

## After 2015: Developing Social Protection Systems to Promote Child Well-being

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Social protection is increasingly seen as an important component of poverty reduction and a mechanism to reduce vulnerability to economic, social, natural and other shocks and stresses. Many social protection programmes address some dimensions of child deprivation either directly or indirectly – especially human capital development (health, nutrition and education). However, to date few social protection programmes have been informed by an analysis of the multidimensionality of child vulnerability (see Table 1). Moreover, social protection if designed so as not to exacerbate women's time poverty could also facilitate a better balance between care-giving and productive work responsibilities which is critical for the achievement of the Millennium Development Goals (especially goals 4 and 5).

**Table 1. Vulnerabilities: Lifecycle and childhood manifestations**

Type of vulnerability	Indicators	Child-specific manifestation
<b>Natural / environmental</b>	Natural disasters/ phenomenon/ environmental (human-generated environmental degradation, e.g. pollution, deforestation).	Children are more vulnerable due to physical and psychological immaturity , as well as increasing risk of climate change impacts over time
<b>Economic</b>	Income (low returns to labour, unemployment, irregular salaries, no access to credit) Intra-household inequality in access to land, rights and duties related to social standing, gender discrimination (access to productive assets)	As above + risk of child labour, child trafficking and child sexual exploitation due to conceptualization of children as economic assets
<b>Lifecycle</b>	Age-dependent requirements for care and support (infancy through to old age)	Physical and psychological vulnerabilities compounded by political voicelessness
<b>Social factors</b>	Family composition (high dependency, intra-household inequality, household breakup, family violence, family break-up)  Extra-family violence, social upheaval, social exclusion and discrimination  Gender discrimination (unequal access to productive assets, access to information, capacity building opportunities)  Social capital (access to networks both within one's community and beyond [bonding and bridging social capital], access to community support and inclusion)  Education/ information/ literacy	Family and school/ community violence, diminished quantity and quality of adult care, age-based discrimination intersecting with other forms of social marginalisation
<b>Health</b>	Age-specific health vulnerabilities (e.g. infancy, early childhood, adolescence, childbearing, old age), Illness and disability	Under 3 yrs especially vulnerable, access to immunization and nutritional support; adolescence is another esp. vulnerable period in terms of reproductive health

## How can we promote more child-sensitive social protection now and post 2015?

Both now and going forward it is critical that the important emphasis that exists in the MDGs on children's, especially girls', access to services (health, education, water and sanitation) is

maintained and indeed intensified through poverty reduction approaches, especially social protection. However, in order to tackle the complexity of childhood poverty and vulnerability, social protection interventions will need to be complemented by a broader focus on the provision of quality services as well as a stronger rights perspective in accordance with the United Nations Convention on the Rights of the Child, which is absent from the MDGs. In particular, a rights focus would lead to the inclusion of children's social risks to vulnerability to violence, abuse and neglect (Jones, 2009), as well as voicelessness (Hopes and Homes et al., 2009), and contribute towards the broader aim of 'transformative social protection' (e.g. Devereux and Sabates-Wheeler, 2004).

Key areas that need to be prioritised include the following:

- Build on existing evaluation evidence on social protection programming
- Develop and support the integration of an understanding of childhood poverty and vulnerability into national social protection strategies
- Consider carefully implementation capacity and fiscal space challenges before promoting cash transfers
- Ensure that social protection for health is included, given the severity of child and maternal health vulnerabilities
- Promote synergies between child protection and national social protection systems, in order to better tackle children's vulnerability to violence and neglect

#### ***Learn from the existing evidence base***

There is already a considerable body of evaluation evidence on social protection programming from a variety of income and governance contexts (World Bank, 2009), from which lessons on improving children's access to services and well-being outcomes need to be teased out and built upon. Evidence-based awareness-raising activities are also important as a means of reducing concerns about 'hand-outs' and dependency, and developing cross-sectoral political support for social protection initiatives.

#### ***Build and support appropriate national social protection systems***

Commitment levels to social protection vary between countries: a number of middle and low-income countries have mainstreamed social protection into their Poverty Reduction Strategy Papers or equivalents, and some have developed specific national social protection plans (e.g. Ghana, Mali, Senegal). While several countries have been able to scale up programmes significantly (e.g. Brazil's Bolsa Familia reaches 12 million households; South Africa's child grant reaches 7 million; Ethiopia's Productive Safety Net Programme reaches 8 million), for others, the small scale ad hoc nature of existing programmes is a key constraint to addressing the depth and severity of poverty and vulnerability. Moreover, especially in low-income sub-Saharan Africa, social protection institutions and policies are scarce, and the development of coordinated and effective national social protection systems requires establishment from scratch (Barrientos 2007).

Given existing resource and institutional capacity constraints, a sequenced approach to social protection might be considered. Budget analysis from low income countries in West and Central Africa, for instance, suggested that a targeted approach towards the extreme poor rather than a universal approach to social protection is the most feasible short-term option. Even then, national policymakers seeking to build lasting fiscal space for social protection face difficult decisions including either increasing revenue or reallocating spending (Handley, 2009). Therefore, progressive realisation of children's rights through increased coverage over time should be considered and aligned with a country's resource base.

#### ***Weigh the opportunities and constraints of cash transfers***

Cash transfer programmes are emerging as a potentially positive response to childhood poverty. Evidence suggests impacts are maximised when implemented in combination with other social protection initiatives and complementary services and infrastructure. Some countries, for example in Latin America, have adopted cash transfers at scale. Cash transfers in other countries (e.g. Philippines, Ghana, Nigeria) are relatively new, and pilots cover only a small proportion of the poor. Whilst the impact on income varies according to the transfer amount, cash transfers have positive impacts on children's schooling, health and nutrition as well as reducing the incidence of child labour (e.g. Barrientos and DeJong 2006).

When considering the appropriateness of cash transfers to tackle childhood poverty in a specific context, existing infrastructure (such as services, roads and markets), political acceptability, affordability, appropriate delivery mechanisms and intra-household resource allocation all need to be considered. Diversity across and within countries means that the appropriateness, scale and scope of cash transfers must be assessed case-by-case, depending on fiscal space realities as well as administrative capacity.

#### ***Promote social health protection to tackle child and maternal health vulnerabilities***

The MDGs have a strong focus on health (MDG4: child mortality, MDG5: maternal mortality, MDG6: HIV/AIDS, malaria and other major diseases, MDG7: access to water and sanitation), but do not explicitly address one of the most significant barriers to health access for the poor: financial costs. It is therefore critical that any approach to child-sensitive social protection include social health protection. Given the still limited global progress in tackling high rates of maternal and child morbidity and mortality, ensuring access to healthcare for all through equitable health financing arrangements is an urgent priority. Recently, there has been an increasing focus on social health protection via health insurance as a potentially promising way to deal more equitably with health risks in developing countries. However, although there have been important exceptions (e.g. Ghana and Thailand), it has frequently proved challenging to provide coverage to poor households, especially those in the informal sector. Accordingly, a growing number of international agencies and analysts are suggesting that a carefully planned and progressive removal of health service user fees – with priority to maternal and child health - would be the most effective way forward. The successful abolition of user fees, which increases the demand for health services, hinges on a well sequenced roll out and management of the supply side in order to ensure that health providers are able to meet the increase in demand (Gilson and McIntryre, 2008).

#### ***Integrate child protection into broader social protection systems***

Recent evidence suggests that protection-related vulnerabilities represent some of the most pressing challenges facing children globally (UN, 2006). Existing child protection systems are weak, fragmented and under-resourced both financially and in terms of human capital in much of the developing world. In order to holistically address child-specific vulnerabilities, important potential synergies between social protection and child protection systems need to be identified and developed. Two broad sets of synergies should be considered in particular: a) synergies between legislative frameworks which seek to address children's right to protection (e.g. from harmful forms of child labour, trafficking, abuse, gender-based violence) and social protection policy frameworks, and b) synergies with existing social protection programmes (e.g. cash transfers and social health insurance programmes) (Jones, 2009). Context-appropriate responses will require awareness-raising and capacity-strengthening for programme designers and implementers, and efforts to improve the knowledge base on protection-related vulnerabilities, from the household to schools to the workplace. Children's protection-related vulnerabilities cut across the responsibilities of multiple government sectors (e.g. health, social development, labour, migration, education, justice) as well as multiple societal domains. Accordingly, it is essential to secure the awareness and involvement of a range of governmental and non-governmental actors, including children and parents. Common monitoring and evaluation, as well as centralised child- and gender-specific data collection tools and systems would also contribute to integrated approaches.

## References:

Barrientos, A. (2007) Introducing basic social protection in low-income countries: Lessons from existing programmes BWPI Working Paper 6, Brooks World Poverty Institute, Manchester, UK

Barrientos, A. (2006) 'International Experiences and Lessons on Conditional Cash Transfer Programmes – and Checklists for Countries in Africa'. University of Sussex, IDS, Brighton, UK.

Barrientos, A. and J. DeJong (2006) 'Reducing Child Poverty with Cash Transfers: A Sure Thing?' *Development Policy Review* 24(5): 537-552.

DFID (Department for International Development) (2005) Social Transfers and Chronic Poverty: Emerging Evidence and the Challenge Ahead. Practice Paper. London, UK: DFID.

Devereux, S. and R. Sabates-Wheeler (2004) 'Transformative Social Protection' (2004), University of Sussex: IDS Working Paper 232, Brighton, UK: Institute of Development Studies, University of Sussex.

Devereux, S., J. Marshall, J. MacAskill and L. Pelham (2005) Making Cash Count: Lessons from Cash Transfer Schemes in East and Southern Africa for Supporting the Most Vulnerable Children and Households. London: Save the Children UK, HAI and IDS.

Gilson, L. and D. McIntyre (2005) 'Removing User Fees for Primary Care in Africa: The Need for Careful Action', *British Medical Journal* 331: 762-5.

Handley, G. (2009) 'Fiscal Space for Strengthened Social Protection in West and Central Africa', Regional Thematic Report 2 from a Study on Social Protection in West and Central Africa commissioned by UNICEF West and Central Africa Regional Office. London: Overseas Development Institute.

Hopes and Homes, International Development Institute, International Labour Office, Overseas Development Institute, and UNICEF (2009). Advancing Child Sensitive Social Protection: A Joint Statement.

Jones, N. (2009) Child Protection and Broader Social Protection Linkages in West and Central Africa. Regional Thematic Report 5 from a Study on Social Protection and Children in West and Central Africa, commissioned by UNICEF West and Central Africa Regional Office. London: Overseas Development Institute.

Samson, M., I. van Nierkerk and K. MacQuene (2006) Social Grants: South Africa. Inter-Regional Inequality Facility. Policy Brief 1. London, UK: ODI.

United Nations (2006) *Report of the Independent Expert for the United Nations Study on Violence against Children*. United Nations General Assembly: New York. <http://www.violencestudy.org/IMG/pdf/English-2-2.pdf>.

World Bank (2009). Conditional Cash Transfers: Reducing Present & Future Poverty. Policy Research Report. World Bank: Washington D.C.