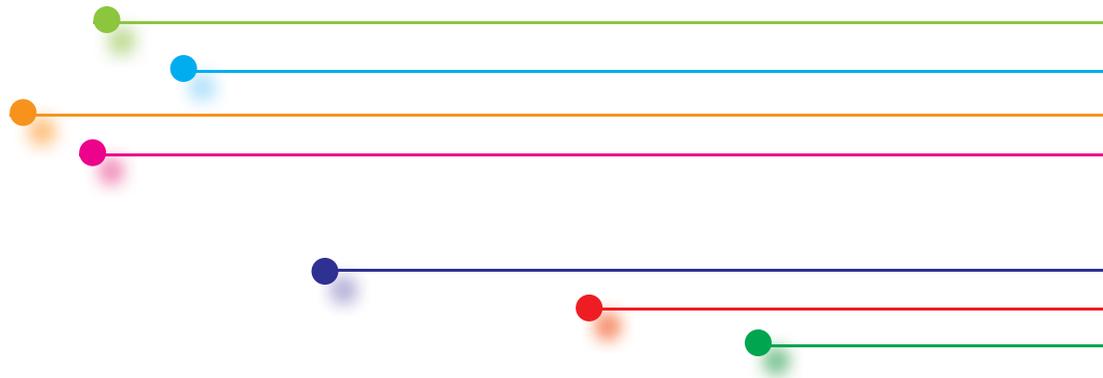


Integrated Social Protection Systems

Enhancing Equity for Children



UNICEF
Social
Protection
Strategic
Framework

Key Messages

● Social protection plays a vital role in strengthening the resilience of children, families and communities, achieving greater equity, and supporting national human and economic development. Its relevance is heightened in the face of persistent inequalities and recent trends.

● Expansion of social protection coverage is critical. UNICEF supports Progressive Realization of Universal Coverage, helping countries identify and progressively expand programmes and policies most conducive to achieving universality, while also recognizing countries' different capacities and contexts.

● Social protection programmes can be affordable and sustainably financed. Long-term national financing strategies should be identified and implemented to protect and expand expenditure on effective social protection programmes. These are not only technical assessments, but also political choices.

● UNICEF promotes the development and strengthening of integrated social protection systems, which take a multi-sector approach and invest in sustainable national systems in order to more effectively and efficiently address the multiple vulnerabilities faced by children and their families.

● Social, as well as economic, vulnerabilities need to be addressed by social protection. This requires mainstreaming social inclusion into social protection programmes and using a broader range of social protection instruments.

● UNICEF puts forth this Framework as a starting point for a collaborative agenda with partners on joint learning and action, in order to maximize the potential of social protection for furthering children's rights and well-being and for achieving equitable and sustainable social protection systems for all.

Integrated Social Protection Systems: Enhancing equity for children

UNICEF Social Protection Strategic Framework

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Foreword

Since 2010, UNICEF has brought a stronger focus on equity to its own work and its engagement with the international community. I am happy to observe that, less than two years later, we have made significant progress in breathing life into this renewed focus on the most disadvantaged and excluded children. In this context, UNICEF's first ever global *Social Protection Strategic Framework* is an important step in ensuring that we are achieving progress for children in an equitable manner, helping even the most vulnerable children reach their full potential.

The *Social Protection Framework* makes the case for investing in social protection for children, and demonstrates how social protection is a cross-cutting tool with the potential to complement investments across sectors, resulting in more equitable outcomes. Social protection helps to increase households' capacity to take care of their families and overcome barriers to accessing services, such as poverty, discrimination, and remote location. While social protection is important for societies in general, it also reaches the most vulnerable children and families – for whom barriers tend to remain even when services and national human development averages improve. For example, while improving the availability of schools and quality of education will help get more children to enrol and stay in school, the children of poor families who cannot afford school supplies or depend on income from child labour are still likely to not enrol, attend less, and drop-out early. Similarly, people living with HIV/AIDS may not access or receive existing health services due to mobility issues or stigma and discrimination. In these cases, social protection instruments such as cash transfers, home-based care, and anti-discrimination legislation boost income and food security and provide social support to even the playing field so that the most excluded are also able to benefit from health, education, water and sanitation, and other social services.

The effects of social protection in improving the well-being of vulnerable children and their families are impressive. For example, the *Red de Protección* programme in Nicaragua reduced stunting quickly in areas where children were 1.7 times more likely to be stunted than the national average. Between 2000 and 2002, stunting among children enrolled in the programme reduced by 5.3 percentage points more than similar children not participating – *with stronger impacts for poorer children*. Between 2002 and 2005, the gross enrollment rate in Kenya increased from 88 percent to 112 percent, linked to the abolition of school fees. Social protection can also simultaneously have positive impacts on multiple outcomes. Just a year after Ethiopia's Productive Safety Net Programme (PSNP) was implemented, three-quarters of beneficiary households reported consuming more or better quality food than the previous year. They also reported increasing their use of healthcare and education services as a result of the programme. In South Africa, the percentage increase in the poverty headcount as a result of the international financial crisis would have been doubled without the national Child Support Grant programme. Substantial evidence on the potential of social protection to magnify results across different areas of child wellbeing is provided in the *Social Protection Strategic Framework*.

There is a need to act now on social protection. In its absence, too many children remain vulnerable to poverty, exclusion and potential risks which limit their opportunities. The urgency of addressing this critical gap is further intensified in light of persisting inequalities, unequal progress on the Millennium Development Goals, increased economic volatility, climate change, and other trends.

As such, the *Social Protection Strategic Framework* is both timely and necessary. Given the critical need to work together to strengthen social protection, the *Framework* issues a call for action that includes governments, civil society and development partners. It is crucial that UNICEF and its partners heed this call to realize the rights of *all* children.

Geeta Rao Gupta
Deputy Executive Director
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Table of Contents

Acknowledgements.....	ii
Foreword.....	iii
Introduction.....	1
I. The Case for Social Protection and Children: Ensuring children’s well-being and contributing to national development.....	5
A. Increased relevance of social protection.....	5
1. Persistent inequality and exclusion.....	5
2. Increasing volatility.....	5
3. Sustainable development and climate change.....	6
4. Changing populations.....	7
B. Child-sensitive social protection: Helping all children realize their full potential.....	7
1. Children’s rights and social protection.....	7
2. Addressing children’s vulnerabilities: Child-sensitive social protection.....	8
3. Equity and social protection: Leveling the playing field.....	8
4. Intergenerational approach.....	8
C. Investing in children now, reaping long-term returns.....	9
1. Supporting children’s development: A critical window of opportunity for lasting returns.....	10
2. Economic impacts on caregivers and households.....	10
3. Broader economy benefits.....	11
II. UNICEF’s Approach and Principles.....	14
A. Definition and conceptual framework.....	14
1. The UNICEF definition of social protection.....	14
2. Child poverty: Multi-dimensional and dynamic.....	14
3. Vulnerability and its determinants.....	15
4. Implications for social protection policy and practice.....	17
B. Lessons learned: UNICEF practice.....	18
1. Piloting and expansion of new programmes: the role of government, learning by doing and investing in the basics.....	18
2. The interaction between social and economic vulnerability must be addressed....	19
3. There is no one-size-fits-all: Recognizing context specificity.....	19
4. Limitations of narrow targeting.....	19
5. International partners: The importance of coordination and supporting national priorities.....	20

C.	Integrated systems for equitable outcomes	21
1.	Integrated social protection systems rationale.....	21
2.	Integrated social protection systems: Contributing to the Social Protection Floor..	23
D.	Three key principles for UNICEF’s work on social protection.....	23
1.	Progressive realization of universal coverage	24
2.	National systems and leadership	26
3.	Inclusive social protection	28
III.	Addressing Social and Economic Vulnerabilities: Four key social protection components	31
A.	Social transfers.....	32
1.	Cash transfers	32
2.	In-kind transfers	34
3.	Public works.....	34
4.	Graduation and exit strategies	35
B.	Programmes to ensure economic and social access to services	37
C.	Social support and care services.....	38
D.	Legislation and policies to ensure equity and non-discrimination in access to services and employment/ livelihoods	39
IV.	Integrated Social Protection Systems	42
A.	A systems approach: Key structures and mechanisms.....	42
1.	Selection of appropriate design: The role of vulnerability assessments.....	42
2.	Institutional frameworks and mechanisms to facilitate systems integration	43
3.	Monitoring and evaluation	45
4.	Participation and accountability.....	46
B.	A multi-sectoral approach: Social protection as a tool for enhancing sector outcomes	46
1.	Child protection	48
2.	Health and nutrition.....	50
3.	HIV and AIDS	52
4.	Education.....	56
5.	Early childhood development	58
6.	Water and sanitation	60
7.	Evidence on social protection impacts and sector outcomes.....	61
V.	Key Policy Issues and Challenges in Implementing Integrated Social Protection Systems	65
A.	Social protection financing.....	65
1.	Affordability	65

2. Costing	66
3. Financing	66
B. The politics of social protection.....	68
C. Sequencing and prioritization	69
D. Institutional capacity	71
VI. Inclusive Social Protection	75
A. Dimensions of exclusion	75
1. Gender.....	75
2. Minority and ethnicity status	76
3. Children with disabilities	77
B. Social protection instruments to tackle social exclusion.....	78
C. Reaching the most vulnerable: Inclusive design	79
VII. Key emerging areas for social protection	85
A. Humanitarian action and social protection	85
1. Vulnerabilities associated with emergencies: Slow onset and chronic crises and social protection	85
2. Linking social protection and humanitarian action: A phased approach to social protection within disaster risk management.....	86
3. Disaster risk management, climate change and social protection	88
4. Potential areas for future work	88
B. Adolescence and youth development.....	89
C. Social protection and the urban poor	92
D. Migration	93
VIII. The Road Ahead.....	98
A. Proposal for a collaborative agenda for action.....	98
1. Expand and strengthen integrated social protection systems to respond to the multiple and compounding vulnerabilities faced by children and their families.....	98
2. Identify effective and sustainable financing for expansion and strengthening of social protection	98
3. Address social dimensions of vulnerability in social protection programmes	99
4. Improve coordination	99
5. Improve practice in linking humanitarian action and social protection	99
6. Expand and diversify evidence on impacts	99
7. Facilitate knowledge exchange and learning.....	99
B. Engaging partners: Potential contributions	99
C. UNICEF's role	101

1. Support consolidation and innovation in practice to strengthen integrated social protection systems	101
2. Convene multiple partners and facilitate coordination	101
3. Lead efforts to promote child- and gender-sensitive social protection	101
4. Advocate for and support social protection measures that address social and economic vulnerabilities together	102
5. Link humanitarian action and social protection.....	102
6. Facilitate knowledge generation and exchange.....	102
Select bibliography.....	103
Glossary.....	105
Annex A: Types of Vulnerability that Affect Children and Some Possible Social Protection Responses.....	108
Annex B: Evidence on the Impacts of Social Protection on Child Outcomes	110
Endnotes.....	120



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Audrien Kamona, 8, holds her twin sister, Odelia Chemba, on her knee at home in Zambia's Northern Province in 2011. Odelia lives with a disability that keeps her from eating and walking on her own but she has been enrolled in a social protection programme that allows her family to benefit from regular cash transfers. This programme, which UNICEF pro-

vides support to, is part of wider national efforts to expand social protection. By supporting evidence-building, advocacy, and programme design for the provision of regular cash transfers to chronically poor households, UNICEF seeks to help build household incomes and increase access to food, education, and health services for the poorest children.

Introduction

Introduction

UNICEF has been working on social protection for many years as part of its global mandate to advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential. UNICEF's involvement in social protection now spans over 124 programmes in 88 countries, reflecting growing engagement in social protection policy, cash transfers and family and social support services – including those for orphans and vulnerable children (OVCs). This widespread engagement is also a product of framing long-standing work in new and explicit ways: Aspects of UNICEF's work that can be considered part of a social protection system include support for education user-fee abolition, health insurance and nutrition supplementation.

UNICEF is a recognized global leader in child-sensitive social protection, contributing to an increase in the visibility of the vulnerabilities faced by children and their families as well as influencing social protection policy frameworks to effectively address these. UNICEF's strong commitment and leadership in strategic United Nations and global partnerships includes the 2009 Joint Statement on Advancing Child-Sensitive Social Protection, which outlines the principles to guide policy and programmatic work in this area. Moreover, UNICEF is committed to supporting the Social Protection Floor Initiative, a joint effort to promote access to essential services and social transfers and support countries in the development of social protection priorities. Also, within the Joint UN Programme on HIV/AIDS (UNAIDS), UNICEF promotes HIV-sensitive social protection interventions as a key strategy to ensure access to essential care and support for people affected by HIV and AIDS.

UNICEF understands social protection as a set of public and private policies and programmes aimed at reducing and eliminating

economic and social vulnerabilities to poverty and deprivation. It is a crucial policy tool for supporting equity and social justice in UNICEF's equity-focused approach to development. Social protection measures strengthen the capacity of families to care for their children and overcome barriers to services that stand in the way of achieving goals and progress for children. Evidence – as well as UNICEF's own experience – shows that social protection can improve the lives of children, families and communities across the Millennium Development Goals (MDGs) and beyond, often with stronger impacts for the poorest and most disadvantaged. It is thus an essential way of bridging the gap between populations that are adequately reached and those that are excluded and for promoting equity in access to services and the realization of children's rights.

Although social protection policies and programmes have been key components in the poverty reduction agendas of many countries, current developments and recent trends have increased their relevance and heightened the political momentum around them. Concerns about the impacts of increasing price volatility at a macro and household level, persistent or growing inequalities in economic and human development terms, re-examination of sustainable development goals in light of the effects of climate change, and changing population trends due to new demographics and population movements are some examples of the key drivers of the renewed emphasis on social protection programmes and their proliferation across regions.¹

It is in this context that UNICEF has developed a Social Protection Strategic Framework to respond to the emerging global challenges and increased demand for policy and guidance on social protection. The Framework presents the conceptual underpinning of UNICEF's approach and the main principles guiding its work on social protection; argues the case for social

protection and children; articulates UNICEF's position on key issues; presents country case studies and evidence on key areas; and outlines a policy agenda for social protection and children, including UNICEF's contribution within a broader social protection agenda.

The Framework is intended to be a starting point for further policy dialogue and exchange of practice. While building on

practice and evidence to date, it also attempts to set out areas that require either new or deeper experience and will require further joint learning and action. UNICEF recognizes the critical need to work together with decision makers and stakeholders to enhance social protection responses in order to achieve the common goal of improving the lives of all children and their families.



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Joshna Akther, 11, holds up her cheque at the launching ceremony of the Social Protection Initiative for Vulnerable Children in Urban Areas, in Bangladesh. The initiative is being implemented by the Ministry of Women and Children

Affairs in collaboration with UNICEF and partner organizations. The child's caregiver receives two yearly instalments of Taka 9,000 to put towards education and a sustainable means of income generation.

I. The Case for Social Protection and Children: Ensuring children's well-being and contributing to national development

■ **Increased relevance of social protection:** Persistent inequalities in economic and human development, increasing volatility at the macro and household level, the threats posed to sustainable development by climate change, and changing population trends have all increased the relevance of social protection across the regions.

■ **Equity and social protection:** Social protection is a crucial policy and programming tool for addressing equity. It strengthens the capacity of families to care for their children and removes barriers to accessing services, while reaching those who are most vulnerable. It thus helps to even the playing field and contributes to a fairer distribution of resources.

■ **Child-sensitive social protection helps all children to realize their full potential**

As recognized by the Convention on the Rights of the Child (CRC), children have a right to social security, including social insurance, and to an adequate standard of living.

Social protection systems need to be responsive to the multiple and compounding vulnerabilities faced by children and their families.

An intergenerational approach recognizes the critical role of care-takers, and the importance of addressing their broader vulnerabilities.

■ **Investing in children now, reaping long-term returns:** The demonstrated impacts of social protection on children's development last long beyond childhood, increasing adult productivity and contributing to breaking the inter-generational cycle of poverty. Social protection can also have positive impacts on the economic activities of households with potential multiplier effects.

I. The Case for Social Protection and Children: Ensuring children's well-being and contributing to national development

Investing in social protection and children is crucial from a human rights, as well as a human and economic development perspective. This chapter summarizes some of the key arguments and drivers which underline the importance of child-sensitive social protection.

A. Increased relevance of social protection

Social protection programmes are seen as increasingly relevant across regions and are receiving greater political attention than ever. Some of the key reasons for this are the persistence of inequality and exclusion, the effects of increasing price volatility at a macro and household level, the threats to sustainable development posed by climate change, and changing population trends.²

1. Persistent inequality and exclusion

Inequality – defined in terms of not only income but also assets, wealth and social dimensions (gender, ethnicity, class, geographic location, etc.) – represents a continuing challenge for many countries. In terms of income inequality, a recent UNICEF review of income distribution in 141 countries showed that the top 28 per cent of the population enjoys more than 70 per cent of total global income and estimated that it will take more than eight centuries for the bottom million to achieve 10 per cent of the global income.³ Middle-income countries are the most unequal, with countries in Eastern European/former Soviet Union and Asia experiencing the greatest increases in inequality between 1990 and 2008 and Latin America remaining the region with the highest levels of inequality.⁴

Going beyond income measures, a review of progress towards the Millennium Development Goals (MDGs) also shows structural disparities between regions and within countries, between urban and rural sectors, males and females and ethnic and non-ethnic groups, among others. Although many countries may be close to reaching the planned targets on average, significant segments of the population lag behind. For instance, children in rural areas are 1.5 times more likely to be stunted than children in urban areas, and over 100 million children of primary age were out of school in 2008 (52 per cent of them girls). Moreover, infant, child and maternal mortality rates among indigenous peoples are significantly higher than among non-indigenous groups⁵. As an example, in Bolivia, the infant mortality rate among the indigenous peoples is close to 75 per 1,000, compared to 50 per 1,000 for their non-indigenous counterparts.⁶

While it is important to appreciate progress, it is unacceptable that poor and marginalized populations are being left behind. UNICEF is therefore promoting an equity-focused approach to the realization of children's rights that promotes interventions to reduce and eliminate unfair and avoidable circumstances that deprive groups, particularly children, of their rights. This means understanding and addressing the underlying causes of inequality and ensuring equal access to resources and services: education, health care, sanitation, clean water and protection.⁷

2. Increasing volatility

Economic and political volatility are increasingly features of people's lives, heightening uncertainty and undermining resilience at a micro level while at the same time present-

ing macro level challenges. For example, rising food and fuel prices over the past decade combined with periodic spikes have had extremely negative consequences, with the 2008 food price crisis estimated to have increased undernourishment by nearly 7 per cent worldwide, or 63 million people,⁸ and global poverty by between 3–5 per cent.⁹ The impacts of these trends are compounded over time as populations exhaust coping strategies and become increasingly vulnerable to new shocks. The continued presence of other crises and long-term trends such as the global economic downturn, climate change and humanitarian emergenciesⁱ suggests that volatility will be an ongoing feature of global and national contexts.

Crises and instability often disproportionately affect those who are already vulnerable. Women and youth may be the first to lose jobs and/or to fall into un- or underemployment; households may be forced to decrease or change spending patterns, affecting children's nutritional intake; and children may have to drop out of school to help their families gain additional income.

The recent financial and economic crisis also highlights the challenges of coping with this volatility at a national policy level. In 2009, many governments decided to expand their public spending to counteract the impacts and saw social protection interventions as essential to increasing the ability of households to cope while also addressing structural social and economic vulnerabilities.¹⁰ However, there has been a shift in strategy since 2010, with governments increasingly inclined to reduce fiscal spending in an effort to prevent debt and macroeconomic instability. There is a need to ensure that social spending is protected and fiscal pressures are managed in a way that does not reverse progress made in human development and children rights.

ⁱ See Chapter VII for a discussion on emerging issues in social protection programming, including humanitarian action, adolescent and youth development, migration and urbanization.

3. Sustainable development and climate change

Although the full extent of the impact of climate change remains to be seen, it is clear that human development will be increasingly threatened by environmental risks and degradation. Rising temperatures, changing precipitation patterns and more extreme weather events are already having far-reaching and often interconnected effects. In combination with ongoing environmental threats, these include land degradation, deforestation and desertification, pressure on water resources and increasing/ volatile food prices. The burden of these trends will not be evenly distributed. Populations in developing countries – in particular the poorest – depend heavily for their livelihoods on natural resources, the most climate-sensitive of all economic sectors, while simultaneously they also often lack adequate access to health care and other essential social services. Children are especially vulnerable to climate change because of their time-sensitive developmental needs, their greater exposure and sensitivity to certain risks and their dependence on caregivers for appropriate preparedness and response.¹¹

As highlighted in the 2011 Human Development Report on Sustainability and Equity, balancing the need for environmentally sustainable development and for equity will be challenging in a context where the most disadvantaged people face a "double burden" of being more vulnerable to the effects of environmental changes while already facing deprivations due to their existing environmental conditions – air pollution, dirty water and unimproved sanitation.¹² Social protection can play an important role in strengthening the resilience of children, families and communities to the effects of climate change, protecting them from the immediate impacts of environmental/ weather shocks and helping them to adapt.

Box 1: Social Protection and the Convention on the Rights of the Child

Article 26 lays out children's right to social security:

1. States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.
2. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.

Article 27 is also particularly relevant to social protection:

1. States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.
2. States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.

Social protection may also have a role in the development of a green economy. Many governments currently provide price subsidies to energy (for instance, discounted gasoline, kerosene and electricity) that result in market distortions and increased CO₂ emissions, with a regressive impact. Reform of taxes and subsidies to reduce emissions and sponsor green economic growth will require social protection for those most affected by these reforms as well as provide an opportunity to redirect resources in a more progressive manner. The green economy will also require retraining and job creation in green industries and services, and social protection can support youth job creation and protection of employees during structural economic change.¹³

4. Changing populations

Within and between countries, demographic profiles are changing. In addition to the growth of the global population to 7 billion in 2011, the acceleration of processes such as urbanization and migration along with the imminent youth bulge will present both new opportunities and challenges for human and economic development. These trends, which are discussed further in Chapter VII,

have wide-ranging implications, including for growth and the structures of economies, national revenue and expenditure, household characteristics and care-taking responsibilities, social support systems and exposure of different populations to new risks. These transitions – whether in ageing populations, growing numbers of youth seeking employment opportunities or changing family structures due to migration – will call for programmes and policies to maximize the benefits and protect against potential negative impacts for children and young people.

B. Child-sensitive social protection: Helping all children realize their full potential

1. Children's rights and social protection

Social protection is central to the UNICEF mission of realizing children's rights. As recognized by the Convention on the Rights of the Child (see *Box 1*), children have the right to social security, including social in-

insurance, and to an adequate standard of living. Social protection also plays a critical role in helping to realize other rights, such as the right to survival and development or the right to education. As such, social protection is a strategic and essential tool in helping children and their families fulfil their rights and in expanding their opportunities to reach their full potential. A rights-based approach frames UNICEF's work on social protection within the principles of universality, accountability, non-discrimination and participation.

2. Addressing children's vulnerabilities: Child-sensitive social protection

In addition to sharing many of the same sources of vulnerability as their families and communities, children face age-specific vulnerabilities that differ from those of adults or have more serious consequences, such as increased vulnerability to malnutrition, disease and abuse. Children also constitute a large share of the poor, and in many countries rates of poverty are higher among children than for the population as a whole.¹⁴ According to the 2005 State of the World's Children report, more than half of children in developing countries suffer from at least one form of severe deprivation.¹⁵ Given these factors, it is crucial that social protection programmes are responsive to children's rights and needs. Child-sensitive social protection, therefore, considers different dimensions of children's well-being and addresses "the inherent social disadvantages, risks and vulnerabilities children may be born into, as well as those acquired later in childhood" (see Box 2).¹⁶

3. Equity and social protection: Leveling the playing field

Social protection is a crucial policy tool for supporting equity and social justice within UNICEF's equity-focused approach to development. It addresses the economic and social barriers that prevent access to services, focusing on the most vulnerable sectors and thus contributing to a fairer distribution of resources and benefits. It helps

to level the playing field, supporting both children and adults to realize their full potential. For instance, cash transfer programmes provide households with additional income that helps to address income disparities and enables them to invest in children's well-being and human development. Legal and policy reform can address discrimination and unfair treatment towards women and children, ensuring their equal access to services.

One example of such positive effects is the Red de Protección Social conditional cash transfer programme in Nicaragua, which reduced stunting among children 6–59 months by 5.3 percentage points, with larger impacts among poorer households.¹⁷ Another example comes from Ghana, where a reduction in maternal mortality rates was recorded as a result of fee exemptions for pregnant women, with the largest increase in service use among the poorest sectors.¹⁸ At the macro level, Bolsa Familia and the Beneficio de Prestação Continuada (BPC – disability and old-age pension) in Brazil have been jointly responsible for 28 per cent of the fall in Gini inequality between 1995 and 2004 (7 per cent due the BPC and 21 per cent due to Bolsa Familia).¹⁹ In EU countries, welfare regimes and social transfer programmes (cash and other) have also proven to be key determinants in reductions in income inequality.²⁰

4. Intergenerational approach

An intergenerational approach recognizes both the links between different age groups as well as the cumulative effects of poverty and deprivation or lack of opportunities over the life cycle. Child-sensitive social protection does not mean child-exclusive social protection. As mentioned above, many aspects of children's economic and social vulnerabilities are also shared with their households and communities. Addressing these vulnerabilities is as crucial for child rights as tackling those that are child-specific.

Box 2: Principles of child-sensitive social protection

In 2008, UNICEF led an inter-agency effort to build consensus on the importance of child-sensitive social protection. Signed by 11 organizations, the Joint Statement on Advancing Child-Sensitive Social Protection²¹ usefully sets out the following principles:

- Avoid adverse impacts on children, and reduce or mitigate social and economic risks that directly affect children's lives.
- Intervene as early as possible where children are at risk, in order to prevent irreversible impairment or harm.
- Consider the age- and gender-specific risks and vulnerabilities of children throughout the life cycle.
- Mitigate the effects of shocks, exclusion and poverty on families, recognizing that families raising children need support to ensure equal opportunity.
- Make special provision to reach children who are particularly vulnerable and excluded, including children without parental care, and those who are marginalized within their families or communities due to their gender, disability, ethnicity, HIV and AIDS or other factors.
- Consider the mechanisms and intra-household dynamics that may affect how children are reached, with particular attention paid to the balance of power between men and women within the household and broader community.
- Include the voices and opinions of children, their caregivers and youth in the understanding and design of social protection systems and programmes.

Providing tools for child-sensitive social protection and documenting good practice are next steps for UNICEF and partners.

Although child-focused programmes may sometimes be appropriate, the well-being of caregivers also significantly affects children's lives. An intergenerational approach

emphasizes the importance of understanding the roles, relationships and needs of caregivers in different contexts – for instance, how gender roles have an impact on children's well-being or the importance of grandparents in contexts of high HIV and AIDS prevalence or high rates of migration. Specific attention should be given to women and older people, given their caring responsibilities in many contexts.ⁱⁱ

Evidence from social protection programmes not directly targeting children – ranging from pensions to public works – demonstrates that they can have important positive impacts on children. For example, a study on pensions in South Africa found that children in households receiving a pension grew on average 5 centimetres more than those in households without a pension.²² However, these positive outcomes are not automatic and require ensuring that design and implementation is child-sensitive, as discussed above.

C. Investing in children now, reaping long-term returns

Investing in social protection and children makes sense from both an economic and a human development perspective. The demonstrated impacts of social protection on children's development last long beyond childhood, increasing adult productivity, decreasing the burden of human development losses and contributing to breaking the intergenerational transmission of poverty. Because these programmes benefit households more broadly, they also have more immediate economic impacts, including enabling recipients to make productive investments and increase their engagement in labour markets, stimulating demand in local markets and reducing poverty. Investments in social protection also have the potential to leverage and complement supply-side investments with increases in demand that improve outcomes and effi-

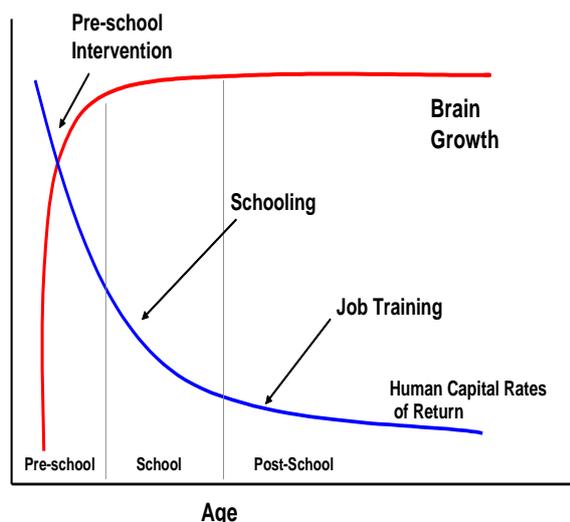
ⁱⁱ Not only as caregivers and in relation to children, but also in relation to their own rights and strategic interests.

ciency in sectors such as water and sanitation, education, and health.

1. Supporting children's development: A critical window of opportunity for lasting returns

Childhood is a critical period in terms of physical, cognitive and psychological growth. This can be either an opportunity or a threat. On the one hand, investing in children ensures their well-being and helps them to grow into their full potential; on the other, losses such as malnutrition or missed schooling in childhood can be difficult or impossible to recover from, with permanent consequences for adult productivity and earnings.²³ For example, malnutrition in pre-school children leads to an estimated loss of lifetime earnings of approximately 12 per cent.²⁴ In addition to the potentially devastating effects for individuals, these losses carry aggregate consequences. Wage losses in India due to child malnutrition, for example, have been estimated at \$2.3 billion, or 4 per cent of gross domestic product (GDP) annually.²⁵

Graph 1: Childhood development and rates of return²⁶



Source: Michael Samson, 2008, based on Heckman & Carneiro, 2003 and Handa, 2007

Through its positive impacts on children's education, nutrition, health and protection, social protection can support children's development, leading to healthy and productive adulthood. For example, the impact of a child in South Africa receiving the Child Support Grant during the critical development window²⁷ translates into gains in monthly wages of 5–7 per cent.²⁸ An evaluation of the Mexico's Oportunidades conditional cash transfer programme estimated that participating children will earn 8 per cent higher earnings due to additional years of schooling as a consequence of the programme.²⁹

2. Economic impacts on caregivers and households

Social protection measures that address the broader vulnerabilities of caregivers and households can have a number of positive economic impacts. For example, cash transfers, public works and health insurance can help people to protect assets and consumption against shocks. Numerous studies from a range of countries – including Brazil, Ethiopia, Lesotho, Malawi, Mexico and Zambia – find that participants in cash transfer programmes invest in economic assets and activities such as agricultural assets, micro-enterprises and petty trading. A recent study on the Malawi Social Cash Transfer programme found that, even among extremely poor and labour-constrained households, programme participants increased investments in agricultural assets and livestock compared to similar non-participants.³⁰ In the case of Mexico, the average rate of return to investment of programme participants was 17.5 per cent, with higher rates in female-dominated activities.³¹

Contradicting common assumptions, social protection programmes have also been shown to increase engagement in the labour market by decreasing loss of work due to ill health, supporting childcare and covering the costs or economic risks of job seeking. Recipients of South Africa's pension and disability grant and Brazil's Bolsa Familia were found to have higher rates of

labour market participation than comparable non-participants, again with larger effects among women.³²

3. Broader economy benefits

Social protection programmes can also have important multiplier effects in the economy, beyond the direct beneficiaries, by stimulating demand and injecting cash into local economies. An emergency cash transfer programme in Malawi is estimated to have generated multiplier effects in the local economy in the range of 2.02–2.79 – i.e., for every dollar spent, more than two were generated through increased production and added value to products.³³ Similarly, one year after the introduction of Progresa (now Oportunidades) in Mexico,

consumption and assets increased among beneficiaries in recipient communities, likely due to increased production among these households in response to higher consumption by programme participants.³⁴

Social protection programmes may also have counter-cyclical effects by maintaining demand during economic downturns. As mentioned above, there is evidence that programme participants are able to protect and maintain consumption during difficult periods, as well as qualitative evidence from market suppliers of programmes helping to maintain business. Depending on the scale of the programmes, this consumption-smoothing effect may also have impacts at a more aggregate level.³⁵



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A man signs to receive his monthly cash disbursement under the UNICEF-supported Social Cash Transfer Programme pilot in Bomi County, Liberia. The pilot programme was implemented in February 2010 and has been operating under the Ministry of Gender and Development with support from UNICEF and other donors. It

seeks to reach very vulnerable families, including child-headed households, which are both extremely poor and labour-constrained. Recipients are selected with community involvement and transfers help families pay for necessities such as food and clothing. An additional amount is provided for each child that is enrolled in school.

II. UNICEF's Approach and Principles

- **UNICEF defines social protection as the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation.**
- Vulnerability is the interaction between both exposure to risk and one's capacity to respond and cope. The focus on economic and social vulnerability in UNICEF's definition is based on an understanding of poverty and deprivation as multi-dimensional and dynamic. Social protection programmes and policies must address both social and economic vulnerabilities together, and their underlying drivers.
- **Integrated social protection systems:** UNICEF promotes the development and strengthening of integrated social protection systems as a highly effective approach for addressing the multiple and compounding vulnerabilities faced by children and their families.
- Three core **principles**:
 - Progressive Realization of Universal Coverage:** UNICEF supports countries to identify and progressively build the mix of policies and programmes most conducive to the ultimate goal of achieving universality, while recognizing countries' different capacities and contexts.
 - National Systems and Leadership:** UNICEF supports nationally owned and led systems. There is no 'one size fits all' blueprint for social protection policies; the most effective and appropriate mix of programmes and financing strategies must be identified in each context.
 - Inclusive Social Protection:** Dimensions of exclusion such as gender, ethnicity, HIV status, geographic location, and disability status fundamentally shape the vulnerabilities of children and their families. UNICEF promotes inclusive social protection that is responsive to different dimensions of exclusion and their manifestations.

II. UNICEF's Approach and Principles

A. Definition and conceptual frameworkⁱⁱⁱ

1. The UNICEF definition of social protection

UNICEF defines social protection as follows:

Social protection is the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation. Social protection is essential to furthering UNICEF's commitment to the realization of the rights of children, women and families to an adequate standard of living and essential services.

Within this broad set of policies, UNICEF work on social protection concentrates on four components, which will be discussed in more depth in Chapter III:

- Social transfers
- Programmes to ensure economic and social access to services
- Social support and care services
- Legislation and policies to ensure equity and non-discrimination in children's and families' access to services and employment/ livelihoods

2. Child poverty: Multi-dimensional and dynamic

The focus on economic and social vulnerability in UNICEF's definition of social protection is based on an understanding of

poverty and deprivation as multi-dimensional and dynamic. *The State of the World's Children 2005* set the precedent for UNICEF's focus on child poverty: "Children living in poverty experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society".³⁶ This conceptualization goes beyond the traditional material concept of poverty and is intrinsically multidimensional.³⁷

UNICEF is not alone in this approach. Since the 1970s there has been a move away from simply looking at poverty as a matter of consumption/ income towards incorporation of social indicators.³⁸ The United Nations Development Programme's Human Development Index (HDI), launched in 1990, highlighted that poverty and development are about much more than the rise or fall of national incomes, and the HDI somewhat shifted the focus towards capabilities – what people are effectively able to do and be. The World Bank's *World Development Report 2000/2001* portrayed poverty as voicelessness and powerlessness.³⁹ The poverty discourse has thus expanded from income poverty to include dimensional analysis, wellbeing, and social exclusion.⁴⁰

In addition, there has been increasing recognition that poverty is not a static experience. Individuals' and households' poverty levels change, both as fluctuations in a particular time period and as trends in or out of poverty. In other words, tackling poverty and deprivation requires policies and programmes that address not only current status but also factors that determine potential future poverty and deprivation. Extensive research has been conducted over the past two decades to document the causes of these movements. While they can be related to life events (such as marriage and divorce, illness, etc.) and external risks,

ⁱⁱⁱ While building on UNICEF's own experience, UNICEF's definition of social protection and approach to child-sensitive social protection also builds upon IDS's *Transformative Social Protection Framework*.

they are also determined by individuals' and households' assets and capabilities and the societal structures within which they live.⁴¹

Understanding the compounding effects of multiple deprivations can help identify the underlying reasons for inequity in child outcomes, and the network of programmes and services required in response. It allows policymakers to identify children who are deprived of numerous basic needs and can facilitate the development of comprehensive and integrated policy responses.

3. Vulnerability and its determinants

Although there is increasing recognition that addressing 'vulnerability' is a key objective of social protection, the term itself is often not well defined. It is used loosely in conjunction with or as a substitute for risk, vulnerable groups, extreme poverty and susceptibility to falling into poverty. However, it is important to understand and be clear – conceptually and in practice – about what social protection programmes are trying to address.

Vulnerability captures the factors that make people likely to become poor or fall deeper into poverty over time. Poverty and vulnerability are related but not the same. Poverty reflects current assets or capabilities, while vulnerability is a more dynamic concept concerned with the factors that determine potential future poverty status. Vulnerability considers both an individual's current capabilities and the external factors that they face, and how likely it is that this combination will lead to changes in their status.

Grounded in UNICEF's multi-dimensional understanding of poverty and external research⁴² on vulnerability, three central concepts underpin UNICEF's work on social protection:

1) Vulnerability captures the interaction between:

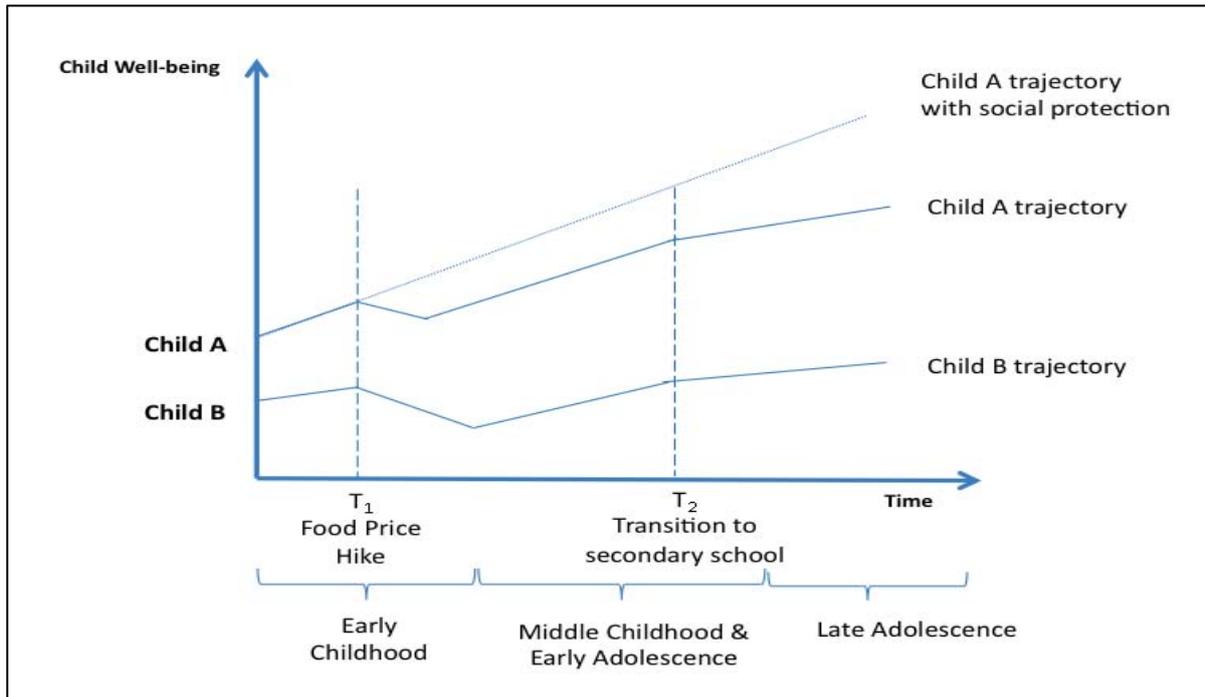
- a. exposure of individuals and households to risk, i.e., the chances or threat of an adverse event or hazard
 - b. their capacity to respond and cope, i.e., level of susceptibility or exposure to this event due to level of resources (physical, economic, social, political, etc.).
- 2) Both social and economic vulnerabilities are important and often intertwined.
 - 3) Vulnerabilities are shaped by underlying structural social, political and economic factors.

To help illustrate these points it is useful to look at the scenarios of two children, represented in Graph 2. Although oversimplified, these two scenarios illustrate these different aspects of vulnerability and how their effects can be cumulative for children over time, preventing their full development potential.

Child A is the son of a married couple from a majority ethnic group. The family is not well-off but it has some economic assets, diverse strategies for earning income – including informal employment and some agricultural production – and pays into a community-based health insurance programme that covers basic health-care costs. Child B is the daughter of a divorced woman from a marginalized ethnic group. The family has limited material assets and relies primarily on the mother's labour income.

In early childhood, Child B is already disadvantaged. She is born with lower birth weight because of her mother's poor nutritional status, and her mother is able to spend less time breastfeeding and interacting with her because of the long hours she spends working. The family has limited access to health care due to inability to afford fees and transportation costs and discrimination experienced at the clinic.

Graph 2: Social and Economic Vulnerabilities: Scenarios of effects over time



At point T_1 , the country experiences a sharp rise in food prices. Although Child A and B both face the same shock and age-related risks of early childhood in terms of heightened nutritional sensitivity, the consequences are very different because Child B's family has less capacity – economic and social – to deal with and respond to these risks. Family A changes some of its food purchase patterns, consuming less animal protein and vegetables and substituting more staple grains. They are less able to find work but sell a few of their assets to cover part of the shortfall. The change to a less nutritious diet at a critical age affects Child A's growth and development, and although his family is able to recover their economic losses relatively quickly and return to their previous food patterns, he does not catch up with his previous trajectory. For Child B, the consequences of the food price hike are more severe. Her family was already consuming a less diverse diet and they start consuming less. As the amount of work available decreases, members of her ethnic group are the first to lose work. It takes her mother longer to improve her in-

come, elongating the period where Child B's nutritional intake suffers.

At point T_2 in her early adolescence, the reinforcing effects of Child B's economic and social vulnerabilities become more pronounced. She finds school increasingly hard as she has difficulty concentrating, she experiences discrimination from some of the teachers and students and she has to look after her younger siblings when she is not in school. Very few girls from her ethnic group enter secondary school, which requires fees and is farther away. For all of these reasons and the economic struggle to make ends meet, her mother does not enrol her in secondary school. Child B takes on more responsibilities at home and her extended family begins looking for a husband for her. This path holds new risks, including bearing children at a young age and increased risk of exposure to violence.⁴³

Who is vulnerable in a society, and to what, is not random – both the level of risk and the level of resilience are deeply shaped by the same political, social and economic structures and relationships. Seen from the

viewpoint of an individual or group, limited voice and political power/ influence, social discrimination and negative/ exploitative social relations and poor economic position and opportunities all contribute to vulnerability in often overlapping ways, although the nature of this relationship varies in particular national and local contexts.⁴⁴ This interaction is borne out by statistics on the overlap between different aspects of social exclusion, economic poverty and final outcomes.^{iv}

4. Implications for social protection policy and practice

Understanding vulnerability matters because it points to ways in which social protection policy and programmes can be strengthened in order to achieve better outcomes. The implications for social protection in practice flow directly from the three central concepts in understanding vulnerability.

If vulnerability is the relationship between risk and the capacity to respond, social protection must work on both reducing exposure to risks and strengthening individuals' and households' capacities to deal with these threats in an integrated manner. The importance of addressing risk in social protection is now well established, in large part due to the work of the World Bank since 2000 under the Social Risk Management framework. There is a general understanding that people living in poverty

^{iv} For example, in Viet Nam in 2004, 4 per cent of the Kinh and Chinese population were experiencing a form of very severe poverty; in contrast, more than one third of all ethnic minorities in the country were living in hunger at this time. A child with a disability in Central and Eastern Europe and Central Asia is almost 17 times as likely to be institutionalized as one who is not disabled, thus being also less likely to receive parental care and an adequate education. Swinkels, Rob and Carrie Turk, 'Explaining Ethnic Minority Poverty in Vietnam: a summary of recent trends and current challenges', Draft Background paper for CEM/ MPI meeting on Ethnic Minority Poverty, World Bank, Hanoi, Vietnam, 28 September 2006; UNICEF, *Progress for Children: A Report Card on Child Protection*, UNICEF, New York, 2009.

generally have fewer mechanisms or instruments to cope with risks, that the consequences are therefore likely to be more severe and thus that part of what social protection does is to provide access to additional risk management mechanisms. However, the extent to which social protection is seen as addressing the pre-existing capabilities to deal with these risks is more limited. There have been important shifts on this, such as the fairly widespread use of protective, preventative and promotive social protection elements⁴⁵, and discussions about strengthening resilience in the fields of climate change, disaster risk reduction and HIV and AIDS. Nonetheless, there remains a strong focus on managing risks in some contexts, exclusive of addressing capabilities and their interaction with risks. Social protection must play a role in strengthening the resilience of individuals and households, or vulnerability is not really being addressed – only managed.

The second implication for social protection is that, given the overlapping and reinforcing nature of social and economic vulnerabilities, it must encompass programmes and policies that address both. This highlights the need for a broader range of social protection instruments (as outlined in Chapter III) and for more integrated social protection packages or systems. A variety of practical implications stem from this that will be discussed in more depth in Chapter IV, such as the development of single registries, the need for multi-sector government coordination at all levels, strengthening referral mechanisms and coordinating with service supply responses.⁴⁶

The last consequence is that for social protection to reduce vulnerability, it must also tackle the underlying economic and social relationships that shape it. This is not to say that social protection alone will change these structures or that all programmes that address these are social protection – this is obviously part of much broader social changes. However, social protection can contribute in two ways: (1) by more explicitly tackling power, discrimination and inequality within programme objectives, including use

of different types of instruments such as anti-discrimination policies; and (2) by adjusting the design and implementation of programmes, including through greater attention to participation and empowerment of participants and staff training. More specific examples of this are elaborated in chapter VI.

B. Lessons learned: UNICEF practice

UNICEF's approach to social protection also builds on reflection and learning from its own programming and policy experience in the field and at the global level. Overall, its work has focused on:

- Engagement with social policy reform processes to ensure social protection strategies and policies address children's vulnerabilities.
- Capacity building and institutional strengthening processes: in-country development, training, information and monitoring systems, and local response capacity.
- Addressing knowledge gaps on social protection systems and child-sensitive social protection.
- Fostering partnerships with key players and stakeholders and strengthen assistance in advocacy for specific sectors and thematic areas.

While it is impossible to reflect here the richness and specificity of this experience – given the diversity and breadth of national contexts within which UNICEF has been supporting social protection programmes – this section briefly summarizes some indicative lessons that can be drawn from across these different contexts. Some of them are especially pertinent in particular regions but they are of broad enough relevance to be included.

1. Piloting and expansion of new programmes: the role of government, learning by doing and investing in the basics

Over the past decade, a number of cash transfer pilots have been introduced, mainly in low-income countries. In some cases, these were supported with heavy external international involvement – not only financially but also in implementation and design. One of the assumptions of many of these pilots was that the demonstration effects would be compelling enough to build national political support over time. However, it quickly became clear that demonstration effects could be important but were hardly sufficient. The role of government leadership and national politics, learning by doing and the importance of investing in the 'basics' were recognized as key factors in successful expansion of new programmes.

Government leadership and national politics play a key role: Government leadership, even if not as the primary implementer, was recognized as extremely critical in sustainability and expansion of initial pilots. Also critical was navigating the complexities of national politics – inside government and in the broader society. Even where programmes were led by particular ministries, this did not necessarily translate into longer-term or larger-scale programmes without building strategic alliances between ministries or without awareness raising and influence of actors outside government.

Learning by doing should be prioritized: Another lesson was the importance of prioritizing learning by doing in order to build capacity and strengthen programme effectiveness over time. There is no such thing as perfect design or initial implementation without challenges. With the caveat that good design and planning are extremely important, programmes that started with the understanding that there would be an iterative process of learning and improvement during implementation were more successful and were able to build on this learning to expand and improve.

It is important to invest in the basics: Investing in the ‘nuts and bolts’ of social protection systems – the basics – is also key. This includes things like good programme monitoring, management information systems, payment systems, functional coordination mechanisms and district capacity building. Although some of these were resource-intensive investments upfront, they often made programmes stronger and more sustainable in the medium term and created benefits for the broader social protection system – even where these were fledgling systems.

2. The interaction between social and economic vulnerability must be addressed

Recent strengthening of UNICEF’s work in social protection was often been linked to child protection and HIV and AIDS. There was an increasing recognition that UNICEF programmes designed to address different social vulnerabilities that children faced – for instance, potential exposure to hazardous work or stress on care arrangements for HIV orphans – needed to be linked to reducing economic vulnerabilities of children’s households and communities if they were to reach their objectives. However, there has been mixed success in implementing programmes in complementary ways to address the intersection between these underlying vulnerabilities. While it is clear that silo programs are less effective, and often simply not enough to address children’s multidimensional poverty, there still remains much to be learned on how to successfully implement programmes in an integrated manner.

3. There is no one-size-fits-all: Recognizing context specificity

It may seem an obvious lesson, but there is a diversity of models across the countries where UNICEF is supporting national governments in developing and strengthening social protection systems. For example, promoting and supporting universal/ cate-

gorical transfers in Nepal, Senegal and South Africa; working with government on how to make productivity-focused approaches more child- and gender-sensitive in Ethiopia and Rwanda; leading coalitions to support national governments in developing their own Social Protection Floor in Burkina Faso, Haiti and Thailand; and collaborating with partners to assess whether and how community-based targeting and programmes for labour-constrained households fit within broader national systems in Malawi. While UNICEF draws from international good practice and lessons across this diversity of experience, social protection programmes must be designed and implemented according to the specific national (or state/ regional) needs and capacities of each context.

An interesting example of this has been the implementation of unconditional cash transfers, particularly in sub-Saharan Africa. When a number of these programmes started, there were two basic models available: the increasingly publicized poverty-targeted conditional cash transfers of Latin America; and more universal unconditional cash transfer programmes in Europe and in the middle-income countries in the southern part of the region (e.g., Botswana and South Africa). For a variety of reasons, neither of these models worked for the sub-Saharan countries where UNICEF was working on social protection. Alongside other partners, UNICEF has supported governments to develop and assess different models responding to the context – for instance, unconditional transfers and combining different targeting methods to respond to poverty and vulnerability profiles, government capacity and traditional systems in each country.

4. Limitations of narrow targeting

Which targeting approaches are most appropriate in different contexts remains an ongoing debate and one that UNICEF continues to learn from and contribute to. However, its experience thus far has led to some interesting reflections. One of these is

the limitations of exclusive targeting based on certain types of criteria. UNICEF's experience in Southern Africa, for instance, demonstrated that AIDS-exclusive targeting, although well intentioned, was problematic for most programmes due to issues related to stigma and similar levels of poverty and deprivation among AIDS-affected households and their neighbours. Similarly, experience of UNICEF and partners demonstrated that programmes did not necessarily need to target children in order to have important benefits for them. The impacts of pensions, for example, on improving children's well-being were impressive, particularly in environments with large numbers of skipped-generation households.⁴⁷

UNICEF's focus on the poorest and most vulnerable led to an interest in targeting approaches to reach these populations. Narrow targeting was often not the most effective or efficient way to reach them. In some cases this would have undermined political support or resulted in 'poor services for poor people'. In others, rates of poverty and relatively small distinctions among different groups of poor people made it hard to distinguish between them or justify narrow targeting approaches. In some countries, efforts to reform expensive or sometimes regressive social protection systems led to extremely narrow income-based targeting that excluded those who were most vulnerable. And possibly most importantly, one of UNICEF's reflections from its experience is that a focus on reducing inclusion errors – i.e., ensuring those who are not eligible do not benefit from a programme – has resulted in under-attention to exclusion errors. From UNICEF's equity perspective, greater attention is needed to ensuring that those who are vulnerable are covered by social protection programmes.

Another lesson concerns the potential of community-based targeting (CBT). In contexts of low data availability and administrative capacity but strong community traditions, CBT offers a potential solution. Evidence from a recent study on the targeting performance of three UNICEF-

supported programmes that include CBT in Kenya, Malawi and Mozambique suggests that this can be effective in identifying poor and vulnerable populations, particularly when used in combination with other methods such as geographical targeting. In addition, if accompanied by clear programme communication and transparent selection, CBT can help build community participation and ownership in social protection programmes⁴⁸. It is also important to consider the role of local authorities in these community-based approaches. However, like other targeting methods, much of the success of CBT relies on the quality of its implementation. In addition, questions remain regarding the feasibility of CBT approaches at scale, the reliance on volunteerism and the limited research on risks of social stigma and exclusion.

5. International partners: The importance of coordination and supporting national priorities

UNICEF experience also points to both positive and less constructive roles that can be played by international partners, including donors and UN partners. From the less constructive perspective, at both national and global levels, sometimes insufficient coordination and attempts by different partners to push national policy agendas in different directions has obstructed or slowed progress of social protection programmes and policies. Differences in tactics, approaches or politics of partners have also sometimes manifested in unhealthy competition, distracting from the mission at hand.

At the same time, UNICEF has also seen the important and positive role international partners can play where coordination mechanisms and a commitment to harmonization and aid effectiveness principles are in place. Complementary strengths can be harnessed to support governments in examining different policy options, strengthening technical and implementation capacities and linking national staff to cross-country learning opportunities. In countries such as Burkina Faso, Mozambique and Nepal, UN

partners, bilaterals, regional development agencies and international finance institutions have worked to align their approaches in support of national priorities.

C. Integrated systems for equitable outcomes

Grounded in its conceptual framework and lessons learned, UNICEF promotes the development and strengthening of integrated social protection systems that take a multi-pronged and coordinated approach to addressing the multiple and compounding vulnerabilities faced by children and their families.

Integrated social protection systems:

- Address both social and economic vulnerabilities and their interaction
- Provide a comprehensive set of interventions based on assessed needs and context
- Go beyond risk management interventions and safety nets to integrate responses to structural as well as shock-related vulnerabilities
- Facilitate a multi-sector approach and coordination in order to address multiple vulnerabilities and maximize effectiveness and impact across multiple sectors

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

- Coordinate with appropriate supply-side investments to enhance availability and quality of services
- Frame social protection strategies within a broader set of social and economic policies that promote human development and growth

Two key components are required for functional and effective integrated systems: a systems approach and a multi-sector approach. A systems approach develops and strengthens the structures and mechanisms that facilitate the integration of a network of

interventions and policies to effectively address multiple vulnerabilities. A multi-sector approach identifies and maximizes linkages between social protection and sector outcomes (e.g., education, health, nutrition, early childhood development, water and sanitation, child protection and HIV and AIDS).

Integrated social protection systems are discussed in more detail in Chapter IV, but the rationale is provided below.

1. Integrated social protection systems rationale

The multidimensional nature of children's vulnerabilities

Particularly when working towards the implementation of child-sensitive social protection systems, an integrated systems approach is needed to respond to the multiple and interrelated dimensions of child vulnerability to exclusion and poverty. Although individual programmes can achieve important positive impacts, a more integrated system can produce multiplier effects greater than the individual interventions.

For instance, cash transfers and fee waivers may be integrated to help remove economic barriers to basic social services such as education and health, addressing a limited asset base and/or insufficient household income. Accompanying implementation of legislative reform can further increase equitable access by mandating equal treatment and reducing stigma and marginalization.

Efficiency and sustainability

An integrated approach to social protection also has the potential to increase efficiency of implementation. Silo programmes or policies may be effective in the medium term in addressing a particular issue, but they may lead to duplication or contradictory results if not coordinated with other interventions in related sectors. For instance, deciding to increase funding for school feeding programmes while providing little support for local governments, schools and health cen-

tres to adequately finance the 'surge' in services provision required by such a policy is likely to achieve weaker results.

Building household resilience and national capacity to respond to crises⁴⁹

Countries with social protection systems in place may be able to cope better with aggregate shocks. For instance, UNICEF research with the Financial and Fiscal Commission of South Africa found that the percentage increase in poverty headcount in the country as a result of the international financial crisis would have been doubled without the presence of the Child Support

Grant programme. The increase would have been as high as 7.2 per cent when compared to its initial level in 2007, as opposed to the actual 3.6 per cent in the presence of grants.⁵⁰ Integrated systems can also enhance households' resilience and capacity to respond to crises, by addressing both long-term structural barriers and the shock-related challenges that further exacerbate child vulnerability. It is imperative to support the strengthening of social protection systems that not only respond to current crises but are also durable for the longer term, particularly in low-income and fragile contexts.

Box 3: Chile Solidario: A model for transformative and integrated social protection systems⁵¹

Chile's social protection system, Chile Solidario, was set up in 2002 to improve conditions for 225,000 families classified as being in extreme poverty. Since its creation, it has sought to address not only the economic vulnerabilities associated with poverty but also the many social and structural constraints – institutional and social discrimination, low bargaining power, inequity, ill health, disabilities, etc. – that keep poor individuals excluded from society. Thus, as a public policy, the system coordinates the various existing protection instruments. Chile Solidario offers poor families not only a cash transfer, the amount of which decreases over time, but also psychosocial support from a social worker or 'family counsellor'. This latter component is known as Programa Puente.

Under Programa Puente, family counsellors help households assess their needs and devise a strategy to address social as well as economic exclusion. Moreover, the programme includes transformative measures to address the administrative hurdles that the extreme poor often face when attempting to access social benefits and programmes as well as the gaps in service provision that affect the extreme poor disproportionately. In order to reduce this legal and institutional discrimination, family counsellors directly link families with and facilitate their access to the existing network of public assistance programmes and services (e.g., by lowering the administrative requirements to registration). When gaps in service provision to the extreme poor are identified, coverage is expanded and new programmes are implemented.

Accomplishing these transformative objectives requires Chile Solidario to function as an integrated social protection system. Indeed, at all levels – from national to regional to municipal – demand for social services is linked to supply, and both are strengthened concurrently. At the national level, there is inter-ministerial coordination between the Planning Ministry and the Solidarity and Social Investment Fund. The latter then grants responsibility for executing the programme to municipalities, which monitor the family counsellors and ensure coordination within the existing institutional supply. As they identify gaps in service coverage and provision, municipalities mobilize the necessary resources, including from provincial and regional governments.

By 2006 Chile Solidario had already gone beyond its target number of beneficiaries, enrolling 246,000 families, and by 2007 intermediate impacts could be observed. Families increased their take-up of already existing social protection benefits and their use of education and health services. Their perceptions about their future socio-economic situation improved. They also became generally more aware of the services available to them and took a more proactive role in demanding their social rights, showing that Chile Solidario's transformative components yielded positive results.

2. Integrated social protection systems: Contributing to the Social Protection Floor

In response to the global financial and economic crises, the UN system Chief Executives Board established the Social Protection Floor (SPF) Initiative⁵² as a joint effort to promote access to essential services and social transfers. A social protection floor is the first level of a comprehensive national social protection system that helps to realize human rights for all through guaranteeing universal access to essential services (such as health, education, housing, water and sanitation and other services as nationally defined) and providing social transfers, in cash or in kind, to guarantee income security, food security, adequate nutrition and access to essential services.

UNICEF is committed to supporting the SPF Initiative, particularly by working with countries to develop context-specific social protection floors through the identification and implementation of their own social protection priorities. UNICEF's support to the development of integrated social protection systems is a contribution to the broader SPF Initiative.

D. Three key principles for UNICEF's work on social protection

Based on its experience and approach, UNICEF's work on social protection embraces three core principles: (1) progressive realization of universal coverage; (2) national systems and leadership; and (3) inclusive social protection.

Box 4: Advocating for a child benefit within the SPF framework in Thailand

Extending the scope and coverage of the social protection system (particularly to informal sector workers) is a key target of Thailand's next Five Year Economic and Social Development Plan (2012–2016). Universal access to free basic health care and nine years of free, compulsory education – key elements of a comprehensive, child-friendly social protection system – are already in place. The Plan envisages further extension of access to services, such as ensuring that all children can attend early childhood development centres.

With many service supply-side measures already in place or planned, UNICEF in Thailand is promoting the reduction of demand-side barriers to accessing child-related services, principally by means of a child allowance. Since early 2008, UNICEF has been working with the Government to identify lessons from other countries, critically examine various potential models, identify optimal operational and governance mechanisms and better understand the political economy challenges and stakeholder perceptions. The decision in 2008 of the UN Country Team in Thailand to adopt the SPF Initiative and the Government's commitment to establishing an SPF for all has provided a conceptual framework for UNICEF's work on a child allowance.

The SPF has been a means for the Government and the UN system in Thailand to work together in a coherent manner toward a unified goal: to provide a first, adequate level of social protection to all members of the population. In August 2011, a government-led consultative workshop mapped out Thailand's social protection system, identifying and prioritizing gaps, and carried out an initial assessment of the costs to fill the gaps using the UNICEF/International Labour Organization (ILO) SPF Costing Tool. This has helped identify the key social protection issues and strategies as well as the support that the United Nations can provide during the next UN Development Assistance Framework (UNDAF), all of which will be closely aligned with the Government's Plan. As a result, a joint programme between UNICEF, the United Nations Population Fund (UNFPA) and ILO on social protection is being developed as part of the 2012–2016 UNDAF and will provide input on national advocacy, capacity building, technical advice and operations research.

1. Progressive realization of universal coverage

As a human-rights organization, UNICEF supports universal coverage: all people should be covered by *appropriate and effective* social protection mechanisms^v. Expansion of social protection coverage, including for children, is critical given the current limited coverage globally. A universal approach also has the potential to reduce exclusion errors, create social solidarity and reduce the stigma associated with some targeting methods.

At the same time, UNICEF recognizes the challenges inherent in providing universal coverage, given resource and capacity constraints and the state of development of social protection systems in individual countries. With this in mind, it advocates for progressive realization, supporting countries in identifying and building the most appropriate approach or mix of interventions and financing options that will enhance social and economic policy objectives, ensure protection of the most vulnerable, and be more conducive to the ultimate goal of universal coverage⁵³. In other words, reaching this goal may require sequential steps.

Many individual programmes are targeted to segments of the population.^{vi} This therefore raises the question about what targeting approaches are most conducive to progressive realization, alongside the right mix of programmes. There are three broad types of targeting methods: (i) individual and household assessments, (ii) categorical and (iii) self-selection.⁵⁴ Table 1 presents some of the advantages and disadvantages of different methods.

The most appropriate mix of targeting methods will be determined by a variety of factors including: (i) the programme's objec-

^{vi} Some national programmes and policies, such as fee-free access to education or anti-discrimination policies, do reach the whole population. However, there is some confusion as programmes targeted to specific categories (such as pensions or child benefits) are often referred to as universal.

ive and approach; (ii) efficiency and technical capacity in terms of data availability and human resources; (iii) political economy considerations, including how social protection is perceived and understood in a given society; (iv) financial resources and implementation costs (staff and administrative); (v) social costs including unintended impacts associated with changes in behaviour, status and even location to be able to access programme benefits; and (vi) potential stigmatization or tensions between 'included' and 'excluded' groups.⁵⁵ For instance, universal programmes may be preferred when vulnerability is widespread or when this is the most efficient method for ensuring that all those in need benefit. Targeted programmes, on the other hand, may be chosen when it is desired that specific tailored interventions address the additional needs of particular populations.^{vii}

In practice, most countries have a combination of universal and targeted programmes and also combine multiple targeting methods in individual programmes. Mexico⁵⁶ and Yemen,⁵⁷ for example, have combined means testing with another method such as geographic targeting in the design of their cash transfer interventions. Ethiopia, Kenya, Malawi, and Mozambique⁵⁸ use a combination of approaches, including geographical targeting and strong community participation in identification of beneficiaries. Sri Lanka uses a set of non-income-based observable variables defined to be used by communities for validation and selection of beneficiaries,⁵⁹ while Peru includes a three-stage targeting method that integrates geographical targeting, household targeting and community validation. The first stage includes five criteria to identify beneficiary districts including extreme poverty, poverty in terms of basic needs, chronic infant malnutrition, as well as categorical targeting to

^{vii} In regions with high incidence of HIV and AIDS, for example, targeting ART patients may seem to be an effective intervention given strong links between nutrition status and intake of ART treatments. However, there are some key questions to consider regarding stigma and equity. A complementary service such as social workers and community-support schemes may allow ART patients to access social transfers within a comprehensive and universal programme.

Table 1: Advantages and disadvantages of different targeting methods

Type	Advantages	Disadvantages
Individual/household level		
Means tested: Eligibility is based on income, which can be assessed through independent administrative verification of income (salary or tax records) or through household-level data collection	Rigorous indication of eligibility; low inclusion errors	High requirements for strong data collection systems that cover the whole population; administrative records frequently exclude informal sector and independent workers; captures only economic indicators of vulnerability
Proxy means test: A score is generated based on observable characteristics such as location and quality of housing, ownership of goods, demographic structure of household, education and occupation of members (usually derived from statistical analysis of household survey data)	Depending on construction of the score, can provide a more multi-dimensional measurement of poverty; since based on easily observable characteristics, can be easier to collect than income data; asset indicators (economic, social and human) may better reflect poverty over time, compared to income	Requires highly developed empirical evidence and well-developed indicators; requires high administrative and technical capacity (and costs) to develop score, ensure updating and implement assessments; may incur significant exclusion errors if particular causes of vulnerabilities (e.g., social) are not considered
Community-based targeting (CBT): Community members are part of the eligibility assessment and/or verification based on assumption that they are familiar with community characteristics and may have insider knowledge	May increase ownership and validation of programme and in some contexts strengthen existing community mechanisms; community participation may increase transparency of selection; does not require high technical capacity but usually requires careful selection of criteria for and sufficient training of community members	Risk of bias or manipulation due to uneven power relations within a community; difficult to apply in urban settings; may increase tensions between selected and unselected groups
Other		
Categorical: Eligibility defined based on broad social categories and/or groups such as age, physical ability, gender, ethnicity, social status	Limited technical capacity required and lower costs; simple and easily communicated criteria may create greater transparency and make eligibility less prone to manipulation	Verification of status may be a challenge – e.g., if birth registration not widespread or in the case of disability or illness; may not address structural vulnerabilities and/or impacts of particular risks on families and communities that are not strongly associated with the categories; stigma associated with targeting particular groups, e.g., OVC and individuals affected by HIV and AIDS
Geographical: Selection of beneficiaries based on location, often through mapping to identify poorest regions or districts	Limited technical capacity required and low administrative costs; efficient where poverty or vulnerability is geographically concentrated	Requires sufficiently reliable data to differentiate poverty at the relevant level of disaggregation (region, district, etc.); can be politically charged in contexts where geography or

		vulnerability are correlated with other political or social dimensions such as religion or political party
Self-selection: Programme design components (size of type of transfer, timing of benefits, location of payments, etc.) makes the programme attractive only to specific groups who self-select to participate.	Limited technical capacity required	May create high exclusion and inclusion errors; certain self-selection criteria can be stigmatizing or impose heavy costs on participant – e.g., provision of culturally undesirable/inferior goods or time required to travel or wait for benefits

Source: Adapted and elaborated based on: United Nations Children’s Fund and Overseas Development Institute, ‘Child Poverty: A role for cash transfers? West and Central Africa’, Regional Thematic Report 3 study, UNICEF Regional Office for West and Central Africa, Dakar/London, February 2009; Farrington, John et al, ‘Cash Transfers and their role in Social Protection’, Inception Report, Overseas Development Institute, London, 2007.

include victims of political violence.⁶⁰ UNICEF experience to date have shown that geographic and categorical targeting methods and/or a mix of methods have proven to be effective in reaching the most vulnerable and minimizing exclusion errors while laying the foundation for universal coverage.

Existing mechanisms for targeting within countries, such as the MoLISA poor list in Viet Nam and the IdPoor list in Cambodia, can sometimes be useful starting points for targeting new social protection programmes. These have the advantage of national ownership and coherence as well as potentially lower start-up costs. Additionally, deciding to use existing mechanisms provides an opportunity to improve them, including through adding targeting criteria beyond income or assets.

2. National systems and leadership

UNICEF supports long-term nationally owned and led systems. Work on social protection must fall within and support the national framework. Only in exceptional cases where government capacity to implement or coordinate is weak or there is a humanitarian crisis would UNICEF consider supporting implementation of ad-hoc, temporary safety nets or social protection programmes outside of government collaboration. This principle does not preclude UNICEF from supporting others – civil soci-

ety, children, etc. – in their initiatives to influence, participate and engage with social protection policy and programmes.

UNICEF also supports national leadership in identification of fiscal space and development of long-term national financing strategies necessary for the development of sustainable national systems. Assessment of affordability is a political choice at the core of the social contract between governments and citizens: how much a society is willing to redistribute, and how.

As noted earlier, there is no ‘one size fits all’ blueprint for social protection policies. Different types and combinations of programmes, as well as different design and implementation modalities, are required to respond to context-specific vulnerabilities, national priorities and national capacities and constraints. UNICEF’s work in diverse contexts has highlighted the different challenges and priorities countries face. For instance, countries such as Chile, Colombia and Mexico have been working to strengthen social protection systems, linking services and benefits at different levels while ensuring inter-sectoral coordination. Social protection and welfare systems in Eastern European countries, although institutionalized and comprehensive, are challenged with reaching the most vulnerable and excluded. In these contexts there may be an emphasis on exploring the most effective paths to expansion, how to

strengthen coordination and financial sustainability, and how to mainstream social inclusion into policy and programme reform. Countries such as Ghana, Mozambique and Thailand have started to move towards an integrated approach and thus may require a focus on potential building blocks or structures conducive to integration such as national strategies, coordination committees and/or single-registry systems.

Low-income countries⁶¹

Low-income countries have the lowest levels of MDGs achievement and generalized chronic poverty, including mounting child poverty rates. Particularly relevant to social protection, they are more likely to experience fragmented political and policy process, rural-based or large informal economies, a limited tax base, low administrative and financial capacity and heavy dependence on external assistance. They need enhanced technical capacity in the development of social protection policies and financial resources for affordable and sustainable systems, as well as support with response to crises and shocks. Nonetheless, there is growing experience in low-income countries in implementing social protection programmes that offers opportunities for cross-country learning.

UNICEF can play an important support role in (i) strengthening national, regional and local capacity for design, implementation and monitoring; (ii) exploring potential financing options for social protection, giving priority to sustainability and national ownership; (iii) supporting vulnerability and poverty assessments to better inform social protection priorities and design; (iv) facilitating South-South collaboration to enhance expertise and availability of technical tools, including dissemination of evaluations and assessments of interventions in similar settings; (v) linking social protection with wider development objectives; and (vi) exploring targeting and design options that are feasible in relation to existing and planned resources, while preventing exclusion.

Middle-income countries

Middle-income countries are more likely to have technical expertise in social protection and enhanced capacity in terms of financial, technical and human resources. Many of them, however, especially in Latin America and Eastern Europe/former Soviet Union, have high levels of income and social inequality where the most disadvantaged and marginalized groups experience levels of child poverty, educational underachievement, malnutrition and exclusion similar to those in poorer countries.⁶² Addressing vulnerability to falling into poverty is often an important concern, given large numbers of people living close to the poverty line and fluctuations in poverty rates. Flows of internal migration and increasing urbanization add complexity to the design of programmes, and there are still important challenges associated with quality of services.

Particular attention should be placed on (i) strengthening and reform of current systems to enhance their impact on vulnerable children and their families – e.g., linkages between contributory systems and social assistance mechanisms and addressing inclusion and exclusion errors in coverage; (ii) promoting the integration of social protection with other support and protective services (social workers, community services, etc.) in an effort to reach and meet the needs of excluded children and families; (iii) assessing the impact, cost-effectiveness and efficiency of interventions, particularly to address inequality and/or existing internal disparities, reviewing potential re-allocation of resources or re-formulation of programmes and policies; (iii) strengthening linkages between access and quality of services; (v) strengthening monitoring and evaluation (M&E) mechanisms and redress procedures; and (vi) promoting exchange of experiences with other countries in similar settings as well as South-South learning.

Fragile contexts

The Organisation for Economic Co-operation and Development (OECD) defines fragile states as those where “structures lack political will and/or capacity to provide basic functions needed for pov-

erty reduction, development and to safeguard the security and human rights of their population".⁶³ Despite experiencing different levels and intensity of fragility, most such states share common characteristics such as vulnerability to conflict, food insecurity and weak state capacity. In this context, they will increasingly fail to protect people and property, deliver basic services or effectively manage public finances. Moreover, children and families living in fragile contexts are constantly exposed to the risk of humanitarian crises due to institutional failures, instability, conflict and violence. To date, not one of the states identified by the OECD as fragile has achieved a single MDG. Evidence also suggests that fragile states are more vulnerable to the impacts of shocks, which can potentially reverse advances in peace building and institutional strengthening.

Social protection interventions can play an important role in fragile states in addressing core issues associated with the relationship between government and its citizens, going beyond reducing risk to transform key structures and relationships. Specifically, they have the potential to contribute to strengthening state-citizen relations, laying the basic groundwork for recovery and legitimacy.

Particular attention should be given to: (i) understanding and assessing the dynamics of poverty and exclusion in fragile states in order to design the most appropriate approach and interventions; (ii) establishing and strengthening partnerships with key actors – e.g., non-governmental organizations (NGOs) – to fill the gaps of weak government capacity; (iii) identifying potential effects of social protection interventions on governance and enhancement of the state's legitimacy, while linking interventions to wider policy processes; (iv) supporting models that are effective in fragile contexts and simultaneously build longer-term capacity; and (v) prioritizing capacity building, identifying gaps in delivery of services (e.g., decentralization processes), strengthening community-based responses, supporting informal systems and exploring external and internal financing options.

3. Inclusive social protection

UNICEF recognizes social protection as a critical tool for advancing inclusive and equitable outcomes and promotes the principle of inclusive social protection by supporting and advocating for interventions that are responsive to different dimensions of exclusion and their manifestations. Social dimensions of vulnerability such as gender, ethnicity, geographic location, HIV affected, and disability status fundamentally shape exposure to risk and resilience and thus are barriers to essential social services and secure livelihoods.

In general terms, mainstreaming inclusive social protection entails considering a series of related questions: What are the dimensions of exclusion and the most common manifestations? What are the shared vulnerabilities and structural inequalities faced by excluded groups? How can social protection contribute to social inclusion, addressing multiple (and compounded) dimensions? And how can it be ensured that social protection interventions and programmes are inclusive, i.e., sensitive to the added vulnerabilities of certain excluded groups and not exacerbating or reinforcing existing inequalities?

Social protection can contribute to furthering social inclusion goals through (i) specific instruments that address exclusion and discrimination in access to services and securing an adequate standard of living and (ii) design and implementation features that address dimensions of exclusion and its manifestations. Chapter VI discusses inclusive social protection in more detail.

UNICEF has a unique role to play in ensuring that social protection interventions address children's age- and gender-specific vulnerabilities, while at the same time advocating that social protection policies and interventions to recognize and address additional vulnerabilities due to the specific social dimensions which further exacerbate exclusion and deprivation.



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Volunteer Agnes Mutsipa hands ARV medication to Mavis Makutya, 35, who lies in bed in her home in rural eastern Manicaland Province, Zimbabwe. Agnes visits Mavis, who is HIV-positive and whose husband died of AIDS, three times a week to help with family chores and to care for Mavis. The HIV/AIDS pandemic has caused many households to become labour-constrained, and many

children orphaned. UNICEF trains community volunteers to administer medication and provide psychological support. In addition, UNICEF advocates for increased care and anti-retroviral treatment for all HIV-positive children and works with its partners to improve the wellbeing of orphans and other vulnerable children.

III. Addressing Economic and Social Vulnerabilities: Four key social protection components

■ Four key components:

Social transfers: predictable direct transfers to individuals or households, both in-kind and in cash, to protect them from the impacts of shocks and support the accumulation of human, financial and productive assets

Programmes to ensure access to services: Programmes that reduce economic and social barriers households face when accessing social services

Social support and care services: A range of human resource-intensive services that help identify and reduce vulnerability and exclusion, particularly at the child and household level by: strengthening individuals' and households' resilience; improving their capacity to overcome shocks and strains; and linking households to existing programmes and services

Legislation and Policy Reform: Changes to policies and legislation in order to remove inequalities in access to services or livelihoods/ economic opportunities, thereby helping address issues of discrimination and exclusion

■ Key debates:

Conditionality: The particular role of conditionality in the positive outcomes of cash transfers programmes is still an open debate. As such, UNICEF will continue to take a cautious approach, assessing the context-specific added-value and feasibility of conditionality in light of its financial and administrative costs.

Graduation: Indicators of resilience need to be defined for sustainable graduation from social protection programmes. These indicators should incorporate social vulnerabilities and enabling factors external to the households. Tools and practice in this area require further development.

III. Addressing Social and Economic Vulnerabilities: Four key social protection components

As discussed in Chapter II, UNICEF's approach to social protection acknowledges the need to address social and economic vulnerabilities to poverty and exclusion through a broader range of social protection instruments. This translates into supporting four social protection components: (i) social transfers; (ii) access to services; (iii) social and family support; and (iv) legislative reform. This chapter reviews these components, highlighting their different roles and providing some examples of specific instruments within them.

This chapter is not meant to be an exhaustive summary of all social protection instruments; rather, it is intended to

highlight the key components of an integrated social protection system that UNICEF considers critical for holistically addressing the vulnerabilities faced by children and their families. Examples are included of some of the common instruments used in contexts where UNICEF works to illustrate both their potential to change children's lives and some of the challenges to ensuring they are effective in achieving their desired outcomes. These components are not meant to be strict categories – i.e., some social protection instruments will fall into more than one – but rather to underline the different functions that they serve. Countries will prioritize and sequence implementation of different combinations of these

Box 5: What about social safety nets?

The term 'social safety nets' is often used in relation to social protection and social transfers, although not always to mean the same thing. There is an emerging consensus that safety nets refer to non-contributory and publicly financed transfers including conditional and unconditional, cash and in-kind and public works programmes. However, there are still some important differences in definitions, particularly in relation to whether safety nets are poverty targeted and whether they encompass long-term predictable measures or only more temporary programmes. In the absence of a consensus, UNICEF uses the term 'social safety nets' to refer to temporary or short-term programmes and 'social transfers' as the broader set of transfers that are only one component of social protection.

As highlighted throughout the Framework, UNICEF emphasizes the importance of long-term, predictable transfers in order to strengthen household resilience and reduce vulnerabilities. It does, however, recognize the importance of shorter-term measures to address more transient or temporary shocks. Its experience shows that shorter-term measures are more effective and efficient when implemented within a broader social protection system, but this may not always be feasible particularly in fragile or humanitarian contexts. Two important things to consider are:

- i) Matching the duration of the programme to the duration of the problem. Designing a short-term transfer programme to address chronic poverty or underlying vulnerabilities is unlikely to achieve these objectives, although it may play an important role in protecting against further erosion of assets or long-term negative impacts on children due to a crisis.
- ii) Short-term programmes can be the basis for building capacity and policy dialogue for longer-term programmes, but if this is a sub-objective it should be considered upfront in the design and process of implementing the programme.

components according to their context and capacities.^{viii}

As argued in Chapter I, social protection programmes can support economic development and increase productivity. While this role is acknowledged in the discussion of different instruments below, the focus here is more on their role in strengthening economic resilience and addressing social vulnerabilities in relation to children and their households.

A. Social transfers

Social transfers encompass predictable transfers to households or individuals, both in-kind and cash, including public works programmes. Several studies agree⁶⁴ that social transfers have the potential to protect individuals and households from shocks while supporting the accumulation of human, financial and productive assets and thus contributing to reduced economic and social vulnerabilities. More specifically, social transfers can contribute to: (i) reducing income poverty and hunger; (ii) improving the efficiency of household investments (with increased investment in education and health, as well as in productive assets); (iii) empowering poor people by providing greater security and stability and thus enhancing their ability to plan for the future; and (iv) strengthening local economies and investment in productive activities and

assets. They can therefore help improve children's well-being through strengthening the economic resilience of caregivers and communities and enabling them to better provide and care for children.

1. Cash transfers

Cash transfers have been identified as a preferred mechanism for delivery of social protection in many countries. They have the potential to increase household income; improve food consumption and thus contribute to reducing hunger; remove financial barriers to access to education and health and thus contribute to investments in human capital; and reduce violations of children's rights – for example, by reducing child labour.⁶⁵ Table 2 describes the different types of cash transfers.

In general terms, the design and implementation of social protection interventions, including cash transfers, largely depend on the programme's objectives and the particular context, including available financing and administrative capacity. Moreover, household dynamics as well as prevailing social and cultural structures – decision-making regarding child-focused investments, control over economic resources and gender dynamics and norms – also need to be considered and integrated into the design as they are likely to influence the impact of the interventions.^{ix}

^{viii} See Chapter V for more on sequencing and prioritization.

^{ix} For instance, the impact of a particular cash transfer is highly dependent on how households respond to increased levels of income. Although in some instance families may spend income from transfers in productive assets, as well as in smoothing consumption, impacts may be significantly different if families give preference to boys' education over girls' or if women, who are considered as having a stronger preference towards investments in children's health and education, receive and manage the transfer.

Table 2: Types of cash transfers

Type of cash transfers	Objectives and beneficiaries
Conditional cash transfers	Regular income transfers to poor households conditional on particular actions and/or changes in behaviour to enhance education and health outcomes
Unconditional cash transfers	Regular income transfers without behavioural conditions to help improve households' income and thus meet basic needs
Cash for work	Cash payments in exchange for labour in public works projects, with the aim of increasing household income and often also reducing seasonal or temporary vulnerability
Child benefits/ grants	Cash grants for households with children to meet their basic nutrition, health and education needs – these may be for all children or a targeted subset (e.g., children under 5 or children in families below the poverty line)
Disability grants	Cash grants for people with disabilities to support access to services and basic needs; particularly relevant for those that cannot work and/or generate income
Pensions	Regular income assistance to the elderly to help meet their subsistence needs – these may be contributory, non-contributory and funded by government revenue, or some combination

Source: Adapted from United Nations Children's Fund and Overseas Development Institute, 'Child Poverty: A role for cash transfers? West and Central Africa', Regional Thematic Report 3 study, UNICEF Regional Office for West and Central Africa, Dakar/London, February 2009

Table 3: Design features and modalities of cash transfers: Examples

Design feature	Modalities
Benefit structure	<ul style="list-style-type: none"> - Size of transfer based on poverty levels; differentiation between 'poor' and 'extreme poor' (e.g., Cambodia's education grant) - Size of transfer reflects number of children in the eligible age range in a household (e.g., Mozambique's PSA; Ghana's LEAP) - Transfer size capped to the equivalent of a maximum number of children (e.g., Brazil's Bolsa Familia has a cap in the transfer amount equivalent to having three children, while in the case of Mexico's Oportunidades the transfer is equivalent to having two children in primary and one in secondary school) - Flat benefit irrespective of the number of children (e.g., Peru's JUNTOS programme; Ecuador's Bono Solidario) - Benefits differentiated by age and/or grade (e.g., Turkey's Social Risk Mitigation Project (SRMP) and Jamaica's PATH have higher benefits for children in secondary school, while Mexico has higher benefits for girls to close gender gaps in enrolment)
Payee	<ul style="list-style-type: none"> - Head of household (parent or caregiver) - Women head of household - Youth for programmes targeting secondary school attendance and/or vocational training (e.g., Colombia's SCAE programme or Bangladesh's Female Secondary School Assistance Programme)
Frequency	<ul style="list-style-type: none"> - Monthly - Bimonthly - Based on school year (if conditional to education enrolment)
Size/ magnitude	<ul style="list-style-type: none"> - 1–29 per cent of pre-transfer household expenditure

Source: adapted from Fizbein, Ariel, and Norbert Schady, 'Conditional Cash Transfers: Reducing present and future poverty', World Bank, Washington, DC, 2009.

2. In-kind transfers

In-kind transfers provide a specific good (e.g., food, nutrition supplements or agricultural inputs). Although there is evidence that favours cash over in-kind transfers, given the flexibility and freedom of choice for households of the former, there may be circumstances where in-kind transfers should

also be considered, either as main instruments or as complements to other social protection interventions. They might be used, for example, in famine or emergency contexts to increase the immediate availability of food where supply is a problem. In areas with high levels of chronic malnutrition, transfer of nutritional supplements and fortified food may contribute to improving children's nutritional status.

Table 4: A comparison of cash vs. non-cash transfers

Area/Issue	In-kind transfers	Cash transfers
<i>Types/ examples</i>	- School feeding programmes; provision of nutritional supplements	- Birth grants; universal child allowances; conditional cash transfers; maternal and parental benefits; housing allowances; unemployment benefits
<i>Impacts on childhood poverty and vulnerability</i>	- Decrease vulnerabilities to health-related deprivations such as malnutrition and preventable diseases	- Increase family's monetary income; raise consumption levels and patterns - Promote accumulation of human capital - Bargaining power of household members – mainly women – may be increased
<i>Advantages</i>	- Guarantee the consumption/ use of key goods and services (e.g., nutrition supplements)	- Beneficiaries are free to use transfers to meet their priorities - Likely to have positive effects on local economies - Cash transfers are likely to have lower transport and logistics costs
<i>Disadvantages</i>	- May introduce distortions in economy - Impose a specific kind of consumption on the poor	- Impact may be undermined if money is not managed efficiently by families or due to inflation - Targeting may be a challenges in some settings and circumstances

Source: Adapted from Barrientos, Armando, and Jocelyn DeJong, 'Child Poverty and Cash Transfers', CHIP Report No. 4, Childhood Poverty Research and Policy Centre, London, 2004

3. Public works

A public work programme (PWP) is a special type of transfer (usually cash or food) that is given on completion of a work requirement. Although there are different variants of PWPs, their objectives are usually twofold: (i) jobs for workers to increase their income, often for short periods; and (ii) creation of a public good in the form of new infrastructure or improvements of existing infrastructure or delivery of services. Through wage transfers (cash or food, etc.), assets produced and skills training these programmes are expected to also have secondary employment and income benefits that can sometimes lead to achieving long-

term developmental objectives. Examples of PWPs include the Jefes y Jefas programme in Argentina, the Productive Safety Net Programme (PSNP) in Ethiopia, the National Rural Employment Guarantee Act (NREGA) in India and the Extended Public Works Programme (EPWP) in South Africa.

PWPs have the potential to provide relief from shocks, address structural poverty and/or enhance future employability. Some programmes, particularly employment guarantee schemes, are designed to provide long-term or predictable employment and support poverty reduction.⁶⁶ More short-term PWPs can play an important protective role in addressing immediate unemploy-

ment and deprivation if appropriately designed and targeted. However, these often do not generate sustained benefits for individuals and households from either the physical asset created or skills developed through the programme.

Yet, similar to other types of social transfers, PWPs can have positive impacts for households and children. The PSNP and NREGA have both led to increased household food consumption and expenditure on children including clothing, education and costs related to health care.⁶⁷ Depending on their design, PWPs can also have positive impacts on women's economic and social status. In addition, there are some interesting examples of these programmes employing people to perform social services instead of the usual infrastructure or manual labour-intensive projects. South Africa's Isibindi programme, for example, trains

unemployed community members as care workers who visit, care for, accompany (to schools, health centres and government) and provide emotional support to orphaned or vulnerable children. However, PWPs can also have unintended impacts – for instance, on children's time substituting for adult labour at home or unequal benefits for women and men or members of different castes, due to the types of works projects selected.⁶⁸ Inclusive design of public work programmes is crucial for children – see Chapter VI for more detail.

4. Graduation and exit strategies

Countries are increasingly considering integrating graduation strategies into the design of social protection programmes, particularly in relation to poverty-targeted social

Box 7: School feeding programmes: Opportunities and challenges

As a social protection instrument, school feeding programmes can be considered as explicit or implicit transfers to households of the value of the food transferred. There are two types: (i) in-school feeding and (ii) take home rations. A recent World Bank and World Food Programme reportⁱ notes that they have the potential to improve key education and nutrition outcomes such as: (i) school attendance; (ii) cognitive development; (iii) learning performance and achievement; (iv) nutritional and health status (micronutrient status, calorie intake and anthropometry). However, there have been some concerns that may need to be integrated into the choice and design of these interventions:

- Critical causes and determinants of malnutrition are usually preventable and reversible when treated in children 0–2, who are not generally enrolled in school. School feeding programmes may not be able to reverse the impact of earlier malnutrition.
- Children who are out of school, and may be the most vulnerable and in greater need of complementary nutritional/ food programmes, will not benefit.
- School feeding may address lack or inadequate food intake in one or two meals, but may not be able to cover and/or address nutritional and feeding practices at home.
- Programmes may need to be complemented with other initiatives such as deworming, micronutrient fortification and supplementation to ensure long-term education outcomes.
- Timing and preferred modalities of feeding programmes need to consider the characteristics of particular contexts: eating habits, intra-household dynamics, length of school day and availability of foods, as well as technical expertise to devise nutritional content of meals.

transfers. In general terms, graduation implies that programme participants, after receiving support for a sustained period of time, may no longer require external assistance^x and thus can 'graduate' from the programme.⁶⁹

Programmes that have integrated graduation in their design – such as the Productive Safety Net Programme (PSNP) in Ethiopia, the Challenging the Frontiers of Poverty Reduction/ Targeting the Ultra Poor (CFPR/TUP) programme in Bangladesh, or the Vision 2020 Umurenge Programme (VUP) in Rwanda and many of the conditional cash transfers in Latin America – have to date defined graduation in terms of thresholds. In other words, when participants are able to cross a certain threshold and/or target, usually defined in terms of poverty or assets, they are no longer eligible to receive support.

In a context of fiscal and budgetary constraints, as well as where notions of dependency are linked with social assistance programmes, graduation may be seen as an attractive strategy. In addition, if social protection programmes such as safety nets have been developed as a short-term intervention, graduation may also seem to be a logical step in their evolution. However, there is an ongoing debate on graduation in terms of definition and scope; the most appropriate strategies; the potential impacts; how to define indicators to monitor/ evaluate impact; and whether graduation is a sustainable strategy.

UNICEF's approach

Current graduation strategies – defined in terms of thresholds - raise a series of significant questions in terms of the extent to which social vulnerabilities are not taken into account in the definition of graduation thresholds, thus neglecting key determinants of poverty and exclusion. Moreover,

^x It is important to recognize that some individuals or households will have needs that require ongoing support (e.g., certain chronic illnesses) where graduation is not relevant.

even if a longer-term approach, i.e. 'sustainable' graduation⁷⁰ is considered, there are important challenges associated in how to define monitor and evaluate it.

A narrowly asset-based and static (but arguably, administratively feasible) approach to graduation may not be adequate. This approach may not acknowledge the dynamic nature of vulnerability and poverty integrate social vulnerabilities, address the needs of groups that may require permanent assistance, or acknowledge that 'graduated' households may need to be re-considered as programme beneficiaries.

Moreover, the transition of households from being able to achieve certain level of assets/ income (defined by the programme) to 'sustainable graduation', where they are able to remain above the set benchmark in the medium or long term, is determined by a series of enabling factors that go beyond the scope of social protection. These factors include initial conditions of households, local and national markets, environmental factors, and regulatory frameworks.⁷¹

Operationalizing such a sustainable approach is a complex and challenging task, and the necessary tools and practice need to be further developed. Monitoring graduation implies identifying and defining indicators for resilience that also consider of enabling external factors. In the meantime, the following considerations may be important:

- Based on UNICEF's approach and understanding of social protection, 'graduation' can be achieved when the objectives of social protection are met. In other words, when children and their households become more resilient over time, are no longer vulnerable to poverty and social exclusion and thus are able to secure adequate livelihoods and standards of living. In this sense, it is important to consider a longer time frame when defining graduation and criteria that would consider the multiple determinants and the dynamic nature of vulnerability.

- Given the particular objectives of social protection interventions, responding to the multidimensional vulnerabilities faced by households throughout the life cycle may require identifying the most effective and appropriate linkages to other programmes as part of a comprehensive and broader poverty reduction and livelihoods promotion strategy, including financial inclusion programmes, labour training and activation, micro-enterprise development, etc.

B. Programmes to ensure economic and social access to services

For children and adults, access to services is crucial – yet even where quality supply exists, a number of economic and social barriers may stand in the way. While social transfers can be instrumental in reducing key barriers, there is also another core set of social protection programmes that support service access at the community or household/individual level. Unlike social transfers, these programmes do not involve direct transfers to households or individuals (see Table 5).

Table 5: Examples of social protection interventions that enhance access to services

Social protection Instruments	Access to services
Birth registration	The official recording of a child's birth by the government establishes the existence of the child under law and provides the foundation for safeguarding many of her or his civil, political, economic, social and cultural rights. In many developing countries only half of children are formally registered. This creates and/or reinforces barriers to accessing basic services as well as to fundamental protection rights (enforcement of age laws regarding marriage and labour, inheritance rights, legal protection, etc.). Birth registration contributes to removing barriers to access to essential services as well as the protection of social and economic rights.
Removal of user fees	Universal elimination of fees, or fee waivers and payment exceptions for certain groups and/or circumstances, may allow beneficiaries to use and access services while contributing to reducing structural gaps between groups (e.g., free health services for pregnant women, education grants for girls).
Health insurance	Most health insurance schemes are available only to formal sector and contributory workers and thus those in the informal sector remain excluded. A social health protection scheme has therefore been proposed by the International Labour Organization (ILO), World Health Organization (WHO) and GTZ in an effort to ensure equitable access to health services. ⁷² The main objectives are: (i) increase the coverage, effectiveness and efficiency of sustainable and comprehensive health-care financing systems; (ii) strengthen technical support by joining resources; and (iii) create synergies and avoid wasteful overlaps of activities through complementary activities. Given financial and institutional constraints, countries may be inclined to progressively establish universal coverage, taking advantage of existing community or informal structures and prioritizing the most vulnerable sectors and population groups.

Source: Adapted from Marcus, Rachel, Laure-Helene Piron, and Tom Slaymaker, 'Basic Services and Social Protection', Department for International Development, London, 2004.

Box 8: Social insurance

Social insurance includes programmes such as health insurance, unemployment insurance and contributory pensions. This type of social protection relies on citizens' regular monetary contributions in order to help guarantee the income security of individuals and households as well as their access to essential social services. As a result of their contributory nature, social insurance programmes are partially self-financing, making them more financially sustainable in certain contexts. Furthermore, because they use common funding in order to reduce vulnerability to risks faced by all, they can also be a tool for strengthening solidarity among members of a society.

Social insurance schemes also face some challenges, however, depending on their design. For instance, they can favour formal sector workers and those able to make regular contributions, resulting in lower participation and benefits for groups such as informal sector workers, women and younger people.⁷³

C. Social support and care services

Recognizing that some social sources of vulnerability may require specific types of social support, this component captures a range of human resource-intensive support that helps to identify and respond to vulnerability and deprivation, particularly at the

child and household level. These services help reduce social vulnerability and exclusion, strengthen resilience and capacity to cope with and overcome shocks and strains, and link children, women and families to existing programmes and services. Examples include family-based care, family support services and home-based care. Social support is often overlooked, but it is critical in addressing the interaction between social and economic vulnerability.

Table 6: Examples of social support and care services

Social protection instruments	Functions
Family support services	Defined as activities to strengthen and preserve families, prevent family separation/ breakdown and ensure early intervention in families deemed at risk, family support services can serve both child protection and social protection functions. Some activities may include parenting education, family mediation, family legal advice, family/ individual therapeutic support and referral to other services. ⁷⁴ They also link families to basic social and other services such as home-based care (see below), legal support and livelihoods opportunities and accessible childcare services.
Home-based care (HBC)	The support given to sick people in their homes is a form of social support and care service, serving a social protection function. HBC provides essential care to the most needy, ensuring they have the adequate social support, information on programmes and access to basic services and food. For HIV and AIDS patients and their families, HBC may include palliative care, counselling and support, as well as support of treatment adherence and mitigating side effects.

D. Legislation and policies to ensure equity and non-discrimination in access to services and employment/livelihoods

Addressing social and economic vulnerabilities requires an explicit effort to tackle power and inequality within a programme's objectives and design. This is part of the 'transformative'⁷⁵ dimension of social protection and the need to more fundamentally

change societies in order to reduce vulnerability. Tackling these underlying unequal relationships includes removing legal and policy barriers to 'change the rules of the game' from a wider society perspective and to proactively ensure equity through protection against exclusion and discrimination. This component does not encompass all anti-discrimination policy and legislation, but specifically those linked to accessing to services, income security and livelihoods opportunities (see *Table 7*).

Table 7: Examples of legislation and policy reform to reduce social barriers to access services and livelihoods opportunities

Policies and legislation to ensure equity	Access to services and enhanced impact
Family policy: childcare; maternity and paternity leave	Integrated social protection systems require interventions to protect families, ensuring economic security as well as access to health and protective services while supporting their role in childcare. Legislation promotion and strengthening may be needed to integrate particular policies into national systems, including maternity/ paternity paid leave; free access to health services; breastfeeding time at work; and legislation to prevent discrimination in the workplace.
Anti-discriminatory/ child-sensitive legislation	Reforms may include: inheritance rights to reduce children's and women's vulnerability to loss of property, domestic violence and loss of guardianship; promotion of strategies to combat sexual offences; enforcement policies on child labour and trafficking; and anti-discriminatory laws to ensure equal rights between women and men and different ethnic or religious groups, among others.



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Nina, Alexander and Alina, 5, meet with Lena in Kaliningrad, Russia. Alina was abandoned by her father and severely neglected by her mother. After social services took custody of the child, her mother disappeared. Alina now lives with Nina and Alexander, who have started proceedings to adopt her. Lena, a woman from a daycare centre for children and ado-

lescents, visits the family regularly. The daycare is part of the Kaliningrad Centre for Social Support to Family and Children, a UNICEF partner. UNICEF supports a range of child welfare reforms and programmes that promote improved access for young people to health services, as well as HIV/AIDS prevention information and safe spaces for learning and recreation.

IV. Integrated Social Protection Systems

■ **Integrated social protection systems:** UNICEF promotes the development and strengthening of integrated social protection systems as a highly effective approach to addressing the multiple and compounding vulnerabilities faced by children and their families. Integrated social protection systems:

- Address both social and economic vulnerabilities
- Provide a comprehensive set of interventions based on assessed needs and context
- Go beyond risk management interventions and safety nets to integrate responses to structural as well as shock-related vulnerabilities
- Facilitate multi-sectoral coordination
- Coordinate with appropriate supply-side investments to enhance availability and quality of services
- Frame social protection strategies within a broader set of social and economic policies

■ Two key components for functional and effective integrated systems are:

- A '**Systems Approach**': develops and strengthens the structures and mechanisms that facilitate the integration of a network of interventions and policies to effectively address multiple vulnerabilities
- A '**Multi-sector Approach**': identifies and maximizes linkages between social protection and sector outcomes (i.e.: education, health, nutrition, early childhood development, water and sanitation, child protection and HIV/AIDS)

■ The existing empirical evidence on social protection impacts suggests that social protection can help achieve sector outcomes, for example increased use of health services, improved school attendance, or care of children affected by HIV/AIDS.

IV. Integrated Social Protection Systems

UNICEF promotes the development and strengthening of integrated social protection systems as a central approach to addressing the multiple and compounding vulnerabilities faced by children and their families. Integrated social protection systems provide a network of responses, taking a holistic approach to economic and social vulnerability and the coordination of different actors and programmes.

This chapter elaborates what UNICEF understands by integrated social protection systems, focusing on two key components required for these to be functional and effective: a systems approach and a multi-sector approach. The first section discusses different elements that contribute to strong, effective integrated systems. The second section then elaborates linkages between social protection interventions and sector outcomes, including specific discussion of child protection, early childhood development, education, health and nutrition, HIV and AIDS, and water and sanitation.

A. A systems approach: Key structures and mechanisms

The 'systems' component stresses identifying and strengthening key structures and mechanisms that facilitate addressing multiple vulnerabilities in a holistic and integrated manner. This section highlights: (i) the role of vulnerability assessments in identifying the most appropriate approach and interventions; (ii) institutional frameworks and mechanisms to facilitate systems integration; (iii) monitoring and evaluation (M&E); and (iv) participation and accountability. This is not intended to be an exhaustive assessment or detailed guidance but rather an overview of principal implementation and design issues to consider in implementing integrated social protection systems.

1. Selection of appropriate design: The role of vulnerability assessments

In the design and implementation of social protection programmes and policies, questions that may arise include: What are the most appropriate and effective set/ combination of interventions? How do they fit into a wider social protection strategy? How do they complement each other and how do they enhance expected sectoral outcomes? A key starting point is vulnerability and child poverty assessments, which help elucidate the vulnerabilities and multiple deprivations faced by children, women and households. Based on a multi-dimensional poverty approach, a solid understanding of the factors that render different children, women and households vulnerable and then prioritizing among these factors is critical to guide selection of the most relevant approach and potential interventions.

It is important to note that understanding key sources of vulnerability and characteristics of those who are vulnerable is not the same as identifying 'vulnerable groups'. Too often governments and development practitioners rely on a 'checklist' approach, particularly when it comes to children – children living on the street, orphans, widows, etc. These groups often are very vulnerable, but the question is why and to what. Often these groups share many sources of vulnerability with a broader population, which requires wider policy responses to tackle these shared sources of vulnerability, potentially alongside more tailored programmes to address factors specific to these groups.

In countries such as Chad, Mali and Ukraine, child poverty and/or vulnerability assessments have proven to be essential instruments for the design of social protection interventions (see *Box 9*).

Box 9: Vulnerability assessments and social protection design: The cases of Ukraine and Mali

Ukraine is one of the 52 countries participating in the Global Study on Child Poverty and Disparities. The study report highlights that despite an overall reduction in poverty in the country, families with children still face high levels of poverty and child poverty has neither been sufficiently addressed nor featured prominently in instrumental policies. As a follow-up to the study, UNICEF Ukraine used a variety of advocacy tools to put child poverty and disparities-related issues on the policy agenda and mainstream them into key national and international policy documents. The study analysis and recommendations facilitated a push for changes in the country's social protection system, including a significant increase in social assistance for children from low-income families in December 2010 and a twofold increase in birth grants in January 2011. These measures are expected to significantly reduce poverty for families with children.

The Mali Child Poverty Study provided much-needed information on the extent of child deprivation and disparities, enabling the Government to better focus public policies that can translate into results for children. The study results have also provided useful advocacy tools to mobilize child-related resources and optimize their utilization. The study triggered the first national forum on poverty, which led to the formulation of an action plan on social protection and to the Government taking legal steps to establish mandatory health insurance and a health-care assistance fund for the poorest 5 per cent of the population.

2. Institutional frameworks and mechanisms to facilitate systems integration

Effective implementation requires an appropriate institutional framework to provide strategic direction; mechanisms to ensure appropriate administration of systems; and clear horizontal and vertical linkages. Strong administrative and institutional capacity is also important, and discussed in Chapter V.

Institutional framework

In establishing an effective institutional framework, one important element is a comprehensive strategy/ policy that clearly defines and delineates the country's approach to social protection (e.g., national poverty reduction strategy, constitutional mandate, national social protection policy). A second is the identification of the most appropriate structures to provide strategic guidance and oversee implementation. Options may include a ministry/ government agency with a specific mandate and/or technical expertise on particular groups or thematic approach (e.g., labour, women, children, the elderly) or a specialized agency/ unit under a planning department. From an integrated systems perspective, the cre-

ation of a high-level inter-ministerial committee to provide strategic guidance and define intervention priorities may increase the likelihood of establishing a comprehensive and holistic approach.

For instance, in 2010 the Government of Burkina Faso established an inter-ministerial committee to study and develop the country's Politique Nationale de Protection Sociale (PNPS). The PNPS, currently in draft form, states that the social protection system aims to find synergies between the sector-specific plans of different actors so as to avoid redundancies. The policy also notes that social protection is multidimensional and that failure of actors across sectors to pursue it would compromise positive results. Finally, the PNPS establishes an M&E body composed of the main social protection actors across all sectors to verify that effective and integrated policies are being implemented.

Administrative systems and mechanisms

Integrated social protection systems involves developing and/or strengthening specific administrative mechanisms – e.g. monitoring information systems (MIS) – to ensure effective management of information, programme management and

accountability. MIS should help governments gather beneficiary data to assess eligibility; identify and register beneficiaries through a beneficiary data collection and registry system; provide information on availability and quality of services; support and monitor delivery of benefits; and facilitate coordination of different programmes at different levels. MIS are also strong instruments to ensure data governance and accountability, helping to monitor the operation of programmes and supporting management of feedback and appeals for gaps.

As a key component of MIS, single registry/beneficiary systems are considered good entry points, providing and managing information on households' needs, benefits and programme enrolment in a single system. In addition, they can also create opportunities to harmonize and integrate social protection approaches across sector mandates/ ministries; reduce waste and duplication as a result of sharing the same registries of beneficiaries; and provide an opportunity to ensure that a package of social protection services is provided to the vulnerable population, which comes close to the idea of integrated service delivery.

UNICEF has supported the Governments of Ghana and Lesotho, among others, in the design of single registry systems. In Ghana, a Common Targeting Mechanism (CTM) has been created that allows several of the Government's social protection programmes to use a single targeting method to identify households that should qualify for the Livelihood Empowerment Against Poverty (LEAP) cash grant or other services such as exemptions to the premium for health insurance. The CTM will feed into a single registry of all beneficiaries of the Government's social protection programmes. In Lesotho, the Government developed a central registry system with information on all households and programme beneficiaries, as well as an MIS feeding into the central registry. Both structures provide a basis for integrated approaches to social protection.⁷⁶

Horizontal and vertical linkages

Effective implementation necessitates ensuring strong horizontal and vertical linkages. Horizontal linkages require developing mechanisms to identify and operationalize links between social protection programmes and other sectors/functions^{xi}, including inter-ministerial coordination bodies, common targeting systems, etc. For instance the LEAP programme in Ghana included key design components conducive to supporting a cross-sector and integrated approach. Overall coordination is overseen by the Department of Social Welfare while the participation of relevant line ministries – such as Education, Health, Labour and others – is facilitated through an inter-ministerial committee. A memorandum of understanding was signed between the Ministries of Employment and Social Welfare, Health and Education to facilitate linkages with complementary services such as automatic enrolment in the National Health Insurance scheme for LEAP beneficiaries as well as participation in education fee waiver and uniform bursary programmes.

Key challenges include that potential synergies between sector objectives and programmes and social protection interventions are not always identified, and sector ministries may see little practical benefits or political incentives for coordination; they may not see how social protection is even relevant to them. Moreover, the integration of specific sectoral activities in already demanding agendas may be a challenge in term of technical, financial and institutional capacity. These synergies are thus likely to be under-utilized and, in some cases, may cause unintended policy consequences.⁷⁷

Vertically, implementation of social protection programmes also requires making sure different bodies and/or levels involved with implementation – national, regional, municipal, community – are coordinated. Successful models and arrangements for effective linkages need to be identified in

^{xi} Not only human development sectors but also finance, administration and planning.

each context. This implies a careful consideration of issues such as decentralization. A decentralized context may allow greater involvement of local authorities and thus enhance the appropriateness of the design reflecting local preferences and circumstances. For instance, the Social Protection and Inclusion System for children (SPIS) in Bosnia Herzegovina ensures strong linkages between national and municipal levels. The programme focuses on the development of local-municipal SPIS implementation models to (i) enhance multi-sector responses at the community level, (ii) improve the existing services and (iii) introduce innovative services to cover gaps at the local level.⁷⁸ However, there are challenges associated with different levels of capacity between and among national and regional counterparts.

3. Monitoring and evaluation

Monitoring and evaluation (M&E) have a strategic role to play in the development of social protection systems and can potentially enhance both policy and operational design and implementation.

M&E are critical technical tools providing insights into (i) the extent to which interventions are aligned with particular policy goals; (ii) how the programme is being implemented and delivered; and (iii) what can be learned on how the intervention has been developing and what adjustments can be made to improve its effectiveness and impacts. In addition, from a strategic perspective, results from M&E processes can also serve as effective policy tools, providing evidence to strengthen support for a particular approach and intervention, sustain programmes even in contexts of political instability and support proposed expansions and increases in budget allocations. An M&E plan is needed in the early stages of design to outline what particular areas need to be monitored and/or evaluat-

ed, what information is needed, what is the best way to collect it, how to involve strategic stakeholders, etc.

Although complementary, monitoring and evaluation instruments serve different functions. On the one hand, monitoring tools allow an assessment of the extent to which an intervention has been evolving, tracking performance on expected results, and involve routine collection of administrative and programme-specific data on how many beneficiaries are reached and covered, how effectively the intervention is reaching them, etc. Monitoring should be a continuous process, integrated as an essential component of any programme design. Evaluation, on the other hand, entails assessing specific areas of a programme's implementation and operation (process evaluations) as well as assessing the impacts of interventions on outcomes (impact evaluations). Evaluations are usually carried out by independent evaluators seeking an objective assessment of what changes in outcomes (and by how much) can be attributed to the programme and/or intervention. Key factors to consider include (i) specific policy mandates and institutional structures that facilitate evaluations of programmes (*see the example in Box 10*); institutional capacity to oversee evaluation processes in terms of technical and financial capacity; and data availability and appropriate collection mechanisms.

Building strong synergies between both systems is critical, however. For instance, monitoring tools collect data that allow tracking particular changes in outputs and outcomes, while evaluation uses that information to determine interventions' impacts. Moreover, the collection of monitoring data can reduce costs and increase the quality of evaluation processes, while also providing the evaluator with valuable information on the key programme components and whether the necessary conditions have been met to expect impacts on outcomes.⁷⁹

Box 10: Institutionalizing monitoring and evaluation in Mexico⁸⁰

Efforts by the Government of Mexico to make social programmes more accountable, transparent and effective led to the passing of the 2004 the Social Development Law which called for the institutionalization of evaluation. As a result of this law, the Government created CONEVAL (the National Council for the Evaluation of Social Development Policy), a public but autonomous organism dedicated to increasing the use and improving the quality of evaluations for social programmes through its technical expertise and credibility. CONEVAL contributes to a broader evaluation system that includes external evaluations, impact evaluations, results-based monitoring and poverty measurement. The system works in an integrated way where, for example, ongoing results-based monitoring by programme managers feeds into more periodic impact evaluations. These evaluations then serve to inform managers who are, in turn, required to submit an official response suggesting how programmes can be adapted to achieve better results. For instance, Mexico's flagship Oportunidades programme – the first to incorporate a comprehensive M&E system into its design – expanded into urban areas and began providing education grants at the high school level in response to an external impact evaluation.

4. Participation and accountability

Mainstreaming participation in social protection systems ensures people – especially those less likely to have a voice or power – are included in interventions and are able to claim their rights. Participation is relevant to social protection in two ways: social protection policies and their redistribution mechanisms need to be justified and validated by citizens – beneficiaries and non-beneficiaries; and implementation mechanisms and structures require the active participation of beneficiaries to enhance their relevance, appropriateness and ownership and ensure their effectiveness.⁸¹ This includes children's participation (see *Box 11*).

Participation of key stakeholders is essential in all stages - design, implementation and M&E. In policy formulation and design, it is important to incorporate authentic consultation and participation when defining policies and strategies, identifying vulnerabilities and needs, as well as in the design of specific interventions. For instance, countries such as Burkina Faso, Mauritania and Niger have supported national consultative processes in the formulation of national protection strategies. In the implementation phase, community caseworkers, civil society organizations and others can provide support to beneficiaries, increasing their knowledge of programme operations and processes and their capacity to claim rights

to social protection. This includes outreach and identification of appropriate information channels to increase awareness of rights, programmes and services available. In some contexts, participants and community members themselves also participate directly in the implementation of programmes.

In M&E, strong social protection systems should be shaped by the views of national stakeholders and be accountable to those they are supposed to benefit. This requires building strong accountability mechanisms and facilitating their use at the local level. Civil society and other non-state actors can play an important role in monitoring the effective delivery of interventions and programmes as well in ensuring transparency. Examples of potential mechanisms to facilitate this include complaints mechanisms, community scorecards to rate service providers and community verification of participant lists.

B. A multi-sectoral approach: Social protection as a tool for enhancing sector outcomes

Given the importance of integrating interventions to address multidimensional vulnerabilities, this section reviews actual and potential linkages between social protection and sector outcomes, as well as possible ways to take better advantage of these linkages. For instance, well-functioning social protection systems can

Box 11: Children’s participation in social protection policy and programming

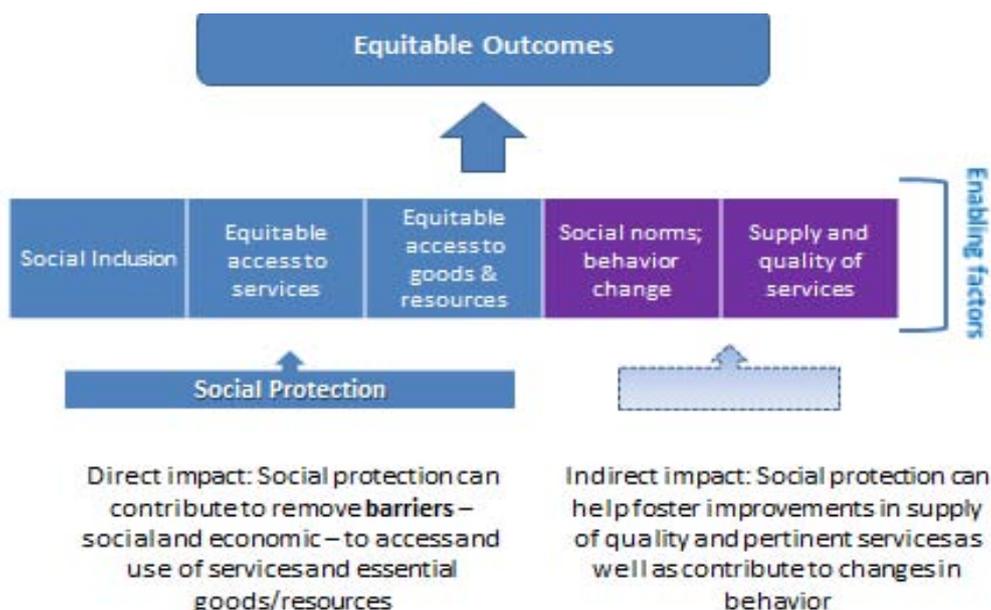
As stated by Article 12 of the Convention on the Rights of the Child, children have the right to participate and express their views in processes that may affect their well-being.⁸² There is an increased understanding and acknowledgment of the importance of including key stakeholders, including children, in the design, implementation and evaluation of social protection policies and programmes. For example, one of the main principles of the Joint Statement on Child Sensitive Social Protection calls for including “the voices and opinions of children, their caregivers and youth in the understanding and design of social protection systems and programmes”.⁸³

UNICEF has supported advocacy, social communication and campaigns to encourage children’s and adolescents’ effective participation in programmatic work, contributing to the inclusive design of programmes in areas such as HIV and AIDS prevention, child protection, education and nutrition. This valuable experience can be translated into the design of social protection policies and programmes. It is important to examine what is meant by children’s participation in social protection design and implementation (and this is an area where further research is required). Is it their involvement in vulnerability, poverty and social impact analysis,⁸⁴ or in consultation about or leadership of programme components, or as key informants in terms of improved targeting to minimize exclusion errors, or providing timely information in terms of unintended impacts? At the same time, there is a need to enhance and systematize the evidence on what have been shown to be the most effective ways to engage children in social policy and protection processes in different regional contexts and settings. What are the potential ethical implications? How can appropriate representation be ensured? How can spaces for participation be identified and/or created, etc.?

contribute to addressing some of the underlying causes of increased risks of violence against and abuse and neglect of children. Similarly, interventions such as social health insurance, removal of user fees and cash transfers can reduce key financial barriers to accessing effective health services and covering related costs such as transporta-

tion and supplies. Family policies and legislation, such as parental leave and accessible childcare, allow parents to spend more quality time with their children and thus contribute to an environment that is conducive to healthy and balanced development for young children.

Figure 1: Social protection and sector outcomes



Social protection can help to achieve more equitable outcomes across sectors. Reaching specific and equitable sector outcomes such as child survival or education for all relies on different enabling factors: (i) equitable access to services and goods; (ii) social inclusion; (iii) changes in behaviour; and (iv) supply of adequate and efficient services. Social protection can have a direct impact on the removal of social and economic barriers to basic services and on enhancing households' capacity to care for their children, and it can indirectly encourage increased availability and quality of services.

There is considerable evidence to suggest that social protection interventions can significantly contribute to enhancing sector objectives (see *Annex B for more on evidence*). However, complementary investments and services may be required to reach long-term outcomes. In the health sector, for instance, although cash transfers and other social protection interventions may result in important improvements in terms of access and use, ultimate health outcomes require complementary interventions (i.e., quality enhancement programmes) as well as the integration of social protection into a comprehensive health system. Sustainable and long-term impacts of social protection interventions on sector outcomes are closely linked to the supply of services: quality, socio-cultural pertinence and financing.

The following provides an overview of some key sectors – child protection, health and nutrition, HIV and AIDS, education, early childhood development, and water and sanitation – linked to social protection, elaborates sector-specific vulnerabilities and shows how social protection can potentially address them.

1. Child protection

There is a clear overlap between UNICEF's definition of social protection, which emphasizes the need to prevent and reduce economic and social vulnerabilities, and

UNICEF's child protection strategy advocating for a "protective environment, where girls and boys are free from violence, exploitation, and unnecessary separation from family; and where laws, services, behaviours and practices minimize children's vulnerability, address known risk factors, and strengthen children's own resilience".⁸⁵ Social protection addresses economic and social vulnerabilities to poverty and deprivation. Child protection on the other hand addresses specific social vulnerabilities that may lead to exposure to violence, exploitation, abuse and neglect and unnecessary separation from family.⁸⁶ With complementary objectives, social protection and child protection interventions can mutually reinforce desired impacts and outcomes.

Child protection mechanisms and services can directly prevent and protect children from harmful practices. In this context, social protection can contribute to both preventive and protection functions, addressing some of the underlying risk factors of abuse, violence and exploitation while at the same time increasing families' and communities' resilience and capacity to respond to external stresses. For instance, poverty and social exclusion can be one of the drivers of family separation and children going into institutional care. Social protection interventions such as social transfers can enhance household' capacity – financial and human – to take care of children, preventing separation or contributing to family reunification.

Moreover, UNICEF approach to child protection has increasingly moved towards the creation and strengthening of systems to support prevention and response to risks.⁸⁷ Social protection can play a key role in many aspects of this approach – for example, it can contribute to promoting and ensuring access to basic social services by removing financial and social barriers; enhance the capacity of caregivers in terms of financial assistance, work flexibility and protective legislation; and promote anti-discrimination legislation and policy reform linked to access to services to transform discriminatory attitudes towards vulnerable

children and their families. In general terms, linking social protection and child protection systems can potentially enhance a comprehensive approach to children's well-being, addressing economic and social vulnerabilities to poverty, abuse, neglect and exploitation.⁸⁸

UNICEF identifies the following programmatic linkages:

- *Mechanisms and interventions:* It is important to recognize how some child protection interventions can also serve social protection functions (i.e., family support services). Linking these functions can potentially enhance outcomes in both areas.
- *Explicit integration/ linking of services:* linking child protection with social transfers or other social protection activities may enhance the long-term impact of these interventions. For instance, Armenia's Ministry of Labour and Social Issues, with assistance from UNICEF, undertook an Integrated Social Services reform in 2010 that introduced two main changes to improve social protection-services for the most vulnerable and to link social protection and child protection/ social welfare services at all levels:

case management practices, with the re-orientation of service providers of the Territorial Offices of Social Services; and the development of Local Social Action Plans at regional level, with the involvement of Family, Women and Children Units.⁸⁹

- *Contact points for identification and referral:* Certain implementation mechanisms and structures of social protection interventions, such as pay points, 'promoters' (caseworkers) or support/ follow-up activities may provide opportunities to identify and refer the most vulnerable households to the most appropriate social welfare services (e.g., birth registration, access to justice, protection against violence and/or neglect, etc.). For instance, family welfare and social protection workers in Côte D'Ivoire connect specific vulnerable families or children as needed to Legal Units, which help them resolve legal problems through either mediation or prosecution.⁹⁰ Similarly, Chile Solidario includes family support (PUENTE) as well as preferential access for beneficiaries to social services such as early childhood development programmes. A key challenge, however, is the need to coordinate information as well as

Box 12: Integrating social protection and child protection interventions to address the high proportion of children in formal care in the Ukraine⁹¹

Many countries in the CEE/CIS region have recognized that socio-economic vulnerabilities can be a key determinant of the placement of children in formal (or at times, informal) non-parental care. At the same time, as shown by a recent study of Albania, Kazakhstan and Ukraine, synergies between social assistance measures, social services and justice can enhance the ability of parents to care for their children and avoid formal care. Creating these linkages is an expanding area of work in the region.

In Ukraine, for example, providing social services and counselling in addition to birth grants in maternity wards was associated with a rapid and clear reduction in the relinquishment of children into formal care. The last 10 years there have seen the extensive introduction of case management systems, social services infrastructure/ staff, additional funding and enabling legislation for social work with children and families. The Government has passed several pieces of legislation to this effect including the State Programme for Reform of Institutions for Orphans and Children Deprived of Parental Care (2007), which describes the measures local governments should take to develop prevention and family support services at community level, and the State Strategy of Social Service Development for Family, Children and Youth in Ukraine 2009–2014, which broadens the scope of social work from involving children and youth to also involving families. Like other CEE/CIS countries, Ukraine has a growing body of legislation but is still facing challenges to operationalization and implementation.

identify common criteria to access child protection and social protection programmes.

- *Social welfare systems:* Social protection interventions can be seen as an important entry point to strengthen social welfare systems. For instance, given the key role played by social workers in areas such as targeting, as well as acting as referral points for vulnerable families, this may enhance existing capacity and increase investments. For this to be successful, it is important not to overburden social welfare staff without increasing their capacity and resources.⁹²
- *Barriers of access to social protection programmes:* Child protection services can contribute to removing barriers to access – e.g., referral services by social workers may address the stigma and isolation suffered by vulnerable and excluded groups and increase their access to social/ community networks and social protection benefits.⁹³

2. Health and nutrition

There is considerable evidence that poor health status during childhood and adolescence affects long-term development and potential productivity and leads to intergenerational cycles of poverty and exclusion. In turn, health-related risks and impacts may be further exacerbated by conditions of poverty and exclusion.

The UNICEF Progress for Children report (2010) shows that despite improvements around the world, child survival remains a challenge for many countries, especially in sub-Saharan Africa and South Asia. Even in countries with significant progress, a closer look at disaggregated data reveals significant gaps in terms of access and use of services. For instance, although Guatemala has a national health coverage index of 59 per cent, women and children in the poorest quintiles have 38 per cent coverage.⁹⁴ Namibia substantially reduced its under-five mortality rate between 1992 and 2008, but

most of the progress was due to reductions in the richer income groups.⁹⁵

Similarly, the nutritional status of children and women constitutes a pressing challenge for many countries in the developing world. Undernutrition increases the likelihood of illness; increases susceptibility to infections, especially among those with HIV and AIDS, and affects tolerance to and the impact of antiretroviral therapy (ART); impairs cognitive and motor development when experienced during the first two years of life; and affects children's educational performance and, ultimately, adult productivity. A malnourished woman is also more at risk of giving birth to a malnourished child. The UNICEF Tracking Progress report⁹⁶ on nutrition and maternal health in 2009 showed that the number of children under five years of age who were stunted (with low height for age due to long-term insufficient nutrient intake and frequent infections) was close to 200 million while those underweight amounted to almost 130 million. Although nutritional deficiencies are a global concern, evidence suggests that the majority of stunted or underweight children live in the poorest countries as well as being overrepresented among the most vulnerable sectors. For instance, 90 per cent of children living in developing countries are chronically undernourished and 24 countries account for more than 80 per cent of the global burden of stunting.

Limited access to quality nutrition and health services and goods, mainly determined by financial conditions of households but also by social and cultural factors, helps to explain these trends. Barriers to access to quality health care occur on both the demand and supply side.

Demand-side barriers that impede the initial and continued use of services include:⁹⁷

- *Financial barriers:* Poor households are not able to afford the direct, indirect and/or opportunity costs associated with accessing health treatments and related services – user fees, transportation costs to health centres, cost of medicine

- and other treatments, etc. – or afford nutritious food and/or dietary diversity.
- *Education and information:* Use of health care and practices is partly based on the knowledge individuals have on particular disease characteristics and preventive and treatment options and/or nutritious value of particular food/ ingredients. Education of parents, particularly mother, has been shown to be important in influencing healthy and nutritious practices.
 - *Location, distance and perceived quality of health services and facilities:* Rural areas and dispersed settlements suffer from chronic underinvestment, resulting in gaps in the skills of staff and in the types and quality of services provided. This reduces demand as low-quality services have at best inadequate outcomes and at worse can lead to negative outcomes (such as adverse effects of unsafe immunizations). Even if services improve, there may be a need for building acceptance and trust among individuals that would require community empowerment and community-feedback mechanisms to improve responsiveness.
 - *Socio-cultural barriers and gender dynamics:* cultural, religious or social factors may be a barrier to health-care demand and nutrition practices. For instance, the gender of medical professionals may influence women's decision to go to pre-natal check-ups; composition of nutritional supplements or suggested nutritious food may not be in line with traditional and cultural food practices; traditional beliefs about reproductive health may influence women's ability to demand contraceptive care; control over household income and intra-household dynamics may affect investments in health for girls and boys (and women); infrastructure and delivery mechanisms of sites and facilities are not always sensitive to the socio-cultural characteristics of potential beneficiaries (e.g., language).

Supply-side barriers that impede service provision include:

- *Inadequate infrastructure:* This is particularly relevant in rural areas, as well as in emergency/ conflict settings.
- *Limited staff:* Many health services in the poorest sectors lack specialists or highly qualified physicians.
- *Insufficient supply* of medicine and other materials.
- *Lack of water and sanitation facilities,* especially in rural settings.

While social protection mainly focuses on enhancing households' capacities to access and use services by reducing social and economic barriers, these interventions can also be pivotal in fostering improvements in quality and socio-cultural pertinence. In other words, increased demand for services may encourage governments to increase their availability as well as enhance quality for their continued use.

Linking health- and nutrition-specific vulnerabilities and social protection

The UNICEF joint health and nutrition strategy for 2006–2015 recognizes the need for “intersectoral exchange,” as well for increasing effective “coverage of interventions”.⁹⁸ Improving health and nutrition is a critical component of social protection frameworks and social protection programmes have proven effective in enhancing households' capacities to overcome financial, economic and social barriers to accessing services and necessary goods, especially among the most vulnerable populations. For instance, there is evidence of cash transfers having strong impacts on the main determinants of child mortality, helping to reduce the incidence of preventable diseases, increasing access to health care and food, improving maternal welfare and improving nutrition levels.⁹⁹ Moreover, social protection interventions to increase access to key services (e.g., health, education, water and sanitation) can directly and indirectly contribute to improvements in children's nutritional status by addressing the underlying causes of health- and nutrition-related vulnerabilities. Table 8 provides some examples.

Table 8: Social protection interventions and health- and nutrition-related vulnerabilities: Examples

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

3. HIV and AIDS

The relationship between HIV and AIDS, poverty and inequality is complex and multidirectional. HIV and AIDS can potentially worsen individuals' and households' social and economic vulnerabilities by increasing their financial burden and medical expenses, decreasing capacities and contributing to the increased likelihood of intergenerational cycles of exclusion and poverty. Poverty and inequality, including due to unequal gender dynamics and HIV-related stigma, are at the same time drivers of the epidemic and can deny those in need access to lifesaving services. UNAIDS estimated that by the end of 2010 approximately 34 million people worldwide were living with HIV, 3.4 million of whom were children under 15. At the end of 2010, an estimated 16.6 million children had lost one or both parents to AIDS, 14.9 million of them in sub-Saharan Africa, and many of them were living in very poor households.

HIV and AIDS not only have an impact on those directly affected by the pandemic but can also affect households and communities as a whole. Impacts may include: loss and disintegration of families; limited capacity to take care of children (due to death or severe illness); loss of productivity and income-generating capabilities; stigma and discrimination preventing access to services, jobs and other resources; forced migration; and death and illness among the more productive age groups creating, in the absence of treatment, large numbers of dependent elderly people and children. When HIV affects populations already experiencing low dietary quality and quantity, it has particular serious impacts on the poorest and most vulnerable groups, including children and pregnant and lactating women.¹⁰⁰ Evidence supports a correlation between severe malnutrition and children's HIV prevalence as well as the mortality risk for children living with HIV.¹⁰¹ Children who have lost both parents have also been

shown to have higher drop-off rates from school. In addition, children affected by HIV and AIDS may be forced to engage in harmful practices such as child labour, early marriage and risky sexual behaviours, which in turn increase their exposure to HIV and other infections.

Box 13: HIV-sensitive social protection

HIV-sensitive social protection refers to a “strategic and systemic social response to poverty, marginalisation and associated harms, which also protects vulnerable children in the face of challenges posed by HIV through links with other sectoral or issue-focused programmes”.¹⁰² In other words, it:

- Ensures the progressive universal application of social protection interventions, while also adjusting the design to respond to the additional and specific needs of children infected by HIV and their families;
- Moves away from providing social and economic assistance exclusively for orphans and other AIDS-affected populations, which has been shown to exacerbate HIV-related stigma and discrimination, and instead targets a range of context-specific vulnerability indicators including poverty, education status, orphan status and so on;
- Takes a comprehensive approach that addresses not only economic causes and consequences of HIV but also broader social interventions such as community-based care and support and efforts to remove stigma and social exclusion of marginalized groups affected by HIV and AIDS.

Within UNAIDS, UNICEF is mandated to contribute to ensuring that “people living with HIV and households affected by HIV are addressed in social protection strategies and have access to essential care and support” (*Goal B3, UNAIDS Unified Budget, Results and Accountability Framework*)¹⁰³.

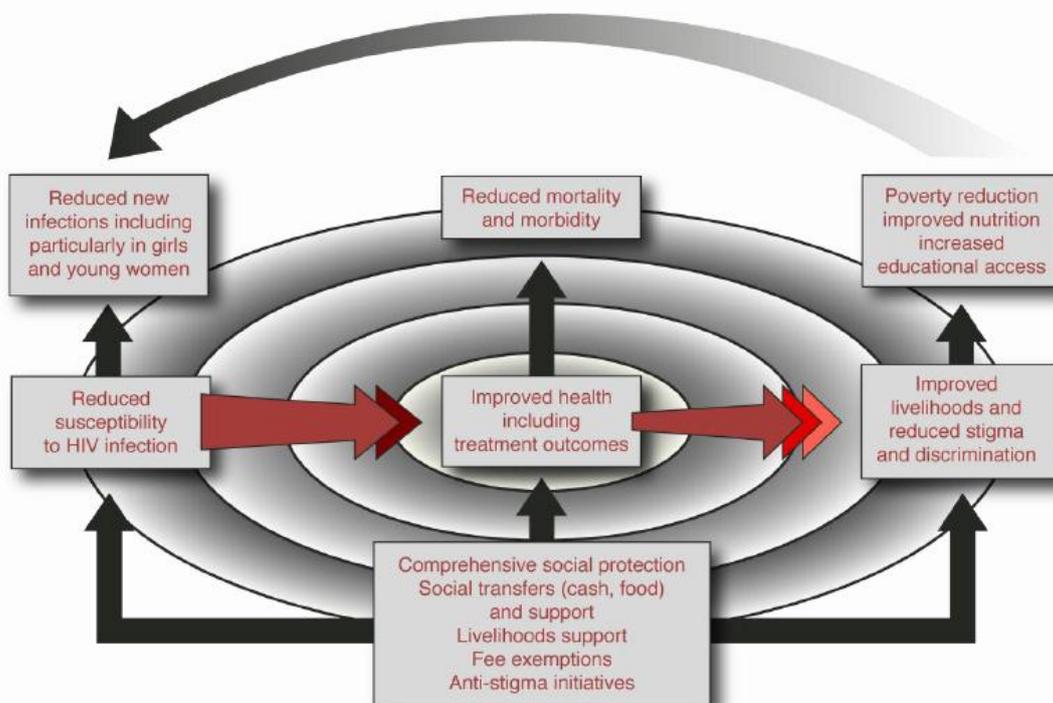
Linking HIV-specific vulnerabilities and social protection

The UNICEF 2011 guidance document ‘Taking Evidence to Impact’¹⁰⁴ identifies social protection as a critical response for children affected by HIV and AIDS for both risk mitigation as well as responses to ad-

ressing structural economic and social vulnerabilities. The UNAIDS Business Case on social protection shows how HIV-sensitive social protection can reduce vulnerability to HIV infection, improve and extend the lives of people living with HIV and support individuals and households¹⁰⁵. Specifically, social protection interventions have the potential to contribute to (i) reducing barriers to access (structural, economic and social) to HIV and AIDS services, mainly prevention and treatment; (ii) reducing the impacts – loss of productivity and human capital, increased risky behaviour, increased financial burden and medical expenses, social stigma and discrimination; and (iii) enhancing the capacity of households to care for family members and their needs. There is considerable evidence that social protection – including the use of cash transfers to increase health-seeking behaviour and compensate households for transport costs – can mitigate the impoverishing impacts of AIDS on households, thus increasing uptake and adherence to HIV testing and treatment.¹⁰⁶ Moreover, there is also emerging evidence to suggest that social protection can play a role in HIV prevention by reducing risky sexual networks.¹⁰⁷

Additional linkages and impacts can be identified showing the impacts of cash transfers on education and health outcomes that are indirectly associated and/or relevant to HIV, including: (i) securing basic subsistence for families; (ii) keeping children from dropping out from school due to inability to pay fees or labour needed at home; (iii) enabling families to invest in small income-generating activities; and (iv) increasing agency at community level where local organizations participate in targeting, monitoring and service delivery.¹⁰⁸ In general terms, social protection can contribute to preventing and addressing the impacts of HIV/AIDS on children and their families by increasing resilience to illness and loss at the household level and reducing stress among individuals.¹⁰⁹

Figure 2: Impact of social protection on improving HIV prevention, treatment, care and support outcomes



Source: United Nations Children’s Fund, ‘Taking Evidence to Impact’, UNICEF, New York, 2010. Adapted from Edstrom, J., UNAIDS/UNICEF/IDS workshop on Social Protection, HIV and AIDS, 2010.

Table 9 includes some examples on how particular instruments can have an impact on HIV prevention, treatment for people living with HIV and care and support for people living with and affected by HIV.¹¹⁰

Table 9: HIV prevention, treatment and care and social protection interventions: Examples

	HIV prevention	Treatment for people living with HIV	Care and support for people living with and affected by HIV
Social transfers			
<i>Cash transfers</i>	Greater economic independence can reduce risk factors such as school drop out; migration for economic reasons; risky behaviours (e.g., early marriage, early pregnancies, dependence on men for economic security, limited power over sexual choices, transactional sex) – particularly relevant for adolescents.	Transfers contribute to adherence to treatment: help cover costs (clinic visits, transportation, etc.); conditionality or payment points may be linked with testing, treatment checks, etc.;	Transfers mitigate impact of AIDS on individuals and households

<i>In-kind</i>	Strong linkage between nutrition and ART uptake. Food transfers (e.g., nutritional supplements, fortified blended foods) may contribute to adherence to therapy and thus reduce likelihood of transition from HIV to AIDS.	Strong linkage between poor nutrition and disease progression: in-kind transfers can improve nutritional status and resilience towards disease	
<i>Access to affordable services</i>	Health insurance, abolishing of health fees, vouchers/exemptions can reduce financial barriers to preventive services, increase voluntary testing and counselling, increase access to information and provide support to reduce exposure risks.	Ensuring social health protection can help households access services and deal with increased medical expenses	
<i>Legislation, policy reform</i>	Child protection: ensuring basic human rights of children (e.g., social protection to reduce child labour).	Legislative measures to reduce stigma barriers and guarantee assistance for children	Birth registration and alternative care to protect children who are left without (or have limited) care as result of caregivers being affected by AIDS.
<i>Home-based care</i>			Community/ home-based care can support people living with AIDS, complement facility-used services, provide psychosocial support, reduce stigma, improve pain management, etc.

Source: Adapted from Temin, Miriam, 'HIV-sensitive Social Protection: What does the evidence say?'. United Nations Children's Fund, Joint United Nations Programme on HIV/AIDS and Institute of Development Studies, Geneva, 2010.

There is growing country-level evidence on the importance of integrated and comprehensive social protection systems to address multidimensional and multi-sectoral risks and vulnerabilities faced by people living with and affected by HIV and AIDS. Through inclusion of individuals susceptible to risk of infection (such as children of most-at-risk population groups) or subject to the consequences of HIV, social protection has the potential to supplement the response at

all points: mitigate susceptibility to infection (knowledge and empowerment to prevent HIV); manage disease progression (continued access to ART); and cushion the downstream social and economic impact on households and communities. Social protection should therefore be embedded within a broader framework of complementary policy and programming aimed at enhancing social equity, especially to address the impacts of HIV and AIDS on children, youth and their families.

Box 14: HIV-sensitive cash transfers in Malawi and India

Malawi¹¹¹

The Mchinji Social Cash Transfer Scheme addresses the structural causes of poverty, marginalization and associated harms while protecting vulnerable children in the face of challenges posed by HIV and AIDS by linking to other sectoral or issue-focused programmes.¹¹² This scheme, which began in 2006, targets households that are both ultra-poor and labour-constrained. The latter eligibility requirement entails that households have no adult aged 19 to 64 fit for productive work or more than three dependents per fit adult. It is estimated that about 10 per cent of households in Malawi (250,000) belong to this category and that over 60 per cent of the members of these households are children, of whom 85 per cent are orphans. By integrating both economic (low income) and social (high dependency ratio) eligibility requirements, the programme was able to go beyond simply targeting poor households to reach orphans and vulnerable children (OVCs). Indeed, in 53 per cent of recipient households, one or more adult members had died due to AIDS.

The positive effects of the programme have included improvements in food security, child nutrition indicators and school attendance in beneficiary households. Also significant is the fact that recipient households increased their demand for health care and investment in productive assets (farming equipment, livestock, etc.). Additionally, cash transfers benefited the community at large as they were used to hire labour, extend loans, share food, make purchases in local markets or pooled for larger income-generating activities. Moreover, 800 Community Child Protection workers link OVCs from households receiving the transfer to Community-Based Child Care Centres, helping to ensure adequate early childhood development. By February 2009, 23,651 households in 7 of the country's 28 districts were receiving transfers on a monthly basis. The Government plans to bring the cash transfer to scale throughout Malawi by 2012. Efforts are also being made to link the cash transfer to a case management system to ensure that children's economic and child protection needs are being met in a more systematic manner and appropriate referrals can be made for children with specific protection, education or health needs.

India¹¹³

As of 2008–09, HIV-prevalence in India was estimated to be 0.29 per cent of the population. While this does not seem alarmingly high, due to India's large population it actually represents 2,270,000 people, or the second highest number of people living with HIV in a single country after South Africa. As such, the Government has integrated several social protection interventions into its HIV and AIDS strategy. Albeit unevenly distributed across regions, these support over 150,000 people living with HIV (PLHIV) in the areas of health, access to treatment, nutrition, social security, livelihoods, housing, legal aid and grievance redressal. Some examples include:

- The Madhu Babu Pension Yojana scheme, initiated in 2008, provides life-long monthly pensions of Rs. 200 not only to elderly and disabled individuals but also to widows, including widows of PLHIV, and to PLHIV themselves – irrespective of age, marital status, sex or economic status. To date, the scheme has benefited 23,052 PLHIV.
- In the state of Rajasthan, a widow pension scheme was initiated in 2009 that entitles recipients to Rs. 500 per month. In order to ensure that it was HIV-sensitive, the scheme lowered the minimum age criterion from 40 years to 18 for HIV widows specifically.
- The HIV-specific Jatan Project reimburses the travel expenses of PLHIV incur in order to receive ART. Since its implementation in 2008, it has benefited 30,000 PLHIV.
- In Tamil Nadu, there are Legal Aid Clinics that provide PLHIVs with access to free legal services and inform them of available social protection schemes and facilitate the submission of applications.

4. Education

Similar to health-related outcomes, there have been some important improvements in education across regions. However, many

structural disparities remain among and within countries. In sub-Saharan Africa, there are still over 100 million children of primary school age out of school and girls have 20 per cent less chance of starting school than boys, while in some Asian

countries, such as Malaysia, Mongolia and the Philippines, boys lag behind girls in key education indicators. Moreover, children from the poorest 20 per cent of households and those living in rural areas are less likely to attend primary school, and girls are less likely to transition to and attend secondary school.¹¹⁴

Linking education-specific vulnerabilities and social protection

UNICEF's Education in Equity Strategy recognizes the right of children to access fair and inclusive education systems. In other words, children have the right to a basic minimum standard of education, are entitled to realize their full education potential and should not be discriminated against based on gender, socio-economic status, religious background or ethnicity. From a programmatic perspective this involves:

- Removing barriers of access to education services
- Ensuring effective transitions from primary to secondary school and higher education
- Ensuring performance, attainment and completion
- Contributing to gender equity in access of education services

Equitable and inclusive education systems depend on both demand- and supply-side interventions. On the one hand, appropriate infrastructure, socio-culturally pertinent systems and quality of services are at the core of education service delivery. On the other, financial and social barriers to access to education services are key factors in determining education outcomes. Social protection interventions can make investments in education more equitable as they can contribute to increasing demand and use, which alongside investments in service provision can enhance human development outcomes. Targeted transfers have been shown to promote grade promotion, transition from primary to secondary education (e.g. the JUNTOS conditional cash transfer programme in Peru), and girls' education in gender-biased settings (see, for example, the Bangladesh girls' stipend programme).

Social protection programmes can reduce barriers to access including:

- *Financial access*: poor and excluded households are seldom able to meet costs associated with education – school fees, materials, transportation and uniforms – and experience high opportunity costs (e.g., labour trade-off) when sending their children to school. Social transfers (cash transfers, education grants) as well as programmes to ensure access to services – removal of user fees, vouchers and subsidies – can contribute to covering these costs and thus ensure children are able to access basic education services (see Box 15).

Box 15: The School Fee Abolition Initiative (SFAI)

UNICEF, in collaboration with the World Bank and other partners, established the School Fee Abolition Initiative (SFAI) in 2005. Its main objective is to remove education costs to ensure equitable access to education services. The rationale behind SFAI is that: (i) despite improvements in the number of out-of-school children, there are still structural disparities between groups (rural/urban; boys/girls) and many children, even if enrolled, are struggling to stay in and/or complete school; and (ii) demand-side interventions such as SFAI can encourage sector-wide reforms and need to be integrated into national education programmes and systems.

For more information, visit:

www.ungei.org/infobycountry/247_712.html.

- *Location and distance*: children living in rural and remote settings may be excluded from school due to the high costs (financial and time) associated with distance and transportation. Social transfers can help cover some of the transportation costs and travel time associated with reaching the closest school facilities.
- *Societal and cultural norms*: traditional societal norms and gender dynamics can influence education access and use. For instance:
 - o Parents' decisions to send their children to school are influenced by societal norms and gender dynamics

that in some settings prioritize boys' education over girls'.

- Language barriers and lack of socio-cultural pertinence of schools and curricula may discourage children from going to school, particularly indigenous children.
- Early marriage and early bearing of children is one of the most common causes of high drop-out rates among girls and adolescents.

Social protection interventions, including policy reform and legislation can contribute to prevent discrimination and ensure access to education services by excluded groups.

Box 16: Social protection as a response to out-of-school children

As defined by the UNICEF/ United Nations Educational, Scientific and Cultural Organization (UNESCO) joint report on exclusion from primary education, "out of school children" are those that have no "exposure to school during the school year"; this means children who have not yet entered the school system as well as those who drop out. Out-of-school children tend to share common characteristics such as living in households with low levels of household wealth and income stability, high exposures to child labour and low education attainment levels among household heads (mainly the mother), reinforcing the intergenerational effect of low levels of investment in education.¹¹⁵

In 2010, UNESCO and UNICEF launched a joint global Out-of-School Children Initiative (OOSCI) to help address data and analytical gaps, enhancing the development of profiles of these children, identifying key barriers (demand and supply) to school participation while developing effective strategies and policies. As part of OOSCI, UNICEF is currently developing a study on out-of-school children that looks at social protection interventions and education outcomes, analysis on the effectiveness of demand-side and supply-side policies in addressing barriers to school participation, and strategies related to management and governance. Specifically on demand-side barriers, the study attempts to assess policies such as the abolition of school fees and grants, subsidies, cash transfers, school feeding programmes and micro-supplements as key responses to address the underlying causes and determinants of children not being in school.

5. Early childhood development

Child development in the early years lays the foundation for human development. Exposure to risks such as disease, extreme poverty or parental stress and insufficient access to quality basic services can place a child on a life-long trajectory of poor development, failure and exclusion. UNICEF supports countries in their efforts to promote and enhance investments in early childhood development (ECD), working towards "fulfilling children's rights to survival, development, protection and participation during the first eight years of life".¹¹⁶ ECD entails interventions in the first critical years of development that promote children's social and emotional development, educational readiness, improved health and nutritional status, and cognitive, physical and motor development.¹¹⁷

There is considerable evidence¹¹⁸ to suggest that ECD can have significant impacts on child development outcomes. For instance, early education, nutrition and enhanced parental skills have been shown to affect school readiness and performance, while programmes that strengthen children's cognitive and socio-emotional abilities can reduce health problems.¹¹⁹ However, despite increased investments in key areas, there are still 8.8 million children worldwide who die before they reach five years of age, and over 200 million young children are at risk of not reaching their developmental potential. There also continue to be significant disparities in child development outcomes between the poorest and wealthiest groups, girls and boys, rural and urban populations and among children with disabilities, from ethnic or minority background, etc. These inequities are caused by poverty, poor health and nutrition, insufficiencies in care¹²⁰ and discrimination. For instance, children in the highest income quintile are more than twice as likely as those in the lowest to attend preschool and more likely to receive higher quality stimulation at home. Moreover, in countries such as Ethiopia, India, Peru and Viet Nam children aged five years in the highest-income quintile had higher language performance

than those in lowest-income quintile.¹²¹ These gaps may increase as children grow older if the structural inequities and early life deficits are not addressed in a timely manner.

Social protection programmes can contribute to improved ECD outcomes and reduce inequities through enabling families to have greater resources and time to care for their children and dismantling barriers that inhibit access to or investments in childcare services. For instance, interventions such as cash transfers, fee waivers, and legislative protection and reform can redress some of the social and economic vulnerabilities that limit family childcare capacities, especially among the most vulnerable. Cash transfers can enable parents to invest in optimal health care, nutrition and early learning opportunities. Appropriate parental leave can allow a mother to exclusively breastfeed her infant and parents to increase the quantity and quality of time spent with their children. In addition, social protection programmes

such as public works or family-based care can indirectly enhance the quality and sustainability of childcare and education arrangements. Programmes linked to complementary/ training activities to address changes in behaviour can be conducive to improved childcare and stimulation.

Table 10 shows examples of ECD-related vulnerabilities and how social protection interventions can contribute to enhancing ECD outcomes and reducing inequities.

Conditional cash transfer programmes in Ecuador, Mexico and Nicaragua, for example, showed positive impacts on ECD outcomes such as cognitive, linguistic, fine-motor and socio-emotional development.¹²² However, despite potential links, there are still significant gaps in knowledge of how to enhance the design of social protection interventions to address ECD and the specific vulnerabilities young children face. The development of approaches to assess and better understand different pathways

Table 10: Social protection interventions and ECD outcomes: Examples

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

through which social protection interventions, beyond cash transfers, impact ECD outcomes is also a challenge.

6. Water and sanitation

Inadequate and inequitable access to water, sanitation and hygiene (WASH) services can negatively impact human development outcomes among children, affecting potential productivity while contributing to intergenerational cycles of poverty and exclusion. For instance, unsafe water and poor sanitation and hygiene can cause and/or further exacerbate leading causes of child mortality such as diarrhoea, pneumonia and cholera. Moreover, education performance may be threatened by poor health and/or children may miss or drop out of school if they are busy collecting water in remote locations or if education facilities are not safe, not private and/or inadequate (particularly relevant for adolescent girls).

There have been considerable improvements in reaching MDG 7, including meeting the drinking water target of having the proportion of the population without sustainable access to safe drinking water in 2010¹²³. However, many still lack safe drinking water and continue to experience sluggish or no progress towards accessing to clean water and improved sanitation facilities. Only 81 per cent of the population in

the developing world uses improved drinking water facilities compared to 100 per cent in developed nations. Moreover, of the 1.8 billion people who gained access to clean water since 1999, 60 per cent live in urban areas. In addition, in many countries the richest 20 per cent are five times more likely to use improved water than the poorest 20 per cent. Similarly, there are significant gaps in access to and use of improved sanitation between urban (68 per cent) and rural areas (40 per cent) and, despite improvements, there are still 1.1 billion people practicing open defecation, totalling more than 95 per cent of the poorest in countries such as Benin, Burkina Faso, India and Nepal.¹²⁴

Access to WASH-related services is largely dependent on supply but is also contingent on affordability, gender dynamics and information regarding hygiene, sanitation and environmental practices. Social protection interventions can contribute to enhanced WASH-related outcomes, particularly ensuring access to safe water and sustainable sanitation (one of the three pillars of UNICEF's Water and Sanitation Framework),¹²⁵ by removing social and financial barriers (start-up and maintenance).¹²⁶ In some cases, they can also contribute to effecting behavioural change by linking benefits to complementary activities such as training and awareness campaigns on hy-

Table 11: Social protection interventions and WASH outcomes: Examples

Access barriers	Social protection interventions
Financial barriers to cover fees for water; time/ energy/ transportation costs associated with collecting water in remote locations, particularly relevant for women and girls	Social transfers can promote enhanced household capacity to cover water supply fees as well as to afford maintenance, operation and supplies to enhance water quality (e.g., filters).
Climate change – increases pressure on availability of water resources	Public work programmes can be designed with a climate adaptation approach, prioritizing investments in water and soil conservation structures.
Financial barriers to move from temporary to sustainable, long-term sanitation facilities	Social transfers can promote enhanced household capacity to invest in long-term, sustainable sanitation services as well as to afford hygienic supplies such as soap, etc.
Social norms/ behaviour change associated with particular sanitation and hygiene practices	Social transfers can be linked with information, training and communication campaigns that promote safe behaviour and practices.

giene practices, water safety and open defecation. In addition, they can be linked with climate change adaptation; for example, the Ethiopia PSNP has improved soil and water management, reducing vulnerability to drought and scarce water resources.¹²⁷

Acknowledging the specific characteristics of water and sanitation services, UNICEF has moved away from a subsidies approach to interventions and strategies that promote community-led approaches.¹²⁸ Sanitation interventions encourage household and community investments in sustainable goods and services and promote strategies to change unsafe practices – increasing demand – and enhance households' purchasing capacity; and water supply policies are concentrated on the development of innovative interventions to enhancing users' value and sustainable use of water.

7. Evidence on social protection impacts and sector outcomes

The results of impact evaluations on social protection are increasingly providing policymakers with information to enhance programme design and implementation and identifying potential areas for future work and research. Most of the evidence comes from evaluations that assess specific programmes and objectives, and a significant proportion of these have focused on the impact of cash-based interventions – cash transfers, public works – on poverty reduction and human development-related outcomes (education enrolment, nutrition, use of health services, etc.).^{xii} There is less evidence about the impact of non-cash interventions, mixes of interventions, combined demand-side and supply side investments, the long-term sustainability of impacts and effects on social vulnerabilities such as gender.

In addition, the evidence on some specific sector outcomes is more limited than for others. For instance, there is strong evidence to suggest that social protection

interventions can increase the use of health service, improve school attendance and enrolment, and lower drop-out rates. However, there is still limited or mixed evidence on education transition and performance and final health outcomes. There is solid evidence to suggest that social protection has a clear role in mitigation of HIV and AIDS but less on prevention and treatment.¹²⁹ Similarly, very few programmes have included child protection issues in their evaluation criteria, though they have nevertheless been able to identify important positive results in terms of reduced child labour and increased birth registration.

In general terms, some conclusions that can be drawn out of the evidence available include:¹³⁰

- Social protection interventions can contribute to better key sector outcomes by removing barriers to access and use of services and goods. In this context, it is important to acknowledge that they need to be linked with wider social policy and investments, especially when aimed at promoting human capital accumulation and development.
- Social protection interventions contribute to equitable outcomes and inclusion, closing gaps in terms of access to services and securing livelihoods. However, evidence in this area remains scattered and not systematically integrated into most evaluation studies.
- Social protection interventions do not create dependency and/or disincentives on labour; on the contrary, evidence suggests that they can contribute to promoting labour force participation and even employment creation.
- While there is limited evidence on direct impacts of social protection on national economic growth rates, there is some evidence that it can support growth-supporting pathways at the household and community levels (*see the discussion in Chapter I*). However the size and significance of these effects is still an outstanding empirical question.¹³¹
- Impacts are strongly linked with the design and implementation of programmes

^{xii} See table on evidence of impacts on child outcomes in Annex B for specific examples.

(i.e., size of benefit, periodicity, predictability and eligibility), the existing capacity of beneficiary households (asset level, flexibility, access to markets, investment capacity, etc.) and on the overall context (functioning of local markets, food insecurity, crises, etc.).

- Both unconditional and conditional cash transfers have proven to be effective in terms of securing income and contributing to human development outcomes (see *Box 6 in Chapter III for discussion of conditionality and existing evidence*).



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A counselor on home visits ensuring adequate breast feeding techniques by a young mother, Babita Rajput, 20, with Nishant Rajput, a 15-day old infant, in India. This type of service can

also serve to link vulnerable families to key information about available social protection programmes, and can therefore be crucial for early childhood development.

V. Key Policy Issues and Challenges in Implementing Integrated Social Protection Systems

- **Financing:** Social protection programmes can be affordable and sustainably financed. Long-term national financing strategies should be identified and informed by an assessment of the costs, returns to investment and available financing options – both national and international. These are not only technical assessments, but also political choices.
- **The politics of social protection:** It is critical to understand and assess the political factors that influence social protection and its impact on the relationship between states and citizens. These factors influence not only design and implementation, but also how social protection is conceived and what is viewed as feasible and affordable.
- **Sequencing and prioritization:** The design and implementation of social protection programmes and policies entail prioritizing investment and developing the most appropriate sequence to reach desired objectives and long-term goals. Sequencing decisions will depend on national social protection objectives and vulnerability context, the country's current social protection systems, and political and institutional context.
- **Institutional capacity:** A key challenge in the effective implementation of integrated social protection systems is institutional and administrative capacity at all levels: national, regional and local/community. Organizations such as UNICEF can help by providing support to sequencing decisions, avoiding complex programme design, enhancing ministries' monitoring and information systems, promoting collaboration with other countries, and establishing partnerships with non-state actors.

V. Key Policy Issues and Challenges in Implementing Integrated Social Protection Systems

There are a number of critical policy issues and challenges that countries face in implementing integrated social protection systems. This chapter examines some of these key issues: financing, politics, sequencing and prioritization, and institutional capacity.

A. Social protection financing

Despite the recognized benefits of social protection programmes, financing remains a key policy debate and challenge. The nature of these challenges varies. For example, in middle-income countries debates often arise in relation to prioritizing demand between different social protection mechanisms, how to integrate new programmes, and whether and how to reform existing interventions. In low-income countries with more limited social protection programmes, financing challenges may be primarily resource mobilization to set up a basic social protection programme and concerns about sustainability.

This section looks at three integral components in determining how to finance integrated social protection systems: affordability, costing and financing.

1. Affordability

It is sometimes argued that social protection is not affordable in developing countries because of a loss in potential investment and the assumption that it will create unmanageable fiscal deficits. However, the Framework shows how investment in social protection and children can result in positive immediate and long-term economic and social returns. UNICEF research also shows that fiscal space for social protection may be possible even in the poorest countries.¹³²

The relevant question about affordability is where and how resources should be spent to maximize benefits and what long-term financing strategies are feasible for progressive expansion of coverage. This assessment is both a technical question and a political choice, which includes consideration of issues outlined in the costing and financing sections below. Ultimately, affordability depends on a society's willingness to finance social policies through taxes and contributions. Affordability is at the core of the social contract between governments and citizens: how much a society is willing to redistribute and how.

An affordability analysis should typically entail an assessment of the returns to investment in a set of social protection programmes against national (or state/ local) priorities. Decisions about prioritization of resources require analysis of which programmes can facilitate the maximum benefits both within and across sectors. Since affordability is highly dependent on political will and policy priorities, an assessment of cost-effectiveness or cost-benefit will also help make the case for social protection in a landscape of limited resources. However, governments need to ensure that spending on one specific social protection intervention is not treated as a trade-off with investments in other key social areas, especially basic social services. On the benefit side, the analysis should include not only direct and immediate benefits but also indirect and longer-term benefits, which can be significant.^{xiii} For example, an

^{xiii} For a more detailed guidance and examples on assessment of cost-effectiveness and cost-benefit, see Department for International Development, 'Guidance for DFID Country Offices on Measuring and Maximizing Value for Money in Cash Transfer Programmes: Toolkit and explanatory text', DFID, London, 2011. Whether to do a cost-effectiveness or cost-benefit analysis will depend on a number of factors, including data availability, time horizon and resources available.

integrated social protection systems approach can ensure that the allocation of resources is more efficient as returns to investment are multiplied across sectors.

2. Costing

Decisions about the financing and affordability of a social protection intervention or system should be informed by an assessment of the cost and account for the following:

- (i) How much would a specific programme or set of social protection interventions and policies cost?
- (ii) What is the cost of a minimum package?
- (iii) How would costs change given different scenarios (i.e., population growth, country economic indicators, etc.) or a different mix of interventions?
- (iv) What are different options within instruments (e.g., targeting criteria or rate of expanding coverage)?

Information about costs may be challenging to gather and/or develop due to lack of previously existing programmes, data availability and limited institutional capacity and expertise at country level. However, there are analysis and costing tools available that can be applied to help generate reasonable estimates of the range of costs for different interventions. For example, the International Labour Organization (ILO) and UNICEF have jointly developed a costing tool^{xiv} that can help countries assess the affordability and sustainability of increasing the scope and extent of different social protection policy options. The tool can be effectively used to provide answers to several important questions based on country profile data and the basic design parameters chosen: the fiscal implication of introducing a new benefit; costs of maintaining existing benefits and/or financial implications of increasing coverage; and

^{xiv} The tool currently focuses on costing for different types of cash transfers, given the availability of costing tools for some other types of social protection programmes (e.g., health insurance) and the context specificity of costs for other types (e.g., public works).

expected impact on the poverty gap. These estimates, which are based on country-specific indicators, are cost approximations but they provide countries with a perspective on the costs of different programmes in order to then systematically arrive at decisions regarding affordability and financing. Senegal, for example, has applied the costing tool to assess costs for different cash transfer options targeting children under five in order to help reduce malnutrition.

3. Financing

Broadly, financing options for social protection include raising international aid, raising domestic tax revenues, shifting public expenditure from less effective or lower priority programmes and drawing resources from innovative sources.^{xv133} Which financing options are available and most relevant will vary across countries and regions. Below, these different options are divided into:

- Government/ domestic financing
- International financing

Government/ domestic financing

Taxes are one of the key sources of domestic revenue available to governments, so growing tax revenues, expanding the tax base, and increasing tax compliance are important potential strategies to mobilize possible resources for social protection without necessarily sacrificing other spending priorities. In some countries, raising public expenditure on social protection has been achieved by shifting the composition of tax revenues towards income, especially payroll taxes, as well as through social security contributions and corporate taxation. For instance, a study found that raising tax revenue by just one percentage point – from 13 to 14 per cent of GDP in a country such as Burkina Faso – would be enough to finance a universal pension for all those aged 65 and over.¹³⁴

New tax revenue not only improves a country's fiscal position but can also potentially

support equity objectives. For example, if income tax rates are increased among the richest groups of a country (known as progressive taxes) and the revenues generated are invested in the poorest households, this promotes poverty-reducing economic growth and sustains growth in the long run.¹³⁵ The most appropriate options to finance medium- and long-term social protection programmes should therefore include taxes that are progressive and broad-based. Moreover, it is also essential to ensure that tax revenues are as diverse as possible, avoiding over-reliance on one tax source so as to de-link tax revenue from economic cycles as much as possible.¹³⁶

However, there are challenges in increasing revenues through taxes, particularly for natural resource-poor and agrarian countries. While tax revenues are usually around 40 per cent of GDP in developed countries, they compose anywhere between 6 and 20 per cent in a sample of developing countries.¹³⁷ The option of increasing payroll (social security) taxes is not available to all middle-income countries – let alone to low-income countries – because of the relatively small proportion of the population working in formal employment. Developing countries therefore tend to rely more on consumption and trade taxes.¹³⁸ A study on the feasibility of a universal pension in Sri Lanka estimated that a small increase from 5.0 to 5.5 per cent in value-added tax (VAT), which accounts for two-thirds of tax revenue, along with similar small increases at higher levels of VAT would pay for a pension for everyone aged 70 and over.¹³⁹ In Chile, social protection programmes were funded partly from fiscal surpluses that the Government raised through a variety of policy measures, including a one-off raise in the VAT rate.¹⁴⁰ In a naturally resource-rich country, a resource tax can be particularly relevant. In Bolivia, for instance, a universal pension programme introduced in 1997 was financed in part from a fund set up with proceeds from the partial privatization of five large public enterprises. In 2007, due to dwindling resources from the privatization fund, the Government shifted the financing source to a direct hydrocarbon tax.

In many countries there exists some scope for shifting expenditure from other areas of social protection or even other areas of public expenditure. The discussion on financing has been dominated by the resource mobilization approach where the resources often mean ‘new money’.¹⁴¹ However, this approach assumes that the past and current budget allocations have been both efficient and desirable.

For example, the Indonesian Government introduced a fuel and food subsidies programme (BBM) in the wake of the 1997 crisis to prevent consumption levels from dropping further. Despite its wide reach, the BBM programme was found to be highly regressive. In mid-2000, policymakers launched the first phase in the politically challenging process of cutting fuel subsidies. After scaling down subsidies by roughly 12 per cent, the Government reallocated the savings from the subsidies to a package of compensatory programmes including cash transfers, revolving funds and community empowerment programmes aimed at employment generation.¹⁴² Brazil has been partially successful in efforts to switch government expenditure from generous pensions for civil servants to programmes like Bolsa Escola that target the poor.¹⁴³

There are political and technical challenges to identifying sectors/ subsectors from which budget can be shifted to expand funds available for social protection. This can involve the following two strategies:¹⁴⁴

- Re-prioritizing through Public Expenditure Reviews (PERs) and thematic budgets: These are well-developed approaches to public financial management that bring evidence on the distributional impacts of current budgetary allocations to public policy-making. A common exercise is to examine budgets from a pro-poor, child or gender perspective.
- Replacing high-cost, low-impact investments: This is similar to the affordability argument, as the relevant question is where and how resources should be

spent to maximize impact and effectiveness. This will involve a deeper analysis of all sector investments to eliminate inefficiencies. In particular, the overall cost-effectiveness of a specific programme or policy should be impartially evaluated according to various factors, including: (i) coverage (beneficiaries and benefits); (ii) total cost (as a percentage of GDP, public expenditure and sector expenditure); (iii) administrative costs (as a percentage of total costs and how the costs compare with other programmes – for example, means-testing targeting is typically expensive); (iv) long-term social benefits and positive externalities; and (v) opportunity cost (how this policy /programme compares to alternatives).

International financing

In low-income countries, international assistance can be especially crucial in the early stages of development of social protection programmes as initial costs can be significant. International assistance can also support middle-income countries through financing critical inputs that can catalyse increased effectiveness and expanded coverage, such as quality impact evaluations, cross-country exchange or technical assessments. There exist three main aid modalities: structural adjustment finance, budget support or project/programme aid. The scope for social protection through these different modalities differs, with structural adjustment finance having the most limited.¹⁴⁵ Since social protection can be most effective if the interventions are integrated across sectors, donor assistance through budget support provides an advantage as linkages for achieving integration can be more easily identified and supported.

However, international financing also presents some challenges in relation to ownership and sustainability of programmes through the medium term.¹⁴⁶ The optimal length of a social protection programme may extend beyond the maximum period that a donor is willing to commit. Although donor-funded pilots may help demonstrate effectiveness and impacts, political sustain-

ability is unlikely if the programme is primarily externally driven. While international assistance may be necessary, the central role of national governments in formulating policies is crucial.

Indonesia provides a useful example of a country setting clear national priorities for the use of international funds. After the 1997 crisis a number of international donors urged the Government to postpone funding the introduction of community-driven development programmes as they expected the time required to set up the participatory processes would delay the infusion of cash into the economy. However, Indonesian officials disagreed and insisted that community-led employment programmes would be critical to sustaining democratic governance in the long run and would simultaneously be respectful of traditional governance processes in localities. Indonesia's commitment to community-led programmes has defined the nature of many of the country's long-term social protection programmes.¹⁴⁷

B. The politics of social protection

At a global level, most of the discussion on social protection has focused on policy and technical aspects. However, implementers at country level are also confronted by political issues – i.e., the extent to which the political context and political economy influence the approach and design of social protection interventions, as well as their potential impact on state-citizen dynamics. It is critical to understand and assess the political forces at play, including the appropriate role and leverage of institutions such as UNICEF in advocating for sustainable commitments to social protection. This section attempts to provide an overview of some of these elements, including (i) formal and informal institutions, such as policy and legal frameworks and social norms that can have a strong influence on how social protection is perceived and understood; (ii) decision-making actors – including policy-makers, parties, elites and donors – and their pressures and incentives in defining social protection strategies as well as their

role in decision-making around public expenditures and fiscal space; and (iii) governance structures that would allow effective implementation and transparent monitoring and evaluation mechanisms.

Formal and informal institutions

Historical context, political structures and institutions tend to have a strong influence on how social protection is conceived and understood. It matters whether social protection is seen as a right or as a luxury/benefit for a specific group; as a short-term remedy to correct market failures or as a long-term investment in human capital; as an intervention to stimulate consultation or as an investment to secure livelihoods; and/or as a potential source of market disruptions, dependence and welfare traps or as a mechanism to increase resilience, etc. This may be reflected in how social protection is included in national strategic instruments (e.g., national strategies and policies, the constitution, poverty reduction programmes, etc.) or in how programmes are designed (e.g., universal or targeted interventions). For example, countries with long traditions of welfare states and protective policies may be more inclined to advocate and support universal benefits, whereas countries with emerging systems and strong donor presence may need to find strong arguments for universal coverage vis-à-vis targeted interventions.¹⁴⁸

Decision-making actors

Decision-making actors and their interests also determine a country's social protection agenda. In general terms, acknowledgement of the importance of social protection in key strategies and national priority processes may not always translate into long-term commitment in terms of budget and resource allocation (human capacity and decision-making power). The decision-making process in public expenditures and fiscal space can be strongly influenced by political dynamics such as incentives and pressures of key actors, capacity and leverage of ministries and agencies in charge of social protection, political instability due to elections and/or changes in government, or strong donor presence and influence. For

instance, the particular policies of ruling parties and/or elites may influence the extent to which social protection programmes are expanded and/or how these are rolled out. In countries with strong concerns about creating welfare gaps or decreasing incentives to work, targeted and conditional programmes may be viewed as more 'politically acceptable' to taxpayers. Specific processes such as elections may also create strong incentives and potential entry points for social protection. However, careful consideration and attention to the sustainability of interventions and how to prevent political use of programmes is critical.

Governance structures

Even if political will is strong at national centralized levels, it may be weaker among decentralized decision-making bodies. It is important to identify bottlenecks in terms of programme delivery and implementation, especially when different players may be in charge of the strategic aspects of social protection policies and of actual implementation. Closely linked to the discussion on M&E and participation and accountability, the effective implementation of policies is also dependent on the existence of transparent governance structures to monitor implementation and allow for checks and balances at different levels – national, regional and local/ community.

C. Sequencing and prioritization

The design and implementation of social protection programmes and policies entails identifying relevant strategies and interventions, prioritizing investments and developing the most appropriate sequence to reach desired objectives and long-term goals. Sequencing and prioritization become especially relevant in contexts of budgetary constraints and/or limited human resources and administrative capacity. Important questions that may arise include: What is the recommended sequence of interventions and how to manage trade-offs? Is it possible to consider a minimum level of interventions? Are there criteria to prioritize interventions? Should targeting the most

vulnerable be considered as a potential first step? When would piloting be considered a feasible/ desirable option? How to evolve from short-term, emergency-type interventions to longer-term sustainable strategies?

The selection of the most relevant and pertinent pathways is not a linear process. Interventions may need to be implemented concurrently and/or in an iterative manner to reach desired objectives. And although the Framework's purpose is not to provide operational guidance on specific steps, the following are some of the principles and criteria to consider:

- As discussed, UNICEF is a strong leader and supporter of the Social Protection Floor (SPF).¹⁴⁹ As such, it supports countries when considering the SPF as an initial step toward integrated systems. Although the specific elements that constitute the 'Floor' will largely depend on a country's objectives and current practice, the SPF – guaranteeing access to essential services and social transfers – may constitute the first level of a comprehensive system.
- The selection of the most appropriate interventions and programmes should be largely based on vulnerability and poverty assessments, evaluations of existing programmes and institutional capacity assessments.^{xvi} Selection of interventions should aim to address structural vulnerabilities while acknowledging potential immediate (i.e., emergency, short-term, crises-related) needs.
- Targeting the most vulnerable does not necessarily translate into effectively reaching them. There is a need to find the most effective mix of methodologies that is responsive to the vulnerability context (geographic, social, economic, etc.) and minimizes exclusion errors. Progressive expansion of coverage

^{xvi} See Chapter IV on the role of vulnerability assessments.

should be pursued commensurate with evolving fiscal and administrative capacity.

- Social protection is affordable even in budget-constrained settings and needs to be seen as an investment in human capital accumulation and household resilience, as well as a risk management strategy.

There are two main factors that will shape sequencing decisions and help identify different stages:

- Social protection objectives and vulnerability context: Prioritization of initiatives should respond to objectives defined for social protection in a particular context, based on vulnerabilities assessments and reflected in national development plans, social protection policies, poverty reduction strategies, etc.
- The country's context and current practice: The selection of the most appropriate interventions and/or specific steps within them would also need to be assessed based on the level of development of social protection systems (e.g., limited or non-existent, emerging, consolidated),¹⁵⁰ as well existing broader social policies, political dynamics, institutional capacity and financing options

Based on consideration of these factors, there are different strategies and building blocks towards integrated systems that can be pursued, including:

- Piloting interventions on a small-scale in order to improve design, build capacity and accrue evidence before going to scale
- Building political support and public ownership of programmes or reforms
- Strengthening human capacity and administrative systems to effectively implement social protection systems

- Creation of a new programme(s) – for instance, in a post-conflict/ fragile setting, through the expansion of a short-term humanitarian intervention or a pilot to respond to a particular need
- Expansion of coverage (new districts, more beneficiaries, minimize exclusion errors) or benefits (transfer amount, services included, etc.) of existing programmes
- Linking existing programmes to each other or adding an additional component to an existing programme
- Reform of existing programme design and implementation
- Improving coherence and reducing fragmentation – this includes development of an integrated/ comprehensive strategy and/or mechanisms and structures (e.g., single registry systems) to consolidate existing programmes and maximize efficiency and impact
- Social protection/ social policy reform, reviewing existing policy frameworks to ensure interventions are child-sensitive and inclusive, as well as the efficiency of budget allocations

Although some of these strategies require that certain elements are in place, they are not inherently sequential. Countries follow different pathways to achieve the same ends, as appropriate, given the contextual factors discussed above.

D. Institutional capacity

A key challenge for the effective implementation of integrated social protection systems is institutional and administrative capacity at all levels: national, regional and local/ community. Government agencies

working with social protection often lack institutional human capacity in terms of envisioning a comprehensive strategy, are isolated and/or do not have strong control over financial and/ technical resources. There may also be differing levels of control and capacity at centralized or decentralized levels, with effects on implementation and accountability. Moreover, agencies working as part of the system may be developing at a different pace and thus synergies cannot be easily operationalized.

It is also important to consider institutional capacity in terms of the added demands and/or subsequent requirements resulting from social protection impacts. The successful implementation of social protection interventions may be effective in increasing demand for and use of services, and thus it is important to acknowledge the potential effects of this in contexts with limited services and administrative capacity. For instance, the removal of user fees, which often increases the use of and decreases financial revenue for health and education facilities, may affect the facilities' capacity to respond to increased demand and/or create additional challenges for delivery (e.g., availability of medicine, services, class sizes and pressure on teacher/pupil ratios).

There is an increased role for organizations such as UNICEF to support countries in developing the necessary capacity to design, implement and effectively deliver social protection. Potential roles may include providing support to plan sequencing of interventions, avoid complex programme design, enhance ministries' monitoring and information systems, promote collaboration with other countries and encourage the engagement of non-state actors such as the private sector, NGOs and/or community-based programmes (see *Box 17*).

Box 17: Non-state actors: Key social protection actors

Although the core of UNICEF's work concentrates on supporting national governments in developing and strengthening social protection policies and programmes, there is a strong recognition of the critical role non-state actors can also play. Non-state actors may also have a particular role in fragile settings where governments have limited capacity or will to provide services.

For example, in the Middle East and Northern Africa, non-state actors have historically been critical players in the provision of social services and social protection. NGOs, community groups and religious associations, as well as *zakat* funds (mainly based on private donations by Muslim communities), can complement government interventions or be strong actors in social protection advocacy (such as in Egypt) and implementation (especially in fragile, conflict and/or highly politicized contexts such as South Lebanon or South Sudan).¹⁵¹

In Asia, non-state actors have played an important role in closing the coverage and access gaps for vulnerable and excluded populations, including poor women and migrants. For instance, the Targeting the Ultra Poor (TUP) initiative by BRAC in Bangladesh, and the adapted version in other countries such as India and Pakistan, has been pivotal in extending cash and livelihood-related benefits to women from marginalized castes or ethnic groups. In China, media groups and NGOs have been lead advocates to increase the visibility of internal migrants, raising awareness about their lack of access to social services, unemployment schemes and other benefits while contributing to reforms to extend urban entitlements to migrants.¹⁵²

Although non-state actors should not and cannot supplant the role and responsibilities of the state in the provision of social protection, they represent key partners in the development of comprehensive and inclusive systems: increasing awareness of the situation of vulnerable and marginalized groups; promoting the participation of stakeholders to enhance the pertinence of design, implementation and evaluation; contributing innovative proposals for design and financing; and serving as auditors or evaluators to enhance accountability and impact of programmes, while contributing to strengthening the relationship between the state and its citizens.



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An indigenous girl draws in her classroom in Xemanzana School in the village of Salquil Grande, Guatemala. Child

poverty and malnutrition rates are often disproportionately higher for children who live in rural areas or who are indigenous.

VI. Inclusive Social Protection

- Social protection is a critical tool for advancing inclusive and equitable outcomes. Social dimensions of vulnerability such as gender, ethnicity, HIV status, geographic location, and disability status fundamentally shape exposure to risk and resilience, and are therefore barriers to secure livelihoods and access to essential social services.
- Inclusive social protection is responsive to different dimensions of exclusion and looks at shared causes of exclusion across different groups: discrimination and stigma; traditional social norms preventing use of services; limited assets and visibility, etc.
- Inclusive social protection uses social protection instruments that explicitly promote social inclusion and equity. At the same time, social protection programmes should be designed and implemented such that they are sensitive to the added vulnerabilities that stem from social exclusion.

VI. Inclusive Social Protection

Many actors are increasingly considering exclusion as a key driver that reinforces and further exacerbates patterns of poverty and vulnerability. There is, however, a growing consensus on the need for stronger evidence, understanding and advocacy on the relevance of inclusive social protection: what it involves and how to best operationalize such an approach. UNICEF has a unique role to play in this context.

After briefly reviewing some of the underlying, shared causes of exclusion, this chapter discusses three specific dimensions of exclusion – gender, disability and ethnicity;¹⁵³ provides examples of instruments that specifically address exclusion and discrimination on access to services and securing adequate standards of living; and looks at how to mainstream inclusion in design and implementation.

A. Dimensions of exclusion

Although economic exclusion is a major barrier to accessing services and achieving adequate standards of living, there are also structural social factors that exacerbate exclusion and marginalization. Mainstreaming social inclusion in social protection interventions implies moving away from targeted approaches towards particular groups and looking at the underlying causes of exclusion these groups share – such as discrimination and stigma, traditional social norms preventing use of services, and limited assets and visibility – while considering the added vulnerabilities associated with the different dimensions. From a child-sensitive perspective, most vulnerable children experience age-specific vulnerabilities^{xvii} compounded by other sources shared at household and community level.

1. Gender

Despite important advances in gender equality, particularly in terms of gender parity in primary education and increased levels of participation in some economic activities, women still lag behind men in key areas such as access to and treatment in the labour market, access to basic social services, higher domestic burdens, gender-based violence and many other forms of discrimination.

Women and men face not only differentiated impacts of risks but also different economic and social vulnerabilities at the micro and macro levels.¹⁵⁴ Gender disparities both weaken the potential of women's development in several areas and have specific effects on children. Table 12 presents examples of gender-related economic and social vulnerabilities and their potential impacts on children.

Social protection has the potential to transform social and economic gender dynamics. To date, most such interventions place gender equity as a secondary goal, do not go beyond making women beneficiaries of programmes and have in some instances, created unintended impacts on gender relations. There is a need to explicitly integrate an assessment of gender vulnerabilities into the design, implementation and evaluation of social protection policies and programmes, thus enhancing their impact on inclusion and equity. UNICEF social protection interventions therefore consider: (i) differentiated vulnerabilities and impacts between women and men and how these affect intergenerational cycles of exclusion and poverty; (ii) differences in access to services between women and men; and (iii) the added role of women as caregivers and the impact of gender vulnerabilities on children's welfare.

^{xvii} See discussion in Chapters I and II.

Table 12: Gendered economic and social vulnerabilities and impacts on children: Examples

	Gender-specific vulnerabilities	Impacts on children
<i>Macro level</i>	<ul style="list-style-type: none"> • Unequal access and treatment in labour market (wage gaps; occupational segregation; over-representation in informal labour market; seasonality of jobs in rural areas) • Discriminatory regulatory frameworks • Care economy: increased burden on women due to reliance of economy on women's unequal domestic and care responsibilities 	<ul style="list-style-type: none"> • Limited care to children • Child labour • Limited schooling for girls: girls are required to stay at home to help with household tasks (taking care of younger siblings, etc.) • Underemployment and unemployment poses significant strains on families – particularly female-headed households – potentially reducing investment on children's health and education
<i>Meso/ Micro levels</i>	<ul style="list-style-type: none"> • Culturally specific gendered norms that limit access to services • Limited bargaining and decision-making power: household economic decisions; limited reproductive health rights • Lack of ownership/ control/ use of productive assets • Time poverty: unequal gender division of labour • Increased burden of ill-health • Social stigma: abandoned women; female-headed households • Socio-cultural harmful practices: gender-based violence • Limited participation and agency in community 	<ul style="list-style-type: none"> • Sex-selected foeticides and infanticides • Early marriage and pregnancies; high risk pregnancies; increased risk of maternal and child mortality • Limited schooling for girls due to socio-cultural norms • Education outcomes (i.e., illiteracy) increase risks of HIV infection and other illnesses

Source: Adapted and elaborated from Holmes, Rebecca, and Nicola Jones, 'Rethinking Social Protection Using a Gender Lens: Synthesis paper', Overseas Development Institute, London, 2010.

2. Minority and ethnicity status

This section looks at the exclusion of indigenous¹⁵⁵ and minority¹⁵⁶ children. There are approximately 370 million indigenous people across regions, an estimated 175 million of whom are children,¹⁵⁷ with their probability of being poor 11–30 per cent, depending on the country.¹⁵⁸ Furthermore, indigenous children have lower levels of educational attainment, lower and diminishing returns to education, poor levels of nutrition and higher child mortality rates. For example, about 60 per cent of indigenous children under five in Ecuador are malnourished. Moreover, the social indicators among indigenous

children fall far behind their non-indigenous peers, especially when combined with gender and wealth indicators. For instance, indigenous girls in Guatemala are less likely to be enrolled in school than other groups and are less than half as likely as non-indigenous males to have completed primary school.¹⁵⁹

There are approximately 5,000 minority groups in the world and more than 200 countries have significant ethnic, religious or linguistic minority groups. In some cases, these groups are found across borders, such as the Roma in Central and Eastern Europe or the Maya in Central and North America. Although characteristics of non-

indigenous minority children may differ depending on the context – e.g., if they are considered a minority based on ethnic or religious background – they often also lag behind in comparison to country averages in several sectors. For instance, In Central and South Eastern Europe educational enrolment among primary-school-age Roma children is on average a quarter of the corresponding rate for non-Roma children;¹⁶⁰ and Kurdish-speaking girls from the poorest households in Turkey have less than two years of education, far below the national average.¹⁶¹

Indigenous and minority households are usually among the poorest sectors of the population – in some countries, such as Bolivia, Guatemala or some Eastern European nations, they represent the overwhelming majority of the poor – and thus may be eligible to benefit from pro-poor interventions including social transfers and specific programmes to access services such as education grants, removal of user fees and nutritional supplements, among many others. However, both indigenous and minority populations face additional and overlapping barriers to access services associated with geographic location, low population density of settlements, stigma and discrimination, as well as lack of socio-cultural pertinence of services. For instance, language barriers may prevent children from enrolling in education programmes and indigenous peoples may not use health facilities – where these exist – that do not integrate cultural and traditional health practices and customs. In addition, Roma children are removed from their families and placed in institutional care due to poverty, unemployment and inability of families to provide for their children, but also due to existing discrimination and stereotypes towards Romani families, seen as unfit for taking care of their children and disempowered by the child protection system.¹⁶²

Social protection interventions have a role to play in addressing specific added vulnerabilities of children and families from ethnic groups and minorities, removing social and

economic barriers to access^{xviii} and supporting legislation to ensure equity and non-discrimination in accessing services.

3. Children with disabilities

It is estimated that between 500 and 650 million people live with a significant disability. Out of these, around 10 per cent are children and youth with different levels of sensory, physical and intellectual impairments.¹⁶³ Although people with disabilities are not a homogenous group, evidence suggest that they share common characteristics such as a greater likelihood to live in poorer households, limited access to employment opportunities and lower education enrolment and attendance rates.

Based on a social conceptual model, people with disabilities include “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.¹⁶⁴ These barriers include:

- *Poverty and deprivation:* Poverty represents a major barrier as both a cause and a consequence of disability. On the one hand, families living with a disabled individual face additional costs associated with equipment, care, time and limited income-generating activities, and inadequate facilities and environments may further exacerbate the impact of disability. On the other hand, disability can decrease the level of productivity and income resources in a household. Malnutrition, lack of improved sanitation and water facilities, violence and abuse, as well as low levels of education and family support can create and/or intensify disability.¹⁶⁵

^{xviii} Although the socio-cultural pertinence of facilities is associated with quality and delivery of services, social protection interventions can facilitate access by increasing information about benefits and on programmes that integrate an inter-cultural perspective, as well as providing family support to enhance the impact of transfers.

- *Attitudes and preconceptions leading to underestimation and invisibility:* In some countries stigma and discrimination associated with disability may prevent family members from registering or reporting that their child has a disability. These children are often invisible in terms of birth registration and thus face additional barriers to accessing education and health services. In addition, it may not always be easy to identify impairments in children, especially at early ages.
- *Inadequate infrastructure:* Lack of adequate buildings, transport and community resources may prevent access to services.
- *Employment and labour market:* There may be limited access to income-generating opportunities; discrimination against youth with disabilities is a major impediment to their integration into the job market; treatment sessions may require parents to take time from their jobs or interfere with income-generating activities; and children may be separated from their parents while they receive care.

and poverty, there has been a growing interest in mainstreaming disability in social protection interventions. This can help address particular barriers related to access and demand for services, to prevent the generation of particular impairments due to inadequate health and/or nutrition and to stop an impairment becoming a disability. Similar to other sectors, these interventions may need to be implemented alongside supply-side investments such as adequate infrastructure and inclusive education and health systems to ensure positive outcomes.

B. Social protection instruments to tackle social exclusion

Social protection is a tool to further social inclusion, by removing barriers due to discrimination, exclusion and marginalization. Social protection policies and programmes can do this in two key ways; the first is through instruments that directly aim to reduce discrimination and inequities. Table 13 presents examples of social protection instruments and mechanisms that specifically address social exclusion as a barrier to accessing services and an adequate standard of living.

Given the strong linkages between disability

Table 13: Examples of social protection instruments specifically addressing social exclusion

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

Box 18: Some country examples of social protection instruments that address social exclusion

Legislation to ensure child rights¹⁶⁶

Reform of the Child Law in Egypt illustrates how a government can choose to anchor children's rights and well-being within a national legal framework that complies with the UN Convention on the Rights of the Child. Substantive amendments to the 1996 Child Law in 2008 removed a number of discriminating laws against some children (such as those with a foreign-born father) and criminalized injurious practices such as female genital mutilation/ cutting. It also set 18 as the minimum age for marriage. In addition, the new Child Law set up a comprehensive system designed to directly and indirectly protect children's welfare with regard to education, work, social and family care, etc. It not only provides the basis for the adoption of specific policies and programmes but also explicitly creates committees that coordinate programmes across sectors and intervene when the rights of children are being neglected or abused.

Parental leave¹⁶⁷

In CEE/CIS, parental leave has become a particularly important instrument to help families that have children with disabilities because it can play a crucial role in combating the social exclusion that they may experience as a result of income and time poverty, discrimination, institutionalization and other factors. In Bulgaria and the Czech Republic, for example, the employed parent of a child with a disability who is in need of intensive care has a right to paid leave until the child's seventh birthday. In Hungary the leave threshold for parents raising children with disabilities is age ten, while in Romania it is age three.

Inheritance rights¹⁶⁸

Ensuring that children and widows/ widowers are able to access their inheritance rights is particularly important in countries with high HIV-prevalence. Indeed, research suggests that providing legal services can help reduce women's vulnerability and overcome barriers to HIV testing and disclosure such as domestic violence, child custody concerns and access to resources. As such, South Africa and Zimbabwe have begun integrating legal assistance into HIV programmes. In South Africa, there are a number of care and counselling programmes that include legal services; in Zimbabwe, the Legal Service Voucher Programme of the Linkages for the Economic Advancement of the Disadvantaged (LEAD) provides vouchers to poor HIV-affected individuals that enable them to access legal services for will writing, guardianship assistance and maintenance claims. At the end of the first year of the LEAD pilot, 1,057 out of 2,062 vouchers for legal services had been redeemed.

C. Reaching the most vulnerable: Inclusive design

Even where social protection programmes and policies are not directly addressing exclusion, they can potentially contribute to social inclusion by being sensitive to specific vulnerabilities of and impacts on children and their families. In general terms, mainstreaming social inclusion implies considering:

- *Age- and gender-specific risks and vulnerabilities* of children and adults throughout the life cycle when assessing the most appropriate interventions.
- *Intra-household dynamics and balance of power.* Even though most social pro-

tection programmes are household targeted, it is essential to consider the mechanisms and intra-household dynamics that may affect children, with particular attention paid to the balance of power between women and men in the household and broader community, in order to ensure design does not further exacerbate exclusion and is conducive to benefiting all children in the household.

- *Participation and accountability* mechanisms to include citizens and potential programme participants in the design, implementation and monitoring of social protection systems and programmes.
- *Dimensions of exclusion and added vulnerabilities:* Special provisions are required to reach children and adults

who are particularly vulnerable and excluded, including those who are marginalized due to their gender, disability, lack of parental care, ethnicity, HIV and AIDS status or other factors.

Table 14 presents examples of how adjustments in design and implementation of social protection programmes and policies can address the specific vulnerabilities associated with the three dimensions of exclusion previously discussed.

Box 19: Some country examples of inclusive social protection

Gender-sensitive design: Public works programmes in India¹⁶⁹

The Mahatma Gandhi National Rural Employment Guarantee Act (MGNRGA) is a public works programme that entitles any rural poor household in India to 100 days of paid work per year at the minimum-wage level. In addition to seeking to secure livelihoods, the programme also aims to reduce gender disparities and to ensure that women are not kept from participating in these new employment opportunities due to discriminatory attitudes or to the additional household responsibilities attributed to them by local traditions. As such, the MGNRGA has a quota system requiring that at least a third of programme participants be women. MGNRGA also provides childcare facilities at the worksite (under certain conditions) and makes efforts to place women at sites close to home. In addition, women are required to be adequately represented among supervisors and on other committees in charge of overseeing programme governance. The programme has succeeded in employing a much higher proportion of women than is the norm in Madhya Pradesh state's rural agricultural sector, for example. Furthermore, under the programme women are paid equal wages – an uncommon occurrence in that state.

Recognizing added vulnerabilities of disabled children: Jamaica's Programme of Advancement through Health and Education (PATH)¹⁷⁰

In 2002 the Government of Jamaica introduced the Programme of Advancement through Health and Education (PATH), which provides cash transfers to poor families with children up to 17 years of age conditional on the children's regular school attendance and health check-ups. In addition, it grants unconditional transfers to poor pregnant and lactating women, elderly and individuals with disabilities. PATH thus recognizes the added vulnerabilities that certain groups, such as the disabled, may face. Furthermore, in an effort to be sensitive to the particular needs of disabled individuals and their families, PATH also provides them with free home-based health-care visits.

Addressing added vulnerabilities of indigenous children in Panama and Viet Nam¹⁷¹

The Red de Oportunidades conditional cash transfer programme, initiated in Panama in 2006, was adapted to better reach the 10 per cent of the population that identifies as indigenous. Since over 90 per cent of people residing in *comarcas* (indigenous reserves) live in critical poverty, all families in *comarcas* automatically qualify for the cash transfers without having to undergo the usual proxy means test used to determine eligibility for the programme. Furthermore, indigenous groups were consulted as to the most effective and culturally sensitive ways to disburse the transfers and provide health information to *comarcas* inhabitants. The provision of services includes the identification of local community liaison officers that accompany families in the process, providing assistance and support with co-responsibilities, information on nutrition and health practices, etc.

In a similar manner, the Government of Viet Nam launched the Hunger Eradication and Poverty Reduction (HEPR) programme in 1998 with the objective of eliminating chronic hunger and reducing the percentage of poor households throughout the country. From its outset the HEPR was particularly geared towards reducing inequalities between the majority Kinh ethnic group and the 53 minority ethnic groups. These groups – which make up a total of 13 million people (14.3 per cent of the population as of 2009) – suffer disproportionately from poverty and its related conditions. Three out of nine programmes within the HEPR have been implemented solely in mountainous and ethnic minority populated areas to address sedentarization, migration to the new economic zones and the need for investment in infrastructure among poor ethnic communities.

Table 14: Inclusive design, implementation and evaluation: Examples

Interventions	Gender ¹⁷²	Ethnicity	Disability ¹⁷³
<i>Inclusive design</i>	<ul style="list-style-type: none"> - Adjustments in transfer size and targeting to address specific gender vulnerabilities. For instance, in order to address potential risks of girls not accessing secondary school, programmes may consider allocating higher cash transfer amounts targeted to school-aged girls to diminish risks of dropping out as well as encourage enrolment and attendance. - Decisions on benefit recipients need to take into account potential unintended impacts on intra-household dynamics. - Eligibility criteria that do not exclude women for benefiting from programmes, e.g., health insurance enrolment criteria that consider all members of households (not only heads) as eligible. - Collection and distribution points that do not exacerbate time poverty for women and/or girls, while considering/addressing potential mobility restrictions. - Facilitating childcare services and/or breastfeeding practices to encourage participation of women in public work programmes. 	<ul style="list-style-type: none"> - Adjustment of registry systems as well as targeting instruments (i.e., surveys) in order to include auto-identification criteria, as well as community validation of potential beneficiaries. - Selection of interventions that consider socio-cultural practices and beliefs (e.g., in-kind transfers and/or nutritional supplements that include traditional and cultural food items; non-cash interventions for non-monetized communities, etc.). - Considering geographic location of vulnerable indigenous communities in the design of delivery mechanisms and/or targeting: Many social transfer programmes (mainly conditional) are established in areas with supply of services while indigenous peoples may live in remote areas with low demographic density where health, education and other service facilities are scarce or non-existent. 	<ul style="list-style-type: none"> - Consider adjusting benefit size to include added costs associated with disability treatment and care: specialized supplies, transportation costs, medical services, etc. - Appropriate mix of interventions considering, for instance, in-kind transfers to facilitate access to providing specialized instruments and supplies, as well as legislation and/or policy reform to prevent discrimination in accessing services - Consider specific barriers to accessing benefits: (i) visibility and identification; and (ii) physical access to payment centres. Innovative approaches such as the use of mobile centres or community workers may be needed to enhance the access of benefits for children with disabilities and their families. With conditional transfers, there may be a need to adjust the design of co-responsibilities to respond to the characteristics of children with disabilities and their families – e.g., linking with in-kind transfer, change type/ frequency of conditionalities, include extra costs of families with disabled members in means test targeting, among others.
<i>Inclusive implementation</i>	<ul style="list-style-type: none"> - Ensuring that women and men are actively encouraged to participate in programmes at all stages; as well as developing adequate awareness rais- 	<ul style="list-style-type: none"> - Consultation and information sessions with indigenous leaders and communities to increase understanding and knowledge on the benefits (and re- 	<ul style="list-style-type: none"> - Complementary activities: outreach and information: Outreach and referral services to allow children and families to access benefits and/or specialized

	<p>ing and information mechanisms and channels on programme's benefits and processes.</p> <ul style="list-style-type: none"> - Complementary activities: For example, programmes may consider facilitating not only access to health care to pregnant adolescents and women but also preventive information for at-risk girls; or linking programmes to gender-based violence programmes and/or access to financial services. - Broader programmes and benefits: integrate social transfers or other instruments into broader social inclusion interventions. 	<p>sponsibilities, if applicable).</p> <ul style="list-style-type: none"> - Family support to beneficiaries to enhance impact of programmes. 	<p>services; as well as raise awareness among community members.</p>
<i>Inclusive evaluation</i>	<p>Social protection programmes would need to consider integrating appropriate M&E tools and structures to assess gender-related outcomes such as intra-household impacts, participation and empowerment. Some considerations may include:</p> <ul style="list-style-type: none"> - Development of gender-specific indicators - Collection of gender-differentiated data to monitor and assess impacts on gender dynamics - Participation of beneficiaries in accountability/ social audit mechanisms, etc. 	<ul style="list-style-type: none"> - Accountability: Participation of indigenous agencies, indigenous communities and organizations in design, implementation and evaluation (i.e., social audit) of social protection interventions. - Disaggregated data: Promote the integration of ethnic-disaggregated data in national census and/or socio-economic surveys to enhance evaluation of impacts of programmes 	<ul style="list-style-type: none"> - It is important to consider promoting integrating disaggregated data into national surveys and censuses as well as in baselines for programmes' evaluation to measure impacts and how many (and how) children with disabilities and their families are being included (or excluded) from benefits and services. -



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Tents provide temporary shelter for people displaced by flooding in Pakistan in 2011. Millions of houses were damaged or destroyed; millions of acres of land were affected; and millions of people left in need of safe drinking water and sanitation facilities, shelter, food and medical care.

Large scale crises such as these are expected to become more frequent due to climate change. Social protection programmes and policies can contribute to transition from emergency response to long-term recovery and help build resilience among the most vulnerable.

VII. Key Emerging Areas for Social Protection

- **Humanitarian action:** UNICEF's definition of humanitarian action goes beyond emergency response to include preparedness and early recovery, and action in chronic crises and fragile contexts. There is increased interest in the potential role social protection can play during each stage of humanitarian action in helping prevent and increase resilience to crises, mitigate their impacts, and support the transition from emergency response to long-term development. Nonetheless, substantial gaps in identifying good practice remain.
- **Adolescence and youth development:** There are currently 1.2 billion adolescents, between 10–19 years of age – the largest such generation in history. Increasingly, countries are exploring how social protection can contribute to enhancing individual capacities during adolescence, including reducing the skills deficit and securing access to secondary education – both key determinants of youth under and unemployment.
- **Social protection and the urban poor:** The particular characteristics of urban settings – informality, high population density, high mobility and socio-economic diversity – raise important challenges for social protection policy and programming. As this is an emerging area for social protection, there is still a need for enhancing evidence on the profiles of the urban poor, their vulnerabilities, and on the best ways to design social protection interventions that address these vulnerabilities.
- **Migration:** There is increased interest in exploring the potential linkages between social protection and migration, including: the extent to which social protection can reduce push factors for internal and international migration; and the ways in which social protection policies can address the vulnerabilities children and their families face in their countries of origin and destination. Questions remain as to what may be the most effective and politically feasible social protection strategies for addressing vulnerabilities in the context of migration.

VII. Key emerging areas for social protection

Emerging global trends as well as new policy debates around key issues have led governments to explore the potential role of social protection in different settings and processes such as humanitarian action, adolescent and youth development, urbanization and migration. As these are emerging issues, this chapter does not provide specific policy options but discusses some of the on-going debates, the potential role of social protection and some key areas for further research and discussion.

A. Humanitarian action and social protection

UNICEF is a recognized partner in humanitarian action. Since its creation, it has been committed to supporting countries in strengthening their capacity to prevent and respond to crises, with a special emphasis on protecting children's rights.¹⁷⁴

Given the increased complexity of emergencies and lessons learned from past engagement, UNICEF's broad definition of humanitarian action goes beyond emergency response to include preparedness and early recovery. UNICEF's approach to humanitarian action has thus concentrated on providing relief not only in sudden-onset emergencies but also in chronic crises and fragile contexts.¹⁷⁵ This translates into efforts to (i) enhance resilience; (ii) promote interventions that will create a solid base for sustainable recovery; and (iii) establish links between emergency response and medium- and long-term development. There is an increased interest in the potential role social protection can play in the different stages of humanitarian action to address key vulnerabilities, providing children and their families with the necessary tools to prevent as well as mitigate the impacts of emergencies.

1. Vulnerabilities associated with emergencies: Slow onset and chronic crises and social protection

Emergencies have the potential to create and/or further exacerbate existing vulnerabilities to poverty and exclusion. Sudden onset emergencies resulting from shocks, for example, may worsen economic hardship due to depletion of assets and resources and increase the threat of violence. Households and children in the poorest sectors and countries are disproportionately vulnerable to and affected by natural hazards: More than 1.7 million people were killed in 23 mega disasters between 1975 and 2008, mainly in developing countries.¹⁷⁶ Families suffer multiple and severe disruptions in an emergency that may affect their ability to protect their children. Communities that may have provided a safe environment for children are shattered, and the social fabric may become weakened by increased tension over scarce resources. Moreover, armed conflicts have significant impacts on children and their families including limited or no access to social services and lost livelihoods. The capacity of families to provide adequate care for their children is undermined, and children may become the victims of genocide or suffer the effects of displacement, family disintegration and sexual violence. Many are targets of violence or forced to commit violence as child soldiers, perpetuating cycles of violence and deprivation.

However, humanitarian crises will increasingly arise from a combination of complex drivers that build over time. Slow onset or chronic emergencies¹⁷⁷ – understood as situations where a particular shock or trend produces slow and gradual deterioration and where the humanitarian needs are constant while their main drivers are not resolved – pose serious challenges, especially for the most excluded. Drought,

demographic change, displacement and/or impacts of climate change may contribute to furthering social exclusion, displacement and long-term food insecurity while leading households to engage in risky coping mechanisms that weaken their ability to escape cycles of poverty and exclusion. Although there are some informal protection schemes such as micro savings or community insurance, these are severely weakened by the accumulated impacts of repeated shocks and emergencies.

The combined effects of conflict and natural disasters can create irreversible and daunting effects on livelihoods, adding to existing social and economic vulnerabilities and undermining children's protective environment. The increasing complexity of conflicts heightens the need to identify innovative approaches to prevent and counteract their impacts, especially on the most vulnerable.

2. Linking social protection and humanitarian action: A phased approach to social protection within disaster risk management

The link between social protection and humanitarian action is critical as, on the one hand, existing vulnerabilities can lead and/or shape emergencies, and on the other, social protection interventions can help address particular needs associated with humanitarian crises such as loss of assets, limited access to essential food supplies or services and increased risk of epidemic disease. In this sense, social protection can potentially play a key role in prevention and response as well as in post-crisis settings.

Pre-crisis: Preparedness and risk management

Interventions at the pre-crisis phase are considered critical in many cases. If crises are predictable or slow-onset, there might be key strategies to reduce impacts and/or enhance households' capacity to cope with foreseen impacts and risks.

UNICEF's priorities in this stage include developing risk and vulnerability analysis to help identify the most appropriate strategies to prevent and mitigate risk as well as prepare for response. Social protection can contribute to strengthening livelihoods, increasing households' resilience and preventing or mitigating the negative effects of crises. For instance, households benefiting from social protection interventions such as health insurance and/or cash transfers are better able to secure assets and thus cope with impacts. In addition, countries with well-established social protection systems can expand, scale-up or modify the programmes to address added vulnerabilities caused by crises – e.g., increase benefit size and/or expand programme to more districts and/or beneficiaries. Working towards strengthening social protection systems can be considered as a key risk management intervention in the context of emergency preparedness.

During a crisis: Emergency response and early recovery approach

As an approach that recognizes the gap between relief and development programming, early recovery aims to “shape the manner in which humanitarian response is conducted [...] to ensure humanitarian response operations become *assets* for long-term recovery; support recovery initiatives by affected communities, and stabilize local and national capacities to encourage a quicker and sustainable transition to longer-term recovery.”¹⁷⁸ In other words, it is key to ensure that response interventions are implemented in such a way that can begin building into local systems and existing capacities, while identifying potential pathways to recovery planning.

Social protection programmes can contribute to strengthening capacity – at household and national level – while at the same time enhancing local and national level tools such as vulnerability and capacity assessments to identify the most appropriate entry points and interventions conducive to recovery. Moreover, if successfully integrated into wider response systems, they can contribute to the

Box 20: Social protection response to predictable crises: The Productive Safety Net Programme in Ethiopia¹⁷⁹

The Ethiopia Productive Safety Net Programme (PSNP) began implementation in 2005. While labour-constrained households (including households headed by pregnant and nursing mothers) receive unconditional cash (or, in some cases, in-kind) transfers, chronically food-insecure households with able-bodied adults receive cash/in-kind transfers in exchange for their participation in public works. The PSNP was developed in response to households' chronic food insecurity and to the fact that, over the preceding two decades, the emergency food aid programmes traditionally used to address crises had not prevented them from recurring. It thus seeks to address populations' underlying vulnerability through multi-year, regular and predictable transfers. Furthermore, by mobilizing workers to build community-chosen assets such as soil and water conservation infrastructures, the PSNP also aims to make farmland more productive and help reduce communities' long-term vulnerability to climate change and food shocks. Despite the low-income and humanitarian setting in which it was implemented, the programme is managed entirely through national systems and reached 5 million people within its first year of operation; by 2009, it had reached 8.2 million.

The PSNP has demonstrated that predictable cash transfers can be a very effective response in humanitarian settings, particularly in areas where droughts only exacerbate an already existing context of food insecurity. Such programmes allow recipient families to smooth consumption and avoid asset depletion and also contribute to the recovery of livelihoods via indirect effects on local product markets – which a food aid programme addressing only immediate consumption needs is not able to do. According to the Institute of Development Studies (IDS), one year after the implementation of the programme, three quarters of beneficiary households reported consuming more or better quality food than the previous year and 90 per cent of them attributed the improvements to the PSNP. PSNP transfers are also used in the purchase of productive assets, such as farming inputs and livestock, and it is estimated that the increased livestock reduces food insecurity by 7 per cent.

transition from emergency response to long-term development and help build resilience in protracted crises (including long-term displacement and/or chronic conflict).¹⁸⁰

Post-crisis: Recovery and disaster risk management

Priority actions post-crisis are targeted towards building on humanitarian investments to create and/or strengthen long-term recovery and sustainable development. Social protection can play an important role in transforming relief interventions into long-term recovery programmes. For instance, cash in emergencies can evolve into predictable medium- or long-term protection mechanisms and delivery mechanism created for relief can be strengthened and adapted as building blocks for more permanent systems.

Specifically in post-conflict environments, social protection can contribute to peace-building by strengthening social cohesion, supporting state building and state legitima-

cy through the removal of access barriers and addressing some conflict drivers. As stated by the United Nations thematic report on peace dividends, effective and equitable access to social services is considered essential in a peace-building context.¹⁸¹

Social protection interventions can address the structural and underlying causes of economic and social vulnerability, which in many cases are also drivers of discontent and conflict. Moreover, in terms of social cohesion, social protection is increasingly recognized as an inherently redistributive and equity-enhancing strategy and as a crucial tool for ensuring more even growth and long-term poverty reduction. In terms of state building strategies, social protection programmes and systems can strengthen national capacity for prevention and management, increasing state capacity to address citizens' needs – e.g., developing and/or expanding protection mechanisms to increase resilience – and thus improving legitimacy.

3. Disaster risk management, climate change and social protection

As discussed, climate change can increasingly exacerbate existing social and economic vulnerabilities among the poorest sectors. In addition, given their location, limited asset base and high dependency on agriculture and/or other climate-sensitive sectors, developing countries and sectors face added vulnerabilities in terms of:

- Potential impacts on food security, livelihoods and the economy, especially in weather-dependant sectors
- Increased strain on natural resources, particularly water
- Malnutrition and exposure to severe heat and cold, particularly relevant to the elderly and children
- Greater risk of increased child labour due to loss of agriculture-related income
- Threats to the supply of in-kind (food) transfers

A disaster risk reduction (DRR) approach, aiming to minimize “vulnerabilities and disaster risk throughout a society in order to avoid (prevent) or limit (mitigate or prepare for) the adverse impacts of natural hazards and facilitate sustainable development”¹⁸² is a key strategy for climate change adaptation.¹⁸³ However, given common objectives in terms of enhancing households’ resilience towards shocks and structural vulnerabilities, a comprehensive approach that includes linkages between social protection and climate change adaptation may enhance the potential development processes of many vulnerable populations, especially those in rural areas or with weather-dependant livelihoods.

There is a need to have a wider understanding of (i) age- and gender-differentiated barriers to access as well as intra-household dynamics and how these relate to changes in climate; and (ii) preventive as well as coping strategies to potential impacts of climate change. This implies that the design of social protection interventions takes into account these potential impacts while at the same time including a holistic

social inclusion and poverty approach to disaster risk management. IDS, for example, has developed an ‘Adaptive Social Protection (ASP)’¹⁸⁴ framework that aims to combine social protection, DRR and climate change adaptation in order to promote climate-resilient rural livelihoods in developing countries. Interventions such as cash transfers or public work schemes targeted to those most vulnerable to climate shocks can smooth consumption and increase investments in assets and contingency financing to manage risks¹⁸⁵ or can reduce the need to resort to damaging coping strategies in difficult times, as in the case of the PSNP in Ethiopia (see Box 20).¹⁸⁶ It is important to note that social protection interventions would be most effective when integrated into comprehensive disaster management strategies and not as stand-alone operations.

4. Potential areas for future work

As an emerging area of intervention, there are still outstanding questions to address in social protection in humanitarian action, mainly associated with design and implementation issues. Given UNICEF’s presence before, during and after crises, it can play a critical role in addressing some of the research and learning gaps:

Systems and immediate response: How to balance detailed design and building blocks for integrated, long-term systems with the urgency of immediate response? What are the most appropriate interventions in a given context or crisis? What are the financing challenges – aid and fiscal space – associated with long-term responses? How to find the balance between capacity-building objectives and principles of neutrality and impartiality?

Vulnerability and risk assessments: How to strengthen vulnerability assessments in high-risk contexts? How to ensure vulnerable groups such as ethnic minorities, women and children are not excluded? How to best include social protection responses and/or mechanisms in early warning system? How to address/ cover displaced

Box 21: Demonstrating the value of cash distribution: From humanitarian response to social protection in Niger¹⁸⁷

Food and health crises in Niger, affecting millions of children and their families, were exacerbated by a poor crop yield in 2009–2010, resulting in a devastating situation where 7.1 million people (48 per cent of the population) were food insecure and the malnutrition prevalence was over the emergency threshold of 15 per cent (the prevalence of acute malnutrition among children 6–59 months old increased from 12.3 per cent in 2009 to 16.7 per cent in 2010). In order to provide quick relief to young children in particular, the World Food Programme (WFP), UNICEF and a number of NGOs began implementing a blanket feeding rations programme to 900,000 children under two in April 2010.

However, because of the poor nutritional situation of all household members, the blanket feeding ration was not reaching the young children for whom it was intended but used to feed the household at large. The Government, UNICEF and NGO partners therefore decided to implement a supplementary cash transfer project in selected districts for about 30,000 of the most food insecure households that were also receiving the blanket feeding ration. A cash transfer was chosen once it was verified that markets were functional in the target areas – allowing individuals to buy food themselves and thereby also fuelling local economies – and that partner NGOs were available to conduct the operation. The transfer amount was enough to cover about 50 per cent of the food needs of an average household with seven members for a month.

Despite some problems with coverage and delays, the cash transfers greatly contributed to ensuring that the rations were used for their intended purpose and, more significantly, demonstrated the viability of cash distribution in a humanitarian setting. In addition, the entire implementation process familiarized the Government with at-scale cash distribution as a method for helping households affected by drought. Going beyond short-term food rations to using institutions and staff to coordinate, implement and monitor a more complex cash transfer are valuable capabilities should Niger decide to implement a broader social protection system in the future.

populations and/or migrants and how to address potential pull factors?

B. Adolescence and youth development

There are currently 1.2 billion individuals who fall under the UN definition of adolescence (those between 10–19 years of age and/or in their second decade of life);¹⁸⁸ the largest such generation in history. The vast majority of adolescents – 88 per cent – live in developing countries, facing acute challenges. UNICEF also recognizes the critical importance of investing in adolescents to sustain and consolidate the investments and gains of early and middle childhood, as well as ensure the effective transition into youth and adulthood. It works to fulfil the rights of adolescents, as mandated by key international instruments such as the Universal Declaration of Human Rights, the Convention on the Rights of the Child and the Convention on the Elimination of All

Forms of Discrimination against Women (CEDAW).

More than 70 million adolescents do not attend secondary school and, even when they do attend, many fail to complete their studies and/or lack sufficient skills to respond to labour market demands. Particularly for girls, child marriage, discrimination and exclusion further diminish their opportunities to access quality education and live productive lives. Around one third of adolescent girls in the developing world are married before age 18,¹⁸⁹ and maternal deaths related to pregnancy and childbirth are the primary cause of mortality for girls aged 15–19 worldwide, accounting for 70,000 deaths each year.¹⁹⁰ Moreover, HIV and AIDS represent daunting and life-threatening risks for adolescents in high-prevalence countries, where one third of all new cases involve young people aged 15–24. In many regions crises have exacerbated risks, poverty and marginalization among adolescents, reflected in areas such

as increased youth under- and unemployment.¹⁹¹

As discussed in *The State of the World's Children 2011*,¹⁹² adolescents are at a critical point in their lives where adequate access to health, education and other basic services would enhance their transition into youth and adulthood, while helping break intergenerational cycles of poverty and enabling them to shape their own lives and participate in the future of their communities and countries. Effective interventions therefore need to assess age- and gender-specific vulnerabilities faced by adolescents

as well as ways to increase employment opportunities and skills development. Increasingly, countries are exploring how social protection can contribute to enhancing individual capacities during adolescence, including reducing the skills deficit and securing access to secondary education, key determinants of youth under- and unemployment trends.

In their transition from childhood to adulthood, adolescents face many challenges as well as opportunities. Table 15 outlines some sector-specific vulnerabilities as well as examples of social protection

Box 22: The role of social protection in reducing vulnerability among adolescent girls

Several UN agencies have come together under the Interagency Task Force on Adolescent Girls to end the marginalization of adolescent girls. Guided by the Convention on the Rights of the Child and the World Fit For Children (WFFC) agenda, these agencies promote collaboration at the country level in order to create opportunities for adolescent girls' full development and promote their meaningful participation in society. Girls face particular vulnerabilities during adolescence such as limited access to secondary education, sexual abuse, child marriage and discrimination within and outside the home. By increasing adolescent girls' access to social services, education, health care, employment and human development, social protection can play a key role in the full realization of their rights.¹⁹³

Bangladesh: Education grants for girls¹⁹⁴

The Female Secondary School Stipend Programme (FSSSP) was launched by the Government of Bangladesh in 1993 as a response to large gender disparities in secondary school enrolment. To tackle this issue, FSSSP provided girls with tuition stipends. According to the World Bank, following FSSSP implementation, **girls' enrolment in secondary schools jumped from 1.1 million in 1991 to 3.9 million in 2005, including an increasing number of girls from disadvantaged or remote areas.**

Mexico: Adjusting benefit size¹⁹⁵

The conditional cash transfer programme Oportunidades is an example of how the design of social protection programmes can be adjusted to address gender discrimination in access to education. Whereas receipt of the cash is conditional on school attendance for all children, beginning at the secondary level grants are slightly higher for girls than for boys. As a result, between 2002 and 2003 enrolment in rural secondary schools of beneficiary children increased by 24 per cent relative to that of non-beneficiaries with similar socio-economic characteristics. Enrolment among boys increased by 17.1 per cent relative to the comparison group while among girls it increased by 32.2 per cent, reflecting the adaptation in design.

Malawi: Reducing risky sexual practices and boosting secondary school enrolment¹⁹⁶

In order to tackle both adolescent girls' low school attendance and their risk of engaging in unsafe practices – including transactional sex – in response to income insecurity, a cash transfer programme was implemented in the Zomba district from January 2008 to December 2009. The intervention involved 3,805 girls and young women aged 13 to 22 in 176 urban and rural areas in Zomba, a district with high drop-out rates and low educational attainment (due to high poverty levels, according to a 2005 government survey). Stipends ranged from \$1-5 a month for adolescent girls while parallel payments to parents ranged from \$4-10. Results show that receiving the cash transfer led to a decline in self-reported sexual activity and a 40 and 30 per cent drop in marriage and pregnancy, respectively. Furthermore, the transfer reduced school drop-out rates by approximately 40 per cent relative to the comparison group.

interventions that may be considered to address these while enhancing adolescents' access to education, health and livelihood opportunities.

However, as this is a growing emerging issue, there are still research and evidence gaps on best practice, most effective inter-

ventions and impacts. UNICEF can play a key role in exploring potential mechanisms and complementary activities, with a strong emphasis on the most excluded groups such as adolescent girls, girls with disabilities and/or girls with no access to basic services (see *Box 22*).

Table 15: Sector-related vulnerabilities during adolescence and social protection interventions: Examples

Sector-related vulnerabilities	Social protection interventions: Examples
<p>Despite improved health status in comparison with previous generations, adolescents continue to face significant health-related risks, such as:</p> <ul style="list-style-type: none"> - Injuries as a result of traffic accidents and gang-related violence – leading causes of death among youth, particular in urban areas - Risky behaviour: drug, tobacco and alcohol use; early marriage, early child-bearing/ pregnancy, sexual abuse and violence increase likelihood of maternal mortality as well as child mortality - Higher risk of HIV/AIDS infection and sexual transmitted diseases due to risky practices, mainly among boys, and to sexual violence and rape (inside and outside marriages), mainly among girls; High incidence of mental health disorders, such as depression. 	<ul style="list-style-type: none"> - Family and individual support programmes can be critical in providing counselling and information on health-related risks associated with early marriage and child-bearing; providing support and reducing stigma associated with youth with mental illnesses (i.e., depression) or those affected by HIV and AIDS. - Social protection interventions such as cash transfers can address some of the underlying causes of violence and crime, such as poverty, exclusion and marginalization.
<p>Barriers to education:</p> <ul style="list-style-type: none"> - Cost: secondary schooling is usually more expensive than basic primary education. - Distance and transportation: secondary and vocational training facilities are usually more scarce than primary education or located in urban centres far from rural and/or geographically remote communities. - Early marriages and adolescent pregnancy increase likelihood for high drop-out rates. - In terms of protection, high vulnerability to crime and violence (at home, community, schools). - High risk of rape, sexual abuse and sexual exploitation, especially for girls (further exacerbated in emergency and violence settings). - Child labour: adolescents working excessive hours and/or in illegal conditions are less able to complete education 	<ul style="list-style-type: none"> - Social transfers can reduce financial barriers to accessing secondary school and vocational training, as well as reduce incentives for early marriage.
<ul style="list-style-type: none"> - Under- and unemployment among adolescents and youth is a major concern in many countries. ILO estimates that of the 211 million unemployed people in 2009, nearly 40 per cent – or about 81 million – are between 15 and 24 years of age. Another 152 million are estimated to be underemployed. Main causes are (i) skills deficit: lack of appropriate skills and low levels of educa- 	<p>Focusing on adolescents can help address employment-related vulnerabilities experienced in transition to youth and adulthood.</p> <ul style="list-style-type: none"> - Social transfers can contribute to reducing financial barriers to accessing secondary school and vocational training, as well as reduce incentives

tion; (ii) youth population is growing at a faster pace than available employment opportunities.

- Gender discrimination is a cross-cutting issue that further exacerbates lack of access to basic services and fulfilment of adolescent rights – e.g., if a family is unable to afford education services for all their children, the boy child is often the one in whom the family invests; when schools are located far from home, boys are most likely to be sent because they tend to have more mobility in and outside the community.

for early marriage.

- The design of public works and/or cash for work programmes can be adjusted to integrate labour and skill training schemes for adolescents and youth.

- Legislation and policy reform can contribute to removing barriers to access based on exclusion and gender discrimination.

C. Social protection and the urban poor

The urban population is estimated to reach almost 5 billion by 2030. Most of this growth is concentrated in developing countries, with the urban population expected to double from 2000–2030 in Africa and Asia. Although in aggregate terms those living in urban areas have lower poverty rates than those in rural areas, poverty has been increasing more rapidly in urban areas. Moreover, looking at disaggregated data may reveal stark disparities and pockets of poverty; for instance, over 90 per cent of those living in slums are in developing countries.¹⁹⁷

Despite important opportunities in terms of economic growth, availability of services and income-generation activities, many children and their families living in urban settings face specific risks and vulnerabilities that may prevent their successful development and breaking away from poverty and exclusion cycles. Issues such as under- and unemployment, heavy reliance on cash assets and poor and dangerous living conditions are some of the most important vulnerabilities faced by the urban poor.

While social protection interventions have been considered as potential mechanisms to address some of these vulnerabilities, the particular characteristics of urban settings – informality, high population density, high

mobility and socio-economic diversity – raise important challenges for their design. Moreover, specific vulnerabilities associated with particular groups such as migrants and out-of-school youth may also require certain adjustments to programmes in urban settings. Table 16 looks at some of the urban-specific vulnerabilities and examples of potential social protection interventions that can be explored to address them. However, as this is an emerging area for social protection, there is still a need to enhance the evidence on the vulnerabilities of the urban poor and how best to address these.

In response to rapid urbanization in several regions, a number of cash transfer programmes are being expanded to urban settings. The specific vulnerabilities of the urban poor imply changes and adjustments to the design of programmes in areas such as (i) targeting; (ii) size of transfer; (iii) conditionality type and (iv) logistics.¹⁹⁸

Challenges:¹⁹⁹

- Targeting for social protection interventions in urban settings is particularly challenging due to diversified socio-economic profiles even within the same geographic area/ zone and the high mobility of the urban poor. For example, income verification is a challenge for programmes relying on means testing because a significant percentage of the urban poor are engaged in informal employment or live in informal settlements. At the same time, geographic targeting

Table 16: Social protection and urban-specific vulnerabilities: Examples

Vulnerabilities	Social protection interventions
<ul style="list-style-type: none"> - Urban poor are integrated into the cash and market economy and may be more vulnerable to economic shocks - Despite increased availability of services in contrast with rural areas, these may be unaffordable and/or poor quality - Diversity and high population density may weaken family ties and decrease access to informal social networks - Absence of extended families; many single parent families - A significant percentage of the urban poor are concentrated in the informal sector and thus have less access to social assistance programmes and contributory pensions - Children and youth face increased risks due to violence, victimization, drug-use - Urban poor are more vulnerable to environmental health problems: e.g., respiratory problems due to pollution, overcrowding; water-related illnesses 	<ul style="list-style-type: none"> - Cash transfers can increase affordability of basic services; however, size of transfer may need to be adjusted to reflect urban costs of living and opportunity costs to education and health - Non-contributory social insurance and assistance programmes can protect those in the informal sector - Childcare services as well as other similar support programmes can increase the ability of parents to engage in income-generating opportunities - Public work programmes can be a significant source of income in urban settings

may be difficult due to the high socio-economic diversity in urban centres. For example, political divisions of cities and/or towns may not coincide with 'poverty pockets' and/or the most marginalized communities may live close to the wealthiest sectors in society.

- In many transfer programmes the size of the transfer remains the same throughout the country. However, there might be a need to adjust (increase) transfer sizes because of the different cost of living, opportunity costs associated with schooling and types of work in rural and urban settings.
- Given the number of youth out of school and potentially at risk of engaging in violent or non-productive activities, there might be a need to consider changing the focus of education-related programmes to encourage attendance in secondary school or out-of-school training programmes. However, as there are other underlying causes for school drop out (drug use, violence, lack of interest, etc.), transfers may need to be linked with other complementary programmes that specifically address these issues.

D. Migration

Approximately 13 per cent of the total migrant population is under the age of 20, and over 60 per cent of those children and adolescents who migrate live in developing countries. There is an increased interest in exploring the potential linkages between social protection and migration, including (i) migration as a risk-mitigation strategy; (ii) the extent to which social protection can potentially reduce push factors for internal and international migration; and (iii) how social protection programmes and policies can mainstream and address the vulnerabilities children and their families face in countries of origin and/or destination.

Migration as a risk management strategy

The decision to migrate can be motivated by a series of factors, including expanding opportunities and experience, exploring new income-generating opportunities, reducing financial vulnerability and/or escaping from discrimination or fear due to conflict and emergencies. In that sense, migration can be considered as a risk mitigating strategy, as families leave their

town, cities and/or countries searching for improved standards of living.

Strengthening social protection systems to address push factors

Effective social protection systems can address some of the factors that lead to migration flows as a result of necessity as opposed to choice. By ensuring access to services while contributing to securing livelihoods, social protection can help countries can address some of the root causes of migration, especially those linked with poverty and exclusion, and develop and/or strengthen responses for those who decide to stay in their countries.²⁰⁰ In addition, countries may also consider strengthening or expanding existing social protection systems as an investment in human capital and a mechanism to prevent brain drain.

Social protection addressing migrants' vulnerabilities

Children and youth are particularly vulnerable to some of the impacts of migration. Migration can have an impact on (i) children who migrate with their families and then face significant barriers in accessing to services, limited protection in the workplace and in some case higher risks to ill health and the impact of emergencies, (ii) children who migrate independently and live without family care and are exposed to greater risks of exploitation and trafficking; (iii) children who are left behind with elder members of extended families when one or both parents migrate.

Social protection interventions – both formal and informal – can play an important role in addressing the needs of children and families affected by the consequences of their migratory status and/or migration of family members. Although migration flows vary from country to country, migrants share similar risks and vulnerabilities depending on the stage of migration, the socio-economic context and the institutional environment. One study²⁰¹ has identified four types of vulnerabilities: temporal – associated with the different stages in the migration process; spatial – dislocation and remoteness, particularly relevant for transit

migration; socio-cultural – perspectives, norms and values with respect to migrants, closely linked with culturally held notion of race, gender and illegality; and socio-political – institutional constraints in the host country that create a strain in migrants' access to services, political participation, etc. These vulnerabilities can be further exacerbated by characteristics shared by migrants, such as their likelihood of living in urban informal settlements or working in informal sectors. As this is an emerging area, there are still questions around the most effective as well as most politically feasible strategies to address vulnerabilities faced by children and their families in the context of migration. Further work and discussion is needed in areas such as:

- How to adjust some elements of the design of social protection policies and programmes so that they reach and benefit internal or irregular migrants. For instance, access to benefits may require permanent residence in a particular area with no flexibility to families that migrate from rural to urban areas, including seasonal workers.
- How to ensure the rights of children from families who have migrated to other countries in irregular or illegal circumstances, who in most cases are the most vulnerable and excluded. For instance, access to certain benefits is linked with registration and citizenship, which is particularly relevant for undocumented migrants. Beneficiary registration is considered a very important tool to ensure effective targeting as well as to prevent abuses in the distribution and delivery of social transfers. However, it may prevent access to services by migrant children and women.
- How to prevent migrants from losing access to social benefits and social protection mechanisms when they decide to migrate or when children's status changes due to migrant parents. Migrants may not be able to access services and benefits at their country of origin while at the same time they are not eligible for benefits in the receiving country.

Table 17: Migration-specific vulnerabilities: Examples

<p>Transit:</p> <ul style="list-style-type: none"> - Environmental hazards; health risks - Exploitation due to lack of legal representation or protection - Social exclusion based on ethnicity or illegal status; exclusion from participation in social life - Vulnerable to trafficking, abuse and exploitation, particularly for children, women and irregular migrants - Limited access to social services such as education and health
<p>Destination:</p> <ul style="list-style-type: none"> - Relocation constraints: lack of familiarity with new environment; limited information on health and education facilities; remoteness and geographic location may also prevent migrants from accessing key services - Access to services and registration: particularly relevant for undocumented migrants as registration may be required to access certain basic social services - Legislative barriers: particular requirements in housing sectors; education access - Health risks: increased exposure to health risks as many migrants start to settle in urban informal settlements - Work-related risk: work environment; low paid; dangerous conditions - Lack of political representation; risk of exploitation - Social exclusion and discrimination based on illegal status, ethnicity – particularly relevant for women, children and the elderly - Increased risk of abuse, exploitation and trafficking - South-South migrants: most are undocumented and thus face barriers to access to formal social services; host countries may have weak social protection systems and may not provide sufficient benefits even for native/local citizens
<p>Family at source:</p> <ul style="list-style-type: none"> - Child labour: children may have to drop out of school to help family with household responsibilities and income - Occasional neglect of caregivers - Separation of families; family instability and social stigma
<p>Return migrants:</p> <ul style="list-style-type: none"> - Inability to access basic education, health and other social services - Inability to access accrued social benefits, allowances, pensions - Reintegration challenges

Sources: Adapted from Sabates-Wheeler, Rachel, and Myrtha Waite, 'Migration and Social Protection: A concept paper', Development Research Centre on Migration, Globalisation and Poverty, Institute of Development Studies, Brighton, 2003; United Nations Children's Fund, 'Social Protection for Children and Adolescents in the context of Migration', (mimeo), UNICEF, New York, 2010; Global Migration Group, 'Mainstreaming Migration into Development Planning: A handbook for policy-makers and practitioners', International Organization for Migration, Geneva, 2010.



VIII. The Road Ahead

VIII. The Road Ahead

This Framework presents UNICEF's rationale and approach to child-sensitive social protection and outlines a policy agenda. This approach, based on the organization's mandate to further children's rights, is equity-focused and understands vulnerability as a dynamic and multidimensional phenomenon. At the same time, it builds on the evidence and experience gained by UNICEF in the field as well as on efforts of social protection practitioners, policymakers and researchers across regions.

UNICEF acknowledges and supports the development of strategic global initiatives that are working to enhance the global social protection agenda and commits to playing an active role in these processes, including the UN Social Protection Floor Initiative, the G-20 commitment to social issues and social protection,²⁰² the forthcoming World Bank's Social Protection and Labor Strategy, and the Communication on Social Protection in EU Development Cooperation, among others.

The current context is creating and deepening key challenges to social protection programming. At the same time, there are strategic areas that need to be strengthened in order to support integrated national social protection systems. In response, UNICEF proposes a collaborative agenda for action. While this Framework builds on practice and evidence to date, it also sets out areas that require new or deeper experience and further joint learning and action. It is therefore as much a starting point for further policy dialogue and exchange of practice as it is a statement of UNICEF's approach and focus. UNICEF recognizes the critical need to work together with decision makers and other stakeholders to enhance social protection responses and reach the common goal of ensuring an adequate standard of living for all children and their families.

A. Proposal for a collaborative agenda for action

UNICEF puts forward this agenda for action in the belief that it is critical to maximizing the potential of social protection for furthering children's rights and well-being and to achieving equitable and sustainable social protection systems for all.

1. Expand and strengthen integrated social protection systems to respond to the multiple and compounding vulnerabilities faced by children and their families

- Identify the most appropriate and effective building blocks towards integration in different contexts, as well as the most appropriate sequencing of interventions to support expansion.
- Strengthen practice and evidence on what combination of policies, programmes and mechanisms is most effective (in terms of costs and impacts) given specific contexts and stages of development of particular systems.

2. Identify effective and sustainable financing for expansion and strengthening of social protection

- Develop and enhance tools to help governments evaluate the potential costs of alternative options in the reform or expansion of systems.
- Assess financing options available in terms of impact and sustainability and how to plan the right mix of these options over time within a long-term financing strategy.
- Advocate for and protect investment in social protection, including in contexts of fiscal austerity and contraction.

3. Address social dimensions of vulnerability in social protection programmes

- Increase attention to social determinants of vulnerability in social protection objectives and selection of social protection instruments.
- Enhance good practice, guidance and tools to effectively mainstream social inclusion in the design of social protection programmes.
- Increase availability of disaggregated data and analysis to inform and monitor social protection programmes, including age-disaggregated data to better understand the situation of children at different stages of the life cycle.

4. Improve coordination

- Harmonize among key national and international players to present coherent and non-contradictory support and options to governments and programme participants.
- Recognizing the value added and specific contribution of each stakeholder, identify effective linkages between interventions to maximize synergies and common agendas.

5. Improve practice in linking humanitarian action and social protection

- Identify potential contributions of social protection systems in the different stages of humanitarian action (preparedness and risk management, emergency response and early recovery, and recovery).
- Provide practical guidance on how to balance the urgency of immediate response and support with building blocks for integrated, long-term systems
- Strengthen vulnerability assessments in high-risk contexts, including integrating social protection responses into early warning systems

6. Expand and diversify evidence on impacts

- Develop quantitative and qualitative empirical evidence on non-cash instruments as well as a mix of interventions in terms of relevance, impact and sustainability.
- Assess the impact and cost-effectiveness of integrated responses in contrast with isolated programmes.
- Assess the potential impacts of social protection on different dimensions of social inclusion.
- Address emerging issues for social protection programming, including adolescence, migration and the urban poor.

7. Facilitate knowledge exchange and learning

- Identify and support effective mechanisms and approaches for knowledge exchange and innovative structures for building knowledge among different actors.
- Identify lessons learned, replicable interventions, innovative solutions and gaps on common policy and operational challenges in different contexts.

B. Engaging partners: Potential contributions

As partners in the growing social protection agenda, national governments, civil society, NGOs and academia, and multilateral and bilateral partners all bring specific value added and contributions. Many partners are already working in the areas identified above; the following suggests places where these contributions might be strengthened and where UNICEF looks forward to ongoing collaboration.

National governments

National governments have a pivotal role in formulating and coordinating appropriate and sustainable social protection systems.

Effective and responsive national-led systems require:

- National commitment to social protection, including allocating domestic resources to programmes and reform and building consensus among and within different ministries in order to agree on and implement national plans.
- Development of national roadmaps on how best to increase coverage, improve inclusion and integrate programmes over time in a way that is administratively, financially and politically feasible.
- Strengthened institutional capacity and investment to expand and strengthen social protection systems.
- National leadership in promoting and supporting appropriate monitoring and impact evaluation and applying results for policy reform and implementation adjustments.
- Greater collaboration and information exchange among governments on best practice.

Civil society and non-governmental organizations (including researchers)

Civil society and NGOs have strategically contributed to and facilitated reflection on social protection goals, limitations, impacts and challenges. They have an essential role to play to:

- Promote and advocate for the effective participation of stakeholders in design, implementation and evaluation of programmes and policies.
- Strengthen local and community capacity to participate and hold other stakeholders to account in all stages of social protection programmes and policies.
- Monitor and support accountability mechanisms of government and donor agencies, including ensuring the mainstreaming of social inclusion and a child-sensitive approach.
- Support governments to link evidence and practice, increasing awareness of and developing policy recommendations from available research.

- Strengthen evidence on impacts (intended and unintended) of interventions and on the most appropriate and/or innovative interventions and sequence of approaches.
- Strengthen evidence on best practice and linkages between social protection and humanitarian action.
- Support capacity building of governments and local research organizations in key operational and policy areas.

Multilateral and bilateral partners (including UN agencies)

As potential donors, technical advisors and knowledge brokers, multilateral and bilateral partners have a strategic role to:

- Support governments in the development and strengthening of integrated social protection systems, particularly to build practice and evidence on successful building blocks and sequencing in different contexts.
- Take a multi-sector approach to social protection, identifying key synergies in own programmes and technical assistance.
- Strengthen existing and new tools on costing and financing of social protection programmes and systems and support governments in their application.
- Strengthen advocacy tools and evidence on the importance of securing investments for social protection, including child-sensitive programmes, especially in budget-constrained settings.
- Recognize the importance of addressing social and economic vulnerabilities to poverty and exclusion in social protection and develop guidance and evidence on effective mainstreaming of social inclusion in design, implementation and evaluation.
- Assess experience and identify ways to better integrate social protection in the different stages of humanitarian action.
- Facilitate exchange, learning opportunities and systematization of best practices and support capacity building

through training, workshops and similar learning practices.

- Work in close coordination with strategic partners at all levels to harmonize policy recommendations for different settings. This may include the facilitation of strategic discussions and assessments of different policy options, existing evidence and best practice.

C. UNICEF's role

UNICEF is committed to contributing to the emerging social protection agenda, working in partnership with key actors and stakeholders. In consultation with external partners and based on lessons learned from policy and operational experience, the following areas outline UNICEF's value added given its mandate, extensive field presence and partnerships. UNICEF's exact area of value added among these in specific countries and regions contexts will correspond to the context and its comparative advantage vis-à-vis other partners.

1. Support consolidation and innovation in practice to strengthen integrated social protection systems

- Support governments in developing and strengthening context-specific, integrated and inclusive social protection systems through technical support, analysis and policy dialogue.
- Facilitate exchange and document practice on building, strengthening and expanding integrated social protection systems, including different successful pathways in progressive realization of universal coverage, in order to systematize tacit knowledge of practitioners.
- Develop and test technical analysis and policy tools on the essential elements and successful policy and implementation options of integrated systems to support policy dialogue and evaluation of options and challenges.
- Identify and disseminate lessons on different successful pathways in

progressive realization of universal coverage.

- Develop and/or enhance innovative tools to support countries in costing and financing of social protection, including in fiscally constrained settings.

2. Convene multiple partners and facilitate coordination

- Build on the existing multi-sector structure within UNICEF to bring together relevant sectors to identify common goals, integrated strategies and potential efficiency gains for social protection programming.
- Support development of new models and approaches to achieving results across sectors in social protection.
- Support strengthened vertical and horizontal coordination, building on presence in the field and relationships with national and local governments and civil society.
- At national, regional and global level, advocate and support increased coordination among international partners, including through existing multi-partner initiatives such as the Social Protection Floor or the Inter-Agency Group on Social Protection for West and Central Africa.

3. Lead efforts to promote child- and gender-sensitive social protection

- Support learning, knowledge development and dissemination on 'what works for children', including documenting lessons learned from own work and experience (at the field and global levels)
- Support governments and civil society in ensuring that social protection programmes are child and gender-sensitive.
- Develop tools for implementing child-sensitive social protection.
- Link child-sensitive social protection with the well-being of caregivers and to other stages of the life cycle, e.g., youth

employment generation, old-age pensions and others.

4. Advocate for and support social protection measures that address social and economic vulnerabilities together

- Increase the visibility of the potential of social protection in transforming social relations, including in terms of gender, ethnicity and disability.
- Develop guidance on effective mainstreaming of social inclusion in social protection programmes and policies.
- Document the impacts of social protection programmes on social inclusion and good practice in implementing inclusive social protection programmes and policies.
- Strengthen evidence on the economic and social returns of social protection investment.

5. Link humanitarian action and social protection

- Facilitate learning and evidence on practice in linking social protection and humanitarian action, including fragile contexts.

6. Facilitate knowledge generation and exchange

- Play an active role, linked to specific areas above, in supporting knowledge creation and innovation to improve practice and address gaps.
- Bring together practitioners, policymakers, programme participants and researchers at various levels to share, problem-solve and disseminate learning.
- Provide technical support to the implementation of rigorous quantitative and qualitative impact evaluations that help capture why and how programmes are effective.
- Actively disseminate lessons learned from own work and from others.

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Glossary

Affordability: A measure of the financial capacity of a country to implement a social protection intervention. An affordability analysis includes considering the cost of the intervention, its expected returns to investments, and the internal and external resources available to the country, including from other areas of public spending.

Cash transfers: Predictable and regular direct transfers of cash to households or individuals to protect them from the impacts of shocks and support the accumulation of human, financial and productive assets.

Child poverty: "Children living in poverty experience deprivation of the material, spiritual, and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society."²⁰³

Child-sensitive Social Protection: An evidence-based approach for maximizing opportunities and developmental outcomes for children that considers different dimensions of children's well-being. It focuses on addressing the inherent social disadvantages, risks and vulnerabilities children may be born into, as well as those they acquire later in childhood due to external shocks.

Climate Change Adaptation: An approach focusing on the ability of communities to respond and adjust to the risks and actual or potential effects of climate change in ways that moderate harm or take advantage of any positive opportunities that the changing climate may afford.

Conditional Cash Transfer (CCT): Predictable and regular income transfers to poor individuals and households conditional on particular actions and/or changes in behavior to promote the accumulation of human capital.

Costing: The quantification and assessment of the estimated cost of a social protection programme or package and the accompanying analysis of how cost figures might change given modifications in programme objectives and design or evolutions in economic, demographic and other factors.

Disaster Risk Reduction (DRR): Aims to minimize vulnerabilities and disaster risks throughout a society in order to avoid (prevent) or to limit (prepare and mitigate) the adverse

impacts of hazards, and facilitate sustainable development.

Early Recovery Approach: "The application of actions and approaches to crisis response guided by principles of sustainability and local ownership to the delivery of humanitarian assistance as early as possible"²⁰⁴. It is an approach whereby UNICEF and its partners can fulfil their humanitarian mandate within the scope of Core Commitments for Children (CCCs) while at the same time investing as early as possible in a seamless transition to recovery and development.

Equity-based approach to development: For UNICEF, equity means that all children have an opportunity to survive, develop, and reach their full potential, without discrimination, bias, or favouritism. This interpretation is consistent with the Convention on the Rights of the Child (CRC), which guarantees the fundamental rights of every child, regardless of gender, race, religious beliefs, income, physical attributes, geographical location, or other status.

Exclusion errors: The inadvertent exclusion of intended beneficiaries from a programme recipient pool as the result of a particular targeting practice.

Family support services: Activities that strengthen and preserve families, prevent family separation/breakdown and ensure early intervention in families deemed at risk.

Graduation: Programme participants, after receiving support for a sustained period of time, may no longer require external assistance and thus can 'graduate' from the programme

Home-based care: HBC provides essential care to the most needy in their homes, ensuring they have the adequate social support, information on programmes and access to basic services and food.

Humanitarian action: Refers to any circumstance where humanitarian needs are sufficiently large and complex to require significant external assistance and resources, and where a multi-sectoral response is needed, with the engagement of a wide range of international humanitarian actors²⁰⁵.

Inclusion errors: The inadvertent inclusion of unintended beneficiaries in a programme recipient pool as the result of a particular targeting practice.

Inclusive social protection: Mainstreaming social inclusion in social protection interventions, which implies moving away from targeted approaches towards particular groups and looking at the underlying causes of exclusion these groups share – such as discrimination and stigma; traditional social norms preventing use of services; limited assets and visibility - while considering the added vulnerabilities associated with the different dimensions which further exacerbate exclusion and deprivation.

In-kind transfers: Predictable and regular transfers of food, fuel or other basic goods which are used to reduce the vulnerability of individuals or households.

Integrated social protection systems: Systems that address multiple and compounding vulnerabilities faced by children and their families through a multi-sector and systems approach. They entail: addressing social and economic vulnerabilities; providing a comprehensive set of/multiple interventions based on population's needs and context; facilitating inter-sectoral coordination.

Intergenerational cycles of poverty/exclusion: The phenomenon whereby children born into disadvantaged or excluded households are more likely to experience short-falls in their development that will have irreversible consequences on their lifetime opportunities and thereby perpetuate poverty and exclusion from one generation to another.

Monitoring and Information Systems (MIS): Components of social protection systems used to gather beneficiary data in order to assess eligibility, identify and register beneficiaries; provide information on the availability and quality of services; support and monitor the delivery of benefits; and facilitate coordination among different programmes and at different levels.

Multidimensional nature of poverty/deprivation: The understanding that children and families living in poverty experience deprivation of not only the material but also the social, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society.

Peacebuilding: Peacebuilding is the wide range of actions, interventions, programmes, activities, mechanisms and procedures that address structural threats and prevent the escalation of tensions into violent conflict, in addition to preventing the continuation or reoccurrence of violent conflict.

Programmes to ensure access to services: Social protection interventions (including removal of user fees, vouchers and subsidies) which reduce the financial and social barriers households face when accessing social services

Progressive realization of universal coverage: Identifying and building the most appropriate approach or mix of interventions and financing options that will enhance social and economic policy objectives, ensure protection of the most vulnerable, and be more conducive to the ultimate goal of universal coverage.

Public works: A transfer (usually cash or food) that is given on completion of a work requirement generally to increase workers' income. Public works are often for a short duration and produces a public good in the form of new infrastructure or improvements of existing infrastructure or delivery of services.

Risk Management and Preparedness: Interventions that take place pre-crisis in order to reduce the impact of foreseen risks and crises, including by enhancing households' capacity to cope with these risks and crises.

Social insurance: Programmes such as health insurance, unemployment insurance and contributory pensions. This type of social protection relies on citizens' regular monetary contributions in order to help guarantee the income security of individuals and households as well as their access to essential social services.

Social Policy: "Public policies and institutions that aim to protect citizens from social contingencies and poverty, and ultimately to enable them to strive for their own life goals"²⁰⁶

Social pensions: Regular and predictable non-contributory payments made out to the elderly or to people with disabilities.

Social Protection Financing: The set of internal and external funding options available to social protection implementers.

Social Protection Floor: The first level of a comprehensive, nationally defined social protection system, guaranteeing: (1) universal access to essential services such as health, education, housing, water and sanitation and other services, as nationally defined, and (2) social transfers in cash or in kind, to guarantee income security, food security, adequate nutrition, and access to essential services.

Social safety nets: Non-contributory and publicly financed transfers including conditional and unconditional, cash and in-kind and public works programmes. UNICEF uses the term 'social safety nets' to refer to temporary or short-term programmes and 'social transfers' as the broader set of transfers that are only one component of social protection

Social support and care services: Human resource-intensive services that help identify and reduce vulnerability, deprivation and exclusion (particularly at the child and household level). Examples include family based care, family support services and home-based care.

Social transfers: Predictable direct transfers to individuals or households, both in-kind and cash (including cash for work and public work programs) to protect and prevent individuals and households from being affected by shock and support the accumulation of human, productive and financial assets.

Transformative (social protection): Social protection interventions that seek to address concerns of social equity and exclusion, such as

collective action for workers' rights, or upholding human rights for minority ethnic groups. Transformative interventions include modifications to a country's regulatory framework in order to reduce discrimination as well as sensitization campaigns.

Vulnerability: Vulnerability captures the factors that make people likely to become poor or fall deeper into poverty over time. Vulnerability considers both an individual's current capabilities and the external factors that they face, and how likely it is that this combination will lead to changes in their status. Vulnerability captures the interaction between: (i) exposure of individuals and households to risk, i.e., the chances or threat of an adverse event or hazard; and (ii) their capacity to respond and cope, i.e., level of susceptibility or exposure to this event due to level of resources (physical, economic, social, political, etc.).

- **Social vulnerabilities** – The cultural, gendered, ethnic and other structural social factors that make individuals both more exposed and susceptible to risk.
- **Economic vulnerabilities** – The wealth and income-related factors that make individuals more exposed and susceptible to risk.

Vulnerability assessment: The process of analyzing the factors that render children, women and households vulnerable in order to better design and implement potential interventions.

Annex A: Types of Vulnerability that Affect Children and Some Possible Social Protection Responses²⁰⁷

Please note that the chart is not meant to be exhaustive in terms of examples of possible social protection responses. Also, while these are illustrated below as separate examples, limited political power/ influence, social discrimination and poor economic position all contribute to vulnerability in often overlapping and compounding ways for a given child or household.

Type of vulnerability	Some examples	Possible social protection responses
Economic	<ul style="list-style-type: none"> - Limited asset base – including access to land, credit - Economic shocks at macro level, e.g., price inflation, and micro level, e.g., household crop failure - Low wage rates and lack of paid employment 	<ul style="list-style-type: none"> - Cash transfers - Other asset transfer programmes - Public works/ employment guarantee schemes - Price subsidies - Minimum and equal pay legislation
Environmental	<ul style="list-style-type: none"> - Climatic shocks and stresses (e.g., drought, flood) - Environmental damage 	<ul style="list-style-type: none"> - Cash for recovery of livelihoods/shelter - Public works - Crop insurance - Food transfers (in some contexts)
Social/ cultural	<ul style="list-style-type: none"> - Family composition - Intra-household inequality in access, control and ownership of resources and time; access to services and information - Views of children and childhood in different cultural contexts, including limited respect for children's rights - Discrimination and social exclusion of particular groups based on age, ethnicity, religion, sexuality, disability, caste, HIV status, etc. - Gendered time poverty - Lack of (extended) family support or parental care - Low social status and/or weak social networks 	<ul style="list-style-type: none"> - Ensuring social protection interventions reach disadvantaged groups - Targeted transfers to specific groups in certain context, e.g., stipends for girls' school attendance, disability grants (however, close attention needs to be paid to issues related to stigma and perceived fairness) - 'Cash for carers' – a new twist on public works programmes in contexts of high orphan rates - Childcare policy and services - Inheritance rights legislation
Health-related	<ul style="list-style-type: none"> - Age-specific health vulnerability, e.g., biological vulnerability of young children to disease; nutritional vulnerability of young children, especially under 2; adolescence and reproductive health; pregnancy and childbearing - Inadequate access to preventative and curative health services, including sanitation - Endemic diseases that kill or create serious burden of disease on children or breadwinners (e.g., TB, malaria, HIV and 	<ul style="list-style-type: none"> - Free at the point of services health and education (reinforcing) - Specific subsidies, e.g., bed nets - Micronutrient supplement programmes - Price subsidies, e.g., food, energy - Regular cash transfers - Anti-discrimination legislation to guarantee access to services for all

	AIDS)	
Education/ skills-related	<ul style="list-style-type: none"> - Limited education and/or skills to enable participation in remunerative labour markets resulting from: <ul style="list-style-type: none"> • poor quality and relevance of education • inability to access education and/or training due to costs, location, discrimination, etc. 	<ul style="list-style-type: none"> - Free at the point of services health and education (reinforcing) - Subsidies for school materials - Regular cash transfers - Anti-discrimination legislation to guarantee access to services for all - Family support and referral services
Political	<ul style="list-style-type: none"> - Conflict - Institutionalized discrimination and/or repressive state policies - Political marginalization of particular regions or issues - Limited accountability of state or non-state service providers 	<ul style="list-style-type: none"> - No specific social protection measures; however, effective measures and design/ governance processes in social protection programmes may reduce grievances, inequities and vulnerability to effects from political shocks

Annex B: Evidence on the Impacts of Social Protection on Child Outcomes

This annex presents examples of the impacts of social protection interventions in selected sector-related outcomes. It is important to highlight that social protection interventions can contribute to removing and/or reducing barriers to access and thus become critical strategies for ultimately reaching sector outcomes.

This list is not intended to be exhaustive but aims to show examples of different types of impacts, looking at various instruments and attempting to sample from interventions across regions. Please note that although the table highlights specific results, these studies may include additional detailed data on other sectors and/or issue areas. As reflected by this table, to date most of existing empirical (quantitative and qualitative) evidence has been developed for cash-based interventions (cash transfers, public works, etc.), looking at poverty and human development impacts. However, efforts are increasingly being placed on expanding the existing evidence base and assessing non-cash interventions as well as potential impacts on the different dimensions of social inclusion.

Sector	Country	Intervention/ programme or policy	Social protection instrument	Results	Evaluation methodology
Health	Afghanistan	User-fee ban for Basic Package of Health Services	Pilot health user-fee removal for basic health services (2005–2007), followed by nationwide user-fee removal (2008)	Evaluation of the pilot showed that utilization at facilities previously charging both service and drug fees increased by 400 per cent after fee removal, prompting additional inputs from service providers. Following the nationwide user-fee ban, monthly outpatient visits increased significantly, by 149.1 visits on average at basic healthcare centres and by 560.7. ²⁰⁸	Difference-in-difference analysis for the pilot; analysis of health facility administrative data for the nationwide user-fee ban.
	Bangladesh	Operations research project	Vouchers for maternal health services among poor, pregnant women	Institutional deliveries increased from 2 per cent to 18 per cent; utilization of antenatal care by trained providers increased from 42 per cent to 89 per cent; and utilization of post-natal care by trained providers increased from 10 per cent to 60 per cent. ²⁰⁹	Pre- and post-intervention (base line cross-sectoral survey); qualitative review; in-depth

					interviews
	Brazil	Bolsa Família	Conditional cash transfer	Bolsa Família increased the probability that a child received all seven vaccines required by age 6 months by 12–15 percentage points and increased pregnant mothers' use of prenatal care by 1.5 prenatal care visits on average. ²¹⁰	<i>Propensity score weighted regression</i>
	Colombia	Familias en Acción	Conditional cash transfer	The occurrence of diarrhoea decreased from 32.6 per cent to 22 per cent among children less than 24 months and from 21.3 per cent to 10.4 per cent for children 24–48 months; there was an increase in parents' probability of compliance with immunization schedules for children under 2 years. ²¹¹	Randomized controlled experiment
	Ghana	National Health Insurance (NHI) Act	Social health insurance	Since the passing of the NHI Act in 2003, utilization rates have risen significantly. In 2006, 2007 and 2008, outpatient utilization rates increased (in relation to the previous year) by 91 per cent, 101 per cent and 56 per cent respectively. Inpatient utilization rates increased by 368 per cent in 2006 and by 107 per cent in 2008. ²¹²	Regional monitoring activities
	Honduras	Programa de Asignación Familiar (PRAF)	Conditional cash transfer	Mean increase of 6.9 percentage points in the coverage of first dose of diphtheria, tetanus toxoids among children under three. ²¹³	Randomized controlled experiment
	Jamaica	Programme of Advancement Through Health and Education (PATH)	Conditional cash transfer	38 per cent increase in preventive health-care visits for children 0–6 years old. ²¹⁴	Quasi-experimental/ regression discontinuity
	Malawi	Mchinji Social Cash Transfer pilot	Unconditional cash transfer	From 2007 and 2008, reported incidence of illness dropped by 23 per cent among children participating in the Mchinji programme compared to 12.5 per cent for non-participants. ²¹⁵	Difference in difference analysis, and qualitative anal-

					ysis using in-depth interview and focus groups
	Malawi	Zomba Cash Transfer Programme	Unconditional and conditional cash transfer for adolescent girls	Among baseline schoolgirls who were offered unconditional cash transfers, the likelihood of suffering from psychological distress was 38 per cent lower than the control group, while the same figure was 17 per cent if the cash transfers offers were made conditional on regular school attendance. ²¹⁶	Randomized experiment comparing unconditional cash transfers and cash transfers conditional on school attendance
	Mexico	Oportunidades	Conditional cash transfer	Newborns in beneficiary families were 127.3 grams heavier and 44.5 per cent less likely to be low birth weight than newborns in non-beneficiary families. ²¹⁷	Randomized controlled trial
	Nepal	Safe Delivery Incentive Programme (SDIP), part of Safe Motherhood Programme	Cash transfer incentive for births attended by trained workers; free delivery care and payments to trained health workers for every delivery assisted	The SDIP is estimated to have increased the probability of a woman delivering in a government health institution by 24 per cent (4.0 pp) and increased the probability of a woman delivering with a skilled attendant by 13 per cent (3.4 pp). ²¹⁸	Propensity score matching
	Nicaragua	Red de Protección Social	Conditional cash transfer	Monthly health clinic visits for children under the age of two were 11 percentage points higher among children participating in programme. ²¹⁹	Cluster randomized controlled trial
	Peru	Seguro Integral	Social health	Affiliation to the SIS scheme increases the probability of births	Multinomial pro-

		de Salud (SIS) (Integral Health Insurance)	insurance	being attended by trained personnel. Women affiliated to the SIS are 26.9 per cent more likely to being attended at the Ministry of Health facilities than those without insurance. ²²⁰	bit regression
Nutrition	Bangladesh	Chars Livelihood Programme	Cash-for-work	Women and children in the intervention group showed significantly greater improvements in all anthropometric and nutritional measures than the control group. For example, children (under five) from intervention households gained, on average, 0.7 mm in height, 210 g in weight and 1.39 mm in mid-upper arm circumference more than those from control households, after adjustments for age and sex. ²²¹	Sequential multiple regression using panel data.
	Brazil	Bolsa Família	Conditional cash transfer	Children from families enrolled to the programme were 26 per cent more likely to have normal height-for-age and weight-for-age scores than those from non-recipient households. There was also a 52 per cent increase in self-reported food security among recipient families. ²²²	Logistic regression analysis using cross-sectional 2004 National Household Sample and surveys
	Colombia	Familias en Acción	Conditional cash transfer	Average increase of 0.58 kg for newborns in urban areas attributed to better nutrition during pregnancy. ²²³	Randomized controlled experiment
	Kenya	Kenya Cash Transfer for Orphans and Vulnerable Children (CT-OVC)	Unconditional Cash Transfer for Orphans and Vulnerable Children (CT-OVC),	Program had significant positive impacts in expenditure on health and food, including increases in cereal, meat and dairy, and decreased spending on tubers, an inferior food, and alcohol and tobacco. ²²⁴	Comparison of difference-in-differences program effects to ex-ante expected effects given baseline expenditure elasticities

	Mexico, Honduras and Nicaragua	Oportunidades (Mexico); Programa de Asignación Familiar (Honduras); Red de Protección Social (Nicaragua)	Conditional cash transfers	Calorie availability per capita in the poorest terciles increased by 5.8 per cent, 6.9 per cent and 12.7 per cent respectively. ²²⁵	Non-parametric analysis and difference-in-difference intent-to-treat estimates
	South Africa	Old Age Pension	Old age pension	Female pension eligibility results in an increase of 0.6 standard deviations in young girls' weight-for-height z-scores. ²²⁶	Regression discontinuity and linear probability analysis (panel data)
Early Childhood Development	Ecuador	Bono de Desarrollo Humano	Conditional cash transfer	An improvement of about 0.25 standard deviations in cognitive development among 3–6-year-old children in the poorest quintile, with no effects for less poor children. ²²⁷	Randomized control (assignment at parish level)
	Nicaragua	Atención a Crisis	Conditional cash transfer pilot programme in drought region	Programme permitted parental investments in the cognitive development of their children, which reduced risk factors for cognitive development and had positive language outcomes among children 0–83 months old. ²²⁸	Randomized experiment
	St. Lucia	Roving Caregivers Programme	Home-based care (caregivers visit homes of at-risk children 0-3 years of age in order to provide child stimulation and enhance parent-	Significant positive impact on the cognitive development of children, including improving motor skills, visual reception and language development via increased parent-child interactions and more parental aspirations. ²²⁹	Quasi-experimental longitudinal study

			ing knowledge)		
Education	Cambodia	Japan Fund for Poverty Reduction (JFPR) scholarship programme	Conditional cash transfer	Increased enrolment and attendance by girls in schools participating in the programme by 30 to 43 percentage points. ²³⁰	OLS regression; propensity score matching and regression discontinuity
	China	CCT experiment in county in north-western China	Conditional cash transfer	The programme reduced the drop-out rate of junior high school students by 60 per cent in one of China's poor rural counties. ²³¹	Randomized controlled trial
	Colombia	Familias en Acción	Conditional cash transfer	Participant children are 4–8 percentage points more likely to complete high school; this impact is larger for girls and beneficiaries in rural areas. ²³²	Propensity score matching
	El Salvador	Comunidades Solidarias Rurales	Conditional cash transfer	Among children 7–12 years old in rural areas, primary school enrolment increased by 3.7 to 5.2 percentage points; among 6-year-olds, pre-school enrolment increased by 15 percentage points. ²³³	Regression discontinuity
	Brazil, Cambodia, Ecuador, Ethiopia, Malawi, Mexico, Nicaragua, Pakistan, South Africa and Turkey	(Several)	Cash transfers (conditional and unconditional)	Significant percentage point increases in enrolment and/or attendance. ²³⁴	Quasi-experimental and randomized methods
	Kenya	Kenya Cash Transfer for Or-	Unconditional Cash Transfer	Programme has important impacts on school enrolment: 7.8 percentage points on current enrolment of secondary school	Difference-in-

		phans and Vulnerable Children (CT-OVC)	for Orphans and Vulnerable Children (CT-OVC)	children older than 12; representing a 9 per cent increase over the baseline mean ²³⁵	difference
	Mali	School Feeding Programme	School feeding programme	Enrolment in assisted schools increased 23 per cent for girls and 17 per cent for boys, while national enrolment rates only increased by 8 per cent and 5 per cent for girls and boys, respectively. ²³⁶	Qualitative study
	Pakistan	Food For Education (FFE) programme	School feeding and take-home rations for girls	The programme contributed to increasing absolute enrolment in WFP-assisted schools by 28 per cent for girls and 22 per cent for boys in the first year. Where provision of take-home rations for girls was combined with on-site feeding for all pupils, the increase in girls' absolute enrolment was sustained at 30 per cent after the first year. ²³⁷	Retrospective cross-sectional study
	Peru	Juntos	Conditional cash transfer	Had a positive impact on registration for 13-year-olds (the usual age for primary-to-secondary school transition) who had been participating in the programme for 1–2 years. ²³⁸	Non-experimental evaluation
	South Africa	Old Age Pension	Old age pension	Increased likelihood of girls (8 per cent) and boys (3 per cent) attending school if children lived with a pensioner. ²³⁹	Micro-simulation modelling
Child Protection	Brazil	Child Labour Eradication Programme (PETI)	Cash transfer and after-school programme	Relative to the control sample, PETI decreased the average number of hours children worked by 50 per cent in all three states in which it was implemented. ²⁴⁰	Experimental design
	Cambodia	Cambodia Education Sector Support Project	Scholarship programme	Scholarship recipients were 10 percentage points less likely to work for pay. ²⁴¹	Regression discontinuity design

		(CESSP)			
	Ethiopia	Productive Safety Net Programme (PNSP)	Cash for work; direct support to poor households who are unable to participate in public works	PSNP participants have started to send their children to school, instead of sending them to rich farmers for wage employment as a result of income they get from PSNP. ²⁴²	Qualitative Analysis
	Nepal	Child Grant Programme	Child grant conditional on birth registration	Increased the number of registered under-5 children from 20,896 in March 2010 to 85,624 in October 2010 in the Karnali region. ²⁴³	Review of birth registration data before and after birth registration campaign
	Panama	Red de Oportunidades	Conditional cash transfer	Led to a reduction in child labour among 12–15-year-old children by 15.8 percentage points and to increased elementary school enrolment by 7.9 percentage points in indigenous <i>comarcas</i> . ²⁴⁴	Propensity score matching
	Pakistan	Female School Stipend Programme	Conditional cash transfer	Decline in girls' labour force participation of 4–5 percentage points; girls' age at marriage seems to have increased; 15–19-year-old girls in rural areas are 4.7 per cent less likely to have given birth. ²⁴⁵	Difference-in-difference analysis
	Pakistan	Punjab Female School Stipend Programme	Conditional cash transfer	Participation in the labour force (including unpaid family work) of adolescent girls in stipend districts was reduced in 4 to 5 percentage points; participating girls were likely to marry about 1.2–1.5 years later; participating girls tended to have 0.3 fewer children; boys residing in the same household as girls in participating districts are more likely to be enrolled in private primary schools. ²⁴⁶	Regression discontinuity and difference-in-difference
HIV and AIDS	Cambodia	Home-based care and food support pro-	Home-based care and food rations to	Girls in intervention households where there are people living with HIV/AIDS miss school for a shorter duration of time (1.5 years rather than 3.1 years) relative to girls in non-	Mixed methods (quantitative comparison be-

		gramme	households with people living with HIV/AIDS or with orphaned or vulnerable children	intervention households; the same is true for girls in households with orphaned or vulnerable children (1.2 years of schooling missed rather than 5.9 years for girls in non-intervention households). ²⁴⁷	tween control and treatment group and qualitative analysis using focus groups and key informant interviews) using cross-sectional cluster survey
	Malawi	Zomba Cash Transfer Programme	Cash transfer (conditional and unconditional) for adolescent girls	Led to a decline in self-reported sexual activity (particularly transactional), as well as a 40 per cent and 30 per cent drop in the marriage and pregnancy rates, respectively, of girls who were not in school at the outset of the study. ²⁴⁸	Randomized experiment
	United Republic of Tanzania	RESPECT	Conditional cash transfer study	After one year, couples increased their joint decision-making about sex and condom use. Among the group receiving both a high value cash transfer (conditional on periodic curable STI tests) and basic education in topics such as gender relations, power inequities and communication, there was a 25 per cent reduction in the incidence of sexually transmitted infections compared to the control group after a year. ²⁴⁹	Randomized control trial
	Uganda	Transport reimbursement	Monthly cash transfers to cover transportation costs for routine ART clinic appointments	After 12 months of receiving the transfer, mean adherence to antiretroviral treatment was 0.07 higher for programme participants. ²⁵⁰	Randomized controlled trial
	Zambia	Home-Based	Home-based	Increase observed in the number of patients able to access	Cross-sectional

		Care	care programme	ART and other treatment for HIV, AIDS and TB. ²⁵¹	survey; qualitative interviews
	Bangladesh	Targeting the Ultra Poor (TUP) Programme	Monthly stipend, free health services, income generation training, physical assets and technical support/advice	Led to a greater rate of accumulation of sanitation assets among programme recipients between 2002 and 2005. ²⁵²	Descriptive analysis using panel data
Water and sanitation	South Africa	Old Age Pension	Old age pension	The presence of a flush toilet in the household is significantly more likely the greater the number of years a pensioner received a pension. ²⁵³	Logistic/probit regression analysis

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