Children and development assistance: the need to re-orient priorities and programmes

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This article argues that if children were the focus of more deliberate attention on the part of donors, it could result in more effective use of the resources available for poverty reduction. Instead, development assistance neglects some of children's most pressing needs, and fails to take advantage of the long-term benefits to be gained by ensuring their physical and psychosocial welfare. The article focuses especially on the living environments of children in poverty, an area which receives little attention, but which is integral to poverty reduction.

The annual reports of donor agencies are filled with photographs of children writing on blackboards, trudging down dusty roads, looking out of the page with clear eyes and trusting smiles – symbols of hope for the future. The welfare of children, we hear repeatedly, is a critical indicator of a healthy society, and needs to be taken fully into account in planning for development. And yet the strategies and funding priorities of donor agencies overlook some of the most basic and significant of children's requirements. The widespread acknowledgement of the importance of responding to children appears to be more an article of faith than a commitment to focused action. This article explains why children should be the target of more deliberate attention on the part of donors, and how this could result in a more effective use of resources to reduce poverty. The article focuses particularly on the living environments of children in poverty, an area of concern which is integral to poverty reduction and which badly needs attention.

Children in development in the 1990s

The 1990s promised to be a turning point for the world's poor children. In November 1989, the UN adopted the Convention on the Rights of the Child (CRC), which provides a legal framework for improving the position of children worldwide. The Convention has been more widely and rapidly accepted than any other human rights treaty in history; all but two member countries (Somalia and the USA) have ratified it, thereby committing themselves not only to protecting children's civil rights, but also to working towards a decent standard of living and a promising future for all children.

In September 1990, at the World Summit for Children, representatives of 159 countries, 71 of them heads of state, met at the largest ever gathering of world leaders, and pledged

themselves to a Plan of Action that would radically improve the situation of the world's children by the year 2000. They agreed on a number of goals, including dramatic reduction of malnutrition and early mortality, and universal access to adequate sanitation, safe water, and primary education. International development agencies were urged to examine how they could contribute to these goals as a part of their more general attention to human development in the 1990s. Fundamental to both the CRC and the Plan of Action is the principle that the well-being of children should have first call on the capacities and concerns of society.

The commitments made at the World Summit were ambitious – but not unrealistic. UNDP has estimated that an additional US \$40 billion of aid a year for ten years could provide universal access to primary health and nutrition, water and sanitation, education, reproductive health and family planning (UNDP 1997). This figure represents between 3 and 4 per cent of what the world spends on the military every year (Randel and German 1998).

But realistic or not, these commitments have turned out to be empty promises for the most part. Development assistance dropped throughout the decade. The UN target for development aid, accepted by almost all donor countries as a goal, is 0.7 per cent of GNP. In 1989, donors gave an average of 0.32 per cent of GNP; by 1997 that figure had dropped to 0.22 per cent. Less than half of this amount goes to the poorest countries, and less than a quarter of it to basic social services (Randel and German 1998). Poverty continues to grow worse in many parts of the world, and children are disproportionately affected. We have not come close to meeting the targets set during the World Summit:

- Under-five mortality rates were to be reduced over the decade by one third, to 70 per 1,000 live births. Data collected in 1998 indicate that the annual reduction in under-five mortality rates since 1990 has averaged about 1 per cent. Twelve million under-fives continue to die each year, largely from preventable causes. In order to reach the target set for the year 2000, that rate would have had to jump to 27 per cent for the last two years of the decade. In sub-Saharan Africa, it would have had to increase to over 46 per cent (UNICEF 2000). UNICEF does not disaggregate these figures by sex, but there are indications in a minority of countries in all regions of the world, most notably in China and areas of the Indian sub-continent, that survival rates are lower for girls than for boys, despite their biological advantage (Belsey 1998).
- Severe and moderate malnutrition for under-fives was to be reduced to half of 1990 levels. Although there have been dramatic gains in some parts of the world, the absolute numbers of malnourished children have grown. In most of sub-Saharan Africa, malnutrition rates increased. One-third of Africa's children are malnourished, and one-half of South Asia's (UNICEF 1998a). There is no global pattern of disadvantage for girls in the area of nutrition. On the contrary, of the 81 countries for which disaggregated data are available, in 61 countries the rate of stunting for girls was the same or lower than that for boys (Belsey 1998).
- Another goal was universal access to safe drinking water and the sanitary disposal of excreta. Official figures suggest that worldwide coverage for the years 1990–1998 has been 72 per cent for safe water and 44 per cent for sanitation (UNICEF 2000). But many governments are known to overstate the proportion of their populations with adequate access. In addition, as explained below, the definition of 'adequate access' is often based on standards that are far less than adequate for children.
- The goal of universal access to basic education is perhaps closest to realisation, with 81 per cent of boys and 75 per cent of girls of primary school age attending school in developing countries. But the poor quality of education in many areas, the 150 million children who drop out before reaching grade five, and the number of girls and minority children for whom

education remains inaccessible, remain a serious concern. Only 58 per cent of girls attend primary school in the least developed countries, for instance – approximately three girls for every four boys (UNICEF 2000).

In large part, the failure to meet the goals set at the World Summit is a function of the more general failure to respond to poverty with the commitment required. Boys and girls, from this perspective, have been short-changed neither more nor less than the rest of their families and communities. But a failure to respond to the requirements of children's minds and bodies during their years of rapid growth and change has irrevocable consequences; it undermines not only their personal chances, but also the future capacity of their societies. Within the current framework of aid, it is clear that on certain very basic fronts, children's requirements are poorly understood and fall between the cracks.

Given the significance of the above goals for children, and the limited funds made available for achieving them, it becomes ever more important that resources be allocated and used in the most efficient way possible. This means identifying those interventions that are most effective in terms of meeting goals. Mainstreaming children's concerns into broader development assistance is one way of doing this. A concerted effort to make children's requirements, those of both boys and girls, a fundamental and routine component of poverty reduction efforts could have far-reaching practical effects.

How children's needs are overlooked

Children are not a special interest group in the usual sense. In most countries of the South they represent over 40 per cent of the population. In sub-Saharan Africa, and in many of the world's poorest communities, they are over 50 per cent of the population (UNICEF 2000). This alone suggests that their concerns should be basic to planning and to the allocation of development funds. However, while donor agencies have supported specific initiatives, such as improved education or measures to control child labour, little has been done to determine how girls and boys are affected by more general community development projects, or to tailor such projects in ways that respond to their interests. For the most part, donors do not consider children a population to be systematically reckoned with on this front. Instead, two assumptions prevail:

- that children's needs are best taken care of by child-focused organisations and agencies;
- that what benefits communities will also benefit the children in these communities.

On the first of these points: there is no question that the efforts of the world's child-focused agencies and organisations have made a profound difference to the quality of many children's lives and to the lives of their families and community members. UNICEF, along with a range of effective NGOs, has succeeded in making intervention for children a professional and productive field of action. Over time, UNICEF and other child organisations have moved from responding primarily to survival and emergency issues, to taking a far broader approach to the rights, development, and well-being of children. The range of their programmes reflects a practical recognition of the development of women, families and communities as integral to children's welfare. There is also increasing acknowledgement of the often different realities experienced by boys and girls. These programmes focus, however, primarily on social interventions such as maternal and child health services, early childcare and development, schooling, parent education, and support for children in especially difficult circumstances.

They tend not, on the whole, to address the everyday housing and neighbourhood environments of children in poverty, which are also essential to their welfare. Secure housing, adequate provision for water, sanitation, drainage, and garbage collection, and safe, supportive public space are generally taken to be the domain of a different set of players.

There are certainly exceptions: some child-focused organisations have taken on a range of projects and functions more generally associated with broader community development efforts. Save the Children Fund's international coalition, for instance, has been involved in the provision of basic services in a number of areas; and Plan International focuses a good deal of attention on the physical environment, as part of its 'habitat' programmes. Many UNICEF country offices have supported and helped develop innovative basic services programmes: the Urban Basic Services Programme in India, for example, in which UNICEF moved over time from a primary to a supportive role, has provided water, sanitation, and other services in a number of towns since 1985.

Overall, however, such programmes receive a small proportion of total funding and this proportion has declined over recent years. The funding that UNICEF has been able to give to water and sanitation, for instance, fell by about 30 per cent between 1993 and 1997 (UNICEF 1998b). But even more to the point, UNICEF's annual budget is about 2 per cent of the total aid budgets of OECD donors, and about 3 per cent of the World Bank's annual budget (Randel and German 1998; UNICEF 1998b). It is in a position to develop and support innovative partnerships and schemes, but hardly has the capacity to contribute on the scale that is possible for these larger players.

On the other hand, the groups and the decision makers at various levels that more routinely respond to housing, to infrastructure and to improvements in community space, tend not to be aware of the particular impacts that their work may have for children. When activities are focused on households or communities, in the attempt to establish more general priorities, children's requirements can easily be overlooked. As noted above, there is often an implicit assumption that improved conditions for a community at large will affect children the same way that they affect everyone else. But this is not always true. Children and adolescents may in fact be affected in quite distinct ways from adults by factors in their environments, as will be discussed below. Girls and boys may also be differently affected from one another. By overlooking these differences as they decide on priorities and set standards, organisers of community projects, and those who fund them, may be failing to make optimal use of their resources. If the goal is to reduce poverty and disparities, it must be acknowledged from the outset that disparities exist not only within society at large, but also within communities, and even within households. Even those development projects that involve the participation of community members, if they do not stress inclusiveness, may be giving more power to those within communities who already have it, and failing to consider the consequences for those most vulnerable or most in need. Within households, too, children's needs can be misunderstood or assumed to be less important than the interests of those with more power.

Attention to children's daily living environments is further hindered by the low priority that most donor agencies give to basic services – to water, sanitation, drainage, household waste management, community space, and the means by which low-income groups can acquire good-quality housing or the land on which they can build it themselves. For example, in recent years, less than 3 per cent of the commitments of most development assistance agencies have been focused on shelter programmes and housing finance (Satterthwaite 1997). It is rare, also, for an international agency to allocate more than 6 per cent of its funding to water and sanitation, and many allocate less than 4 per cent. Between 1990 and 1996 less than 4 per cent of the World Bank's commitments went to water and sanitation projects (specifically, those

with components to improve the quality or extent of supply for people). UNICEF has in fact been one of the agencies that has given higher priority to these concerns, allocating a larger percentage of its budget to water and sanitation than is true for most donor agencies (Satterthwaite and Crawhill 1997).

Children and their living environments

Our understanding of the effects of their living conditions for children in poverty is limited in many areas by the general lack of adequate data from the South, and especially data that are disaggregated to reflect age and gender differences. Even the data available, however, make it clear that children, both boys and girls, are disproportionately affected by many of the routine challenges of poverty.

Children are especially vulnerable to numerous health hazards, and the rates of environmentally caused disease are far higher for children than they are for adults (Satterthwaite et al. 1996). The Global Burden of Disease Study found that three of the four leading contributors to the burden of disease worldwide are disorders that primarily affect children – lower respiratory disease, diarrhoeal disease, and perinatal disorders (Murray and Lopez 1996). Local studies confirm children's greater vulnerability, and show that they are significantly more likely than adults both to fall ill and to die from their ailments, especially in the poorest communities, where it is still common for one child in four to die before the age of five (see, for instance, Stephens 1996). Provision of clean, sufficient water supplies, adequate sanitation, drainage and waste removal are essential to combating the diseases that still kill children in such large numbers, and that undermine health and long-term potential for many more.

Malnutrition, which accompanies and underlies so much of childhood disease, and which can be responsible for life-long physical and mental stunting, can also be related to household and neighbourhood conditions – not only to inadequate food supplies. The amount and quality of food that children consume is affected by the ease with which it can be prepared and stored. When cooking facilities are inefficient and time-consuming, households often settle for preparing meals less frequently. But young children can only hold limited quantities of food in their stomachs at a time. In order to get enough calories in the course of a day, they need frequent small meals (UNICEF 1998a). This is particularly the case when the available foods are bulky rather than concentrated, and when large amounts are needed to meet nutritional needs. The situation is exacerbated if cooked food cannot be stored safely, and is easily spoiled. Children's nutritional status is also affected by the presence of intestinal parasites – a common phenomenon in areas with inadequate hygiene and sanitation. A high proportion of the population in poor communities is infected with worms; even a relatively mild infestation can consume 10 per cent of a child's total energy intake, as well as interfering with digestion and absorption. (Satterthwaite et al. 1996; UNICEF 1998a).

Children are particularly vulnerable, also, to the psychological disruption and insecurity caused by the evictions and catastrophes that so disproportionately affect low-income settlements. The loss of familiar surroundings and support networks, the interruption of school, and the toll on family resources can be profoundly unsettling for children. Recent research has demonstrated that violent evictions can result in serious trauma for young children, who lack the conceptual framework to make sense of these events (Dizon and Quijano 1997). As long as development policies privilege the requirements of business and industry over the stability of poor families, tenure on desirable land is unlikely to be secure, and poor children will live in large numbers on the most polluted and disaster-prone sites, coping with anxiety and impermanence, again with often long-term consequences.

Young children can also be affected indirectly by their surroundings, through the effects that these have for their parents and other caregivers. The challenging living conditions of those in poverty mean exhausting workloads, anxiety, frustration, and fatigue. For the children in their care this can translate into neglect and even abuse (Boyden and Holden 1991).

The cognitive growth and social development of children is also closely tied to the quality of their surroundings. Safe, stimulating opportunities for play, aside from being fundamental to children's quality of life and physical well-being, can have long-term implications for learning. Through exploration and imitation, active physical play, structured games of skill, and spontaneous role-playing and pretence, children develop a growing sense of competence and identity (Wohlwill and Heft 1987). And yet play is seldom considered a priority or even a factor in the upgrading of housing or community space. Children are resourceful and imaginative in finding opportunities for play, even in the most challenging circumstances; but too often the constraints imposed by tight living space, unguarded fires, exposed kerosene heaters, unprotected heights, open sewers, uncollected debris, and heavy traffic mean either that they are limited in their access to play, or else are exposed to significant hazards as they respond to their innate drive to engage with the world. Falls, burns, and road accidents are the cause of death and longterm disability for millions of children each year (Murray and Lopez 1996). Boys account for the greater number of injuries in almost all studies, largely because of the greater freedom afforded to boys, and hence their increased exposure to risk (Berger and Mohan 1996). The loss to girls of being more frequently denied the opportunity to play freely with others is more difficult to quantify.

As children grow older, the quality of their surroundings continues to have a significant effect on their lives, but one which in many communities becomes increasingly different for boys and girls. For girls, domestic workloads, which are directly related to the quality of local provision, tend to become a larger part of their lives, and can interfere with school attendance and contribute to growing isolation. Boys, with their generally greater freedom, look increasingly for companionship and stimulating activities outside the home. The lack of recreation and other meaningful opportunities within their own neighbourhoods can drive them further afield into more threatening settings. For those children who are able to attend school, the lack of space at home for study can jeopardise progress.

Access to secure, functional housing and safe, supportive neighbourhood space, provision of water and sanitation, drainage, and waste removal are essential for creating the conditions necessary for children to thrive. But the profound importance of support in these areas is not reflected within the priorities set by most development assistance programmes. Nor do the standards for such provision take into account the particular requirements of young children, and the particular challenges faced by their caregivers — most often women and older girls. Attention to one specific example will demonstrate how the failure to bring a child-focused analysis to funding decisions can result in interventions that do not respond to those most in need, and that can even have the effect of undermining their welfare.

The example of water provision

Many communities that are considered to be adequately served with clean water actually cope with provision that is seriously inadequate for the requirements of families with young children. In Bangladesh, for instance, an impressive 99 per cent of urban households are reported to have adequate access to safe water (UNICEF 2000). But even in those cases where arsenic contamination is not an issue, this water may be at a distance, and it may be necessary

to wait in line. According to a recent report, the median time needed to collect drinking water in a Bangladesh urban slum is around 30 minutes per trip. Generally at least two trips are necessary *just* to collect a family's drinking water (Afsar 1999).

The water requirements of a household with young children, however, are well in excess of the amount that can be carried in two trips. Cooking, drinking, washing, toileting, and laundry together can take easily 30 to 40 litres per person every day (Godin 1987). In a household with two or three young children, it is quite likely that eight or nine trips might be necessary to meet basic daily requirements. This could mean a household member spending four hours out of a busy day, carrying an extremely heavy load, often with young children in tow. Under these conditions, it is more than likely that a caregiver will cut corners on the amount of water used.

But the quantity of water available to a household is generally considered to be even more important to health than water quality. Contaminated water contributes to outbreaks of disease, but too little water makes it impossible to maintain sanitary conditions, and contributes to the levels of endemic disease that are a major cause of child mortality (Cairncross 1990). Even when clean water is supposedly available to a household, this may not solve children's health problems unless the source is close by, supplies are regular, and queues are short. A study of water supply and child health in rural Malawi concluded that, in order to achieve a significant increase in the amount of water used by a household, water supply had to be brought within yards of the house (Lindskog and Lundqvist 1998).

The management of stored water also presents problems in households with young children. If there is a scoop to take water out of a bucket, children may leave it on the ground or contaminate it with dirty hands. Health education programmes suggest hanging the scoop on a nail out of children's reach. But if small children are thirsty, they may dip into the bucket with their hands rather than waiting for help (Lindskog and Lundqvist 1998).

Nor is hygiene the only consideration here. The time taken to collect water is time that could productively be spent in other ways. Every aspect of household management in the context of poverty can be extremely time-consuming and, as mentioned above, this can result in neglect and even maltreatment for children.

There is also the fact that children are frequently the people who carry water. A distance that might be quite reasonable for a grown person can be punishing for a child. Permanent damage to neck, head, and spine can follow from carrying overly heavy loads. Carrying water can be a serious energy drain for children who may already be undernourished. The time factor is also a major consideration for many children, and especially for young girls, who are most often called on to help out at home. Children's time is seldom considered to be a valuable commodity. But carrying water in many cases is sufficiently demanding to prevent school attendance (Nicol 1998).

An ActionAid report describes a situation in The Gambia which demonstrates how an improvement for the community may sometimes actually undermine the quality of children's lives. The installation of a pump in a rural community made water collection a much easier task. But it also caused three existing wells to dry up. Since only one person at a time could collect water from the new pump (as opposed to several at a well), queues became much longer. As a result, children were more frequently sent for water so that adults could attend to other tasks. And because the pump was easier and safer to use than the wells, children as young as seven became the primary water collectors (Johnson et al. 1995). When the impacts for children are taken into account in planning for water provision, benefits and drawbacks that might never be considered in the course of more standard planning can become evident. Placing pumps next to schools, for instance, has been noted to increase school attendance, because of the time savings for children, who might otherwise need to walk far longer

distances to fetch water (Nicol 1998). The installation of water taps within households will obviously have even more dramatic effects and long-term returns.

The provision of clean water, then, is an incomplete measure if it fails to take into account the numerous other factors that affect its use or that are affected by its use. Water provision, as a sphere of activity and as a component of the standard of living, is *not* atypical in the often unconsidered impacts that it has for children's well-being. If space permitted, it would be possible to describe in equal detail the significant and far-reaching effects for children of sanitation and drainage provision, of household cooking facilities, of local common space, of traffic management – of a whole range of factors, in short, that shape the local environment and the activities that take place within it.

Implications for donor agencies

The strength of donors' attention to children cannot be measured simply in terms of the total funding allocated to children's programmes. It is more a matter of ensuring that children's interests, those of both boys and girls, become a factor in all decision making. If poverty reduction initiatives fail to take into account the concerns and particular requirements of children and their caregivers, it is unlikely that they will be as successful. In many cases, relatively minor added investment or modifications in project design can net disproportionate benefits for children and their families and, by extension, for entire communities. Explicitly acknowledging and responding to the impacts for children can result over time in a more efficient use of resources.

We have an important precedent in the proven effectiveness of more gender-aware development, which includes identifying the interests of women and addressing the discrimination they face in, for instance, labour markets and access to resources and services. Not only has this perspective helped in many areas to improve the status of women, it has also had significant consequences for the overall process of development. Much still remains to be done in reducing gender-based discrimination, but few development experts would question the fact that attention to women has become not just an end it itself but in many areas an effective means to working towards the elimination of poverty (Moser 1993). Many of the analytical tools developed to ensure that development assistance agencies understand and act responsively to women's (and men's) interests could also help identify the requirements of girls and boys of different ages.

There are several general ways in which the policies and activities of donor agencies could more effectively reflect a concern for children as an integral part of their broader attention to human development and poverty reduction, as described below.

Priorities

The first is to make children's concerns a more significant factor in determining spending priorities. This does not mean that spending must be targeted at interventions that solely or primarily affect children. It does mean giving precedence to areas, sectors and interventions that have particular importance for children's development. And it means paying far more attention to supporting low-income households and communities as they work to acquire or develop safe, secure homes and neighbourhoods and adequate provision for basic services. There are many successful precedents that have been able to respond to the priorities of low-income groups, while at the same time managing to keep costs per household down and to achieve significant levels of cost recovery (see, for instance, *Environment and Urbanization* 2000). Re-orienting priorities in this way would mean significant change for many agencies,

which currently place greater emphasis on other strategies for poverty reduction. The cost/benefit analysis of programmes and interventions should take into account the positive ripple effect of improvements in the quality of children's lives. Direct and indirect benefits, and short- and long-term gains for children's welfare, should all be weighed as part of the rationale for investment.

Standards

Projects, programmes, and interventions supported by donor agencies should be required to use measures and meet standards that reflect an understanding of the implications for children. Support for basic service provision should be based on a realistic appreciation of the complexities of life for children and caregivers in poverty; upgrading of community space should be undertaken with an understanding of its significance for the quality of children's play and their social interactions; schools should be located so that distance does not inhibit attendance – especially for girls, who are frequently constrained in this regard. Awareness should be raised at all levels, from local communities to international donor staff, of the practical value of incorporating children's concerns as a basic component of local planning – not as an afterthought, which it will inevitably be more costly to implement effectively. The development of indicators and the focus of assessment and monitoring should reflect this consideration.

Research

Mainstreaming children's concerns into development planning requires an informed perspective. Not enough, however, is known about factors affecting the quality of children's lives. What research there is focuses most closely on disease, and here we are relatively well informed. We are far more limited in our knowledge of the burden imposed by injuries and by the psychosocial effects for children of their surroundings. There is a critical need for data from the South that is disaggregated by age, as well as geographically and by sex. There is also a need for strong qualitative data on children's lives, and on the impacts both for girls and boys and for their caregivers of various housing and neighbourhood conditions – as well as other kinds of interventions. It is critical to identify projects that have successfully responded to children's priorities, either by targeting specific needs, or by expanding or shifting the focus of more general measures to make them more child oriented. Lessons should be drawn from case studies and evaluations, both on specific interventions that can be adapted for use in other places, and on processes that have proved helpful in encouraging an assessment of, and response to, children's interests.

Participation

Information from children regarding their own lives is essential for a genuine understanding of their concerns. Michael Edwards argues persuasively that our failure to organise societies in a way that gives priority to the requirements of children, in spite of our emotional attachment to them, is a result of the failure to recognise children as legitimate social actors. Policy made *for* children, he points out, is based on adult assumptions and on culturally shaped models of childhood held by adults (Edwards 1996). Those who work in a participatory way with children make it clear that the concerns children identify may be quite different from the issues that adults consider to be most relevant in a given situation, even when they see themselves as acting in the interests of children (Hart 1997; Johnson et al. 1995). A

commitment to children must include a willingness to respond to unanticipated concerns and solutions. Effective ways must be found to involve children in assessing situations and identifying priorities. It is important to develop an understanding not only of their capacities in different settings to become involved in decision making, but also of the willingness of adults to support children's involvement and to take it seriously (Hart 1997). Not all children are old enough to have a formal voice. An important part of understanding children's perspective is finding ways to identify and respond to the interests of younger children, who are also citizens with rights. Children's participation is an active and growing phenomenon, but support is still needed at all levels to encourage its acceptance, and to ensure that it is carried out in ways that are beneficial for the children involved, as well as effective in terms of promoting change.

Partnership

It is important that donors work closely with those groups and institutions that are most involved in improving the living conditions of the poor - local authorities, which are increasingly responsible for basic service provision, and low-income people themselves, who have been the de facto creators of their own living environments. In cases where aid goes to support institutional capacity rather than to address living needs directly, there is the potential to influence official attitudes and to stimulate responses that take children's requirements into account. There should be strong support for building the capacity of these groups to respond to children's requirements. The relationships between child-focused groups and agencies and those that focus on broader development efforts should also be strengthened and employed to their mutual advantage at all levels. Most donor countries provide direct support for agencies and organisations that focus on children; 66 per cent of UNICEF's income, for instance, is derived from governments (UNICEF 1998b), and the larger supporters consequently play an important role in shaping UNICEF policy. But such collaboration could go well beyond the direct funnelling of aid and influence, and could work on reinforcing mutual efforts for improved overall progress at all levels. UNICEF field offices and those of other child-focused organisations, for instance, could provide valuable assistance in working with local groups to develop child-friendly standards for donor-funded community development projects.

Practical experience has demonstrated that investment in human potential is a sound measure. Mainstreaming children's concerns into development strategies is not only a response to children's rights, which all donor nations (except for the USA) have pledged themselves to support. It also provides an effective lever for the development process, and ensures that poverty reduction measures include those who will be most profoundly affected by them.

References

Afsar, R. (1999) 'Rural-urban dichotomy and convergence: emerging realities in Bangladesh', *Environment and Urbanization* 11(1):235–247.

Belsey, M. (1998) 'The health and development of the girl child: the special role of the Convention on the Rights of the Child', *IPA Journal* 9(1) available at http://www.ipa-france.net/pu.

Berger, L. R. and D. N. Mohan (1996) Injury Control: A Global View, Delhi: OUP.

Boyden, J. and P. Holden (1991) Children of the Cities, London: Zed Books.

Cairncross, S. (1990) 'Water supply and the urban poor', in J. Hardoy, S. Cairncross and D. Satterthwaite (eds.) *The Poor Die Young: Housing and Health in Third World Cities*, London: Earthscan.

Dizon, A. M. and S. Quijano (1997) *Impact of Eviction on Children*, Urban Poor Associates, Asian Coalition for Housing Rights (ACHR), United Nations Economic and Social Commission for Asia and the Pacific (UN-ESCA).

Edwards, M. (1996) 'New approaches to children and development: introduction and overview', *Journal of International Development* 8(6):813–829.

Environment and Urbanization (2000) Editor's Introduction, 12(1):3-13.

Godin, L. (1987) Preparation des projets urbains d'aménagement, Washington, DC: World Bank.

Hart, R. (1997) Children's Participation: The Theory and Practice of Involving Young Citizens in Community Development and Environmental Care, London: Earthscan.

Johnson, V. et al. (1995) *Listening to Smaller Voices: Children in an Environment of Change*, Chard, UK: ActionAid.

Lindskog, P. and J. Lundqvist (1998) Why Poor Children Stay Sick: The Human Ecology of Child Health and Welfare in Rural Malawi, Uppsala: Scandinavian Institute of African Studies.

Moser, C. O. N. (1993) Gender Planning and Development, London: Routledge.

Murray, C. J. L. and A. D. Lopez (1996) *The Global Burden of Disease*, Boston: Harvard University Press.

Nicol, A. (1998) Carrying the Can: Children and their Water Environments, London: Save the Children Fund.

Randel, J. and T. German (eds.) (1998) *The Reality of Aid: An Independent Review of Poverty Reduction and Development Assistance, 1998–1999*, London: Earthscan.

Satterthwaite, D. (1997) The Scale and Nature of International Donor Assistance to Housing, Basic Services and Other Human Settlements Related Projects, Helsinki: WIDER.

Satterthwaite, D. and N. Crawhill (1997) *Development Assistance to Water and Sanitation: A Partial Overview,* unpublished draft.

Satterthwaite, D. et al. (1996) The Environment for Children, London: Earthscan.

Stephens, C. (1996) 'Healthy cities or unhealthy islands? The health and social implications of urban inequality', *Environment and Urbanization* 8(2):9–30.

UNDP (1997) Human Development Report 1997, New York: OUP.

UNICEF (1998a) The State of the World's Children 1998: Focus on Nutrition, New York: OUP.

UNICEF (1998b) UNICEF Annual Report, New York: UNICEF.

UNICEF (2000) The State of the World's Children 1999, UNICEF.

Wohlwill, J. and H. Heft (1987) 'The physical environment and the development of the child', in D. Stokols and I. Altman (eds.) *Handbook of Environmental Psychology*, New York: Wiley.

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