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Social protection: Meeting children's rights and needs

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Policy in Focus

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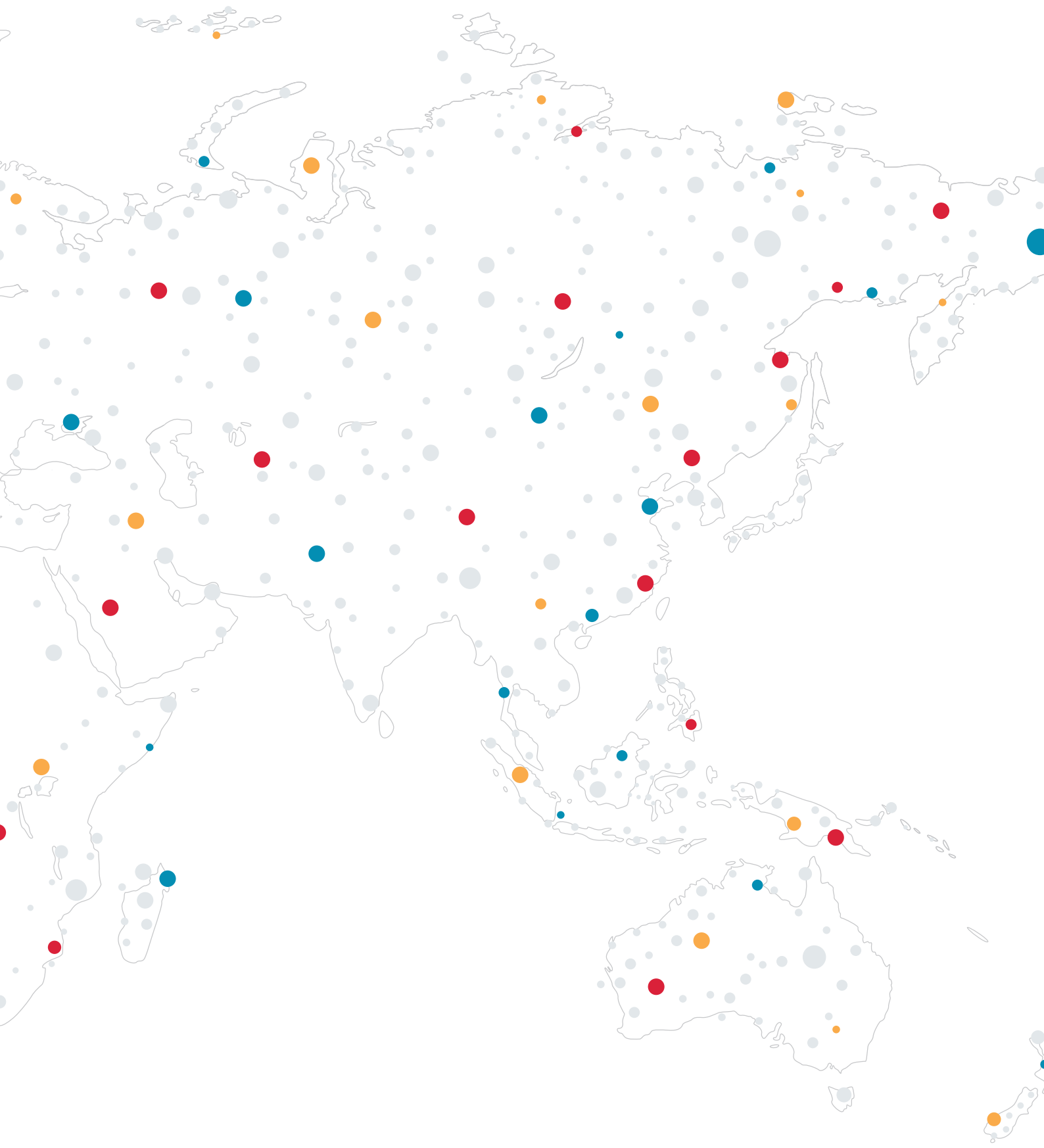
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Social protection: meeting
children's rights and needs

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Policy in Focus



The International Policy Centre for Inclusive Growth (IPC-IG) is a partnership between the United Nations and the Government of Brazil to promote South–South learning on social policies. The Centre specialises in research-based policy recommendations to foster the reduction of poverty and inequality as well as promote inclusive growth. The IPC-IG is linked to the United Nations Development Programme (UNDP) in Brazil, the Ministry of Planning, Development, Budget and Management of Brazil (MP) and the Institute for Applied Economic Research (Ipea) of the Government of Brazil.

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Editorial

Despite significant progress in the reduction of extreme poverty in recent years, millions of children are still poor or vulnerable to poverty. There is growing consensus that poverty comprises more dimensions than just monetary. Social protection policies can help address the multifaceted nature of child poverty and improve children's well-being, especially in the areas of education, health and nutrition. However, it is important to consider the gender-, age- and context-specific needs and vulnerabilities of children during all stages of the policy cycle.

This issue of Policy in Focus presents a collection of 15 articles from leading scholars, researchers and policy practitioners, shedding light on the key challenges of promoting social protection programmes for children. These contributions feature a diverse selection of case studies from Asia, Latin America, the Middle East, and sub-Saharan Africa.

Social protection should be understood as both an investment and an obligation to meet children's rights. Organisations concerned with the latter, such as UNICEF, have long promoted a universal approach to social protection. Yet, while evidence points to the benefits of universal child grants, there is still much to be discussed in terms of gaps in knowledge. Irrespective of the type of social protection policy being considered, the articles in this volume show that child poverty assessments can play a crucial role in informing the design of programmes.

A key message that comes through in this issue is that social protection is, by itself, no 'silver bullet'. Therefore, 'cash plus' initiatives, offering components

aimed at achieving behavioural change or improving access to social services, have gained traction.

The articles on the role of social protection in tackling violence against children and achieving safe transitions into adulthood further show that multisectoral responses remain indispensable. The importance of considering potential barriers to accessing benefits, such as cumbersome administrative procedures and lack of awareness, is also emphasised. In addition, the case of Mozambique illustrates the importance of a conscious social protection strategy for the introduction of new programmes or the scale-up of existing ones.

Authors also discuss what needs to be taken into account to tailor social protection programmes to the specific needs of particularly vulnerable children, such as children with disabilities, children on the move or those living in geographically isolated areas. Finally, there is promising evidence of the impact of social protection programmes on child-related outcomes. Case studies from Argentina, Brazil, and India analyse these effects on indicators related to consumption, nutrition, health, and education, identifying programme limitations and pointing to future directions.

We hope that this volume can serve as a platform for further research and discussion, providing useful evidence to promote child-sensitive social protection policies and contributing to the realisation of children's rights.

Anna Carolina Machado and Charlotte Bilo

Children's rights and social protection: challenges in public policy

Richard Morgan¹

Children are the most valuable resource of any society: the future drivers of prosperity, harmony and creativity. Yet, because, outside our own families, their contribution to our collective well-being is mainly thought of as 'in the distant future', in public policy we tend to discount their worth. Without the perspective that children are holders of rights, and that social protection is both an 'investment in people' and essential for meeting obligations to children's rights, decision-makers tend not to act accordingly.

The World Bank (Olinto et al. 2013), UNICEF (Innocenti Research Centre, various years) and the United Nations Development Programme (UNDP) Human Development Reports now confirm what has often been overlooked in poverty headcount statistics: in almost every country, children are those who are most likely to be poor, and those who suffer most deeply the consequences of poverty and its attendant deprivations. Recent research by the World Bank and UNICEF calculates that children make up 50.2 per cent of extremely poor people—with rates of 19.5 per cent compared to 9.2 per cent among adults (Newhouse et al. 2016).

These poorest children are, in turn, much more likely to die at a young age, or to suffer stunted growth, poor educational outcomes and multiple forms of violence. As they grow, children tell us clearly of the shame they are made to feel because of being poor, and of the stigmas and exclusions that accompany their experiences of poverty.² Unaccountably, adults—particularly those with authority—rarely give girls and boys the chance to relate these experiences in spaces where children feel safe and are assured of a commitment to understanding and response.

The powerful returns to policies and programmes such as social protection and early learning—which can help poor families and caregivers invest effectively in their children's growth and development,

and help them learn and be safe and secure—are well documented (Rees et al. 2012). Evidence from many countries and different contexts shows that social protection measures such as child and family grants are able to boost school enrolment, the use of health services, food intake, dietary diversity, food security and asset accumulation in very poor households (Bastagli et al. 2016). There is also promising evidence on the potential for cash transfers to reduce child labour (De Hoop and Rosati 2014) and, in combination with 'cash-plus' measures such as communication with mothers on feeding and hygiene practices, to improve young children's nutrition (see also Box 1).³

But the determined pursuit of these rewards is rarely evident in national budgetary priorities and policy-level decision-making. The International Labour Organization (ILO 2017) estimates that only 35 per cent of children worldwide benefit from social protection and that average public spending on child benefits is a mere 1.1 per cent of gross domestic product (GDP). Programmes are characterised by "limited coverage, inadequate benefit levels, fragmentation and weak institutionalisation". As a result of generally weak efforts to address childhood poverty and mitigate deprivations among girls and boys as they grow, we neglect the rights of those to whom we have the greatest obligations. We also neglect our future sources of collective prosperity, leadership and peaceful societies.

The pervasiveness of poverty and deprivations among the majority of children worldwide is testament to their lack of voice and visibility. How often do 'macro' policy decisions take children's needs and views meaningfully into account? How many programmes are subjected to the test of their direct and indirect impacts on children, including as assessed by young people themselves? How often, for example, do public works schemes or livelihoods 'graduation' programmes assess their impacts on child nutrition and schooling, and monitor what

happens to child-care arrangements when caregivers (often young women) spend more hours away from home?

At the macro and fiscal levels, the World Bank and UNICEF (Marcus, Wachenfeld, and Sultan 2011) issued very useful guidance documents and tools to support the assessment of the impact of policies and reforms on children. Unfortunately, these seem rarely to be used. Few—if any—finance ministries appear to explicitly consider their obligations to help ensure children's rights to an adequate standard of living and social security, assumed under articles 26 and 27 of the United Nations Convention on the Rights of the Child (UNCRC).⁴ Furthermore, despite the further call in the UNCRC for the views of children to be given due weight in decisions affecting their lives, these rights are rarely acknowledged by adult duty-bearers.

The neglect of children's voices reinforces their invisibility in policy and programmes. Children, although holders of economic rights, are rarely focused on as individuals or groups in national poverty reduction strategies; and the patterns and drivers of poverty specific to children are not analysed as a basis for action. The growth of economic activity (as illustrated by GDP) is still vastly more central to national policy concerns than the growth of young children. Children's well-being is assumed to be a by-product of the household economy. But this 'trickle-down' effect cannot be taken for granted. Harmful labour practises, inadequate care, poor nutrition, educational exclusion, early marriage and other forms of violence against children may and do persist as household incomes rise.

If we seek policies and decisions about resources that recognise the rights and the central role of children, we need to understand what inhibits those who set policy and articulate political choices from acknowledging the deprivations that the poorest and most excluded children face, and the damage done to them as individuals, to their families and

wider society. Some of the reasons may include: the lack of an established practice of listening to children; the absence of relevant, age-disaggregated data; weak accountability for the obligations to children that governments have assumed—or prevailing ethics that result in those children who are most in need being those who are least heard and seen.

Promoting visibility through child sensitivity in social protection

Like-minded organisations and individuals have been working to strengthen both the visibility of children in poverty eradication goals and the role of social protection as an essential measure to tackle the deprivations which remain widespread among children. A 'Joint Statement on Advancing Child-Sensitive Social Protection' was put forward in 2009 by several child-focused and human development agencies.⁵ It articulates the following propositions:

- *Social protection programmes should be expanded* to help realise the rights and address the vulnerabilities of those who are most disadvantaged in each society. This should be done through progressive expansion of coverage—including the most deprived children as the first priority—backed by prioritised national budget allocations (including for humanitarian response), in line with the call in the UNCRC for governments to make efforts “to the maximum extent of available resources”.
- This progressive realisation of rights through social protection coverage should give *adequate prioritisation to children, and should be explicitly ‘child-sensitive’*—in terms of setting child-level goals and monitoring impacts to achieve verified progress in reducing deprivations among girls and boys of different ages, in consultation with children and caregivers, while controlling for any unintended harms.
- *Additional consideration* is needed in social protection policies, programmes and budgets to those children who are especially excluded and ‘left behind’, often related to gender, disability, conflict, loss of family care, and/or as a result of harmful social norms.

BOX 1

Rapid expansion of social protection targeting children and their caregivers has been achieved by countries in all regions, from Brazil and Argentina to Mongolia, South Africa and Lesotho. In the Principality of Wales, government ministers are legally bound to demonstrate due regard for children’s rights in all their functions, including in making decisions about new or revised policies or laws. In Ireland, the government has recently adopted a national strategy for children’s and young people’s participation to ensure they have a voice in decisions made about their individual and collective lives in their communities. New Zealand has elected a government that has placed the eradication of child poverty as a top priority. But in other countries, along with policies shaped by ‘austerity’, we have seen major cutbacks to existing social protection measures, including child grants, bearing inestimable cost to children.

- Child-sensitive social protection goals and programmes should be *embedded* in dedicated national plans of action to tackle poverty among children, backed by rising expenditures, participatory accountability mechanisms with citizen involvement, and confirmed by national measurement systems using qualitative as well as quantitative data.

The relevance of these proposals has been boosted by the adoption of Sustainable Development Goal (SDG) 1: “End poverty in all its forms everywhere”, which refers directly to child poverty, and by its target 1.3, to “implement nationally-appropriate social protection systems and measures for all”.⁶ Meanwhile, analysis and advocacy in support of these propositions—to make children central to social protection programmes and social protection central to sustainable development—has been taken forward by the Global Coalition to End Child Poverty,⁷ a group of some

20 concerned agencies. Advocacy with policymakers and finance officials—nationally, regionally and through SDG review mechanisms—is taking both a human rights and human development (‘investing in children’) perspective. It has had some success in increasing the focus on children in policy and research, particularly in Africa, and needs to be ramped up further in synergy with the initiative for universal social protection led by the World Bank and the ILO.

Promoting children’s rights to adequate social protection must not come at the expense of the rights of other poor, vulnerable and disadvantaged groups. Advocates for children are not in competition with advocates for older people living in poverty, persons with disabilities and others who have claims on social solidarity. Instead, support should be mobilised on the basis of both ‘investment’ cases and moral arguments of equity and



Photo: ADB/Luis Enrique Ascui. Children at Becora Market, Dili, East Timor, 2011 <<https://goo.gl/AwJSxt>>.

TABLE 1: Securing children’s universal economic rights

1. Fair finance	2. Equal treatment	3. Accountability
Increased public revenue, collected and spent equitably, and supported internationally	Laws and policies to remove discriminatory barriers to services	Better data disaggregation
Remove cost barriers to services	Public campaigns to challenge norms and behaviours	Governance at all levels includes children
Minimum financial security for all children	Every birth registered	Budget transparency and monitoring

Source: Save the Children (2016b).

justice, for policies that invest to secure the rights of all people in need, using effective combinations of public provision and private action and care.

While the barriers faced by the most deprived children are high, they are not insurmountable. Child-focused agencies are campaigning for deliberate, systematic policy and public action wherever necessary to ensure that *fair allocations of finance and social protection* enable children to have access to good-quality basic services and a decent standard of living; that children of all backgrounds are *treated equitably, in accordance with their rights and without discrimination*, in law and in practice; and that decision-makers ensure that they themselves are *visibly held accountable for progress and actions affecting children*, including by children themselves.

As proposed by Save the Children (2016b), choosing a combination of allocations for children, equitable treatment of children and accountability to children may prove most effective in securing their economic rights on a universal basis (see Table 1).

The choice by adults to follow these initiatives, based on a national framework that embeds a routine, safe practice of children’s participation—including in reviews of national progress towards the SDGs and the UNCRC—will drive both the realisation of these rights for children in all situations and more powerful and sustained outcomes from resources invested in social protection programmes themselves. As expressed in the Joint Statement, even “small nuances in how children are considered in the design, implementation and evaluation of social protection programmes can make a

huge difference”. Only through active, routine attention to the experiences and concerns of children—not least those most likely to be excluded—will adults be positioned to ‘understand and respond’, through rights-respecting policies and child-sensitive programming.⁸

If we are truly concerned with the future of our societies, it is not adequate, let alone ethical, to treat children as dependant variables without agency of their own. We recommend that governments and partners explicitly adopt these guarantees—including at least minimum financial security, based on social protection support to all children and families in need—and reflect them increasingly across policies and development work. This will help ensure that, ultimately, no children are excluded from progress towards humanity’s goals for 2030 and beyond. We owe them—and ourselves—no less. ●

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“ If we are truly concerned with the future of our societies, it is not adequate, let alone ethical, to treat children as dependant variables without agency of their own.

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1. Richard has worked for UNICEF, Save the Children and the Government of Botswana. He now works for Plan International.

2. See, for example, Save the Children (2016a).

3. See, for example, the Transfer Modality Research Initiative in Bangladesh <<http://www.ifpri.org/blog/channeling-social-protection-programs-improved-nutrition-bangladesh>> and mid-term findings from the Child Development Grants Programme in northern Nigeria <<https://www.gov.uk/government/publications/child-development-grants-programme-nigeria>>.

4. See: <<https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>>.

5. See: <https://siteresources.worldbank.org/INTCY/Resources/395766-1187899515414/CSSP_joint_statement_8.20.09.pdf>.

6. See: <<https://sustainabledevelopment.un.org/sdg1>>.

7. See: <<http://www.endchildhoodpoverty.org/publications/>>.

8. There is some, limited experience—for example, with child-led public budget analysis and advocacy. See: <<http://www.csid-bd.com/research/Process%20Document.pdf>>.

Is it time for universal child grants?

Key considerations

David Stewart and Ian Orton¹

Children are more than twice as likely as adults to be living in extreme income poverty. This means that 385 million children live on less than USD1.90 purchasing power parity (PPP) per day (World Bank and UNICEF 2016), and many hundreds of millions more, while above this extreme poverty line, live lives constrained by the lack of resources in their families. That children are more likely to be poor than other groups also holds true for richer countries. For example, 21.1 per cent of children in the European Union are at risk of poverty, compared to 16.3 per cent of adults (UNICEF 2016; Eurostat 2016). Global numbers of multidimensional child poverty show a similar story, with around half (48 per cent) of people living in multidimensionally poor households being children, even though children make up only around a third of the global population (Alkire et al. 2017).

Not only are children more likely to live in poverty than adults, but the impacts on children can be devastating and life long, as poverty translates into poor health and nutrition and missed or low-quality education. First and foremost, tackling child poverty is about fulfilling children's right to live lives of dignity and opportunity. This should be cause enough to act, but when making complex policy choices, it is important to remember that what benefits children also benefits society: investing in children builds the foundation of future cohesion and prosperity—as the World Bank's Human Capital project so clearly underlines.²

For the first time in global agreements, the Sustainable Development Goals (SDGs) have focused explicitly on this challenge, with a focus on eradicating extreme poverty, including for children (Target 1.1), and halving child poverty in all its dimensions by national definitions (Target 1.2).

Analysis shows significant reductions in both income and multidimensional poverty, but recent updates by the World

Bank (2018a) show that the pace of progress is decreasing, leaving us off track to achieve the goals. Progress needs to accelerate. The need is urgent, and the commitment at the global level is in place. But how do we get there?

Evidence is showing very clearly that cash transfers address monetary child poverty directly, with positive impacts on health, education and food security (Bastagli et al. 2016; Handa et al. 2017). Cash programmes, where they are at scale, have the potential to reach out to families with information and connection to other services that can improve child outcomes.

While the power of cash transfers to make a life-changing difference is well proven, coverage of children and families remains very low across many countries. Estimates suggest that only a quarter of households globally have access to cash support. For children, in particular, the coverage is highly uneven, with almost two thirds of children (1.3 billion) in the world without social protection coverage (ILO 2017). Most of those children not covered by social protection live in Africa and Asia (*ibid.*), the regions with the highest rates of child poverty (World Bank and UNICEF 2016).

The problem is clear, but what about the solution? Is it time to provide every child with a cash grant?

UNICEF has long been committed to universal approaches to social protection for children as enshrined in the Convention on the Rights of the Child, the Universal Declaration of Human Rights and other conventions and legal instruments.³ Further, key actors in the international community are also stressing the importance of universality, through SDG 1.3 on “nationally appropriate social protection systems and measures for all”, the surge of interest in Universal Basic Income (UBI) (IMF 2017; Ortiz et al. 2017; World Bank 2018, forthcoming),⁴ and the growing momentum behind the Global Partnership on Universal Social Protection (USP2030) (ILO and World Bank 2015).

These are important commitments to the progressive realisation of universal social protection for all, including children. But does a universal cash grant (UCG) offer an effective and practical way of getting there?

In many areas, evidence points to the possibilities and potential of UCGs, but there are important gaps in knowledge and key concerns that policymakers can have that need to be better understood. Here are six areas and some key questions that we think need to be better understood:

- **Addressing exclusion errors and using scarce resources effectively:** Growing evidence suggests that certain methods of targeting such as proxy means-testing can miss large numbers of people living in poverty. Exclusion errors are estimated to range from 30 per cent to 40 per cent (World Bank 2018b), and sometimes as high as 93 per cent (Kidd, Gelders, and Bailey-Athias 2017). Universal approaches can address these errors, but in practice would they leave resources spread too thinly to make a difference? Are there more effective ways to target beneficiaries, and how does effectiveness vary by context?
- **Dignity and shame:** The relationship between poverty and shame (Gubrium, Pellissery, and Lødemel 2014) has been clearly established across many countries and contexts, with emerging evidence on the particularly pernicious effects on children. There are examples of social protection programmes that explicitly target people living in poverty raising the concern of stigmatising recipients, labelling them as ‘lazy’ (Sepúlveda 2018). Stigma is a common reality in high-income countries too. UCGs can address these issues, but it will be helpful to policymakers to understand how prevalent these problems are and whether there are ways to address them.



Photo: Russell Watkins/DFID. Measuring for malnutrition, Madhya Pradesh, India, 2013 <<https://goo.gl/4yfoA3>>.

“ Universal social protection may support social cohesion by reducing inequality. It may also help garner broad-based political support and solidarity for universalistic approaches that is sustained over generations.

- **Administrative costs:** International Labour Organization (ILO) estimates suggest that for universal schemes the average administrative cost is 3 per cent, whereas for targeted programmes it is 11 per cent (Ortiz et al. 2017). Key drivers of these additional costs are the retargeting and recertifying of beneficiaries. Further, complex recertification processes can increase the risk of exclusion for those most in need. How significant are the cost savings of a UCG? What impact could they have on benefit amounts and coverage if reallocated? And how do they vary across programmes?
- **Political economy:** The consideration here is two-fold: universal social protection may support social cohesion by reducing inequality. It may also help garner broad-based political support and solidarity for universalistic approaches that is sustained over generations. Reducing inequality is a concern, as it has increased significantly everywhere since 1980 (Alvaredo et al. 2018). Inequality presents a moral and ethical challenge; is a threat to economic security and shared prosperity, and is associated with an increased risk of social unrest (ILO 2010; Pickett and Wilkinson 2010). Fortunately, States have at their disposal a range of instruments to contain inequality, and cash transfers, particularly where supported by progressive taxation, have the potential to help reduce it, as in the Nordic societies (Green and Janmaat 2011).

Universalistic social protection supports social cohesion, solidarity and connection among different social groups, which can strengthen support for universal programmes (Kidd 2015; ILO 2011). More specifically, a UCG that provides benefits across income levels and supports future generations may strengthen political support and the sustainability of such a programme. What are the empirical impacts of different programme types on inequality, and have universal programmes proven to be more sustainable politically?

- **Implications for other programmes:** The evidence has proven clearly that providing cash to families with children addresses financial barriers and improves child outcomes. But children and families can have complex needs that require a range of social services, including in health, education and care. Scaling up a cash transfer for children at the expense of other programmes would be giving from one hand and taking from the other. What is the right balance of social policies that address all aspects of child poverty, and how do they reinforce each other?
- **Financing:** In some ways, this is the question it all comes down to. A key argument for targeted approaches are limited government budgets dedicated to social protection for children. Increasing the resources available for social protection for children is

fundamental to achieving outcomes. ILO estimates suggest that a UCG for children under 5, with benefits set at 25 per cent of the national poverty line, would cost around 1.4 per cent of gross domestic product (GDP) in low-income countries, and would be a long-term expenditure (Ortiz et al. 2017). This is significant, but not overwhelming. Moreover, as Ortiz, Cummins, and Karunanethy (2015) have stressed, the feasibility of financing is a question of political priorities, and there may be latitude to expand fiscal space to finance social protection. Undoubtedly, a high-quality UCG would be a foundational part of national social policy for children, and needs to be prioritised accordingly. Is there the political will to make this happen, and where would resources come from?

Conclusions and next steps

With hundreds of millions of children living in extreme poverty, and many millions more having their potential curtailed by relatively small financial barriers to health, nutrition and education, UCGs may offer a comparatively simple, proven and pragmatic approach to make a significant difference in children's lives.

However, despite the urgency of the challenge and positive global aspirations towards universal social protection, on the ground there are not only low levels of coverage in many countries, but indeed the ILO (2017) notes retrenchment: 107 governments (68 developing and 39 high-

income countries) considering rationalising their spending on welfare by revising eligibility criteria and targeting only the poorest households.

In this context, there is a compelling need to consider the potential of UCGs in light of the pragmatic questions and concerns of policymakers. This article has tried to lay out the key arguments, as well as the questions that remain unanswered, and common concerns. Future research must look at evidence and experience and consider practical options of working towards universal grants, ranging from initial steps towards progressive realisation of universality to how 'mixed' approaches in more mature social protection systems that combine and consolidate existing programmes can achieve universal coverage.

To think through these issues, and to explore whether UCGs are the best way to ensure universal social protection for every child, UNICEF, together with the ILO and the Overseas Development Institute, is convening an international conference⁵ in February 2019 that will bring together experts whose work has underpinned the considerations above. The goal will be to answer the questions: Is it time for UCGs? And if so, how do we get there? ●

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1. UNICEF.

2. See: <<http://www.worldbank.org/en/publication/human-capital>>.

3. See the Universal Declaration of Human Rights (Articles 22 and 25); the Convention on the Rights of Children (Articles 26 and 27); the International Covenant on Economic, Social and Cultural Rights (Articles 9 and 11); and the ILO's Social Security (Minimum Standards) Convention, 1952 (No. 102) and Social Protection Floors Recommendation, 2012 (No. 202).

4. It can be argued that UCGs share many parallels with a UBI. Both are advanced as rights-based for citizens or legal residents; they strive for full universal coverage, emphasise individualised payment, are non-contributory and not means-tested, should be paid in cash or as a tax benefit; one's work history or work-seeking behaviour is irrelevant; and invariably they should be unconditional/obligation free and non-withdrawable/non-sanctionable. However, several UCGs in Organisation for Economic Co-operation and Development (OECD) countries are conditional and sanctionable.

5. See: <<https://www.odi.org/events/4580-international-conference-universal-child-grants>>.

Multidimensional child poverty analyses and child-sensitive social protection

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Social protection comprises a set of public policy instruments aiming to reduce people's exposure to risks, assist them in dealing with their consequences and enhance their attitudes, knowledge, skills and material resources so that they can actively contribute to the reduction of risk exposure and better deal with the consequences of bad luck and adverse shocks.

This article explores how recent insights stemming from multidimensional child poverty research led to specific arguments in favour of child-sensitive social protection and a further elaboration of its focus.

Paraphrasing UNICEF's definition, child-sensitive social protection refers to a set of public policy instruments aiming at "maximizing opportunities and developmental outcomes for children that consider different dimensions of children's well-being. It focusses on addressing the inherent social disadvantages, risks and vulnerabilities children may be born into, as well as those they acquire later in childhood" (UNICEF 2012, 107). The effects of social protection policies are usually measured in terms of poverty of and inequities between households and individuals. In this light, it matters, therefore, how 'poverty' and 'inequities' are measured.

Following the seminal study by Rowntree (1901), poverty can be defined as not having the financial resources to support oneself at a subsistence level of food, clothing, shelter and other necessities. Obviously, poverty can be measured by comparing the financial resources needed and the financial resources available to persons to pay for these necessities in a given society. Poverty can, however, also be measured by studying whether people, in fact, have access to food, shelter, clothing and other necessities.

In the first case, we measure monetary poverty, and estimates are related to Sustainable Development Goal (SDG) 1 ("End poverty in all its forms everywhere"—specifically), target 1.1 ("By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than USD1.25 a day"). In the second case, we measure deprivation (or multidimensional poverty); the headcounts and indices relate to SDG target 1.2.2 ("Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions") (United Nations 2015). Monetary poverty estimates have been used for more than 100 years, while the measurement of multidimensional deprivation poverty—or deprivation—was introduced in recent decades (Karpati and de Neubourg 2017).

The question arises whether and how measuring multidimensional child poverty helps us be more precise as to what we define as 'child-sensitive social protection'. It is equally interesting to explore whether these multidimensional child poverty analyses guide us towards making choices about the preferred social protection instruments that are especially relevant for children.

When measuring monetary child poverty, we have no choice but to estimate the proportion of children living in poor households. Indeed, children can neither be regarded as sovereign consumers nor assumed to hold financial resources independently from their households. However, the same does not hold true for multidimensional poverty. Obviously, the needs ('necessities' in Rowntree's terminology) of children differ from those of adults. Consequentially, the deprivations of children have to be measured independently from those of adults, and even independently from those of their siblings. Therefore, an adequate and trustworthy estimation of children's deprivations or multidimensional poverty needs to be undertaken at the individual level. Trying to estimate

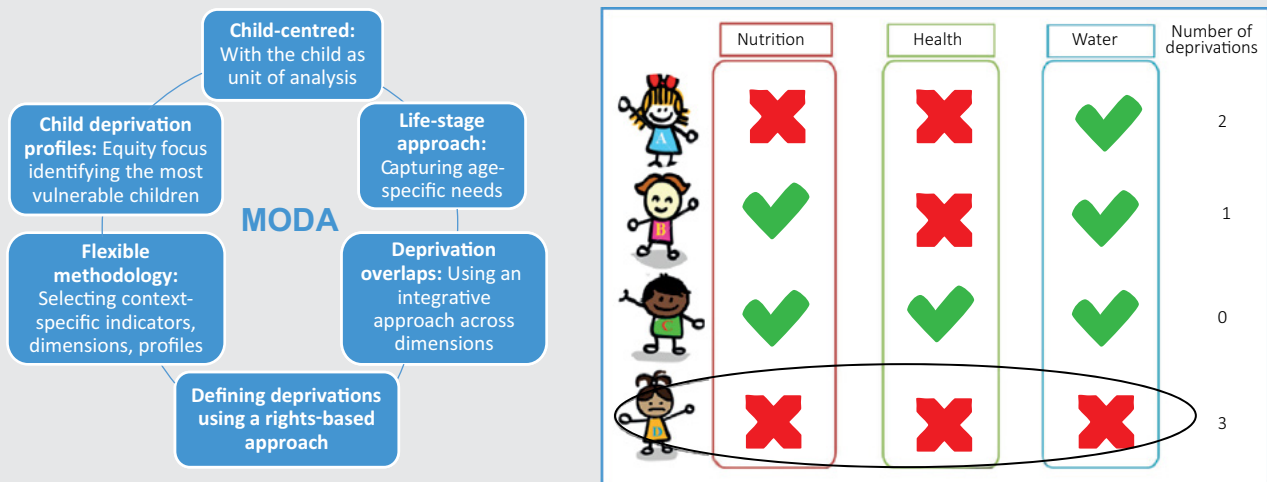
multidimensional child poverty at the household level necessarily leads to either overestimation (children are counted as multidimensionally poor because the adult household members are deprived in items irrelevant to children) or underestimation (because essential needs of children are ignored at the household level). Moreover, and equally important, measurement at the household level prevents the assessment of differences in multidimensional poverty between boys and girls (or even men and women). The European Union approach to measuring multidimensional child poverty (Guio, Gordon, and Marlier 2017) and UNICEF's Multiple Overlapping Deprivation Analysis (MODA) (de Neubourg et al. 2012) estimate levels of multidimensional child poverty using the child as the unit of analysis. Contrary to household-level assessments, UNICEF's methodology uses a rights-based approach, defining child poverty as non-fulfilment of the rights listed in the Convention on the Rights of the Child (United Nations 1989).

The MODA methodology applies a life-stage approach, defining different dimensions and indicators of child deprivation for different age groups, considering that children's needs vary with age. This approach permits assessing whether certain child rights are fulfilled, and whether children have access to various goods and services necessary for their survival, development and participation.

Besides being conceptually and politically relevant, the rights-based approach used in MODA is also crucial on a technical level when defining indicators and deprivations used in multidimensional child poverty analysis. Central to defining deprivations are the rights of the individual child, as illustrated by the following two examples.

First, children's right to education is not automatically fulfilled when a child is attending school; in many low- and middle-income countries most children attend school, but at the same time many never succeed in obtaining a primary or

FIGURE 1: MODA methodology: child-centred multidimensional approach to child poverty



Source: Authors' elaboration.

secondary school certificate. An adequate measurement of children's deprivations in education, therefore, combines age-specific indicators of school attendance and school success in terms of certificates, delays in school progress (grade-for-age) and/or literacy outcomes. Confining this analysis to school attendance leads to a considerable underestimation of child deprivations, and thus of multidimensional child poverty. It should also be stressed that deprivations in education can only be measured at the individual level and not at the household level—all children in a household have the right to adequate education regardless of whether their brothers or sisters, let alone parents, are deprived in education or not.

Second, children's right to access to safe water cannot be restricted to children having access to running water, as in many countries running water is not safe and thus should be combined with further treatment to make it safe for children. The running water indicator should also be combined with an indicator measuring the distance to the source of water, to assess whether children have access to safe water (as defined by World Health Organization standards).

In both examples (education and water), a united approach, combining several indicators, is necessary to assess children's deprivation. All options that would limit the analysis to any single indicator

would lead to an underestimation of multidimensional child poverty (Karpati and de Neubourg 2017).

Figure 1 illustrates the MODA approach. Child deprivations are measured as dimensions, each comprising several indicators. The first child in the figure is deprived in two dimensions (nutrition and health), the second child in only one of the three dimensions, and the fourth child is deprived in all three dimensions simultaneously. Analysing the status of each child in all the selected dimensions of interest simultaneously places the child at the centre of the analysis, helps identify the most vulnerable children with higher numbers of dimensional deprivations and allows analysis of the extent to which the different deprivations are experienced simultaneously.

With new insights stemming from multidimensional child poverty analyses using MODA or similar methodologies and their links with SDG target 1.2.2,³ arguments in favour of child-sensitive social protection become both stronger and more specific. The study of the combinations of deprivations that children face in any given country makes it clearer that the contribution of future generations of workers and citizens to economic growth and economic prosperity depends to a large extent on the investments made in the current generation of children. The multidimensional aspects of poverty require

policymakers to act across multiple sectors simultaneously. In many countries where more than half of the children suffer from deprivations in three or more dimensions (such as Lesotho, Angola, Kenya and Ethiopia, among others), it is clear that the future contribution of that half of the generation will depend on coordinated and simultaneous initiatives in three or more dimensions to ensure their well-being, the fulfilment of their rights and a better quality of life. Against this background, analyses of multidimensional child poverty are an excellent starting point to make investment cases for children and for child-sensitive social protection.

Multidimensional child poverty or deprivation studies also make the arguments in favour of child-sensitive social protection more specific. In the vast majority of countries, multidimensional child poverty rates are not only considerably higher than the monetary child poverty, but they also overlap only partially. This means that there is usually a large group of children who are multidimensionally poor without being monetarily poor, and a smaller group for whom the opposite is true (and of course a group who are both monetarily and multidimensionally poor). This points to a limitation of targeting social protection benefits based on income/financial resources. While targeting may be a legitimate way to allocate scarce public



Photo: Ollivier Girard/CIFOR. Children from the village of Minwhoo, Lekie, Cameroon <<https://goo.gl/vihJaj>>.

resources, its application runs the risk of failing to protect those children who are not living in monetary poverty but are nevertheless multidimensionally poor. In light of the usually very low poverty lines set in many countries, social protection based solely on income-related benefits can be less effective if many children suffer from multiple deprivations.

The question arises whether targeting on the basis of the depth or the intensity of multiply deprived children could be an alternative. While theoretically possible, it would require observing/measuring a relatively large number of indicators per individual child; that could lead to high administrative costs, especially in countries where civil registries are underdeveloped. Moreover, and more importantly, it may be questioned whether focusing policy attention on children according to the number of deprivations they experience is adequate beyond a certain level. All deprivations of children, regardless of the combinations in which they are experienced, effectively endanger future economic growth, individual well-being and social welfare and, therefore, deserve to be addressed. While multidimensionally poor children should not be forgotten, it is problematic if social benefits and social protection policies target only them. It would imply that, for example, children are assisted to access adequate education only when they are also deprived in at least two other dimensions; children who are deprived only in education or in education and one other dimension would then be

left out. Multidimensional child poverty analyses do, however, point to efficiency gains to be made when addressing combinations of child deprivations and monetary child poverty; they inspire the design and support the implementation of much-needed multisectoral approaches, including cash-plus social policy strategies.

The conclusion is that multidimensional child poverty analysis helps in refining the implementation of child-sensitive social protection as described above. The instruments that could be useful in this context have to be tailor-made to address children's risks and needs, as illustrated by their dimensional deprivations. In short, three main types of action can be distinguished:

- All cash or in-kind benefits that enable parents to mitigate the deprivation of children, especially those that have to be paid for and are directly child-related. Examples include education, nutrition, access to ante- and post-natal care, and access to health services. The benefits can be delivered in kind (food, free education, free health care) or in cash, as in family allowances or child grants.
- Universalist approaches or gradual universalism have to be preferred above income-targeted approaches, since the latter tend to produce high exclusion errors among multidimensionally deprived children.
- The provision of basic goods and services that are important to children, with safe

water, adequate sanitation and decent housing as the most prominent ones.

Since a lot of goods and services that are important for children's survival, development and protection are provided by public provision (public or quasi-public goods) rather than by private markets, a combination of smart cash benefits and assessable basic services (cash-plus programmes) seem to provide the best social protection policy mix for reducing multidimensional poverty among children. ●

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1. Social Policy Research Institute (SPRI), Belgium, and Tilburg University.
2. SPRI, Belgium.
3. But also with a series of other SDG targets related to the sectoral deprivations and inequities addressed in targets 2.1, 2.2, 3.1, 3.2, 3.3, 3.4, 4.1, 4.2, 4.4, 4.5, 4.6, 5.1, 5.2, 5.3, 6.1, 6.2, 7.1, 8.5, 8.6, 8.7, 9.1, 10.2, 11.2, 11.7, 16.2 and 16.9.

Understanding and responding to child poverty in Iraq

Bilal Al-Kiswani¹ and Farah Abdessamad²

The year 2014 represented a turning point for Iraq, especially when examining poverty and vulnerability in the country. Previously, Iraq had witnessed buoyant economic growth with cumulative gross domestic product (GDP) growing by 64 per cent between 2007 and 2012, leading to improved standards of living, as captured by the private consumption indicator within the System of National Accounts, which increased by 9.4 per cent per year, on average. In addition, household per capita expenditure increased by 5.5 per cent annually. Over the same period, monetary poverty—as measured by the national poverty line³—dropped by over 4 per cent, affecting 18.8 per cent of the population in 2012 (Murad 2018, 14).

Starting in 2014, Iraq suffered a series of shocks, including the war against the Islamic State of Iraq and Levant (ISIL)—which used to control one third of Iraq's territory—the internal displacement of millions of people, a sharp decrease in oil prices and, more recently, the challenges associated with the return of refugees and internally displaced people to areas liberated from ISIL occupation.

As a result, living conditions in Iraq have deteriorated, and a large proportion of the population has fallen into poverty. At the onset of these shocks, monetary poverty, as measured by the national poverty line, affected 22.5 per cent of the population in 2014. In the ISIL-affected governorates, the direct impact of destruction, as well as economic, social and security disruptions, are estimated to have doubled the poverty rate, which reached 41.2 per cent of the population. The poverty rate in the Kurdistan region—host to a large number of internally displaced people—almost quadrupled between 2012 and 2014, from 3.5 per cent to 12.5 per cent. Even though poverty rates have decreased slightly in the southern governorates, they remain high at 31.5 per cent (*ibid.*). The Arab Multidimensional Poverty Report (ESCWA 2017) shows that 45.5 per cent of the Iraqi population

suffered multidimensional poverty in 2011. The report uses an index tailored for the specificities of the Arab region.

Child poverty and vulnerability

Children comprise 48 per cent of Iraq's total population. In terms of monetary poverty, several rounds of the Iraq Household Socio-Economic Survey have shown that children face a higher poverty headcount than the national average by a margin of 3.5–4 per cent. The demographic shift and high fertility rates have resulted in children comprising the largest share of people living in poverty.

Furthermore, as shown in Figure 1, children face a **higher risk** of poverty: in 2012, 22.9 per cent of children lived in monetary poverty, whereas the national figure was 18.8 per cent. Prior to 2014, one in four children suffered multidimensional poverty (UNICEF 2017). Another key finding of the study is the large mismatch between child monetary and multidimensional poverty: over half of the children suffering from multidimensional poverty are not considered monetarily poor. This indicates severe gaps in public services, and the challenges facing poor and better-off households alike in fulfilling children's rights.

Based on the methodology used in the Arab Multidimensional Poverty Report, child-specific deprivations (school attendance, stunting and child mortality) represented over 40 per cent of the overall household multidimensional poverty index up to 2014. While recent evidence on poverty is lacking, the events that have unfolded since then suggest that poverty—especially among children—has increased substantially, and its characteristics have changed significantly. First, the poverty map has changed markedly, with large shifts in the geographical distribution of poor people at the national and governorate level. Specific areas affected by ISIL and those hosting refugees witnessed a sharp increase in poverty and human development losses. Second, significant and rapid losses in human and social development have

occurred, especially increased deprivation of nutrition, education, housing, water and sanitation. Finally, there has been a change in the socio-economic characteristics of poor people (whether they are urban or rural, their gender, the education level of the household head etc.), in tandem with the emergence of the 'new poor', and rising vulnerability among women, children, minorities, and persons with disabilities.

Social protection schemes

Since 1991, social protection in Iraq has consisted primarily of a universal distribution of basic food staples through a food ration card, known as the Public Distribution System (PDS), in addition to significant fuel and electricity subsidies.

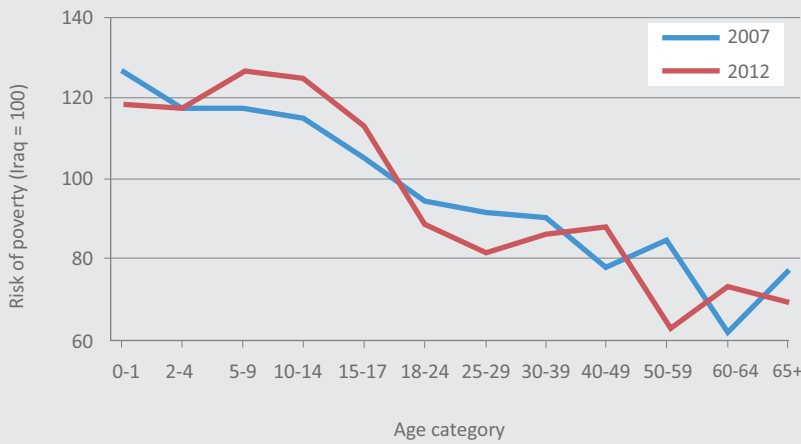
In 2005, Iraq's Social Safety Net (SSN) was established, and an additional scheme was added, offering cash transfers to specific categories of people. In 2012, these schemes benefited 8.2 per cent of the population. Figure 2 shows that poor people comprised only 24 per cent of beneficiaries, with an additional 18 per cent being classified as 'nearly poor'.

In addition to the fiscal leakage reflected in this finding, the need to reform the SSN is evident when considering that only 12.5 per cent of poor people received some sort of cash assistance. Prior to 2014, although the government did not undertake substantial steps to reform social protection, it did in fact increase spending in the social sector as well as the budget allocations under Iraq's Poverty Reduction Strategy.

Growth between 2007 and 2012 did not benefit all segments of the population equally. The social protection and economic inclusion agendas would have been able to achieve more in terms of poverty reduction if there had been reforms geared to better target poverty and reduce inequality.

The events that followed 2014 led to an increase in poverty and vulnerability, as well as losses to the social sector

FIGURE 1: Poverty risk by age, 2007–2012



“ The demographic shift and high fertility rates have resulted in children comprising the largest share of people living in poverty.

Source: UNICEF (2017).

infrastructure, calling for both an expansion of social protection and higher investments in social services.

At first, the Government of Iraq retained the existing social protection schemes and introduced new ones through the Ministry of Migration and Displacement to support displaced families. Similar initiatives were offered by United Nations agencies and international stakeholders. Nonetheless, the sharp fall in oil revenues placed considerable pressure on public spending in the 2015-2016 fiscal year. In response, the government started a rationalisation

of the PDS by gradually withholding benefits from the highest income deciles and introducing poverty targeting within the SSN. Reforms of the SSN included the introduction of top-up payments to families, incentives for children's school enrolment, regular antenatal visits for pregnant women, and adherence to a regular immunisation schedule.

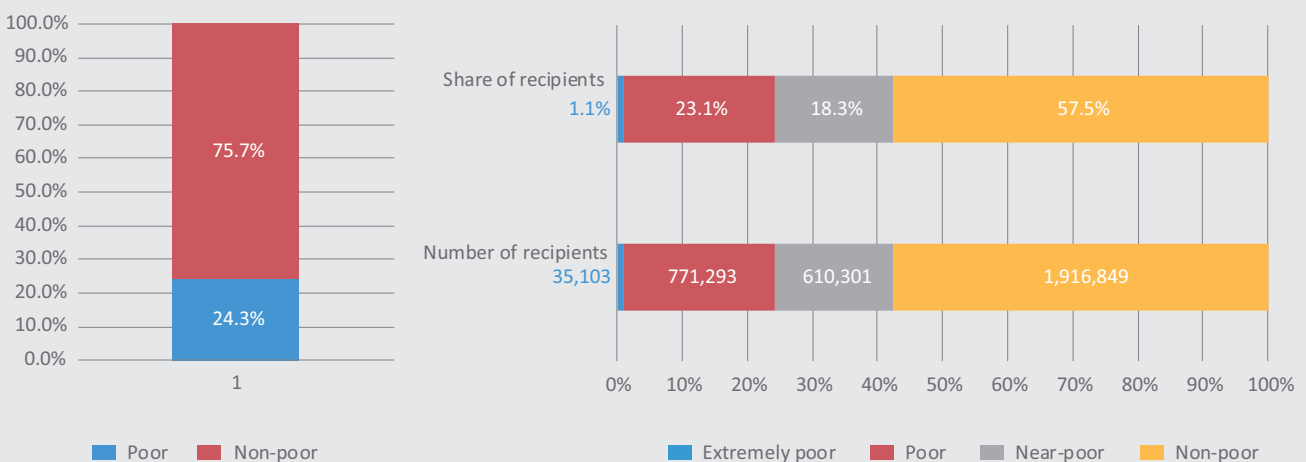
As the war with ISIL came to an end in 2017 and areas formerly under their control were liberated, the Government of Iraq started reconstruction and the adaptation of social protection policy

frameworks and programmes. These efforts include the review and launch of the Iraq Poverty Reduction Strategy II (2018–2022), ongoing reform of the social protection system and individual schemes, and the establishment of a social fund for development. The government is working to accelerate the decentralisation of the planning, budgeting and implementation phases of these programmes.

Key considerations for reassessing social protection

Currently, social protection in Iraq is largely considered from a perspective of social

FIGURE 2: Social transfer beneficiaries by poverty status, 2012



Source: UNICEF (2017).

“ Iraq remains fragile to man-made and natural shocks, and the government should reassess its readiness to respond to future crises.



Photo: UN Photo/Bikem. A boy shares a small house with relatives in Turaq, Iraq, 2011 <<https://goo.gl/G8xKoZ>>.

cohesion, as a crucial element of efforts to reforge the country’s social contract. The situation on the ground and adequate responses require rebuilding and revisiting the social protection system in general and social services in particular. To that end, here are some key considerations:

- **Evidence-based planning, budgeting and programming:** Up-to-date evidence on poverty is lacking, and there are significant knowledge gaps regarding demographic shifts, the scale and geographical distribution of poverty, the profile of poor people, and determinants and dimensions of poverty. Therefore, robust and current evidence is needed to inform an effective reform of social protection and the rebuilding of social services.

Accurate knowledge of child poverty is crucial to understand and address this new reality, and analysis should focus on the design features of social transfers that can contribute to the reduction of multidimensional poverty, such as linking social protection with social services, and on intergenerational aspects that can foster economic inclusion and help households escape from monetary poverty over the long term.

On the bright side, data collection is under way for two major surveys: the Multiple Indicators Cluster Survey (MICS) and the Survey of Well-being via Instant Frequent Tracking (SWIFT). These two

surveys need to be deployed to inform planning, budgeting and facilitated coordination, and the data need to be used to reassess the design principles of social transfers (targeting mechanisms, benefit amounts, linked services and monitoring indicators).

- **Integration of the humanitarian and development tracks:** Given the nature of Iraq’s current transitional situation—from stabilisation to reconstruction and development—many actors, ranging from government to civil society and the international community and programmes at the national level, and other programmes tailored for refugees and host communities, are actively engaged and contributing with various forms of social protection and social services.

There are significant inefficiencies and overlaps, as well as gaps in coverage of the poorest population, in both humanitarian assistance and social safety nets. While cash assistance has been increasingly used by humanitarian actors, little or no coordination exists between these interventions and the government’s social protection network. Bilateral discussions on the characteristics of the respective programmes only emerged during the first quarter of 2018.

To ensure that no one is left behind and to overcome artificial humanitarian–development divides, we recommend

urgently considering pathways for improved coordination, alignment and integration of humanitarian and government-led social protection programmes. With the decrease in humanitarian financing concurrent with a downgrade of Iraq’s humanitarian situation,⁴ a large number of vulnerable households will risk falling outside any social protection coverage, as there are no systematic referrals to relevant national schemes and limited absorptive capacities.

Iraq remains fragile to man-made and natural shocks, and the government should reassess its readiness to respond to future crises. The existing social protection network can form the core of a shock-responsive strategy, to allow the system to expand horizontally or vertically in times of acute need.

- **A systematic approach linking social protection to social services with a focus on children:** The government has already taken steps to provide ‘cash plus’ services focusing on improving human capital outcomes of children living below the poverty line, in line with its social protection strategy. The Ministry of Labour and Social Affairs is at the forefront of this initiative, which is currently being piloted in one district of Baghdad and supported by the UK Department for International Development (DFID), the World Bank and the United Nations Children’s Fund (UNICEF). Efforts to

learn from this pilot for replication and scale-up to poverty-stricken governorates should be accelerated to break the multigenerational cycle of poverty and provide peace dividends in conflict-affected areas.

Similarly, minimising inclusion errors through the systematic application of proxy means-testing for targeting is paramount at a time when government spending has competing priorities. Other items on the reform agenda should include: amendments to the Social Protection Law, so as to provide the necessary policy framework to enhance targeting; unifying the national registry; and establishing effective coordination platforms for referral pathways across different government and non-government social protection providers to promote a people-centred approach and enable 'graduation' from poverty.

To that end, investments in the capacity development of social workers are necessary to consolidate their case identification/management role. On graduation, synergies between social welfare and employment-generating schemes—such as the one launched by the newly created Social Development Fund—need to be defined to eliminate potential barriers. With regards to the PDS, options to review its effectiveness should be examined in light of possible vulnerability trade-offs and a focus on early child development promoted to address Iraq's child poverty issue.

- **Decentralised planning and budgeting and enhanced governance:** A key factor in the stability and consolidation of the Iraqi State will be its capacity to deliver basic services (education, curative and preventive health care, and access to safe water and sanitation) to its population at the subnational level. While Iraq is formally a State with a federal region and unitary governorates exercising various devolved functions, a comprehensive decentralisation of service delivery has been difficult for the historically centralised country to embrace.

Law 19 of 2013 specified key ministries in the social sectors to be devolved. However, in practice, resource allocation

remains centrally driven, roles and responsibilities of the provincial councils are not always understood and enforced, and decentralisation steps have not been accompanied by institutional and fiscal considerations. The focus of the incoming government should include improving the accountability, transparency and capacities required to plan, budget, monitor and report at subnational levels, including investments projects.

The adequacy of social sector transfers from central authorities to the Kurdistan region of Iraq need to be re-examined considering previous years' shortfalls and the region being the largest host to displaced and refugee families with ongoing social protection rights to be upheld. Addressing child poverty calls for moving ahead with the reforms at policy formulation, planning and budgeting, and governance and decentralisation levels to ensure results for children. ●

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1. United Nations Economic and Social Commission for Western Asia.
2. UNICEF Iraq Country Office.
3. IQD105,500 (around USD100) in 2012.
4. As shown by the Financial Tracking Service (2018) tracking humanitarian aid, funding for Iraq decreased sharply from USD1.9 billion in 2016 to USD1.4 billion in 2017 and USD0.6 billion in 2018.

“ A key factor in the stability and consolidation of the Iraqi State will be its capacity to deliver basic services at the subnational level.

'Cash plus': a silver bullet for addressing children's needs?

Keetie Roelen¹

Over the last decade, cash transfers have greatly contributed to improve children's lives across many low- and middle-income countries. Many studies show that the provision of regular and predictable transfers can improve food security, dietary diversity and access to education and health services (Bastagli et al. 2016). It can also positively affect relational and psychosocial aspects of well-being by reducing poverty-induced stress, allowing children to fit in with their peers and preventing loss of parental care (Adato et al. 2016; Roelen et al. 2017a).

Rapidly expanding evidence in recent years has also highlighted that the provision of cash transfers alone is not a panacea in terms of addressing all children's needs. Cash transfers fall short in substantially reducing malnutrition and have limited impact in terms of learning outcomes (Bastagli et al. 2016). Notwithstanding the powerful effects of cash, it is now widely recognised that non-income barriers need to be addressed in conjunction with the alleviation of income constraints to improve children's well-being in all its dimensions (Roelen et al. 2017c).

As a result, the 'cash plus' approach is rapidly gaining momentum within social protection. This approach recognises and aims to respond to both income and non-income constraints that prevent caregivers from meeting children's needs. Interventions that follow this approach hold cash transfers at their core and provide complementary services that add to or reinforce their positive impacts. Such complementary services can either be provided as part of a cash transfer intervention (constituting integral components) or constitute linkages to other sectoral services (constituting external components). This is summarised as follows in Roelen et al. (2017c: 9):

"Cash plus' interventions combine cash transfers with one or more types of complementary support. Types of

complementary support can consist of (i) components that are provided as integral elements of the cash transfer intervention, such as through the provision of additional benefits or in-kind transfers, information or behaviour change communication (BCC), or psycho-social support, and (ii) components that are external to the intervention but offer explicit linkages into services provided by other sectors, such as through direct provision of access to services, or facilitating linkages to services."

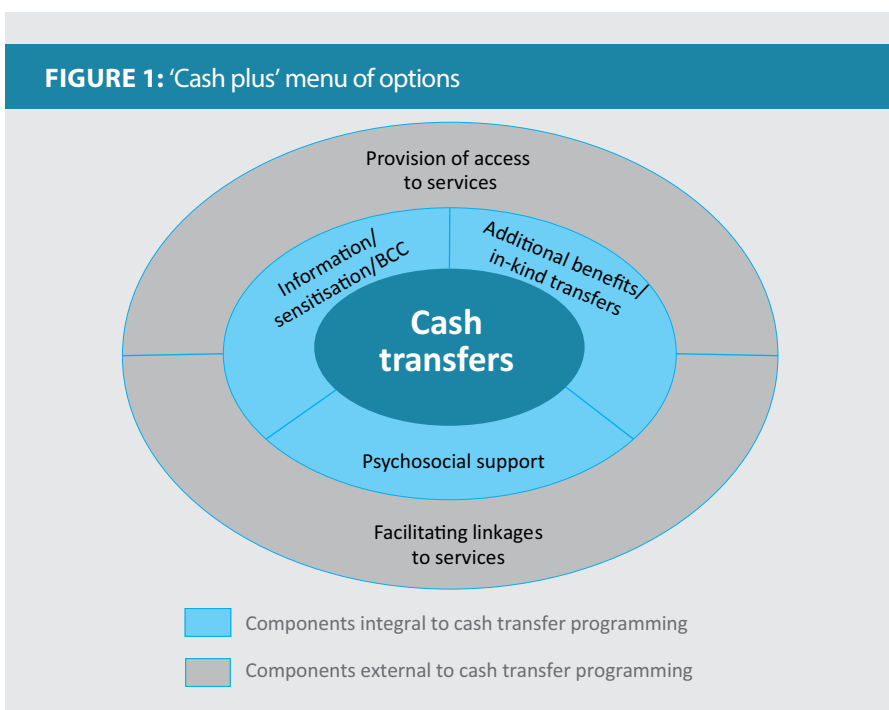
These options are not mutually exclusive but can be combined in a multitude of ways depending on the objectives of the intervention, its theory of change and the context within which it operates. Figure 1 presents a graphical overview of the menu of options.

Few evaluations have assessed the impact of 'cash plus' interventions versus traditional cash transfer schemes, but there is promising evidence of its potential to address children's needs more holistically. A study in Bangladesh (Ahmed et al. 2016) found that the combined provision of cash

with behaviour change communication (BCC) led to significantly greater reductions in malnutrition compared to cash transfers alone (which nonetheless did significantly improve nutrition outcomes). In South Africa, the combination of cash with care was found to be associated with lower HIV-risk behaviour among adolescent girls and boys (Cluver et al. 2014).

Existing studies—both impact evaluations and programme process studies—offer valuable insights into the workings of 'cash plus' and the pathways underpinning impact.

A first important takeaway of these studies is that 'the devil is in the details'. Appropriate and effective design and implementation, such as timely payment of meaningful transfer amounts, has proven to be crucial for cash transfers to affect positive change (Bastagli et al. 2016). Given the interaction of multiple types of support and the premise that the total is greater than the sum of its parts, the need for strong design and implementation is compounded for 'cash plus' programming.



Source: Roelen et al. (2017c).



Photo: Finn Thilsted/WorldFish. A mother feeding her children. Rajshahi, Bangladesh, 2012
<https://goo.gl/9hSqF3>.

First, it is crucial to provide the right support at the right time. An impact study of comprehensive livelihoods and nutrition interventions in Bangladesh found that impacts on nutrition outcomes were limited, in part due to female caregivers being offered inappropriate information at the wrong time. For example, case workers spent too much time explaining exclusive breastfeeding and too little time discussing complementary feeding, particularly for women with children already too old for breastfeeding (Nisbett et al. 2016).

Second, effective delivery of each component is vital. A 'cash plus' intervention combining cash transfers with BCC in Nigeria—the Child Development Grant Programme—aimed to offer 'high-intensity' and 'low-intensity' components of support, with women in the high-intensity group receiving one-to-one counselling in addition to standard forms of messaging such as posters, text messages and demonstrations. In practice, very few women received one-to-one counselling, and exposure was roughly equal among women in both low- and high-intensity groups (OPM 2018). Similar challenges in delivery of BCC were also observed for the combined livelihoods and nutrition interventions in Bangladesh, and were considered to underpin the programmes' limited impact on nutrition outcomes (Nisbett et al. 2016).

Third, adequate capacity is key. Capacity constraints among front-line workers emerges as a recurrent theme in current experiences of 'cash plus' programming,

including the previously mentioned examples of Bangladesh and Nigeria. In relation to the Integrated Nutrition and Social Cash Transfer (IN-SCT) pilot programme in Ethiopia, the caseloads of social workers who act as focal persons for referral and case management were considered too high for them to offer adequate and personalised support (Roelen et al. 2017b).

A second takeaway message that can be gleaned from existing studies is that context matters. More specifically, structural constraints can pose barriers that cannot be overcome with the support of 'cash plus' interventions. In Ethiopia, for example, the persistent drought and lack of potable water greatly restricted the beneficiaries' ability to act on messages received through the IN-SCT programme in relation to sanitation and feeding practices (*ibid.*). Supply-side constraints with respect to community-level health extension workers meant that programme beneficiaries did not receive high-quality complementary health services (*ibid.*). While 'cash plus' interventions cannot address such supply-side constraints, the evidence points to a strong need for cross-sectoral engagement.

In conclusion, 'cash plus' interventions hold great promise by reinforcing the positive effects of cash transfer programmes by also addressing non-income constraints at the household level. Appropriate design and effective implementation at the most granular level will be crucial for affecting positive change. This calls for strong theories of change at the outset of programme

design, as well as an in-depth situational analysis that highlights what is needed to affect change in the particular context.

Will 'cash plus' be a 'silver bullet'? Certainly not on its own. 'Cash plus' programmes ultimately suffer the same limitations as other household-level interventions: they do not address structural barriers that so often present the most deeply rooted constraints to improving well-being. Embedding 'cash plus' interventions within wider cross-sectoral approaches will be vital for their success, and ultimately for affecting real and long-lasting improvements in children's lives. ●

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Cash transfers and safe transitions to adulthood: evidence, promise and gaps in sub-Saharan Africa¹

Tia Palermo²

Adolescents are key to future economic growth, and their capabilities must be enhanced to realise this potential. Many sub-Saharan African countries are still in the first phase of their demographic transition, reflected by declining mortality but continued high fertility. In the next phase, as birth cohorts become smaller, the share of working-age adults in the population grows. This phase of demographic transition sets countries up for a one-time opportunity for economic growth, due to a larger-than-normal share of working-age adults, given adequate skills, health capacity and employment opportunities.

Countries facing this ‘window of opportunity’ for economic growth—or ‘demographic dividend’—have a multifaceted responsibility to ensure it is not wasted. First, at the household level, they must ensure that families have opportunity and access to invest in adolescents, and social protection programming is a key tool to that end. Second, they must invest in public infrastructure and health and education systems. Finally, they should promote labour market conditions that facilitate fair competition and labour-intensive job growth in the private sector (Locke Newhouse 2015).

Enabling poor families to invest in adolescents may require new or sustained social protection programming. Cash transfers are a popular tool in sub-Saharan Africa, and researchers and development partners are increasingly asking whether cash transfer programmes can facilitate safe transitions to adulthood. ‘Safe’ can encompass a wide range of outcomes, including freedom from violence and hazardous labour; positive mental health; delayed sexual debut, childbearing and marriage; and avoiding drug and alcohol abuse and risky sex, among others. A growing body of literature, particularly from Eastern and Southern Africa, is

examining the potential of household-targeted, government-sponsored cash transfers to achieve these outcomes.

Evidence of longer-term effects of cash transfers on children

Studies emerging from Latin America find that children in households that receive conditional cash transfers can achieve higher educational attainment and labour market outcomes, including income, increased probability of engaging in off-farm work, and hours worked, with varying results by country and sometimes gender (Millán, et al. 2018).

Studies on longer-term impacts from Eastern and Southern Africa are more limited. Some have found that household-targeted government cash transfer programmes have contributed to delayed sexual debut and pregnancy among adolescents living in beneficiary households (in Kenya and South Africa, but not in Malawi or Zambia) (Dake et al. 2018; Handa, Halpern, Pettifor, and Thirumurthy 2014; Handa et al. 2015; Heinrich, Hodinott, and Samson 2017). Such delays have positive implications for early adulthood and intergenerational effects, but longer-term follow-up data are needed.

Improvements in mental health have also been demonstrated (Baird, De Hoop, and Özler 2013; Kilburn et al. 2016), and it has been argued that mental health is an important factor to measure in the context of poverty reduction programming, as it influences self-worth, agency, empowerment and other pathways for change (Attah et al. 2016).

Nevertheless, there are few—if any—existing studies or data from the region that can be used to answer questions around longer-term or intergenerational effects resulting from government cash transfers, particularly those that target households to reduce poverty. To help fill this gap, researchers recently conducted

a seven-year follow-up wave of data collection in targeted households with under-5 children, prior to the roll-out of a child grant programme in Zambia (Zambia CGP Evaluation Team 2019). At follow-up, children were in or approaching adolescence, and results of the study, which are expected in early 2019, will contribute to answer these questions. However, further and longer-term research is still needed.

Linking cash transfer beneficiaries to other services and sectors

Successful strategies to facilitate the transition from adolescence to adulthood must address individual- and household-level risk factors, as cash transfers have been shown to do by increasing consumption, school attendance and demand for health inputs, and reducing food insecurity (Baird et al. 2014; Bastagli et al. 2016; Davis et al. 2016; Hidrobo et al. 2018). However, these efforts alone are insufficient without addressing community- and macro-level factors which drive poverty and reduce access to services and opportunities. For example, schools and health services must be available, accessible and of sufficient quality. Furthermore, there must exist a labour market demanding the skills of young adults. Recognition of these barriers, which require supply-side shortcomings to be addressed and linkages to services for marginalised populations, have led to recent initiatives around integrated social protection programming—sometimes referred to as ‘cash plus’ when linked to cash transfer programmes (Roelen et al. 2017). Moreover, at community and macro levels, gender norms may dampen or hinder the effects of cash transfer programmes on the full adolescent population. To this end, researchers are now beginning to ask how vulnerabilities driven by gender norms can be taken into account in programme design (GAGE, ALIGN, and UCL Institute of the Americas 2018).



Photo: Scott Wallace/World Bank. Young mother carries child, Pwani, Tanzania, 2007 <<https://goo.gl/sbFa6N>>.

“ Risks and vulnerabilities are gendered, and so too should be our analysis of how to reduce such risks and to facilitate safe transitions to adulthood.

UNICEF has worked with governments in sub-Saharan Africa to implement several ‘cash plus’ initiatives, linking cash transfer beneficiary households to additional services or complementary programming, several of which with an adolescent focus. In Malawi, for example, a linkages and referral system was established to identify the needs of individuals in beneficiary households, refer them to services and then monitor these referrals. Similarly, in Zambia, the Adolescent Cash Transfer Learning Initiative strengthened the availability and accessibility of sexual and reproductive health and HIV services, and linked adolescents in beneficiary households to these services. In Tanzania, previous research on beneficiary households highlighted unique vulnerabilities among adolescents, including high rates of emotional, physical and sexual violence, and the fact that approximately 48 per cent of adolescents aged 14–17 living in households targeted by government cash transfers had already dropped out of school at baseline (Tanzania PSSN Youth Study Evaluation Team 2018), likely due to financial constraints. In response, ‘cash plus’ programming was designed to: (i) strengthen livelihood skills and health assets (with a focus on HIV and sexual and reproductive health training); (ii) mentor and coach adolescents; and (iii) link them to existing sexual and reproductive health and HIV services.

In all three countries, demand- and supply-side barriers were addressed

simultaneously. Moreover, in Tanzania, the multi-faceted needs of adolescents were addressed (i.e. strengthening economic and health capacities, especially as they relate to sexual and reproductive health). This is especially relevant in reducing gender disparities that influence pathways to poverty. Reproductive health rights are a significant source of social vulnerability for girls and women, as cultural attitudes, religious resistance and health systems failures can limit access to services (Holmes and Jones 2013). Vulnerabilities related to gender norms are heightened during adolescence, and options for girls can often become constrained. Social protection programmes can help expand their options and strengthen their capacity, and this can be further leveraged if the programmes are specifically designed with gender-related vulnerabilities in mind.

Conclusion

Cash transfers alone cannot address all the vulnerabilities and exclusion that youth face in adolescence. Despite the evidence that they can facilitate safe transitions to adulthood in multiple settings, these effects have failed to replicate in other settings or are dependent on age or other populational characteristics, unlike the effects of cash transfers on human development outcomes such as increased school attendance and food security, which are almost universal. It is perhaps unsurprising that the former effects are context-dependent, when risks and their determinants also vary greatly based on community- and macro-level

characteristics. These effects may also take longer to materialise, and schooling might be a key pathway. Thus, studies which show shorter-term effects on education could potentially show medium-term effects on some of the outcomes related to safe transitions to adulthood, underscoring the need for longer-term impact follow-up. Providing long-term evidence is essential for understanding intergenerational effects and identifying gaps where further investments should be made.

Risks and vulnerabilities are gendered, and so too should be our analysis of how to reduce such risks and to facilitate safe transitions to adulthood. Health-related risks that threaten the future productivity of youth and the potential of the economic growth resulting from the demographic transition include early pregnancy and marriage, violence and HIV. ‘Cash plus’ initiatives or integrated social protection programmes are increasingly being implemented to address these vulnerabilities, and evidence on their effectiveness is limited so far, as evaluations are still largely in progress, or existing initiatives have not yet been rigorously evaluated.

Complementary solutions to increase the capacities and options of adolescents within government-backed social protection programmes should be designed with scalability and cost-effectiveness in mind. Such initiatives can serve as a platform to link marginalised populations with existing services, but

available resources and implementation capacity need to be carefully considered.

The integrated model recognises that individuals alone cannot 'pull themselves out of poverty'. Factors affecting well-being are multifaceted, and so too must be their solutions. However, these might not all fall within the realm of social protection. Productive transitions into adulthood also rely on economic opportunities, which governments can foster through the promotion of fair competition and labour-intensive job growth in the private sector. Women can change their behaviour, invest in education and seek opportunities, but they cannot change gender norms that restrict their mobility, life choices and economic opportunities by themselves. Nor can they delay pregnancy if contraceptive services are not widely accessible, or engage in entrepreneurial practices if markets are not accessible or financial inclusion is out of their reach.

Clearly, one single social protection programme cannot be expected to address all these hurdles, but at the very least it is important to recognise this interplay when designing programmes, so as to alleviate the burden that is placed solely on individuals, considering how conscious design can facilitate access to services and linkages and reduce exclusion, with positive outcomes both for individuals and for countries in terms of economic growth.

Finally, long-term investment is necessary to achieve these outcomes. Short-term,

one-off or one-sided interventions are unlikely to overcome years of exclusion, underinvestment in human capital, structural constraints to productive assets, unequal power relations and inequitable distribution systems (Holmes and Jones 2013). ●

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Photo: Le Korrikan. Young woman is tested for HIV test in Arusha, Tanzania, 2003 <<https://goo.gl/LPpjMv>>.

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Can social protection help end violence against children?

Elena Gaia¹

Around 1.7 billion children are estimated to experience violence² in at least one of its many forms every year globally (Know Violence in Childhood 2017). The successful expansion of social protection programmes providing economic support to households and individuals around the world, and their proven positive impact on several indicators of child well-being in health, nutrition and education, has drawn attention to the potential of these interventions to support the fight against childhood violence.

Economic hardship and poverty can be important drivers of violence against children in every country, especially for issues of child labour, child trafficking, sexual exploitation of children, and child marriage. Social protection, by preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation, can play a significant role in supporting parents and families to provide appropriate care and protection to children, particularly in situations of extreme deprivation and difficulty.

At the same time, social protection interventions might not be a panacea, especially when violence is driven by factors other than poverty. The most widespread form of violence against children, for instance—corporal punishment—is not correlated with parents' economic and social status in half of the countries for which data are available (UNICEF 2014). Social norms that condone violence, gender inequality, policies lacking implementation and poorly funded social services are some of the main root causes of violence against children worldwide. Conflicts and natural disasters also increasingly expose children to violent death, displacement and other physical and psychological threats.

This article focuses mainly on the social protection interventions providing economic and income support (both

contributory and non-contributory),³ which form the core of most social protection systems around the world. Other programmes typically deployed to protect children from violence and that might formally fall under a country's social protection system and/or ministry, including, for instance, legislation on the minimum age for work, child protection social workers, and foster and kinship care and specialised services such as shelters for child victims of violence, have been the object of extensive research within the child protection literature and are not reviewed here.

The effects of social protection on violence against children: little evidence and large knowledge gaps

Historically, economic and income support programmes have not been set up to address violence against children, nor have they included specific measurements related to this issue. Violence is not routinely included as a factor in computing a family's poverty or vulnerability score for the receipt of benefits targeting low-income households. Compared to other child rights imperatives such as education and health, protection from violence and exploitation has only recently acquired a significant political momentum, in parallel with emerging estimates about the cost and negative impact of different forms of violence on development and poverty reduction. National surveys of living conditions seldom include questions about violence against children, while surveys on violence against children do not always cover the full range of social protection benefits and services that reach a household where children live.

Empirical evidence about the impact of social protection interventions on preventing and reducing violence against children is only beginning to surface. Most of it comes from impact evaluations and randomised control trials of specific interventions, often limited in coverage and scope (Peterman et al. 2017). Most research has focused so far on the correlation between social protection

and the prevalence of different forms of violence. Less attention has been paid to studying the impact of social protection on the different root causes of violence against children and on mitigating the negative consequences of violence on children and families. There are also no known studies comparing the magnitude of the impact of social protection interventions with that of other interventions that also help reduce violence against children. In this sense, the evidence is incomplete and limits the range of robust conclusions that can be drawn with regards to the contribution of social protection to ending violence against children.

The majority of studies so far have looked at the impact of cash transfers and savings groups, most often in combination with other interventions such as parenting, home visitation and life-skills training for adolescents—so-called 'cash plus' (Roelen et al. 2017). This body of research has found a limited positive correlation between economic and income support interventions and ending violence against children, most often among those programmes that intentionally incorporated violence reduction in their original design (Peterman et al. 2017). For instance, in a recent trial in Burkina Faso, female care-givers receiving economic support and participating in a family coaching group reduced physical and emotional violence against children at a higher rate than those who received no intervention or only the economic support part (Ismayilova and Karimli 2018). The positive cases appear rather isolated, and the magnitude of their effect small, when compared against the global investment in and coverage of economic and income support interventions such as cash transfers. The promising evidence available is only covering a limited range of violence issues, regions and age groups, and a selected typology of social protection interventions, making it difficult to draw any general conclusions or policy recommendations. There has

“ There is a need for closely and continuously monitoring the impact of social protection on different forms of violence against children.



Photo: Adam Cohn. Children playing, Uttar Pradesh, India, 2018 <<https://goo.gl/WXxJm1>>.

been limited inquiry so far into other social protection interventions such as health insurance, social pensions, subsidised child-care provision or housing, removal of school fees, paid parental leave, minimum wage, flexible working arrangements for parents and tax credits. In many countries the coverage of some of the latter programmes is much higher than that of cash transfers targeting only very poor households (ILO 2017), potentially reaching many more families in which children at risk of violence, or survivors of it, may live.

There is limited understanding about the pathways that may link a child living in a household that receives one or several social protection programmes with a decreased or increased risk of experiencing violence. The most convincing evidence to explain the positive impact on violence reduction so far points to the decrease of parental stress (Peterman et al. 2017; SEEP Network 2017), the prevention of children's separation from their families (Namey et al. 2018), and increased access to protective interventions such as birth registration, health services and education (Save the Children Sweden 2011).

In the latter scenario, services should be accessible (e.g. specialised care and legal services that can respond to cases of violence close to the child), safe and equipped to deal with violence

(e.g. health providers trained to detect and refer cases of violence) to avoid generating new threats of violence for children. By increasing their access to education through social protection, for instance, children could be bullied or involved in fighting at school (Jacob and Lefgren 2003), or be harassed or sexually abused on the way to and from it. Evidence has also shown that child labour can increase as an unintended effect of some cash transfer schemes (de Hoop et al. 2017; UNICEF 2018), and that public work programmes can negatively affect parenting.

There is a need for closely and continuously monitoring the impact of social protection on different forms of violence against children, and for devising the appropriate safeguards, adjustments at the programme level, and improvements in the supply of complementary services. While most research so far has (understandably) focused on measuring the effects of specific social protection programmes on specific risks of violence for children, the holistic nature of child well-being and the diversity of the threats of violence call for future examination of the net effect of interventions on the overall protection of the child.

Ending violence against children requires more than social protection

Based on the available, limited evidence, economic and income support interventions such as cash transfers and savings groups, while mitigating

the negative impacts of poverty and increasing access to protective services, appear to be associated with decreases of limited magnitude in violence against children, and only when combined with complementary initiatives to transform attitudes and behaviours and with provision of quality social services.

On the one hand, these emerging findings are in line with increasing calls for and experiments in integrated social protection schemes and systems—mostly in high- and middle-income countries—that are able to detect situations of multidimensional vulnerability and abuse within the household and connect children and parents to the benefits and services they need. On the other hand, with the current evidence, it is difficult to discern whether the positive effects of some social protection programmes on ending violence are the result of a certain combination of economic and income support and complementary interventions, or the latter alone, and whether the delivery infrastructure of the social protection intervention has significant influence (as opposed to providing the complementary interventions separately).

To ensure resources for ending violence are invested in the programmes with highest likelihood of impact, future research should attempt to isolate and compare the effects of the financial component of social protection to those of the complementary interventions,

and better understand how the various components combine together to produce effects on the causes, prevalence and consequences of violence. To truly determine social protection's impact on ending violence, there is also a need to measure the net effect of interventions on the protection of the child from all forms of violence, and on the recovery of survivors of violence, and explore the impact of other economic and income support interventions beyond cash transfers and savings groups.

The simplicity and agility of cash transfers and other economic and income support programmes under the slogan 'just give people money' have contributed to the popularity of these initiatives. Coupling them with a host of complements with the purpose of addressing a multiplicity of social objectives—including ending violence against children—is likely to significantly increase complexity (particularly in contexts of fragility) and jeopardise political support. Especially in low- and middle-income countries, and while we await more experiments and evidence, it may be a smarter solution for the time being to leave social protection to deliver what it is supposed to do and does best: poverty reduction, shock mitigation and investment in human capital. In parallel, violence against children can be fought at a larger scale with proven interventions to be delivered and funded by other sectors alongside social protection. In particular, education to change social and gender norms,

parenting programmes, home visiting and life skills and support for adolescents have the potential to reach all children (not only those living in poor households) and deliver the sustained transformation of social relations among children and adults required for a world free from violence. ●

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1. World Vision International.
2. Violence against children refers in this article to all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation of a human being below the age of 18 years.
3. This article focuses on social protection in relatively stable contexts and countries; it does not discuss social protection and violence in the context of humanitarian crises, displacement, disasters, conflict and fragility.



Photo: Sathis Badu. Children in Mozambique, 2012 <<https://goo.gl/nHAhhD>>.

“ The simplicity and agility of cash transfers and other economic and income support programmes have contributed to the popularity of these initiatives.

Accessing social assistance and special social services in Kazakhstan¹

Babken Babajanian² and Lucy Scott³

Since its independence in 1991, Kazakhstan has made rapid and impressive progress in improving the conditions of the population, including a nearly ten-fold decrease in poverty and five-fold decrease in maternal mortality between 1998 and 2011 (Republic of Kazakhstan 2013). However, pockets of poverty and vulnerability persist, and children remain a particularly vulnerable group. Thus, large households with many children, young families with children and single parent families face a greater risk of poverty (UNICEF 2013). Children with disabilities are particularly vulnerable, as they have limited access to education, health and social care (UNICEF 2013; Tomini et al. 2013).

Key adjustments should be made to the country's social protection system to prevent vulnerable families with children from slipping through the cracks. The country has a comprehensive social protection system for low-income and vulnerable families, comprising poverty-targeted social assistance and special social services, including for families with children with disabilities (Babajanian et al. 2015). These benefits are presented in Box 1. Social protection is mainly funded through the state budget, and only 10 per cent of funding is supported through local bodies. Several studies, however, have highlighted administrative and policy bottlenecks that restrict access to social assistance and social services (see, for example, Babajanian et al. 2015; Tomini et al. 2013; Vinogradova 2015).

Our research—carried out in 2017—applies a robust mixed-methods approach to identify factors that influence access to social protection in Kazakhstan. It finds that vulnerable families face considerable barriers in accessing and benefiting from poverty-targeted social assistance and special social services. These can be grouped as follows: (i) administrative barriers, including limited awareness and understanding about the availability of benefits and services, as well as of the

existing application rules and procedures, and cumbersome and time-consuming application requirements; (ii) policy barriers pertaining to eligibility rules and conditions, such as low income eligibility thresholds for poverty-targeted social assistance that exclude many families, and stringent employment conditionality for social assistance; and (iii) limited service availability, in particular of some types of special social services to meet high demand.

This article will discuss the administrative barriers, awareness, and the ease of application, which emerged from the research as crucial factors that influence access to social assistance and special social services. The research comprises a household survey of 3,982 respondents, representative of households with children in the lowest-income districts (*raions*) of Mangystau, in the south-west, and Kyzylorda, in the south-centre, regions (*oblasts*) and the lowest-income clusters in the capital, Astana. It also draws on semi-structured interviews with low-income families and families in difficult life situations—specifically, families containing children with disabilities or limited capabilities.

Limited awareness

A fundamental barrier to potential beneficiaries' access to poverty-targeted social assistance is limited awareness, or not having heard of this form of support. Only 24 per cent of the households surveyed had heard of the primary social assistance benefit for households living in poverty—targeted social assistance (TSA)—while only 29 per cent were aware of the state child allowance (SCA)—a cash transfer specifically for poor families with children. Meanwhile, it is in the poorest *oblast* of Mangystau where awareness is the lowest, reflecting that families primarily hear about social assistance through word of mouth. Both these social assistance benefits are accessed on demand, and there is a real risk that those who are not well informed and connected will miss out on receiving them.

Understanding of eligibility criteria and the application process

Even when people were aware of poverty-targeted social assistance and special social services, there was real confusion and a lack of clear information about the eligibility criteria and the application process. Of the approximately 1,000 respondents to the survey who were generally aware of these forms of support and believed they might be eligible, 67 per cent had applied for TSA, and 80 per cent for SCA. Two thirds of those aware of social assistance and who identified themselves as eligible but did not apply said that a reason for not applying was that they lacked *any* information about the assistance. These respondents were aware of the existence of the programmes but were unable to obtain basic information about them. Smaller proportions lacked specific information on the eligibility criteria and application procedures. Even more concerning, only around 10–15 per cent of people who thought that they might be eligible for special social services applied for them, depending on the type of service. Again, most said that they had not tried to apply, as they had *no* information at all (rather than just having no information about eligibility or the application process, which were two other options) about the services.

Qualitative interviews reveal the difficulties that people face in finding information. For example, respondents recounted instances when officials did not offer the required information, as an unemployed woman in Astana explains: “No, I hadn't heard [about TSA or SCA]. I went to the social security department, but they didn't tell me anything.” In other situations, potential applicants were too intimidated to ask for information, help or support. Applicants with children did not always understand that receiving other benefits, such as allowances for children with disabilities or educational scholarships for studying in college, were included in income calculations, often making them ineligible for social assistance on the

BOX 1: Poverty-targeted social assistance benefits (2017) and special social services in Kazakhstan

There are two main national state-funded poverty-targeted programmes in Kazakhstan.

The first is targeted social assistance (TSA), which is available to households whose monthly per capita income falls below 40 per cent of the subsistence minimum (a cost-of-basic-needs poverty line calculated based on the cost of a food basket and an allowance for a non-food component). In 2017, there were around 20,100 beneficiaries (all members in beneficiary households). The second programme is the state child allowance (SCA): eligible households are those with children under 18 years old and living on less than 60 per cent of the subsistence minimum. In 2017, there were approximately 500,000 beneficiary children in approximately 170,000 households. While our research took place in 2017, a reformed TSA was rolled out from January 2018. Within the context of these reforms, the SCA has been dropped. New eligibility rules raise the income eligibility criteria, but do not consider the special needs of families with children, with projections that this could increase their exclusion.

The Law on Special Social Services (2008, revised in 2015) establishes social services as a distinct area in the welfare system and acknowledges the importance of addressing a wide variety of children's needs. Under the Law, children with certain vulnerabilities, including orphans, those lacking parental care, those with limited psycho-social development from birth to 3 years, those with a disability and those with deviant behaviour, are all entitled to different types of services. These include social care services, socio-medical services, socio-psychological services and socio-pedagogical services (relating to special educational needs).

“ A fundamental barrier to potential beneficiaries' access to poverty-targeted social assistance is limited awareness, or not having heard of this form of support.

basis of their income, as described by a mother in Astana: “I stopped going. I just stopped going. They added the amount for disability, and, together with their lawyers, they considered that this exceeded the income threshold. So I stopped going, disputing and arguing. However, I was in great need of that money at the time, because it was my child's seventh birthday in the spring. I didn't even have a piece of bread! I had nothing.”

Cumbersome documentation requirements

The process of applying for support is especially complicated due to the large amount of documentation required. At least seven different documents were found to be required for applying, and an additional five documents must be presented at the interview with social administrators. Up to 13 per cent of those who thought they might be eligible for support were deterred from applying for social assistance because they could not produce the necessary documentation. Not providing the correct documents was the second most frequent reason for rejecting social assistance applications.

This posed a particular burden for people living in remote rural settlements, who need to spend money to travel to district centres to collect documents. The need

to obtain documents on marital status and alimony payments placed a particular burden on women. For example, one respondent had difficulty obtaining an alimony certificate and was unable to file her application: “Since I could not get the certificate showing that I do not receive alimony, I did not prepare the documents to register for the allowance.”

Single mothers faced particular difficulties in obtaining employment certification, as they frequently work in informal jobs that are often part-time and flexible.

Legislation stipulates that a woman who has children over 3 years old⁴ and who is applying for social assistance must work or be actively seeking employment by registering at the employment centre. However, not all women can meet these requirements. Often, they cannot go to work because they have nowhere to leave their young children. Kindergartens are not available near their residence (this applies to rural areas), or mothers are unable to pay for such services. As explained by an applicant in Astana: “I got a refusal because my son was 3 years



Photo: UNDP Kazakhstan. Children of a family living with disability, Kazakhstan, 2014 <<https://goo.gl/wHfoLQ>>.

old and I was expected to work and send my son to kindergarten. I told them that the kindergarten cost KZT5,000, and there is a queue. I could not send him there and start to work.” Therefore, women are compelled to seek informal employment that gives them more flexibility but restricts access to social assistance.

Time burden of the application process

The application process for special social services can often be lengthy and impose a significant time burden on applicants. This deterred 10 per cent of survey respondents who thought they were eligible for special social services from applying. This hesitation is certainly justified: those who had applied spent between 32 and 120 days on the application process and made up to six trips to the place of application over the period. The process includes a medical diagnosis, which can require an unfeasibly long stay in hospital for the child and must be repeated every two years.

Policy implications

Kazakhstan has developed a comprehensive social protection system that supports low-income families through social assistance and a wide array of services for children with disabilities and special needs. At the same time, despite the availability of benefits and services, not all eligible persons can take advantage of them. Overall, it is clear that a key barrier to social assistance and special social services in Kazakhstan relates to potential beneficiaries’ awareness and understanding of availability and rules. International experience suggests there is a risk that on-demand application will not cover those who are not adequately informed or connected (Castañeda and Lindert 2005). In other words, people can be excluded not only by design—i.e. not conforming to eligibility criteria—but because of poor outreach and service delivery practices that do not actively seek the most marginalised population.

There are specific practical steps that the government can undertake to improve service uptake. More information should be provided on the availability of social assistance and special social services, and specific eligibility criteria. This will ensure that people know what benefits and services exist and whether they

might be eligible. Similarly, information should be provided about how people can apply, including: (i) which documents people will need to apply, and how they can be acquired; and (ii) where to apply. Furthermore, it is important that applicants receive adequate support to fill in application forms and prepare the documentation package.

Understanding can be increased through information campaigns and targeted awareness-raising through schools, health services and other service providers. Strengthening outreach capacity is especially important for identifying vulnerable families and facilitating their access to social assistance and services. There needs to be a clearly identified focal point to offer families information about the support available—for example, a particular person in an official capacity or a ‘hotline’.

Applicants have found it helpful when social assistance workers supported them in filling out forms. There is room for a greater involvement of social workers in providing information and facilitating collection of the required documents. This is contingent upon further strengthening social work functions in Kazakhstan.

Another important initiative is to reassess the documentation requirements and introduce greater flexibility to make the process easier for applicants. This can be achieved in two ways. First, certain requirements for specific groups can be waived. A possibility here could be to offer exemptions for employment certification in the case of single-parent families. The second way is to improve administrative procedures. Other bodies could be enabled to also issue this certification, such as mobile social centres—which are already able to issue residency certificates and which all respondents found to offer a useful service where they are available. The ‘one-stop shop’ model, whereby people can receive a range of services at one facility rather than having to visit several different ones throughout their application process, received positive feedback. The option of institutionalising this should be strongly considered.

In summary, our research found that administrative barriers negatively affect

uptake of social assistance and social services, preventing many low-income families with children from accessing much-needed benefits and services. These barriers can be addressed through a series of concrete measures that can improve people’s awareness of benefits and eligibility and make the application process more simple and flexible. These improvements can help make the social protection system more inclusive and responsive to the needs of families with children. ●

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1. The authors gratefully acknowledge the funding from UNICEF Kazakhstan awarded to the Overseas Development Institute (ODI) to undertake this research. This research was undertaken in collaboration with Sange Research Centre, who undertook the qualitative field research, and the Information and Computing Centre of the Statistics Committee of the Ministry of National Economy of the Republic of Kazakhstan (ICC) who collected the quantitative household survey. The authors also acknowledge the extensive contributions of Georgina Sturge into designing and implementing this research and report on which this article is based. Any errors remain our own.

2. London School of Economics.

3. Oxford Policy Management.

4. According to Kazakhstan legislation, mothers are entitled to maternity leave to care for children up to 3 years old.

Early childhood grant in Mozambique

Sérgio Falange¹

Recognition of the need to protect poor and vulnerable members of society and combat extreme poverty has led Mozambique to adopt the Second National Basic Social Security Strategy (*Segunda Estratégia Nacional de Segurança Social Básica—ENSSB II*) 2016–2024. This strategy, which was approved within the legal framework of Law No. 4/2007 (structuring social protection on three levels), was a response to the challenges that emerged from the previous incarnation: ENSSB I 2010–2014.

The new strategy contemplates a longer time-frame and reflects a progressive and ambitious vision of non-contributory social protection in the country, highlighting the redesign of the Basic Social Grant Programme (*Programa Subsídio Social Básico—PSSB*). This article discusses the three types of grants for children arising from the redesign of the programmes comprising ENSSB II, focusing in particular on the Early Childhood Grant (*Subsídio de Primeira Infância—SPI*).

The strategy was drawn up according to the country's vulnerability and risk profiles, considering the role of basic social security and a diagnosis of the current system.² With the introduction of a new grant for children aged 0–2 years, a grant for orphaned children who live in poor and vulnerable households, and a grant to support children who are heads of households, the restructuring of the PSSB stands out among the main initiatives of this new strategy. In addition, it introduces new criteria and procedures to determine eligibility for the old-age grant.

Although ENSSB II was approved and launched in 2016, its implementation depended on the approval of its governing decree. It took more than two years until it was approved in mid-2018. Decree 47/2018 reworks Mozambique's basic social security programmes. Article 5 lists the following PSSB components:

- old-age grant;
- grant for people with disabilities;
- child grant and its components;³ and
- grant for people with chronic and degenerative diseases.

What is the Early Childhood Grant?

The SPI is an unconditional cash transfer targeting children up to 2 years old who live in poor or vulnerable households. The goal is to promote the reduction of chronic malnutrition and improve children's access to health services, social activities and civil registration. Malnutrition in Mozambique is among the highest in the world, affecting around 43 per cent of children under 5.⁴ This has a negative impact not only on the health and development levels of children but also on the productivity levels of adults, and may cause irreversible damage. The SPI is posited in ENSSB II as a pilot during its first experimental phase and reaffirms the commitment stated in the Multisectoral Action Plan to Reduce Chronic Malnutrition 2011–2015, to cover women who are pregnant and who suffer from acute chronic malnutrition, identified with the cooperation of district-level health services.

The initial stage of a child's development—the 1,000 first days of life—is a critical period, especially for their cognitive level (UNICEF 2013). This period offers a unique 'window of opportunity' to invest in the child's development, yielding positive long-term results in societal health and productivity. Evidence shows that even in low-income countries there is a significant return for every dollar spent to reduce chronic malnutrition. In Kenya, for example, an evaluation of the Cash Transfer Program for Orphans and Vulnerable Children (CT-OVC) confirmed the programme's positive impact on the consumption levels of beneficiaries, especially of meat and dairy products (UNICEF n.d.).

Table 1 (see page 32) shows that the SPI is the programme with the largest implementation budget, representing 0.92 per cent of gross domestic product (GDP) in 2024 in the main scenario envisaged in ENSSB II.

In broad terms, the social transfer programmes implemented by the National Institute of Social Action (*Instituto Nacional de Acção Social—INAS*) should reach 3.3 million direct beneficiaries⁵ in 2024, compared to almost 1 million forecast for 2019 and the 438,874 who were reached in 2015 (Republic of Mozambique 2016). As shown in Table 2, the most significant increase in coverage in the long term is envisaged in the SPI, which will be expanded, after a small-scale trial phase, to a national scale in 2019, so as to reach 1.4 million direct beneficiaries by 2024.

The number of children aged 0–17 living in households that receive social transfers and who, therefore, indirectly benefit from the grants will rise from 400,000—according to 2016 estimates—to around 8.3 million in 2024. More than 5 million children aged 0–2 will benefit indirectly from the grant, according to the strategy's estimates.

In terms of budget, this increase in the number of direct and indirect beneficiaries reflects a larger investment in social transfer programmes, reaching between 1.7 per cent and 2.6 per cent of GDP in 2024, depending on the value of the grant (Figure 1, p. 33).

However, these different value scenarios would clearly have different impacts in terms of reducing poverty and inequality, and especially in terms of cost-efficiency. With the implementation of ENSSB II, it is predicted that there will be a reduction of 7 per cent in poverty incidence, of 16 per cent in depth of poverty in households, and of 5 per cent of the Gini index in the country (Republic of Mozambique 2016).

Final considerations

This article presented a general overview of the child grants in Mozambique and a more detailed view of the SPI. The first real application of this grant will come with the implementation of ENSSB II, which brings an innovative approach to meet the needs of the poor and vulnerable population, particularly the efforts to combat one of the indicators of multidimensional poverty: chronic malnutrition.

TABLE 1: Coverage and costs of child grant programmes

Programme	Cost projection to reach full coverage by 2024					
	Number of direct beneficiaries	Percentage of the target group (i)	Number of indirect beneficiaries: children aged 0–17	Cost as a percentage of GDP (current values)	Cost as a percentage of GDP (value forecast in ENSSB II)	Cost as a percentage of GDP (high value) (ii)
Early Childhood Grant	1,401,937	90%	5,111,383	0.64%	0.92%	1.10%
Grant to support children who are heads of households	30,772	90%	30,772	0.04%	0.04%	0.04%
Grant for orphaned children living in poor households	17,753	90%	40,955	0.01%	0.01%	0.01%

Notes: (i) Children in poor households; (ii) Ideal cost to achieve ENSSB II goals.

Source: ENSSB II.

However, the two-year delay in the implementation of ENSSB II could potentially compromise fulfilment of the strategy's full aspirations. Moreover, for ENSSB II to reach its predefined targets by 2024, 2.3 per cent of GDP should be destined to cover the costs of the social protection programmes. Yet in 2017 only 0.4 per cent was allocated. Strengthening institutional capacity should also be a top priority, to ensure the quality of the service provided by INAS. There should be an increase in INAS employees' salaries, which fell from 20 per cent of INAS's total budget in 2009 to 3.9 per cent in 2017, and in expenditure on goods and services, which represented just 0.7 per cent of INAS's budget in 2017, compared to 10.8 per cent in 2009 (ILO et al. 2017).

The operation manuals (beneficiary identification and selection criteria) should be reviewed to focus on individuals and not on households, as foreseen in the new ENSSB, which could reduce the risks of exclusion errors.

In terms of coverage goals, ENSSB II estimated that a total of 15,000 direct beneficiaries would be reached through the SPI in 2017, and 30,000 in 2018. By the end of the first phase of the strategy in 2019, the programme is expected to reach 50,000 direct beneficiaries, which corresponds to 3 per cent of the target group, as well as 175,945 indirect beneficiaries (*ibid.*).

These goals may not be met by 2019, since the implementation of the strategy has not yet begun. This requires not only political will, but also the strengthening of INAS's capacity in terms of human, financial and material resources. Factors that should be considered and strengthened to achieve the objectives of ENSSB II include: INAS presence at the local level; social cash transfers; the quality of the response to situations of risk; the involvement of communities; assistance to pregnant women through the convergence of health units; and multisectoral links, especially with health care.

Impact evaluations have shown strong evidence of a positive relationship between cash transfers for households with children and early childhood development, as well as risk behaviour among youth, livelihood strategies, participation in the local economy, and social cohesion, among others.

Several social cash transfer programmes in other countries in sub-Saharan Africa have also had an impact on intermediate nutrition indicators such as food diversity, meal frequency and food consumption (UNICEF n.d.). The implementation of the child grants should be followed by impact evaluations to assess whether corrective measures are necessary to attain the programmes' stated goals. ●

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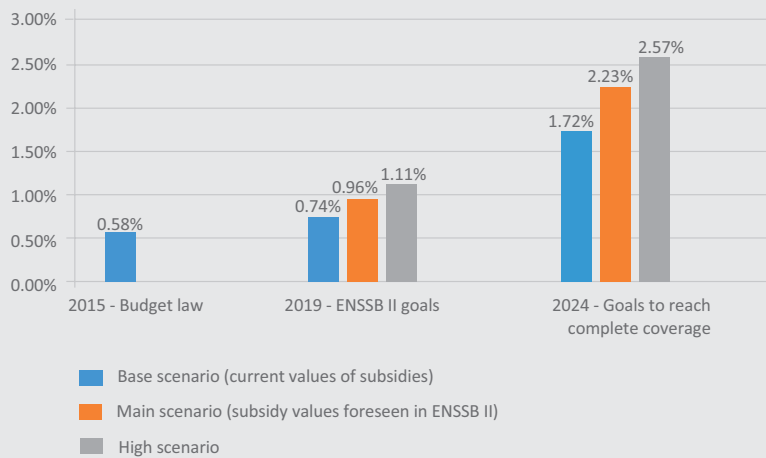
Republic of Mozambique. 2016. *Estratégia Nacional de Segurança Social Básica (2016-2024)*.

TABLE 2: Coverage projections

Programme	Coverage projections (2019)		Coverage projections (2024)	
	Direct beneficiaries	Percentage of target group	Direct beneficiaries	Percentage of target group
Early Childhood Grant	50,000	3.4%	1,401,937	90%
Grant to support children who are heads of households	18,302	58.7%	30,772	90%
Grants for orphaned children living in poor families	10,000	N.A.	17,753	90%

Source: ENSSB II.

FIGURE 1: Cost projections, by scenario, for the programmes (in percentage of GDP, including direct operational costs)



Source: ENSSB II.

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1. Mozambique Civic Society Platform for Social Protection.

2. *Inquerito do Orçamento Familiar* (IOF—Household Budget Survey) 2014/2015, *Inquerito Demográfico e de saúde* (IDS—Demographic and Health Survey) 2011 and the stages of the *Inquerito Contínuo aos Agregados Familiares* (INCAF—Continuous Household Survey) 2012/2013.

3. Two types of support (monetary and in-kind) are allocated under the component for children who are heads of household. The benefit amount is defined by the Ministry of Social Action.

4. *Inquerito do Orçamento Familiar* 2014/2015.

5. Beneficiaries enrolled in the INAS basic social protection programmes (PSSB, PASD, PASP, SSAS) with an equivalent benefit of MT540 for the first member of the household, plus 18.5 per cent for each additional member up to a maximum of five members.

“ This increase in the number of direct and indirect beneficiaries reflects a larger investment in social transfer programmes.



Photo: Cassimano. Kids from Maputo, Mozambique, 2012 <<https://goo.gl/rjvNu3>>.

“ The initial stage of a child’s development—the 1,000 first days of life—is a critical period, especially for their cognitive level.

Why a 'cash plus' approach is critical to better support children and adolescents with disabilities: evidence from Jordan and Palestine

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There are between 93 million and 150 million children and adolescents living with disabilities (WHO and World Bank 2011). Most (80 per cent) live in the global South. While an increasing number benefit from social protection programmes, few such programmes take account of their age-, gender- or context-specific vulnerabilities. Drawing on research in Jordan and Palestine, we explore the extent to which cash transfer programmes are improving the lives of adolescents with disabilities in humanitarian contexts. We also highlight key programming gaps and conclude by calling for a 'cash plus' approach to better support young people's multidimensional well-being.

Conceptualising disability

'Disability' is an evolving concept that includes long-term physical, mental, intellectual or sensory impairments acquired through injury, illness or congenital conditions (*ibid.*). Impairments may have mild, moderate or severe impacts on daily functions, depending not only on the nature of the disability but also on personal (e.g. age, gender, socio-economic status, ethnicity) and environmental (e.g. physical, social/cultural, political) characteristics.

It is estimated that 5 per cent of children globally under the age of 15 are living with a moderate or severe disability (*ibid.*). Rates are slightly higher for adolescents, significantly higher in poorer countries due to limited health care, and especially high in conflict-affected contexts and in countries where marriage between close relatives is common (Jones et al. 2018).

Disability, poverty and social protection in Palestine and Jordan

Disability has moved up the development agenda recently due to its key role in

causing and perpetuating the cycle of poverty and exclusion (WHO and World Bank 2011), and the links between disability and poorer access to education, health care and nutrition, water and sanitation, and employment (Mitra et al. 2013).

Governments and development agencies are increasingly promoting the inclusion of people with disabilities in social protection programming, especially in light of the Sustainable Development Goals (SDGs) and the 'leave no one behind' agenda. Objectives, targeting and mechanisms vary, ranging from means-tested cash transfers that include (but do not target) those with disabilities, to health care subsidies or educational stipends provided solely on the basis on disability. In the Middle East and North Africa (MENA) region, programmes targeting people with disabilities are not uncommon, although they have been criticised for excluding the poorest people and overlooking children's specific vulnerabilities. Moreover, during this crucial life-course stage (GAGE Consortium 2017, 25), adolescents' need for 'transformative social protection' appears, in many MENA countries, to be underserved.

The Palestinian National Cash Transfer Programme (PNCTP) provides 113,000 families targeted through a proxy means test with between NIS750 and NIS1,800 (USD195–USD468) per quarter, depending on family size. Beneficiary households are also entitled to other support, most critically—for those with disabilities—free access to health insurance and basic medical services (Jones et al. 2016).

In Jordan, Syrian refugees have access to two cash transfer programmes (Abu Hamad et al. 2017). Around 33,000 families receive a United Nations Refugee

Agency (UNHCR) cash transfer of between JOD132 and JOD323 (USD186–USD455). UNICEF's Child Cash Grant is an unconditional cash transfer⁴ of JOD20 (USD28) per month per child. It was reaching approximately 55,000 children in 15,000 families in 2017, but has been scaled down due to funding shortages. UNHCR also provides refugees with free basic medical services, while the World Food Programme (WFP) provides vouchers to the poorest refugees (*ibid.*).

Methods

This article draws on mixed-methods research by the Overseas Development Institute (ODI) in Palestine and Jordan in camp and host-community settings. In addition to data from evaluation of the effects of United Nations cash transfers on Syrian refugees living in Jordan (*ibid.*), and a study commissioned by UNICEF exploring the needs of Palestinian children and adolescents with disabilities (Jones et al. 2016), it draws on findings from the Gender and Adolescence: Global Evidence (GAGE) programme—a multi-country, longitudinal study of adolescent transitions and the ways in which they shape young people's broader capabilities (see GAGE Consortium 2017).⁵ To explore how disability shapes these transitions, 5 per cent of the adolescents in our survey and 15 per cent of those in our qualitative sample had a disability.

A flawed safety net

Our research found that social protection programming in Palestine and Jordan, while an important first step in providing for young people with disabilities, does not fulfil protective, preventive, promotive or transformative objectives (Devereux and Sabates-Wheeler 2004). Programming fails to account for the higher costs incurred by families of children with disabilities, and does not link beneficiaries with other services.



Photo: UNICEF/Christopher Herwig. Child with disability playing with her friends, Jordan, 2018.

“ Disability has moved up the development agenda recently due to its key role in causing and perpetuating the cycle of poverty and exclusion.

Strengths

The United Nations cash assistance programmes and the PNCTP are helping to reduce consumption poverty. In Jordan, benefits were the sole source of income for over 50 per cent of our sample and are critical to meeting household expenditures. In Palestine, beneficiaries reported that cash enabled them to buy more (and more nutritious) food—particularly protein. “We now bring in kinds of food we never used to have before the cash transfer”, explained the older sister of twin 13-year-old girls with speech and hearing impairments.

For some families, cash has improved children’s access to education and health care. In Palestine, one mother explained that her developmentally delayed daughter had been threatened with expulsion from her special needs school because she was unable to pay tuition: “Thank God the cash was such a help!” In Jordan, the mother of a boy with a physical disability explained how the cash had freed up her time: “Before we started receiving it, I used to work... cleaning houses... Now, I am always taking my son to get treatment.”

Because disability-related health-care costs in Palestine are so high, health insurance is critical. The father of a girl with a physical impairment reported, “The health insurance is important for my daughter, with this insurance we could do the surgery for one of her legs...” A key informant from the National Society for

Rehabilitation added that health insurance means beneficiaries can “save that money for something else”.

Weaknesses

Beneficiaries emphasised that the benefit levels are too low. In Palestine, despite the PNCTP, nearly 40 per cent of households with children with disabilities have monthly incomes equivalent to approximately half the extreme poverty line. Most said it was difficult to meet monthly expenses, and almost half said they could not afford to pay for transportation to access the free medical services to which their children were entitled. In Jordan, the cost of medication was prohibitive. The mother of a 12-year-old Syrian refugee girl with cerebral palsy said, “It’s been a year and a half since she last took her medicine. Each dose costs JOD800 [USD1,128].”

Research participants also emphasised that social protection programme design pays too little attention to the multidimensional needs of children and adolescents with disabilities. In particular, despite evidence that access to school is just as important to the well-being of adolescents with and without disabilities (Jones et al. 2018), there appear to be few efforts to help young people with disabilities stay in school (or return if they have dropped out).

In Palestine, where social workers complete the regular evaluations which determine access to the PNCTP, key informants at the implementing body

(Ministry of Social Affairs) explained that while they wished social workers could “tailor interventions to families based on an intervention plan”, for now, “they work as machines”, paying no attention to young people’s enrolment status, whether they are receiving appropriate medical care or whether they have access to training programmes that might help them become financially independent.

In Jordan, where the new *Hajati* cash transfer is assigning case workers to children who are regularly truant, it is too soon to say whether young people with disabilities—whose needs can be complex—will benefit from the programme. Given that so few are enrolled in school, positive impacts are unlikely unless greater efforts are made to locate and include those who have “never been to school here” (19-year-old Syrian girl with a physical impairment).

During our research, adolescents with disabilities also underscored their exclusion from opportunities to socialise with peers, which are considered key to well-being. This was especially true for girls, who are often kept at home (due to conservative gender norms) even when they are physically able. As a 19-year-old Syrian girl with a physical impairment, living in Jordan, explained: “I wake up at 11 am. I sit and use the tablet. There is nothing else.”

While in Jordan, UNICEF’s *Makani* programme ostensibly provides non-formal education, life-skills classes, recreational

opportunities and informal psychosocial support for all adolescents, our formative research suggests that because facilitators do not carry out door-to-door outreach, adolescents with disabilities are much less likely to be included (Jones et al. 2018). In both Jordan and Palestine—where 40 per cent of adolescents who are out of school reported that they had dropped out due to bullying—participants were clear that recreational opportunities for young people with disabilities needed to be carefully planned to counteract stigma from peers.

Adolescents with disabilities also expressed the importance of access to formal mental health services. An 18-year-old Syrian boy, paralysed from being shot before arriving in Jordan, admitted, “I would go to a counsellor if I had the opportunity.” A 19-year-old girl added, “No one outside my family has ever asked me about my feelings. I wish someone would.”

Our research has also underscored the importance of helping parents of adolescents with disabilities (especially mothers) to access much-needed information and support to care for their children adequately. In Palestine, less than 1 per cent of caregivers of children with disabilities had received information about services available locally, and only half were aware of community-based rehabilitation programmes. In addition, the physical demands of constant care, coupled with stigma around disability (even from husbands angry that their wife had produced a ‘defective’ child), had left many

unable to meet their children’s emotional needs, and some at risk of taking their frustrations out on their children.

Conclusions

Cash transfers in Palestine and Jordan are benefiting some children and adolescents with disabilities, but our research suggests ways in which they could be better targeted and, especially, better designed so as to deliver more transformative support. Programme implementers could look to Argentina’s Universal Child Allowance, which provides much higher benefits (four times higher) to children with disabilities than to children without disabilities, in recognition of the higher costs of disability.⁶ They should also recognise that cash alone is insufficient to help adolescents successfully transition to adulthood. In this regard there is an urgent need for better coordination with complementary service providers (including formal education, primary and specialist health and mental health providers), and to provide safe spaces and other opportunities for socialisation with peers. This will require proactive ‘cash plus’ strategies, including better-resourced referral systems that directly confront disability-related constraints to ensure that children and adolescents with disabilities can access the same services and opportunities as their peers without disabilities, and reach their full capabilities. ●

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2. Independent researcher.
3. Al-Quds University.
4. In 2018, UNICEF moved away from an unconditional cash transfer to *Hajati*, a means-tested cash transfer available to vulnerable refugee and Jordanian students who are enrolled in school.
5. See: <www.gage.odi.org> for more details on the research design and sample.
6. Approximately USD224 versus USD69.

“ Social protection programme design pays too little attention to the multidimensional needs of children and adolescents with disabilities.



Photo: UNICEF/Aled Jenkins. Child with Down’s syndrome and her father, Jordan, 2018.

Using cash transfers to support displaced children: experiences from Jordan and Lebanon¹

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Cash transfer programmes that provide income support to poor and vulnerable households are now a commonly used policy tool in stable low- and middle-income settings. There are also compelling arguments for relying on cash transfers as part of the policy response in humanitarian crises. A report by a high-level panel on humanitarian cash transfers (ODI and the Center for Global Development 2015) eloquently summarises these arguments. It explains, for instance, that the cost of delivering cash may be low compared to in-kind aid. Cash transfers increase expenditure in local markets affected by crisis. Moreover, cash transfers allow beneficiaries to use aid in the way that best suits their needs. Concomitantly, donors and aid providers have agreed to gear up cash programming in humanitarian contexts under the so-called 'Grand Bargain' agreement.³

The potential of cash transfer programmes to improve the lives of children in stable settings is well documented. In Latin America and sub-Saharan Africa, for instance, cash transfers have been shown to increase children's school participation, improve their food intake and health, and facilitate their transition to adulthood (e.g. Bastagli et al. 2016). However, rigorous evidence on the effects of cash transfers in humanitarian settings is lacking. Moreover, as indicated by the panel, the effects of cash transfers are likely to vary across different types of humanitarian settings. This lack of evidence could hamper their effectiveness.

In this article, I reflect on the role of cash transfers in the lives of displaced children. It draws on personal observations while studying the effects of cash transfer programmes designed to support displaced school-aged Syrian children in Jordan and Lebanon. Although cash transfers have great potential in settings of displacement, I discuss four factors that may reduce their impacts:

- There may be capacity constraints in host-country markets and facilities. Schools, for instance, may become overwhelmed and may not be able to absorb all displaced children.
- Displaced parents may have limited understanding of their new setting, hampering their ability to spend cash transfers effectively on their children.
- Displaced children may face complex challenges, including trauma, which cannot be resolved with cash transfers.
- And, finally, volatile programme funding may affect the way in which parents use cash transfers.

I mention ways in which these four factors can be (and are being) addressed, and make the case that evidence generation could strengthen these efforts.

It is worth mentioning two points regarding the scope of this article. First, it discusses factors that may hamper impacts even when programmes are well executed. Practical and political challenges that may be encountered during implementation are of critical importance, but beyond the scope of the article. Second, the discussion focuses on the displaced population itself. Tensions between new arrivals and host communities—and the role of cash transfers in alleviating these tensions—are discussed elsewhere (Valli, Peterman, and Hidrobo 2018).

Factors that may affect the impact of cash transfers in settings of displacement

The first factor that may affect the impact of cash transfers in settings of massive displacement is widely recognised: markets and facilities in host communities may become overwhelmed.⁴ If local markets cannot supply food and goods to new arrivals, cash transfers may trigger inflation.

If hospitals and health centres cannot cope with additional patients, the impacts of cash transfers on health outcomes may be limited. If schools have insufficient capacity to incorporate displaced children, the effects of cash transfers on educational outcomes will be reduced. A recent study I carried out with colleagues at the American Institutes for Research (de Hoop, Morey, and Seidenfeld 2018) illustrates this last point. In the study, we quantify the effects of the No Lost Generation cash transfer programme, which was designed to support the school participation of displaced Syrian children in Lebanon.⁵ It increased education-related expenditures and improved the attendance of children who found a place in school. However, despite extensive efforts to create additional seats in public primary schools, capacity constraints have restricted the ability of Syrian households to enrol their children in response to the programme. A thorough understanding of the supply-side constraints faced by displaced populations and coordination—to the extent possible—between cash transfer programmes and supply-side interventions could help predict and enhance programme impacts.

Second, even if host-country markets and facilities are not overwhelmed, it may be challenging for displaced populations to use cash transfers effectively and efficiently. Recently arrived displaced families are not acquainted with their new context and thus may not know how best to procure goods and services in their host community. Moreover, they may be traumatised, preoccupied with the well-being of their loved ones, and busy securing their first needs. All these factors limit the time and energy they can devote to improving their understanding of the local setting. Language barriers may further exacerbate these challenges. As a result, the argument that cash

transfers give beneficiaries the flexibility to use aid in accordance with their most urgent needs might lose its force. For instance, if they do not understand the local education system and are not able to communicate with teachers, parents may not use the transfers effectively in support of their children's education.

The provision of carefully tailored and timely information may help beneficiary households make the most of cash transfers, translating them into stronger improvements in the lives of children.⁶ An interesting illustration of cash transfers combined with information provision comes from the No Lost Generation programme in Lebanon and *Hajati*, a similar programme implemented by UNICEF Jordan.⁷

To maximise the impacts of these programmes on educational outcomes, information is collected on the school attendance of beneficiary children. When children are absent from school for a pre-specified number of days, the primary recipient of the cash transfer is informed through an automated text message. Importantly, absence does not trigger a reduction in transfer payment, as it does in some of the well-known 'conditional' cash transfer programmes in Latin America. In other settings, such information provision in and of itself has been shown to lead to substantial improvements in school attendance (de Walque and Valente 2018).⁸ In settings of displacement, such information provision could conceivably result in even larger improvements in attendance, as parents may have little access to teachers and little information on their children's whereabouts during school days (UNICEF Jordan 2018).

Third, displaced children may face unique and complex challenges not observed in other settings, hampering the impacts of cash transfer programmes. One example is the school participation and learning outcomes of displaced children living in countries neighbouring Syria. These children may have lived through traumatic events that keep them from learning in school. They may find it challenging to adapt to the local curriculum.

They may have been out of school for a long period and be enrolled in grades that are not appropriate for their age, etc.

Modest cash transfers cannot be expected to resolve these challenges alone, and an integrated response may be necessary. Both *Hajati* in Jordan and No Lost Generation in Lebanon have implemented integrated responses to support children's school participation. They build on school attendance data collected as part of the cash transfer programmes. If children do not attend school despite having received cash transfers and text messages, the household receives a visit from a social worker to determine whether they can (and need to) be linked with other social services.

Fourth, funding for humanitarian interventions is volatile. A recent paper commissioned by the Inter-Agency Standing Committee: Humanitarian Financing Task Team (2016, 6) explains that limited predictability of donor funding leads to "a short-term programming focus" and "start-stop operations with sub-optimal execution". Moreover, administrative conditions attached to donor funds make it harder for implementing agencies to adapt to changing circumstances.

As a result, the implementation of cash transfer programmes (and other humanitarian interventions) may not be closely aligned with the displacement crisis they are designed to address. Both *Hajati* in Jordan and No Lost Generation in Lebanon experienced a significant contraction in funding when the Syrian displacement crisis was still at its peak and displaced children were in continued need of support. We know little about the implications of such volatility for beneficiaries.

There are indications that the removal of cash support forces households to rely on detrimental coping strategies. They may, for instance, withdraw children from school and rely on them for income generation (WFP 2015). Moreover, expectations about the duration of a programme might affect the way in which beneficiaries spend cash transfers. Predictable funding for steady and reliable programmes is a critical requirement for cash transfers to make a difference in the lives of displaced families and children.

Conclusion

There are strong arguments for using cash transfers as a policy tool in humanitarian settings. These arguments may, in fact, be more compelling in situations of

displacement than in other humanitarian settings. There may be a host-country social protection system on which the humanitarian cash response can build. Additionally, cash transfers may be a flexible way to help displaced populations meet their most urgent needs. Yet, as the cases of Jordan and Lebanon have shown, implementing cash transfers in settings of displacement is not 'business as usual'. Even if the many practical and political challenges are overcome, and cash transfer programmes are implemented successfully (no mean feat), impacts observed in stable settings may not be replicated in settings of humanitarian crisis.

A thorough understanding of the factors that may limit the impacts of cash transfers in humanitarian settings is critical. More systematic work is required to understand the extent to which these barriers apply to different displacement settings, including more and less affluent ones than those of Jordan and Lebanon. Moreover, further research on the efforts to mitigate these factors is necessary to learn from current displacement crises and to implement effective cash-based responses to displacement crises in the future. UNICEF Office of Research—Innocenti is one of the agencies trying to expand the evidence base. It supported the impact evaluation of the No Lost Generation cash transfer programme in Lebanon. It is also currently partnering with UNICEF Jordan in the implementation of an ambitious study examining the effects of *Hajati*.

This study examines both the implications of scaling down cash transfer interventions and the role of strategically providing information to beneficiary households. UNICEF Innocenti also recently hosted a workshop bringing together researchers, practitioners and donors working on social protection in humanitarian settings. I encourage readers with a further interest in this topic to visit the [workshop webpage](#),⁹ which links to a series of exciting papers that can help further advance our understanding of this topic. ●

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“ Displaced children may face complex challenges, including trauma, which cannot be resolved with cash transfers.

Photo: UNICEF/Sebastian Rich. Children taking classes, Lebanon, 2017.

De Hoop, J., M. Morey, and D. Seidenfeld. 2018. “No Lost Generation: Supporting the School Participation of Displaced Syrian Children in Lebanon.” *Innocenti Working Paper* 2018-06. Florence: UNICEF Office of Research—Innocenti.

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1. I would like to thank Charlotte Bilo, Alexis Boccenne, Jose Cuesta, Anna Carolina Machado and Amber Peterman for their detailed feedback and suggestions for improving this article. All views here are my own and do not necessarily reflect the views of UNICEF.

2. UNICEF Office of Research—Innocenti.

3. For information on the Grand Bargain agreement, see: <<https://www.agendaforhumanity.org/initiatives/3861>>.

4. In fact, even the benefit delivery systems in host countries may become overwhelmed.

5. The programme, known locally as *Min Ila*, was implemented by UNICEF Lebanon in collaboration with the Lebanese Ministry of Education and Higher Education and the World Food Programme (WFP). During the period of the study, it supported over 50,000 children in two of Lebanon’s seven governorates, mostly displaced Syrians. To be eligible to receive transfers, children had to be enrolled in the afternoon shift of a public primary school. The size of the transfers varied according to the age of the child: USD20 per month for children aged 5–9, and USD65 per month for children aged 10–14. Payments were made through an ATM card used by all major agencies delivering cash transfers in Lebanon. The goals, scale and design of the programme changed after the period covered in the study.

6. The issue of information constraints goes well beyond programme beneficiaries. Host governments may not have a complete picture of the displaced population. Humanitarian agencies may have incomplete information on how best to build on existing social protection systems, etc.

7. The design of the *Hajati* programme is similar to that of the No Lost Generation programme. During the 2017/2018 school year, the programme supported about 56,000 children, most of them displaced Syrians. The programme targets the most vulnerable children in public primary schools offering afternoon-shift education. The monthly transfers have a value of approximately USD28 per child. Cash is transferred either via the UN Refugee Agency (UNHCR)’s payment platform or a UNICEF-issued ATM card.

8. The authors examine the effects of information provision through written ‘report cards’ instead of text messages.

9. See: <<https://www.unicef-irc.org/article/1829-evidence-on-social-protection-in-contexts-of-fragility-and-forced-displacement.html>>.

Implementing a conditional cash transfer programme for indigenous peoples in geographically isolated and disadvantaged areas in the Philippines: a demand- and supply-side assessment

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In 2008, the Philippines joined the ranks of developing countries that implement conditional cash transfers as a social protection strategy, targeting poor households that are most in need of assistance. The *Pantawid Pamilyang Pilipino Program* (4Ps) was launched by the Department of Social Welfare and Development (DSWD) as a pilot in February 2008 (DSWD 2014; 2015).

By June 2015 the 4Ps covered 4,391,768 beneficiary households in all 17 regions of the country (DSWD 2015). The programme follows a basic conditional cash transfer formula, whereby in exchange for monthly cash grants, beneficiaries must comply with certain conditionalities: (1) pregnant women must avail of pre- and post-natal care and give birth in a health facility assisted by a trained health professional; (2) parents must attend family development sessions; (3) children aged 0–5 must

receive regular preventive health check-ups and vaccines; (4) children aged 3–5 must attend pre-school classes with an attendance rate of at least 85 per cent; (5) children aged 6–17 must enrol in elementary or high school with at least 85 per cent attendance; and (6) children aged 6–14 must receive de-worming pills twice a year (DSWD n.d.; Reyes and Tabuga 2012).

Compliance with conditionalities presumes acceptance of the services by the beneficiaries (demand side) and availability and accessibility of school and health facilities (supply side).

In an internal review of implementation of the 4Ps in 2012, the DSWD (2014) found that indigenous peoples (IP)² living in geographically isolated and disadvantaged areas (GIDA)³ enrolled in the 4Ps face barriers to full compliance to conditionalities because of their physical isolation (supply-side issues) and possible cultural resistance (demand-side issues) to

schooling and to health services. Thus, the DSWD created the Modified Conditional Cash Transfer Program for Indigenous People in Geographically Isolated and Disadvantaged Areas (MCCT-IP in GIDA), with “modifications in terms of processes in targeting, conditionalities, package of benefits, interventions and modes of implementation” (DSWD 2014, 3)—specifically: (1) the replacement of family development sessions with community and family development sessions, with the latter open to non-beneficiary members of the community; and (2) the institution of livelihood programmes for MCCT IP beneficiaries. However, despite the barriers identified, the modification did not directly address the supply- and demand-side issues of physical distance and possible cultural resistance. MCCT beneficiaries remained subject to the same education and health conditionalities as regular beneficiaries. As of 31 December 2016, the MCCT-IP in GIDA had a total 178,549 IP beneficiary households (DSWD 2016).

“Data for the demand-side assessment came from interviews and focus group discussions with beneficiaries, non-beneficiaries and community leaders.



Photo: Focus group discussion with beneficiaries of the Aeta MCCT-IP in GIDA.

Methods

In 2016, UNICEF—in partnership with the University of the Philippines Population Institute, with funding support from the Australian Department of Foreign Affairs and Trade and support in field operations from the DSWD—undertook an assessment of the MCCT-IP in GIDA programme from the viewpoint of both beneficiaries (demand side) and service providers (supply side) (see UPPI 2017). A total of 27 IP groups living in 30 geographically isolated and disadvantaged *barangays*⁴ were visited. The 27 IP groups together account for 83 per cent of all MCCT IP beneficiaries (see Figure 1).

The supply-side assessment examined the factors that could affect compliance with the programme’s conditionalities—particularly availability and accessibility of education and health services—through a census of public health and education facilities and a mapping of their respective locations within each of the 30 *barangays*. The location of the facilities was captured through a built-in global positioning system (GPS) chipset in the tablets used in the data collection process.

Data for the demand-side assessment came from interviews and focus group discussions with beneficiaries, non-beneficiaries and community leaders.

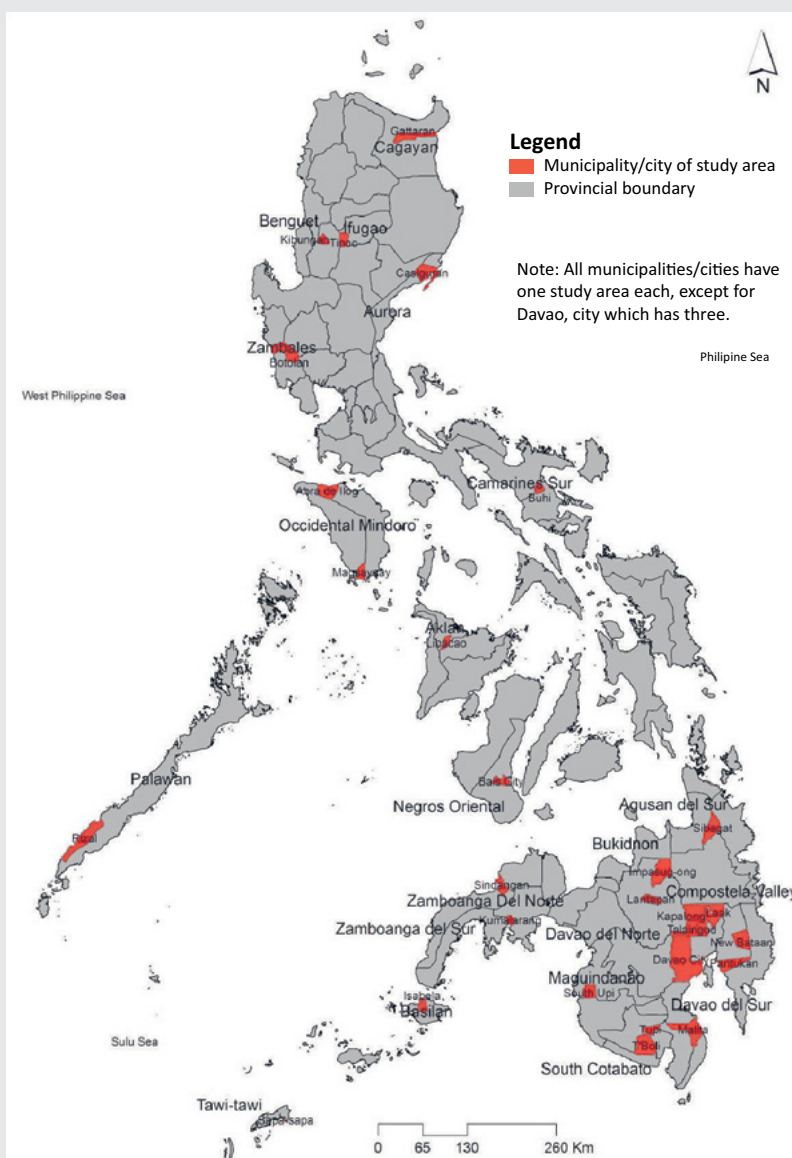
Results

Demand-side assessment

Overall, the results consistently showed that MCCT beneficiaries appreciate the cash grant and accept the conditionalities, which they perceive to be for their own and their children’s good. One IP group further observed that, because of the grant, they now attribute more value to education and are motivated to keep their children in school instead of marrying them off as early as age 10.

However, since no modifications were made to the grant’s conditionalities that would have taken into account the isolation of GIDA *barangays*, there are serious barriers to full compliance with the 85 per cent school attendance conditionality, resulting in deductions from the grant. Children of primary-school age need to walk a significant distance to school every day due to the

FIGURE 1: Location of the 30 *barangays* with the 27 indigenous groups covered in the assessment



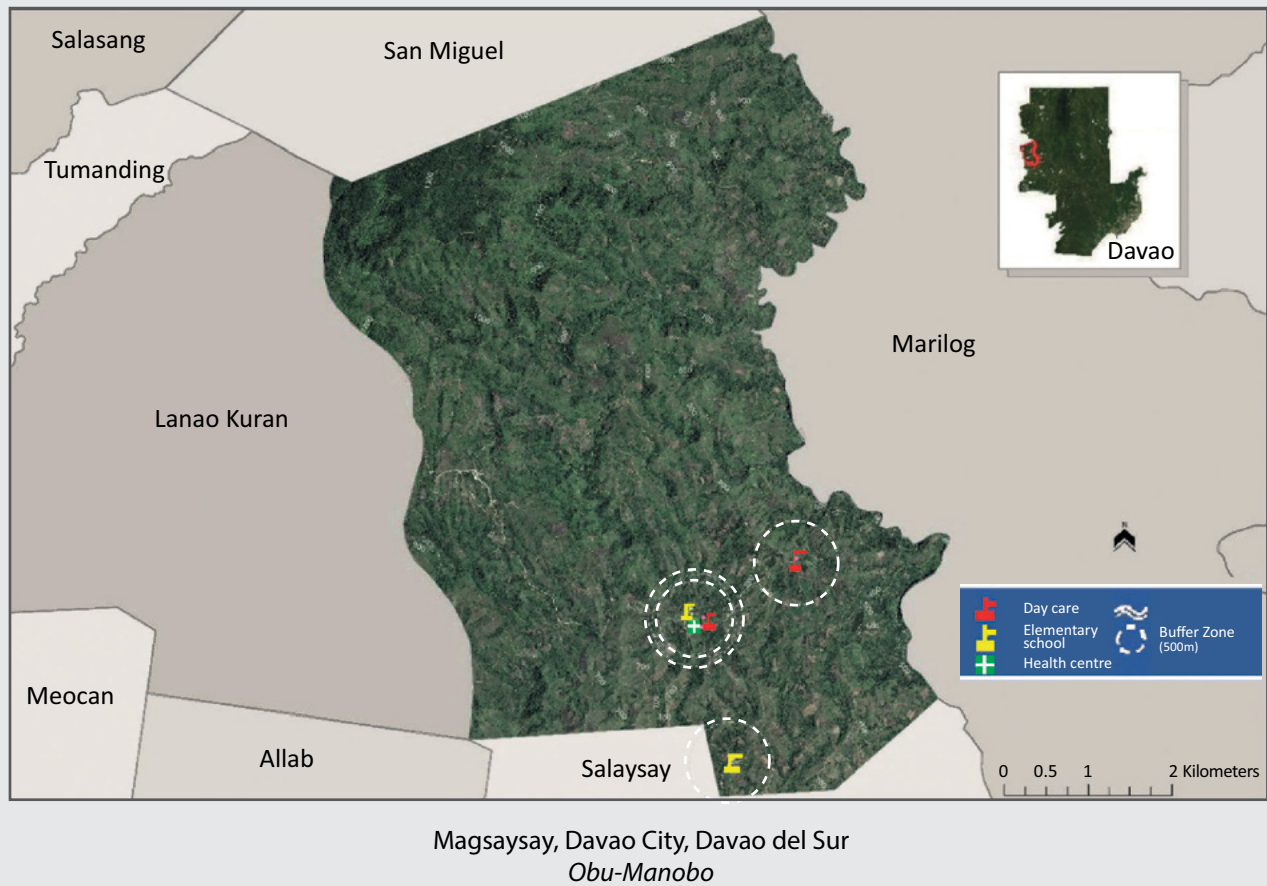
Source: UPPI (2017).

absence of roads and transportation. Regular attendance is especially compromised during the rainy season, when it is dangerous to navigate slippery trails and cross swollen rivers. Only families who live close to day-care centres bring their children to pre-school. Overall, children of pre-school age are considered too young to attend school regularly, and if they do attend, they will require specific care, which the beneficiaries cannot provide regularly, as they have to work. A second major reason for school absenteeism is household food insecurity.

With no food in the household, children are prevented from attending school, as they have no energy for the long treks and no food to bring for lunch.

One of the major goals of a conditional cash transfer programme is to provide households with a steady stream of cash to cover basic necessities, but due to the logistical difficulty of distributing monthly cash grants to these isolated communities, the benefits do not reach beneficiaries at steady, fixed intervals. Consequently, when the

FIGURE 2: Map of Magsaysay barangay, Davao City, Davao del Sur, home of the Obu-Manobo tribe, showing the relative location of a day-care centre (providing pre-school education), two elementary schools and a health centre



Source: UPPI (2017).

cash is received it is treated more like a windfall than as a reliable component of the household budget.

Regarding health conditionalities, there are no major obstacles to compliance with child immunisation and check-ups because mothers are willing to travel to the health facilities despite the distance. Moreover, health personnel conduct immunisation and health check-ups in fixed locations outside the health facilities according to a regular schedule (e.g. on market day) for communities that are located farther away. The exception is child delivery in a health facility, which is unacceptable for reasons that stem from both physical distance and cultural reasons. Most IP groups were unwilling to give up certain traditional birthing practices and were

deterred by the perceived impersonal and dehumanising conditions in health facilities, with the experience of giving birth in a facility likened by some to “a cow being butchered”. They also decried the lack of privacy and what some perceive as discriminatory behaviours of health-care personnel.

Supply-side assessment

In general, the results of the census of education and health facilities indicate that in each of the 30 GIDA *barangay* there are existing functional education and health facilities that can provide the services needed to comply with most of the conditionalities. With the *barangay* as the basic political and administrative unit of the Philippines government, data at this level of aggregation shows adequate basic supply-side facilities

in the 30 sites, with the exception of secondary schools and birthing facilities, which are usually located in town centres outside the *barangays*.

However, the GIDA *barangay* maps drawn with GPS-derived locations (Figure 2) reveal that facilities cluster around a central area, while there are settlements (*sitios*) located farther away with no visible roads to connect them to the *barangay* centre. From the census, it was established that the travel time from these *sitios* to the facilities can range from one to five hours of walking each way, across mountainous terrain. Motorised forms of transport are rare (motorcycles, known as *habal habal*), and their cost can be prohibitive. Within the GIDA *barangay*, it is a constant challenge for children from the *sitios* to



Photo: Phil Warren. Indigenous refugee children, Philippines, 2015 <<https://goo.gl/KUGbkE>>.

“ With no food in the household, children are prevented from attending school, as they have no energy for the long treks and no food to bring for lunch.

meet the 85 per cent school attendance conditionality. Yet supply-side assessments using the *barangay* as the unit of analysis will not reflect the access problems of the *sitios*, and *barangay*-level data will indicate the adequacy of basic facilities. If the current assessment had not drawn the *barangay* maps (see Figure 2) and tagged the exact location of the facilities, this point would also have been missed in the current supply-side assessment, although this particular problem is well articulated in the results of the demand-side assessment.

Conclusion

Overall, the MCCT-IP in GIDA is a noteworthy project, but to truly tailor the programme to the conditions of IP in GIDA and help beneficiaries avail of the full amount of the grant, the conditionalities should be made suitable to their specific circumstances. For one, the school attendance conditionality should be relaxed, in consideration of the physical access barriers. The pre-school attendance conditionality should be dropped altogether, as only a handful of children of pre-school age can realistically attend day care every day. A second major issue to address is household food insecurity. This problem will require its own supplemental feeding programme, which must not be tied to any conditionality and should possibly be extended to all households in need, not only those that benefit from the MCCT. Finally, for GIDA *barangays*, the unit of analysis for supply-side issues should

probably be the *sitios*, to fully capture the experience of beneficiaries living in truly physically isolated locations. ●

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1. University of the Philippines Diliman.
2. By law, the term ‘indigenous people’ “refer[s] to a group of people or homogenous societies identified by self-ascription and ascription by others, who have continuously lived as organized community on communally bounded and defined territory, and who have, under claims of ownership since time immemorial, occupied, possessed and utilized such territories, sharing common bonds of language, customs, traditions and other distinctive cultural traits, or who have, through resistance to political, social and cultural inroads of colonization, non-indigenous religions and cultures, became historically differentiated from the majority of Filipinos” (Republic of the Philippines 1997).
3. The DSWD defines geographically isolated and disadvantaged areas (GIDA) as “communities with marginalized population(s) physically and socioeconomically separated from the mainstream society and characterized by absence of access to roads or reside in hard to reach areas, absence of or limited opportunity for development, absence of or limited social services, particularly health and education, insufficiency of food security (sic), limiting environment such (as), but not limited to, discriminatory policies, norms, and situations that inhibit the full exercise of their rights” (DSWD 2014).
4. A *barangay* is the most basic political and administrative unit in the Philippine government.

Social protection for children in Argentina: advances and future challenges

Oscar Cetrángolo, Javier Curcio and Roxana Maurizio¹

Two pillars can be identified in the current structure of income transfers to households with children and adolescents in Argentina. Contributory family allowances² (including those paid by national and subnational governments) and non-contributory allowances (*Asignación Universal por Hijo*—AUH—plus other national and provincial programmes). Eligibility for these allowances is defined by people’s labour characteristics—mainly employment status and income. The AUH targets children whose parents are informal, inactive or unemployed workers. Contributory family allowances, on the other hand, are monthly, annual or event-related cash transfers targeting employees registered in the social security system. Unlike the AUH, the amount of this contributory benefit decreases as family labour income increases, and it differs across regions.

In addition to these two pillars, an income tax rebate for children of high-income workers, albeit not designed as a social protection mechanism, is in fact

an instrument that favours the disposable income of families with certain labour income levels.

These allowances differ not only in their target populations but also in the amounts and types of their benefits and in their conditionalities. In particular, contributory family allowances also provide cash benefits for childbirth, maternity, adoption, marriage, prenatal allowance, and children with disabilities, plus an annual additional benefit for children attending school. In contrast, the AUH only provides childbirth and pregnancy benefits.

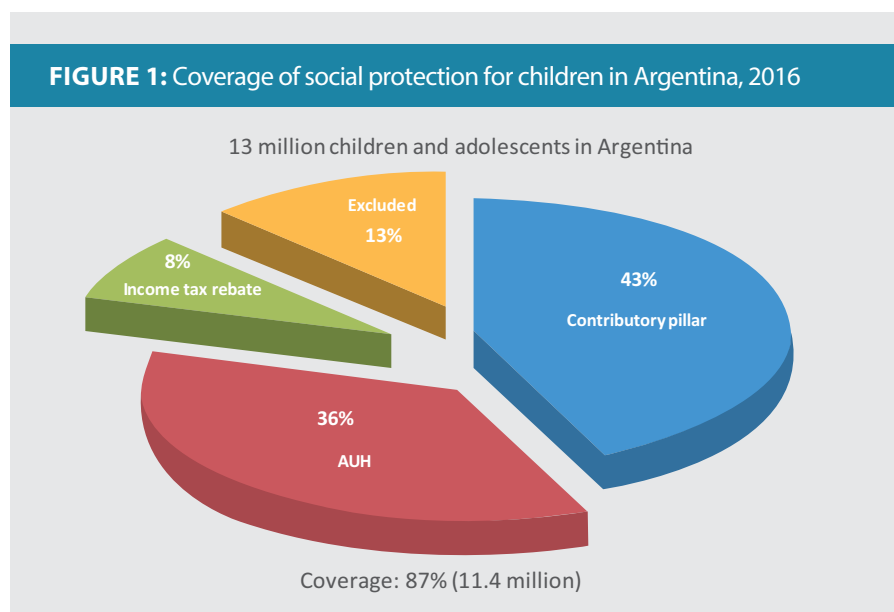
As shown in Figure 1, about 87.4 per cent of children and adolescents in Argentina (about 11.4 million) are currently covered by one of these schemes: 36 per cent (about 4 million) are included in the AUH, 43 per cent are covered by the contributory pillar, and 8 per cent by the income tax rebate.

However, despite the significant increase in the coverage of children’s social protection resulting from the introduction of the AUH (see Box 1), 13 per cent of children and adolescents (1.6 million) are still not covered by any scheme. This

results from specific regulatory exclusions (the sixth child or subsequent children, and children of foreign nationals who have been in Argentina for less than three years) and from when conditionalities are not met. This is the universe of children that should be sought and covered by public policies.

A relevant aspect of these pillars, in addition to their universal coverage, is their distribution across households defined according to their total income. Figure 2 shows that the AUH covers half of all households in the first two deciles of per capita income, with coverage systematically decreasing along the distribution, which evidences that the programme is well targeted at households with the lowest incomes. The incidence of the contributory pillar grows (although not systematically) until the eighth decile and then exhibits a declining trend. These patterns are a joint consequence of the positive correlation between formality and family income and of the negative correlation between informality and family income, and the existence of a maximum income limit to belong to the contributory scheme. As expected, households that obtain the

“ 13 per cent of children and adolescents (1.6 million) are still not covered by any scheme.



Source: Authors’ elaboration based on administrative records from ANSES <<https://www.anses.gob.ar/institucional/datos-abiertos/>>.

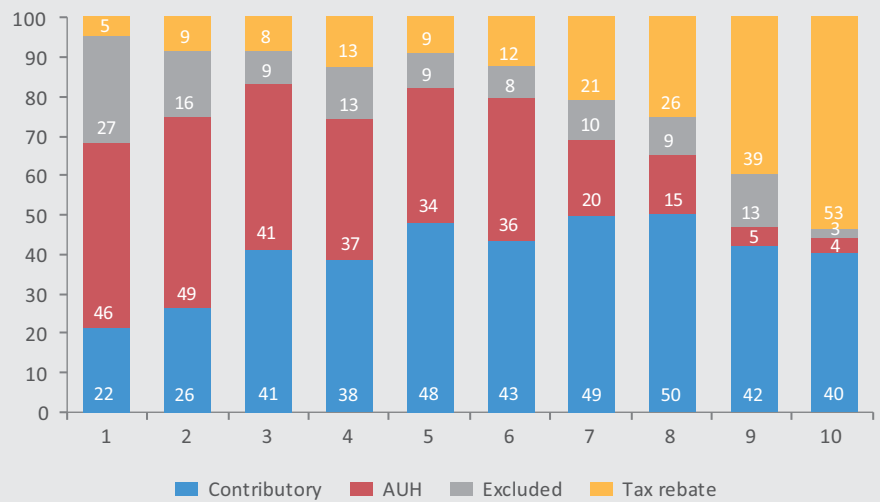
income tax rebate represent a growing proportion along the distribution: in the last decile, approximately half of the households with children are in this situation.

Finally, Figure 2 also shows that 27 per cent of households with children in the first decile do not receive any public cash transfers. Considering that these households should have been covered by the AUH, it could be said that the coverage in that decile should be increased by around 60 per cent.

Sufficiency of benefits and fiscal cost of eradicating poverty and extreme poverty

In addition to the AUH's lack of coverage among the poorest households with children, another important aspect of the programme to consider is to what extent its benefits are achieving the programme's

FIGURE 2: Distribution of children covered by and excluded from social protection programmes, by decile of per capita family income, 2015



Source: Authors' elaboration based on Encuesta Permanente de Hogares (EPH/INDEC).

BOX 1: Asignación Universal por Hijo (AUH—Universal Child Allowance)

In November 2009, Argentina implemented a new cash transfer programme for children and adolescents, the AUH. This programme extended the coverage of contributory family allowances to include the children of:

- i. informal workers not registered in the social security system or domestic workers whose labour income is below the minimum wage;
- ii. *monotributistas sociales* (simplified tax regime for individuals in an economically vulnerable situation);
- iii. unemployed persons without unemployment insurance; and
- iv. economically inactive workers without pensions.

In addition to these eligibility criteria, children must be Argentinean nationals or have resided in the country for at least three years prior to registering for the programme. In addition, both children and parents must have a national identity document.

The AUH is a monthly conditional cash transfer paid to one of the parents, or the guardian, for each dependent child or adolescent below 18 years of age, up to five children per household. There is no age limit if the child has a disability. When custody is shared, the programme gives priority to mothers as recipients of the benefit. Unlike other cash transfers programmes in Latin America, the benefit amount per child is fixed.

Even though one of the goals of the programme is the reduction of extreme poverty, the non-contributory AUH is not an ad hoc programme designed to alleviate the situation of households with socially vulnerable children. As mentioned, it was an extension of the contributory child allowance programme covering the children of formal workers, unemployed persons with unemployment insurance, and pensioners. In fact, both programmes—contributory and non-contributory—are managed by the National Social Security Administration (*Administración Nacional de la Seguridad Social—ANSES*).

However, like most cash transfer programmes implemented in Latin America, the AUH has conditionalities (or co-responsibilities) concerning health and education. Of the total benefit, 80 per cent is paid monthly to benefit recipients, while the remaining 20 per cent is deposited into a savings account in their name. This sum may be withdrawn once the beneficiary has provided evidence of compliance with conditionalities: completion of the vaccination programme and relevant health checks in the case of under-5 children, and a certificate of school-year completion for school-age children. The National Social Security, Health and Education Record (*Libreta Nacional de Seguridad Social, Salud y Educación*) was created to keep track of compliance.

Programme regulations establish that the AUH's monthly payment will be suspended if certificates are not presented, and 20 per cent of the bank deposit will be withheld until the situation is normalised. In some cases, parents were initially unable to comply with conditionalities because there were no health centres nearby or because they could not get an appointment with a doctor to certify the health check-ups. Therefore, enforcement of conditionalities was more lax in the early stages of the programme but became more rigorous over time.

The AUH's benefit amount per child in effect as of October 2018 is ARS1,694 per month, equivalent to approximately USD42. On average, recipient households receive 1.8 benefits per month, equivalent to USD76. Against a backdrop of social deterioration, the government has announced two extraordinary bonuses for beneficiary households, of ARS1,200 (USD30) and ARS1,500 (USD38), due in December 2018.

Approximately 4 million children in 2.2 million households are covered. The total expenditure of the programme represents approximately 0.5 per cent of gross domestic product (GDP).

The role and rationale of the conditionalities are currently being discussed, taking into account the lack of sufficient public schools and hospitals in all areas, the quality of these services, the lack of empirical evidence proving their independent impacts beyond the cash transfers, and the difficulties in monitoring compliance.

TABLE 1: Evolution of the AUH benefit and the value of the BFB and BTB

	AUH (in ARS)	USD2/day (monthly) (a)	AUH/(a)	BFB (in ARS)	AUH/BFB	BTB (in ARS)	AUH/BTB
March 2016	966	904	107%	1,515	63.8%	3,664	26.4%
September 2016	1,103	906	122%	1,711	64.5%	4,090	27.0%

Source: Authors' elaboration based on INDEC data: <https://www.indec.gov.ar/nivel4_default.asp?id_tema_1=4&id_tema_2=27&id_tema_3=65>.

goal of eradicating poverty and extreme poverty among children. Table 1 presents the benefit amount compared to the costs of a 'basic food basket' (BFB) and a 'basic total basket' (BTB), which define the national extreme poverty line and the poverty line, respectively. Additionally, as an international reference, a USD2 per day poverty threshold is also included.

It can be observed that, in 2016, the AUH benefits were higher than the extreme poverty indicator used in international comparisons (USD2/day). However, they are consistently below the BFB and BTB values. It should be considered though that both the BFB and the BTB are expressed for adults; therefore, the distance between the AUH and these values must be interpreted with caution. Other than these considerations, it is important to estimate the extent to which poverty and

extreme poverty are being eliminated among households receiving the AUH.

To this end, two different situations must be considered. On the one hand, the cost of covering households with children not yet covered by the AUH; on the other, the cost of granting AUH households the amount of money needed to reach the BFB and BTB values. To carry out these exercises, we have used microdata from the *Encuesta Permanente de Hogares (EPH)*³ for the second quarter of 2016. At that time, poverty affected 23.3 per cent of households and 32.5 per cent of all people. The extreme poverty rate was 5 per cent of households and 6.5 per cent of the population.

Eighty per cent of eligible households that do not receive the AUH are living in poverty, and 30 per cent are living in extreme poverty. The relative poverty gap⁴ was 0.49. If each of these households

received the amount necessary to escape poverty, this would imply additional resources equivalent to 0.85 per cent of GDP. To eliminate extreme poverty, the additional amount required can be estimated at 0.33 per cent of GDP.

On the other hand, the incidence of poverty among eligible households that received the AUH in 2016 was also very high—about 88 per cent—while the incidence of extreme poverty was about 30 per cent, even including the AUH transfer. The poverty gaps were 0.50 and 0.40, respectively. Considering that there are approximately 4 million children covered in about 2.2 million households, the amount of money that would have to be added to the programme to eliminate poverty would be equivalent to 2.36 per cent of GDP, and to eliminate extreme poverty, 0.77 per cent of GDP (see Table 2).

TABLE 2: Estimation of additional resources needed to overcome poverty and extreme poverty

Concept	Poverty	Extreme poverty
Proportion of households living in	23.3%	5.0%
Proportion of people living in	32.5%	6.5%
Eligible households not receiving AUH (I)	80.0%	30.0%
Relative gap	0.49	0.44
Average monetary distance to the line	ARS6,300	ARS2,400
Additional amount needed to overcome	ARS67 billion	ARS26 billion
Percentage of GDP	0.85%	0.33%
Households receiving AUH (II)	88.0%	30.0%
Relative gap	0.50	0.40
Average monetary distance to the line	ARS7,000	ARS2,300
Additional amount needed to overcome	ARS186 billion	ARS61 billion
Percentage of GDP	2.36%	0.77%
Percentage of GDP (I+II)	3.21%	1.10%

Source: Authors' elaboration, based on EPH (INDEC), 2016 (second quarter).

It should be noted that these exercises are only indicative, for at least three reasons. First, changes in the behaviour of beneficiaries that could reduce or amplify the effects of the AUH on poverty or extreme poverty are not considered here. Second, no possible multiplier effects of expenditure are taken into account. Finally, there is a lack of updated and detailed information (both from administrative records and from household surveys) about households that are eligible and that receive the AUH benefit.

We would like to highlight that the AUH is currently insufficient to significantly reduce child poverty and extreme poverty. However, achieving this goal would not imply insurmountable additional resources relative to total public expenditure.

Future challenges: Towards a comprehensive social protection system for children in Argentina

Despite the progress achieved in providing cash transfers to households with children, Argentina's current situation requires continued efforts to consolidate a comprehensive social protection system grounded in universal rights. One of the most important challenges is to achieve universal coverage. As mentioned above, 13 per cent of children are still excluded from this type of social protection. Most are in households with the lowest incomes.

Second, Argentina must move forward with greater integration between the different pillars of social protection (contributory, non-contributory and child tax credit) and other existing programmes aimed at tackling social risks. This includes education, nutrition and health policies targeting children, and productive and employment programmes for adults in households with children. All are essential to support human and economic development.

Third, greater effort must be made to remove structural barriers that create social exclusion. The realisation of full social inclusion of vulnerable groups requires reducing segmentation and disparities in the quality and supply of basic services for targeted and non-targeted populations. Issues such as childcare, gender inequality and child labour should also be considered a priority.

Fourth, and related to the previous point, policies to boost formal employment and the



Photo: Kris Haamer. Children running home after school, Salta, Argentina, 2005 <<https://goo.gl/81H9rw>>.

consolidation of a framework of protective labour regulations should be enacted to enable appropriate working conditions and facilitate social integration. In this context, universal policies should provide guaranteed access to essential services while ensuring appropriate income levels.

Fifth, it is important to fully understand the role and rationale of conditionalities. What are their aims? Are conditionalities imposed to foster demand for social services or to gain broader social support among taxpayers and median voters? Do they have impacts—positive or negative—beyond the cash transfer? Are national governments in fact able to monitor compliance? In this regard, it seems more appropriate to modify the existing perspective of 'conditionality' to that of a universal right for children to access basic services. This also requires improving the quality of such services.

Sixth, the institutional design of cash transfer programmes is essential to ensure their longevity, especially turning such programmes into permanent state policies to fulfil not only short- but also long-term objectives. To this end, it is essential to implement a permanent, modern, efficient and timely monitoring and evaluation system, to make all necessary adjustments and maximise positive impacts on well-being and equality.

Finally, the Government of Argentina must continue to strengthen its redistributive capacity through a more

progressive tax system and greater fiscal pressure, as well as through more and more effective social spending. ●

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2. Argentina's family benefits began in the 1930s with the maternity grant and were formalised in 1957 through the creation of compensatory funds set up through collective agreements, financed with labour taxes. In 1996, a reform of the family benefits was proposed, with the aim of reducing them but still protecting the rights of workers with lower salaries (Beccaria and Curcio 2011).

3. The *Encuesta Permanente de Hogares* is a continuous household survey conducted by the *Instituto Nacional de Estadística y Censos* in 31 urban areas of the country.

4. The poverty gap is defined as the proportion of the additional income that each household requires to reach the poverty line.

Conditional cash transfers for improving nutrition outcomes: lessons from the Bihar Child Support Programme

Shruti Viswanathan and Tom Newton-Lewis¹

Bihar is a state in northern India, with a population of 104 million people (Office of the Registrar General & Census Commissioner, India 2011). The third most populous state in India, it lags behind the rest of the country in various socio-economic development indicators (International Institute for Population Studies 2017). Women's empowerment is low, with the female literacy rate at 49.6 per cent (compared to the national average of 68.4 per cent). Only 26.4 per cent of women reported possession and use of a bank account, compared to the national average of 53 per cent. Rates of child and maternal undernutrition in the state are also high relative to national averages. Nearly half of all under-5 children are stunted or underweight, and 60 per cent of all women are anaemic in Bihar. The under-5 mortality rate is 58 deaths per 1,000 live births, above the national average of 50. To reduce the stubbornly high levels of maternal and child undernutrition in the state, the Government of Bihar started the Bihar Child Support Programme (BCSP), a conditional cash transfer pilot, in 2014.² This cash transfer was accompanied by a mixed-methods evaluation to assess its impact on improving health and nutrition outcomes, its ability to improve women's decision-making power, and the feasibility of delivering such a transfer through existing government systems.

Evidence from the BCSP suggests that maternal benefit transfers can significantly improve nutrition and health outcomes of mothers and infants. The evaluation has shown the positive impact that conditionalities can have on service uptake, and their limitations in promoting complex behaviour change. The impact evidence and design experience from the BCSP demonstrate important lessons for maternity benefit schemes and direct cash transfer programmes across the

country. This article outlines the key findings from the BCSP evaluation.

About the BCSP

The BCSP provided pregnant women and mothers of young children with a monthly bank transfer of INR250 (USD3.50) from the end of the first trimester of pregnancy until the child reached the age of 2 years, subject to their meeting various conditionalities related to the uptake of services and adherence to nutrition-sensitive behaviours. A completion bonus of INR2,000 (USD27.50) was awarded if the child was not underweight at 2 years old, or if the mother did not become pregnant again during that time. Therefore, the scheme was worth up to a total of INR9,500 (USD130) over a period of 30 months. There was no targeting based on the age, parity or poverty status of women. The pilot was implemented in two blocks in the Gaya district in Bihar. In one block—Wazirganj—four 'limited' conditionalities were applied. In the other block—Atri—there were four additional, 'extended' conditionalities.

The pilot began in September 2014 in all 261 *Anganwadi* centres³ in the two blocks, with 9,040 beneficiaries registered by the end of March 2016, and an average of 74 per cent fulfilling their monthly conditionalities and receiving payment. Regular cash payments were disbursed until the programme ceased operations in November 2016 due to a lack of funding. The programme and its evaluation were expected to generate data and inform the ongoing discussions around cash transfers. The design lessons from the BCSP fed into the national maternity benefit scheme, but the limited pilot was not scaled up.

The BCSP used a continual monitoring process whereby the adherence to conditionalities was recorded using a mobile phone application by *Anganwadi* workers. These data were transmitted in real time to a centralised server, which calculated whether the beneficiary had

met their specific condition for that month⁴ and generated a payment instruction list. This list was verified by government administrative officials, and bank transfers were processed in bulk through the National Electronic Fund Transfer (NEFT) system every month.

Evaluation methodology

A prospectively designed, mixed-methods impact evaluation was undertaken to analyse the effects of the BCSP. A repeated cross-section of 1,500 randomly selected mothers of children under 2 years of age from each block was undertaken at baseline (August–September 2013), midline (August–September 2015) and endline (November 2016 to January 2017) from a panel of *Anganwadi* centres in each survey block. A total of 4,500 households were surveyed during each round of evaluation. Qualitative interviews were undertaken with beneficiaries, mothers-in-law, accredited social health activists/village health workers (ASHAs)⁵ and *Anganwadi* workers, with a total sample of 80 across 10 villages. Inductive and deductive framework analysis was used to analyse the data.

Key findings

The BCSP was successful in designing a relatively smooth, automated system for conditional cash transfers with monitoring⁶ by a dedicated implementation team that genuinely linked timely payments to adherence to conditionalities. This use of routine data recorded on mobile phones by *Anganwadi* workers with automatic calculations undertaken by a management information system (MIS) overcame the challenges of other cash transfer programmes in India which required beneficiaries to calculate themselves whether they met conditions and were eligible for cash, and 'push' payment requests upwards. The payment system of direct bank transfers worked well. The presence of a dedicated implementation team was important in ironing out delays

related to making the cash transfers. This team facilitated payment systems at the government end, after monthly beneficiary lists had been generated by the MIS.

The BCSP evaluation highlights the need for robust enrolment and awareness generation activities.

Additionally, a flexible design, which allows beneficiaries to meet conditions across different geographical locations, would be crucial to improving enrolment rates among migrant populations. One of the biggest challenges for the programme was low enrolment rates. The evaluation indicates that this was due to high rates of seasonal migration among these communities and the inability of community-based enrolment to capture those not already engaging with public services. Additionally, traditional practices of migrating to the natal home during pregnancy prevented many women from enrolling and receiving the benefits of the programme. The evaluation points to the importance of investing in multiple enrolment avenues for such programmes, as they run the risk of evading the most vulnerable populations. The system for monitoring whether beneficiaries have met their conditions must allow them to record the receipt of services outside their resident village to avoid penalising mothers who go to their natal home to give birth or families who migrate.

The cash transfer appears to have had a positive impact on household expenditure, with significant improvements in maternal dietary diversity.

In particular, increased spending on meat, vegetables and sugar-based products was noted. Impacts that are more modest were seen in child dietary diversity, though the programme did increase the introduction of semi-solid foods after 6 months of age. Households appear to have understood the pro-health and pro-nutrition messaging of the cash transfer—mostly spending the cash on food or health care—though there was a missed opportunity in terms of the ‘labelling’ of the transfer, with a large proportion of eligible women recalling the BCSP as the ‘250 rupee programme’, not the Bihar Child Support Programme. Better labelling could have helped drive home the pro-nutrition intent of the cash transfer.

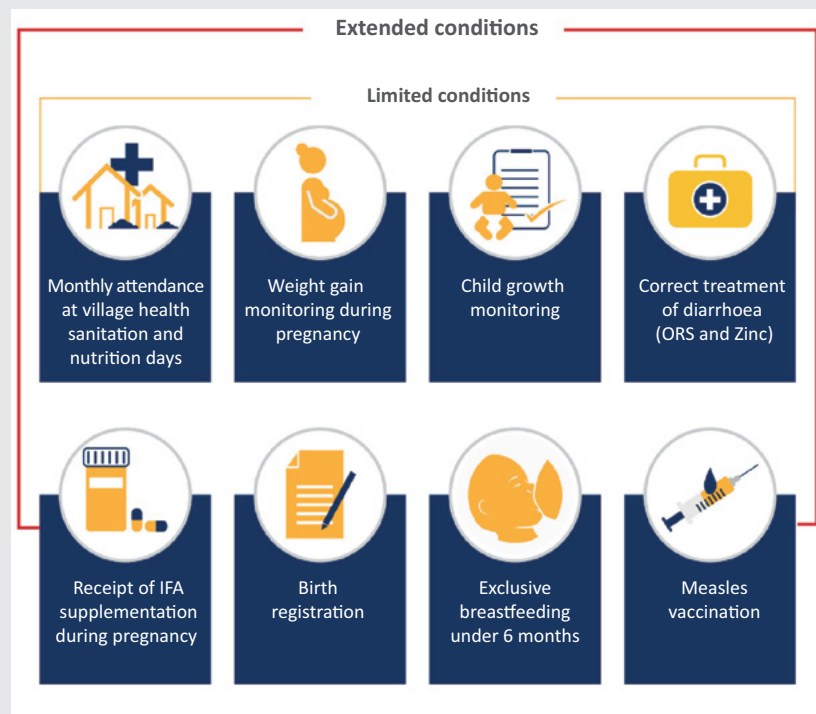
The BCSP has shown that a small-scale conditional cash transfer can have large impacts on service uptake but limited effects on behaviour change.

The programme saw a large increase in attendance at monthly convergent service delivery days (called village health, sanitation and nutrition days—VHSNDs) and uptake of services associated with the VHSNDs. Large effect sizes were seen in the number of women attending the VHSNDs (an increase of 36 percentage points), weight gain monitoring during pregnancy (an increase of 17 percentage points), and child growth monitoring (an increase of 22 percentage points). These were also the conditions that were most likely to be recalled by women who were enrolled in the programme. Furthermore, receipt of iron and folic acid (IFA) tablets by women during pregnancy increased by 14 percentage points. However, limited or no impact was seen on the uptake of nutrition-sensitive behavioural practices, such as appropriate treatment of diarrhoea. While beneficiaries could recall the bonus conditions and expressed an interest in receiving the bonus money, this did not have a

significant impact on behaviours related to family planning or nutrition.

Overall, the programme saw significant increases in anthropometric and biomedical outcomes for both children and mothers, beyond the average impacts for cash transfers worldwide (Bastagli et al. 2016). The programme led to a 7.7 percentage point decline in the proportion of underweight children and also a 7.7 percentage point decline in wasting among children in the treatment block. No significant impact was detected on stunting. This is in line with the literature that shows the difficulty of having an impact on an indicator with complex underlying determinants in such a short period of time. The BCSP led to a 9.4 percentage point decline in the proportion of underweight mothers. This impact was found to be largest for the most vulnerable communities, with the largest differences being noticed among poorer, less educated women (and children) from Scheduled Caste⁷ households. Because of the BCSP, an additional 14 percentage points of women were no longer anaemic at endline, when compared to baseline.

FIGURE 1: BCSP conditionalities



Source: Authors' elaboration.



Photo: Nick Cunard/DFID. Woman carries her baby, Shivpuri, India, 2010 <<https://goo.gl/v9kPes>>.

The improvements in anthropometric outcomes can be explained by increased dietary diversity among mothers and children and a frequent feedback loop created by the periodic growth monitoring, as required under the programme. This has important implications for the design of future conditional cash transfer programmes.

The BCSP was designed with the intention of improving women's financial and decision-making status within the household. Qualitative data from in-depth interviews with beneficiaries and their household members suggest that the cash transfer was successful in improving the self-esteem of women enrolled in the programme. A number

of women reported the positive impact of the cash transfer in improving their self-confidence by allowing them to make better decisions around child nutrition and health care. The programme also increased the physical mobility of the women through the possession of a bank account and by necessitating visits to *Anganwadi* centres. However, the cash transfer had no significant impact on changing decision-making patterns within the household.

The BCSP demonstrated that it is possible to design and implement a complex, conditional cash transfer with minimal leakage through government systems in India. Such a cash transfer can be effective in increasing service uptake and significantly improving anthropometric indicators for

children and mothers. However, such a cash transfer has limited impact in changing nutrition-sensitive behavioural practices. Complementary investments, including behaviour change counselling, are required to translate cash transfers into improvements in stunting. This study holds important design lessons, including the importance of investing in multiple enrolment avenues for such programmes, ensuring portability of entitlements and building in support systems to ease direct benefit transfers. ●

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1. Oxford Policy Management (OPM). The authors acknowledge the contributions of the OPM implementation and evaluation team who worked on the programme. The complete endline evaluation report is available at: <<http://www.opml.co.uk/projects/improving-child-nutrition-and-maternal-health-bihar-child-support-programme>>.
2. The BCSP was implemented with the support of the UK Department for International Development (DFID) and the Children's Investment Fund Foundation (CIFF), which funded an impact evaluation study conducted by OPM.
3. *Anganwadi* centres provide basic health and child care in Indian villages. Each centre is run by a government-appointed *Anganwadi* worker. They are part of the government's Integrated Child Development Services programme to combat child hunger and malnutrition.
4. The *Anganwadi* workers verified the conditionalities associated with the programme. For service uptake-related conditions (e.g. attendance at village health, sanitation and nutrition days, growth monitoring), they marked attendance and noted growth data. They also checked the child's registration and immunisation records. However, behaviour change conditions such as exclusive breastfeeding and correct treatment of diarrhoea were self-reported, and no additional monitoring was conducted on these. If a beneficiary was reported to have met all relevant conditions, then she was eligible for the cash transfer that month.
5. ASHAs are community health workers instituted by the Government of India's Ministry of Health and Family Welfare as part of the National Rural Health Mission.
6. Random checks on data were conducted by the project implementation team. Two rounds of process monitoring were undertaken by the evaluation team at OPM.
7. Scheduled Castes are groups of historically disadvantaged people in India, as recognised in the Constitution of India.



Photo: The White Ribbon Alliance. Women celebrating the National Safe Motherhood Day, India, 2018 <<https://goo.gl/BtzBV7>>.

The *Bolsa Família* Programme and the fight against child poverty in Brazil

Letícia Bartholo¹ and Luis Henrique Paiva²

The societal importance of investing in children is widely known and well documented. Beyond the ethical imperative of providing them with the conditions to develop fully and with dignity, we are aware that good nutrition, affection and adequate stimuli—especially during the first three years of life—are essential to ensuring proper cognitive development, which in the future will produce human capital gains for their countries (Barros et al. 2010).

However, if we had to portray global poverty in a single illustration, it would be that of a black child (UNICEF 2016). In Brazil it would be no different, which points to a need to examine the capacity of the country's social protection system to include children and adolescents.

Brazil's social protection system was built and developed with two clear biases: contributory and pro-elderly. First, social protection was and still is delivered mainly through contribution-based social security schemes. This model has some advantages, such as stimulating the formalisation of labour relations and pension contributions, which are associated with relatively robust social protection. Nevertheless, in developing countries it also has some clear disadvantages, leaving a large proportion of the population—the poorest, who have limited contributory capacity—with low levels of social protection.

Second, Brazil has developed a well-structured model of social protection for elderly people, with “almost universal” coverage (Van Ginneken 2007). In practice, 9 out of 10 elderly people over the age of 65 receive some kind of assistance or pension. Therefore, it is not a coincidence that the poverty rate among elderly people is significantly lower than the country average (Paiva 2016; Brazilian Ministry of Finance 2016). The downside is that child-oriented social protection has become a secondary concern in policymaking. Direct and indirect cash transfers have historically

only reached children whose parents were covered by contributory schemes. While the richest members of society—or those who had formal jobs—could count on income tax deductions or child benefits paid for by their employer, the poorest population had to rely on charity or luck (Souza and Soares 2011).

With the emergence of the first conditional cash transfer programmes in Brazil, introduced at the local level in the mid-1990s, there was a slight change in the contributory and pro-elderly biases of the Brazilian social protection system. This is related to the redemocratisation of the country and the introduction of the new Constitution in 1988, which emphasised poverty reduction and administrative decentralisation. These programmes had a clear pro-child bias for two reasons: first, for focusing on the poorest—which in Brazil meant (and still means) concentrating on the youngest; second, for the emphasis placed on overcoming poverty in the long term, by making benefits conditional on children's school attendance and periodic visits to health centres.

Local programmes set a good example, leading to the creation of national-level conditional cash transfer programmes. Between 2001 and 2003, four national programmes were implemented, administered by different ministries. Because of their relatively low coverage, overlaps and the public and operational problems related to the existence of four simultaneous programmes, they were unified in October 2003 under the banner of the *Bolsa Família* programme.

Over the last 15 years, *Bolsa Família* has provided assistance to poor Brazilian households by transferring financial benefits and ensuring children's and adolescents' access to health and education services. The set of benefits varies according to household composition (especially the presence of children and adolescents) and poverty level. By 2013, the programme had also incorporated a

top-up benefit, which guarantees that no participating household has a monthly income below the extreme poverty line. This administrative threshold is defined by the programme itself and is currently around USD36.45 in purchasing power parity (PPP) per capita per month.³ Presently, the *Bolsa Família* programme covers almost 14 million households, or 46 million people (around 22 per cent of the Brazilian population). The average monthly value of the benefit is USD77.40 PPP.

Children and adolescents up to 17 years old represent more than half of the people covered by the programme and must comply with health and education-related conditionalities. The conditionality agenda is relatively simple: in terms of education, children and adolescents aged 6–17 must comply with a minimum level of school attendance (85 per cent for children aged 6–15, and 75 per cent for those aged 16 and 17). Regarding health, pregnant women must undergo prenatal check-ups, and children up to 6 years old must keep their vaccination schedule up to date and receive nutritional monitoring.

Management of *Bolsa Família* takes place across different levels of government. Municipalities are responsible for the local management of the programme and for registering low-income households. States have the crucial task of coordinating their municipalities, which includes offering training to municipal management professionals. The federal government regulates the programme, pays the benefits, co-finances the municipal and state administrative activities and offers the IT solutions that maintain the programme and the Single Registry (*Cadastro Único*).

This arrangement also applies to the monitoring of the conditionalities, with the participation of the social development, education and health sectors across the three administrative levels. Each semester, the programme monitors the status of almost 6 million children up to 6 years old, 99 per cent of whom with up-to-date

“ Over the last 15 years, *Bolsa Família* has provided assistance to poor Brazilian households by transferring financial benefits and ensuring children’s and adolescents’ access to health and education services.



Photo: Otavio de Souza/MDS. Beneficiary of *Bolsa Família* at school, Nova Lima, Brasil.

vaccination schedules and around 80 per cent with nutritional data registered. In addition, the monitoring efforts cover almost 13 million students, 95 per cent of whom are attending school regularly.

The conditionalities of the programme follow the perspective of reinforcing social rights. The consequences of non-compliance are gradual: for a first failure to comply, households receive a warning by mail. Payments can only be interrupted if non-compliance continues after notification. Non-complying households must be visited by local social workers, who may opt to maintain the payment of the benefit if they think its removal might make it even more difficult for the households to meet the conditionalities. The assumption underlying this approach is simple: health and education are social rights, and people who cannot exercise them adequately tend to be vulnerable, requiring even more attention from the State.

Many studies have sought to measure the impact of the *Bolsa Família* programme on reducing poverty and inequality. It can be said that extreme poverty in Brazil would be about a third higher without the programme (Soares et al. 2010). Around 15 to 20 per cent of the significant reduction in the Gini coefficient that Brazil experienced throughout the 2000s can be explained by the programme (Soares and Sátyro 2009). In 2004, 20.6 per cent of Brazilian children and adolescents

aged 0–17 lived on less than USD1.90 PPP per day, while in 2014 this number had dropped to 7.2 per cent.⁴

This evolution is not limited to monetary poverty. The programme has also led to better conditions in the health and education dimensions of children and adolescents. Data from the second round of the *Bolsa Família* programme’s impact evaluation (in 2009) suggest that pregnant women who benefit from the programme attend more prenatal appointments than non-beneficiaries. In addition, exclusive breastfeeding during the infant’s first six months of life was higher among beneficiaries, and the children who benefited from the programme showed higher time-appropriate vaccination rates than those who did not participate in the programme (Brazilian Ministry of Social Development and Fight Against Hunger 2012). The programme has also led to a reduction in child hospitalisation and under-5 mortality rates, especially for poverty-related deaths such as those due to diarrhoea and malnutrition (Rasella et al. 2013).

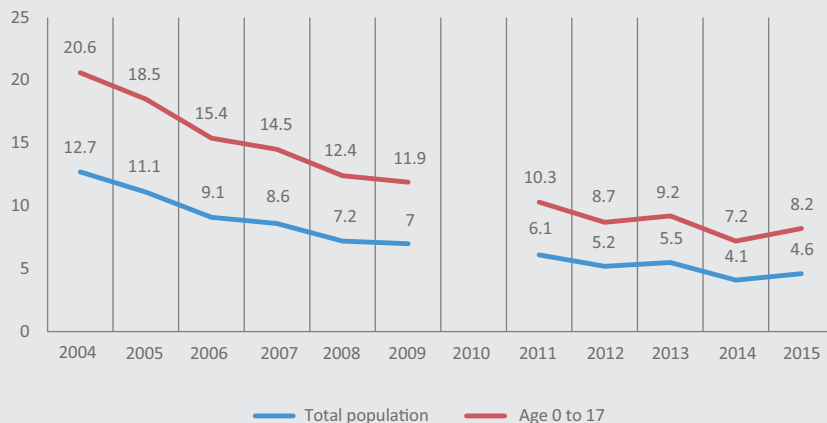
The *Bolsa Família* programme has reduced the probability of school-year failure among beneficiaries by 11 per cent, compared to non-beneficiaries with similar socio-economic profiles (Oliveira and Soares 2013). Among students in the fifth to ninth grades, it has been observed that *Bolsa Família* beneficiaries start the semester in a disadvantageous position, with higher rates of drop-out, failure and

age-grade distortion. However, monitoring of the trajectory of these students has shown that these disadvantages are significantly reduced over time (in the case of school failure and age-grade distortion) or even completely reversed, as with school drop-out rates: beneficiaries started ninth grade with lower drop-out rates than non-beneficiaries (Cireno, Silva, and Proença 2013).

Therefore, the programme has played an important role in beneficiaries’ childhood and adolescence, leading to improvements in the life situations of the poorest population: children are better fed, vaccinated on time, have their growth monitored and attend school. In school—where they start in a disadvantaged position due to poverty-related factors and their family background—they are able to reduce, and in many cases overcome, these disadvantages.

Despite gains resulting from the programme, there is still much to do to overcome child poverty in Brazil. Poverty started rising again in 2015. Even before then, during a period when poverty was significantly reduced, child poverty remained relatively high (almost double the overall poverty rate). In 2014, 4 per cent of Brazilians lived on less than USD1.90 PPP per day, but this figure was 7.2 per cent for those under 18. In 2015, these figures were, respectively, 4.6 per cent and 8.2 per cent.⁵ In terms of access to services, around 40 per cent of children up to 4 years old among the richest 20 per

FIGURE 1: Brazilian population living on less than USD1.90 PPP/day



Note: Data for 2010 are missing, as no household survey was conducted that year because the national population census was conducted. However, data are not comparable between the two.

Source: Authors' elaboration based on PNAD.

“Despite gains resulting from the programme, there is still much to do to overcome child poverty in Brazil. Poverty started rising again in 2015.”

cent of the population attended school in 2014, compared to less than 20 per cent of children who were beneficiaries of *Bolsa Família*.

The *Bolsa Família* programme has contributed and still contributes greatly to changing this scenario of inequality. Nevertheless, it suffers from noticeable limitations. It cannot be expected that any single social protection programme—even one as successful as *Bolsa Família*—will be able to eliminate inequalities. The fact remains that the programme has built a platform to identify and characterise poverty, with incredible potential to support other public policies to direct their efforts towards the poorest population. The Single Registry, which is the database used by *Bolsa Família* to select and monitor beneficiaries, encompasses almost 40 per cent of the country's population. It has individualised information on almost 80 million Brazilians, pertaining to housing, education and access to basic sanitation. These data are now used by over 25 social programmes and allow the government to identify gaps in State initiatives. This could generate some pressure on Brazilian public policy to ameliorate the inequalities that underscore the lives of the most vulnerable children and adolescents in the country. ●

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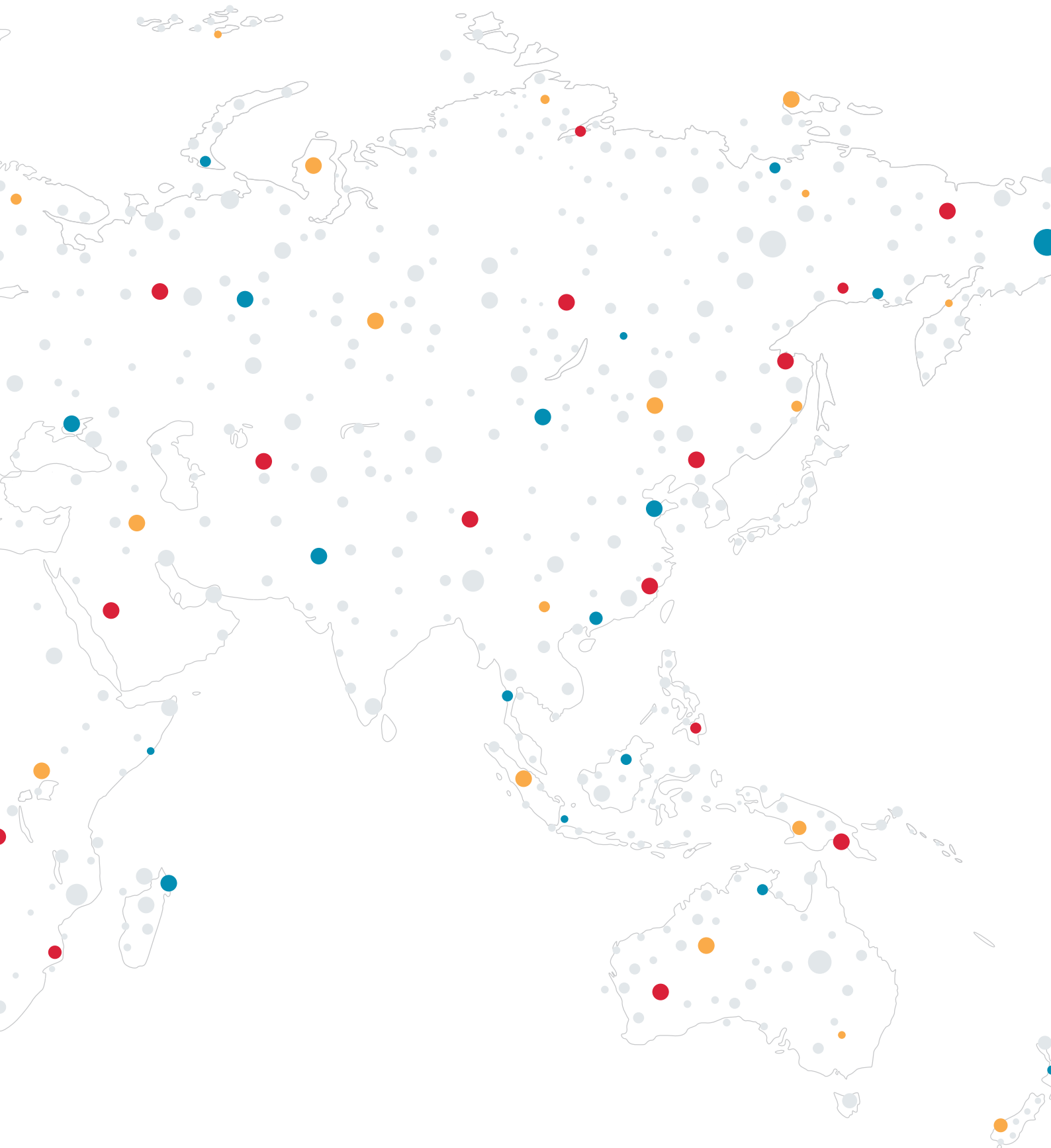
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2. Ministry of Social Development (MDS)
3. Conversions from BRL to USD PPP in this article were made based on rates for June 2018.
4. Authors' calculation based on data from the National Household Sample Survey (*Pesquisa Nacional por Amostragem de Domicílios—PNAD*), conducted by the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia e Estatística—IBGE*).
5. Authors' calculation based on data from PNAD/IBGE.





Without the perspective that children are holders of rights, and that social protection is both an 'investment in people' and essential for meeting obligations to children's rights, decision-makers tend not to act accordingly.

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Richard Morgan

Universalistic social protection supports social cohesion, solidarity and connection among different social groups.

”

David Stewart and Ian Orton

The 'cash plus' approach recognises and aims to respond to both income and non-income constraints that prevent caregivers from meeting children's needs.

”

Keetie Roelen

Beyond the ethical imperative of providing them [children] with the conditions to develop fully and with dignity . . . good nutrition, affection and adequate stimuli . . . are essential to ensuring proper cognitive development, which in the future will produce human capital gains for their countries.

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