

Integrating social protection and child protection services for better outcomes for children in the Middle East and North Africa

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INTEGRATING SOCIAL PROTECTION AND CHILD PROTECTION SERVICES FOR BETTER OUTCOMES FOR CHILDREN IN THE MIDDLE EAST AND NORTH AFRICA

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This research report is one of the outputs of the United Nations inter-agency agreement between the United Nations Children's Fund (UNICEF) Middle East and North Africa Regional Office (MENARO) and the International Policy Centre for Inclusive Growth (IPC-IG). It was prepared by Karen Codazzi Pereira and Fernando Araújo, both from the IPC-IG, with guidance from Charlotte Bilo (IPC-IG), as well as Carl Henrik Ingrids and Cosma Gabaglio (both UNICEF MENARO).

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EXECUTIVE SUMMARY

Due to several factors, including conflict and high poverty levels, the Middle East and Northern Africa (MENA) region represents a particularly vulnerable context for children. One in four children (29.3 million) experiences acute poverty, lacking basic rights in two or more of the following dimensions: decent housing, health care, safe water, sanitation, nutrition, basic education and information (LAS, UN ESCWA, UNICEF and OPHI 2017). Breaking the pattern of compounding and cumulative vulnerabilities that children and their families face requires a holistic approach. An integrated social protection scheme can provide a comprehensive set of interventions to address different dimensions of child poverty and deprivation, reducing vulnerability across the life cycle. The social service workforce (SSW) plays a critical role in social protection systems—they can be responsible for facilitating access to services or directly supplying services, administering government agencies and developing policy, research and advocacy. The SSW helps to ensure that effective prevention and support services reach those who need them most, hence it is a key actor in integrating social protection (SP) and child protection (CP) schemes.

A systematic and integrated social policy, particularly delivered by the SSW, can improve the results and efficiency of both SP and CP, by enhancing cross-sectoral coordination, increasing the ability to respond to complex needs, and improving human resources efficiency. Integrating SP and CP can improve socioeconomic indicators and well-being, besides making child outcomes more comprehensive. Global evidence has been showing positive impacts of 'cash plus' programmes in different dimensions, such as nutrition, education and productive outcomes. Additionally, combining CP with SP allows the State to better address various factors causing or perpetuating harm to children. It also provides, under the right conditions, the opportunity to increase the coverage of CP schemes, since SP schemes usually have broader coverage and more resources. Investments in the SSW and training of these workers, therefore, play a critical role in increasing the coverage of CP. Furthermore, a holistic consideration of the SSW as working on both SP and CP—and not as separate groups of workers in each sector contributes to a better distribution of resources and planning of the workforce and the budget needed to provide SP and CP services. Figure 1 summarises the main reasons.

Combined SP and CP schemes Expanded coverage and strengthened CP services, improving child outcomes Enhanced socio-economic and well-being outcomes, as well as children's outcomes Optimisation of limited resources of SP and CP

Figure 1. Summary of reasons to integrate social protection and child protection

Source: Authors' elaboration.

Against this background, the IPC-IG and the UNICEF MENA Regional Office developed this report analysing five case studies that demonstrate how integrated SP and CP systems enhance efficiency, especially of the SSW, and improve socio-economic and child outcomes. Table 1 presents the main aspects of the case studies, and the key take-aways.

Table 1. Summary of case studies

Country	Good practices of integrating SP and CP	Lessons learned/expected results
Tunisia	Integration of the SSW of two ministries to monitor cash transfer beneficiaries, identify CP cases and refer the cases to CP officers (requiring a much smaller workforce). Implementation helplines were introduced during the COVID-19 pandemic for psychological assistance and guidance for women victims of domestic violence and families with children at risk, as a way of assessing those in need of help during the isolation period.	The coordination between of the ministries enabled greater CP coverage by increasing efficiency in the allocation of limited resources. This cooperation also allowed for a coordinated government response, capable of identifying multiple facets of social vulnerability and responding in an intersectoral way during the COVID-19 pandemic.
Morocco	Implementation of the Integrated Territorial Mechanism for the Protection of Children, which offers services that include monitoring of abandoned children for medical and psychological follow-up, family mediation, school rehabilitation, social assistance, administrative assistance for issuing documents, and other services related to CP. Programme provided by the Monitoring Centres for the Protection of Children to welcome and listen to children and their families; diagnose risks to children; and register cases of violence and report them to the competent authorities, besides guiding children and families towards existing public services (judicial services, medical services and social protection measures).	The implementation of a case management system with standardised rules helps to guarantee equal access to quality services to all children, from the identification of the most vulnerable children to the reinsertion and reintegration of children and monitoring of the situation of children. By providing training and capacity-building programmes to the SSW for working with children, the programme can improve the quality of the services.
Iraq	The pilot cash transfer programme aimed to incentivise access to social services in education, health and housing, and increase the agency of women. UNICEF supported the replacement of conditionalities with social behaviour change messaging and positive parenting messaging, along with case management and referrals, to avoid penalising low-income families. The programme's management information system [MIS] linked schools and health facilities to register beneficiary information and track compliance with their co-responsibilities.	Through the case management system, which involved referrals to specialist child services, potential drawbacks of conditionalities could be identified and mitigated. Building up the MIS of the pilot and introducing the digitisation of the data collection and monitoring processes (using tablet computers) to survey conditions linked to education and health enabled the development of an efficient tool to monitor conditionalities, allowing data to be updated in real time.
Egypt	Creation of the Child Protection Vulnerability Index serves to estimate the vulnerability level of <i>Takaful</i> and <i>Karama</i> beneficiary households and prioritise the most vulnerable households to receive visits from the SSW, based especially on children's vulnerability.	By implementing the Child Protection Vulnerability Index, the country will be able to prioritize the children most likely at risk in the context of constrained capacity of Child Protection services.
Brazil	Implementation of guidelines on how basic SP should be organised, the functions of the SSW and standard protocols. The legal framework of the Unified Social Assistance System (SUAS) also defines the responsibilities of different government entities: the federal level, states and municipalities, establishing shared management of the SUAS. Creation of the Single Registry, the most important tool for identifying low-income Brazilian families and gathering information about family composition, the socio-economic characteristics of households and their members.	The guidelines provide instructions on how the SUAS should be structured, and clear definitions of the activities of the SSW and protocols for services. Shared management is beneficial insofar as it divides the management responsibilities of the social assistance system between the three federative entities, without overloading any of them, and promotes integration between them. The Single Registry helps policymakers, as it gathers essential information for the planning of public policies and is an essential tool for monitoring vulnerable families and the conditionalities of the cash transfer programme by the SSW. The measures permit a universal social assistance system that proactively looks for vulnerable families and children.

Source: Authors' elaboration.

The cases studies show that there are different ways to promote the integration of SP and CP. The best measure will depend on the level of development of the SP system. Ideally, SP systems should be designed with the objective of integrating CP, as in the case of **Brazil**, where SP programmes and infrastructure are designed to focus on families, including a focus on attending to children's needs.

Countries with less-developed SP systems can start to promote the integration of SP and CP by setting shared goals and conducting joint planning between SP and CP ministries and agencies to improve linkages—as, for example, in the case of **Tunisia**. The country promotes exchanges between the ministries responsible for SP and CP.

Furthermore, joint planning between different government levels (national and local) responsible for implementing social services can be enhanced, as in the case of **Brazil**, which defines different responsibilities for the different bodies responsible for SP at each level of government.

Programmes and services can be designed from the outset with the goal of integrating SP and CP objectives, providing a holistic view of SP to families and children, though, for instance, 'cash plus' programmes with CP components, including parenting or prevention programmes. The plan developed in Morocco is an example of this type of integration.

In addition, promoting information-sharing protocols between SP and CP can help monitor families and plan social services, although special attention is needed to keep sensitive information confidential. In some cases, when there are limited data on children's conditions, the data collected can be used for projections to focus programmes and prioritize family visits, as in the case of the vulnerability index in **Egypt**.

Preparing the SSW to deal with both SP and CP cases requires the SSW to be at scale and qualified—with sufficient experience and relevant education. For this, the training and capacity-building needs of the SSW must be assessed and met, so to make sure that all staff that ensures all staff members have the required qualifications and skills to perform their functions.

The main recommendations on how to integrate SP and CP, and how to strengthen the SSW in this regard, based on the case studies analysed, are shown in Figure 2.

Figure 2. Recommendations on how to integrate social protection and child protection schemes and the SSW



Source: Authors' elaboration.



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