may also have a negative impact on girls’ school performance, possibly contributing to repetition and/or drop-out. Gender disaggregated data, however, is not yet available. According to Tietjen (1998), girls in rural Ethiopia work on average 14–16 hours a day, mainly engaged in household tasks such as fetching water, boiling coffee, preparing meals and winnowing and providing grains. Boys are more heavily involved in herding activities, daily wage labour and construction activities (Cockburn, 2002). Despite this awareness of the differential daily life patterns of girls and boys, the ESDP does not include integrated measures to tackle the problem of girls’ domestic workload. Yet it is clear that only with an integrated cross-sectoral approach to childhood poverty will these barriers to girls’ education be addressed in a sustainable manner.

Educational quality

The Ethiopian ESDP promised that expansion of primary education would simultaneously enhance quality. However the ESDP I mid-term review (2001) reported that while there has been progress in expanding the coverage, the quality of education has been deteriorating. According to an assessment made by the National Organisation of Examinations on Grade 4 students, the mean scores of basic competency tests in mathematics, English and environmental science were found to be 39.3 per cent, 40.5 per cent, and 48.3 per cent respectively (MOE, 2001); all below the standardised minimum test scores. An increase in the student-teacher ratio and the number of students per class, a shortage of textbooks, and the low morale of teachers have all contributed to the overall decline in primary education quality (IRIN, 2003). The student-teacher ratio increased from 42 at the beginning of the ESDP period to 60 at the end of the four-year review period – a 42 per cent increase. During the same period, the student-per-class ratio increased from 57.2 to 70, an overall increase of 22.4 per cent, and in excess of the goal of 60 students per class (MoFED, 2002b). Equally troubling, there was a decline in education expenditure per child from 181 Birr to 173 Birr between 1995 and 1999 (Admassie 2004: 89). Therefore, even for those children receiving an education (which in pastoralist communities

and “emerging regions” such as Afar, Somalia and Benshangul is very low), the quality is likely to be too low to make educational outcomes lasting and beneficial.

Relevance

The ESDP indicates that education should be relevant to local community contexts, use the local language as the main teaching medium, and ensure that educational content is relevant to local production and social life. It should aim to “*improve the problem-solving capacity of the students and to make them more productive members of the community who respect human rights and democratic values*” (SDPRP, 2002: 90). However, the implementation of these goals has been, at best, sketchy. While in regions such as Benshangul-Gumuz, primary enrolment has reached more than 80 per cent, the Benshangul National Regional State has not yet been able to change from using Amharic to the local language because the two major groups in the region speak different languages. This raises significant concerns about how these indigenous children are managing to learn, given that Amharic is not their mother tongue and community members are far from fluent in Amharic. Children from many ethnic groups in Southern Ethiopia face the same difficulty: schooling is only offered in the mother tongue of ten of the region’s 50 ethnic groups.¹⁴

The ESDP also stresses the need to link education with the everyday life of students in rural areas, aiming at creating a trained agriculture labour force able to modernise the agricultural sector. According to the Minister of Education (in a public debate about education policy in November 2004), the main objective of the eight years of primary education is to produce children who are not only literate but who have the productive skills to transform the agricultural economy. In rural areas, however, the motivating factors for parents to send their children to school may be contrary to government aims. The deteriorating condition of rural life, fragmentation of land, soil degradation and diminishing returns to agricultural production may not encourage parents to send their children to school, if the purpose of the school is to train children for agricultural occupations (Woldehanna *et al*, 2005).

2.2.2.2 Health

Most Ethiopian children have no access to healthcare services that could protect them against the most common childhood diseases. The situation is particularly grave for children under the age of five, who represent 40 per cent of the child population (WHO, 2002a). Confronted by this depressing health situation, the government launched the Health Sector Development Program (HSDP) in 1997–98, with a commitment to expanding the primary healthcare system so that all Ethiopians would have access to adequate care by 2018. The main thrust of the policy includes: disease prevention and health promotion (e.g. balanced diet, exercise, sanitary behaviour); providing an equitable and acceptable standard of healthcare for all segments of the population, within resource constraints; and promoting the participation of the private sector and NGOs in healthcare. The policy also states that “*special attention will be given to the health needs of children and for those at the forefront of productivity*” (HSDP, 1997). As defined in the health policy document, health development is considered as an essential component of social and economic development as well as an instrument of social justice and equity. To translate this new health policy into action, the first Health Sector Development Programme

14 In accordance with the ESDP’s commitment to relevance, children should be taught in their mother tongue for the first primary school cycle (i.e. Grades 1–4). From Grade 5, Amharic, the national language, is introduced as a classroom subject. However, it is also worth pointing out the need to balance children’s right to be taught in their mother tongue with the imperatives of the labour market over time. That is, in order to compete equally in the labour market, children will need to gain fluency in the national language, Amharic.

(HSDP I) was implemented from 1997–98 to 2001–02, and the second phase, Ministry of Health, 2002, was launched for the period 2002–05.

Objectives and targets

The PRSP document states that “*health is a priority in its own right, as well as a central input into economic development and poverty reduction*” (SDPRP, 2002: 100). However, considering the very low level coverage of health services to the population, even by sub-Saharan standards, the health sector needs greater resources and attention. The average distance from places of residence to the nearest health centre is 7.01 km. The health sector is chronically under-funded: per capita annual government health expenditure is a mere \$1 – the lowest in Africa, where the average is \$10 (WHO, 2002). Total expenditure on health as a percentage of GDP is less than four per cent. Per capita public expenditure on drug supply is 1.4 Birr (\$0.17), considerably below the WHO’s recommended standard (\$1). Meeting the WHO’s target of \$30–40 per capita would require the Ethiopian Government to spend up to 133 per cent of its total government budget on health (Save the Children UK, 2004). Worryingly, the health budget forecasts that 40 per cent of costs will be met by foreign aid (SDPRP, 2002: 106), making the expansion of health services precariously dependent on the availability of external assistance.

The core strategy of HSDP I was the expansion of preventive healthcare services, but with due emphasis to essential curative services as well. Priority was given to the expansion of essential health services for poor people and rural communities, through the introduction of health systems that could provide comprehensive and integrated community-level primary care services. HSDP II (Ministry of Health 2002) built on these objectives, but with an additional focus on implementing the new Health Extension Package. The Package was designed to promote preventive health action and increased health awareness through community/*kebele*-based¹⁵ health services, by targeting households, particularly women/mothers. Implementing Ministry of Health, 2002 was estimated to require 4.9bn Birr, which is 13 per cent of the total PRSP budget forecast. In terms of health components, 45 per cent of the projected budget was allocated to health service delivery and quality care, 20 per cent for health service expansion and rehabilitation, 19 per cent for pharmaceutical services, and three per cent for human resource development.

Accessibility and equity of services to children

The HSDP pledges to gradually expand health and nutrition services for mothers, children and youth at all levels of the health system (Ministry of Health, 2002: 29), and to place “*particular emphasis on the needs of under-served peoples and areas*” (Ministry of Health, 2002: 23). It recognises the importance of expanding health services in rural areas, promoting children’s and women’s health, and developing an appropriate health service strategy for nomadic pastoralists (Ministry of Health, 2002: 50). In reality, however, there are gross inequalities when it comes to regional distribution of healthcare services. For example, health service coverage varied, in 2001, from 30 per cent in Somalia and 43 per cent in Amhara, to 93 per cent in Addis Ababa and 114 per cent in Harari. Utilisation of the Enhanced Programme for Immunisation services in 2000–01 varied from nine per cent in Afar and 12 per cent in Somali, to 64 per cent in Addis Ababa and 79 per cent in Tigray (MTR, 2001). Similarly, in Afar only one per cent of children have received the third dose of anti-Diphtheria-Pertussis-Tetanus vaccination, compared to 80 per cent in Addis Ababa. Across the nation children from poorer households have

lower immunisation coverage. Around 17 per cent of children from the poorest quintile have had none of the childhood immunisations, compared to six per cent in the richest quintile, while children from the poorest quintile have a lower likelihood of having received vitamin A supplementation. Less than one per cent of the women in the poorest quintile have deliveries attended by a trained professional, compared to about 24 per cent of the women in the richest quintile (World Bank 2004a: 43).

In order to address these shortcomings, the Ministry of Health has devised what it calls a Health Extension System, which consists of a package of services to be delivered at the community level by a cadre of health workers. These frontline health workers are supposed to serve as a bridge between the community and health professionals, and provide practical advice on sanitation, nutrition and latrine construction, rather than simply waiting for people to seek out health services at clinics or hospitals. Drawing on the Chinese ‘barefoot doctor’ model, this approach has the additional advantage of being better able to gauge community concerns and problems and provide feedback to health providers. However, this is a very ambitious undertaking and is highly dependent on adequate budgetary allocations and provision of training for the frontline health workers. Moreover, the mid-term review and final evaluation of the HSDP revealed that, despite a formal commitment to health promotion and illness prevention, in reality health institutions focused more on curative health services. At the heart of the problem lies the fact that demand for the already under-resourced curative services is acute, making it difficult for the Ministry of Health to prioritise health service coverage when even minimal services are not in place.

Performance indicators

Although child-related health sub-components are included in health service delivery and quality care components – to which about half of the HSDP financial resources are allocated – it is not possible to identify from the HSDP document the exact amount allocated to specific child-related health activities. Moreover, there is significant variance between the allocated budget and actual expenditure. According to the mid-term review report, actual expenditure in 1998 and 1999 was less than 70 per cent of the projected financing, but this was partially attributable to the Ethiopian-Eritrean war (MTR, 2001: 21). The extent to which regional budgets were spent varied in 2000–01 from 26 per cent in Somali to slightly over 54 per cent in Afar and Tigray. In 2001–02 spending rates ranged from 30 per cent in Somali to over 92 per cent in Addis and Amhara.

The HSDP identified verifiable indicators to measure child health outcomes – the percentage of under-weight children, the extent of Enhanced Programme for Immunisation coverage, the proportion of deliveries attended by trained health personnel, and the numbers of trained integrated maternal and child immunisation health workers and antenatal care attendants. Other relevant indicators should be verified through routine reports, surveys, assessments and supervisory visits (HSDP 2002: 31). However, indicators for monitoring and evaluating improvements in service delivery, quality and financial performance and for assessing the impact, effectiveness and cost-effectiveness of HSDP components are still very limited. Regional joint steering committees are responsible for this monitoring. However, they have simply conducted desktop reviews and have not even been set up in Somali, Afar and Gambella regions (HSDP, 2001: 24).

UNICEF’s *The State of the World’s Children* 2002 reports that low-income countries such as Cuba, Costa Rica, Vietnam, Sri Lanka, Mauritius, Botswana and Zimbabwe have achieved higher than

expected levels of child welfare in view of their modest national wealth. They have successfully boosted their children's quality of life over the past 30 years because of sustained relatively high levels of investment in health and education, even during periods of economic crisis. The success of these low-income countries can serve as a model for countries, like Ethiopia, that are struggling to get to grips with preventable child deaths and ill health (Mehotra, 2004). However, investment in health alone will not be sufficient because gains made from the health programmes can easily be lost due to livelihoods failures. It is therefore essential to locate children's health issues within a holistic and cross-sectoral approach to poverty reduction, to increase access to potable water, education, agricultural development, and to provide cash transfers for vulnerable families. Indicators that reflect the impact of cross-sectoral programmes also need to be devised if progress is to be effectively monitored. For example, rather than only measuring the percentage of the population that has access to safe water, it is also important to measure change in the numbers of children suffering from diarrhoea or water-borne diseases.

2.2.2.3 Malnutrition

Although child malnutrition is mentioned repeatedly in the SDPRP, the document does not contain any specific nutrition policy strategy. Nor is there any single agency tasked with co-ordinating policy interventions that will contribute to a decline in child malnutrition. This is surprising, given the gravity of malnutrition indicators among Ethiopian children. With a 17 per cent under-five mortality rate in 2001 – of which an estimated 57 per cent is linked to severe and mild-to-moderate malnutrition – malnutrition constitutes one of Ethiopia's most important public health problems. National data from 1999–2000 found that wasting (acute malnutrition) and stunting (chronic malnutrition) in children aged 6–59 months were 9.6 and 56.7 per cent, respectively (MOFED, 2002a, 2002b). These figures are among the highest in the world, and are severe even by sub-Saharan African standards (World Bank, 2004b). The potential long-term consequences of this high prevalence of malnutrition cannot be underestimated: survivors of child malnutrition can suffer from impaired physical development and limited intellectual abilities, which in turn may diminish their working capacity during adulthood, with negative effects on economic growth. In addition, child malnutrition may also lead to higher levels of chronic illness and disability in adult life, and these may also have intergenerational effects as malnourished females are more likely to give birth to low-weight babies (Alderman *et al.*, 2004; Silva, 2005).

The SDPRP addresses child nutrition primarily through its food security strategy, combined with some general statements in the discussion of the Ministry of Health, 2002. However, it completely neglects the third prong of UNICEF's threefold model of tackling child malnutrition (UNICEF, 1998). That is, while it incorporates the need for adequate and nutritious food intake and access to primary healthcare to address common childhood illnesses (such as diarrhoea and respiratory infections, as well as immunisation against diseases such as measles), it omits the importance of maternal caring practices (including length of breastfeeding and weaning practices).

Objectives

The purpose of the SDPRP's food security strategy is to reduce aggregate food poverty which is defined as follows: *“Households and the people living in them are defined as food poor if the food expenditure per adult equivalent is less than the food poverty line”* (SDPRP, 2002: 64). The strategy seeks to address three dimensions of food security: adequacy of supply (production, reduction of post-harvest losses,

import levels), stability of supply, and access to supply (purchasing power, or income level and access to employment). The National Agricultural and Rural Development Strategies deal with both these supply and demand sides of the food equation, and aim to increase the availability of food through domestic production, ensuring food deficit households have access to food (through public works programmes and cash transfers in the case of vulnerable or non-able bodied groups), and to strengthen the country's emergency detection and response capacities.

However, although the document acknowledges that the problems of food poverty are reflected in a high incidence of stunting and wasting in children under five years of age, specific indicators relating to child malnutrition are not included in the SDPRP's performance indicators. Nor does the document make any attempt to address issues of intra-household distribution of income, resources or food. Yet given that a growing body of literature emphasises the importance of understanding context-specific intra-household dynamics (e.g. Haddad *et al.*, 1996; Altman and Lamontagne, 2004), this clearly constitutes an important oversight in the document.

The analysis of the linkages between child nutrition and health interventions is even more cursory. In the food security section it simply states that "*targeted interventions are also envisaged in areas of health and nutrition in rural areas*" (SDPRP, 2002: 67) without specifying what types of interventions might be necessary, nor the human resource or budgetary requirements for delivering such services. Similarly in the health sector section, malnutrition is merely listed as "*one of the common health problems, which affects a significant proportion of children*" (*ibid.*: 99). As discussed in the conclusion, clearly there is considerable scope for improving the incorporation of child malnutrition into Ethiopia's second PRSP.¹⁶

2.2.2.4 Protection

Attention to protection mechanisms for children – whether physical protection from violence or exploitation; legal protection from discrimination; or social protection to mitigate against the worst effects of vulnerability and exposure to shocks – is very thin and piecemeal in the SDPRP. The only mention of physical violence is indirect. In the section on strengthening legal systems, the document emphasises the need to develop legislation regarding violence against women, to guarantee women and their children the "*basic human rights of personal security and freedom from violence*" (SDPRP, 2002: 124). There is, however, no mention of protection from, for instance, exploitative or harmful forms of child work or from child trafficking, physical and sexual abuse, and no mention of protection within the justice system for minors.

Social protection measures for children are similarly accorded little emphasis. The only exceptions are cash transfers for orphans (among other vulnerable groups) as part of the food security programme, and a number of education and awareness programmes on HIV/AIDS prevention for children and youth, both within and outside the school system. Otherwise, there is a mention of the need to channel traditional forms of charity into programmes that will help vulnerable groups such as street children and orphans (*ibid.*: 126).

Not surprisingly, given the thinness of these measures, no specific budget allocations are discussed and there are no related performance indicators. Clearly then, the area of child protection is one that requires urgent attention in the second PRSP.

16 In 2005, UNICEF alongside the Ethiopian Ministry of Health, developed a National Strategy on Nutrition in an effort to address some of these co-ordination problems.

2.3 Consultation process and poverty analysis

In an effort to learn from the strong critiques of the top-down approach of the structural adjustment programmes of the late 1980s/early 1990s, public participation and consultation was introduced as a defining characteristic of the PRSP process initiated in the late 1990s/early 2000s. The World Bank/IMF developed new ‘ownership’ and ‘participation’ guidelines, stipulating that the PRSP should be owned and prepared by the national government in consultation with relevant stakeholders (Gomes, *et al* 2003). Although civil society has often had to push hard to ensure that this entitlement is realised, the principle has provided important opportunities for citizens to engage with and shape poverty reduction policies (e.g. O’Malley, 2004).

In the Ethiopian context, a key difference between the SDPRP and previous government policy frameworks was the integration of a series of consultation meetings at *woreda*,¹⁷ regional and federal levels during the preparation process. Although this public consultation was in part donor-driven, it nevertheless led to an unprecedented dialogue between government agencies and civil society groups about context-appropriate poverty reduction strategies.

An interim PRSP (I-PRSP) was prepared in November 2000 by the government. The final PRSP/SDPRP was finalised in August 2002, following consultations in 117 *woredas*, in which 6,000 people participated. These consultations focused mainly on the nature and causes of poverty; trends in poverty over the last five years; problems of service delivery; cultural and individual practices contributing to poverty; administrative and governance issues; and identification of priority areas and measures for poverty reduction strategies. Key findings were then fed into consultations held in each region in February 2002, which involved around 2,000 participants. Finally, federal level consultations in March 2002 were attended by 450 individuals, including government officials, regional bureau representatives, journalists, academics, religious leaders, donor agency representatives, NGOs, professional associations and private sector representatives (SDPRP, 2002: 29).

The core goals of the SDPRP which emerged were: to reduce poverty through economic growth, by focusing largely on the rural sector (where 84 per cent of the population reside): (UNICEF, 2004); and to address the needs of the poor through the allocation of greater resources to education, roads, agricultural extension, water and health. However, widespread manifestations of childhood poverty notwithstanding, concerns such as child labour and violence against children did not feature in the general debates on poverty reduction at local, regional or national levels. Drawing on O’Malley’s (2004) analysis of children’s participation in the PRSP process, we can hypothesise that such omissions can be attributed to several key factors:

- a general tendency to analyse poverty in terms of income, infrastructure and services, rather than in terms of exploitation, exclusion and rights
- the fact that children and young people were not invited to participate in the SDPRP consultation processes
- the low levels of awareness and concern about child well-being and child rights among officials and civil society organisations
- the limited engagement by child rights advocacy groups with the first PRSP consultation process.

17 *Woreda* (districts) are the lowest tier of the Ethiopian federal system and are responsible for a population of approximately 100,000. The *woreda* have their own elected councils and are responsible for the direct implementation of government policies.

Ethiopia has ratified the UNCRC, in which Article 12 states that:

“States parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child...”

Despite this, children are not mentioned in the Annex of the July 2002 ‘Ethiopia: Sustainable Development and Poverty Reduction Program’ – a document which summarises the views of the NGO PRSP Taskforce, an umbrella organisation co-ordinated by the Christian Relief Development Association. Children are only referred to tangentially as part of advocacy for the expansion of primary education, non-formal education, school HIV/AIDS awareness programmes, health and reproductive health education for girls, programmes for disadvantaged groups (such as street children and orphans) and investment in girls’ education.

Similarly, although the full version of the ‘NGOs Perspectives’ document included some recommendations on children and young people, they were poorly conceptualised, lacked systematic analysis and only addressed a narrow range of issues.¹⁸ Likewise, the report issued by the Poverty Action Network Ethiopia (PANE)¹⁹ assessing SDPRP implementation, contained a separate section on the gendered dimensions of SDPRP but no equivalent section on children. The PANE document²⁰ only mentioned children in relation to HIV/AIDS and school drop-outs. Groups such as the Forum for Social Studies, the Ethiopian Lawyers Association and the Ethiopian Women Affairs have urged the government to pay particular attention to gender equality in the PRSP document, but have not similarly emphasised the need to include children in a people-centred approach to poverty reduction. Clearly, both civil society and governmental actors need to be sensitised to the particular vulnerabilities faced by children and the significance of inter-generational transmissions of poverty. This is essential if SDPRP II is to develop child-sensitive progress indicators.

18 The issues included: a) early childcare development and pre-school education, b) health and education for children in nomadic areas and in difficult circumstances, c) youth skills training programmes, d) mobilising NGO and private sector funds to tackle issues related to street children and unemployed youth, and e) increasing capacity to carry out research on children’s issues.

19 When the Christian Relief Development Association PRSP Task Force was phased out after the first SDPRP had been developed, a group of NGOs (mostly local, but supported by international NGOs) formed PANE to continue monitoring the implementation of the programme and to engage, in an organised manner, in the SDPRP revision process.

20 See www.crdaethiopia.org/PolicyDocuments/PANE%20Recommendation%20on%20the%20SDPRP%20Second%20APR.pdf.

3. Conclusions and lessons from other PRSPs

In conclusion, Ethiopia's first PRSP did not have an explicit analytical framework and strategy for addressing childhood poverty. Instead it followed the core emphases of the MDG framework: primary education for all; improving gender equality; addressing aggregate household poverty, including food security and child malnutrition; and improving primary healthcare coverage (including reproductive healthcare) in order to reduce maternal and infant mortality. In terms of macro-economic policies, the Government of Ethiopia set aside almost one-fifth of the total government budget to cover pro-poor policy sectors – education, health, road infrastructure, agricultural development and water supply. In the name of human capital development, the education sector was allocated the highest share, but even this, when translated into per capita expenditure, is exceedingly low and much below internationally recommended minimums for low-income countries. The health sector – especially nutrition services – fared considerably worse.

While the explicit attention on MDGs and pro-poor sectors within the government's overarching poverty and development strategy is clearly an important advance for children, this paper has focused on two major weaknesses. First, it has highlighted shortcomings in the existing survival and basic needs approach, related policies (education, health, nutrition) and financing thereof. Second, by drawing on the best practices of PRSPs in other developing countries, it has drawn attention to the need for a more multi-dimensional understanding of childhood poverty, including attention to other core principles of the UNCRC, such as a child's right to protection from exploitation, social exclusion, discrimination and vulnerability, and the right to participate in family and community decisions that affect their lives. Such an approach would, in turn, necessitate a cross-sectoral policy approach to ensure optimal co-ordination of service delivery, as well as sequencing and synergies between policy interventions.²¹

The more successful integration of gender equality as a cross-cutting issue into the SDPRP offers some important lessons. Advocates of gender equality have been more successful than child rights activists in ensuring that the PRSP pays particular attention to the disadvantaged position of Ethiopian women in general and rural women in particular. The SDPRP explicitly states that:

“Gender inequalities are quite marked in Ethiopia. Women especially in rural areas carry a far heavier work load than men and through customary norms and culture are generally excluded from property. As a result, the causes and extent of poverty differ by gender” (SDPRP, 2002: 36).

It goes on to emphasise the importance of incorporating gender as a cross-cutting issue in poverty reduction strategies, pledging *“the inclusion of gender in any effort to alleviate poverty”* (SDPRP, 2002: viii).²² As a result, women's needs are mentioned in all the main policy sectors outlined in the SDPRP:

- rural development and agriculture: the right to access land and the need to design more gender-sensitive extension packages

21 See CHIP policy brief No. 4.

22 Although the PRSP elaborates the importance of gender sensitivity and equity, it fails to set out corresponding activities that could translate the policy promises into action. For example, in the road sector the PRSP pledges to expand low-cost rural roads to lessen the travel burden of rural women. Yet the lion's share (77 per cent) of the road sector budget was allocated to trunk roads, and the share allocated to the rural travel and transport sub-programme was about ten per cent. Neither did it include concrete projects that could alleviate women's labour burden in collecting fuel wood or reduce distances to water supplies and flour mills. While it is important to recognise the underprivileged condition of women, the recognition should be backed by explicit strategies and concrete projects, such as training and extension packages, priority credit provision and micro-business training for members of female-headed households.

- water services: involving women in the development and management of water projects and relieving them of the burden of fetching and carrying water
- health: ensuring that the design of health programmes is gender-sensitive, that women are well-represented among health extension workers, and that reproductive health issues are given adequate attention
- education: eliminating gender bias from the curriculum and education materials, and reaching targets for girls' universal education
- roads: improving rural roads and transport to improve women's access to markets.

It could be argued that the attempt to integrate gender throughout the PRSP has resulted in a more women-sensitive, rather than truly gender-sensitive, approach. For example, it does not extend to looking at ways in which boys may be disadvantaged in terms of nutritional status and their involvement in particular types of child labour. However, the relative success of gender mainstreaming suggests that children's rights advocates who seek to mainstream children into all poverty reduction policies – and not just in relation to health and education – need to develop more comprehensive analyses and constructive critiques of national development strategies. Engagement in broad awareness-raising initiatives and alliance building are necessary to ensure that children are not simply included as an afterthought.

3.1 Policy implications

In order for the SDPRP to provide a clear road map for Ethiopia to meet its commitments to the UNCRC, this paper makes the following recommendations for the development of Ethiopia's second PRSP.

3.1.1 Incorporation of children into PRSP poverty analysis

- Whereas the Ethiopian SDPRP addresses child-related issues within a paradigm of human capital investment and economic productivity, there is an urgent need for children and young people to be recognised as a priority vulnerable social group, whose rights are being violated as a result of poverty-induced deprivations. The Honduran and Ugandan PRSPs constitute good examples: the former recognises children as one of the social groups “*with a high incidence of poverty*” (Government of Honduras, 2001: 5), while the Ugandan PRSP explicitly recognises that “*all government policies [aimed at poverty eradication] should reflect the importance [...] of children's rights*” (Government of Uganda, 2000: 13).
- A specific focus on childhood poverty within the poverty analysis section is also important in terms of breaking the inter-generational transmission of poverty. For example, the Vietnamese PRSP (2002: 17) explicitly recognises the importance of addressing childhood poverty and associated low levels of education in order to mitigate adverse effects on future generations and break poverty cycles. Growing evidence suggests that children born into poverty are more likely to remain poor into adulthood than their better-off counterparts, and in turn transfer their poverty to their own children (e.g. Harper *et al*, 2003).

- A positive aspect is the fact that the 2005 Ethiopian Participatory Poverty Assessment included consultations with children, and specifically addressed issues of disability and child labour. It is recommended that the government incorporate these insights into the poverty analysis that will underpin the next five-year poverty reduction strategy.

3.1.2 Data collection and indicators to be monitored

While we recognise that the development of indicators to measure progress on tackling childhood poverty needs to be context-specific, we suggest that the following five broad areas could serve as a useful checklist: i) age-disaggregated poverty data, ii) more comprehensive nutrition, education and health indicators, iii) indicators to measure protection from abuse and exploitation, iv) social protection programmes to cushion children from the negative spill-over impacts from rapid economic development, and v) indicators to evaluate children's opportunities to voice their views and participate in their communities.

In order to more effectively measure progress in tackling childhood poverty, there is a need to disaggregate all national poverty monitoring data by age, to capture the differential impacts of development policies on adults and children. Possible examples include:

- labour force statistics
- usage of the justice system
- usage of healthcare services
- targeting for social protection measures, based not on numbers of household heads but the number and age of children per family.

There is also a need to develop additional indicators to better address children's educational experiences. Drawing on the PRSPs from the Republic of Guinea and Honduras, these could include the following indicators, disaggregated by gender wherever possible:

- net enrolment rates for both primary and secondary school
- student completion rates for primary education (Grades 1-8)
- number of school laboratories built and operational
- pupil:teacher ratios
- proportion of teachers trained in teacher training institutes for a minimum of one year
- per capita expenditure on primary school education.

Despite the prevalence of malnutrition featuring prominently in the poverty analysis section of the SDPRP, indicators to measure progress in reducing child malnutrition were not included in the SDPRP's Matrix on Indicators and Indicative Targets. In order to better assess changes in the multi-dimensional causes of malnutrition, the following indicators should be included in the SDPRP II:

- immunisation against measles
- percentage of children stunted, wasted and underweight
- proportion of families with access to latrines
- proportion of households who have added nutrition-rich horticultural products (e.g. tomatoes, carrots) to their food production

- per capita expenditure on primary healthcare for children and ante-natal and post-natal care for mothers, and the percentage of lactating mothers who receive conditional cash or food transfers.

The introduction of indicators to measure dimensions of child protection from violence and exploitation (while recognising these are complicated to develop) is also imperative, especially in terms of physical and sexual abuse, child labour and child trafficking. The SDPRP I does not include such indicators, but international good practices drawn from the PRSPs of Honduras, Kenya, Kyrgyzstan, Vietnam and the Republic of Guinea suggest that the following indicators could be used:

Abuse
– the number of people who have received awareness-raising training on child protection principles and on counter-measures against abuse and harmful traditional practices (e.g. local authorities, school teachers, employers) (<i>Republic of Guinea</i>)
– the number of legal aid centres or hotlines established
– the number of homeless children/children at risk/abused children rehabilitated or provided with counselling (<i>Republic of Guinea, Honduras, Kyrgyzstan, Vietnam</i>)
– the presence of expenditure items and the volume of funds allocated for childhood protection within the national budget (<i>Kyrgyzstan</i>)
Juvenile justice
– the number of judicial personnel trained to deal appropriately with minors in conflict with the law, and the number of cases of judicial follow-up (<i>Republic of Guinea</i>)
– the number of child/youth offenders rehabilitated through rehabilitation centres (<i>Republic of Guinea</i>)
Children with disabilities
– the number of service providers who have received special training to work with children with disabilities and their caregivers (<i>Republic of Guinea</i>)
Child labour
– a reduction in the percentage of children in the labour force and the average number of hours worked, as measured by labour force surveys or Living Standards Measurement Surveys (LSMS) (both paid work and household chores)
– the number of rehabilitation centres for child labourers, or the number of cases of intervention to assist children working in hazardous situations (<i>Honduras</i>)
– the number of officials and teachers trained to engage in advocacy and raise awareness among religious leaders and other authorities about the need to protect children against harmful and disabling forms of labour (<i>Republic of Guinea</i>)
– the number of posters distributed in communities to raise awareness about harmful forms of child labour (<i>Republic of Guinea</i>)
– the number of households covered by the introduction of social safety net programmes for the poor, in order to protect children against pressures to be involved in child labour (<i>Vietnam</i>)
– domestic legislation revised to ensure consistency with international standards and conventions about child labour (<i>Kenya</i>)
Trafficking
– the development and maintenance of a database on child trafficking and the number of officials who receive awareness-raising training on the issue (<i>Republic of Guinea</i>)

In order to cushion children against some of the contradictory impacts of ADLI, it will be important to develop child-focused social protection measures. Indicators to monitor progress on these may include:

- the number of scholarships awarded to secondary school students
- the number of households able to access credit or given conditional cash transfers for educational purposes
- the number of early child development and childcare programmes operating at the community level
- social protection measures to assist families affected by HIV/AIDS.

The fourth basic underlying principle of the UNCRC, child participation, is often neglected in the design of development and poverty reduction strategies, as well as related monitoring processes. However, the Kyrgyz PRSP seeks to move beyond a view of children as targets of development and to include them as “*participating citizens*” through “*greater involvement of disadvantaged families and children in poverty reduction activities [through] peer-to-peer methods [and] children’s organisations*” (Government of the Kyrgyz Republic, 2002: 56). Concretely, it seeks to establish a network of children and youth organisations working to realise their rights. Similarly, in Guinea the number of teachers and children trained about the UNCRC, the number of children involved in a children’s parliament, and the quantity of resources allocated to it are all measured. The Vietnamese PRSP (2002: 82) also accords importance to the availability of newspapers in minority languages, so that children can further their linguistic abilities in their mother tongue. Additional context-specific targets could also be identified through participatory consultation processes with affected communities and groups of children.

3.1.3 Child-sensitive budget monitoring/overall financing of pro-poor sectors

- In order to ensure that child-related policy commitments are translated into actions at the grassroots level, the introduction of child-sensitive budget monitoring should be considered. As the OECD has argued, the budget is “*the single most important policy document of governments*” (2001, quoted in Sharp, 2005), and it is therefore essential that national and regional state budgets are not considered to be neutral, but are monitored to assess their differential impacts on children and adults, males and females. Kyrgyzstan’s commitment to “*develop a system of financial planning in the area of childhood protection and form a special budget for children*” (Government of the Kyrgyz Republic, 2002: 180) and “*to monitor the presence of expenditure items for childhood [protection] in the Law on the Budget*” (Government of the Kyrgyz Republic, 2002: 249) provides a good example.
- Given the daunting challenges involved in reaching the MDGs in Ethiopia by 2015, it is essential that donors reassess their aggregate budget support to pro-poor sectors, especially education and health which have a disproportionate impact on children. Without a massive increase in funding, educational expansion will proceed at the expense of even

minimal education quality, and health and nutrition services will remain woefully overstretched.

3.1.4 Institutional mechanisms to co-ordinate child mainstreaming

- A dedicated governmental institution is required to co-ordinate the mainstreaming of children's rights across all policy sectors, to oversee the development of related legislation, and to lobby for appropriate budget allocations. The Kyrgyzstan PRSP, for example, explicitly notes that the absence of designated state agency to deal with family and children's affairs has hampered efforts to develop a *“holistic approach to issues of poverty among children and child neglect”*, as the activities are spread across multiple ministries and agencies, and lack co-ordination which could maximise synergies. In the Ethiopian context, the 2004 National Plan of Action for Children includes a pledge to develop institutional mechanisms at the federal, regional and local levels to ensure more effective co-ordination of child-related policy strategies. However, there is an urgent need to strengthen the Department of Children's Affairs in the Ministry of Labour and Social Affairs – in terms of both financial and human resources – in order to effectively co-ordinate and advocate for policy formulation, implementation and monitoring to ensure child well-being. The Ethiopian government could also learn valuable lessons from the hub-spokes model²³ that advocates of gender equality have identified as the most effective model of Women's Policy Machineries (Stetson and Mazur, 1995; Rai, 2003). They argue that gender mainstreaming is best facilitated through the development of a central co-ordinating body with close links to special units in key line ministries.
- As the SDPRP mentions in its concluding section, resources also need to be allocated to undertake further research on poverty trends and dynamics. A well-resourced Children's Policy Agency could also be charged with co-ordinating research on the multi-dimensionality of childhood poverty in Ethiopia, as well as ensuring that monitoring and evaluation exercises include child-specific components.

3.1.5 Linkages between gender equality and children's rights

- Given the close links between women's empowerment and the welfare of their children, more explicit recognition of these synergies should be reflected in the SDPRP and monitored in further research. It is important to highlight the positive links between women's education and child nutritional and enrolment outcomes, on the one hand, and the potentially contradictory impacts of women's involvement in paid labour on children's domestic and labour responsibilities on the other.

23 The term hub-spokes model refers to a central government agency that coordinates units focused on gender issues in key sector ministries.

Appendix

Content analysis of frequency and context in which children and their families are mentioned in the Cambodian National Poverty Reduction Strategy (2003–05)

Category/term	Word frequency (out of a document of 253 pages)
<i>Child(ren)</i>	181
Infant	15
Out-of-school children (out-of-school youth)	1
Street children	9
Orphans	8
Childcare	3
Violence (domestic violence; violence against women)	16
Children's rights	0
Girls	37
Boys	7
Daughters	4
<i>Youth</i>	14
Young people	1
Adolescents	0
<i>Family</i>	41
Parents	9
Family planning	5
Fathers	1
<i>Women</i>	214
Mothers	16
Pregnant	15
Male/female head (headed-households)	3
Maternal	10
Gender	71

Content analysis of frequency and context in which children and their families are mentioned in the PRSP of the Republic of Guinea

Category/term	Word frequency (out of a document of 208 pages)
<i>Child(ren)</i> Mortality; immunisations; health; educational coverage	141
Infant	12
Out-of-school children (out-of-school youth)	2
Street children	4
Orphans	1
Childcare	0
Violence	4
Children's rights	2
Girls	71
Boys	30
Daughters	0
<i>Youth</i>	2
Young people	10
Adolescents	0
<i>Family</i>	22
Parents	3
Family planning	5
Fathers	0
<i>Women</i>	127
Mothers	6
Pregnant	8
Male/female (headed-households)	0
Child-headed household	0
Maternal	10
Gender	44

Content analysis of frequency and context in which children and their families are mentioned in the Honduran PRSP (2001–15)

Category/term	Word frequency (out of a document of 168 pages)
<i>Child(ren)</i> Vulnerable social group; education; nutrition; health; demographics; disabled children; legal security; drug and alcohol use	151
Infant (mortality and nutrition)	16
Out-of-school children	0
Street children	5
Orphans	0
Childcare	2
Violence (domestic, against women and children)	19
Children's rights	2
Girls (sexual exploitation and trafficking; human rights of women and girls; work; social risk; education)	7
Boys (social risk; work; education)	5
Daughters	0
<i>Youth</i> Youth clubs; education for excluded youth; recreational spaces; integration into the work force	14
Young people	5
Adolescents (vulnerable group, working adolescents, pregnancy, adolescents in conflict with the law, alcohol and drug use, education)	31
<i>Family</i> Violence from family members; family disintegration; family's role in forcing children to work; family dwellings and belongings; children's income as percentage of family income; unpaid family labour	52
Parents	8
Family planning (prevention of sexually transmitted diseases and adolescent pregnancy)	4
Fathers	0
<i>Women</i>	167
Mothers (adolescent, single)	6
Pregnant (pre-natal care and childbirth assistance)	9
Male/female head (headed-households) (influence of head of family on family poverty and well-being)	5
Maternal (maternal-child assistance programmes, mortality, health)	13
Gender	35

Content analysis of frequency and context in which children and their families are mentioned in the Kenyan PRSP (2003–07)

Category/term	Word frequency (out of a document of 152 pages)
<i>Child(ren)</i> Vulnerable social group; mortality; nutrition; stunting; vaccinations; primary education	56
Infant (mortality; vaccinations)	4
Out-of-school children (reintegration of working children back to school)	1
Street children	8
Orphans	6
Childcare	0
Violence	0
Rights	0
Girls	1
Boys	0
Daughters	0
<i>Youth</i> Vulnerable social group; unemployment; crime; begging; drugs; self-employment	9
Young people	0
Adolescents	0
<i>Family</i> (unpaid family work)	2
Parents	5
Family planning	1
Fathers	0
<i>Women</i> Vulnerable social group; access to productive assets and resources; participation in the labour force; marginalisation; access to credit	17
Mothers (treatment for HIV-positive pregnant women; mothers delivering in hospitals)	7
Pregnant (treatment for HIV-positive pregnant mothers)	4
Male/female head (headed-households)	5
Maternal (mortality; health)	5
Gender	23

Content analysis of frequency and context in which children and their families are mentioned in the Kyrgyz National Poverty Reduction Strategy (2003–05)

Category/term	Word frequency (out of a document of 265 pages)
<i>Child(ren)</i> Vulnerable social group; literacy; neglected children; state agency regarding children; education (especially pre-school and secondary); health care; culture; physical culture; disabled children; special needs; children's homes and patronage families; legislative support; child budgeting	211
Infant (mortality; abnormalities; maternal and infant care)	15
Out-of-school children	2
Street children ('homeless' children)	5
Orphans (children living in state institutions; 'social orphanhood')	9
Childcare	3
Violence (against women and children; domestic violence)	15
Rights (to be taken into account in legislation)	4
Girls (in education; in penal institutions)	5
Boys (in education)	5
Daughters	0
<i>Youth</i> Rights, movements; in education; recruitment to the civil service; intellectual and physical culture; criminalisation	29
Young people	7
Adolescents	13
<i>Family</i> Problem families; child care	69
Parents	6
Family planning	5
Fathers	0
<i>Women</i> Unemployment; in penal institutions; living in conflict zones; limited legal capacity in exercising land rights; working women	96
Mothers (mothers with many children; mortality)	4
Pregnant	3
Male/female head (headed-households)	2
Maternal (mortality; maternal and infant care)	5
Gender Equal rights for women and men in 'reproductive activity'; introducing a gender component into educational standards	90

Content analysis of frequency and context in which children and their families are mentioned in the Sri Lankan Vision and Strategy for Accelerated Development

Category/term	Word frequency (out of a document of 252 pages)
<i>Child(ren)</i>	112
Infant	15
Out-of-school children	1
Street children	1
Orphans	2
Childcare	4
Violence (domestic violence; violence against women; political violence)	21
Children's rights	1
Girls	3
Boys	0
Daughters	0
<i>Youth</i>	27
Young people	2
Adolescents	2
<i>Family</i>	13
Parents	2
Family planning	1
Fathers	0
<i>Women</i>	113
Mothers	4
Pregnant	4
Male/female head (headed-households)	17
Maternal	16
Gender	53

Content analysis of frequency and context in which children and their families are mentioned in the Ugandan Poverty Eradication Action Plan

Category/term	Word frequency (out of a document of 67 pages)
<i>Child(ren)</i> Mortality; HIV/AIDS; rights; education	27
Infant (mortality)	1
Out-of-school children	0
Street children	0
Orphans	0
Childcare	0
Violence	0
Children's rights	1
Girls	0
Boys	0
Daughters	0
<i>Youth</i>	0
Young people	0
Adolescents	0
<i>Family</i>	4
Parents (parents' satisfaction with the quality of their children's education)	1
Family planning	0
Fathers	
<i>Women</i> Disadvantaged group; lack of access to land and educational opportunities	3
Mothers (importance of mothers' education levels in reducing child mortality)	5
Pregnant	0
Male/female head (headed-households)	1
Maternal (mortality; education)	4
Gender	6

Content analysis of frequency and context in which children and their families are mentioned in the Vietnamese Comprehensive Poverty Reduction and Growth Strategy (CPRGS)

Category/term	Word frequency (out of a document of 133 pages)
<i>Child(ren)</i> Access of children of migrants to public services in urban areas; access to education for children from poor families and areas; health; nutrition; mortality; disabled children; effect of gender inequality on lives of children; nursery school attendance; HIV/AIDS; ethnic minorities; play areas; child and juvenile security; gender equality	119
Infant	5
Out-of-school children	1
Street children	4
Orphans	4
Childcare	2
Violence (family violence; violence against women)	4
Rights (rights of children)	3
Girls	10
Boys	0
Daughters	0
<i>Youth</i> Rural youth	2
Young people (rural young people)	1
Adolescents	1
<i>Family</i> Family planning; violence	37
Parents	1
Family planning	14
Fathers	0
<i>Women</i> Effect of women's education level on their maternal mortality rate, their family's health and their children's drop-out rates from school	101
Mothers	3
Pregnant	0
Male/female head (female headed-households)	2
Maternal (mortality)	7
Gender	37

Content analysis of frequency and context in which children and their families are mentioned in the Yemeni PRSP (2003–05)

Category/term	Word frequency (out of a document of 154 pages)
<i>Child(ren)</i>	53
Infant	17
Out-of-school children	0
Street children	2
Orphans	4
Childcare	0
Violence	1
Children's rights	0
Girls (promotion of girls' school enrolment; establishment of new girls' schools)	31
Boys	8
Daughters	0
<i>Youth</i>	4
Young people	4
Adolescents	0
<i>Family</i>	40
Parents	2
Family planning	9
Fathers	0
<i>Women</i>	101
Mothers	1
Pregnant	0
Male/female head (headed-households)	1
Maternal	13
Gender	26

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Young Lives is an international longitudinal study of childhood poverty, taking place in Ethiopia, India, Peru and Vietnam, and funded by DFID. The project aims to improve our understanding of the causes and consequences of childhood poverty in the developing world by following the lives of a group of 8,000 children and their families over a 15-year period. Through the involvement of academic, government and NGO partners in the aforementioned countries, South Africa and the UK, the Young Lives project will highlight ways in which policy can be improved to more effectively tackle child poverty.

The purpose of this paper is to assess how the needs of children are incorporated into Ethiopia's Poverty Reduction Strategy Paper (PRSP)—known as the Ethiopian Sustainable Development and Poverty Reduction Programme 2002-2005 (SDRDP)—and to develop policy recommendations for the second PRSP based on a comparative content analysis with other countries' PRSPs. The paper begins by identifying the key ingredients of a child-centred PRSP, including: consideration of childhood poverty in the document's poverty analysis; spaces for consultation with children; child-specific policies and programmes as well as child-sensitive macro-development policies; institutionalized mechanisms to coordinate these policy approaches and the inclusion of child-related progress indicators. The second section uses a content analysis methodology to consider the extent to which the Ethiopian PRSP is pro-poor and pro-child and contrasts this to more child-sensitive approaches in other PRSPs. The paper then analyses the SDRP's policies, programmes and indicators using a rights-based framework. It assesses the extent to which both the direct (child-specific policy commitments) and indirect (macro-development) policies are in keeping with the United Nations Convention on the Rights of the Child (UNCRC) principles of child survival, development, protection, equal treatment and participation. The paper concludes by drawing on the best practices of PRSPs in other countries and outlining how a child-focused PRSP could more effectively address the multi-dimensionality of childhood poverty in Ethiopia.

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