

NORAD'S RESULTS REPORT 2013

HEALTH AND EDUCATION



EXECUTIVE SUMMARY

A selection of 15 result examples from development cooperation in education and 12 examples in health give insight into Norwegian aid to these areas.

Norway's development cooperation in the fields of health and education aims primarily at contributing to the five of the eight UN Millennium Development Goals related to these sectors. From the adoption of the goals in 2000, governments and partners from civil society and the private sector have mobilized broadly and innovatively. Considerable progress has been made within health as well as education, and a number of countries are close to achieving several of the goals. Concerted international cooperation and efforts have shown positive results.

1. More children than ever before attend school.
At present nine out of ten children start primary school.
2. Girls' attendance in primary school has increased and parity has been achieved on a global basis. Unfortunately, progress is not equally positive in all countries.
3. Results-based initiatives for the three infectious diseases which hardest strike the poor, HIV/AIDS, malaria and tuberculosis, have contributed to infectious diseases now having a decreasing share of the world's total disease burden. From 1990 to 2010 the share was reduced from 47 to 35 percent.¹
4. Improved health services and measures for children, such as vaccines and mosquito nets, have led to the child mortality rate in Africa being halved between 1990 and 2013. Such a rapid reduction in child mortality has never previously been achieved.
5. Maternal mortality has been halved between 1990 and 2010, yet the Millennium Development Goal to reduce maternal mortality by 75 percent will not be met by 2015. However, the rate of reduction is expected to accelerate in the coming years as additional resources have recently been mobilized to scale up availability and supplies of lifesaving medicines and equipment.
6. Securing improved quality in health and education remains a challenge. Learning outcomes as well as learning environments are insufficient. Within the health sector better quality systems and service delivery will be essential to achieve greater coverage and maintain current rates of progress.

Focusing on results achieved during the last decade, 27 specific programmes in Africa, Asia and Latin America are described. Lessons are drawn from these examples which in turn seek to inform future interventions. It is important to learn what works, as well as from what does not.

EDUCATION FOR ALL IS POSSIBLE

Great strides have been made towards achieving the goal of education for all. In Afghanistan, the number of children in primary school has increased from one million to 9,2 million since 2002 – of which 3,6 million are girls. Norway was one of the founders the Global Partnership for Education (GPE), which today comprises 59 developing countries as well as donor countries, UN agencies, the World Bank, civil society organizations and private sector actors. GPE's partner countries have been able to get twice as many children into primary education compared to non-partner countries. Since 2002, it is estimated that 21,8 millioner more children have accessed primary education as a result of the added capacity that GPE has contributed to. Still, ten percent of children in developing countries are out of school. The main reasons for this are conflict, poverty, a lack of suitable schools, or that children belong to discriminated groups. These last ten percent are often considered the hardest to reach. Various examples in this report highlight that measures to reach this ten percent require focussed efforts with sufficient will and resources.

EFFORTS FOR MARGINALIZED GROUPS

In Colombia, the work of the Norwegian Refugee Council has led to increased school attendance rates for children and adolescents affected by conflict. Norway has for many years supported the authorities in Nepal, in order to ensure that all children can have access to quality schools and learning. From the last three years of available data (2008-2011), an increase from 83 to 91 percent of children entering primary school was registered. For girls, the increase was from 81 to 90 percent. In Vietnam, as much as 60 percent of disabled children are out of school. Through cooperation with local authorities, schools and the Norwegian Mission Alliance, school attendance rates for these children in one province of Vietnam have increased to 85 percent. The work of Save the Children Norway in Uganda shows how a locally adapted and flexible curriculum can give positive results for nomads. As part of Norway's engagement in girls' education, the Forum for African Women in Education (FAWE) works with Norwegian support to systematically develop improved learning environments for both genders.

¹ Includes maternal and neonatal health, as well as nutritional disorders. Lawrence Haddad, New Global Burden of Disease Analysis. IDS, Jan 2013.

THE QUALITY OF EDUCATION IS TOO LOW

High drop-out rates and poor learning achievements remain a big challenge in a number of countries. Whilst significant efforts have been made to increase access to education, these have not been followed up with a sufficient focus on quality, learning environments and learning achievements. These processes take time and significant amounts of resources. UNICEF's work in Burundi shows how initiatives in areas with low school enrolment and poor exam results have yielded improvements. The role of teachers is illustrated by Save the Children Norway's contributions to improve teacher competencies in several African countries. ILO's programme for classroom construction in Madagascar shows that better physical environment in schools result in better classroom practices, increasing pupils' participation and results.

HIGHER EDUCATION DELIVERS A QUALIFIED WORKFORCE AND CONTRIBUTES TO DEMOCRATIC DEVELOPMENT

Developing countries require qualified labor in all sectors of industry and commerce. Universities and higher education institutions are suppliers of such resources. Moreover, they also provide important arenas for social debate which can be a basis for democracy and safeguarding of human rights. The increasing numbers of young people seeking higher education means that educational provision in many developing countries will need to be expanded and strengthened. Makerere University in Uganda has developed courses within several relevant disciplines. Support and engagement with the Centre for Women's Law at the University of Zimbabwe illustrates how higher education can contribute to consolidating the rights of girls and women in legislation and legal practice. Norwegian contributions to Universitas Gadjah Mada in Indonesia support the role of academia in the development of democracy. The support to the African Economic Research Consortium shows the importance of educating African researchers within economics, social development and governance. The cooperation with the fisheries sector in Vietnam highlights how higher education and research provide expertise that is key to the development of industry and commerce, and to sustainable management of natural resources.

GLOBAL INITIATIVES HAVE SAVED LIVES

Through the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), Norway has contributed to the vast reduction of mortality connected to HIV/AIDS. This applies to prevention as well as to treatment. In addition, mortality rates from tuberculosis and malaria have also been reduced. Through its support to the vaccine alliance GAVI, Norway has contributed to preventing more than 5.1 million deaths. Despite challenges in the bilateral

health programme in Malawi, Norway has contributed to a 31% reduction in maternal mortality between 2004 and 2010.

Education of physicians and nurses has contributed to the country presently training 60 physicians per year, compared to 20 in 2004. There has also been a significant increase in the number of nurses.

PROJECTS HAVE ALSO FAILED, AND IN MANY AREAS PROGRESS IS INSUFFICIENT

The report also describes where interventions have not succeeded. The reduction in deaths of newborn infants is much lower than that of older children. This is because reducing these deaths often requires advanced and expensive healthcare services. Good health and nutrition is also of very high importance for pregnant women in order for their newborn children to survive and thrive. Despite progress in education in Afghanistan, it is a considerable problem that half of the schools lack or have inadequate buildings, and that many of the teachers lack adequate training. A maternal and child health programme in the Sindh province of Pakistan shows that sometimes it can be appropriate to close a project when it does not give the expected results.

INNOVATION HAS GIVEN BETTER HEALTH SERVICES

Results Based Financing (RBF) produces good results. In Rwanda, an incentive based financing modality led to 23 percent more childbirths being given in clinics with RBF than in those without RBF. Through the Commission on Information and Accountability, Norway has contributed to ensuring that the commitments made to maternal and child health from countries and donors are followed up, as well as showing good results. In this work, The University of Oslo's Health Information Systems Programme HISP has taken a lead in establishing systems for health data acquisition and reporting in a number of countries. Also, electronic and mobile based solutions have been piloted in new areas of the health sector.

Purchase guarantees of any surpluses have led to a halving of the price of the contraceptive implants Jadelle and Implanon. As well as covering the demand for the implants, future supply has been improved. A partnership between India and Norway has given added value to India's vast public health initiative for women and children. This cooperation has led to more than 20 000 children receiving intensive care at hospitals, 500 000 women have received care during childbirth and approximately one million children have received medical follow-up in their homes after birth.

CHANGE OF ATTITUDES AND BEHAVIOR

In collaboration with partners, Norway engages both politically and in practice to combat female genital mutilation. The UN unanimously adopted a resolution against the practice in 2012 after a proposal from African countries. The significant injuries caused by genital mutilation have become more widely recognized, thanks to the efforts of UNICEF, the UN Population Fund, the World Health Organization and civil society organizations. In

East Africa, the main target area for Norwegian efforts, a study showed reduced prevalence of genital mutilation among 15- 19 year old girls compared to 45-49 year olds in Eritrea, Ethiopia, Kenya and Tanzania. In Kenya and Tanzania, the practice has almost disappeared in several ethnic groups. Efforts against HIV/AIDS among lesbian, homosexual, bisexual and transgender people in Southern Africa have influenced attitudes and living conditions for vulnerable groups. Although abortion is a difficult topic in many places, the work of Ipas in Nepal has given considerable results. Dangerous abortions have been reduced and many lives saved.



Foto: Ken Oppravn

KEY FINDINGS

Previous experience from the health and education sectors has laid the foundation for the future direction of development aid. The 27 result examples which are presented in this report contribute to this knowledge base. A key theme throughout the report is that international cooperation within health and education is essential in order to meet global development challenges.

1. DEVELOPMENT AID LEADS TO BETTER HEALTH AND EDUCATION FOR THE POOR

Never before has the world seen such progress within health and education as the past 25 years. The number of primary school age children not going to school has decreased from 108 to 57 million between 1999 and 2011, despite significant population growth. The HIV epidemic has been reversed and the number of new infections is falling. Child mortality in Africa has been halved, whilst the world has never before seen such a rapid decline in mortality rates. Development aid has played a decisive role in this progress throughout a range of countries, and highlights that these achievements are possible when development aid is used to support national priorities. Indeed, development aid combined with resource mobilization and international agenda setting has led to positive results.

2. STABILITY, NATIONAL LEADERSHIP AND LOCAL EXPERTISE ARE CRUCIAL TO ACHIEVING POSITIVE LONG-TERM RESULTS

A key characteristic of successful countries within health and education is that they themselves have prioritized these sectors in their own budgets. National ownership is essential in order to coordinate international and national resources and provide clarity for how and where efforts should be focused. International statistics highlight that countries that have received significant aid to education have also increased their own domestic funding. Supporting national ownership is a key principle for successful development. At the same time stability and security are important prerequisites for development. During various conflicts and catastrophes, humanitarian aid channeled through the UN and NGOs has contributed to the provision of essential health and education needs. Meanwhile, since 2000, progress towards the UN Millennium Development Goals has been slowest in these fragile states, even though 20 fragile countries have achieved one or more of the goals.²

3. JOINT GOALS LEAD TO BETTER RESULTS

The development of the UN Millennium Development Goals has led to significant political mobilization, and a focusing of national

and international efforts on priority areas. The progress within health and education highlights that a joint set of clear and simple targets can lead to impressive achievements. At the same time the Millennium Development Goals have also been criticized for having insufficient focus on poverty, and on how the goals should be realized. Meanwhile, development aid has been an important tool in focusing efforts on the poorest. Whilst progress has been made on all of the goals, many of them will not be achieved by the 2015 deadline. Political will and leadership will be essential for future progress.

4. INVESTING IN GIRLS' EDUCATION AND HEALTH HAS POSITIVE SIDE EFFECTS

Girls that have received education have fewer children, and have these children later in life. This results in reduced child and maternal mortality, whilst also leading to a reduction in population growth. There is also a greater probability that the children of educated mothers will attend school, and have better nutrition and health. Extending girls' education beyond primary education is one of the most profitable investments a country can make. Educating girls is also key to ensuring women's participation in politics and society in general.

5. A CLEAR HUMAN RIGHTS PERSPECTIVE IS NECESSARY TO ENSURE ACCESS TO HEALTH AND EDUCATION FOR MARGINALIZED GROUPS

A lack of respect for human rights reinforces the inequality suffered by marginalised groups and minorities, which often do not receive the services they need and are entitled to. Norway raises sensitive issues in international fora as well as with national governments. These include women's rights to contraception and safe abortion, protection against genital mutilation and sexual violence, lesbian, gay, bisexual and transgender rights, as well as the rights of persons with disabilities. There is a clear link between women's abilities to decide over their own bodies, for example through access to contraception and safe abortion, and reduced maternal mortality. Extending the right of education and healthcare to all helps ensure that marginalised groups gain easier access to essential services.

² Twenty Fragile States Make Progress on Millennium Development Goals, World Bank web site, May 1 2013

6. THE FINAL 10% OF THE POPULATION ARE THE MOST DIFFICULT TO REACH

Ten percent of the world's children currently do not attend primary school. Around half of these live in conflict affected states, whilst one in four have disabilities. Within countries it is frequently the poorest, those from minority groups and those living in rural areas that have the most limited access to health and education services. Until now, much of the progress in health and education coverage has been achieved by extending services. However whilst these services reach many, they frequently miss key marginalized groups. Future programmes must be designed to ensure that they include the hardest to reach. UNICEF has documented that focusing on the most marginalized and vulnerable can increase progress towards the Millennium Development Goals.³

7. DEVELOPMENT AID SHOULD REFLECT A CHANGING WORLD

Around 70% of the world's 1.2 billion poor live in middle income countries, with the majority living in India and China. Middle income countries have the highest population of out of school children and the largest number of child mortality cases. At the same time population growth in low income countries is high; Africa will double its population by 2050. Meanwhile, urban populations in low income countries are increasing significantly. The World Bank has calculated that at current growth rates over 70% of those living in extreme poverty will be found in Africa south of the Sahara by 2030. All countries are responsible for their citizens' education and health, but middle income countries have greater capacity than low income ones to ensure their citizens receive the services they need. In addition to financial contributions, knowledge sharing, technical cooperation and dialogue between, and with states, is important to find long-term solutions to these challenges. It is important to focus financial aid and technical assistance where it has the most added value.

8. LARGE CHILD AND YOUTH BULGES HIGHLIGHT THE NEED FOR INCREASED FOCUS ON THE ENTIRE EDUCATION CYCLE AND QUALITY EDUCATION

Population growth in the poorest countries has led to large youth and child populations. Indeed these groups make up nearly 50% of the population in many of these countries. In addition to increasing the number of children going to school, countries also need to ensure greater focus on the quality and relevance of education. It is estimated that 250 million children are unable to read or write when they start fourth grade. Meanwhile, the World

Bank has calculated that 600 million jobs will need to be created by 2020 to absorb young people entering the work force, spur development, empower women and prevent unrest.⁴ In order to gain to worthwhile employment and solve the challenges facing society, youth will need access to a full education cycle stretching from primary to secondary and higher education. International development aid has largely been focused on primary education, whilst higher education and vocational training have received less attention.

9. NEW GLOBAL INITIATIVES HAVE LED TO MORE EFFECTIVE USE OF RESOURCES

The best results in health and education have been found where various actors have come together to pool their resources around targeted efforts with clearly defined divisions of labour. The Global Partnership for Education has contributed to a more holistic approach to planning education initiatives, whilst also strengthening national education systems. In the health sector these initiatives have been used to develop vaccines and medicines, guarantee markets for large volume producers and buy significant quantities of drugs. This has increased access whilst at the same time reduced prices. However, these global health initiatives have in some cases also undermined local priorities by building parallel systems that make initiatives less sustainable. The large number of new actors and partnerships has also weakened UN organisations' positions and coordinating roles in certain instances. Ultimately however, this pooling of resources and the following results highlight a more effective use of resources than previously.

10. RISK MANAGEMENT AND MONITORING IS ESSENTIAL IN THE MANAGEMENT OF AID PROJECTS

Experience highlights the importance of monitoring progress in programmes, undertaking solid risk analyses and measures to minimise and manage risk. At the same time there will always be certain factors that are difficult to predict. Transparency, responsibility and openness to learning and innovation all contribute to effective results reporting. Effective financial mechanisms as well as long-term investments in statistical and measurement systems are essential in order to combat corruption, implement effective initiatives and achieved stated objectives.

⁴ World Development Report 2013: Jobs. The World Bank

³ Progress for Children, Achieving the MDGs with Equity, UNICEF, 2010.

11. INNOVATION AND INCREASED USE OF TECHNOLOGY CAN INCREASE QUALITY

Within the health sector, payments based on completed service delivery have led to increased numbers of, and better quality services for children and their mothers. Examples of results based financing include paying hospitals for the amount of births delivered, or giving cash transfers to women who give birth at clinics. These types of initiatives have increased the number of women who give birth in safe conditions. This report also highlights examples of new and improved health products and initiatives. Within the education sector innovative approaches have been used to reach marginalized children, keep girls in school and improve learning environments. The internet, mobile phone applications and ICT solutions have opened up new opportunities in the organization and delivery of services. Innovation in development aid requires evaluation, local adaptation and standardization of new initiatives.

12. LOCAL LEADERSHIP IS ESSENTIAL FOR CHANGE

Experience from the work on female genital mutilation and the spread of HIV/Aids has shown that in order to change attitudes it is important to support local organisations, religious leaders and respected individuals within the community. Appropriate legislation is required to counter discrimination and promote an open society, yet this is not enough in itself. A number of the result examples highlight that civil society organisations play a key role as advocates and facilitators, often in combination with service delivery. Health and education initiatives are strengthened by better interaction between governments, community leaders, businesses and the population at large.



Foto: Ken Opprann



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