UNICEF work on social protection

• Strong presence on the ground - UNICEF is engaged in more than 124 social protection interventions in 93 countries
• Leaders in child-sensitive social protection
• Experience in low income and fragile settings
UNICEF work on social protection

- Technical assistance in the **design and implementation** of SP programmes/systems
- **Costing of and identifying fiscal space** to expand investments in social protection
- Promoting **knowledge exchange and forging alliances** in social protection
- **International advocacy** to promote social protection floors
Social Protection Strategic Framework

Key Messages

- Social protection strengthens **resilience**, accelerates **equity**, human and economic development
- UNICEF supports **Progressive Realization** of Universal Coverage
- Social protection can be **affordable** and **sustainably** financed
- UNICEF promotes **integrated social protection systems**
- Social, as well as economic, vulnerabilities need to be addressed by social protection
- Starting point for a **collaborative agenda** on joint learning and action
The Case for Social Protection and Children
- Increased relevance, child-sensitive social protection, returns to investment in children and social protection

UNICEF’s Approach and Principles
- Definition, components, principles (inclusive social protection; progressive realization and national ownership, sustainability and context specificity)

Integrated social protection systems
- Multi-sector approach (social protection and equitable sector outcomes) and systems; systems approach (e.g.: institutional arrangements, M&E, participation)

Key Policy Issues and Challenges
- Financing, politics, sequencing and prioritization, institutional capacity

Inclusive Social Protection
- Dimensions of exclusion, inclusive instruments and design

Emerging issues
- Humanitarian action, urbanization, migration and adolescence and youth

The Road Ahead
- Collaborative Agenda for Action, engaging partners, UNICEF’s contribution

Case studies and illustrations from different regions
Evidence on impacts and overview of the state of existing evidence
The Case for Social Protection and Children
Increased relevance in current context

• **Persistent inequality and exclusion**
  – Inequality across regions and within countries, uneven progress in MGDs

• **Increasing economic risks and instability**
  – Crises and instability disproportionately affect those already vulnerable, e.g. women, youth and children

• **Sustainable development goals and climate change**
  – Poor & marginalized communities and children, particularly vulnerable to climate change

• **Population trends and demographic changes**
  – Youth bulge, strains in employment, migration and urbanization patterns, changing family and support structures
Current Context: Rising Unemployment and Food Prices

Source: Ortiz, Chai and Cummins 2012: *Escalating Food Prices*, (update), UNICEF.

Developing economies average: 24% invested SP

Developed economies average: 27% invested SP

Source: Ortiz, Chai and Cummins 2011: *Austerity Measures threaten Children and Poor Households*, UNICEF.
Second phase of the Global Crisis (2010- ): Austerity in a Context of Rising Unemployment and Food Prices

Contraction of public expenditures in 94 developing countries in 2012; austerity measures considered:

- Wage bill cuts/caps – including salaries of teachers, health, social workers
- Eliminating subsidies, such as food subsidies
- Social protection: Targeting (reducing coverage) and rationalizing/reducing benefits

At a time when families most in need - social protection should be scaled-up

- G20 – Building social protection floors
- IMF/World Bank 2012 Development Committee Communique: Urgency to build safety nets during crisis and prosperity

### Table: Change in Spending and Growth of Real Spending

<table>
<thead>
<tr>
<th>Income Group</th>
<th>Indicator</th>
<th>(A) Change in Spending (year on year, in % of GDP)</th>
<th>(B) Growth of Real Spending (year on year, as a %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing (countries 130)</td>
<td>Overall avg. change</td>
<td>-0.6</td>
<td>0.2</td>
</tr>
<tr>
<td></td>
<td>Avg. contraction</td>
<td>-2.7</td>
<td>-1.8</td>
</tr>
<tr>
<td></td>
<td># of countries contracting</td>
<td>68</td>
<td>62</td>
</tr>
<tr>
<td>High Income countries (49)</td>
<td>Overall avg. change</td>
<td>-0.7</td>
<td>-1.2</td>
</tr>
<tr>
<td></td>
<td>Avg. contraction</td>
<td>-1.6</td>
<td>-2.0</td>
</tr>
<tr>
<td></td>
<td># of countries contracting</td>
<td>38</td>
<td>37</td>
</tr>
</tbody>
</table>
Child-Sensitive Social Protection: Helping all children realize their full potential

• **Social protection and children’s rights**
  – Rights to social protection recognized in international instruments

• **Multidimensional nature of children’s vulnerabilities**
  – Children share the risks and vulnerabilities of their families and communities, but also have specific (age and gender) vulnerabilities that need to be considered.

• **Equity**
  – Social protection addresses some of the underlying social and economic barriers to children’s well-being
  – Helps level the playing field, accelerating progress particularly for vulnerable and excluded populations

• **Intergenerational approach**
  – Child-sensitive does not mean child-exclusive
  – Addressing vulnerabilities of caregivers, households and communities also important
Children have internationally recognized rights to social security, an adequate standard of living, health, education, etc. - as inscribed in international legal instruments:

- **Convention Rights of the Child**
  - **Article 26**
  "States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of rights in accordance with their national law."
  - **Article 27**
  "States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing."

Supported by other articles: 18, 19, 24, 28 and 32
193 State Parties to the Convention as of 2012.

- **Universal Declaration of Human Rights** - Articles 25 and 26
- **ILO Social Security (Minimum Standards) Convention** 102
- **International Covenant on Economic, Social and Cultural Rights** – Articles 9, 10, 11, 12 and 13
Investing in children now, reaping long-term returns

- **Importance of Investing in Children NOW**: Children 30% world population
- Childhood is **critical window** of opportunity
  - Physical, cognitive and psychological development has lifetime consequences
  - The positive impacts of social protection on children’s nutrition, health, education and protection can lead to healthy and productive adulthood
- **High costs of inaction**
- Broader positive economic impacts
  - At household level, protects against shocks and supports productive investments and labour market participation
  - Multiplier and counter-cyclical effects in local economies
UNICEF’s Approach and Principles
UNICEF understands social protection as:

“a set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation”

Key elements of definition:

- Poverty and deprivation are a **multi-dimensional** and dynamic reality.
- Vulnerability entails both **exposure to risk** and the **capacity** to respond and cope.
- Both **economic and social** vulnerabilities are important and often intertwined.
- Vulnerabilities are shaped by **underlying structural** social, political and economic factors.
Social protection components and examples

Social Transfers
- Cash transfers (including pensions, child benefits, poverty-targeted, seasonal)
- Food transfers
- Nutritional supplementation; Provision of ARVs
- Public works

Programmes to access services
- Birth registration
- User fee abolition
- Health insurance
- Exemptions, vouchers, subsidies
- Specialized services to ensure equitable access for all

Support and care
- Family support services
- Home-based care
- Accessible Childcare services

Legislation
- Minimum and equal pay legislation
- Employment guarantee schemes
- Maternity and paternity leave
- Removal of discriminatory legislation or policies affecting service provision/access or employment
- Inheritance rights
Key Principles

- **Progressive realization of universal access to social protection:** UNICEF supports countries to identify and progressively build the mix of policies and programmes most conducive to the ultimate goal of achieving universality, while recognizing countries’ different capacities and contexts.

- **National systems and context specificity:** UNICEF supports nationally owned and led systems. There is no ‘one size fits all’ blueprint for social protection policies; the most effective and appropriate mix of programmes and financing strategies must be identified in each context.

- **Inclusive social protection:** Dimensions of exclusion such as gender, ethnicity, HIV status, geographic location, and disability status fundamentally shape the vulnerabilities of children and their families. UNICEF promotes inclusive social protection that is responsive to the different dimensions of exclusion and their manifestations.
Progressive realization of universal coverage

• UNICEF supports the goal of **universal coverage**: all people should be covered by appropriate and effective social protection mechanisms.

• An universal approach has the potential to:
  – reduce exclusion errors
  – foster social solidarity
  – reduce stigma associated with some targeting methods

• Progressive realization
  – UNICEF recognizes the challenges in providing universal coverage: resource and capacity constraints, state of development of social protection structures
  – Supports countries in identifying and building the most **appropriate approach or mix of interventions** that will be most conducive to the ultimate goal of universal coverage
UNICEF supports nationally-owned and led systems

Includes supporting national leadership in the development of long-term financing strategies

No ‘one size fits all’

- Identification of the most effective and appropriate mix of interventions given context-specific vulnerabilities, national priorities, and capacity.
Inclusive social protection

• Inclusive SP is responsive to different dimensions of exclusion
  – Social dimensions of vulnerability such as gender, ethnicity, HIV status, geographic location and disability status fundamentally shape exposure to risk and resilience → barriers to secure livelihoods and to accessing essential social services
  – Looks at shared causes of exclusion across different groups, while considering the added vulnerabilities associated with specific dimensions

• Inclusive SP enhances inclusive and equitable outcomes through:
  – **Instruments** that explicitly promote social inclusion and equity, e.g. parental leave, anti-discrimination policies
  – **Design and implementation** that is sensitive to the added vulnerabilities that stem from social exclusion
### Inclusive social protection: Instruments

**Examples of instruments that specifically address social exclusion:**

<table>
<thead>
<tr>
<th>Social protection instrument</th>
<th>Social inclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accessible childcare services</strong></td>
<td>Interventions that acknowledge uneven access and barriers to entry into the labour market: e.g., subsidies for childcare centres; provide caregivers with capacity to work; even the playing field and eliminate trade-offs in potential job options for women (part-time, low pay vs. flexibility)</td>
</tr>
<tr>
<td><strong>Maternity and paternity leave</strong></td>
<td>Parents are able to take care of children without losing earnings</td>
</tr>
<tr>
<td><strong>Inheritance rights</strong></td>
<td>Women and girls are able to use family assets and resources, even if male head of household is not present (key for widows and orphans in conflict and emergency settings)</td>
</tr>
<tr>
<td><strong>Anti-discrimination policies/quotas</strong></td>
<td>To ensure job opportunities for disabled youth; legal reforms and frameworks that recognize and foster intercultural practices in health, nutrition, education and other relevant sectors; legislation reform to prevent discrimination against children with disabilities in terms of education and health services</td>
</tr>
<tr>
<td><strong>Family care and support</strong></td>
<td>Economic and social support to family members and caregivers: support early identification, inclusion into community and interaction with peers, support families to help the development of children</td>
</tr>
</tbody>
</table>
Inclusive social protection: Design, implementation & evaluation

Examples of inclusive design, implementation and evaluation in social protection programmes:

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inclusive design</strong></td>
<td>- Facilitating childcare services and/or breastfeeding practices to encourage participation of women in public work programmes</td>
<td>- Considering potentially remote geographic location of vulnerable indigenous communities in the design of delivery mechanisms and/or targeting</td>
<td>- Considering adjusting benefit size to include added costs associated with disability treatment and care</td>
</tr>
<tr>
<td><strong>Inclusive implementation</strong></td>
<td>- Complementary activities: for ex., programmes facilitating not only access to health care to pregnant adolescents and women but also preventive information for at-risk girls</td>
<td>- Family support to beneficiaries to enhance impact of programmes</td>
<td>- Complementary activities: for ex., outreach and referral services to allow children and families to access benefits and/or specialized services.</td>
</tr>
<tr>
<td><strong>Inclusive evaluation</strong></td>
<td>- Assessing outcomes such as intra-household impacts, participation, and empowerment</td>
<td>- Promoting the integration of ethnic-disaggregated data in national census and/or socio-economic surveys</td>
<td>- Integrating disaggregated data into national surveys and programme evaluations to measure whether people with disabilities and their families are being included (or excluded) from benefits and services.</td>
</tr>
</tbody>
</table>
A basic set of social protection transfers and services for:

- Children
- Older persons
- Persons with disabilities
- Unemployed
- ...

All countries have some form of social security but few provide a basic social floor for all.

See: http://www.socialprotectionfloor-gateway.org/

Supported by the G20

Lead UN agencies: ILO and WHO. Participating UN-system agencies - FAO, OHCHR, UN Regional Commissions, UNAIDS, UNDP, UNDESA, UNESCO, UNFPA, UNICEF, UNHABITAT, UNHCR, UNODC, UNRWA, WFP. Participating Civil Society: Helpage, ICSW...
Key Policy Issues and Challenges
Social protection can be **affordable** and **sustainably financed** even in poor countries

- Spending on SP is an investment, as it can result in positive immediate and long-term economic and social return
- The cost of NOT expanding SP should also be considered
- Affordability and financing are not only technical questions but also political choices
- Financing options available include:
  - Re-allocating current public expenditures
  - Increasing tax revenues
  - Using fiscal and central bank foreign exchange reserves
  - Borrowing or restructuring existing debt
  - Adopting more accommodating macroeconomic framework
  - International aid
Is It Affordable? Cost of a Universal Child Benefit in 57 countries, % GDP

Source: UNICEF 2010 Social Protection – Accelerating the MDGs with Equity
Key policy issues and challenges

- **Costing** – Online SPF tool to start discussions:
  
  [http://www.socialprotectionfloor-gateway.org](http://www.socialprotectionfloor-gateway.org)

- **Politics of Social Protection**
  - Affect design, implementation and evaluation of programmes but also which interventions are conceived as feasible in the first place

- **Sequencing and Prioritization**
  - Particular pathway chosen is context-specific
  - UNICEF supports the implementation of the SPF as an initial step

- **Institutional Capacity**
  - UNICEF provides support to countries and helps keep SP from becoming a strain on existing institutions

**SPF Costing Tool**: Users can estimate costs for the following cash transfers:

- child benefits,
- old-age pensions,
- disability benefits,
- orphan benefits,
- education stipends,
- birth lump-sum benefits,
- youth labour market programmes, and unemployment programmes
Implementation Debates

- **Conditionality**
  - Both conditional and unconditional transfers have shown impact
  - The particular role and attribution of impact to conditionality remains an open debate
  - Several issues to consider:
    - Context-specificity and appropriateness of conditionality
    - Additional cost of conditionality vs. added-value
    - Additional capacity requirements
    - Paternalism
  - UNICEF has been mostly involved in supporting unconditional programmes

- **Graduation and Exit Strategies**
  - Some groups require permanent assistance (e.g., orphans)
  - Some groups affected by short-term shocks may require temporary assistance. Resilience *over time* is the goal so implementers must go beyond usage of income/asset threshold to assess graduation. Consider:
    - Social vulnerabilities
    - Enabling external factors
    - Dynamic movement in and out of poverty
Integrated Social Protection Systems: Enhancing Equity for Children
Overall approach: Integrated social protection systems

Highly effective for addressing multiple and compounding vulnerabilities faced by children and families

- Address both social and economic vulnerabilities
- Provide a comprehensive set of interventions
- Go beyond risk management interventions and safety nets: address structural as well as shock-related vulnerabilities
- Facilitate a multi-sector approach and coordination

In order to be effective and sustainable, SP systems also need to:

- Coordinate with appropriate supply-side investments
- Frame social protection strategies within a broader set of social and economic policies that promote human development and growth
Integrated social protection systems

‘Systems’ approach + ‘Multi-sector’ approach -> Integrated Social Protection Systems
Institutions and mechanisms necessary to effectively address multiple vulnerabilities in an *integrated manner*

**Components/building blocks:**

- **Vulnerability and poverty assessments** for selection of appropriate design
- **Institutional frameworks**: national policy/strategies that clearly define and delineate the country’s/region’s approach to SP
- **Institutional arrangements**, for providing strategic guidance, overseeing implementation, and facilitating multi-sector coordination
- Structures and incentives to facilitate **horizontal and vertical coordination** (eg: Common targeting systems; Developing regional and local implementation models of social protection)
- **Monitoring and evaluation** (M&E plan, MIS, etc)
- **Participation and accountability**
An effective institutional design is crucial to the successful implementation of a social protection system.

Elements to consider (examples):

- Comprehensive **framework/policy** that clearly defines and delineates the country’s/region’s approach to SP

- Appropriate structures for providing strategic guidance, overseeing implementation, and facilitating multi-sector coordination. Ex:
  - Inter-ministerial high level committee to provide strategic guidance and define intervention priorities;
  - Ministry/government agency with a specific mandate and/or technical expertise on particular groups or thematic approach
  - Specialized agency/unit under planning department

- Structures and incentives to facilitate horizontal and vertical coordination. Ex:
  - Common targeting systems
  - Developing regional and local implementation models of social protection
UNICEF acknowledges the importance of M&E systems, as well the challenges faced by many countries in building them effectively.

The Framework discusses some key elements to consider in developing and strengthening an M&E system, including:

- Identification of the most **effective design**, responsive to the objectives of the system or programme
- Definition of an **M&E plan** in the early stages of design that outlines the particular areas to be monitored and/or assessed, the information needed, the best way to collect it, and how to involve strategic stakeholders, etc.
- **Monitoring Information Systems (MIS)**: key component of M&E, providing tools to enhance registry, eligibility processes, as well as monitoring outputs and outcomes
- **Institutionalization** of evaluation for social programmes
- **Learning** within and across countries and regions; experience and documentation exchange
SP policies and their redistribution mechanisms need to be justified and validated by citizens – beneficiaries and non-beneficiaries. Participation enhances the relevance, appropriateness, ownership, and effective implementation of programmes.

- **Design**
  - Participation when defining polices and strategies, identifying vulnerabilities and needs

- **Implementation**
  - Community case workers, civil society organisations can support beneficiaries to increase their knowledge of programmes’ operations and processes and their capacity to claim rights to SP

- **Accountability & Monitoring**
  - What appeals processes are in place? Can women and children access these in practice, and are their appeals addressed?
  - Civil society groups can play an important role in monitoring and providing feedback on the effective delivery of interventions, as well as in ensuring transparency
Multi-sector approach

Identifies and maximizes linkages between SP and sectors
(Child protection, HIV/AIDS, early childhood development, education, health & nutrition, water and sanitation, etc.)

Social Inclusion  |  Equitable access to services  |  Equitable access to goods/resources  |  Behavior patterns/change  |  Supply of services

Children survive, develop and thrive

Social Protection

Direct impact: Contributes to removing barriers to access

Indirect impact: Fosters improvements in supply and quality of services; contributes to behaviour change
Multi-sector approach: Child Protection

Programmatic linkages between SP and Child Protection:

• Some child protection mechanisms and interventions can serve social protection functions – enhancing outcomes in both areas. For example:
  – Birth registration
  – Family support services

• Explicit integration and linking of child protection services with social transfers or other social protection activities may enhance the long-term impact of these interventions.

• SP contact points can help identify and refer vulnerable households to social welfare services
  – Case workers
  – Pay points (from cash transfers)

• Child protection services can help remove barriers to access of social protection programmes: e.g., referral services by social workers may address stigma, isolation, lack of information problems
## Multi-sector approach: *Health & Nutrition*

<table>
<thead>
<tr>
<th>Causes/ determinants of health and nutrition-related vulnerabilities</th>
<th>Social protection interventions: Child mortality/ ill health and nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Poverty and inequity – financial barriers to access health services</strong></td>
<td>Social transfers, removal of user fees, health insurance, etc. can contribute to removing financial barriers to access health-care services; help families address food insecurity; improve dietary diversity; increase expenditure on high-quality foods; and provide maternity benefits to ensure economic well-being of mothers and proper nutrition.</td>
</tr>
<tr>
<td><strong>Distance and location of services</strong></td>
<td>Cash transfers can help cover costs of transportation as well as time and energy costs associated with health visits.</td>
</tr>
<tr>
<td><strong>Education and information</strong></td>
<td>Training and information sessions linked with social transfers can increase access to information on causes of illness/ preventive measures as well as effective nutrition and hygiene practices; community-based services can complement social protection interventions, providing counselling and support to vulnerable sectors.</td>
</tr>
<tr>
<td><strong>Gender and social norms</strong></td>
<td>When there is differentiated treatment in terms of feeding practices and care between girls and boys, policy reform as well as changes in key legislation can contribute to ensuring equal access to services for women and men. Cash payments given to women can also enhance their decision-making power, as well as increase investments in children’s health and nutrition.</td>
</tr>
</tbody>
</table>
Multi-sector approach: *HIV-Sensitive Social Protection*

Social protection has been recognized as an essential tool to contribute to HIV outcomes: prevention, treatment and care and support (mitigation).

<table>
<thead>
<tr>
<th></th>
<th>HIV prevention</th>
<th>Treatment for people living with HIV</th>
<th>Care and support for people living with and affected by HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash transfers</strong></td>
<td>Greater economic independence can reduce risk factors such as school dropout, migration for economic reasons, risky behaviours, etc.</td>
<td>Promote adherence to treatment: cover clinic visit costs, transportation, etc. Conditionality or payment points can be linked with testing, treatment checks, etc.</td>
<td>Transfers mitigate impact of AIDS on individuals and households</td>
</tr>
<tr>
<td><strong>In-kind</strong></td>
<td>Food transfers (nutritional supplements, fortified blended foods, etc.) and adherence to ART linked</td>
<td>In-kind transfers can improve nutritional status and resilience to disease</td>
<td></td>
</tr>
<tr>
<td><strong>Access to affordable services</strong></td>
<td>Health insurance, health fees abolition, vouchers/exemptions can reduce financial barriers to preventive services, voluntary testing and counselling, information, etc.</td>
<td>Ensuring social health protection can help households access services and deal with increased medical expenses</td>
<td></td>
</tr>
<tr>
<td><strong>Legislation, policy reform</strong></td>
<td>Child protection: ensuring the basic human rights of children (e.g., social protection to reduce child labour)</td>
<td>Legislative measures to reduce stigma barriers and guarantee assistance for children</td>
<td>Birth registration and alternative care to protect children whose caregivers have no/less capacity due to being affected by AIDS.</td>
</tr>
<tr>
<td><strong>Home-based case</strong></td>
<td></td>
<td></td>
<td>Provides psychosocial support, reduces stigma, improves pain management, etc.</td>
</tr>
</tbody>
</table>
Multi-sector approach: *Education*

Social protection interventions can make investments in education more equitable as they can contribute to increasing demand and use, which alongside investments in service provision can enhance human development outcomes.

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Social protection interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial access:</strong></td>
<td></td>
</tr>
<tr>
<td>- Costs associated with education (school fees, materials, transportation and uniforms)</td>
<td>→ Help cover formal and informal costs of schooling and ensure access to education</td>
</tr>
<tr>
<td>- Opportunity costs (e.g., labour trade-off)</td>
<td>- Social transfers (cash transfers, education grants)</td>
</tr>
<tr>
<td></td>
<td>- Removal of user fees</td>
</tr>
<tr>
<td></td>
<td>- Vouchers</td>
</tr>
<tr>
<td></td>
<td>- Subsidies</td>
</tr>
<tr>
<td><strong>Location and distance:</strong></td>
<td></td>
</tr>
<tr>
<td>- High costs (financial and time) associated with distance and transportation</td>
<td>→ Help cover transportation costs and travel time associated with reaching the closest school facilities.</td>
</tr>
<tr>
<td><strong>Societal and cultural norms:</strong></td>
<td></td>
</tr>
<tr>
<td>- Gender dynamics and discrimination</td>
<td>→ Social protection interventions, including policy reform and legislation can contribute to prevent discrimination and ensure access to education services by excluded groups.</td>
</tr>
<tr>
<td>- Language barriers and schooling’s lack of socio-cultural pertinence (ex. for indigenous children)</td>
<td></td>
</tr>
<tr>
<td>- Early marriage and child-bearing</td>
<td></td>
</tr>
</tbody>
</table>
Multi-sector approach: **Early Childhood Development**

Social protection programmes can contribute to improved ECD outcomes and reduce inequities by enabling families to have greater resources and time to care for their children and by dismantling barriers that inhibit access to or investments in childcare services.

<table>
<thead>
<tr>
<th>ECD-specific vulnerabilities</th>
<th>Social protection interventions (examples)</th>
<th>ECD impacts (examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sub-optimal stimulation and inadequate care</td>
<td>Cash transfers; child grants/allowances</td>
<td>Increased investments by households/families in ECD services and programmes</td>
</tr>
<tr>
<td></td>
<td>In-kind transfers (nutritional supplements; fortified food, etc.)</td>
<td>Improved nutritional status of children and thus enhanced health and education outcomes</td>
</tr>
<tr>
<td></td>
<td>Removal of user fees for childcare centres; free state provision of ECD services</td>
<td>Increased use of childcare and pre-school facilities</td>
</tr>
<tr>
<td>Abuse, neglect</td>
<td>Legislation reform, including maternity leave; childcare facilities in the workplace</td>
<td>Improved child development outcomes due to enhanced attachment and bonding, exclusive breastfeeding, and increased quality time between parents and children</td>
</tr>
<tr>
<td>Competing duties and/or limited access to stimulation interventions</td>
<td>Family care services, e.g., home-based care</td>
<td>Linkages with existing treatment, care and support programmes for infants and children living with HIV/AIDS, and/or children with disabilities are actively promoted</td>
</tr>
</tbody>
</table>
Multi-sector approach: Water and Sanitation

Social protection interventions can contribute to enhanced WASH-related outcomes; help ensure access to safe water and sustainable sanitation by removing social and financial barriers (start-up and maintenance).

<table>
<thead>
<tr>
<th>Access barriers</th>
<th>Social protection interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial barriers:</strong>&lt;br&gt; Fees for water, time, energy, and transportation costs (particularly relevant in remote locations, and among women and girls)</td>
<td>Social transfers can promote enhanced household capacity to cover water supply fees as well as to afford maintenance, operation and supplies to enhance water quality (e.g., filters).</td>
</tr>
<tr>
<td><strong>Climate change – increases pressure on availability of water resources</strong></td>
<td>Public work programmes can be designed with a climate adaptation approach, prioritizing investments in water and soil conservation structures.</td>
</tr>
<tr>
<td><strong>Financial barriers when moving from temporary to sustainable, long-term sanitation facilities</strong></td>
<td>Social transfers can promote household’s capacity to invest in long-term, sustainable sanitation services as well as to afford hygienic supplies such as soap, etc.</td>
</tr>
<tr>
<td><strong>Social norms/behaviour change associated with particular sanitation and hygiene practices</strong></td>
<td>Social transfers can be linked with information, training and communication campaigns that promote safe behaviour and practices.</td>
</tr>
</tbody>
</table>
Social protection interventions can contribute to enhance sector outcomes by removing barriers to access and use of services and goods.

Social protection interventions contribute to equitable outcomes and inclusion, closing gaps in terms of access to services and securing livelihoods.

Impacts on poverty gap and inequality

Child protection: Impact on reduction in child labor, increase in birth registration, prevention of family separation

Health: Improved preventive health care; use of health services; reduction in infant and maternal mortality rate.

Nutrition: stunting; maternal nutrition, BMI scores

Education: enrolment and attendance rates; grade transition and reduction in drop outs

HIV/AIDS: access to prevention and treatment; reduction in risky behavior; ART adherence;

ECD: impact on the cognitive development of children including improving motor skills, visual reception and language development

Water and sanitation: access to sustainable sanitation and safe water sources
Multi-sector approach: Maximizing impacts across sectors - examples

**Child Protection**
- In Brazil, the Programa de Erradicação do Trabalho Infantil (PETI) reduced both the probability of *children working* and their likelihood to be engaged in higher-risk activities.
- In Nepal’s Karnali region, the child grant programme (conditional on *birth registration*) increased the number of registered under-5 children from 20,896 to 85,624 between March and October 2010.
- Recipients of Cambodia’s Education Sector Support Project (scholarships) were 10 percentage points less likely to *work for pay*.

**Health - Improved preventive health care and reduced illness (MDG 4, 5)**
- In Ghana, *user fee exemptions* for pregnant women led to a reduction in *their maternal mortality* rate.
- In Niger, *consultations* for children under 5 quadrupled and antenatal care visits doubled after the *removal of user fees* in 2006 for children under 5 and pregnant women.
- In Mexico, OPORTUNIDADES led to a *17 per cent decline in rural infant* mortality (8 percentage points on average). *Maternal mortality* also reduced by 11% among participants and impacts were strongest in more marginalized communities.
Multi-sector approach: Maximizing impacts across sectors - examples

• Nutrition (MDG 1) – reductions in stunting, improved consumption & dietary diversity
  – Cash programmes in South Africa (pension and child grants), Mexico (CCT), Malawi (unconditional CT), and Colombia (CCT) all demonstrate reductions in stunting.
  – In Bangladesh, under-5 children whose households participated in the Chars Livelihood Programme gained, on average, 0.7 mm in height, 210 g in weight and 1.39 mm in mid-upper arm circumference.
  – Newborns whose mothers participated in the Colombian Familias en Acción in urban areas increased in average weight by 0.58 kilograms, attributed to improved maternal nutrition.

• HIV/AIDS (MDG 6) – support for HIV infected/affected including OVCs, some evidence on access to treatment and adherence.
  – In Malawi, cash transfers to adolescent girls increased school attendance, and led to a significant decline in early marriage, pregnancy, self-reported sexual activity and HIV prevalence among beneficiaries.
  – In Kenya, cash transfers were used by households to increase ARV treatment for children and adults.
  – In Zambia, the home-based care programme increase the number of patients able to access ART and other treatments for HIV, AIDS and TB.
Multi-sector approach: Maximizing impacts across sectors - examples

• **Education - Higher school enrollment rates, reduced school drop-out (MDG 2,3)**
  – Kenya: *gross enrollment* rate increased from 88 percent to 112 percent due to the abolition of school fees (2002-2005)
  – Transfer programmes in Ethiopia, South Africa, Malawi, Mexico, Nicaragua, Brazil, Ecuador, Cambodia and Turkey: significant percentage point increases in *enrollment and/or attendance*.
  – In its first year, the Food for Education programme in Pakistan helped increase *school enrolment* in schools by 28 per cent for girls and 22 per cent for boys.
  – In South Africa, girls were 8 percent and boys were 3 percent more likely to *attend school* if they lived with a household member receiving the Old Age Pension.

• **Early Childhood Development**
  – The Roving Caregivers home-based care programme in St. Lucia led to significant positive impact on the *cognitive development* of children including improving motor skills, visual reception and language development

• **Water and Sanitation**
  – In South Africa, the presence of a *flush toilet* in the household is significantly more likely the greater the number of years a pensioner received a pension.
  – In Bangladesh, the Targeting the Ultra Poor (TUP) programme was associated with a greater rate of accumulation of *sanitation assets* among recipients between 2002 and 2005.
Key Emerging Areas for Social Protection
• **Humanitarian Action and Social Protection**: what is the potential role of social protection in the different stages/contexts of humanitarian action (risk management, response, transition, fragility, etc)? How can SP contribute to strengthen households’ and communities’ resilience?

• **Adolescence & Youth Development**: Adolescent and youth specific vulnerabilities? How can SP enhance capacities, including access to secondary education and reducing skills gaps?

• **Social Protection and the Urban Poor**: How to adjust programs and policies to better serve the urban poor?

• **Migration**: How can SP address added vulnerabilities of children migrating with families and those left behind?
What is the potential role of SP at the different stages of humanitarian action (risk management, response, transition, fragility and others)?

Humanitarian Action and SP

- Slow onset and chronic emergencies, such as desertification
- Demographic change
- Rising food and fuel prices
- Pollution
- Water scarcity
- Etc.

Social Protection can:

- Enhance resilience
- Create a solid base for sustainable recovery
- Establish links between emergency response and medium-to-long-term development

→ What is the potential role of SP at the different stages of humanitarian action (risk management, response, transition, fragility and others)?
Adolescence and Youth Development

- Early marriage
- Increased risk for HIV/AIDS
- Gender discrimination
- Child labour
- Under and unemployment
- Increased costs of services – ex: secondary school
- Traffic-related accidents, gang-violence, risky behavior
- High risk for rape, sexual assault and exploitation

Social Protection can:

- Improve access to services, especially for girls
- Address employment-related vulnerabilities
- Provide counseling and information through social support services
- Reduce discrimination through legislation, especially against girls

→ What are adolescent and youth-specific vulnerabilities?
→ How can SP enhance capacities, including access to secondary education and reduction of skills gaps?
Social Protection and the Urban Poor

- Urban poor are integrated into the cash and market economy and may be more vulnerable to economic shocks
- Despite increased availability of services in contrast with rural areas, these may be unaffordable and/or poor quality
- Diversity and high population density
- High levels of informality - less access to social assistance programmes and contributory pensions
- Children and youth face increased risks due to violence, victimization, drug-use
- Vulnerability to environmental health problems: e.g., respiratory problems due to pollution, overcrowding; water-related illnesses.

How to adjust programmes and policies to better serve the urban poor?

Social Protection can:

- Increase affordability of services
- Protect those working in the informal sector
- Increase parents’ ability to work by providing childcare
- Provide employment opportunities through public works
While migration exposes migrants and their families to risks and vulnerabilities, it also creates opportunities. Social protection can maximize the positive effects and minimize the risks and vulnerabilities associated with migration. This is particularly relevant for adolescents and youth, who now represent a large proportion of migrants.

Impact of migration on children who:
- migrate with their families: barriers accessing to services; in some case higher risks to ill health and the impact of emergencies,
- migrate independently and live without family care: exposed to greater risks of exploitation and trafficking;
- are left behind with elder members of extended families when one or both parents migrate.

Social protection can:
• Reduce ‘push’ factors for migration by addressing its root causes – especially those linked with poverty and exclusion
  – Develop/strengthen responses for those who stay
  – Help prevent brain drain
• Reduce vulnerability of migrants in transition or destination countries
  – Help ensure rights are protected
  – Improve migrants’ access to social services
  – Provide a source of income and food security

→ What are potential SP strategies for migrant children and their families?

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Roundtable Discussion

- **Session 1**: Integrated Social Protection Systems: Enhancing Equity in Human Development
- **Session 2**: Challenges and emerging issues (financing, humanitarian action, fragile states)
- **Session 3**: Collaborative Agenda for Action
THANK YOU

www.unicef.org/socialprotection/framework

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