

Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF



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This report was written by Lorraine Blank, consultant, and Sudhanshu Handa, Regional Chief of Social Policy, UNICEF-ESARO. Strategic guidance and inputs were provided by an internal reference group consisting of Karen Allen, Regional Chief of Planning UNICEF-ESARO; Heimo Laakkonen, Representative UNICEF-Tanzania; Margie de Monchy, Regional Chief of Child Protection UNICEF-ESARO, Dorothy Rozga, Deputy Regional Director UNICEF-ESARO; Carol Watson, Chief of Social Policy, UNICEF-Tanzania; Doug Webb, Regional Chief of Children and AIDS UNICEF-ESARO, and the UNICEF-NY Social Protection Task Force. The authors are extremely grateful for detailed comments on an earlier draft that were provided by an external peer review group consisting of Carlo del Ninno and Margaret Grosh of the World Bank, and Stephen Devereux and Mark Davies of the Institute of Development Studies at the University of Sussex. The report also benefitted from numerous written comments received from UNICEF staff in Barbados, Egypt, ESARO, Ethiopia, Jamaica, Kenya, New York, South Africa, and Tanzania. Useful comments were also provided by participants at seminars at the UNICEF ESA Regional Child Protection Network Meeting, NYHQ, UNICEF-Botswana, UNICEF-Kenya and UNICEF-ESARO.

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ALMP	Active Labour Market Program
CRC	Convention on the Rights of the Child
ECCD	Early Childhood Care and Development
ESA	Eastern and Southern Africa
ESARO	Eastern and Southern Africa Regional Office of UNICEF
DFID	Department for International Development (UK)
GNI	Gross National Income
HIV	Human Immuno-suppressant Virus
ILO	International Labor Organization
MTCT	Mother-to-Child Transmission
MVC	Most Vulnerable Children
MDGs	Millennium Development Goals
NGO	Non-Governmental Organization
OECD	Organization for Economic Cooperation and Development
SRM	Social Risk Management
UN	United Nations
UNICEF	United Nations Children Fund
UNDP	United Nations Development Program
UDHR	Universal Declaration of Human Rights
UNAIDS	United Nations Agency for coordinating response against HIV and AIDS

FOREWARD

As we approach the end of the decade, more and more countries in Eastern & Southern Africa are demonstrating stable macroeconomic policy environments and consistent rates of economic growth. But this success is tempered by other challenges. In many cases growth has not reached the poorest, resulting in increased disparities. Integration into the global economy means that the region is more exposed to externally driven shocks, manifested most recently by rising food prices. And emergencies continue to hit the region, with 15 of the 20 countries in ESA suffering some form of emergency in 2007, mostly from natural causes such as floods, cyclones, and droughts. Finally, ESA is the epicenter of AIDS pandemic. Approximately 24 million children in ESA are orphans, 40 percent of them due to AIDS, and representing 80 percent of all such orphans in the entire world. The pandemic has weakened family support systems already stretched thin by extreme poverty, often leading to extreme coping strategies which result in irreversible losses in human capital of children and other vulnerable household members. In this context, it is clear that comprehensive social protection systems are needed to protect the poorest and most vulnerable, and to ensure that economic growth benefits all citizens, particularly the socially and economically excluded.

This paper by the Regional Office provides strategic guidance to UNICEF country offices on engagement in social protection to protect and promote the development of the poorest and most marginalized. The premise of the paper is that social protection for the poorest is both a human right, enshrined in international covenants such as the Universal Declaration and the CRC, as well as an important instrument for achieving broad based growth. Social protection interventions can increase the productivity of poor families and facilitate their broader participation in, and contribution to, the economy. Social protection interventions can also boost investment in human capital of the poorest children, thus raising their future productivity as adults. Targeted school fee waivers, social cash transfers, school feeding and integrated social welfare services can ensure that children from the poorest families access their right to survival, education, health and protection, and in turn allow them to realize their full productive potential as adults.

The paper signals the commitment of UNICEF to supporting social protection systems in ESA. And though primarily a guide for UNICEF staff, the ideas in this paper will also be of interest to government and other development partners in their efforts to design and support child sensitive social protection systems in ESA and beyond. I am convinced that a sustained, cooperative effort to build social protection systems in the region can empower poor families and children to claim their rights, and ultimately to achieve the MDGs.

Per Engebak
Regional Director
Eastern & Southern Africa

Executive Summary

Background

While policies to promote broad-based economic growth are fundamental to overall social development, the benefits of growth do not automatically reach the poorest and most marginalized families; direct interventions are still required to reach the socially and economically excluded. Consequently, creating and strengthening social protection systems is an important priority for governments, donors, UN agencies and NGO partners in the Eastern and Southern Africa Region (ESA). Child welfare and protection concerns are often at the heart of these social protection efforts, requiring UNICEF to inform policy, practice and advocacy in this area. Long considered a privilege of developed countries, social protection is now recognized for the role it can play in addressing poverty and vulnerability in developing countries. Among some development partners, social protection is considered part of the essential package of basic social services that the state ought to provide to its citizens.

The Livingstone Accord (March 2006) represents a major political landmark for social protection in the region. Thirteen countries in ESA, under the auspices of the African Union, have committed themselves to developing national social protection strategies, and integrating them into national development plans and budgets. This commitment opens up new opportunities for working with governments on the fulfillment of children's rights to survival, development and protection. Preparations for a Pan-Africa 'Livingstone II' have just begun, with the objective of sharing experiences in social protection and further solidifying the political commitment to the sector; the AU will be developing a social protection position paper over the next 12 months.

A conceptual framework for social protection

Social protection is a set of interventions whose objective is to reduce social and economic risk and vulnerability, and to alleviate extreme poverty and deprivation. A comprehensive social protection system should include four broad sets of interventions:

Protective programs that offer relief from economic and social deprivation, including alleviation of chronic and extreme poverty. These interventions include humanitarian relief in emergencies, and targeted cash transfer schemes;

Preventive programs are put in place before a shock (ex-ante) and are designed to avert deprivation or to mitigate the impact of an adverse shock, and include mechanisms such as health and unemployment insurance and non-contributory pension schemes;

Promotive programs enhance assets, human capital and income earning capacity among the poor and marginalized, such as skills training and active labor market programs;

Transformative interventions are those aimed at addressing power imbalances that create or sustain economic inequality and social exclusion, and include legal and judicial reform, budgetary analysis and reform, the legislative process, policy review and monitoring, and social and behavioral/attitudinal change.

Rationale for UNICEF engagement in social protection

UNICEF's rationale for engagement in social protection is grounded in human rights and pro-poor development. Critical are articles of the international covenants to which ESA countries are signatories: the Convention of the Rights of the Child (CRC), the Universal Declaration of Human Rights (UNDHR) and the African Charter on the Rights and Welfare of the Child.

- The global commitment to social protection in the Universal Declaration is stated, for example in Article 25, where there is the ... *"right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control."*
- The CRC proclaims that *"A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State (Article 20),"* and *"State 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 national law....(Article 26)."*

- Article 25 of the African Charter states that “...a child who is parentless, or who is temporarily or permanently deprived of his or her family environment.....shall be provided with alternative family care, which could include, among others, foster placement...”

UNICEF’s commitment to the human rights based approach to programming includes a commitment to the most vulnerable and marginalized, i.e. those most in need of social protection.

UNICEF also recognizes the economic efficiency arguments for supporting social protection. Market failures, such as incomplete insurance or credit markets, and asymmetric information, lead to suboptimal responses by families that reduce both short and long-term economic productivity. Once aggregated, such actions inhibit a country from achieving its full growth potential. For example, repeated health shocks that go untreated reduce adult productivity in the short term; chronic economic crises and natural disasters lead to maladaptive coping strategies, such as removing children from school and reducing the number of meals for children. These have irreversible impoverishing impacts on families. Malnourished, hungry and frequently ill children, who may not enroll in or complete even a basic education, lead to the perpetuation of intergenerational poverty. Social protection, through preventive (e.g. health insurance) or protective (e.g. cash transfers or school feeding) programs can play an important role in supporting and maintaining the productive participation of the poor in economic activity, and in breaking the intergenerational transmission of poverty. Social protection aims for economic justice, equity and investment in people.

Child protection and social protection

UNICEF defines child protection as ‘preventing and responding to violence, exploitation and abuse.’ The risk of experiencing such forms of harm increases for children and adolescents whose families are poor, who are excluded from services due to stigma and discrimination, or who have lost the protection and care of their parents. When implemented well, social protection prevents and responds to protection risks faced by children. Indeed, many aspects of UNICEF’s work in child protection contribute to building social protection systems. For example, UNICEF’s work on the adoption of the CRC into national legislation is part of the transformative agenda, while our work on strengthening social welfare services is an integral part of the protective component of social protection interventions.

Child sensitive social protection

Social protection should address both income poverty and social vulnerability, but we recognize that for children in particular, social vulnerability is especially important. The risks of extreme poverty for children are compounded by the risk of losing family care, and it is the family that provides the nucleus of care and support (both material and psychosocial) for the child. UNICEF’s position is thus for child sensitive social protection systems that mitigate the effects of poverty on families, strengthen families in their child care role, enhance access to basic services for the poorest and most marginalized, and provide special services to children who live outside a family environment. Social protection instruments should prioritise the most vulnerable with a long-term perspective of the universality of human rights. The fundamental principles of a child sensitive social protection system are that it:

- Promotes a coherent legal framework to protect the rights of women and children
- Addresses the age and gender specific risks and vulnerabilities of children
- Intervenes as early as possible to prevent irreversible impairment to children
- Makes special provision to reach children who are most vulnerable
- Helps children and women to claim their rights, and facilitates their participation in decision-making
- Strengthens the capacity of the state, communities and families to respect, protect and fulfill rights

UNICEF recognizes the special circumstances of women in this sector, on the one hand as the key duty bearer providing for the care and protection of children at the household and community level and on the other hand, as claim holders whose rights are not realized due to abuse, mistreatment and discrimination and with precarious independent livelihood opportunities. Social protection is by its very nature gender sensitive; it recognizes the specific vulnerabilities of girls and women, as well as the important role that women play in ensuring the survival and development of children.

The major building blocks of child and gender sensitive social protection

Beyond the core principles articulated above, UNICEF identifies five key social protection interventions that can have an enormous direct impact on poor and vulnerable women and children in ESA.

SP Intervention 1.

Transformative Social Protection: Reform of the legal and judicial system to provide equal protection to women and children, and to make sure that national legislation is consistent with the CRC, the African Charter and CEDAW, are all key components of child and gender sensitive social protection development programmes. UNICEF's current work in this area includes the drafting or revision of Comprehensive Children's Acts, based on these international standards and commitments.

The four interventions described below are part of the protective agenda in that they enable duty bearers to protect children from poverty and deprivation, but they are also promotive, in that they have the ability to enhance the human capital of children, enable children to claim their rights and break the intergenerational cycle of poverty. Promotive development programmes create a more empowered generation of duty bearers with the capacity to protect, respect and fulfill their children's rights.

SP Intervention 2.

Targeted cash transfers to combat child poverty: Cash transfers, small predictable sums of money to ultra poor families with children, are a relatively new and successful strategy in the region to alleviate household poverty. Such grants empower recipients by providing them with greater freedom of choice in consumption decisions, and have demonstrated positive effects on food consumption, diet diversity, and expenditure on basic rights to health and education. UNICEF's role entails financial support and technical assistance in program design, implementation, monitoring, reporting and evaluation.

Social cash transfers can also be an important humanitarian response intervention though to date there are few examples of UNICEF supported cash transfers as a social protection response in an emergency. ESA countries will undertake feasibility analyses together with government counterparts and other UN agencies (principally WFP), to review the possibility for cash transfers to complement current emergency response modalities such as relief food distribution. Within the context of an emergency UNICEF will either be in a position to directly support a government owned cash transfer response, or to shape such a response to ensure that the best interests of children are represented. A global guidance note on cash transfers in emergencies will be issued in 2008.

SP Intervention 3.

Early childhood care and development: Early care and pre-school programs targeted to the most vulnerable, the ultra-poor, the malnourished, and to children whose parents have very low levels of education and weak capacity for good parenting, can greatly reduce inequities in child survival and development, and are thus a crucial component of a child sensitive social protection system. Importantly, such early interventions for vulnerable infants and children through programmes such as Community Based Child Care Centres can prevent irreversible deficits in cognitive ability and socio-emotive development, which have lasting effects through the life-course. UNICEF work in this area will include technical assistance to develop early learning and development standards for quality care, and to develop alternative and appropriate service delivery strategies for the most vulnerable.

SP Intervention 4.

Gender-sensitive social welfare and protective services for the most vulnerable children (MVC): The core of any social protection system is a strong social welfare service which supports vulnerable individuals and families, including victims of gender based and other abuse and discrimination, and provides mechanisms to enable the MVC to access other basic social services (health, education). Three aspects of the social welfare service are of particular importance for children: family support services, support to community and other alternative care arrangements for vulnerable children including orphans, and specialized protective services for victims of exploitation and abuse, particularly women and children. UNICEF will continue to support the strengthening of the social welfare sector in these areas, which will include technical assistance for capacity assessments, training and human resource development, policy guidelines and professional standards, and program implementation.

SP Intervention 5.

Second chance education, training and life-skills for adolescents: A range of social protection mechanisms: bursaries, education grants, block grants, fee waivers, etc. allow children to access primary and secondary education. Given, however, the significant number of adolescents who are either illiterate or have minimum skills because of early drop-out, poor schooling quality, or both, an important component of a child and gender sensitive social protection system in ESA is a set of programs to address the human capital and life-skills capacity gaps of adolescents. Interventions in this area will focus on developing work related social and productive skills, including basic literacy and numeracy when necessary, to enable access to employment opportunities. Equally important is the development of healthy lifestyles, particularly with respect to sexual behavior, and coping and conflict resolution skills. Specific program interventions include second chance (formal or non-formal) education which integrates basic skills with more general social and emotional development, including gender sensitivity. UNICEF will work with UN and other partners to support programming for this target group through curriculum design, policy development in terms of access and certification, and financial support for service delivery where necessary.

A comprehensive social protection system should include protective, preventive, promotive and transformative components. UNICEF will work with governments, UN and other development partners in developing policies and programming capacity in each of the four areas and across sectors, as indicated by the findings and recommendations of causality and capacity analysis in each country. But within the broader social protection agenda, UNICEF views the 'building blocks' described above as having the most potential for respecting, protecting and fulfilling the rights of children.

An agenda for action

Over the next 24 months, UNICEF commits itself to working with governments and development partners to advance child and gender sensitive social protection systems within the twenty countries in Eastern and Southern Africa. Specific work will be grouped into the four cross cutting areas described below. A full matrix of milestones and country-level baselines are presented in the Social Protection Strategy document.

Policy guidance and oversight

1. mechanisms includes establishment of a social protection or social development technical working group or steering committee led by government and comprising main development partners from donors, the UN (most importantly, WFP, UNDP, ILO and the World Bank) civil society and possibly the private sector. This group provides the overall leadership for activities in the sector and has cross-sectoral influence, including evidence-based policy recommendations and policy formulation, legislative reform initiatives, guidance on program design and implementation, and overall monitoring of conditions in the sector. The UNICEF Regional Office will participate in strengthening of regional partnerships, including spearheading formation of a regional social protection working group.
2. Research and information includes identification of information gaps and sponsoring research to fill these gaps (including human rights based situation analyses that includes causality, capacity and role pattern analysis, impact evaluations and economic analysis on the links between investment in social protection, poverty reduction, and the attainment of the MDGs), as well as the development of three key inputs required to inform national strategies and programs: i) risk and vulnerability assessments; ii) an inventory of current social protection activities; 3) expenditure reviews and assessment of social protection spending.
3. Policy and strategy development includes articulation of regional policy actions (at the level of the African Union, EAC and SADC) as well as social protection strategies at the country level and action plans with budgets for implementation of cash transfer schemes (as called for in the Livingstone Accord). UNICEF will work with Governments and development partners to build on existing and emerging initiatives to increase attention to children in social protection strategies, and to build consensus on minimum standards for social protection for children. UNICEF will also work to expand the scope of regional and in-country strategies to ensure that they are child and gender sensitive, and include the building blocks tailored to each national context with specific reference to the existing capacity to deliver a national social protection system.
4. Implementation of the national strategies would be measured in the short term through incorporation of social protection into national development plans, sector wide approaches

and medium term expenditure frameworks. UNICEF will advocate for adequate budgetary allocations for social protection, support for regulatory standards and guidelines, and inclusion of monitoring and evaluation systems in social protection programmes. UNICEF will also mobilize resources from development partners to support national strategies. Implementation in the long term would be evaluated by outcome and impact indicators measuring social and economic changes in the lives of the most vulnerable children. UNICEF will provide technical assistance and capacity strengthening interventions to test, evaluate and scale up social protection implementation.

Conclusion

Social Protection has not been a significant part of the international policy dialogue in Africa in the last 30 years. While Social Protection can be important for poverty reduction and economic growth, it is fundamentally about the nature of the social contract between the state and its citizens, and the state's responsibility to provide a minimum level of well-being to its citizens. UNICEF is committed to advancing the social protection agenda in ESA on both human rights and poverty reduction grounds. Our challenge at this stage is better defining our niche and capacity in supporting the development and implementation of national strategies. External and significant funding is essential, with a phased handover to national tax bases over time, and over a timescale that responds to national considerations and concerns. Critical factors such as variations in the magnitude of need; the strength of national political commitment, donor interests, and domestic economic and social conditions will influence the development and success of social protection in ways that are beyond the control of UNICEF. Nevertheless, given the political commitment already demonstrated at Livingstone by thirteen ESA countries, the potential positive impact of social protection on the realization of children's rights, and UNICEF's own mandate and position to advance these rights, it is not overly optimistic to believe that significant results for this sector can be achieved in the next 2-5 years.

1. A Social Protection Framework



1.1 Background

Policies to promote broad-based economic growth are fundamental to overall social development, but the benefits of growth do not automatically reach the poorest and most marginalized families. Despite large investments in expanding coverage of health, education and other basic social services in Eastern and Southern Africa (ESA), barriers still exist that prevent adequate utilization of these services by the poor. Consequently, direct interventions are required to reach the socially and economically excluded. Social protection programs can play a key role in protecting consumption and ensuring social development among those citizens who cannot be reached through traditional sector approaches, and so strengthening social protection systems is increasingly becoming a priority area of work for governments, donors, United Nations (UN) agencies and non-governmental organizations (NGO) in the region. Among some Governments and their development partners, social protection is now considered part of the essential package of basic social services that the State ought to provide to its citizens.

While the term 'social protection' may be relatively new for UNICEF, child rights including protection concerns, are often at the heart of social protection efforts, and many of the agency's long-standing commitments fall clearly within the social protection sphere. One objective of this report is to provide a conceptual framework for social protection that demonstrates the link between social protection, UNICEF's mandate, and the agency's existing portfolio of program support. Another objective of the report is to introduce the idea of 'child-sensitive' social protection: within the overall conceptual framework set out in the report, a set of guiding principles and programmatic interventions is proposed to ensure that the special circumstances of children and women are adequately addressed within national systems. The target audience for this report is primarily UNICEF field staff (including UN partners), for whom the report provides the conceptual justification for UNICEF's engagement and illustrates how social protection systems can be made sensitive to the special needs of children. The report will also be of interest to UNICEF's national government counterparts and development partners, for whom the report will clarify the agency's position and commitments on social protection.

The report is structured as follows. The remainder of this chapter defines social protection, discusses the rationale for social protection and proposes a framework for thinking about social protection. Chapter II highlights key sources of vulnerability for children. Chapter III describes what we consider to be the critical social protection initiatives required to protect vulnerable children in ESA and highlights areas within the social protection sector where UNICEF can have an important impact. A strategy and action plan are proposed in Chapter IV, and the annexes contain further information including an economic model relating social protection interventions and welfare under risk and certainty, and a review of international lessons learned on selected social protection program interventions.

1.2 What is Social Protection?

There is no single definition of social protection. Countries and organizations use the term social protection in different ways. The World Bank defines social protection as informal, market-based and public interventions that assist poor individuals, households, and communities to reduce their vulnerability by managing risks better. The Department for International Development (DFID) defines social protection as interventions that strengthen the capacity of the poor to protect their consumption and to support household investment in the assets required to manage and overcome their situation. The ILO refers to social protection as mechanisms that provide access to health care and protect citizens against the stoppage or reduction of earnings resulting from sickness, maternity, employment injury, occupational diseases, unemployment, invalidity, old age and death. As an example of a National Government's definition, the Malawi National Social Protection Strategy defines social protection as "policies and actions that protect and promote the livelihood and welfare of poor and vulnerable people." The UNDP Poverty Center defines social protection as interventions from public, private, voluntary organizations and informal networks to support communities, households and individuals in their efforts to prevent, manage, and

overcome a defined set of risks and vulnerabilities. Other development partners, including NGOs, also have their definitions.

A global conference on social protection organized and hosted by UNICEF in November 2006¹ refers to social protection as a “set of transfers and services that help individuals and households confront risk and adversity (including emergencies), and ensure a minimum standard of dignity and well-being throughout the lifecycle”. The conference proceedings also state that a concept of social protection for children should focus on the objectives of systemically protecting and ensuring the rights of all children and women, achieving gender equality, and reducing child poverty. This is the working definition of social protection that is used in this paper.

There are two common threads running through these various definitions that are worth emphasizing. The first is that social protection includes a range of mechanisms to reduce either the risk of experiencing an economic or social shock, or to reduce the welfare loss after such a shock has occurred. The second element is that of alleviating extreme or chronic poverty (ensuring a minimum standard of living), and enabling chronically poor households to eventually overcome their situation. Thus social protection is as much about limiting fluctuations in welfare (both social and economic shocks) as it is about addressing structural ‘stresses’ that are associated with chronic poverty. And finally, from UNICEF’s perspective, the application of social protection concepts to the promotion, respect, protection and fulfillment of children’s rights poses an additional challenge, which this report addresses.

1.3 Conceptual Framework

Social Risk Management: The Social Risk Management (SRM) framework², which is used by the World Bank, includes three strategies to deal with risk--prevention, mitigation and coping. Risk prevention strategies include a range of poverty alleviation and sector strategies, including macroeconomic policies, fiscal and legal reforms and other strategies designed to reduce the probability that shocks will occur. Risk mitigation strategies seek to minimize the size of the loss once it occurs, primarily by providing insurance (pensions, health, property and other insurances) but also by providing universal pension and child allowances which provide a minimum welfare “floor” for all recipients. These are *ex ante* strategies, put in place before a shock. Risk coping strategies include a range of social assistance, labor market and social services, fee waivers and other targeted programs whose objective is also to reduce the magnitude of a loss. The difference is that risk coping strategies are *ex post* strategies targeted to poor and marginalized groups with the objective of reducing the welfare losses after the shock has occurred. A key element of SRM involves helping the poor maintain access to basic social services and resist coping strategies with irreversible negative effects during adverse shocks.

Transformative Social Protection: An alternative framework for considering social protection is proposed by Devereux and Sabates-Wheeler.³ This framework is comprised of four components: transformative strategies that change social policies and attitudes; promotional strategies that enhance earning capacity; preventive strategies, such as insurance, that help to avert deprivation; and protective strategies that offer relief from deprivation. These strategies are potentially (but not necessarily) overlapping.⁴ The framework allows for interaction between strategies; for example, strategies such as cash transfers that are protective can also be promotive and strategies such as social insurance that are preventive can also be promotive and transformative, but this relationship is neither strong nor inevitable. The significant contribution of this framework is that it explicitly talks about the potential of social protection to enhance

¹ UNICEF’s Global Policy Division and the New School jointly hosted a conference entitled “Social Protection Initiatives for Children, Women, and Families: An Analysis of Recent Experiences” in October 2006 in New York. Selected papers from the conference were published by the New School in a volume by the same name, edited by Alberto Minujin & Enrique Delamonica (editors).

² Holzmann, Robert & Jorgensen, Steen, ‘Social Risk Management: A New Conceptual Framework for Social Protection and Beyond’, *International Tax and Public Finance*, Vol.8:529-556, 2001.

³ Devereux, Stephen and Sabates-Wheeler, Rachel, ‘Transformative Social Protection’, *Institute for Development Studies Working Paper*, No.232, University of Sussex, 2004.

⁴ The transformative framework, which builds on the work of Guhan, S, ‘Social Security Options for Developing Countries’, *International Labour Review*, Vol.133(1): 35-53, 1994, can be mapped into the SRM framework as follows. SRM prevention is similar to, although not as broad and encompassing as transformative strategies. Prevention strategies are essentially the same as SRM mitigation strategies. Devereux & Sabates-Wheeler separate SRM coping strategies into two categories: promotive strategies, which include active labor market programs that enhance employability, and protective programs that help people after they experience deprivation.

social transformation and equity, and to address empowerment and economic, social and cultural rights, discrimination and exclusion.

A framework for UNICEF's social protection work in ESA: Social protection should address both income poverty and social vulnerability, but for children in particular, social vulnerability is especially important. The 'Transformative Framework' explicitly acknowledges the need to address social risks and in that sense provides an appropriate theoretical framework for UNICEF's work in ESA. Also useful is the approach described in Guhan (1995), which emphasizes the link between different components of a social protection system, and how they tend to move from sharply targeted interventions focusing on protection or risk-coping, to broader preventive type interventions, and finally to upstream social policies which affect everyone in society, including the poorest and most vulnerable.

Figure 1.1 brings together the ideas from Guhan and Devereux and Sabates-Wheeler into a unifying framework that allows us to situate the work that UNICEF does on social protection. A comprehensive social protection system should include four components as in Devereux and Sabates-Wheeler: protective, preventive, promotive and transformative. These components move from the most specific to the most general; i.e. from targeted interventions to address specific vulnerability and deprivation of rights to broad policy, legislative and regulatory reforms and social marketing strategies that aim to reduce the probability of shocks (including the incidence of chronic poverty) and to address power imbalances that create or sustain vulnerability. This can be visualized as a set of concentric circles. The inner-most circle consists of protective interventions focused on the most vulnerable and socially excluded to provide relief from deprivation. These interventions can also be preventive and promotive if designed appropriately, hence the protective circle is contained within the preventive and promotive circles. Since all these types of interventions can transform individuals (e.g., eliminating barriers to education can potentially transform a child) they are all contained within the set of transformative policies. Transformative interventions (social and economic policy, legal reform, legislative processes, social communication) clearly affect the entire society and so are the broadest, but they have an important impact on the rights of the poorest and most vulnerable, and so should be explicitly incorporated into national social protection systems.

A key message from the graphical representation of Figure 1.1 is that, if well designed, social protection interventions can serve more than one purpose. This means that careful attention is needed at the design stage of programs to understand, agree on, and formulate multiple objectives. A second message is that transformative strategies are potentially the most powerful, since they can be protective, preventive and promotive. However, transformation is typically a long-term process while protection is essential in the short-run. Moreover, transformative strategies cannot address all the varied risks and vulnerabilities faced by individuals, households and communities. Therefore, the third and most important message is that a country's social protection system should be comprised of a balanced and integrated set of interventions.

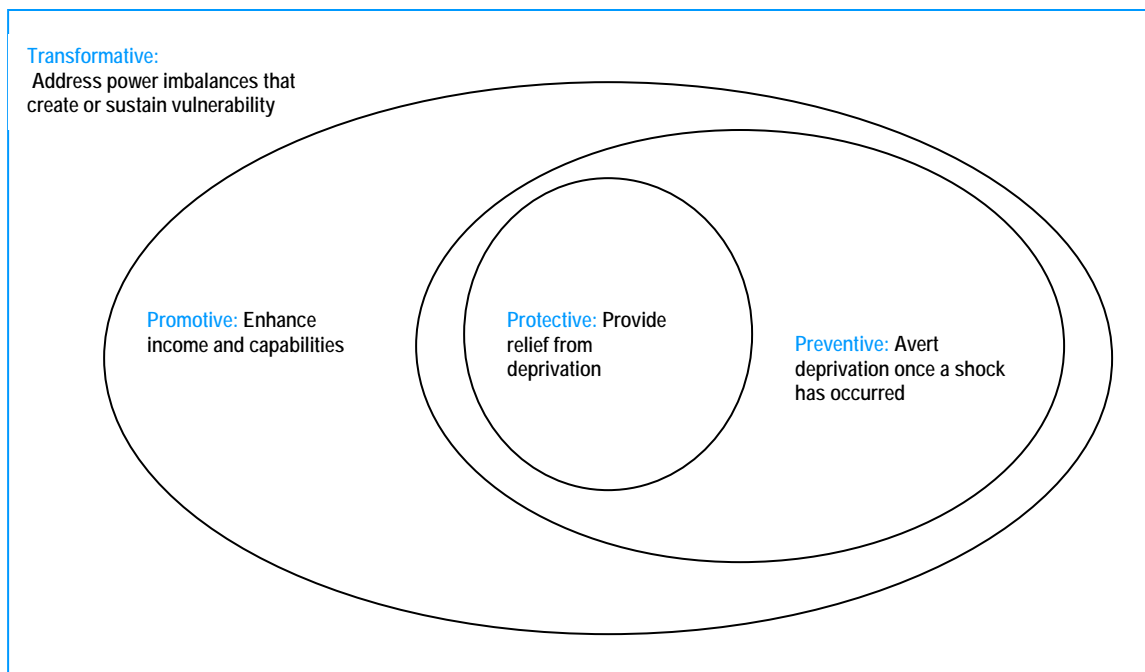


Figure 1.1 Graphic Depiction of Comprehensive Social Protection Framework

Using this framework, it is relatively clear to see that the bulk of UNICEF's child protection work falls in the protective and transformative components of social protection.⁵ For example, humanitarian relief, protective services for children, and strengthening of social welfare systems fall under protective social protection, while legislative reform, domestication of the Convention on the Rights of the Child (CRC) and the African Charter, communication for social change, and budget advocacy are part of the transformative social protection agenda.⁶ UNICEF can also play an important role in the preventive and promotive aspects of social protection, either through direct programming, or by working within the UN country teams to support the Government in making sure that policies and programs are child and gender sensitive. This is discussed in more detail in Chapter III.

1.4 The Rationale for Social Protection

There are two streams of thought on why developing effective and efficient social protection systems is important. Rights based arguments for social protection are grounded in the articles of various international covenants that countries in ESA have signed, including the Convention on the Rights of the Child (CRC) and the Universal Declaration of Human Rights (UDHR). Economic arguments are rooted in the notion that market failures such as incomplete insurance or credit markets, and asymmetric information, lead to sub-optimal responses by individuals. These sub-optimal responses reduce economic productivity and thus inhibit a country from achieving its full growth potential. This line of thinking suggests that effective, well-designed social protection systems do not necessarily entail a trade-off between equity and efficiency.

⁵ This framework can be mapped into the causality analysis and related results hierarchy used for UNICEF programming. Protective interventions typically address the problem manifestation or symptoms, preventive and promotive measures address immediate or underlying causes, while transformative measures address root causes. Expected results from interventions can be placed within a results hierarchy.

⁶ In the current framework, and through out this strategy paper, protective social protection refers to all actions that aim to redress deprivation of rights; this is a broader concept than that used by UNICEF in its child protection work.

Social protection as a human right: The global commitment to universal social protection as a basic human right is enshrined in the 1948 UDHR and the CRC. Both these international agreements establish social protection as an entitlement and not charity. For example, Article 25 of the UDHR states:

“Everyone has a right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care, and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance.”

Articles 20 and 26 (respectively) of the CRC state:

“A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.”

“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. The benefits should, where appropriate, be granted taking into account the resources and 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 25 of the African Charter on the Rights and Welfare of the Child states that:

“...a child who is parentless, or who is temporarily or permanently deprived of his or her family environment.....shall be provided with alternative family care, which could include, among others, foster placement...”

These agreements call for a global compact on social protection and a global socio-economic ‘floor’, or minimum standard of living. The rights based approach places clear obligations on States to guarantee social protection and to enable citizens to claim their social protection rights, and thus argues for accountability mechanisms and institutional capacity to guarantee the appropriate design and delivery of social protection. Moreover, UNICEF’s own commitment to a human rights based approach to programming includes a commitment to the most vulnerable and marginalized, i.e those most in need of social protection.

Social protection and economic growth: A case for social protection can be made on strict efficiency grounds. For example, incomplete insurance or credit markets can lead to the inadequate management of risk, which in turn has both private and collective costs. These market failures lead poor households to make costly risk-reducing decisions such as not adopting new seed varieties, or continuing to plant staple crops instead of commercial ones, which yield higher profits but with greater variance. Thus, at the micro level, social protection interventions can address market failures that promote innovation, risk taking, entrepreneurship and asset accumulation among the poor, thus raising their incomes and contributing directly to economic growth.

Helping households to deal with health shocks and the subsequent loss in labour productivity is yet another way in which social protection systems can have a direct impact on economic growth. Poor health and nutrition at early ages can have lasting effects on cognitive achievement, school attainment and productivity later in life. One estimate from The Lancet⁷ puts the financial loss of early childhood malnutrition at 22 percent of total life-time earnings. Social protection, through preventive (e.g. health insurance) or protective (e.g. cash transfers) measures can play an important role in supporting and maintaining the productive participation of the poor in economic activity. Moreover, access to social

⁷ The Lancet Series on Early Childhood Development appears in Volume 369, Jan.6, 2007.

protection means that households do not have to fall back on coping strategies that can have irreversible impoverishing impacts on families and children, such as asset depletion, removing children from school or reducing their daily caloric and nutrient intake.

Social protection can also stimulate productivity and growth at the macro level⁸. For example, overall inequality is now seen to be a constraint on economic growth. More unequal societies tend to be more divisive, making it more difficult to generate consensus on the provision of public goods required to sustain a growth enabling environment (social and economic infrastructure). Inequality also causes crime and violence, which in turn drives away private investment and increases the cost of business. Birdsall and Londono⁹ show that a key determinant of the economic success among the newly industrialized countries of East Asia was redistributive policy, which significantly reduced inequality, and thus enabled rapid economic growth. There is also evidence that countries with well established social protection systems are more willing to adopt policies that entail high risks but potentially high returns, such as trade liberalization or pricing reform¹⁰. Social protection systems can cushion the short-term losses that are associated with such policies, and allow a country to move to a higher growth trajectory in the medium and long run.

Both economic efficiency and human rights based approaches imply that social protection is justified on the basis of economic growth, social development and justice. In combination, they suggest a strategy to achieve economic growth, enable the realization of rights and empower the poor to participate in and contribute to growth and development. As highlighted in Box 1.1, it is important for UNICEF to embrace social protection because of the considerable overlap between child protection and social protection.

The question of targeting versus universalism is important when considering social protection as a human right within the resource constrained economies in ESA. Experience from OECD countries suggests that as economies grow, there is a progressive move from means-testing to categorical targeting. Within ESA as well, middle income countries such as South Africa, Namibia, Swaziland and Botswana have instituted universal programs for vulnerable categories such as children and the aged. Pragmatically, social protection systems in the low income countries of ESA must begin by focusing scarce resources on the most vulnerable and chronically poorest, with the gradual expansion to the entire target population as economies grow and public revenue increases. This is consistent with the human rights approach, which emphasizes the importance of first focusing on the poorest and most marginalized people.

1.5 Conclusions

African governments and their development partners are giving increasing recognition to social protection and its potential for achieving the MDGs. In 2004, the Heads of State and Government of the African Union, met in Ouagadougou for a Summit on Employment and Poverty Alleviation in Africa, to address the challenges posed by pervasive and persistent poverty, unemployment, and under-employment. The Ouagadougou Summit noted the lack of social protection and called for enhanced effectiveness and coverage of social protection. In 2006, the African Union and the Government of the Republic of Zambia co-hosted an intergovernmental conference on social protection in Livingstone. The event brought together ministers and senior representatives from thirteen ESA countries¹¹, together with Brazil, development partners, UN agencies and NGOs. The conference noted with concern the continuing high levels of poverty in Africa and the likelihood that the Millennium Development Goals will not be reached in the region unless development strategies incorporate direct action to enhance social development in line with the 2004 Ouagadougou Summit outcome statement and the African Union social policy framework. The conference culminated in the Livingstone Call to Action, in which participant countries gave official recognition to social protection as a basic human right and made national commitments to social protection. They agreed to produce fully costed plans for development of national cash transfer programs within three years, with coordinated funding from national budgets and donors. They agreed additionally

⁸ World Bank, *Social Protection Sector Strategy: From Safety Nets to Spring Board*, World Bank, Washington, D.C., 2001.

⁹ Birdsall, Nancy and Londono, Juan Luis, 'Asset Inequality Matters: An Assessment of the World Bank's Approach to Poverty Reduction.' *American Economic Review, Papers and Proceedings* 87(2): 32-37; Birdsall, Nancy, Ross, D. and Sabot, R., 'Inequality and Growth Reconsidered: Lessons from East Asia', *World Bank Economic Review* 9(3): 477-508, 1995.

¹⁰ Rodrik, Dani, 'Globalization, Social Conflict and Economic Growth.' Prebisch Lecture delivered at UNCTAD, Geneva. October 24, 1997.

¹¹ Ethiopia, Kenya Lesotho, Madagascar Malawi, Mozambique, Namibia, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe

that social protection would be fully integrated into National Development Plans and Poverty Reduction Strategies. Most recently, a European Union and Africa Joint Strategic Partnership agreement was signed in December 2007, which identifies social protection as important for poverty reduction and attainment of the MDGs, and highlights the development of social transfer systems as a priority action area.

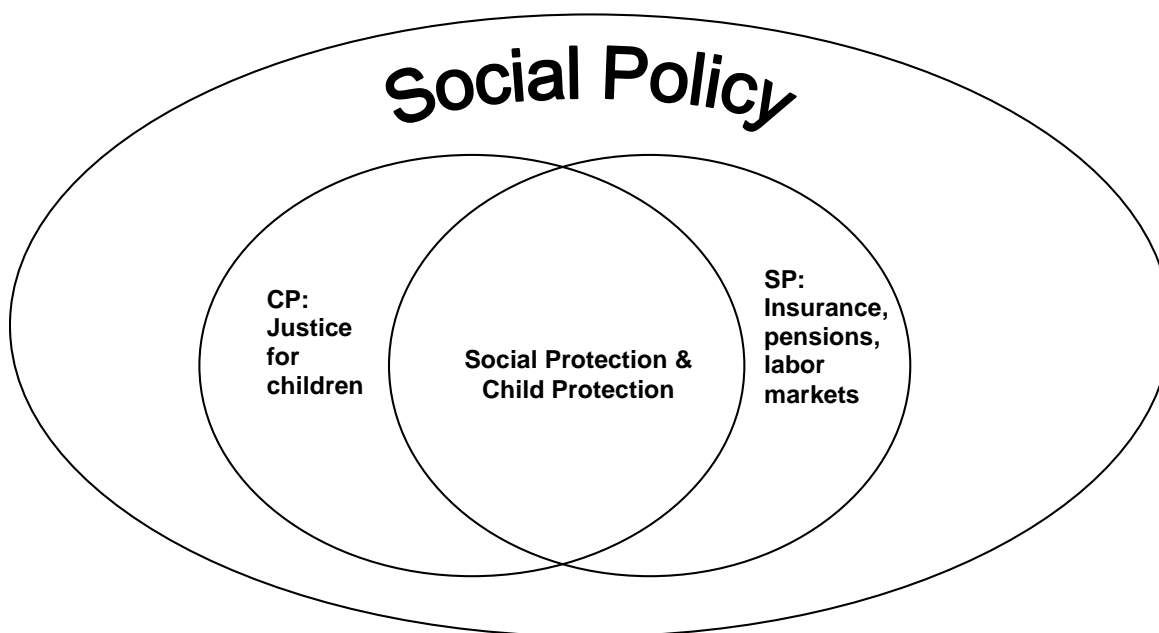
In this context and with the increased attention to social protection by Governments, donors and other development partners, UNICEF is increasingly being called upon in the region to advocate for and guide the development of national social protection strategies. *This paper takes the position that social protection is an essential part of the State's responsibility to its citizens, a responsibility that is enshrined in international human rights covenants, and that promotes economic growth and the achievement of the MDGs.* UNICEF's commitment to supporting social protection in ESA is an integral part of its mandate to advance the progressive realization of the rights of children and women.

Box 1.1 Social Policy, Social Protection and Child Protection

Social policy refers to the entire range of public policies and instruments that relates to conditions of human well-being, including health, education, housing, water and sanitation, child protection, social protection, youth development, employment (or livelihoods), social integration, crime and justice, as well as the overall legal framework guiding activities throughout the economy (e.g., labor laws, property rights for women, survivor rights). Clearly good social policy can have an important impact on reducing vulnerability, especially among the poorest, and can thus serve a key social protection function. Examples include strengthening the coverage and quality of basic social service provision such as primary health and education (which are highly progressive), or eliminating user fees for such basic services, or providing subsidies for health insurance for families. Ensuring legal protection for all citizens, or defining inheritance laws and property rights that treat all citizens (men and women) equally can have a tremendous effect on the rights of socially excluded or vulnerable groups, even though these policies are universal.

Social protection on the other hand constitutes one aspect of social policy, and typically refers to the set of actions and policies that are specifically directed at helping households reduce the incidence of risk and the impact of shocks, and that especially aim to protect the rights of the most at-risk, vulnerable or chronically poor, across all sectors. Thus within the context of free primary schooling (a component of social policy) in ESA countries, there are still a significant number of children who do not attend school--social protection in education would explicitly be aimed at this vulnerable group. Social protection includes those interventions or activities that explicitly ensure that the poorest or most vulnerable are included in national development, for example by ensuring their access to basic social services, or to promotional services that enhance their economic potential.

Child protection involves a range of activities that prevent and respond to violence, exploitation and abuse. Child protection helps children to achieve their basic rights to care, protection and justice and is an element of social policy. Core child protection activities overlap with social protection; in fact the only area of child protection that might not appear in the portfolio of social protection would be justice for children. Conversely, the areas of social protection that would not be included in child protection relate to workplace insurance, labor market regulations and provision of active labor market programs – although all of these affect children indirectly, child labour laws directly. The relationship between social policy, child protection and social protection can be represented diagrammatically at a set of overlapping circles, with the large area in the middle representing the intersection of social protection and child protection.



2. Poverty, Risk and Vulnerability in ESA

A successful social protection strategy responds to the risks and vulnerabilities affecting the population; a child sensitive social protection strategy will emphasize poverty, risks and vulnerabilities that explicitly affect children. In this chapter, we provide a brief overview of the main risks and development challenges facing children in ESA. This overview is based on a review of qualitative and quantitative research in the region. It is not meant to be an exhaustive analysis of the welfare of children, but rather meant to illustrate the type of preliminary analyses that should be undertaken at country level to inform social protection activities. This overview is the starting point for more in-depth child poverty and vulnerability assessments at country level; such assessments should also include causality, role-pattern and capacity gap analysis to ensure a human rights approach to programming.¹²

2

2.1 Macro Level Risk and Vulnerability¹³

Countries in ESA are particularly susceptible to macro level or covariate shocks such as poverty, natural disasters (e.g. drought, cyclone, flooding, and epidemics), armed conflict, weaknesses in governance and economic policy and international economic trends, such as commodity price fluctuations. ESA is one of the poorest regions in the world, with an average poverty rate of 42 percent (using the dollar-per-day income per capita measure), and mean Gross National Income (GNI) per capita of US\$980. In the low-income countries, mean GNI is a mere US\$328 per person. It is slightly over US\$1,900 in the lower middle-income countries (Angola, Lesotho, Namibia and Swaziland) and around US\$3,900 in the upper middle-income countries (South Africa and Botswana). Figure 2.1 illustrates the high rates of poverty in ESA countries, as well as the fact that there is not a perfect correlation between overall economic activity as measured by GNI, and income poverty.

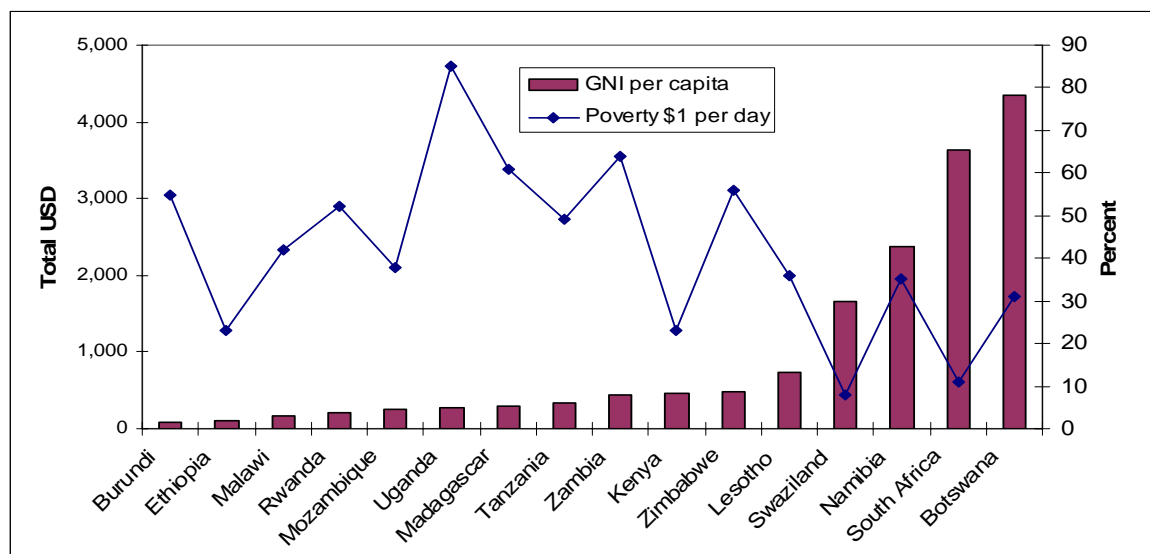


Figure 2.1 Poverty and GNI Per Capita¹⁴

¹² See chapter 6 in Johnson, Urban, *Human Rights Approach to Development Programming*, UNICEF, 2003. UNICEF has also developed a template for the analysis of child poverty, which should be consulted when undertaking country specific analyses to inform social protection programming.

¹³ Social protection specialists typically distinguish between two types of shocks that poor and vulnerable households face. *Idiosyncratic* or individual shocks refer to events that are specific to the child or family. Examples of an idiosyncratic shock are illness, disability, and loss of income due to retirement, disease or disability. *Covariate* or macro level shocks are shocks that affect the entire community, region or country. Examples of covariate shocks include drought, floods and other natural disasters, crop failure due to disease, war or civil conflict, commodity price fluctuations and other global economic trends.

¹⁴ Unless otherwise indicated, all data in this chapter are taken from State of the World's Children (2006), which compiles cross-country household survey data using the most recent publicly available DHS and MICS for each country.

Many of the poor are chronically poor, while others move in and out of poverty. In Uganda, about one out of every five households is chronically poor, but households that move out of poverty remain close to the poverty line and so are still vulnerable. The poorer a household was in 1992, the higher the probability of remaining poor in 1999, confirming the hypothesis that the poorest people have the highest probability of future poverty.¹⁵

ESA countries are also subject to recurring emergencies. In the first eight months of 2007, 15 of the 20 countries in ESA suffered some kind of official emergency (three drought affected, ten flood affected, three cholera outbreaks and three conflict affected) and many countries experienced more than one emergency within the year. The effects of these shocks can be long lasting. In Ethiopia, for example, households that suffered substantially during the 1984-1985 drought, which resulted in a nationwide famine, continued to experience two to three percentage points less annual per capita growth during the 1990s than those who were not hit as hard. Further, in the absence of risk prevention and mitigation strategies, households coped by decreasing investments in child nutrition (especially for boys) and decreasing investments in education (especially for girls).¹⁶

ESA is the epicenter of the AIDS pandemic and the toll on families and children is enormous. In Sub-Saharan Africa, young women and girls aged 15-24 are two and a half times more likely to be infected than males in the same age group. The gap is larger still in southern Africa. For example, in Zambia and Zimbabwe girls and young women make up close to a staggering eighty per cent of all young people aged 15-24 who are living with HIV or AIDS.¹⁷ AIDS poses both idiosyncratic and covariate risks. At the household level, income declines at the same time that expenditure on health care increases. The AIDS pandemic has worsened already weak coping mechanisms, with affected households resorting to unsustainable selling of vital assets such as livestock. Income levels are lower and poverty increases as people need to pay more for medicines and funeral expenses. In the worst cases, hunger and vulnerability have resulted in extreme coping strategies, including selling sex for food and child labor. This increases vulnerability, especially among women and girls, and increases their risk of contracting HIV.¹⁸ One of the striking features of the economic impact of AIDS in affected families is the rapid transition from relative wealth to relative poverty. A five-year retrospective study in Zambia of 232 urban and 101 rural AIDS affected families reported monthly disposable income of more than two-thirds of the families had fallen by more than 80 percent.¹⁹ In ESA, the AIDS pandemic affects so many households and communities that it also has macro level consequences, placing a drag on economic growth.

The region is estimated to contain over 24 million orphans (defined as having at least one parent deceased) and this number is projected to increase to almost 27 million by 2010, a nearly 10 percent increase in just five years; about 40 percent are children who have been orphaned by AIDS (Figures 2.2 and 2.3). Other common causes of orphan hood are disease, conflict and accidents. In all but two countries (Comoros and Madagascar), over 10 percent of children are orphans. By 2010, 20 percent of all children in Botswana, Lesotho, Swaziland, Zambia and Zimbabwe will be orphans and that number is projected to grow at a steady pace in most countries until around 2030. Extended families have assumed responsibility for more than 90 percent of orphaned children in southern Africa, and 20 percent of households with children are caring for one or more orphans.²⁰ Addressing the social protection needs of these vulnerable children (and their households) is a daunting challenge and will only be achieved through systematic and sustained action.

¹⁵ Lawrence, David, McKay, Andy and Okidi, John, *Poverty Persistence and Transitions In Uganda: A Combined Qualitative and Quantitative Analysis*, University of Manchester, 2005.

¹⁶ World Bank, *Ethiopia Risk and Vulnerability Assessment*, Washington, D.C., 2005.

¹⁷ UNAIDS, 'Facing the future together', *Report of the Secretary General's Task Force on Women, Girls and HIV/AIDS in Southern Africa*, 2004, p.8.

¹⁸ DFID, *Hunger and Vulnerability in Southern Africa*, London, 2004.

¹⁹ Barnett, Tony and Whiteside, Alan, 'Poverty and HIV/AIDS: Impact, Coping and Mitigation Policy', in *AIDS, Public Policy and Child Well-Being*, edited by Giovanni Andrea Cornia, UNICEF, Innocenti Research Center, Florence, 2002.

²⁰ UNICEF, *Africa's Orphaned & Vulnerable Generations: Children Affected by AIDS*, 2006.

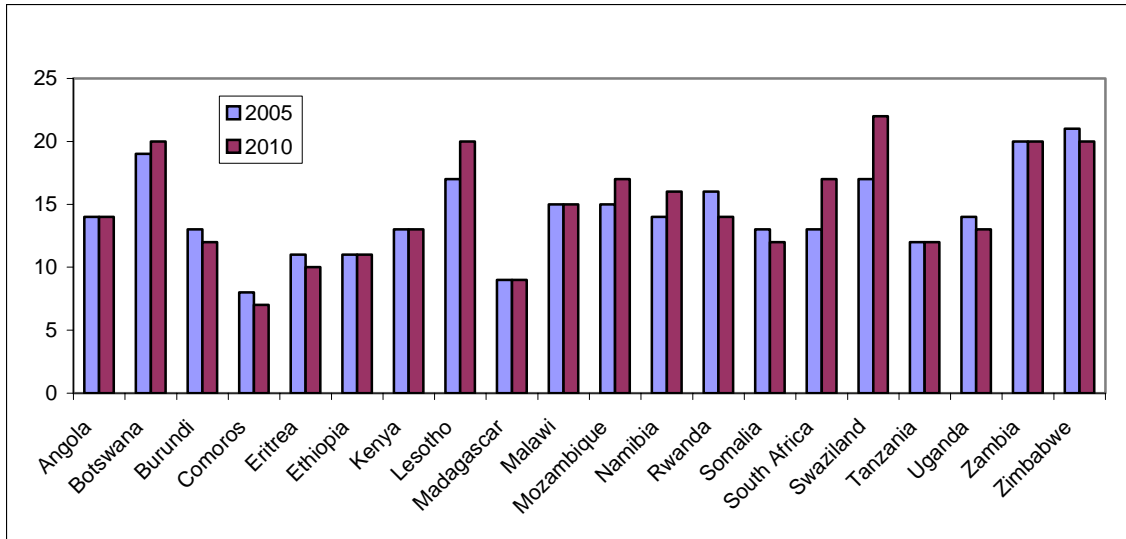


Figure 2.2 Percent of Children Who Are Orphans

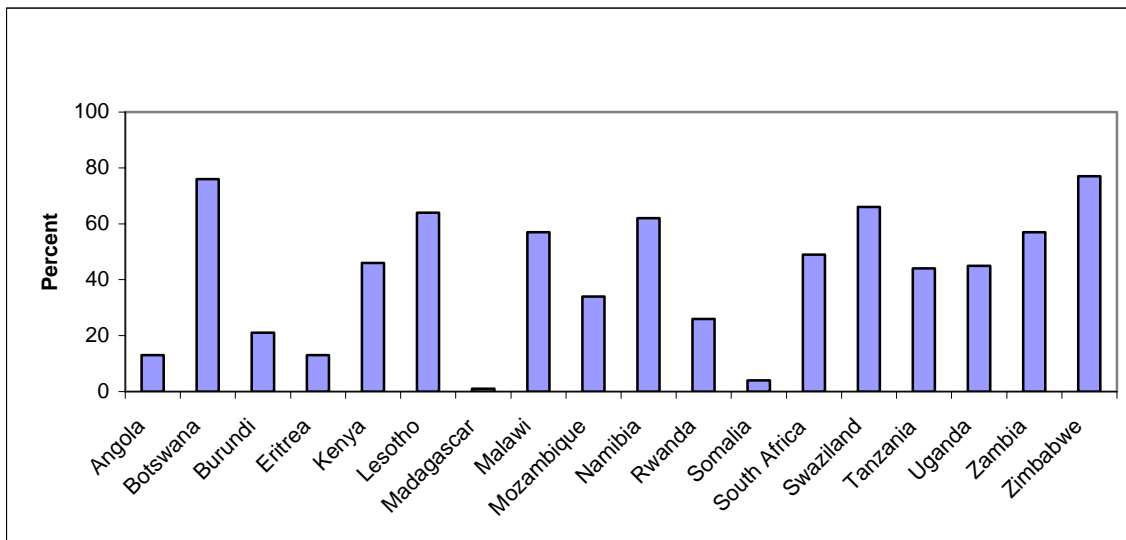


Figure 2.3 Children Orphaned by AIDS as a Percent of All Orphans, 2005

2.2 Age- and Sex-Specific Vulnerabilities of Children

The main risks and vulnerabilities facing children vary by age and sex. Figure 2.4 provides an example of the development challenges facing children at different stages of childhood. This framework could be used by countries to establish the main risks facing children, and to map these risks into social protection interventions. Figure 2.4 suggests that children aged zero to five in ESA face four main risks: death, malnutrition, reduced or delayed cognitive development, and mother-to-child transmission (MTCT) of HIV, although of course malnutrition itself is a contributing factor to child mortality, and child survival rates are greatly affected by the rate of MTCT of HIV. Poverty and illiteracy are intertwined, as is abuse and orphan hood. These examples highlight the important point that most childhood sources of vulnerability are highly correlated, with one typically either causing or exacerbating the adverse impact of another.

The bottom of Figure 2.4 suggests factors that affect the vulnerability and welfare of children of all ages. Some of these are covariate (economic policy, armed conflict, natural disasters) in that they affect all

children, while some are idiosyncratic (institutional frameworks, discrimination, cultural barriers), affecting certain groups of children more than others. In general these cross-cutting factors will need to be addressed with transformative types of interventions that affect the entire society as well as the most marginalized families.

Figure 2. 4 highlights risks beginning at birth, but it is well known that prenatal and childbirth conditions have a direct impact on the fetus or newborn and affect survival, growth and development of children. Therefore a comprehensive analysis of infant vulnerabilities must include an assessment of maternal pre- and peri-natal health and behavior, including safe delivery. The results should be incorporated into holistic social protection programming for maternal and child health.

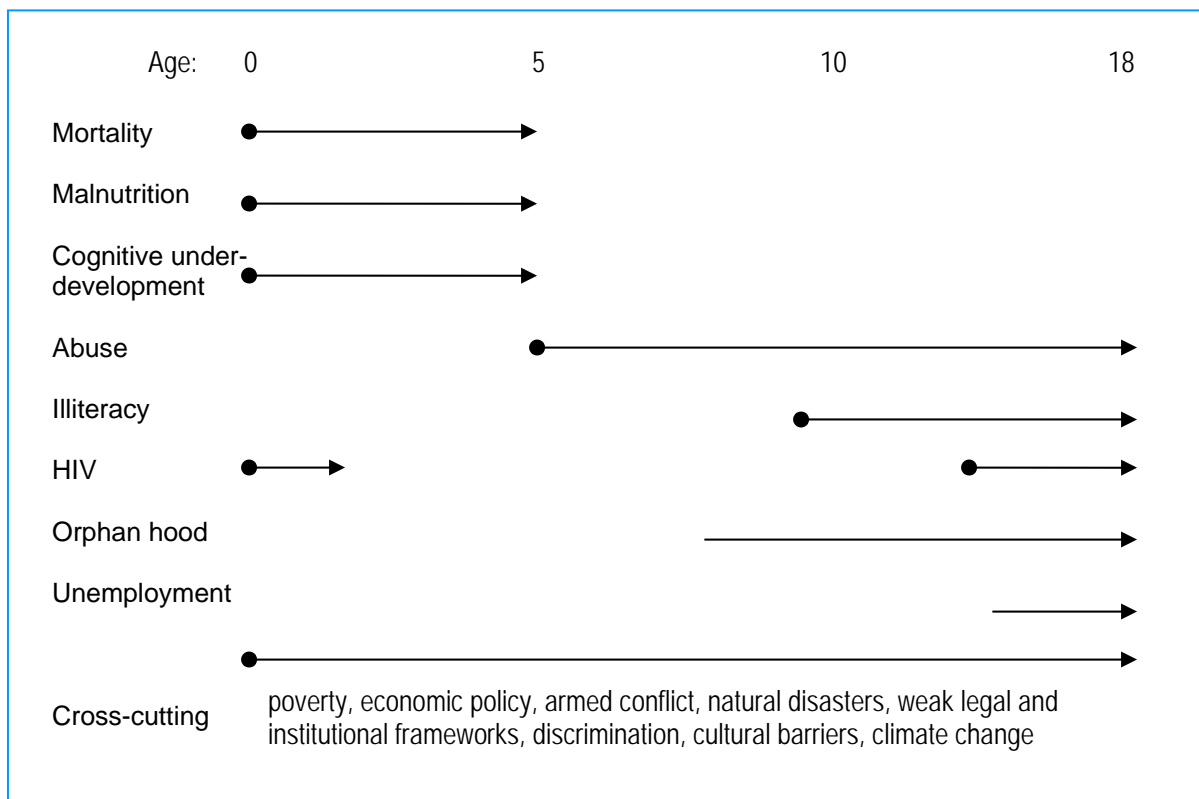


Figure 2.4 Main Vulnerabilities Facing Children

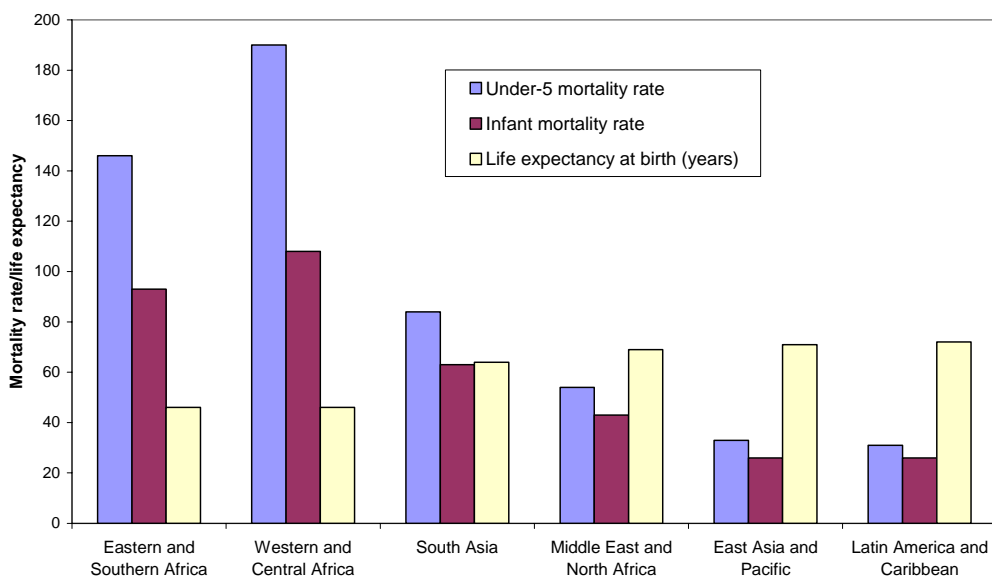
Infancy and Early Childhood. The key challenges facing poor children in this age group are survival, transmission of HIV in the neo and post-natal period, and for those who survive, nutrition and cognitive development. Sub Saharan Africa has the highest rate of under-five mortality in the world, of which about one third occurs within the first year of life, mostly due to neo-natal trauma. The proximate causes of death for those who survive beyond the first seven days after childbirth are typically malaria, diarrhea, pneumonia and HIV. However in most cases the underlying or distal cause of death is some form of malnutrition, either under-nutrition or micronutrient deficiency. The presence of these conditions significantly increases the risk of fatality due to illness of any kind, and reduces the efficacy of anti-retroviral drugs among HIV positive children. One study estimates that just over half of all under-five deaths in Africa are due to the underlying condition of malnutrition.²¹

Figures 2.5 and 2.6 highlight the precarious situation of ESA children with respect to child nutrition and survival. Figure 2.5 is ordered according to life expectancy at birth, which is a good summary statistic for

²¹ Pelletier L. David, 'The relationship between child anthropometry and mortality in developing countries: Implications for policy, programs and future research', *The Journal of Nutrition* Vol.124(10S): 2047S-2081S,1994.

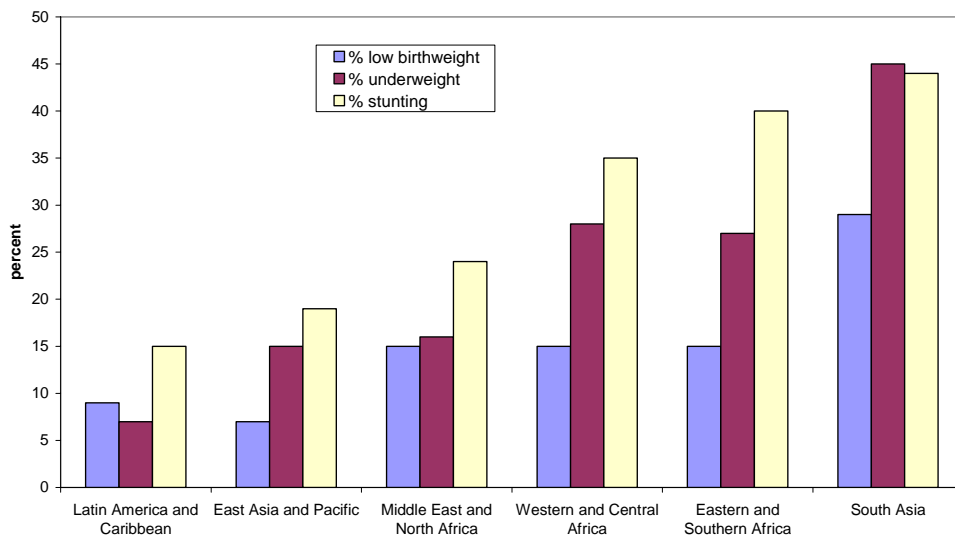
a country's overall health status. ESA ranks the lowest of all the regions (along with West and Central Africa) on this count, and as Figure 2.5 also illustrates, this is highly correlated with high infant and under five mortality rates in the region. Figure 2.6 shows the prevalence of stunting (moderate and severe), which is strongly associated with a range of later life outcomes including school attainment, learning, adult health and economic productivity. The ESA region is second worst (after South Asia) among all regions in stunting prevalence, and is also characterized by high rates of underweight (moderate and severe) and low birth weight, all of which contribute to morbidity and increase the risk of mortality. Finally, the overall number of children age 0-14 living with HIV in ESA is estimated at 1.4 million, which is over double the number in the second highest region (West Africa – 650,000) and illustrates that MTCT of HIV is a major risk factor for young children in this region.²²

Figure 2.5: Life Expectancy and Infant Mortality by Region



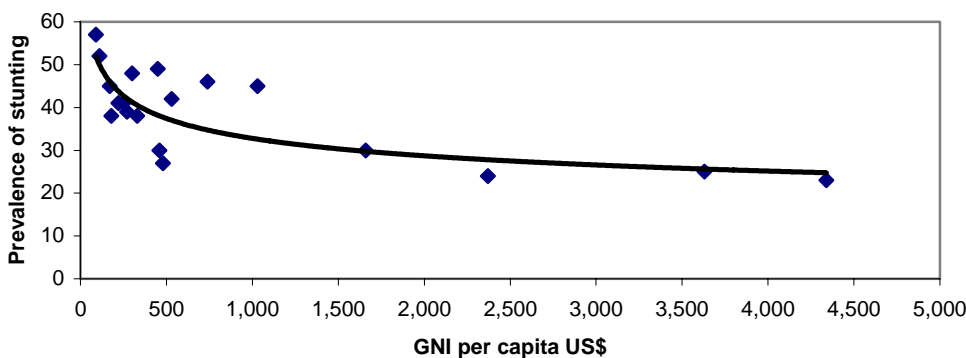
²² UNICEF, State of the World's Children, 2006,

Figure 2.6: Nutritional Status and Birth Weight by Region



At the micro-level, height-for-age or stunting is strongly associated with household or family income, even after controlling for maternal schooling. Poor families have less access to health facilities and quality health care, and tend to live in environments that predispose them to illness and death. This micro-level association also holds at the macro level. Figure 2.7 plots GNI per capita against stunting rates among ESA countries. The trend line demonstrates that at low levels of income there is a strong relationship between stunting and GNI, but this relationship flattens out as GNI increases, because additional gains come from hard-to-reach populations who either do not benefit from overall economic growth or for whom the etiology of malnutrition is complex. Targeted interventions to groups who are typically not reached by sector approaches (in this case the health sector) are precisely the responsibility of the social protection system.

Figure 2.7: Stunting and GNI per capita

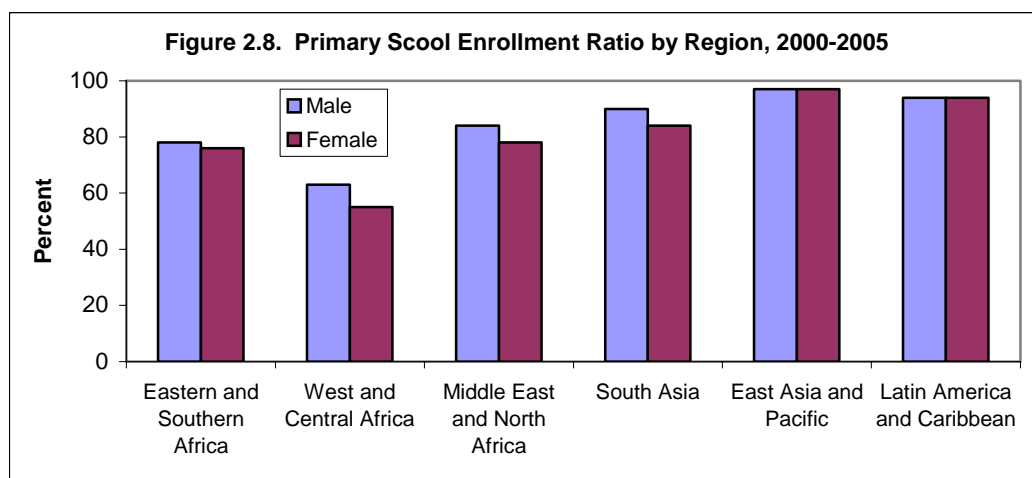


The importance of early childhood development and the long-term consequences of inadequate care and development during the first five years of life was the subject of a recent issue of *The Lancet*. Nobel laureate James Heckman has also recently written about investments in early childhood as those with the highest rate of return, because they occur when the brain is most malleable, have long lasting effects, and benefits can be recouped through out the entire lifespan.²³ Despite the importance of early childhood

²³ Heckman, James & Masterov, Dimitriy, *The productivity argument for investing in young children*, NBER Working Paper No.13017, Cambridge, MA, 2007.

interventions most children, especially those who are most vulnerable, do not have access to early childhood interventions. Available data suggests that access is linked to income. In Madagascar, half of all children from the wealthiest quintile, but only four percent from the poorest quintile, were enrolled in pre-primary school.²⁴ In Botswana, 35 percent of higher income children in contrast to ten percent of lower-income children, attended formal childcare centers.²⁵ Social protection has a role to play in promoting access to early childhood development programs for poor and otherwise very vulnerable children, such as those who are malnourished or whose caretakers have poor nurturing skills.

Middle Childhood. One of the primary risks to school age children is that they do not get a chance to go to school or that they do not go long enough to acquire the basic skills and competencies needed for work and life. Although primary school enrollment is increasing in most countries, ESA still lags behind most other developing regions in primary school enrollment (Figure 2.8). Enrollment is linked to income and place of residence in most countries, with children from wealthier homes and children in urban areas more likely to attend primary school. Enrollment among girls continues to lag in most countries (Figure 2.9). Gross enrollment rates tend to be much higher than net enrollment rates, which mean that many children are in primary school beyond the stipulated ages. Grade five completion rates remain low (Figure 2.10). Thus, although more and more children are getting a chance to attend school, a significant share enter late, repeat grades and leave without completing the five years of primary school believed to be the minimum for sustained literacy and other competencies. Moreover, timely access and regular attendance are only part of the battle. The low quality of primary education across the region is a concern and, although data is lacking, there is anecdotal evidence that many schools fail to provide protective environments for children and that girls are at risk of sexual abuse by teachers and others.



²⁴ World Bank, *Madagascar Development Policy Review: Sustaining Growth for Enhanced Poverty Reduction, Volume II*, Washington, D.C., 2005

²⁵ UNESCO, *Role of Early Childhood Care and Education in Ensuring Equal Opportunity*, Paris, 2003,

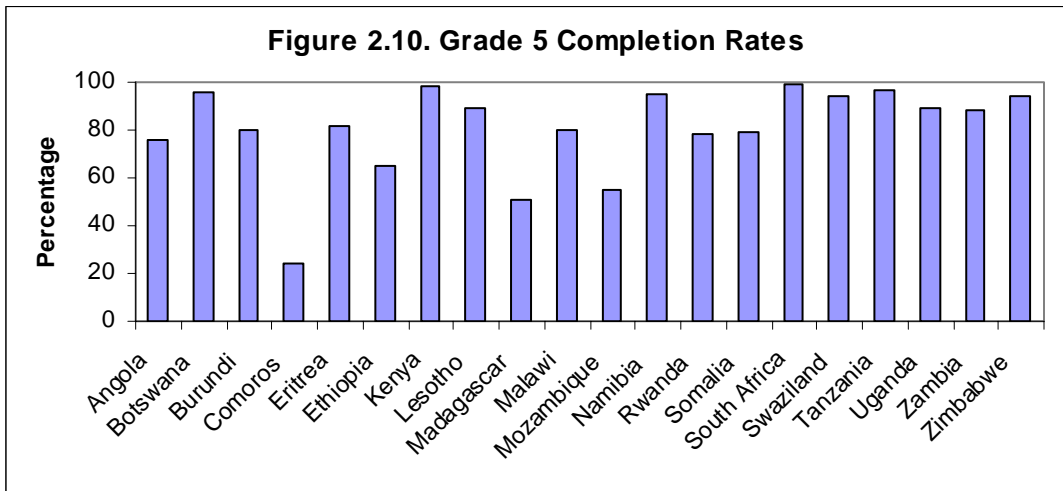
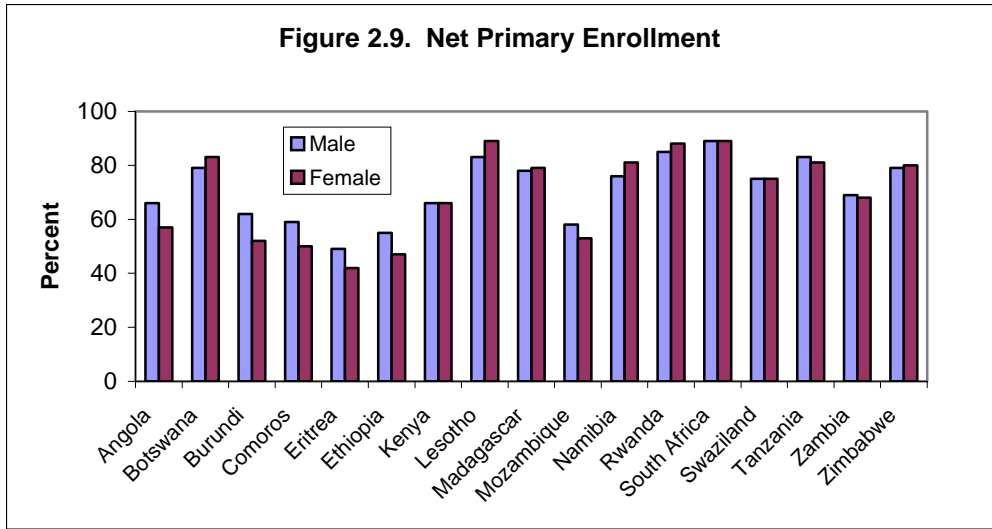
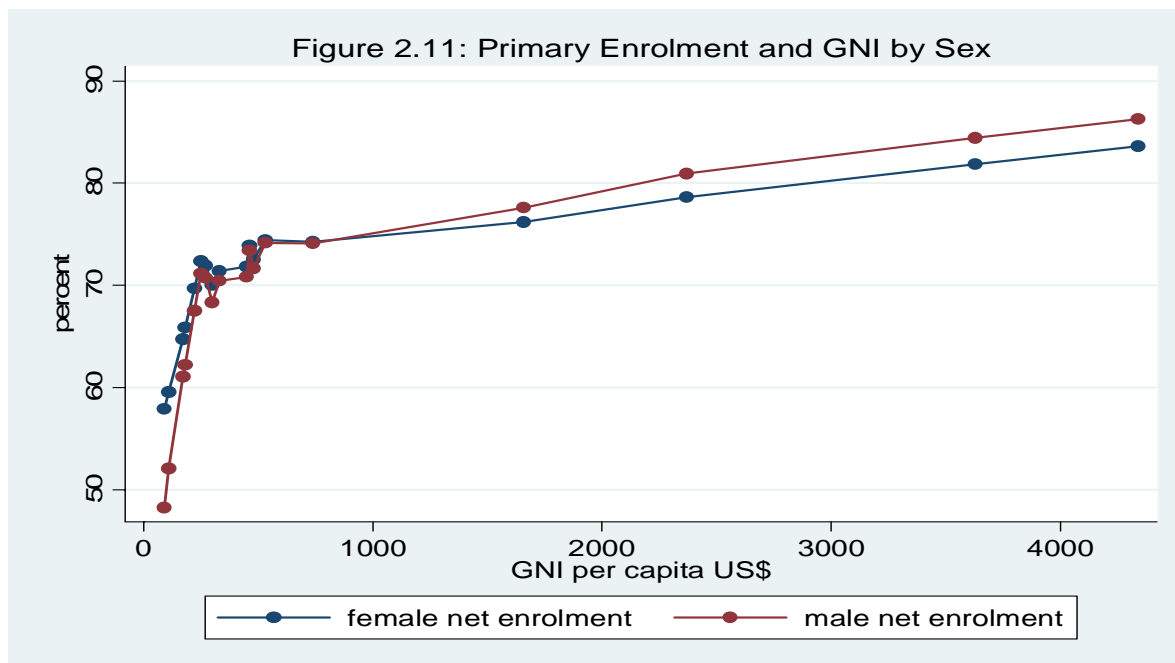


Figure 2.11 estimates the relationship between GNI per capita and primary school net enrolment in ESA by sex, using locally weighted regression analysis to capture non-linearities in this relationship. Net enrolment for boys and girls increases dramatically as GNI increases at very low levels of national income, until about 75 percent enrolment rates are achieved. However, gains beyond that require significant increases in national income—the slopes for both girls and boys flatten considerably beyond a GNI per capita of US\$900. Note that even at high levels of national income the enrolment gap between boys and girls continues to persist, illustrating that specific interventions to stimulate girls’ schooling are needed even as overall income increases.²⁶

²⁶ There is wide variation in the gender gap in primary enrolment in ESA, with some countries having near parity, some countries having more boys than girls enrolled, and a few countries having more girls than boys enrolled.



In many countries school fees present a significant barrier to enrollment. Countries that have no school fees at the primary level (including Kenya, Malawi, Tanzania, and Uganda) have noted increases in enrollment. However, even in these countries the opportunity costs of attending school are still a barrier for the very poorest, and thus an area where social protection interventions such as cash transfers or school feeding programs can help.

School age children are vulnerable to shocks, since a common coping strategy among the poor is to reduce investments in children’s education. In Ethiopia, for example, households that had half of their plot area damaged by drought were two percentage points less likely to send their child to school. In addition, harvest failure has asymmetric effects for girls and boys. Households that experienced a production shock are less likely to send girls to primary school and these girls are less likely to complete primary schooling. This suggests that when vulnerable households are forced to make tradeoffs in educational investments, they choose to protect their schooling investments in their sons.²⁷ Strengthening social protection instruments would improve the educational achievements of children, especially girls.

Adolescence. ESA adolescents face several distinct risks, including the risk of becoming orphans due to parental death, and engagement in risky sexual behaviors that increase the likelihood of HIV infection (especially among girls), early pregnancy, abuse and exploitation –these are often linked to losing one or both parents. Many adolescents are functionally illiterate because of poor quality schooling, drop-out and infrequent attendance, and as a result have not acquired the basic competencies for work and healthy living. This in turn lessens their employability and increases the likelihood of becoming trapped in exploitative work.

Figure 2.12 depicts secondary school enrolment and adult literacy rates by region (ranked by adult male literacy). Although ESA has adult literacy rates that are better than West and Central Africa and the Middle East, adolescents in ESA have a very high risk of not progressing to secondary school, with a small gender advantage for boys. Consequently, a staggering number of adolescents are out-of-school but have minimal literacy and numeracy skills and limited if no scope for breaking the inter-generational

²⁷ World Bank, *Ethiopia Risk and Vulnerability Assessment*, Washington, D.C., 2005

cycle of poverty. Secondary school enrollment is strongly linked to family income²⁸ even after controlling for parental schooling. As we did for stunting, in Figure 2.13 we plot the relationship between GNI per capita and net secondary school enrolment rates (boys and girls combined) for the countries in R for which data was available. A similar trend is observed as before, with large gains in net enrolment as GNI increases at low levels of income, but with a diminishing marginal return to gains in GNI, consistent with the idea that economic growth alone is not sufficient to bring hard-to-reach groups into the secondary school system. Again, this underscores the important role for an aggressive social protection intervention that is sensitive to the special circumstances of these groups; second chance education, coupled with on-the-job experience and work related skills training are examples of such interventions.

Figure 2.12: Adult literacy and net secondary school enrolment by region

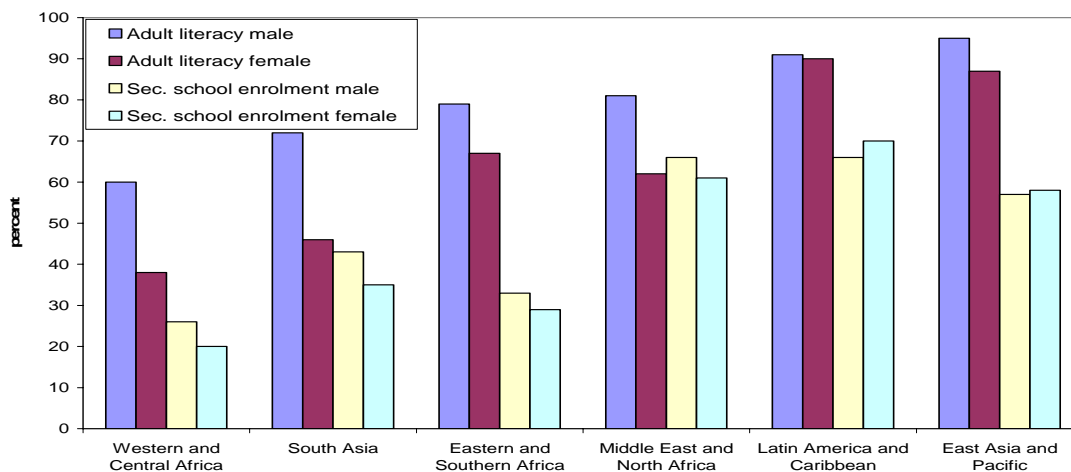
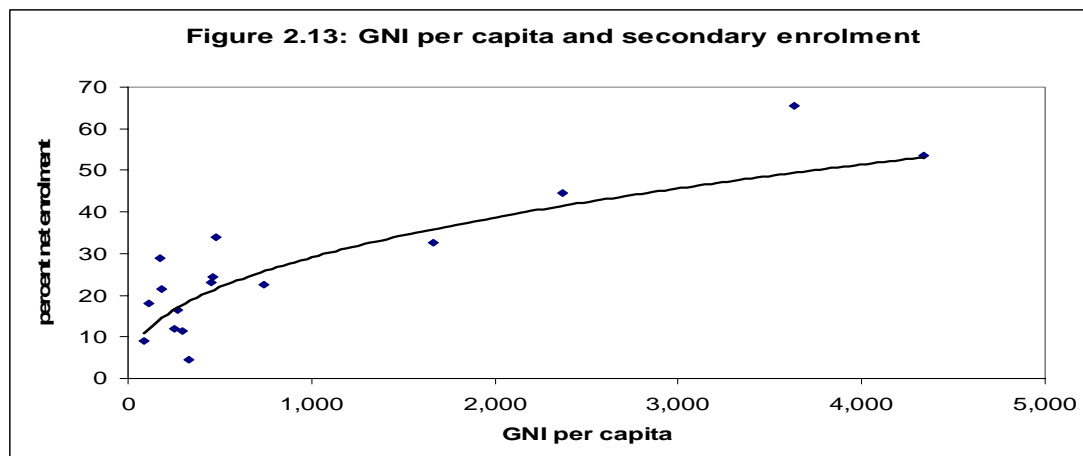


Figure 2.13: GNI per capita and secondary enrolment

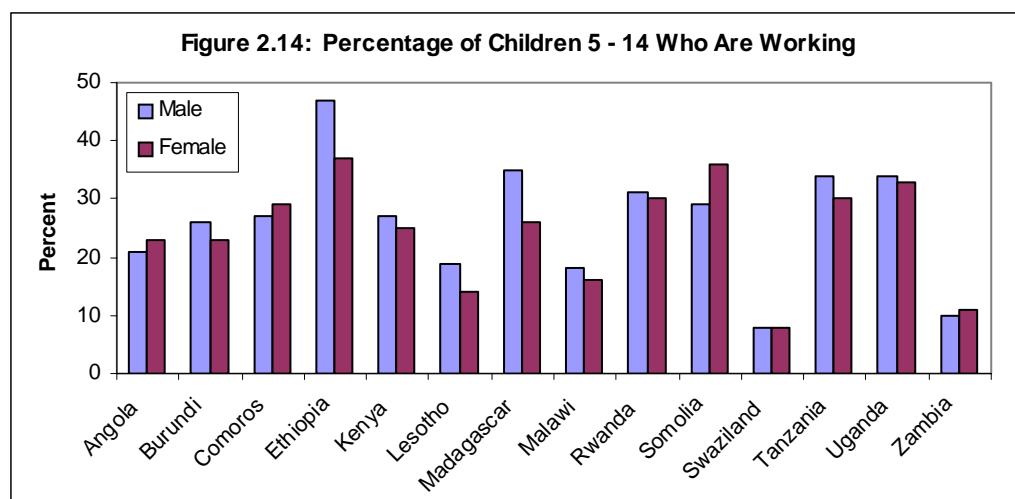


The causal pathway between income and school attainment runs through the primary level (which determines entry into secondary school) and access at the secondary level, where children in rural areas must travel long distances to and from secondary schools that tend to be located in district capitals or other main towns. Even when places exist, schools are accessible, and scores on entrance examinations are sufficient, the opportunity cost at the secondary level is prohibitively high for poor families, which leads to lower secondary school enrolment rates. This is a major social protection issue in the region. Targeted transfers at the secondary level, and alternative vocational training and education are social protection interventions that should be considered in these circumstances.

28 Handa, Sudhanshu & Simler, Ken, *Quality or Quantity? The Supply Side Determinants of Primary Schooling in a Poor Rural Economy*. *Journal of African Economies*, Vol. 15:59-90, 2006.

Orphan hood and child labor. Orphan hood complicates the already risky future that most poor children face as they enter adolescence. Increased economic and emotional strain, common amongst the orphaned and vulnerable, may increase the likelihood of these children engaging in risky behavior, including exchanging sex for food or shelter and using drugs and alcohol. One study of young orphaned and vulnerable women age 15 to 18 in Zimbabwe found that they were more likely than their non-orphaned peers to be HIV-positive (three versus zero percent). They were also more likely to have experienced pregnancy and common symptoms of sexually transmitted infections, to have no secondary school education, and to have initiated sex and be married at a young age. A comparative analysis using DHS data from ESA countries shows that orphaned girls aged 15-17 are significantly more likely to have initiated sex relative to non-orphans.²⁹ Orphans are also at higher risk of being engaged in exploitative labor and being exposed to HIV and other sexually transmitted infections.³⁰ The impact of orphan status on schooling is the subject of some debate, with at least one study showing no disparities in schooling but a number of others showing significant differences.³¹

Figure 2.14 shows that child labor rates among those aged 5-14 are usually over 20 percent and in some cases such as Ethiopia go up to 45 percent for boys. Most are unpaid family workers helping with domestic tasks or agricultural work, but many children work outside the home, and the key area of concern is work that is exploitative, abusive, or physically harmful, and which takes children out of school. Probably the most dangerous of these is work that is associated with armed forces or groups. The human costs of this type of engagement are high. A survey of children affected by armed conflict in Africa found that 50 percent suffered from severe nightmares, while 25 percent suffered some form of mutism. At camps in Uganda, sexual abuse and rape of girls (who are often recruited to serve the militia leaders) is prevalent. In these camps, 70 to 80 percent of female children and 60 percent of male children tested positive for one or more sexually transmitted diseases, and drug addiction is also common among this group of children. Children affected by armed conflict were at increased risk of physical impairment, lost education, lower earnings and occupational status and psychological distress.³²



²⁹ Palermo, Tia & Peterman, Amber, *Orphan hood as a risk factor for child marriage and early sexual debut: Evidence from sub-Saharan Africa, working paper*, Dept. of Public Policy, University of North Carolina at Chapel Hill.

³⁰ As reported in Kathy Osborn, *Adolescents: Missing from Programs for the World's Orphans and Vulnerable Children*, Advocates for Youth, Washington, D.C., 2007.

³¹ Studies that find a difference include Case, Anne, Paxson, C., & Ableidinger, J., 'Orphans in Africa: Parental Death, Poverty and School Enrolment', *Demography*, Vol. 43:483-508, 2004 and Evans, D., & Miguel, Edward, 'Orphans and Schooling in Africa: A Longitudinal Analysis,' *Demography*, Vol.44(1):35-57, 2007. No difference is reported in Ainsworth, Martha, Beegle, K & Koda G, 'The Impact of Adult Mortality and Parental Deaths on Primary Schooling in North-West Tanzania', *Journal of Development Studies*, Vol.41:412-439, 2005.

³² Blattman, Chris and Lundberg, Mattias, 'Young People and the Experience of War in Uganda', World Bank, *Development Outreach*, June 2007 and World Bank, *World Development Report*, Washington, D.C. 2006.

Box 2.1. Street Children in Zimbabwe

The Zimbabwe National Council for the Welfare of Children, in collaboration with the Harare Task Force on Children Living and/or Working on the Streets and UNICEF Zimbabwe, undertook a study of children living and/or working on the streets of Harare and Chitungwiza. The following findings were reported:

- 35% of the children left home to earn an income or because of poverty at home; however, poverty is not the main reason why children resort to the streets. The immediate causes in fact ranged from abuse (sexual or physical), death/abandonment by guardian/parent, to family breakdown.
- 39% of the children are orphaned.
- 34% are not full-time on the streets, but rather return home to sleep. They are there with the blessings of their parents. They actually stay at home and come to town on a daily basis, returning home to remit their daily earnings to their parents.
- More male children than females are on the streets, and the highest number of children for both sexes lies within the 14 to 18 age group.
- 58% are relatively new on the streets, having been there for less than a year.
- Over 25% had never been to school; 22% had some lower primary education (Grades 1 to 3) whilst 38% had some higher primary education (Grades 4 to 7). Around 9 percent had had one to two years of secondary education and about 5% had three to four years of secondary education
- 55 percent of the children interviewed had no birth certificates.
- Child abuse continues to be a major issue concerning street children – many had been sexually or physically abused at home and on the streets.
- Street children do not enjoy being on the streets and believe continued life on the streets presents a bleak outlook, offering no hope for a future.

Source: Harare Task Force on Children Living and/or Working on the Streets, Situation Assessment of Children Living and/or Working on the Streets in Harare and Chitungwiza, UNICEF, Harare, 2004

2.3 A Note on Urban Vulnerability

By any measure, poverty in rural area is worse than in urban areas. The incidence of poverty and the depth and severity of poverty are worse in rural areas and rural areas are home to a greater share of the poor than they have of total population. However, urban regions are growing at a dramatic rate and the absolute number of poor persons in urban areas is increasing. In some countries, the incidence of urban poverty is increasing faster than rural poverty. In Kenya, for example, the incidence of poverty in 1992 was 29 percent in urban areas and 48 percent in rural areas. By 1997, the poverty rate in urban areas had increased to 49 percent, while that in rural areas increased to 53 percent. Urban areas are highly unequal. In the case of Nairobi, the poverty headcount varied from below 20 percent in the richest district to over 70 percent in the poorest districts. Informal or slum settlements are home to the majority of the urban poor; these settlements tend to be characterized by limited or no services and low-quality housing. The vast majority of slum dwellers are poor (78 and 71 percent of female and male headed households respectively).³³ It is for this reason that the MDGs include a commitment to significantly improve the lives of 100 million slum dwellers by 2020.

HIV prevalence rates are higher in urban areas, and a recent study conducted by UNICEF ESARO shows that although most orphans live in rural areas, the prevalence of orphans among children aged 0-17 is usually higher in urban relative to rural areas. For example, among children aged 13-14, orphan rates in urban areas of Uganda are 34 percent and 39 percent for boys and girls respectively, compared to 24

³³ World Bank, *Inside Informality: Poverty, Jobs, Housing and Services in Nairobi's Slums*, Washington, D.C. 2006.

percent for each sex in rural areas.³⁴ Along many dimensions, risks and vulnerabilities are both different and greater for urban children relative to rural ones.

Some poor, rural families expel children (either for safety or economic reasons) and send them to fend for themselves in nearby urban towns, where they eventually end up as street children. There is also an extensive market for children to work as domestics in urban households, with an estimated 13 million child domestic servants, mostly girls, working in African cities. These girls are typically paid extremely low wages and work long hours, and many are subject to physical and sexual harassment.³⁵

Families are not necessarily exclusively rural or urban and many have members that have migrated. Evidence suggests that the majority of food income of the rural poor comes from (migrant) wage labour and petty commerce. This implies that investments in children in urban areas – social protection and other investments – can have a positive impact on the status of children in rural areas as well.

2.4 Conclusions

The high levels of poverty and food insecurity in the region, exacerbated by AIDS, recurring emergencies and weak governance, and the consequences for children, mean that it is essential to focus on immediately lifting the income of the poorest households with children, while also investing in the long term human capital of children. The nature of repeated crises in southern Africa highlights the urgent need to think strategically about social protections in circumstances where extreme vulnerability is pervasive and sudden reductions in consumption leading to deprivation are common. Traditional emergency responses, which merely return people to the situation they were in before an immediate crisis took hold, are not sufficient. With poverty affecting nearly half the population in the region, the capacity of households to build productive assets (both human and physical) and to withstand shocks is severely limited. Timely, adequate and reliable social protection can play an important role in these circumstances.

The small size of the economies in the region limits their capacity to generate resources for basic services, including social protection. However it is important to remember that social protection is not only a right but also an important avenue for citizens to participate productively in the economy and to contribute to growth. In the context of fiscally constrained governments, and particularly (but not only) in heavily indebted poor countries, optimal program design must favor interventions which serve multiple purposes (protective, preventive, promotional or developmental as well as transformative). These programs will have to focus on the most vulnerable first, and be extended progressively as economies grow and poverty declines.

³⁴ Campbell, P., Handa, S., Moroni, M., Odongo, S. and Palermo, T., 'A Situation Analysis of Orphans in 11 Eastern & Southern African Countries', *Working Paper*, UNICEF Eastern & Southern Africa Regional Office, Nairobi, 2007.

³⁵ Subbarao, Kalanidhi, Mattimore, Angel, Plangemann, Kathrin, *Social Protection of Africa's Orphans and Other Vulnerable Children*, World Bank, Washington, D.C., 2001.

3. Social Protection Programming for Children

3

3.1 Overview of Social Protection in ESA

As discussed in Chapter 1, social protection interventions can be categorized into 4 types: transformative, preventive, protective and promotive. Associated with each is a range of program options, some examples of which are presented in Table 3.1. A number of studies point to common features of social protection program across ESA.³⁶ The dominant response has been informal emanating from families and communities, but informal mechanisms have been overwhelmed by the impacts of HIV, AIDS and manmade and natural disasters which has increased the demand for formal social protection systems. ESA countries tend to implement a patchwork of initiatives that do not systematically address vulnerability.

Transformative	Promotive	Preventive	Protective
Social protection legislation Legislative and regulatory reform Sensitization campaigns Social communication to promote behavioral change Strengthening legal system for protection of vulnerable Domestication of CRC Overall social policy	Second chance education Skills training Integrated early childhood development Conditional cash transfers Asset building and livelihood development	Contributory social insurance/social security (pensions, maternity, disability, etc.) Universal social pensions Universal child allowances Health insurance Savings and credit schemes Burial societies Disaster/crop insurance	Public employment schemes Feeding programs Child protective services Cash transfers Fee waivers Family support services Humanitarian relief

The most ubiquitous social protection programs are public employment and food based safety nets (including food aid and school feeding), though cash transfer programs are quickly taking root in the region. Micro-enterprise development initiatives can also be found in most countries. Care and protection programs for orphans and other vulnerable children are supported by multiple international agencies, but these are not well coordinated nor integrated with other social protection initiatives. Early childhood development programs are relatively uncommon, but critically required. The same is true of programs targeted to adolescents (e.g., second chance education, training and retraining and reproductive health programs). In general, the focus has been on protection with insufficient attention to the promotive potential of social protection. Numerous small-scale social protection interventions, including cash transfer programs; fee waiver programs; care and protection services; and other social services are funded through national budgets, frequently with donor support or with donor projects operating in parallel.

Preventive programs are probably the weakest pillar in existing social protection systems in the region. All countries have multi-pillar pension schemes that include some combination of contributory social insurance, civil service pensions, privately managed occupational schemes and individual retirement products sold by financial institutions. But these mostly cover workers in the formal sector and the ILO estimates that 90 percent of Africa’s population remains uninsured against the risk of illness or injury.³⁷ Contributory schemes are characterized by limited coverage, threats to fiscal sustainability and weak administration, while inefficient civil service pension schemes deliver poor insurance but absorb significant fiscal resources and crowd out other social programs. Insurance markets are weak, with limited access to formal insurance and isolated examples of informal community based schemes. In all

³⁶ For regional reviews, see Devereux, ‘Stephen, Social Protection Mechanisms in Southern Africa and World Bank, Dynamic Risk Management and the Poor: Developing a Social Protection Strategy for Africa’, Washington, D.C., 2001.

³⁷ Report of the Director-General, *The Decent Work Agenda in Africa: 2007–2015*, Eleventh African Regional Meeting, ILO, Geneva, 2007.

countries, the public sector provides some level of risk management through labor market regulations but the coherence and impact of these remain unclear, especially in light of rising levels of informality.

To date, policy development for social protection has been spotty. A number of countries (e.g.; Lesotho, Madagascar, Malawi, Mozambique, Rwanda, Tanzania and Uganda) include some aspect of social protection in their Poverty Reduction Strategy Papers. Other countries are in various stages of developing both national strategies and specific programming, but the relationship between the two is not linear. For example, Malawi is expanding its pilot cash transfer scheme but its social protection strategy is still in draft form. South Africa has a range of cash grants, but no social protection strategy. Zambia has an approved social protection strategy, but political support to scale up the pilot transfer schemes has been slow. All ESA countries have yet to consistently address the age, gender and geographic specific vulnerabilities of children so as to provide a holistic or sustainable approach to childhood vulnerability.

3.2 Social Protection Programming for Children

Because social protection systems are still in the early stages of development in ESA (except for the middle income countries), UNICEF has an important opportunity to both support the sector as well as to influence the design of national systems. The list of potential interventions is large and almost all social protection interventions can benefit children in one way or another. In keeping with its mandate, UNICEF's challenge is to ensure that national systems are child sensitive, although what this means in practice is not yet well established, and will vary to some extent depending on the individual country context. Nevertheless, *based on a review of the range of existing social protection programs, it is possible to identify 5 key intervention areas that respond to the development challenges highlighted in chapter 2, have a direct impact on the welfare of children, and are program areas where UNICEF either already has or can have a leadership role.*

Programme Area 1: Development of comprehensive legal and social protection frameworks for protecting children's rights: At the transformative level, reform of the legal and judicial system to provide equal protection to women and children, and to make sure that national legislation is consistent with the CRC, the African Charter, and CEDAW, is a key component of child and gender sensitive social protection development programming. UNICEF is a known leader in advocating for appropriate legal protection for women and children, and for supporting governments in their efforts to harmonize domestic laws with international agreements. These initiatives will be complemented by public education and advocacy to change cultural barriers to participation, as well as to provide information on rights and entitlements to public services for the poor and socially excluded. Support to policy development in social protection and to ensure that social protection concerns are addressed in broader social sector policy frameworks should also be supported.

Programme Area 2: Targeted cash transfers to combat child poverty. Cash transfers, small predictable sums of money to ultra poor families with children, are a relatively new and successful strategy in the region to alleviate household poverty. Such grants empower recipients by providing them with greater freedom of choice in consumption decisions, and have demonstrated positive effects on food consumption, diet diversity, and expenditure on basic rights to health and education. Targeted cash transfers can have a positive impact on children of all ages; however, it is the most powerful tool for middle childhood in that it directly contributes to human capital development of school age children – through better diets and increased school attendance. Social cash transfers can also be an important humanitarian response intervention though, to date, there are few examples of UNICEF supported cash transfers as a social protection response in an emergency. Within the context of an emergency, UNICEF should be in a position to directly support a government owned cash transfer response, or to shape such a response to ensure that the best interests of children are represented.

Programme Area 3: Early childhood care and development for especially vulnerable children. Early care and pre-school programs targeted to the most vulnerable, the ultra-poor, the malnourished, and to children whose parents have very low levels of education and weak capacity for good parenting, can greatly reduce inequities in child development, and are thus a crucial component of a child sensitive social protection system. Importantly, such early interventions for vulnerable infants and children through programmes such as community based child care centres can prevent irreversible deficits in cognitive ability and socio-emotive development, which have lasting effects through the life-course. UNICEF work in this area can include technical assistance to develop early learning and development standards for quality care, and to develop alternative and appropriate service delivery strategies for the most vulnerable.

Programme Area 4: Gender-sensitive social and protective services for the most vulnerable children (MVC). The core of any social protection system is a strong social welfare service which supports vulnerable individuals and families, including victims of gender based and other abuse and discrimination, and provides mechanisms to enable the MVC to access other basic social services (health, education, social assistance). Three aspects of the social service are of particular importance for children: family support services, support to community and other alternative care arrangements for vulnerable children including orphans, and specialized protective services for victims of exploitation and abuse, particularly women and children.

Programme Area 5: Second chance education, training and life-skills for adolescents. Given the significant number of adolescents who are either illiterate or have minimum skills because of early drop-out, poor quality of education, or both, an important component of a child and gender sensitive social protection system in ESA is a set of programs to address the human capital and life-skills capacity gaps of adolescents. Interventions in this area can focus on developing work related social and productive skills, including basic literacy and numeracy, to enable adolescents to access employment opportunities. Equally important is the development of healthy lifestyles, particularly with respect to sexual behavior, and coping and conflict resolution skills. Specific program interventions include second chance (formal or non-formal) education and on-the-job training which integrates basic skills with more general social and emotional development, including gender sensitivity.

The last four programme areas described above are part of the *protective* agenda in that they enable duty bearers to protect children from poverty and deprivation, but they are also *promotive*, in that they have the ability to enhance the human capital of children, enable children to claim their rights and break the intergenerational cycle of poverty. Promotive development programmes create a more empowered generation of duty bearers with the capacity to protect, respect and fulfill their children's rights.

Preventive strategies such as expanding coverage of formal pension schemes, improving access to health and insurance products and reforming labor markets are also important for a comprehensive national social protection system. However, these reforms will take considerable time to realize and form part of a longer-term social protection agenda in the region. In the shorter-term, the building blocks need to be put into place so that the current generation of children is positioned to benefit from the longer-term reforms. Preventive social protection falls within the portfolios of the ILO, the World Bank, the African Development Bank and the World Health Organization. It is important for UNICEF to advocate for gender and age specific monitoring, and to ensure that the rights of women and children are reflected in the design of preventive programs (include the rights of orphans and children born out of wedlock).

A comprehensive social protection system should include protective, preventive, promotive and transformative components. UNICEF will work with governments, UN and other development partners in developing policy and programming capacity in each of the four areas, as indicated by the findings and recommendations of causality and capacity analysis in each country. But within the broader social protection agenda, UNICEF views the five 'building blocks' described above as having the most potential for reaching vulnerable children and for respecting, protecting and fulfilling their rights.

The remainder of this chapter provides further information on the four programming areas in the protective sphere described above. Each section provides information on key design choices, operational challenges and best practice, as well as a brief review of the evidence on impact of existing programs where available. These reviews are not exhaustive, but are intended to highlight the international experience and state of the science in each programmatic area, and together with the references cited in the text, provide a starting point for the development of country specific design efforts.³⁸

3.3 Combating Child Poverty through Cash Transfers

International development agencies and governments have begun to rely increasingly on cash transfers to households in their social protection responses. The interest in cash transfers is increasing for two related reasons. First, traditional social protection interventions, including price subsidies, food based safety nets and public works, have not proved to be particularly efficient mechanisms for transferring income to the poor and are not well suited for the chronically poor (and hungry) who require long-term predictable social assistance arrangements.^{39,40} Second, a considerable body of evidence exists demonstrating that in most cases, cash transfers provide more efficient and effective support in emergency and long-term response situations marked by repeated shocks and/or chronic poverty.⁴¹

Although cash transfers have been receiving more attention in recent years, they are not new to ESA. The social pension in South Africa was introduced for Whites in 1928 and was extended to Black South Africans in 1944. Today South Africa implements seven cash transfer programs; total coverage increased by almost 18 percent since 1997 and is now equal to 11 million individuals (or about 23 percent of the population). Namibia introduced a social pension in the 1970s and now implements nine cash transfer programs. Botswana introduced a social pension in 1997, Lesotho in 2004. The Government of Mozambique began a cash food subsidy program in 1990. The program currently operates in the 13 principal urban centers of the country, and Cabinet has approved expansion of the program to rural areas. Eritrea began its cash transfer program for ex-soldiers and widows in 1993. In Rwanda, there is a small cash transfer program for demobilized soldiers, implemented by government and financed by Government and donors through a UNDP-administered fund. The Governments of Swaziland, Zambia and Zimbabwe implement national social assistance programs targeted to the indigent and/or elderly. Ethiopia, Namibia, South Africa, Botswana, Lesotho, Malawi, and Tanzania implement child and fostering grants targeted to orphans and other vulnerable children (some of which include in-kind assistance such as clothing and school supplies). Lesotho, Namibia, South Africa and Botswana provide disability grants.

UNICEF itself has a long history of involvement with cash transfers in Eastern Africa with one of the earliest programs established during the 1983-85 famines in Ethiopia. That program delivered cash transfers to almost 95,000 people in 18,900 households. More recently, UNICEF has provided financial and technical assistance for pilot cash transfer programs in Kenya and Malawi. Selected cash transfer programs in ESA are summarized in Table 3.2. Some of these programs are donor funded, others are government-funded programs, and together they are illustrative of the range of programs that are found in ESA. As seen, programs vary with respect to objectives, target groups, coverage, transfer levels and implementation arrangements.

³⁸ The AIDS epidemic raises enormous social protection challenges for the region. It increases demand for social protection at the same time that it diminishes the fiscal and human resources of governments and families to respond. The AID epidemic forces us to think harder, but not necessarily differently about social protection, therefore, issues of social protection and HIV and AIDS are addressed within each section.

³⁹ See Annex 2 for a review of the advantages and disadvantages of these social protection interventions.

⁴⁰ We distinguish between food aid and food and maternal feeding programs which still have an important role and are an important part of the UNICEF portfolio. Food and micronutrient supplementation can be an important component of a targeted approach to malnourished children and pregnant women.

⁴¹ See for example, World Bank, *Africa Regional Workshop on Cash Transfer Programs for the Vulnerable Groups, Mombasa, 2007*; Maunder, Nick and Wiggins, Steve, 'Food Security in Southern Africa: Changing the Trend? Review of Lessons Learnt On Recent Responses To Chronic And Transitory Hunger And Vulnerability', OXFAM (Great Britain)/World Vision International/CARE/RHVP/OCHA, 2006; Witteveen, Ann, 'No Small Change: Unconditional Cash Transfers as a Response to Acute Food Insecurity, A Description Of Oxfam's Projects in Malawi and Zambia from November 2005 – March 2006', *Presentation at the UNICEF sponsored workshop: Social Protection Initiatives for Children, Women and Families: An Analysis of Recent Experiences*, New York, 2006; Devereux, Stephen et al., 'Making Cash Count: Lessons from Cash Transfer Schemes in East And Southern Africa for Supporting the Most Vulnerable Children and Households', Save the Children UK/ HelpAge International/Institute of Development Studies, London and Brighton, 2005; DFID, 'Social Transfers and Chronic Poverty: Emerging Evidence and the Challenge Ahead', London, 2005.

Table 3.2. Selected Cash Transfer Programs in ESA

	Mozambique	South Africa	Namibia	Kenya	Zambia	Malawi
Program	Food Subsidy Program	Child Support Grant	Child Maintenance and Foster Grants	Cash Transfer Program for OVC	Kalomo Pilot Social Cash Transfer Scheme	Mchinji Social Cash Transfer Scheme
Source of Funding	Government	Government	Government	UNICEF and Government	GTZ	UNICEF and Government
Executing Agencies	The National Institute for Social Action (INAS) under the Ministry of Women and Social Action.	Department of Social Development and South Africa Social Security Agency (SASSA)	Ministry of Women Affairs and Child Welfare	Ministry of Home Affairs and the National AIDS Control Council	Ministry of Community Development and Social Services	Department of Poverty and Disaster Management and Affair, implemented by Mchinji District Assembly.
Objective	Support entitlements to food by raising the household income	Poverty reduction	To improve standard of living of children in need	Provide households caring for orphans with financial support.	Reduce extreme poverty, hunger and starvation in the most destitute and incapacitated (non-viable) 10% of households in the pilot region	Empower the poor to contribute to social and economic growth
Target Group	Eligibility determined by age, means testing (monthly income below USD 30) and health status (disability, chronically sick)	Poor children under the age of 14	Poor children under the age of 18 living with one or both parents or with foster parents	Households caring for OVC.	Elderly-headed households that care for orphans and other vulnerable children (OVC)	Ultra poor and work constrained households
Geographic distribution	Urban and peri-urban areas with planned expansion to rural areas	Country wide	Country wide	17 districts chosen on the background of the highest prevalence OVC	Pilot limited to in the Kalomo District	Pilot initiated in the Mchinji District and expanding to 5 other districts in 2008.
Number of people reached	38,000	8.0 million children	40,000 and 1,500 foster families	10,500 OVC	2,400 households	4200 households
Value of Transfer (UDS)	USD 3 per month for one person households to a maximum of USD 6 per month for 5+ households	Approx. USD 26 per child per month up to a total of six children	Children's grant USD30 per month plus USD15 per child up to a total of three children	USD 0.75 per day.	USD 7.5 per month for households without children; USD 9 for households with children	1 person hh 4 USD, 2person hh 7 USD, 3person hh 10 USD, 4+person hh 13 USD
Transfer Mechanism		SASSA and ABSA Bank	Outsourced to private security companies. An electronic identity card is issued to recipients.	Outsourced to the post office	Outsourced to private security companies. An electronic identity card is issued to recipients.	Money is delivered in cash by hand using existing government machinery.

Source: Compiled by Authors

How Cash Transfers Help Children and their Families. The benefits of cash transfer programs have been widely documented. Cash transfers can immediately improve income and reduce overall inequality.⁴² For example, social pensions double the income of the poorest 5 percent of the population in Brazil and increase it by 50 percent in South Africa.⁴³ The overall impact of the South African social security system on poverty has been to reduce the poverty gap by 45 percent and the destitution gap by 67 percent.⁴⁴ Similarly, between 1997 and 1999, Mexico's *Oportunidades* reduced the poverty gap among participants by 36 percent.⁴⁵ A study of *Oportunidades* (Mexico) and *Bolsa Família* (Brazil) indicates that national inequality as measured by the Gini coefficient fell by 2.7 points after the introduction of these programs even though they only represent about 0.5% of national income.⁴⁶ Mozambique's urban cash transfer program increased household incomes in poor towns by about 41 percent.⁴⁷ Thus even small grants can have an impact on inequality. Social transfers have the potential to reduce the impact of macroeconomic shocks on the poor. One estimate suggests that had Mexico's *Oportunidades* been in place during the Mexican financial crisis in 1995, the poverty headcount, poverty gap and squared poverty gap would have been 8.8%, 17.1% and 22.5% less than their actual values during the crisis.⁴⁸

Cash transfers contribute to *improved food security, dietary diversity and children's nutritional status*. In Zambia's Kalomo Pilot project, the number of household members living on one meal a day decreased from 19 percent at the baseline to 13 percent at evaluation. Program households reported feeling more satiated after having eaten with the percentage reporting that they were still hungry after each meal decreasing from 56 percent at the baseline to 35 percent. Households also had more varied diet with the number of households consuming vegetables, fruits, fish and meat increasing, and an 8 percent decrease in the proportion of underweight children.⁴⁹ In Malawi, experimental evidence from the Mchinji scheme shows significant improvements in diet diversity (particularly for protein and fish). Program households were more likely to have more than 1 week of food stores relative to controls, and were significantly more likely to report having adequate food to eat (70 percentage point difference). Children were also less likely to be sick in the reference period (10 percentage point difference between treatment and control households) and more likely to be taken for health care when sick (60 percentage point difference).⁵⁰ In Ethiopia, mothers reported feeding their children more frequently and most mothers reported giving a wider variety of grains and pulses to their children; they also reported increasing the amount of livestock products and oil given to children, and some mothers bought more vegetables.⁵¹ A study of the Child Support Grant in KwaZulu-Natal, South Africa, suggests that it has an impact on child height for children who started receiving the grant in their first 20 months of life.⁵² In Mexico, 70 percent of households participating in *Oportunidades* demonstrated improved nutritional status. The program has also had an impact on growth in children, with the growth rate among children aged 12-36 months increasing by an average of one centimeter per year.⁵³ Similarly, in South Africa, having a recipient of the social pension

⁴² For example, see Barrientos, Armando & DeJong, Jocelyn, 'Reducing Child Poverty with Cash Transfers: A Sure Thing?' *Development Policy Review*, 24 (5): 537-552, 2006 and Devereux, Stephen, et al, 'Making Cash Count: Lessons from Cash Transfer Schemes in East and Southern Africa for Supporting the Most Vulnerable Children and Households', Save the Children UK/HelpAge International/IDS, 2005.

⁴³ HelpAge International and Institute of Development Policy Management, 'Non-Contributory Pensions and Poverty Prevention: A Comparative Study of Brazil and South Africa'. HelpAge International, London, 2003.

⁴⁴ Sampson, Micheal, 'African Perspectives on Cash Transfers: The Developmental Impact of Social Transfers', Presentation at the Africa Regional Workshop on Cash Transfer Programs for Vulnerable Groups, Mombasa, February, 2007.

⁴⁵ Morley, Samuel and Coady, David, 'From Social Assistance to Social Development: Targeted Education Subsidies in Developing Countries'. Center for Global Development and IFPRI, Washington, D.C., 2003.

⁴⁶ Soares, Sergei, Osório, Rafael Guerreiro, Soares, Fabio Veras, Medeiros, Marcelo & Zepeda, Eduardo; 'Conditional Cash Transfers in Brazil, Chile and Mexico: Impacts upon Inequality', International Poverty Center, Brasilia, 2007.

⁴⁷ Devereux, Stephen, 'Can Social Safety Nets Reduce Chronic Poverty?', *Development Policy Review* 20(5): 657-675, 2002.

⁴⁸ Davis, Benjamin, Handa, Sudhanshu & Soto, Humberto, 'Households, Poverty and Policy in times of Crisis: Mexico 1992-1996.' *CEPAL Review*. Vol.82(April):191-212, 2004.

⁴⁹ Ministry of Community Development and Social Services/German Technical Cooperation (GTZ) Evaluation Report: Kalomo Social Cash Transfer Scheme, 2006.

⁵⁰ Miller, Candace, & Tsoka, Maxton & Mchinji Evaluation Team, 'Second Evaluation Report Presentation', Lilongwe, Malawi, December 2007.

⁵¹ Adams, Lesley and Kebede, Emebet, 'Breaking the Poverty Cycle: A Case Study of Cash Interventions in Ethiopia', Humanitarian Policy Group, Overseas Development Institute, 2005.

⁵² Department of Social Welfare, 2004 study of South Africa Child Support Grant cited by Dr Ingrid Woolard at Southern African Regional Poverty Network seminar.

⁵³ Skoufias, Emmanuel and McClafferty, Bonnie, 'Is Progresa Working?' Summary of the Results of an Evaluation by IRPRI, IFPRI, Washington, D.C., 2001.

in a household has been correlated with a three-to-four-centimeter increase in height among children.⁵⁴ In Nicaragua, there was a 5.2 percentage point net reduction in stunting among participants of a cash transfer program in just two years.⁵⁵

Evidence suggests that households receiving cash transfers increase investments in their children's education. In Malawi, experimental results shows a 4 percentage point increase in school enrolment among children under age 10, and a 36 percentage point decline in child labor.⁵⁶ In Zambia's Kolomo Pilot project, overall absenteeism from school declined by 16 percent over the first nine months of the pilot scheme and enrolment rates rose by 3 percentage points to 79 percent over the period of the external evaluation. This increase is statistically significant. Moreover, 50 percent of children who were not in school at baseline were enrolled at evaluation. Half of them started school, while the other half returned to a higher grade, meaning that they had dropped out of school before the scheme started.⁵⁷ Early findings from the pilot Kenya Cash Transfer program suggest that the program increased school attendance among orphans and vulnerable children.⁵⁸ Conditional cash transfers that make receipt of benefits conditional on school enrollment, attendance and progression (Jamaica, Mexico, Nicaragua, Colombia and others) have had demonstrated positive impact on investments in education and progression for those already in school as well as for children previously not enrolled⁵⁹; however, as discussed below, the appropriateness of conditional cash transfers in ESA is still an open question.

Cash transfers can also increase investments in productive assets. In the Zambian pilot, 28 percent of the transfers are spent on investments and the scheme seems to have stopped the practice of selling assets for food. In Mexico's Oportunidades Program, program households used 88 percent of the transfer to purchase consumption goods and services and they invested 12 percent. The investments improved the household's ability to generate income with an estimated rate of return of almost 18 percent, suggesting that these households were both liquidity and credit constrained. By investing transfers to raise income, households were able to increase their consumption by 34 percent after five and a half years in the program. These results suggest that cash transfers to the poor may raise long-term living standards, which are maintained after program benefits end.⁶⁰

From an administrative perspective, cash transfer programs are more cost effective than food based or public works programs because moving cash from one point to another is less costly than moving food or inputs for public works. Cash is logistically simpler and can be disbursed rapidly, even in remote locations. The administrative cost of delivering pure cash transfers is lower than for other transfer programs because transporting, storing, and distributing food and building materials is more expensive than moving cash around. In Ethiopia, cash transfers are 39 to 46 percent cheaper than imported food and between 6 to 7 percent less expensive than food purchased on the local market.⁶¹ DFID estimates that, in Zambia, a food transfer program delivering the equivalent benefits to a national cash transfer program would be almost four times more expensive than a cash transfer and reports that the unit cost of transferring cash to the very poor is around eight times higher for work programs compared with a simple cash transfer.⁶² Due to high administrative costs, targeting errors and leakages due to corruption, the Maharashtra Employment Guarantee Scheme in India spent 143 rupees to get 60 rupees to the poor.⁶³

⁵⁴ Barrientos, Armando and Lloyd-Sherlock, Peter, 'Non-Contributory Pensions and Social Protection', ILO, Geneva, 2002.

⁵⁵ Maluccio, John A. and Flores, Rafael, 'Impact evaluation of the pilot phase of the Nicaraguan Red de Protección Social.' *Research Report No. 141*, International Food Policy Research Institute, Washington D.C., 2005.

⁵⁶ Miller, Candace & Tsoka, Maxton & Mchinji Evaluation Team, 'Second Evaluation Report', Presentation, Lilongwe, Malawi, December 2007.

⁵⁷ Ministry of Community Development and Social Services/German Technical Cooperation (GTZ) 'Evaluation Report Kalomo Social Cash Transfer Scheme', 2006.

⁵⁸ DFID, 'Using Social Transfers To Improve Human Development', *Social Protection Briefing* London, 2006.

⁵⁹ See Maluccio, John, Murphy, Alexis and Regalia, Ferdinando 'Does Supply Matter? Initial Supply Conditions and the Effectiveness of Conditional Cash Transfers for Grade Progression in Nicaragua,' Mimeo, 2007. Available from fregalia@unicef.org.

⁶⁰ Gertler, Paul, Martinez, Sebastian, Rubio-Codina, Marta, 'Investing Cash Transfers to Raise Long-Term Living Standards', *World Bank Policy Research Working Paper 3994*, 2006

⁶¹ Adams, Lesley and Kebede, Emebet, 'Breaking the poverty cycle: A Case Study of Cash Interventions in Ethiopia', Humanitarian Policy Group, Overseas Development Institute, 2005

⁶² DFID, 'Social Transfers and Chronic Poverty: Emerging Evidence and the Challenge Ahead', London, 2005.

⁶³ Subbarao, K., 'Systemic Shocks and Social Protection Role and Effectiveness of Public Works Programs', World Bank, Washington, D.C., 2001.

Other advantages of cash transfers have been noted. They empower recipients by providing greater freedom of choice and reducing the stigma attached to the use of food aid. The range of food items that can be purchased may be wider and more appealing than the standard food-aid basket. Cash transfers are also less costly to the recipient than food based safety nets, first because distribution points are likely to be closer to the recipients home than food distribution programs and second because cash is universally accepted. Cash transfers can help to stimulate local opportunities for production and trade and stabilize the economy over the course during slack periods. There is some concern that injections of cash into the local markets could increase prices. Although the cash-for-work project in Zambia did seem to result in some inflation (particularly of food prices),⁶⁴ this has not seemed to happen in most countries. Delivering cash rather than food also addresses the problem of identifying requirements, since participants are in a position to determine their own requirements. And from a fiscal perspective, cash transfer programs increase the predictability of public outlays because they are not immediately affected by unexpected price surges.

There is now considerable evidence both within ESA and in other developing regions that cash transfers can serve as an effective safety net instrument in emergencies – both natural and manmade.⁶⁵ However, international experience has also taught that it can be difficult to start a program from scratch once a crisis has already hit. The best strategy for an emergency is to have a core program already operating. The institutional mechanisms and capacity of the permanent program could then be built upon to facilitate scaling up during national emergencies.⁶⁶ A number of international agencies, including the International Red Cross, Oxfam and others, have implemented cash transfers in emergencies; however there are very few examples of UNICEF supported cash transfers as a emergency response. Many countries within ESA are prone to cyclical emergencies either slow or rapid onset in nature. In addition, a number of countries have significant programs supporting post-conflict recovery programs. ESA countries will undertake feasibility analyses together with government counterparts and other UN agencies (principally WFP), to review the possibilities for cash transfers to complement current emergency response modalities such as relief food distribution. Within the context of an emergency, UNICEF will either be in a position to directly support a government owned cash transfer response, or to shape such a response to ensure that the best interests of children are represented. A UNICEF global guidance note will be issued in 2008 to this effect.

Optimizing Outcomes from Cash Transfers Although the benefits of cash transfer programs have been established, realizing their potential requires careful planning. Decisions about who to target and how to identify members of the target group affect outcomes. Benefits can be universal and available to all persons over (or under) a specified age without respect to need (social pensions in Lesotho and Namibia and the child allowance in South Africa). Transfers can be targeted using geographic targeting, means testing, community targeting, categorical targeting, self-targeting or some combination of these. Generally, programs that use a combination of methods show more accurate targeting outcomes.⁶⁷ The selection mechanism used depends on the objectives of the program, the extent of poverty, the administrative capacity of the country (particularly the capacity to assess need), and also the fiscal envelope of the program. For example, with the same fiscal resources, a means tested program could provide a larger grant to a smaller number of participants while a universal program would provide a smaller benefit to a larger number of people. Nevertheless, means testing can increase the administrative cost of the program, which means that the benefits of targeting are partially offset by the administrative cost of identifying the poor. In addition, proxy means tests become challenging when extreme poverty and poverty is widespread as the forecasting power of these models become weaker.

Other eligibility criteria also have a bearing on the potential impact on children. Limiting support to children living in adult headed households would exclude child-headed households although the children in these households are among the most vulnerable. Small family-group homes provide a reasonable alternative in cases where extended or foster families cannot take the child and children in these homes

⁶⁴ Devereux, Stephen, 'Social Safety Nets for Poverty Alleviation in Southern Africa: Summary Research Report', Institute of Development Studies, Sussex, 2000.

⁶⁵ See Harvey, Paul and Jaspers, Susan, 'Cash Transfers in Emergencies', UNICEF, 2007.

⁶⁶ Peppiatt, David, et al, 'Cash Transfers In Emergencies: Evaluating Benefits and Assessing Risks', Humanitarian Practice Network, ODI, 2001.

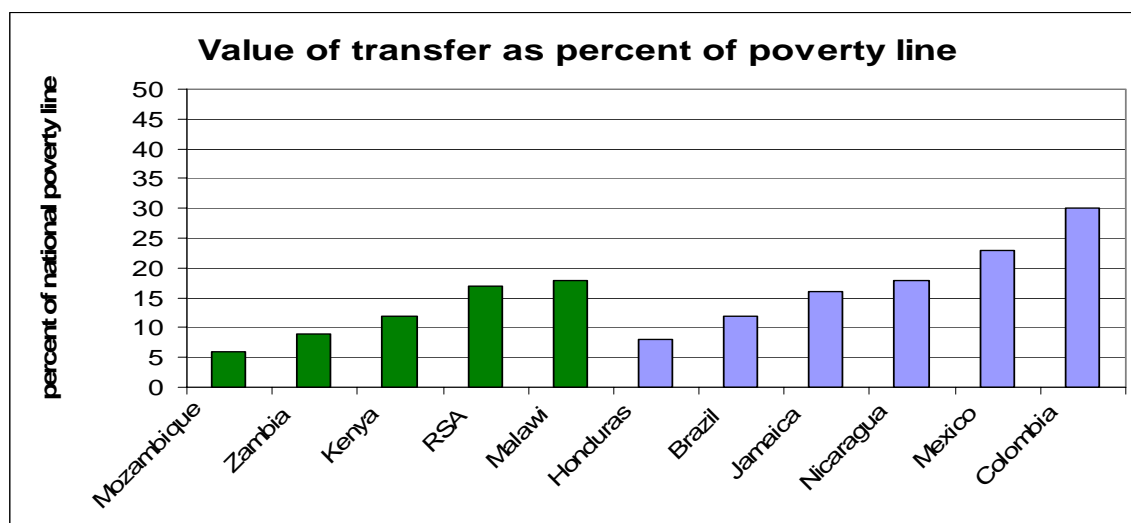
⁶⁷ Coady, David, Grosh, Margaret and Hoddinott, John, 'Targeting Outcomes Redux', *World Bank Research Observer*, 19 (1): 61-86, 2004.

should not be excluded from benefits. Complex application procedures that require costly difficult to obtain documentation (e.g., birth or death certificates) can make it difficult for the most vulnerable to participate.

A key issue in the design of a cash transfer program is the transfer amount. The size of the benefit needs to be determined with reference to the objectives of the program. For example, the objective of Mozambique’s food subsidy program is to support entitlements to food through raising the household income while the objective of its Minimum Income Support for School Attendance (MISA) is to increase school attendance among the poor. To meet program objectives, the food subsidy program needs to transfer enough money to the household to cover all or part of the food basket. In the case of MISA, the transfer needs to be large enough to substantially offset out of pocket education expenses and the opportunity costs of sending a child to school (especially in terms of forgone labor). The transfer should be small enough to avoid crowding out (i.e., substituting for) private transfers and to avoid disincentives to work. Given the limited fiscal space of governments, the primary concern is unlikely to be whether the transfer will be too big, but rather whether it will be big enough to have an impact.

In a study of 55 cash transfer programs from 27 middle-income countries (49 programs from 22 ECA countries and 6 CCT programs from LAC) , the median value of benefits as a share of the consumption of recipient households is 13 percent for family allowances, 15 percent for means-tested and proxy-means-tested programs from ECA region, 9 percent for conditional cash transfer programs, and 20 percent for social pensions. This information is not available for ESA countries; however, an alternative comparator is the size of the transfer as the share of the poverty line. Cash transfer programs typically transfer an amount equal to about 20 percent or less of the poverty line (Figure 3.3); the five African programs shown in the figure provide benefits ranging from 5 to 20 percent of the national poverty line.⁶⁸ Since the African programs typically target the ultra-poor whose consumption is no more than half the poverty line, these values represent about 10-40% of the per capita consumption of recipient households, and likely more for those in the bottom 10 percent of the wealth distribution of the population.

Figure 3.3. Value of transfer as A Percent of Poverty Line



Source: Compiled by authors

Some of the cash transfer programs described above are targeted to children orphaned by AIDS. There are benefits to targeting children orphaned by AIDS, including the ability to fairly easily identify a critical vulnerable group and the political support derived from reaching clearly vulnerable children. Despite these benefits, targeting children who have been orphaned by AIDS is not the first choice. While social

⁶⁸ Not shown here is South Africa’s Older Person’s Pension, which at R840 (US\$140) per month is about twice the poverty lines.

pensions can have positive impacts on orphans, they raise issues of equity because not all children orphaned by AIDS are equally in need of assistance and not all children in need of assistance have been orphaned by AIDS. In addition it is potentially stigmatizing to the child. Therefore, targeting should be of vulnerable children, some of who are vulnerable as the result of AIDS and some of who are vulnerable for other reasons. In the same vein, if social transfers are provided, they should be directed to increasing the income of the entire household rather than just the orphan.⁶⁹ While this raises the possibility that the benefits may be unfairly distributed or diffused thereby reducing the value to the orphan evidence from cash transfers indicates that the orphan does benefit from a transfer to her/his household. Monitoring systems to ensure that children are treated fairly and that their rights are regarded will be important.

It may be justified to specifically target “HIV positive households” when the parent(s) is/are still alive. This is because the time period after diagnosis and prior to the death of the parent is so critical for the child and the family. Waiting to intervene until the child is orphaned misses an important window of opportunity for supporting the child and for potentially reducing demand for alternative care. Identifying households with HIV positive members and, where required, providing cash transfers and other support services could enable parents to live longer, keep families intact and delay orphan hood. In these cases, households could be targeted based on the trigger of a positive HIV test. In these situations, the cash benefit needs to be designed as part of a larger care package that also includes medical and psychosocial supports.

The Governments of South Africa, Namibia, Botswana, Lesotho, Swaziland and Mauritius implement non-contributory social pensions. South Africa means tests its pension; in the other countries age is the only eligibility criteria. These programs serve as a tool for protecting older people, but social pensions also serve as a mechanism to reach orphans and vulnerable children who reside with elderly relatives. In southern Africa, over 59 percent of double orphans reside with elderly persons so social pensions reach a large number of vulnerable children. Pension payments are often used to buy food, to pay for education costs of grandchildren or for the rest of the household.⁷⁰ Although there are clear benefits to children, using social pensions to target children will not reach a large number of vulnerable children (Box 3.1). Errors of exclusion are a concern (exclusion of those children not living with a pensioner) as well as the well-being of the child after the pensioner dies.⁷¹

⁶⁹ Slater, Rachel, 'The Implications of HIV/AIDS for Social Protection', DFID, 2004; Subbarao, Kalanidhi, 'Reaching Out to Africa's Orphans: A Framework for Public Action', World Bank, Washington, D.C., 2004.

⁷⁰ Institute of Development Policy Management, 'Non-Contributory Pensions and Poverty Prevention: A Comparative Study of Brazil and South Africa'. HelpAge International, London, 2003.

⁷¹ Devereux, Stephen, 'Social Protection and Social Welfare: African Perspective', Institute of Development Studies, Sussex, 2005.

Box 3.1. Targeting Cash Transfers in Zambia: An Assessment of Different Selection Criteria using Microsimulations

Four selection criteria for a poverty targeted social cash transfer scheme in Zambia were analyzed using the 2004 Living Conditions Measurement Survey (LCSM) to see which criteria would reach the most number of poor children. These criteria approximate strategies currently employed in pilot programs in ESA. The first selection scheme targets labor-constrained households, defined as households with no individuals between the ages of 15 and 60, with a dependency ratio greater than three (3.0). These criteria approximate those used for eligibility in Malawi and Zambia (Kalomo). The second selection scheme targets households with vulnerable adults, defined as a woman or a man above the ages of 55 or 60, respectively, or with a disabled adult. This scheme is currently employed in the cash transfer program in Mozambique. The third targeting scheme targets poor households with children under the age of 18 and approximates the Kenyan OVC cash transfer program. The fourth selection scheme targets the poorest households without regard to any other characteristic. Eligibility under all four regimes is limited to the bottom three deciles of per capita consumption.

A flat transfer per household is assumed irrespective of household size. The amount of the transfer is fixed at 30 percent of the median per capita consumption in the poorest two deciles, which is roughly the identified target group of the social cash transfer schemes in the region. The total annual program budget is capped at 0.5 percent of GDP, an amount considered affordable in the resource-poor context of the region. The total program budget includes 20 percent administrative costs and is approximately US\$ 41million or about 1.5 percent of total government expenditure.

For each selection scheme, eligible households are identified and ranked from poorest to richest based on per capita consumption. Program participants are selected and given the flat transfer until the budget constraint is reached or until all eligible households within the first three deciles are exhausted. Once households have been selected and given the transfer, the change in the poverty gap (PG) and squared poverty gap (SPG) is calculated relative to their baseline measures (without the program). A description of recipient families in terms of size, number of children, and the mean change in per capita household consumption is also provided.

Table A presents results for the total number of households and individuals reached under each selection scheme and the associated costs. Scheme 4 is the 'benchmark' representing perfect poverty targeting which exhausts the budget. Such a scheme spends the entire budget of US\$41m on 1.72 million individuals living in the poorest 272,577 households across the country—this represents about 16 percent of the total population. The most important thing to note from Table A is that the first two schemes do not reach the budget constraint, which indicates that there are not enough households with those characteristics in the bottom 3 deciles. For example, labor-constrained households total only 440,240 individuals living in 70,403 households in the bottom 3 deciles. Selection scheme 2, which focuses on vulnerable adults, would only reach 1.15 million individuals in 177,977 households in the bottom 3 deciles. This scheme would spend only about 65 percent of the total budget allocated to the program, while scheme 1 would only spend 26 percent of the total budget and reach about 4 percent of the total population. Scheme 3, which targets poor households with children, virtually replicates perfect poverty targeting, which means that almost all of the very poorest households have children. Both these schemes exhaust the budget.

Selection Criteria	Households Reached	Individuals Reached	Total Cost (Zkw billions)	Total Cost USD m
1. Labor-constrained HHs	70,403	440,240	45.5	10.6
2. HHs w/elderly or disabled	177,977	1,148,399	114.9	26.9
3. HHs w/children	272,531	1,812,867	176.0	41.1
4. Poorest HHs	272,577	1,718,402	176.0	41.1

The demographic characteristics of households reached under the alternative schemes are presented in Table B. In all cases the share of children in recipient households is at least 40 percent and reaches 48 percent under the third scheme, which explicitly targets households with children. All 4 schemes, even schemes 1 and 2, which do not explicitly target children, will reach a significant number of children (at least 40 percent). However, the proportion of these children in the poorest decile varies significantly across schemes. In schemes 1 and 2 only 36 and 38 percent of children are from the poorest consumption decile, in contrast to schemes 3 and 4 where 68 and 76 percent of children are from the bottom consumption decile.

Orphans (defined here as any type of orphan) represent about 25 percent of all children in households selected under schemes 1 and 2, but only about 16 percent of all children under schemes 3 and 4. *Hence labor-constrained households and those with vulnerable adults (elderly or disabled) are more likely to contain orphans than other types of households. However schemes 3 and 4 reach a larger total number of orphans than schemes 1 and 2. In addition, as we indicated earlier, the children reached under schemes 3 and 4, including orphans, are poorer than in schemes 1 and 2.* So, the total number of orphans reached under schemes 3 and 4 is greater, and these orphans are from poorer households. Moreover, schemes 1 and 2 will probably miss the poorest orphans—those that do not live in labour constrained households for example.

	Mean Household Size	Individuals Reached	Children 0-17	Children in bottom Decile	Orphans Reached	Children as % of Total	Orphans as % of Children
1. Labor-constrained HHS	6.25	440,240	197,602	71,498	47,414	44.89	23.99
2. HHS w/elderly or disabled	6.45	1,148,399	480,720	188,428	126,657	41.86	26.35
3. HHS w/children	6.65	1,812,867	878,385	600,218	143,707	48.45	16.36
4. Poorest HHS	6.30	1,718,402	793,598	600,218	131,063	46.18	16.52

The change in the poverty gap, squared poverty gap and mean consumption of households reached is presented in Table C. Schemes 3 and 4 spend the entire budget and are relatively well targeted to the poorest, and so they achieve the largest declines (2.13 and 4.90 percent declines in PG and SPG respectively). Schemes 1 and 2 are much smaller (they do not exhaust the entire budget) and so achieve smaller gains in welfare. The increase in mean consumption is 50 percent for scheme 4 and 45 percent for scheme 3, but only around 34 percent for schemes 1 and 2.

	Decline in Poverty Gap	Decline in Squared Poverty Gap	Increase in mean consumption
1. Labor-constrained HHS	0.53	0.82	35.75
2. HHS w/elderly or disabled	1.33	2.86	32.86
3. HHS w/children	2.13	4.90	44.78
4. Poorest HHS	2.13	4.90	50.07

In summary, all of the targeting schemes, even schemes 1 and 2, will reach a significant number of children. However, the proportion of children in the poorest decile is highest in schemes 3 and 4, the absolute number of orphans reached is also highest, and these orphans are from the poorest households. The impact on overall welfare, as measured by PG and SPG, is largest for schemes 3 and 4, and because they reach the poorest households, their impact on individual households is also the largest. Thus from a child poverty perspective, either scheme 3 or 4 (which are virtually identical in their impact on children since almost all of the very poorest households have children) would be the preferred options. Scheme 4 is the most inclusive since it allows all poor households to participate, whether or not they have children. However, scheme 3 may be more politically feasible since it explicitly targets children and comes with a built in exit strategy; i.e. households become ineligible when they no longer have children.

Source: UNICEF-ESARO

Conditional cash transfer (CCT) has been gaining popularity in developing countries, especially in Latin America, but there is considerable debate about whether CCTs are appropriate to the African context and whether conditioning is even needed (Box 3.2). CCT programs (now implemented in over twenty developing countries) make receipt of the cash transfer conditional on participants fulfilling specified conditions, typically to send their children to school on a regular basis and take them for preventive health care visits. Whether or not to introduce conditions on the receipt of social assistance in ESA remains a topic of considerable debate, although recent experimental evidence from Malawi and Ecuador suggest that conditions are not necessary for improving children's development outcomes.⁷²

⁷² Miller, Candace & Tsoka, Maxton & Mchinji Evaluation Team, 'Second Evaluation Report Presentation', Lilongwe, Malawi, December 2007; Paxson, Christina & Schady, Norbert, 'Does Money Matter? The Effects of Cash Transfers on Child Health and Development in Rural Ecuador,' *World Bank Policy Research Working Paper*, 4226, May 2007.

Box 3.2. To Condition or Not To Condition: The Debate

The Arguments in Favor: A CCT provides a strong incentive for families to invest in the health and education of their children and thus fulfills the dual objective of protection and promotion. Evaluations from Mexico, Nicaragua, Jamaica and Colombia show that CCTs increase utilization of education services, including attendance, enrollment and/or number of years of schooling; they also increase utilization of health services and reduce child morbidity and mortality and reduce prevalence of stunting. The types of conditions imposed do not represent additionality in terms of parental responsibilities as mandated by national laws regarding compulsory school enrolment, child labor, and child health care protocols. Conditions can force relevant stakeholders (Ministries of Health, Education, Finance, Social Development, municipal and central government agencies) to sit around a table and try to plan and budget a set of synergetic interventions for the same target population. While the ideal would be to provide well designed supply side incentives to make public (and private) providers accountable, this is often not the case and CCTs can help to move the agenda forward. CCTs can give a higher profile to schools and clinics and this may help indirectly to improve service delivery. Finally, conditions may also build political support for a program thus ensuring adequate funding. CCTs improve equity in the short term and are expected to improve equity in the long term as a result of their impact on building human capital.

The Arguments Against: Conditions are not necessary because demand for health and education increases with wealth, so families will automatically increase 'consumption' of these goods when provided with additional cash. Imposing conditions on school and clinic attendance can only work if they are in sufficient supply and this is not the case in most countries; even when supply is available, poor quality means that attendance will not lead to automatic improvements in human capital. Those who do not fulfill conditions are typically the poorest and most in need. Families who are unable to send their children to school for reasons other than lack of money (for example, in the case of a child with disabilities or with a chronic illness) may miss out. Monitoring compliance requires considerable administrative capacity and increases the cost of implementing the cash transfer program. Conditions reduce the net benefit of the transfer to individuals since the time costs of complying can be high, and may be especially onerous for women who are often responsible for health and schooling related decisions within the household. Imposing conditions violates human rights as specified in international covenants, specifically Articles 22 and 25 of Declaration of Human Rights and Articles 20 and 25 of the Convention of the Rights of the Child.

Optimizing the development impact on children: Good social protection programs are holistic and integrative and actively seek to build linkages across sectors. Cash transfer programs must strive to maximize their developmental or promotional impact to allow children to realize their rights to education, health and security. The key question is whether conditionality is the only option for ensuring these objectives. Alternative approaches include: 1) 'intelligent design', where critical points of the program cycle such as enrolment and payment are used to provide information or offer a range of social services including growth monitoring, vaccinations, or birth registration; 2) 'case management approach', also known as 'soft conditions,' where families that do not make use of basic social services receive support from a social worker to understand and address their constraints and help them fulfill their duties towards their children.

There is evidence of developmental impacts from both conditional and unconditional cash transfer programs, and a suggestion that conditional transfers may leverage resources for supply side interventions.^{73,74} The UNICEF supported cash transfer program in Kenya will provide critical information on the differential costs and benefits of cash versus conditional cash transfer programs. That project will fund a control group impact evaluation that compares education and health outcomes for households receiving conditional cash transfer versus those receiving unconditioned cash transfers of equal value.

Even if programs do not impose conditions on receipt of benefits, there are still lessons to be learned from CCTs. In many ways, CCTs have "raised the bar" in the implementation of cash transfer programs. CCTs are built on modern information systems (mostly but not entirely automated). Many have implemented rigorous impact evaluations and these findings of these have been used to fine tune

⁷³ Schady, Norbert & Araujo, M., 'Cash Transfers, Conditions, School Enrollment, and Child Work: Evidence from a Randomized Experiment in Ecuador' *World Bank Policy Research Working Paper Series N, 3930*, 2007; Hoddinott, John and De Brauw, Alan, 'Must CCT Programs be Conditioned to be Effective? The Impact of Conditioning Transfers on School Enrollment in Mexico,' mimeo, IFPRI, Washington DC., 2007.

⁷⁴ For a discussion of demand and supply side incentives to boost utilization of health services and the issue of conditions see Regalia, Fernando & Castro, Leslie, 'Performance-based Incentives for Health: Demand- and Supply-Side Incentives in the Nicaraguan Red de Protección Social', *Center for Global Development Working Paper*, 119, 2007.

program implementation and build political support. CCT programs, especially the more recent ones, have done a better job of building in accountability and control mechanisms that help to promote more efficient use of public resources, guard against political manipulation and build support for programs. Some lessons learned in this regard are that simple eligibility criteria reduce administrator discretion and opportunities for bribery. Eliminating intermediaries reduces potential diversion of funds. For example, moving funds from the treasury directly to bank accounts or remittance agencies reduces opportunities for fraud. Information and education campaigns help to make sure that eligibility rules, benefit levels, and program rights and obligations are clear to staff, to clients and to the general public and this helps reduce error and fraud. Regular initiatives to detect fraud including collecting information from the public (tip-offs), matching data from different sources, random checks of payments, client and external audits and inter-agency compliance activities and increased sanctions and prosecutions can help to detect fraud and ultimately to reduce it.⁷⁵

Pilots in ESA have demonstrated that it is possible to apply modern information technology and to transfer cash via the banking system or by private companies, even in remote areas. Concern Worldwide operated the DFID funded Food and Cash Transfer (FACT) Program in three districts of central Malawi as a complementary humanitarian intervention during the food crisis of 2005/06. The program reached 5,050 households over a four month period and disbursed cash through electronically enabled payment (Smart Cards with fingerprint authentication) and mobile banks. The Kalomo pilot in Zambia uses an electronic identity card. Programs in Kenya and Zambia outsource payments to private companies; approximately one-quarter of transfers in the South African Grants system are made electronically.

Cash transfer programs can support other aspects of the child protection agenda. For example, children have a right to a name and nationality; however, in many countries the majority of births go unregistered. To reduce the number of unregistered births, transfer programs can institute mechanisms to assist applicants to obtain birth certifications. In addition, payment distribution point can be located at health clinics so that babies can be weighed, immunized or receive nutritional supplements at the same time that the mother or caregiver receives the family's cash transfer. Organizing payments to coincide with delivery of a package of interventions; e.g., early childhood development and health programs, second chance education opportunities for parents and/or parenting education classes, reduces the transactions costs for participants and increases the likelihood that participants will make use of these other services.

CCTs have given a special role to women and most programs specify that the transfer be given to the mother (based on international experience that women make better use of transfers). CCT programs have been effective in empowering women, especially when combined with parenting and nutrition education. However, there is a danger that, when women are the designated participants, they alone will be held accountable for complying with conditionality. If this is true, and compliance is very time consuming, women may be worse off.⁷⁶

The largest cash transfer programs in ESA are financed and implemented by governments; however, these programs are all in middle-income countries. But can countries, especially low-income countries, afford a national cash transfers scheme? The ILO estimates that the cost of providing a cash transfer equal to US\$.50 per day to the poorest 10 percent of households would represent 0.7 percent of GDP in Ethiopia and Tanzania and 0.5 percent in Kenya. This represents 3.4 percent of development assistance in Ethiopia, 4.9 percent in Tanzania and 16.0 percent in Kenya. Costing estimates done by UNICEF-ESARO indicate that a cash transfer that costs 0.5 percent of GDP or less than 2 percent of total government spending per year (including administrative costs) would reduce the poverty gap and squared poverty gap by 5 percent and 12 percent, respectively in Mozambique, and 3.5 percent and 9 percent respectively in Malawi.

⁷⁵van Stolk, Chris, 'International Benchmark of Fraud and Error in Social Security Systems', Workshop on Fraud and Error Control in Social Protection Programs, World Bank, Washington DC, 2007; Gosh, Margaret & Tesliuc, Emil, 'Reducing Fraud, Error and Corruption in Social Protection Programs', Workshop on Fraud and Error Control in Social Protection Programs, World Bank, Washington DC, 2007.

⁷⁶ See Molyneux, Maxine, 'Mothers at the Service of the New Poverty Agenda: Progresal/Oportunidades', Mexico's Conditional Transfer Programme Social Policy and Administration 40:4. Pp 425-449, 2006 for more on this point.

In poorer countries, funding and implementation of cash transfer programs is more often by international agencies and NGOs and through pilot projects. This raises a number of concerns. Multiple programs can operate in one country, with different requirements, targeting procedures, benefit levels and this raises all sorts of questions about equity and transparency. In 2003/04 in Ethiopia, there were six cash transfer programs implemented by various non-government agencies. Similarly, UNICEF and DFID fund pilot programs in Malawi. The reality is that external funding will be needed in many countries. However, this duplication, which is repeated in numerous countries, reduces possibilities for synergies and capacity building and strains already weak administrative capacity. Moreover, pilots have started with no medium term fiscal impact analysis plan for how to move from pilot to scale or for how programs can become absorbed in government budgets, so there is a very real risk that funding will end at the end of the project cycle.

The pilot cash transfer programs in ESA have been generally successful and the experience of southern African countries is that national programs are feasible. It is against this background, that the Livingstone Accord, which calls Government's to develop fully costed action plans for national cash transfers programs becomes particularly relevant. A cash transfer is a powerful social protection instrument, but several caveats are in order. A cash transfer program is not a panacea--it cannot lift all the poor permanently above the poverty line, especially in situations of widespread poverty. Sometimes cash is not appropriate; e.g., where local markets are not developed or where food is not available at any price. Cash transfers, do, however, represent a potential (and to date underutilized) tool for achieving rapid and cost-effective reductions in hunger and extreme poverty and as a response to emergencies. Similarly, cash transfer programs are not a substitute for investments in health, nutrition education, water and other basic services. They complement these investments by making it financially more feasible for poor families to use these services. Monitoring and evaluation and accountability and control mechanisms are essential and should be in place before the program begins. Cash transfers require considerable administrative capacity, but experience in ESA and in other developing regions has shown that it is possible to build this capacity.

3.4 Reaching Poor and Vulnerable Children through Targeted Early Childhood Care and Development

The population of ESA is a young one. Almost 20 percent (or about 60 million children) are under five years of age and that number is expected to increase to almost 70 million by 2020. Child mortality rates remain high and many of the children who survive do not thrive. There are many reasons for this, including inadequate diets, poor child feeding practices and inappropriate child caring customs. Moreover, the protective environment within families is threatened by the AIDS pandemic, civil conflicts and natural disasters. Increasing urbanization and participation of women in the labor force are also affecting traditional child rearing practices.

The most important years for a child's survival, growth and development are during the prenatal period through the first years of school. During these years, the child's rapidly developing brain is sensitive to risks of malnutrition, lack of nurturing and lack of brain stimulation. Many of the conditions that threaten the survival of infants and young children also leave those who survive at risk, especially of impaired physical and cognitive development. These impairments can never be fully recovered, permanently limiting the economic and social potential of future adults.

Gaps in cognitive ability emerge early in the life cycle and they persist. The international evidence on the link between early childhood deficits and future welfare is summarized in the Lancet series (Vol.369, Jan.6, 2007). Stunting by age 5 affects later cognitive development. Such deficits are associated with cognition at grade 9 (Peru), intelligence quotient at age 11 (Philippines), cognition at age 17 (Jamaica), literacy and numeracy in early adolescence (Guatemala), and grade attainment at age 18 (Brazil). Cognitive and social-emotive development at young ages is related to later schooling. Early life cognitive achievement predicts enrolment in secondary school (Guatemala), achievement scores in adolescents (RSA), secondary school dropout (Jamaica), grade repetition (Philippines), and overall grade attainment (Brazil). Calculations based on estimates of the years of schooling lost due to malnutrition and slow learning and a rate of return per year of schooling of 9 percent indicate that the total loss in adult earnings

is around 22 percent due to early childhood malnutrition alone. Within ESA, evidence from South Africa suggests that early childhood deficits impose significant long-term costs for countries (Box 3.3)

Early childhood care and development (ECCD) programs include a range of services for children from the time they are born until through the early primary school years. They are needed to ameliorate the negative effects of risks in the early years of life; to prevent irreversible losses in capacity; and to address the young child's needs for cognitive stimulation, early learning, nutrition, and basic health care. ECCD goes beyond child survival to address parenting, cognitive development and readiness for learning.

Box 3.3. South Africa: Early Childhood Deficits Impose Long-Term Costs

The KwaZulu Natal Income Dynamics Survey (KIDS) is a longitudinal survey that currently has 3 rounds of data (1993, 1998 and 2004). Analysis of the 1998 and 2004 panels assessed the link between early childhood deficits in 1998 (as measured by stunting and poverty) on school attainment and achievement in 2004 and then calculated the economic cost of the loss in developmental potential in South Africa (RSA) using longitudinal KIDS data.

The relationship between household income at ages 1-4 and learning 6 years later, controlling for nutritional status and age, is around 1.6 SD between the poorest and richest quintiles, and is highly statistically significant. Thus loss in cognitive achievement due to early childhood poverty (controlling for malnutrition) is extremely high in RSA. The effect of stunting at ages 1-7 on grade attainment at ages 7-13 and learning (ages 7-9) is also substantial. By age 13 stunted children already lag behind by 1.3 grades relative to normal children while by age 9 stunted children score about 0.8 points lower on the achievement index relative to normal children, These differences are estimated to be even larger by age 17 when most children in RSA end school.

Using these estimates, the economic cost of stunting is calculated following the approach reported in The Lancet (2007). The loss in learning due to stunting translates to 1.6 years of lost schooling by age 17; similarly, the estimated impact of stunting on lost schooling is 1.5 years by age 17. Hence the total loss in years of schooling is about 3.1 years due to stunting alone (controlling for income) in RSA. Based on a rate of return of 10 percent per year, the cumulative lifetime loss in adult income for children who are stunted by age 7 is over 33 percent. This is a lower bound because it does not include the additional losses due to growing up in income poverty, which itself is an important predictor of learning achievement (controlling for malnutrition).

The private return is 33 percent. The social return, which would reflect reductions in health care costs, crime, violence, abuse, juvenile delinquency and other public externalities, would be significantly higher. It is hard to find alternative investments in any sector of the economy that deliver larger returns.

Source: S. Handa, The Financial Cost of Failure to Ensure Early Childhood Development: The Case of South Africa," UNICEF ESARO, May 2007.

Most children in Africa do not have access to ECCD; however children from poorer homes are even less likely to be exposed to ECCD programs. In Botswana, 10 percent of lower-income as compared to 35 percent of higher income children attended formal childcare centers. Higher income families are much more likely to have paid adults assisting them with childcare while the parents worked. Moreover, parents with lower incomes and less education are the most likely to leave their children in the care of other children (33 percent of lower-income parents and 25 percent of parents with a middle school education) in what may be unsafe settings.⁷⁷ In Madagascar in 2001, 50 percent of children from the wealthiest quintile, but only 4 percent from the poorest quintile were enrolled in pre-primary school.⁷⁸ Promoting more equal access to ECCD means working to ensure that the most disadvantaged are included and this is a social protection function.

A child's development also depends critically on care giving practices. Parents (or caregivers) need to understand the importance of parenting for development. A rapid assessment of mother's knowledge in Tanzania indicates that the majority of the mothers cannot tell exactly when they expect a child to first

⁷⁷ UNESCO, Role of Early Childhood Care and Education in Ensuring Equal Opportunity, Paris, 2003.

⁷⁸ World Bank, 'Sustaining Growth for Enhanced Poverty Reduction', Madagascar Development Policy Review, Volume II, Washington, D.C., 2005

achieve certain language, cognitive and motor milestones and were not aware of what children need to develop.⁷⁹

The Consultative Group on Early Childhood Care and Development (of which UNICEF is a member)⁸⁰ calls for inclusion of targeted ECCD initiatives as part of a social protection response. Early care, pre-schools and parenting programs targeted to the most vulnerable infants and young children (ultra-poor, malnourished, low birth weight and children whose parents have very low levels of education and limited capacity for good parenting) can reduce inequities in child survival and development, and are a crucial component of a child sensitive social protection system. Moreover, such early interventions for vulnerable infants and children can prevent irreversible deficits in cognitive ability and socio-emotive development, which have lasting effects through the life-course. Increasing equity in access to an essential basic service is a social protection concerns.

A social protection strategy will need to take account of the specific vulnerabilities of young children, including vulnerabilities related to poor nutrition and lack of cognitive stimulation, especially among the poor. The social protection challenge is make sure that infants and young children from poor families and their parents have access to quality ECCD interventions, including parenting, early stimulation, child care and pre-school. This would need to be addressed by a combination of demand side interventions (e.g. cash transfers) and supply side programs, especially programs that empower communities to deliver these services. Including ECCD in a national social protection strategy holds governments accountable for providing ECCD services for the poor.

The Benefits of Early Childhood Development Programs The early childhood years offer an unparalleled window of opportunity to impact on the future health, intelligence, and development of children. This is particularly important for impoverished children. There is a growing body of global evidence that shows that ECCD programs can foster language, cognitive and social development and that they promote the well-being of the whole child. Research in Latin America and the USA indicates that ECCD programs are especially beneficial for children from poor families not capable of providing a healthy, safe and stimulating environment for children. Early interventions promote schooling, reduce crime, promote workforce productivity and reduce teenage pregnancy. The Lancet series provides substantial evidence that ECCD programs help young children to develop (Box 3.4). In other research, parenting interventions (for parents of children ages 1-5 in Turkey and Jamaica) have long-lasting effects on children (at ages 13-18) and increase the likelihood that children stay in school.⁸¹

ECCD programs can also have positive impacts on empowering mothers, including increased awareness and participation in school activities.⁸² Other benefits that have been noted, but not well researched, are that the provision of ECCD services can increase women's productivity by freeing up their time to earn wages, by providing direct employment in child-care for qualified women, and by freeing up the time of older siblings (usually girls) to go to school. ECCD also enhances the economic contribution of the child to society, which can ultimately reduce social inequity. The Perry Preschool program followed two groups of children who had been randomly divided into a program group that received a high-quality preschool program based on High/Scope's active learning approach and a comparison group that received no preschool program. A cost-benefit analysis of the program yielded a return of US\$7 to US\$1 at age 27; by age 40 the return was US\$17 to US\$1 of investment.⁸³

⁷⁹ Makame, Viola, 'A Rapid Assessment of Child Rearing Practices Likely to Affect Child's Emotional, Psychosocial and Psychomotor Development', UNICEF, Tanzania 2001

⁸⁰ The consultative group is a consortium of agencies, donors, NGOs and foundations that links with regional-based Early Childhood Care and Development networks comprising individuals and organizations involved in programming, research, policy-advocacy, monitoring and evaluation for young children (0-8) at risk in developing countries.

⁸¹ Chang, Walker, S., Powell, C., Grantham-McGregor, S., 'Effects of early childhood psychosocial stimulation and nutritional supplementation on cognition and education in growth-stunted Jamaican children: prospective cohort study'. *The Lancet*, Volume 366 (9499): 1804-1807, 2005; Cigdem, Kagitcibasi, Sunar, Diane, & Bekman, Sevda, 'Long-term Effects of Early Intervention: Turkish Low-Income Mothers and Children.' *Applied Developmental Psychology*, 22(4):333-61, 2001

⁸² Janssens, Wendy, 'Social Capital and Early Childhood Development Evidence from Rural India', AIID, 2004.

⁸³ Schweinhart, Larry & Montie, Jeanne, 'The High/Scope Perry Preschool Study to Age 40', High/Scope Educational Research Foundation, 2004.

Box 3.4. Evidence on the Impacts of ECCD Programs in Developing Countries

Food supplementation during the first 2–3 years of life improves cognition at 3 years of age and beyond. In Guatemala, supplementation before age 3 years showed beneficial effects on schooling, reading, and intelligence tests during adulthood (25–42 years). Cross country studies show conclusively that iodine interventions have a significant effect on cognition and behavior and that iron supplementation has positive effects on motor, social-emotional, and language development. A 6-month trial in South Africa assessed the effect of iron and other micronutrient fortified maize porridge on infant development and reported better motor development in the fortified porridge group than the non-fortified group.

Participation in center based ECCD programs had a significant positive effect on children's cognitive development in Guinea, Cape Verde, Bangladesh, Burma, Nepal, Vietnam, Colombia and Argentina. Most programs also reported gains in non-cognitive skills such as sociability, self-confidence, willingness to talk to adults, and motivation. Longitudinal studies in Nepal, Argentina, Burma, and Colombia recorded improvements in the number of children entering school, age of entry, retention, and performance. Four parenting programs (Jamaica, Bolivia, Turkey and Bangladesh) used home visiting, and all reported positive effects on child development.

Integrated Child Development programs in India, Peru, Bolivia and Uganda produced positive results. India's program provides nutrition counseling to pregnant and lactating women, growth monitoring for children 0–5 years, and feeding and preschool centers for children 3–6 years old. The program currently serves more than 30 million children and participating 3–5-year-old children score higher on measures of child development than matched non-participants from neighboring towns, with greater effects for younger and for malnourished children. In Peru, participants in a community preschool and feeding program for disadvantaged children had higher scores than non-participants. The Philippines used an integrated, multi-sector approach for delivering a combination of services, and added community child development workers responsible for parenting education on health, nutrition, and child development. Program communities had more feeding programs, parent education, and home-based child care programs than control communities and children who had been exposed for more than 18 months showed a benefit in cognitive development. There was no effect on hemoglobin, despite an iron supplementation program, nor on stunting, but participating children older than 4 years were heavier than non-participants.

A program in Bolivia trained low-income urban women to run childcare centers in their homes for malnourished children 6–72 months, and funded them to upgrade their homes, provide food for the centers, and run health and nutrition monitoring and educational activities. There were significant benefits in growth for children younger than 36 months and benefits in cognitive and psychosocial development, irrespective of age. A Ugandan program provided intervention communities with radio and newspaper messages on child stimulation, positive parenting, health, hygiene, and nutrition. Child health days every 6 months for the whole community provided growth monitoring and promotion, immunization, deworming, and health care. Each intervention community could receive community grants for nutrition or early child development, and most chose nutrition. After 2 years, there were substantial improvements in breastfeeding practices, growth rates in the youngest children, and parental attitudes and behavior supporting early child development, but there were few effects on cognitive development of children aged 3–6 years.

Source: The Lancet, Vol.369, Jan.6, 2007

Optimizing Outcomes from ECCD The ECCD service provided depends on the needs of the children to be served and should include a combination of health, nutrition, growth monitoring and promotion, early stimulation, food and micronutrient supplementation and parenting education. ECCD interventions can also include information and community mobilization to educate and support parents and communities. It often includes developing the capacities of caregivers and teachers. ECCD interventions can take place in a variety of settings, including at home, in childcare centers or at schools, clinics, churches, or just about anywhere where parents or children gather. ECCD programs include direct service provision but can also use mass communication strategies to enhance parents and caregiver's knowledge and practices.

Institutional/school based models are mainly the kindergartens and nurseries (age 3–6) under the responsibility of Ministries of Education, ideally with qualified teachers and standards set by the states. They can be state or privately operated. Community-based child care and development centers are usually organized by the community, with a support of NGO, or a similar organization with the objective of providing safe, and stimulating environment for children. The centers also provide platform for health,

nutrition interventions, such as health screening, growth monitoring, birth registration, transition to school. The centers also be used for parenting programs. They can be housed in a church, at a mosque, or in a school. Care-givers, with no formal training, are usually not paid, or paid by the community. They are often trained by a qualified trainer, on basic child care, play and learning activities to carry out with the children. Parents are expected to be fully involved and can even be volunteers.

There are successful models of ECCD provision, but no one best practice. Based on its considerable experience in ECCD, UNICEF promotes parenting programs, primarily linked to improved child care practices (e.g., exclusive breast feeding, complementary feeding and early stimulation programs). WHO - UNICEF developed a two day training program and modules called "Care for Development" which could be part of the ACSD/IMCI/Newborn Care/IYCF initiative. Parenting programs can also be developed and implemented independently, through different channels of communication, including radio and television.

There is limited comparative data on the costs of ECCD programs and cross-program and cross-country generalizations are risky because of the different contexts in which programs are implemented. In 1994, reported costs for formal, center-based programs in Argentina were about US\$3,600 for full-day programs and US \$1,950 for half-day programs. In 1991, the cost of a full-day program in Mexico was \$1,406. The cost of an informal Colombian program was about \$300 in 1991. Costs for informal programs, such as home visitor and family home childcare models, are about \$100 per child. Integrated child development services (India, Brazil, Peru) have estimated costs between \$25 and \$50 per child.⁸⁴

Institution based models seem to produce better results in terms of children's school readiness, probably due to the nonstandard quality of the community based models. However institution based ECCD is costly and, on the whole, quality remains relatively poor. Where pre-primary provision exists, the social protection challenge is to promote equal access among the poor through tightly targeted programs (such as Head Start in the United States).

A social protection strategy for children in ESA would include support for quality, affordable, community owned/based child care centers targeted to very vulnerable children. UNICEF, Save the Children, Aga Khan, and others have been demonstrating successful models around the world. ESA is full of models and examples (Box 3.5) Grant schemes to communities can improve and sustain community based ECCD centers, where children receive health care, nutrition, and learning and play opportunities in a safe, protected and joyful environment. To date, these initiatives have been predominantly supported by donors; however, more reliable and sustainable financing is required. Parenting/caregiver education is an area worthy of exploration - the unit costs make it imaginable to do at scale, and it fits the logical model of viewing the household/parent as central to child welfare.

⁸⁴ Barnett, W. Steven, 'Costs and Financing of Early Child Development Programs, in Early Child Development Investing in Our Children's Future' edited by Mary Young, *Excerpta Medica*, 1997.

Box 3.5. Community Involvement in ECCD

Malawi incorporated holistic approaches to ECCD into its Community Integrated Management of Childhood Illness (C-IMCI) Programs. In this process, community groups came together to analyze their problems regarding health, nutrition, and development, and decide on actions to address these problems. They tackled hygiene; latrines, breastfeeding and complementary feeding, and established community based childcare centers, run by trained community volunteers. About 43 percent of children in the centers were orphans. By 2000, the Program reached 1,179 villages in the eleven districts. A 2004 assessment found significant changes in breastfeeding, age at introduction of complementary feeding, disposal of feces, and use of iodized salt. Intervention families were more likely to respond when children talked (34 percent); and to read books and tell stories to children, although for the latter the rate was still very low (5 and 8 percent, respectively). Some practices worsened because of local conditions such as a food shortage resulting in less dietary diversity.

The 'Speak For The Child' Program in *Kenya* is a community-based program to support children under-five affected by AIDS began with a community-level Speak for the Child Committee. The Committee identified orphaned or vulnerable children, and a team of village women or "mentors" was trained to provide education and support in-home visits. The community-based program included immunization, preschool, home visits by trained mentors, caregiver support groups, income generation, and community organization capacity building. It has had a significant impact on caregiver behaviors and child outcomes in communities with high numbers of children affected by AIDS. Training themes included health, nutrition, AIDS, and child development. Caregivers were helped to gain access to services such as immunization, health care, and income-generating activities, and preschool fees were paid. A number of simple monitoring instruments were developed to help the mentors identify issues and come up with locally appropriate solutions. The Speak for the Child Program was shown to be effective in changing caregivers' behavior and child outcomes. After one year, children were more likely to eat at least one meal a day, talked and played more, were less withdrawn, and were less often ill with fever and flu. Caregivers were more likely to teach and interact with the children, beat and shout at them less, and were less likely to be depressed or ill. The home visits and the social support groups were very meaningful for the caregivers, often-elderly grandmothers who reported feeling alone and isolated. The Program now reaches over 9,000 children in western Kenya, and has extended its age range to 0-9, including the transition to school.

In West Africa, the Petites Mamans (Little Mothers) Centers" is a community-based holistic approach in *Burkina Faso* that focuses on community caregivers called Petites Mamans. Communities work together to construct a comprehensive Early Child Development Center in their villages. UNICEF and the Ministry of Social Action and National Solidarity (MASSN) established Bisongo, an experimental integrated village-based ECCD institution for children of three to six years old. It is designed as a community managed child-centered and focuses on child rights and protection by assuring the birth registration, safety, and other basic needs. The management committee, formed by the community, oversees the community's input of local materials and manual labor in constructing the building. The community chooses the Petites Mamans who receive a small remuneration paid by contributions from parents. The Petites Mamans are trained to provide basic education on health, hygiene, sanitation, by teaching educational songs or poems and using picture stories. Village people observed the visible impacts as soon as Bisongo was established. While young children are taken care of at Bisongo, mothers are able to engage in housework as well as economic activities. The primary-school-age girl can drop off her younger siblings and go to school, freeing her from child-care responsibilities during school hours. Parents are pleased to see that their children enjoy going to Bisongo and have become very active. Bisongo is generally located next to the primary school. Children who have completed the final year of Bisongo are automatically registered in primary school. Over 50 percent of children enrolled in Bisongo are girls; subsequently, primary enrolment has increased, particularly for girls.

Sources: UNICEF, *Programming Experiences in Early Child Development*, New York, 2006; UNICEF submission to the Committee on the Rights of the Child, Day of General Discussion on Implementing Child Rights in Early Childhood, 2004.

ECCD interventions have an important role to play in a country's overall fight against AIDS. Mainstreaming AIDS issues into ECCD programs – for children, parents, teachers and caregivers – can raise awareness of AIDS prevention and treatment issues and provides an entry point for working with affected children and their families (Table 3.6).

Table 3.6. ECCD and the Fight Against AIDS	
The ECCD Intervention	The Response
Delivery of services to young children	Includes, but is not limited to, food, daycare, educational opportunities, social services, protection, health care, including HIV testing and treatment and psychosocial services.
Education and support for families and caregivers	May consist of life skills education, counseling, and support for parenting programs; prevention messages; information on nutrition, voluntary counseling and testing, prevention of MTCT, and antiretroviral treatment; economic enhancement activities; and psychosocial services.
Training and support of care providers	Includes the building of capacity and development of materials for social workers, health workers, and early childhood educators and training for implementation of universal precautions.
Sensitization through the mass media	May involve a mix of media, including traditional and interpersonal communications or print, radio, and television. Includes, for example, community theatre and drama to disseminate informative messages on topics that focus on young children and families affected by AIDS.
Community mobilization and strengthening community-based activities	May include activities to protect children and improve their care; support for development of partnerships among NGOs, faith-based organizations, the private sector, and government; and capacity building among community-based organizations.
Source: Adapted from: UNICEF/World Bank/UNAIDS, Operational Guidelines for Supporting Early Child Development (ECD) In Multi-Sectoral HIV/AIDS Programs in Africa.	

For vulnerable children under two years of age, the most viable approaches seems to be integration of parenting skills and early psychosocial stimulation into primary care and nutrition programs. ‘Bolting’ stimulation and early intervention services onto health or education services in an effort to reach vulnerable children birth to three and their care-givers/parents is an alternative to be explored in ESA. These programs require staff who are trained and who follow a specific curriculum, services delivered with sufficient intensity; e.g., clinic based parent education sessions, with follow up home visits to vulnerable parents every 10 days to include demonstration to parents of child stimulation activities, beneficial nutrition, discussion of parenting strategies, production of homemade toys. For vulnerable children between two and five years of age, the preschool experience can promote development, future schooling, productivity in the workplace and can reduce crime and teenage pregnancy. The earlier it begins (2 -3 years old), the greater the impact on intellectual development, sociability, concentration and independence. Part-time attendance (2 to 3 hours a day) is sufficient; however, the quality of the intervention is critical to the outcomes. For children in the first years of school, a goal would be to provide adult in class assistance for support to vulnerable children, especially in second language acquisition. Other features of a successful program include regular dialogue with parents about what children are doing and learning and how they can support at home; print-rich environments and story books; and a variety of learning resources and activities to engage children’s interests and keep them busy.

A key challenge for countries in ESA will be to increase coverage of ECCD programs, for all children but especially for poor and other most vulnerable children. UNICEF is in a unique position to influence the debate. It is already actively engaged in the development of the ECCD sector in ESA through advocacy, technical assistance and financing. Mainstreaming these issues in social protection strategies highlights the obligation of governments with respect to services for vulnerable infants and young children and gives greater recognition to the social protection needs (and rights) of these children.

Another challenge will be to identify sustainable models. Unfortunately, community based interventions tend to be funded through projects and cannot be sustained once the project ends. NGOs and faith based organizations or other sustainable vehicles for community based interventions may be difficult to identify. Although localized community approaches are critical to the success of ECCD programs, such programs can only be broadened and sustained with government involvement and accountability. National governments do not have to be direct providers of ECCD, but they need to take leadership in pursuing more coherent national frameworks for planning and implementing ECCD and for integrating targeted ECCD services into national social protection strategies. In South Africa, UNICEF is supporting

the development of a National Integrated Strategy for Early Childhood Development and to increase national, provincial and local understanding of IECCD in a practical and accessible manner. UNICEF and its partners are also working to develop holistic strategies to promote Early Child Development in Kenya, Malawi, Swaziland, and Uganda. This requires significant capacity building. UNICEF has partnered with other international agencies to develop an innovative regional program designed to develop capacity among a core of ECCD leaders across the region.

UNICEF has considerable experience in working with communities to develop ECCD interventions. UNICEF will continue evidence-based policy advocacy for parenting programs, community-based ECCD centers and school readiness programs and equal access to these programs among the poor and otherwise vulnerable children. However, considering that ECCD is still a relatively new area of expertise, UNICEF has an important role to play in promoting innovative pilot projects. In the process UNICEF would need to support state of the art policy research and studies that will guide social protection as well as sectoral policies towards achieving ECCD. UNICEF will also focus on capacity development of national partners on design, implementation and monitoring of comprehensive policies for ECCD in selected countries with well laid out plans for policy planning and national coverage.

Box 3.7. Labor Market Prospects for Young People in Tanzania

Tanzania, together with many other Sub-Saharan countries, suffers from a severe youth unemployment and inactivity problem in urban areas. Despite sustained growth in the second half of the last decade, during the 1990s labor market outcomes have further deteriorated. Although unemployment is by no means a problem unique to youths in Sub-Saharan Africa, the problem there is compounded by disappointing education outcomes that make the prospects of youths appear rather dim and by the circumstance that work is often the only asset for a large part of the population

Despite unemployment being largely an urban phenomenon in Tanzania, labor market outcomes of rural youths are not much rosier. Although rural children transition at very early ages into work (with no or little schooling or sometimes in combination with school) most end up in low productivity jobs on the household farm. This is a possibly a major reason behind increasing migration from the countryside to urban areas, even in the face of poor and deteriorating urban labor market prospects. Urbanization reflects wider demographic trends: between 1957 and 2002 population grew fourfold, and this trend is not expected to end any time soon, casting serious doubts on the possibility that the youth joblessness problem will disappear in the meantime.

In sum, there is evidence that a non-negligible proportion of the population drops out of school and starts to work at a rather early age, especially in rural areas. In general, girls drop out earlier and enter the labor market sooner than boys. However, as an increasing proportion of individuals drops out of school, the chances of finding a job tend to fall in urban areas. Whereas, most men eventually appear to get absorbed into the labor market, a large proportion of women remain out of the labor market, especially in Dar Es Salaam, possibly devoting their time to home production. In rural areas the data suggest a smoother transition, with a large proportion of individuals transitioning into work at early ages. This is true for both men and women. It is important, however, to emphasize that this smoother transition in rural areas might be the result of individuals being required to work at early ages in order to guarantee their household's and their own survival, together with lower returns to education and job search. Rural jobs are likely to provide only subsistence for many individuals. In this sense, such quicker transitions are possibly associated with worse lifetime outcomes for individuals in rural areas than for those in urban areas.

Florence Kondylis and Marco Manacorda, Youth in the Labor Market and the Transition from School to Work in Tanzania, World Bank, Washington, D.C., 2006

3.5 Second Chance Education, Training and Life Skills for Adolescents

Adolescents make up about 20 percent of the population in ESA, but a significant share have not amassed sufficient human capital – as evidenced by low school attainment and literacy rates – to make the successful transition to productive employment or self-employment. Although school attendance and literacy have gone up and the gender gap is closing in most countries, many adolescents, particularly those from poor families in rural areas, do not go to school or else go for only a few years. As a result,

many adolescents, especially girls from poor households, cannot read or write. In Kenya, Malawi and Ethiopia, more than half of all adolescents either never entered school or dropped out before the age of 15.⁸⁵ In Angola, Burundi, Madagascar, Tanzania, Uganda, and Zambia, between 20 and 30 percent of young people age 15 to 24 are illiterate. It is difficult for these young people to compete in the labor market and they are unlikely to have the knowledge or skills to pursue sustainable livelihoods, to fully understand the elements of a healthy lifestyle or to negotiate business and legal systems on their own behalf.

Making a successful transition from adolescence to adulthood requires an appropriate stock of human capital, including good health and the education and life skills to be a productive member of society. Human capital refers to the stock of productive skills and technical knowledge embodied in labor. Schooling, training, expenditures on medical care, and information on general life skills build human capital because they raise earnings, improve health, or add to a person's good habits over the lifetime.

Poverty is probably the greatest threat to successful transitions because it reduces the likelihood that adolescents will have had adequate nutrition or health care or that they have gone to school long enough to acquire the basic literacy and numeracy skills required by the workplace. Young people who grow up in poor households are more likely to work as children, more likely to drop out of primary school (or never go at all), more likely to engage in risky sexual behavior (frequently involuntarily), more likely to marry and/or bear children early and less likely to find stable and remunerative employment as adults.⁸⁶ Labor market analysis in Tanzania, highlights that family background is a strong predictor of school enrollment and labor force status. In urban areas teenagers and youths from better-off families are more likely to be in school and less likely to be inactive; in rural areas they are more likely to be in school and less likely to work.⁸⁷ The labor market prospects for many young people remain grim (Box 3.7).

The main objective for younger out-of-school adolescents (and children) should be to integrate (or reintegrate) them into the formal education system. Policies that support expansion of quality primary and secondary schooling are essential and, as discussed above, targeted cash transfers could also promote school enrollment among adolescents.

Different approaches are needed for older adolescents (ages 14-18), many of whom are already working. The objective of these interventions would be to improve labor market outcomes for young people. These

Box 3.8. Social Protection Programs to Improve Labor Market Outcomes for Adolescents and Young Adults

- Making labor markets work better for young people (counseling, job search skill; wage subsidies, public works programs; anti-discrimination legislation)
- Improving chances for young entrepreneurs
- Skills training for young people (vocational training including apprenticeship systems; literacy & numeracy – young adult literacy programs; 2nd chance & equivalency programs)
- Making training systems work better for young people (Information, credit to individuals or enterprises), financial incentives (subsidies, vouchers)
- Programs to counteract residential segregation of disadvantaged young people (transportation, others)
- Improving labor market regulations to the benefit of young people
- Programs for overseas employment of young people
- Comprehensive approaches
- Voluntary national service programs

Gordon Betcherman et al, A Review of Interventions to Support Young Workers: Findings of the Youth Employment Inventory, World Bank, Washington, D.C., 2007.

⁸⁵ World Bank, 'Youth in Africa's Labor Market', Washington, D.C. 2006.

⁸⁶ For a review of adolescent development in developing countries see: Cynthia B., Editor, 'Growing Up Global: The Changing Transitions to Adulthood in Developing Countries, Panel on Transitions to Adulthood in Developing Countries', National Research Council, 2005.

⁸⁷ Kondylis, Florence & Manacorda, Marco, 'Youth in the Labor Market and the Transition from School to Work in Tanzania', World Bank, Washington, D.C., 2006.

approaches are mostly promotive social protection but also include transformative approaches as they relate to reform of labor legislation (Box 3.8). Programs that promote healthy lifestyles also enhance the human capital of adolescents. The high HIV prevalence rates among young people with little education speaks to the need to target adolescents with no or low levels of education and to include these as part of a package of services designed to promote human capital of adolescents.⁸⁸

The Benefits of Labor Market Programs Labor market programs have had mixed results. A meta analysis of 172 programs in developed, developing and transition economies indicates that about a third have net positive impacts. There were no major differences across the categories of interventions - making the labor market work better for young people (primarily wage subsidies, public works, and job search assistance), skills training, and comprehensive programs in terms of impact or cost-effectiveness. Programs targeting economically disadvantaged youth perform significantly better than programs that are not targeted. Outcomes were better in developing and transition countries than in developed economies, especially in the presence of strong labor market demand and flexible employment protection rules.⁸⁹

Second chance education can help adolescents build their human capital and a basic grasp of literacy and numeracy is important for learning vocational skills or for succeeding as a micro entrepreneur. Second chance education programs have not been subject to rigorous evaluations; however, they can improve learning outcomes and employability. In Colombia, second chance education resulted in an average annual increase in earnings of \$1,400.⁹⁰ In general, programs with a livelihood focus seem to stand a stronger chance of success since they can provide an immediate reason for learning. Including literacy and numeracy content in livelihood skills and integrating it with the livelihood training from the very start seems more promising than either running the two components parallel with each other or using standard literacy materials to prepare people to train for livelihoods. Organizations that are more concerned with livelihoods and other aspects of development seem to be better at designing and delivering effective combinations of livelihoods and literacy than organizations that are more focused on education. Projects run by NGOs appear most effective; however, government oversight is important.⁹¹

Optimizing Outcomes of Labor Market Programs For Adolescents International experience suggests that at-risk-youth will benefit more from improving basic literacy and numeracy and workplace attitudes rather than specific job-related skills training.⁹² In other words, vocational training may be of secondary importance – the more important tasks are those of learning how to function in the workplace, determining vocational and occupational interests and practicing these skills in a real-life setting. Evidence also shows that job-training programs are more likely to be successful if they are part of a package that includes basic education, employment services, and social services. A review of 19 training programs targeting youth in developing and transitions counties shows that, without this package of services, training programs are rarely successful in improving employment and earnings of young participants.

OECD countries have implemented comprehensive programs since the 1960s, but these were only introduced in developing countries in the early 1990s with the Chile *Jóvenes Program*, which was quickly replicated in Argentina, Uruguay, Paraguay, Peru, Colombia, Dominican Republic and Venezuela. The *Jóvenes* programs are multi-service interventions that include classroom training, work experience life skills, job search assistance, counseling, and information. Participants receive daily stipends and employers may receive financial incentives such as wage subsidies. Training is offered through a competitive market where a public bidding system ensures quality and fosters private sector participation. Training institutions coordinate courses and internships, balancing the needs of the productive sector with the skills taught in the program. One of the key features of this type of program is that the training is

⁸⁸ Cynthia B. Lloyd, Editor, 'Growing Up Global: The Changing Transitions to Adulthood in Developing Countries, Panel on Transitions to Adulthood in Developing Countries', National Research Council, 2005.

⁸⁹ Betcherman, Gordon et al, 'A Review of Interventions to Support Young Workers: Findings of the Youth Employment Inventory', World Bank, Washington, D.C., 2007.

⁹⁰ Knowles, James C. & Behrman, Jere R. 'Assessing the Economic Returns to Investing in Youth In Developing Countries', World Bank, Washington, D.C., 2003.

⁹¹ Oxenham, John, et al, 'Skills and Literacy Training for Better Livelihoods: A Review of Approaches and Experiences', World Bank, Washington, D.C., 2002.

⁹² Here, we distinguish between non-formal skills training and technical and vocational education. With careful design, the latter can be a high-return investment.

based on the labor demand of specific companies, which ensures that young people will be trained in areas where there already is a market demand. Suppliers interested in offering the courses must enter a public competition; they are evaluated based on the number and quality of practical training slots they can offer to students in the different training areas for which there is a demand from participating companies.

Of the 34 net impact evaluations of comprehensive programs, 21 (62 per cent) reported positive net impact. The evaluations of the *Jóvenes* programs conclude that they have been largely, though not always, successful in improving job placement and earnings. In Argentina, for instance, there is a 10 per cent increase in the employment probability of adult women, while in Chile the program increased the probability 21 percentage points, with significant results for youth 21 and younger, and women. Earnings increased about 10 percentage points in Argentina, with particularly favorable outcomes for young males and adult females and about 26 per cent in Chile, with best results for the youngest. In the Dominican Republic, there was no impact on the likelihood of having a job; however, a marginally significant impact of 10 percent was detected for wages and also for the coverage of health insurance. The impact was greatest among young male teens. A recent longitudinal version of propensity score matching of Peru's *PROJoven* showed a positive internal rate of return, consistently above 4 per cent. The *Jóvenes* programs appear to have been relatively cost-effective but, even so, they are expensive and most have been adopted by national public training institutions or substituted by smaller interventions that have inherited several features from this model.⁹³

A main feature that has been inherited is the link between training and other services for labor market entrants. The *Jovenes* model had the added advantage of developing public-private partnerships, which helps to improve access and relevance. The model transforms the role of government from that of supplier of training services to that of procurer and financier of training services. By introducing competition in the provision of training services it has the potential to reduce costs and, therefore, promote sustainability. In Africa, the Mauritius Industrial Vocational Training Board has split the financing and provision of training and adopted a competitive model for procuring training services. In ESA, the model could build on the traditional apprenticeship training, which appears to be the most important source of technical and business skills for workers in the informal sector.⁹⁴

Box 3.9. Main Findings on Literacy for Livelihood Skills

The most effective approach to teaching literacy and livelihood skills is to add literacy and numeracy teaching to projects that have been set up mainly to teach vocational skills for livelihood—rather than projects that would add vocational skills training as an extension of projects set up, managed, and staffed mainly to teach adult literacy.

Vocational skills for livelihood will normally require inputs from teachers recruited for that purpose. Literacy instructors cannot be expected to provide that input. Therefore, livelihood training with literacy requires two cadres of instructors: livelihood skill specialists and literacy instructors.

Responsiveness to demand is a prerequisite for success—the content (and the style of teaching) should seek to respond to what the learners want. In mounting such programs, collaboration with established groups of learners (for example, women's associations, farmers associations, religious congregations) seems more promising than individual recruitment of learners.

Setting up savings and credit schemes in conjunction with developing combined literacy and livelihood training can succeed—provided that staff members are sufficiently well trained to help groups start their own savings, followed by help in using the savings to generate credit and then by expansion from the reflows.

Source: Richard K. Johanson and Arvil V. Adams, *Skills Development in Sub-Saharan Africa*, World Bank, Washington, D.C., 2004

⁹³ Betcherman, Gordon, et al, 'A Review of Interventions to Support Young Workers: Findings of the Youth Employment Inventory', World Bank, Washington, D.C., 2007; Bouillon, César Patricio & Tejerin, Luis, 'Do We Know What Works?: A Systematic Review of Impact Evaluations of Social Programs in Latin America and the Caribbean', IDB, Washington, D.C., 2006; Betcherman, Gordon, Olivas, Karina & Dar, Amit, 'Impacts of Active Labor Market Programs: New Evidence from Evaluations with Particular Attention to Developing and Transition Countries', World Bank, 2004.

⁹⁴ Johanson, Richard K & Adams, Arvil V., 'Skills Development in Sub-Saharan Africa', World Bank, Washington, D.C., 2004.

Lessons learned from programs in Africa confirm the importance of an integrated approach (Box 3.9). Access to micro credit helps learners turn new skills into improved livelihoods. Collaboration with established savings and credit schemes is a way to do that. South Africa's youth fund illustrates how public and private financial intermediaries could collaborate to provide youth with better access to credit.⁹⁵

Risky sexual behavior threatens human capital development among adolescents, especially adolescent girls. The evidence of this comes from the high incidence of HIV infection and pregnancy among adolescents. Incorporating health promotion and life skills training into ALMPs increases the chances of success of both interventions. Models for provision of life skills are provided by the UNICEF Namibia My Future Is My Choice' and Malawi's Safe Spaces programs. In Mozambique, adolescent orphans receive farming and life skills training through the Junior Farmer Field and Life Schools supported by CARE.

Programs need to target both urban and rural areas. To date, ALMPs have had an urban bias despite the pressing needs in rural areas. Adolescents in rural areas need access to second chance education and to livelihoods and skills training (particularly for agriculture and services). Expanded ALMPs are also needed in urban areas, which are home to the largest concentrations of unemployed adolescents, orphans and street children. Urban strategies are particularly needed in the face of increasing concerns about the "youth problem" in African cities. But they could also help to reduce poverty in rural areas, since a significant share of the annual food 'income' of the rural poor comes from urban wage labor.⁹⁶

To increase the cost effectiveness of second-chance initiatives, programs need to target the poor, particularly girls. Providing second chance education in combination with early childhood development programs could promote participation among adolescent mothers and also serve the development needs of their children.

Programs that engage youth throughout adolescence appear to be the most effective.⁹⁷ Practical curricula, flexible schedules, and less formal instruction methods are likely to attract and retain young people. The Mexican National Institute for Adult Education offers a flexible system of modules, covering health, civic education, and vocational skills. In Colombia, the Tutorial Learning System allows students and their facilitators in rural areas to choose a schedule and a pace that accommodates their work responsibilities.

It will be impossible to reach all youth in center-based activities. Programs could explore the feasibility of building distance learning strategies that relies on a relatively basic model of distance education that integrates print-based materials, remote study and access centers, and incorporation of face-to-face components for imparting manual and psychomotor skills. The acquisition and adaptation of print-based learning materials from other regions is a cost-effective strategy for expediting implementation in the region. With relatively small levels of additional investment in technology, a basic study center can be transformed into a cost-effective mechanism for providing students and the public access to information and telecommunication technologies.⁹⁸

UNICEF has considerable experience in second chance education. Non-formal education centres were piloted in Iraq for adolescent girls who had dropped out of school. In the Syrian Arab Republic, 5,000 adolescent girls benefited from a 'second chance' education programme. Learning opportunities were extended to 4,680 young people in Somalia through non-formal education. UNICEF worked with UNESCO to link non-formal and formal education in Bangladesh. Out-of-school learning was provided for adolescents in Guinea, Mauritania, Mongolia and Papua New Guinea and reached older children with key life skills messages in China, Indonesia, Lao People's Democratic Republic and Myanmar. A wide range

⁹⁵ Johanson, Richard K. and Adams, Arvil V., 'Skills Development in Sub-Saharan Africa', World Bank, Washington, D.C., 2004

⁹⁶ Cromwell, Elizabeth & Slater, Rachel, 'Food Security and Social Protection', DFID, 2004.

⁹⁷ Roth, Jodie, Brooks-Gunn, Jeanne, Murray, Lawrence, Foster, William, 'Promoting Healthy Adolescents: Synthesis of Youth Development Program Evaluations', *Journal of Research on Adolescence*, 1998, Vol. 8, No. 4, Pages 423-459.

⁹⁸ Stevens, Geoff, 'Distance Learning For Technical And Vocational Education In Sub-Sahara Africa: Challenges and Opportunities', World Bank, 2001.

of similar non-formal education programmes included 'catch-up' programmes in Rwanda, Complementary Opportunities for Primary Education (COPE) in Uganda and Complementary Basic Education in Tanzania (COBET). In Brazil the Adolescent Citizenship program aims to improve access to quality secondary education, responsive health services and stimulating interactive communication program. For adolescents who enter the labor force without finishing school, UNICEF supports the development of viable alternatives, or "second-chance" schooling opportunities.⁹⁹

The research suggests that well designed, targeted and administered labor market programs for adolescents have a place in a child sensitive social protection strategy. But, to date, adolescents have been relatively neglected in the social protection discourse. UNICEF has a role to play in supporting governments in piloting and evaluating innovative approaches to building human capital among adolescents and in potentially improving labor market outcomes. However, policy-makers should be realistic about what labor market programs for young workers. The challenge is to learn from existing experiences and innovations and to direct future programming along lines that do seem to lead to positive outcomes. At the same time, researchers need to address the question of the social impacts, which may be more positive.

A systematic review of programs and lessons learned in ESA and in other regions would provide useful information to support evidenced based advocacy in this area. At the same, more information is needed on existing strategies, programs, costs, and gaps and best practices. UNICEF could make a strategic contribution to the development of labor market programs for adolescents by bringing its experience and this additional information to bear in dialogues with governments and international development partners in ESA, where the focus to date has been on primary school related outcomes. Incorporating adolescent promotive programming into national social protection strategies could have a major impact on the lives of a large group of vulnerable children that are relatively neglected in the development discourse at country level.

3.6 Social Welfare and Protection Services for the Most Vulnerable Children

Children affected by armed conflict, working or living on the streets or in the worst or most hazardous forms of child labor, those who are victims of violence and abuse and children with disabilities form a diverse group of most vulnerable children (MVC). While MVC are a varied group, a common characteristic is that many have limited to no parental care and support. This increases their risks to abuse and exploitation. Studies in countries most affected report that among the most vulnerable groups e.g. street children, children engaged in child labor and child victims of violence and abuse, a significant proportion are often orphans. In Zambia, the majority of street children and children involved in sex work were orphans; in Ethiopia the majority of child domestic workers were orphans.¹⁰⁰

The dramatic increase in the number of orphaned and vulnerable children means that there is increased risk of abuse, exploitation and neglect. For example, in South Africa, 40 percent of the 55,000 reported rapes¹⁰¹ in 2004/2005 were against children, according to the South African Police Services (SAPS). This amounts to more than 60 children raped a day. And in Ethiopia, three out of ten girls will be raped at least once before they are 18 years old.¹⁰² A 2007 Study in Swaziland conducted by CDC and UNICEF reported that out of 801 rapes of females in 2006 – 59% were under 18 years of age. The Swaziland High Court hears 20 rape cases per week against children under 16 years of age and it is known that most cases do not reach the court.

Most MVC do not yet receive assistance from any national or international organization. In Uganda in 2000, for example, an estimated 183 agencies assisted 83,100 orphans with a budget of US\$17.4 million, but reached less than 5 percent of Uganda's children orphaned by AIDS.¹⁰³ It is in this context that social

⁹⁹ UNICEF, 'Summary of Strategy and Development of Activities Report to the Interagency Consultative Group on Secondary Education Reform and Youth Affairs', UNESCO, Paris, 2004

¹⁰⁰ Salaam, Tiaji, 'AIDS Orphans and Vulnerable Children (MVC): Problems, Responses, and Issues for Congress', *Congressional Research Services*, 2005

¹⁰¹ SAPS statistics taken from the ISS website: http://www.issafrica.org/cjm/stats0906/_pdf/category/rape.pdf

¹⁰² The Africa Child Policy Forum, *Violence Against Girls in Africa: A Retrospective Survey in Ethiopia, Kenya and Uganda*, Addis Ababa, 2006.


¹⁰³ Garcia, Marito, 'Orphans and Vulnerable Children: Design of Safety Nets', World Bank, 2001.

protection for the most vulnerable children is critically required. The global Framework for the Protection, Care and Support to Orphans and Vulnerable Children Living in A World with HIV and AIDS, identifies priority areas for action, including social protection interventions, such as cash transfers and community based care services to children and their families. In recognition of the need to strengthen protection measures in this Framework, the Companion Paper to the Global Framework: Enhanced Protection for Children Affected by AIDS was developed. Four action areas are identified including 1) social protection addressing cash transfers, as well as family support services and community planning and monitoring; 2) legal protection and justice; 3) alternative care; 4) addressing stigma related to AIDS as well as abuse and exploitation and strengthening the State's social welfare sector. Cash transfers were discussed above. Other social protection strategies related to social welfare and protection services are discussed in this section. Unfortunately, these programs have not benefited from rigorous impact evaluations, so we simply review promising alternatives and provide cost information, where available.

Optimizing Outcomes for MVC. UNICEF has been an active partner in social protection for MVC through its existing child protection activities and through advocacy for family support services, policies, planning and monitoring. UNICEF has provided funding and technical assistance for investments in family support services. It also engages and partners with communities in planning and monitoring social transfers and family support services. Better links with social assistance, particularly child protection programs would help to maximum impact.

Family support services and community based planning and monitoring: Strengthening community based protection mechanisms. The countries in ESA have strong traditional systems of mutual support, and communities have the most potential to effectively reach vulnerable households and children. However, the impact of HIV and AIDS, poverty and conflict has fragmented or weakened these traditional structures and assistance is needed to rebuild them. As a result, a number of other countries in the region have established community level mechanisms to support the care and protection for MVC, including Eritrea (Child Well-Being Committees), Madagascar (Local Rights And Protection Networks), Malawi (Community Child Protection Committees), Lesotho (District Child Protection Teams), Swaziland ('Grandmother centers'), Uganda (community-based child protection systems). These and other interventions demonstrate what can be accomplished by providing community based support to programming for the most vulnerable. Training community members to provide psychosocial support to orphans and other vulnerable children, as done in Tanzania, is one approach. In Rwanda, adult volunteers from the community provide guidance and care for children living in child headed households. Trained and supported by CARE in counseling, active listening, and life skills instruction, these volunteers provide an alternative for children with no adult family members available for guidance and care. They visit regularly and encourage children to attend school or seek medical assistance and also provide psychosocial support. Caregiver support groups have also been found to provide much needed relief to caregivers and the opportunity to share experiences and learn from one another. Lilhombe Lekukhalela is a community driven child protection initiative, introduced by the Government of Swaziland and UNICEF in response to the worsening situation of child abuse in the country. Supported by Chiefs and the Inner Council, community members select 'child protectors' to protect children from all forms of abuse and to provide psychosocial support to the abused and traumatised. In addition to addressing abuse and violence, child protectors are also trained to address child rights, life skills, home based care, HIV and AIDS and counselling. To date, a cadre of 8000 men, women and youth have been trained in 47 communities.

Alternative Care: Improving the formal care system to reduce overuse, development standards and regulations and guard against protection violations. There are a number of models for alternative care of MVC. These differ with respect to their level of formality, costs and ability to provide minimum package of care. As seen from the cost data from South Africa (Table 3.10), the most cost-effective way of caring for children appears to be through community-based organizations, but this will only happen with considerable efforts to maintain good quality care in communities.

	Models of Alternative Care	Costs from South Africa US\$	Rand per minimum standard child care month
Most Formal  Least Formal	Statutory Residential Care	323 (440*)	2590 (3525*)
	Statutory Adoption And Foster Care	51	410
	Unregistered Residential Care	120	957
	Statutory Residential Care	323 (440*)	2590 (3525*)
	Statutory Adoption And Foster Care	51	410
	Unregistered Residential Care	120	957
	Home-Based Care and Support	38	306
	Community-Based Support Structures	35	276
	Informal Fostering/Non-Statutory Foster Care	40	325

Source: Chris Desmond and Jeff Gow (2001). The Cost-Effectiveness of Six Models of Care for Orphan and Vulnerable Children in South Africa Health Economics and HIV/AIDS Research Division, University of Natal, Durban, 2001.

Statutory residential care facilities are the most expensive and generally regarded as a social protection strategy of last resort (Box 3.11). For these reasons, a number of countries, including Ethiopia, Rwanda and Uganda have adopted policies of de-institutionalization and support for family-based care. However, given the enormity of the orphan crisis, residential care cannot be completely ruled out. This is especially true in urban setting where the sense of community is not as strong. Moreover, residential care may be needed to address the needs of orphans in conflict and post-conflict situations where formal foster care is unrealistic. And in some of the rural communities most devastated by AIDS, there may be a case for residential approaches because community coping has reached its limits. Despite the drawbacks of institutional care, the number of facilities for orphaned and vulnerable children has increased in many countries.¹⁰⁴ Therefore, improving the formal care system to reduce overuse, development standards and regulations and guard against protection violations will be important. Policies establishing Standards of Care and monitoring mechanisms for both residential and foster care are extremely weak to non-existent and need to be supported.

In post conflict countries, tracing programmes are supported to help reunite children with their families when they have been separated. In most cases, this is in the best interest of the child. Although tracing and reunification efforts may appear to be expensive, in the long run this is a more affordable approach than placing children in orphanages. Data from Eritrea indicate that the cost per orphan were \$305 per year in 1995-96. This was much lower than the annual cost of housing children in an orphanage in Asmara, which was \$1,350 per child/year. In Burundi, UNICEF helps place orphans in families by tracing the relatives of children now in displaced persons or refugee camps or on the street. The cost of placement is estimated to be \$228 per child.¹⁰⁵ However, family tracing may not be possible in post-conflict situations where large numbers of people have died or are missing or in war torn economies where family members are unable to care for orphans

¹⁰⁴ Nelson, Charles, Fox, Nathan, Zeanah, Charles, Johnson, Dana, 'Caring for Orphaned, Abandoned and Maltreated Children: Bucharest Early Intervention Project, Better Care Network', presentation at the Better Care Network; Subbarao, Kalanidhi & Coury, Diane, 'Reaching Out to Africa's Orphans, A Framework for Public Action', World Bank, Washington, D.C., 2004; Levine, Anthony, 'Orphans and Other Vulnerable Children: What Role for Social Protection?', World Bank, Washington, D.C., 2001.

¹⁰⁵ Subbarao, Kalanidhi, Mattimore, Angel, Plangemann, Kathrin, 'Social Protection of Africa's Orphans and Other Vulnerable Children', World Bank, Washington, D.C., 2001.

Box 3.11. Orphanages: A Social Protection Response of Last Resort

The damaging effects of residential care to emotional and cognitive developmental are now well established empirically. Moreover, orphanages are expensive. Research by the World Bank in the United Republic of Tanzania, for example, found that institutional care was about six times more expensive than foster care. Cost comparisons conducted in Uganda showed the ratio of operating costs for an orphanage to be 14 times higher than those for community care. Other studies have found a ratio of 1:20 or even up to 1:100. A World Bank study of 6 projects in Eritrea reported that average annual economic cost per child of the Adi Keith Group Home for orphans in Eritrea averaged about \$1,900; and that for the Ouidah Community Orphanage in Benin was about \$1,300. The corresponding cost of orphans' integration in Eritrea was less than \$100. The average annual economic cost per child of a project for Street Children in Benin was almost \$650 and the cost per child of a project to assist children in abusive child labor in Benin was almost \$570. In Uganda, institutional care is 14 times more costly than care provided in a family setting. In addition to high economic costs, orphanages have only a fixed capacity to absorb orphans. The experience of many of the countries in Eastern Europe speaks to the negative outcomes for children in institutions and the benefits of reducing reliance on institutions. Available data from sub-Saharan Africa, Asia, Eastern Europe and demonstrate that the majority of children in institutional care have a surviving parent or contactable relative. Poverty is a frequently cited reason for placing and admitting children into institutions, which suggests that the majority of children are placed there because families and communities are having trouble meeting the children's basic needs. These factors further underscore the need for countries to develop appropriate social welfare systems. In Ethiopia, Rwanda and Uganda, for example, evaluations of children's long-term stays in orphanages led these governments to adopt policies of de-institutionalization and support for family-based care. Despite the known problems with institutional care (both its negative effect on children's development, and the problems outlined above) the number of privately funded facilities for orphaned and vulnerable children – including in countries heavily affected by AIDS – has increased.

Sources: Charles Nelson, Nathan Fox, Charles Zeanah, Dana Johnson, Caring for Orphaned, Abandoned and Maltreated Children: Bucharest Early Intervention Project, Better Care Network, presentation at the Better Care Network; Kalanidhi Subbarao and Diane Coury, Reaching Out to Africa's Orphans, A Framework for Public Action, World Bank, Washington, D.C., 2004; UNICEF, *Children on the Brink* xxx

Supporting and monitoring informal care arrangements, including inter alia foster homes, group foster homes and children headed households, is essential to ensure children are protected in extended families and other settings. Communities also have a role to play in monitoring the treatment of orphans to ensure they are well cared for and that their rights are respected but they need training so that they can recognize signs of mistreatment. Community-based monitoring and support activities for MVC, such as those conducted by women and adolescent volunteers in Zimbabwe, are helping to guide and protect children. In Swaziland through the Lilhombe Lekukhalela program, a system of volunteers provides protection, and emotional and material support. They intervene in cases of child exploitation and sexual abuse, provide comfort to victims, consult with relatives and sometimes talk to the abusers or inform the police. Ideally, this oversight would be guided by national guidelines and standards for care providers.

The social protection challenge will be to develop policies which: a) develop effective means of supporting and monitoring informal care arrangements to ensure children are protected in extended families and other settings where parents are not present; b) improve the formal care system to reduce overuse, guard against protection violations, encourage appropriate permanency planning, and provide opportunities for children and caregivers to express their preferences; and c) develop government and community-based protection and monitoring mechanisms that are supported by national guidelines and standards for care providers.

Legal Protection and Justice. Other forms of transformative social protection interventions are also required. Legal and policy frameworks need to be improved to better protect children from violence and abuse. In Kenya, the Sexual Offences Act was adopted and came into force in July 2006. Other countries are in the process of developing legislation (Swaziland a Sexual Offences and Domestic Violence Bill drafted) and national strategies or action plans to combat sexual offences (e.g. Angola, Ethiopia, Eritrea, South Africa and Zimbabwe). In addition to ensuring a comprehensive legal framework that protects children in line with international standards, it is important to have a minimum package of response

services as well as reporting and monitoring systems. Other required interventions include: 1) action to combat disinheritance, especially among orphans and widows, by amending legislation, sensitizing community leaders to existing laws, making the process of registering and executing wills easier, and promoting public education on wills and trusts will also be important; 2) improvements to civil registration systems through elimination of fees, making civil registries more accessible through decentralization and linking birth registration with other commonly accessed services (see Box 3.12); 3) legal protection and child sensitive judicial procedures for child victims, witnesses and offenders is especially important as orphan hood and vulnerability put children at high risk of violence and exploitation.

Continued support is needed to strengthen, develop and implement legislation and enforcement policies on child labor, trafficking, sexual abuse and exploitation that are in line with international standards to protect children and criminalize and penalize offenders. Other required social protection interventions would be to strengthen and/or develop specialized child protective services in police, justice and social welfare systems that provide a safe environment and sensitive procedures for children who experience abuse and exploitation. A number of UNICEF programmes in the region are supporting an integrated response for child and women victims of abuse and exploitation. These include support for police protection units, “one stop centers” that provide health services, legal aid and social welfare assistance; and child friendly gender sensitive court procedures. For example in Lesotho, UNICEF has worked to strengthen the capacity of the police to respond to increasing cases of abuse, exploitation, neglect and violence against children and youth. The Ministry of Home Affairs, through the Lesotho Mounted Police Service, established the Child and Gender Protection Units in 2002. There are now eleven Units covering the entire country. These Units function to protect children in light of the laws and policies that pertain to them, such as the Child Protection and Welfare Act, the Sexual Offences Act and the Guidelines for Management of Survivors of Rape. Staff have been trained (e.g., in basic play therapy techniques to interview and investigate sexually abused children) and are continuously exposed to new learning and understanding of children’s issues and are sensitive to children’s needs, protect their identity and ensure their best interests are met. In addition, a central database on child profiles (disaggregated by gender) has been established in 9 out of the 11 districts to assist all service providers to better monitor, assess, analyze and follow up cases of children and women. These Units for the protection of children have changed the image and the interaction between the police and the public. Women and children in Lesotho increasingly see the Child and Gender Protection Units as a safe haven and a source of support. The Units have reported a 300 percent increase in caseload between 2005 and 2006.

Another example is the Thutuzela Care Centre (TCC) model in South Africa. These centers, established by the national Prosecuting Authority (NPA) and the Departments of Health and Social Development, are located in public hospitals and seek to lessen the trauma of sexual violence and to reduce secondary victimisation of survivors. They provide professional medical care, counseling, access to dedicated investigators and prosecutors, all under one roof. They improve the process of reporting and prosecution of rape and other sexual offences in a dignified and caring environment.

Transformative social protection includes facilitation of open discussions to promote community-owned social change for children and ensure appropriate participation, and to sensitize the media to issues of HIV and protection risks, and to develop guidelines for reporting abuses. All programs will need to be evaluated to inform information based advocacy. Of particular need are community-based monitoring structures that build the capacity of teachers, health and community workers, and youth organizations to identify children at risk, report on cases of abuse and exploitation, and provide referrals, as well as training of national and community leaders to stimulate discussion on child protection issues and HIV.

Strengthening the State’s Social Welfare Sector. The core of any social protection system is a strong social welfare service which supports vulnerable individuals and families,, including victims of violence and abuse, and which provides mechanisms to enable MVC to access other basic social services. In most countries in the region the social welfare sector is poorly financed and with limited capacity. At the same time, it is given the responsibility for coordinating efforts to address the needs of the most vulnerable children and families. For example, in most countries they are responsible for promoting and monitoring implementation of the OVC National Plans of Action, and for developing national social protection strategies. They also become the focal Ministries for supporting cash transfers and other social

services within social protection strategies. An important component of transformative social protection is advocacy for increased budgetary allocations to government agencies responsible for social welfare, alternative care and protective services. The level of financial resources should be enough to ensure provision of statutory services and coordinating and regulating services provided by local government and nongovernmental agencies, investing in human resources within the social welfare system to increase the size, competency and reach of staff from both government and nongovernmental service providers, and for developing regulations, guidelines and coordination mechanisms aimed at improving implementation of social protection policies. Experience from Zimbabwe suggests that community-based interventions can be strengthened when integrated into a country's formal social welfare system. Moreover, bringing them to any kind of scale requires integration. This will help to ensure that community groups receive timely technical expertise and support and also have a voice at higher levels that might not otherwise be heard. This report recognizes the importance of the Social Welfare Ministry in developing a strong and comprehensive national social protection system; support for this ministry must therefore be an integral component of efforts to build such systems in the region.

Box 3.12. Extending Birth Registration to Hard-to-Reach Children in Swaziland

In 2006 the Birth Registration Campaign in Swaziland sought to address the human right violation that is represented by prevalence of unregistered children in Swaziland. Children who are not registered and have no birth certificates are not recognized as citizens and are unable to access government education grants or legal protection. For the government, accurate census figures are also important for planning basic services such as schooling and health provision.

In 2006 the Birth Registration Campaign in Swaziland sought to address the human right violation that is represented by prevalence of unregistered children in Swaziland. Children who are not registered and have no birth certificates are not recognized as citizens and are unable to access government education grants or legal protection. For the government, accurate census figures are also important for planning basic services such as schooling and health provision.

The Registrar of Births, Marriages and Deaths in the Ministry of Justice and Constitutional Affairs adopted a community-based approach, which focuses on taking the birth registration service to the people at Chiefdom level. UNICEF has provided funding for extra personnel and stationary used in the registration process. The Swazi Government has contributed by exempting birth certificate fees (USD 0.70-1.60) for all children below the age of 18. Government also contributed vehicles and overtime payments for permanent staff. The Government also developed a pamphlet (in English and SiSwati) with detailed information on how to register a child that has been widely distributed during community mobilization. T-shirts, bags and posters have also been produced and distributed to further raise awareness of the campaign. UNICEF further supported the Ministry of Justice with additional equipment such as printers and a vehicle to assist the Registrar's Office to cope with the increasing demand of birth registration services.

An analysis of the data according to age groups reveals that the majority of children registered were between the ages of 0 and 12. As this is primary school going age it is critical that these children have birth certificates. There were also a considerable number of persons aged above 18 that benefited from the registration campaign. These were young adults (between 18 -21) without birth certificates who accompanied their younger siblings, and in many instances needed to acquire birth certificates to legally present as guardians for their brothers and sisters. The campaign began in 2005 with an initial catchment area of 55 chiefdoms (out of 360). In 2006, this extended to an additional 116 Chiefdoms. To date, the campaign has reached 171 of the 360 Chiefdoms in the country. 43,528 children have been registered, of which 17,129 were single orphaned children, 6,159 double orphaned children, 11,603 vulnerable and 14, 479 were other children who did not fit these categories.

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Decentralizing registration services to all regions and most importantly to rural areas has increased access to services dramatically and has amplified the overall importance of decentralization. The Birth Registration campaign has not only served as a means for all the children to acquire birth certificates, but has also facilitated useful data collection for program planning, implementation and monitoring and has enabled a situational analysis of the status of the children in the country.

4. A Child Sensitive Social Protection Strategy

4.1 Giving First Call to Children

The vast majority of children in ESA face overwhelming risk without access to social protection. The aggregate nature of these risks, such as poverty, natural disasters, HIV and AIDS, and armed conflict, has put significant strains on informal family and community coping mechanisms. Governments and international agencies have responded, but heavy reliance on external financing has resulted in a situation in which multiple small projects, often targeting the same groups, operate in parallel. Donor financed programs operate by fits and starts and when donor funds are available and often according to donor priorities. As a result, most governments in the region have not been able to establish an effective response system that provides vulnerable children with systematic and mainstreamed social protection coverage. Some countries are further ahead than others, but social protection policy – especially as it relates to children – requires greater coherence in all countries. This chapter sketches the broad outlines of a social protection strategy that gives first call to children; it suggests a framework and approach that may be useful for UNICEF country offices as they support national efforts in developing and executing social protection policies and programs in ESA.

4

The previous chapter examined interventions that should form the essential building blocks of a holistic social protection strategy that addresses the multiple dimensions of vulnerability while promoting the protection, survival and development of children (Box 4.1). This strategy responds to the primary sources of risk for children with high impact interventions. Other elements of the strategy to protect children would involve advocacy for preventive social protection measures (survivors benefits and insurance) based on the principles of equality for all children, no matter their social or legal status. This approach moves from the most specific to the most general, from targeted interventions to address specific deprivation and vulnerability to broad policy, legislative and regulatory reforms and public education that aim to reduce the probability that the risk will occur and to address power imbalances that perpetuate existing inequities. A social protection strategy will need to address the needs of other vulnerable groups beyond children and will have other elements – for example income security for the elderly and social protection for adults. However, recognizing the particular vulnerabilities affecting children, and the very real potential for irreversible damage to their physical, cognitive and emotional development, social protection strategies in all countries should give first call to children.

Box 4.1. Building Blocks of a Child Sensitive Social Protection Strategy

- Comprehensive legal frameworks for protecting children's rights
- Cash transfers targeted to households with children to help address childhood poverty and hunger
- Community-based initiatives to protect the most vulnerable children;
- Early childhood development programs that concentrate on barriers to development among vulnerable children;
- Promotive programs for youth-at-risk, particularly second chance education and access to reproductive health care to promote human capital development in adolescents

We suggest three principles to guide in-country social protection strategies, each of which is described below.

- 1) Articulate a coherent social protection strategy through multi-sector dialogue and stakeholder consultations. The details of a country strategy, including the target groups, objectives and mix of programs, need to be shaped at the country level. The mix of programs already on the ground, gaps, administrative capacity and fiscal space will influence the details. Governments need to take the lead in formulating a national social protection strategy into which donor and multilateral assistance can be channeled. Social protection reform reaches across a number of implementing agencies and has implications for service provision in many agencies and at different level of government. In many cases it will be advisable to establish a task force that is representative of central and local governments, the private sector and civil society and international agencies and that is charged with

oversight of the design and implementation of the strategy. Consultations with claim holders, including children are essential to inform development of the strategy. Countries that have already developed a social protection strategy may need to review that strategy to see how best to incorporate the proposed building blocks.

2. Mainstream where possible. Pilot programs provide evidence about what works and what does not work but longer-term response capacity is needed. Governments need to be more involved in order to secure long-term financing, broaden coverage and promote sustainability. The best way to accomplish this is to integrate social protection programs into the regular operations of government. In most countries, the ministries responsible for social protection programs (often ministries of welfare or social development) are administratively weak, so establishing new functions or assigning responsibility within government will need to go hand in hand with capacity building at the central and local levels. This will be key in promoting sustainability. This does not mean that government must implement all programs or activities; implementation of specific interventions can be outsourced with policy, standard setting, oversight and financing from government.
3. Provide an integrated set of interventions. Very vulnerable families are likely to need assistance from more than one intervention, so it is important that these building blocks be viewed as an integrated social protection package for children and their families. At the same time, countries (and development partners) should strive to avoid multiple, overlapping programs in favor of one or two simple nationwide models that are feasible, cost-effective, and fiscally sustainable.

4.2 Child Sensitive Social Protection

Children have little, if any, voice in decisions affecting them. It is, therefore, imperative that national social protection systems give special attention to children. The basic elements of what we call a “child sensitive” social protection system are identified in Box 4.2. These are meant to serve as guideposts to consider in the development of a social protection strategy and in the design of social protection interventions.

Box 4.2. A Child Sensitive Social Protection System

- Promotes a coherent legal framework to protect children and women
- Addresses the age and gender specific risks and vulnerabilities of children
- Intervenes as early as possible to prevent irreversible impairment to children
- Makes special provision to reach children who are most vulnerable
- Helps children and women to claim their rights, and facilitates their participation in decision-making
- Strengthens the capacity of the state, communities and families to respect, protect and fulfill rights

In all countries, the legislative framework for children needs to be systematized. The treatment of children in different legislation; e.g., family law, inheritance laws, labor laws, and other legislation, often infringes on their well-being. This can have a direct effect on their well-being and subsequent need for social protection. Advocacy for legal reform is a fundamental component of transformative social protection.

As discussed above, infants are vulnerable in different ways than older

children and adolescents, and girls and boys face different types of vulnerabilities and risks at different ages. Social protection systems and interventions need to reflect the different needs of children of each sex as they move from infancy through adolescence. In addition, it is more effective (and less costly) to help families protect children than to provide curative care after a protection failure has occurred. Keeping children healthy and well nourished is more cost-effective than intervening after the child becomes sick. Similarly, ECCD measures for young children are more cost effective than adolescent second chance learning. This does not mean that programs shouldn't be offered to adolescents who need them, but it is better to get younger children in school and keep them there in order to reduce the need for 'curative' interventions during adolescence.

Despite the best of intentions, social protection systems and interventions sometimes exacerbate vulnerability. Pension systems that deny survivors benefits to children born out-of-wedlock (and their

unmarried mothers) leaves them unprotected and could also exacerbate existing inequities between children born inside and outside of wedlock. Programs that require children to have birth certificates could exacerbate inequality and exclusion for children whose rights have already been violated because their births have not been registered. Cash transfer programs targeted to orphans could create perverse incentives for families to foster orphans but not other vulnerable children. Similarly, there may be welfare losses to children when benefits from a conditional cash transfer are terminated because the caregiver did not comply with program conditions, particularly if the reason for non-compliance is that the value of the transfer did not sufficiently offset the economic and opportunity costs of complying. At the design stage, planners need to carefully examine whether there might be unintended negative consequences for children from the proposed program design.

In the face of overwhelming need and pervasive fiscal and human resource constraints, programs need to make reaching the most vulnerable a priority. This is a first step towards progressive universalism in the context of the rights based approach to programming. The breadth and depth of poverty are most severe in rural area and this justifies devoting the lion's share of social protection resources to children in rural areas. However, urban areas yield their own set of unique risks for children, especially for adolescents. These include crime, violence, unemployment, high incidence of HIV and orphan hood, and increasing numbers of street children. These are compounded by crowded, unsanitary and unsafe living conditions. Social protection programs tailored to the age-specific needs of children in both rural and urban settings are required.

Social protection interventions can reduce barriers to accessing health, education and other basic services and, in this important way, advance the rights of children and women. However, for this to occur, program design needs to explicitly address all obstacles, including financial, cultural and informational barriers.

4.3 A Role for UNICEF

UNICEF's approach to child protection is premised on building protective environments for children. The objective is to move beyond small-scale projects and a reactive approach to protection failures to an integrated, systemic and prevention-focused strategy.¹⁰⁶ The activities identified as parts of the protective environment are all necessary, but they are not sufficient for protection of children--social protection strengthens the protective environment. By building the capacity of families and communities to protect children, social protection can help to prevent protection failures. Consequently, expanding the portfolio of childhood protection to include social protection provides a more seamless link between the different elements of the protective environment – financial, psychological, social and legal.

UNICEF is well positioned to partner with other international development agencies to help finance national social protection programs (*leveraging*), and to take the lead in advocating for child sensitive social protection systems. In this context, UNICEF will advocate for costed social protection action plans and for long-term, reliable funding in which UNICEF's contribution would form part of a sector wide approach that includes scaled up social protection investments for children.

UNICEF has an important role to play in monitoring the status of children, including tracking high-risk vulnerable groups and *systemizing knowledge and understanding of the situation of children*. A first step is to identify how much is currently being spent on social protection, shortfalls and potential sources of sustainable public, international and private financing. Public expenditures reviews that would examine social protection expenditures within the context of overall government spending and costing exercises that would determine the costs of various building block scenarios are needed in all countries. Information from Child Poverty and Vulnerability Assessment, Social Protection Program Reviews and Social Protection Expenditure Reviews will also be important. UNICEF can also support child and gender sensitive social protection research that yields information on vulnerability, social protection interventions, social protection gaps and progress in implementing child sensitive social protection systems. UNICEF

¹⁰⁶ As presented in the 2006-2009 Medium Term Strategic Plan (MTSP) and further elaborated in Landgren, Karin, 'The Protective Environment: Development Support for Child Protection', *Human Rights Quarterly*, 27: 214-248, 2005.

can also make an important contribution by funding evaluations of promising program models.¹⁰⁷ With this information, the agency will be well positioned to lead information-based advocacy at the local, national and regional levels.

UNICEF has been actively engaged in, and will continue to support the process of in-country *policy development* for social protection in ESA (Box 4.3). In addition, UNICEF has considerable experience in regional approaches to social policy development and capacity building that could be brought to bear on social protection in ESA. For example, UNICEF spearheaded a regional approach to ECCD in the Caribbean that helped to gain consensus around ECCD and which has facilitated in country dialogue and policy development (Box 4.4). A similar approach for social protection, in collaboration with the African Union, could build on the work of the Livingstone Accord. Regional approaches would not replace in-country dialogue and policy development; rather they would facilitate that dialogue. Participants in the regional initiative would form the core of regional network of social protection advocates.

¹⁰⁷ In Kenya and Malawi, UNICEF has been instrumental in supporting social experiments to measure the impact of social cash transfer schemes. In South Africa UNICEF has partnered with the Department of Social Development in the design of a multi-year impact evaluation of the Child Support Grant.

Box 4.3. Minimum Standards for Care, Protection and Support for OVC in Rwanda

The situation of orphans and other vulnerable children in Rwanda is a highly complex one given the context of extreme poverty, recovery from the consequences of war and genocide and now HIV/AIDS. According to the 2002 Census, there are an estimated 1,264,000 orphans in Rwanda and an unknown number of vulnerable children whose rights may be threatened within this context. Orphans and other vulnerable children, with the loss of parental care, protection and support, are vulnerable to abuse, violence, sexual exploitation and exploitative and/or hazardous labor as they adopt increasingly risky survival strategies and are forced to take on the responsibility of caring for households.

In 2006, the Government of Rwanda endorsed the Minimum Standards for Care, Protection and Support for OVC, which addresses short and long-term response strategies for vulnerable children aimed at building the capacity of households and communities to provide support and prevent vulnerability in the future. The Standards are embedded in the OVC National Plan of Action and aim at avoiding an uncoordinated, fragmented and unguided response to OVC at decentralised and community level. They also ensure response to OVC are age-specific and gender-sensitive and ensure a holistic approach to providing protection, care and support for OVC, through the incorporating elements of Psychosocial Care and Support, economic empowerment of the household, basic education (formal and non-formal), protection against all forms of abuse, violence and exploitation, and access to health and nutrition.

The Standards use traditional vulnerability criteria from community income generation projects (*Ubudehe*) in order to identify children in need of care, protection and support at community level. The criteria have been chosen as the concept of vulnerability in Rwanda is very complex, and includes children who are vulnerable from many different causes. In addition to the determinants of orphan-hood and vulnerability experienced elsewhere in the region, OVC in Rwanda uniquely include children whose parents died in the genocide, those who were orphaned in the more recent insecurity of 1997/8 and those whose relatives are in prison accused of genocide and other crimes.

The consequences of war and genocide include a high level of distrust within and between communities: external assistance is very often provided discriminately to genocide-impacted children over all other categories of children in need. As such, and in order to avoid additional stigmatization and negative suspicion that could potentially foster further problems at community level, the use of *Ubudehe* criteria has been agreed upon by communities and OVC practitioners alike. This will improve the capacity of communities to exercise ownership of programs for OVC, facilitate the gradual assumption of community responsibilities for vulnerable children and promote a sense of belonging of the children to the community.

The Standards are not expected to be met by one organisation only but rather to foster coordinated, inter-disciplinary approaches and, as such, they will be implemented jointly by Government organisations, NGOs and CBOs through the coordination provided by already-existing District structures. The implementation of the Minimum Standards will be part of the responsibilities of the Community Development Funds, so as to ensure that District plans integrate the OVC dimension and facilitate access to basic social services to the most marginalized and disadvantaged children in their own communities. Application of the Minimum Standards at decentralized level will be championed and monitored by Parliamentarians in their own constituencies, who will represent the front-line response to hold decentralized administrative structures accountable for the care, protection and support of vulnerable children.

Source: UNICEF-ESARO

Social welfare/development ministries, which are responsible for a significant share of social protection programs, are traditionally weak with respect to policy development, planning, administration, monitoring and evaluation. Significant investments in *capacity building* will be required, including investments in human resources and monitoring systems. Programs to develop a cadre of professionals in each country (policy analysts, planners, managers and social workers) will be needed to spearhead policy development, system improvements, program implementation and case management. To date, training opportunities have been fairly ad hoc and generally not sustainable. Regional training initiatives, such as the UNICEF supported capacity building program for ECCD in Africa, can be effective (Box 4.4) and the feasibility of establishing sustainable regional approach to social protection capacity building warrants exploration.¹⁰⁸

¹⁰⁸ There is one course currently offered in the region, entitled 'Design and Implementation of Social Transfers,' offered by the Economic and Policy Research Institute through financial support from DFID.

Box 4.4. Lessons Learned from Regional Approaches

In response to the considerable gaps in coverage and wide variations in quality of early childhood development programs and as a result of the combined efforts of UNICEF, national governments and other partners, the Heads of Government of the Caribbean Community adopted the Caribbean Plan of Action for Early Childhood Education, Care and Development in 1997. The Plan focuses on mechanisms and strategies to achieve a legislative framework for coordinated service provision and monitoring; integrated social planning and implementation; adequate financing; equitable access; provider upgrading; curriculum and materials development; increased parent, community and media awareness and involvement; coordinated national and regional action; and research to inform development of the sector. While implementation of the plan has been uneven across countries, the Plan has provided a common framework for developing ECCD within countries as well as a common framework within which early childhood programs can be monitored. Work at the regional level has demonstrated that much can be achieved at the regional level through training and workshops and involvement of senior policymakers and by monitoring implementation of policy and plans of action. These initiatives have helped to mobilize the early childhood sector throughout the Caribbean, provided tools for government officials and produce outputs for immediate use and implementation. A network of early childhood practitioners in nineteen countries has emerged with the potential for collective advocacy at regional level and for maximizing learning and sharing.

The Early Childhood Development Virtual University (ECDVU) represents an innovative approach to addressing leadership and capacity gaps. The ECDVU has created and delivered an innovative ECD leadership development program. Through a combination of Web and face-to-face interactions, ECD professionals from diverse countries become ECD leaders and create an international community of learners and practitioners in support of child, family, and community well-being. The ECDVU grew out of a series of Early Childhood Development (ECD) training seminars (Summer Institutes) initiated by UNICEF in 1994/95. In 2000 the World Bank, utilizing Norwegian Educational Trust Funds, supported the development phase of the ECDVU. UNICEF partnered with the World Bank, UNESCO, CIDA, Bernard van Leer Foundation, Aga Khan Foundation Canada, the ECCD Consultative Group, local employers of participants and the Human Early Learning Partnership in funding the delivery of the initial three-year graduate degree in Sub-Saharan Africa. The pillars of the ECDVU capacity-building mandate are promoting regional Early Childhood Development networks, supporting in-country development, utilizing computer information technology, identifying indigenous knowledge, stimulating local solutions, accessing international expertise, and delivering meaningful training.

Sources: UNICEF, Situation Assessment of Children and Women in 10 Eastern Caribbean Countries, 2007; The Consultative Group on Early Childhood Care and Development, Positioning ECCD, 2004

4.4 An Agenda for Action

This section elaborates a set of actions and benchmarks which, if aggressively pursued through out the region, can lead to significant progress in the development of social protection systems for children. These actions are not exhaustive nor are they necessary in each and every country, but taken as a whole they represent an important set of milestones for UNICEF, governments and development partners to work towards in order to promote the development of comprehensive social protection systems in ESA. For UNICEF in particular, it will be important that the building blocks and principles of child sensitive social protection are reflected in national plans as countries move forward.

4.4.1 Country level actions and benchmarks

The suggested priority actions for the medium term (2008-2010) have been grouped into 4 categories, and within each category a set of activities and benchmarks are indicated which, if aggressively pursued over the next 3 years, could lead to significant development of the sector in ESA.

Policy guidance and oversight mechanisms includes establishment of a social protection technical working group or steering committee lead by government and comprising main development partners and civil society representatives. This group provides the overall leadership for activities in the sector, including policy formulation, legislative reform initiatives, guidance on program implementation, and overall monitoring of conditions in the sector. UNICEF will participate in strengthening of regional partnerships, including spearheading formation of a regional social protection working group.

Information and research includes identification of information gaps and sponsoring research to fill these gaps (including impact evaluations), as well as the development of three key inputs required to inform

national strategies and programs: 1) A risk and vulnerability assessment; 2) An inventory of current social protection activities, and; 3) A social protection expenditure review and assessment.

Policy development includes articulation of regional policy actions (at the level of the African Union, EAC and SADC) as well social protection strategies at the country level and costed action plans for implementation of a cash transfer scheme (as called for in the Livingstone Accord). UNICEF will work with Governments and key partners to build on existing and emerging initiatives and to increase attention to children in social protection strategies and to build consensus on minimum standards for social protection for children. UNICEF will also work to expand the scope of regional and in-country strategies to ensure that they are child sensitive and adequately reflect the four building blocks.

Implementation of the national strategies would be measured through incorporation into national development plans and medium term expenditure frameworks. At this level, UNICEF would advocate for adequate budgetary allocations for social protection, support for regulatory standards and guidelines and inclusion of monitoring and evaluation systems.

Table 4.1 summarizes the 4 areas of action and highlights key benchmarks to be achieved in the sector. Table 4.2 provides a more detailed list of targets as well as an initial assessment of progress at country level (indicated in grey) as of early 2008, which serves as a baseline for monitoring progress.

Table 4.1: Main Milestones in UNICEF R Action Plan for Social Protection				
	2007	2008	2009	2010
Establish Policy Guidance and Oversight Mechanisms				
Social Protection Task Force				
Regional Task Force on Social Protection in AU, SADC and EAC				
Regional Conference on Social Protection (Livingstone II)				
In-Country Sensitization Workshops on Social Protection				
Information and Research				
Child Poverty and Vulnerability Assessment				
Social Protection and Safety Net Assessment				
Social Protection Expenditure Review				
Policy Development				
A.U. Adopts Social Protection Strategy				
All countries have Cabinet approved Social Protection Strategy				
Costed time bound plan for implementing the building blocks				
Implementation				
Social protection activities and costs incorporated in NDPs, PRSPs and MTEF				
Funding Gaps Identified				
Funding of building blocks included in government budgets				

4.4.2 UNICEF country and regional office actions

A number of actions are already underway at country and regional level to support social protection programming in ESA. Each UNICEF country office (CO) in ESA will form a social protection working group within the office and designate a focal point to guide CO activity within this sector. The working group will be responsible for assessing the social protection sector and identifying strategic areas of engagement for UNICEF. Based on this assessment, the working group will elaborate a short (5-10 pages) engagement strategy, which will include key areas of involvement at program and policy level, funding requirements and technical assistance needs. Country offices will report on social protection activities in their Annual Reports beginning in 2008.

At the regional office (RO), a social protection cluster has been formed beginning in 2008 to efficiently respond to technical support requests from COs, and to engage in regional dialogue on social protection with regional economic communities (SADC, EAC), the AU, and the inter-agency technical groups formed by the regional directors' team. The cluster is composed of the Child Protection, Children and Aids and Social Policy units within the RO. The cluster will also monitor the benchmarks set out in Table 4.2 and produce best practice information briefs as well as primary research and analysis papers on social protection in ESA.

4.5 Conclusion

It is unrealistic to think that all countries will achieve the targets set out in this chapter by 2010. Variations in levels of political commitment, donor interests, and domestic economic and social conditions will influence the development of the sector in ways that are beyond the control of UNICEF. Nevertheless, given the political commitment already demonstrated at Livingstone by 13 R countries, the potential impact of social protection on children's lives, and UNICEF's own position as a leader in advocating for the realization of children's rights, it is not overly optimistic to believe that significant results can be achieved by 2010 in the areas highlighted.

Table 2: Detailed Targets for Social Protection Sector in ESA											
		ESARO	Angola	Botswana	Burundi	Comoros	Eritrea	Ethiopia	Kenya	Lesotho	Madagascar.
1	Establish Policy Guidance and Oversight Mechanisms										
1.1	Social Protection Task Force Established at country level										
1.2	Regional Task Force on Social Protection (AU, SADC, ECA)										
1.3	Regional Conference on Social Protection (Livingstone II)										
1.4	In-Country Workshop on Social Protection										
1.5	Sensitization of parliamentarians										
2	Information and Research										
2.1	Child Poverty and Vulnerability Assessment										
2.2	Social Protection and Safety Net Assessment										
2.3	Social Protection Expenditure Review										
2.4	Analysis of alternative cash transfer designs and scale-up costs										
2.5	Impact evaluation of cash transfers on children's human capital										
2.6	Costing and targeting of alternative ECD interventions										
2.7	Assessment of second chance education sector and policy options										
2.8	Costing and implementation options of alternative care options for OVC										
2.9	Impact evaluation of other pilot social protection schemes for children										
2.1	Capacity assessment of social welfare sector and action plan for strengthening										
2.11	Legal review of national pensions, providence funds, etc in terms of survivorship rights										
3	Policy Development										
3.1	A.U. Adopts Social Protection Strategy										
3.2	Cabinet approved Social Protection Strategy										
3.3	Costed time bound plan for implementing the building blocks										
3.4	National OVC Action Plans integrated or consistent with Social Protection Strategy										
3.5	Professional standards for social workers updated and approved										
3.6	Pooled funding guidelines developed and adopted										
4	Implementation (national ownership)										
4.1	Social protection activities and costs incorporated in NDP and MTEF										
4.2	Social Protection SWAP functioning										
4.3	Pilot or scaled-up cash or in-kind transfer scheme in operation										
4.4	Pilot or scaled-up youth human capital development scheme in operation										
4.5	Pilot or scaled-up integrated ECD scheme in operation										
4.6	Pilot or scaled up alternative care scheme in operation										
4.7	Non contributory pension or old age grant in operation										

Table 2: Detailed Targets for Social Protection Sector in ESA (cont...)											
		Malawi	Mozambique.	Namibia	Rwanda	Som alia	S. Africa	Swaziland	Tanzania	Uganda	Zambia
1	Establish Policy Guidance and Oversight Mechanisms										
1.1	Social Protection Task Force Established at country level										
1.2	Regional Task Force on Social Protection (AU, SADC, ECA)										
1.3	Regional Conference on Social Protection (Livingstone II)										
1.4	In-Country Workshop on Social Protection										
1.5	Sensitization of parliamentarians										
2	Information and Research										
2.1	Child Poverty and Vulnerability Assessment										
2.2	Social Protection and Safety Net Assessment										
2.3	Social Protection Expenditure Review										
2.4	Analysis of alternative cash transfer designs and scale-up costs										
2.5	Impact evaluation of cash transfers on children's human capital										
2.6	Costing and targeting of alternative ECD interventions										
2.7	Assessment of second chance education sector and policy options										
2.8	Costing and implementation options of alternative care options for OVC										
2.9	Impact evaluation of other pilot social protection schemes for children										
2.1	Capacity assessment of social welfare sector and action plan for strengthening										
2.11	Legal review of national pensions, providence funds, etc in terms of survivorship rights										
3	Policy Development										
3.1	A.U. Adopts Social Protection Strategy										
3.2	Cabinet approved Social Protection Strategy										
3.3	Costed time bound plan for implementing the building blocks										
3.4	National OVC Action Plans integrated or consistent with Social Protection Strategy										
3.5	Professional standards for social workers updated and approved										
3.6	Pooled funding guidelines developed and adopted										
4	Implementation (national ownership)										
4.1	Social protection activities and costs incorporated in NDP and MTEF										
4.2	Social Protection SWAP functioning										
4.3	Pilot or scaled-up cash or in-kind transfer scheme in operation										
4.4	Pilot or scaled-up youth human capital development scheme in operation										
4.5	Pilot or scaled-up integrated ECD scheme in operation										
4.6	Pilot or scaled up alternative care scheme in operation										
4.7	Non contributory pension or old age grant in operation										

5. ANNEXES

Annex 1: The economics of risk management and social protection policy¹⁰⁹

5

Introduction

This note lays out the economic framework for analyzing household welfare under risk and uncertainty, and explains how social protection policy can influence welfare under uncertainty.

Expected utility

Household welfare under uncertainty is modeled using expected utility theory. A household derives happiness, welfare or utility (U) from the consumption of goods and services. Income (or wealth) can be converted into utility or happiness through the acquisition of goods and services for consumption hence there is a close (but not perfect) mapping between wealth (W) and ultimate utility.

Say a household has initial wealth of W_0 and faces the risk of a shock with probability p which results in a loss of wealth (L). The (ex-ante) expected loss is thus $p \cdot L$. The household's expected utility or well-being is given by the following expression:

$$\text{Expected Utility (EU)} = \underbrace{(1-p) \cdot U(W_0)}_{\text{good state}} + \underbrace{(p) \cdot U(W_0 - L)}_{\text{bad state}} \quad (1)$$

The first expression on the right-hand side is the utility of wealth (W_0) if the shock does not occur (the good state). The probability of this state occurring is $(1-p)$. The second term on the right-hand side is the utility of wealth if the shock does occur (in which case initial wealth is reduced by L , the amount of the loss). The probability of this state occurring is p . Expected utility is the sum of the utility in each state times the probability of that state occurring.

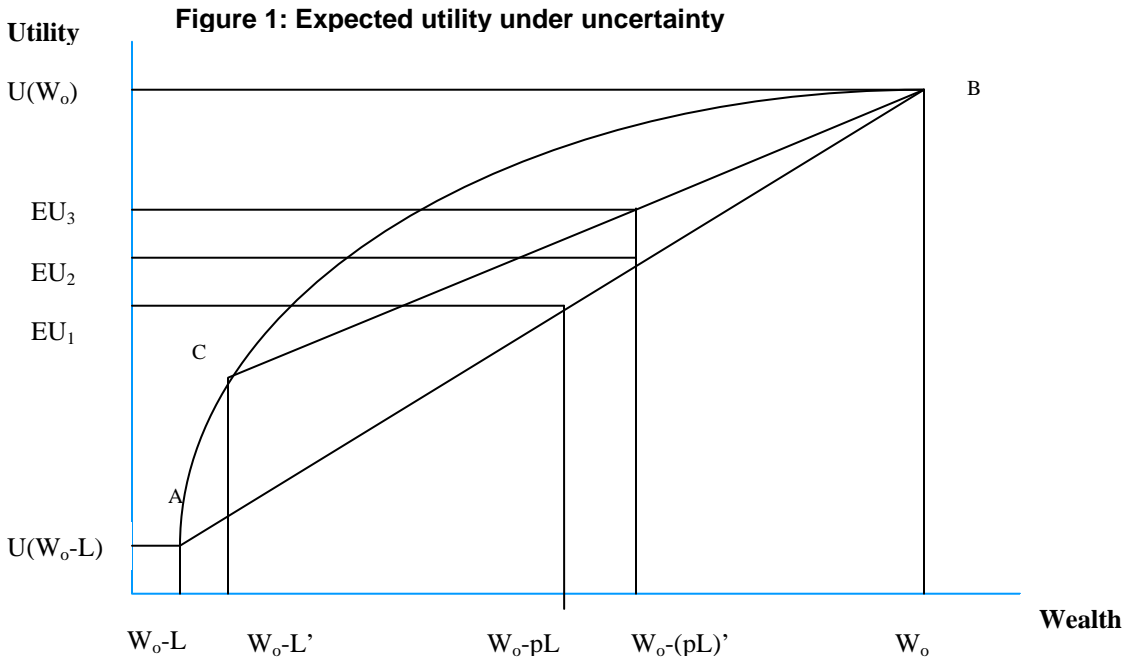
We can see from (1) that the EU of the household depends on three key factors: 1) the level of initial wealth (W_0); 2) the probability that a shock will occur (p); 3) the amount of loss (L) that is suffered when the shock occurs. Public policy can affect all three of these factors.

Most economic agents are risk averse which means that they would prefer to avoid fluctuations in their wealth. A typical risk-averse utility function is concave, and looks like the one drawn in Figure 1. In this figure, wealth is shown on the horizontal axis and the utility derived from each level of wealth is shown on the vertical axis. The household depicted in Figure 1 has initial wealth W_0 and faces a loss of size L with probability p . The expected loss is $p \cdot L$ and so the expected wealth is $(W_0 - p \cdot L)$. The expected utility for this household is shown on the vertical axis and is given by EU_1 . The slope of the utility curve is diminishing—this means that increases in wealth increase happiness, but at a diminishing rate. An additional \$10 to a very poor person increases his/her happiness by much more than an additional \$10 to a millionaire.

Risk, vulnerability and public policy

For any given level of initial wealth (W_0), a household's expected loss ($p \cdot L$) depends on the probability of the shock occurring and the amount the household stands to gain when the shock occurs (L). We say that the *risk* of the shock occurring is given by p —the probability or likelihood of experiencing the shock. We say that the exposure or *vulnerability* to that risk is given by L —the amount the household stands to lose if the shock actually occurs.

¹⁰⁹ This background note was developed by Ashu Handa, Regional Social Policy Advisor for UNICEF in ESARO (shanda@unicef.org).



Both p and L are crucial to the welfare of the household. For example, a household can live in a flood zone and thus have a very high risk (p) of facing a flood, but the household may have built a concrete house on stilts which can withstand the flood and so its loss (L) from the flood is very low or even 0—the overall expected loss for this household is quite low even though it has a high risk of encountering a flood. The fluctuation in utility or well-being for this household is low—mainly due to a low L .

By the same token, a household can live on a volcanic island in a flimsy shack. The probability that the volcano will erupt is low (p is low), but when it does erupt it destroys everything on the island. For this household, L is very high, and so even though the risk is low, overall expected loss ($p \cdot L$) may actually be very high. This household faces a large fluctuation in utility over various states of nature, mainly due to a high L .

Public policy can affect both p and L . Insurance (health, unemployment, old-age) is a classic social protection instrument that is designed to lower (L), the loss after the shock has occurred. These types of interventions are typically put in place before the shock, and reduce the vulnerability (L) to the shock. Targeted social cash transfers are another intervention that reduces L , but they are accessed after the shock has occurred. Job training, livelihood enhancing interventions or human capital development are examples of interventions that affect p —they reduce the risk of a shock occurring. These interventions can also affect W_0 .

Should public policy focus on p or L ?

Suppose we have a fixed budget in the short-run which we can use to increase household expected utility. Let us focus on doing this by reducing the expected loss ($p \cdot L$) of poor households due to adverse shocks, either by reducing p or reducing L —what should we do? Which one of these components of expected loss should we focus on in the short or medium run?

Expected utility theory can answer this question for us. Say we have the budget to reduce the expected loss from ($p \cdot L$) to ($p \cdot L$)'—the new level of expected wealth is thus given by $W_0 - (p \cdot L)$ ' and is shown on the horizontal axis of Figure 1. Now consider two alternative policies to reduce the expected loss to ($p \cdot L$)'—one that does so by reducing p (policy 2) and the other that does so by reducing L (policy 3). Assume that each type of policy or intervention costs the same (is budget neutral) and reduces expected loss to ($p \cdot L$)'.

Policy 2:

This policy reduces expected loss to $(p^*L)'$ by reducing p . The utility in each state of nature is the same as it was initially (point A when there is a shock and point B when no shock). Expected wealth is given by $W_0 - (p^*L)'$ (which is higher than the original) and the new expected utility is EU_2 on the vertical axis;¹¹⁰ this is clearly higher than EU_1 hence this policy improves household expected welfare.

Policy 3

This policy reduces expected loss to $(p^*L)'$ by reducing L . Now the utility in the good state is still point B but the utility in the bad state is point C (or $W_0 - L'$ on the horizontal axis, where $L' < L$). In this case the expected utility of the policy is given by EU_3 .¹¹¹

Note that $EU_3 > EU_2$ —the budget neutral policy intervention that reduces expected loss by reducing L allows the household to achieve a higher level of well-being than the intervention that reduces p .

This is a standard result in microeconomics, and occurs because of the assumption of risk aversion on the part of the economic agent. The well-being of risk-averse agents is greatly affected (negatively) by fluctuations in states of nature—such agents go to great lengths to smooth their consumption over time. Anecdotal evidence of risk-averse behavior abounds. For example, many people have a ‘fear of flying’ yet rarely are these same people afraid to travel by road, yet the risk of an accident (p) is much higher when traveling by road. However it is rare to survive a plane crash, so the loss (L) is extremely high, while most car accidents are not fatal so the loss (L) is much lower. Similarly, most people tend to stay away from bungee jumping or sky-diving even though the risk of an accident (p) is actually quite low in these activities relative to walking or driving. But of course the loss associated with an accident is extremely high! Risk aversion and expected utility theory help explain this type of behavior.

More rigorous analyses of risk-averse behavior, and the economic cost associated with attempts to avoid fluctuations in consumption also exist. It is well-established that poor farmers will avoid adopting higher yielding varieties because of the higher expected loss associated with these innovations; the economic cost of such risk-averse actions can be substantial.

How about W_0 ?

An increase in W_0 will shift the relevant focus of the utility function to sections further to the right on the graph in Figure 1. For a given L and p , an increase in W_0 will clearly increase EU and so improve household welfare. More importantly, increases in W_0 can give households the means to empower themselves to avoid fluctuations in consumption, for example by purchasing insurance on the private market, or through crop diversification. The long term objective of an economic system is to improve W_0 —some social protection interventions can also improve W_0 in the medium to long run. Promotive interventions such as conditional cash transfers (or targeted human development programs) and school feeding programs can improve the future W_0 of today’s children, and allow them to avoid fluctuations in consumption. Job training and second-chance education also promote human capital development; these programs can both reduce p and increase W_0 —in some cases they may also reduce L if for example job training allows a person to move into a sector which guarantees him/her a steady income. Clearly interventions that affect W_0 are not applicable for all (e.g the aged or disabled); these interventions are also likely to be more longer term in nature (e.g targeted human capital development programs).

¹¹⁰ To find expected utility, start at expected wealth on the horizontal axis, go directly up to the line connecting the two possible end states (points a and B in this case), and then directly over to the vertical axis.

¹¹¹ Find expected utility using the same method as before. Locate expected wealth on the x-axis, then go directly up to the line connecting the two possible end states (points C and B) and then directly over to the vertical axis.

Annex 2. Advantages, Disadvantages and Lessons Learned About Non-Cash Safety Nets

	Advantages	Disadvantages	Lessons Learned
In-Kind Food Transfers	<ul style="list-style-type: none"> • May be only possible response where local food markets are weak or where food is not available at any price. • Can have positive impact on consumption during agricultural slack periods and in emergencies • Can prevent a worsening of poverty, especially during periods of chronic or seasonal unemployment. • May have savings or multiplier effects • Incidence usually progressive • Can be self-targeting • Immediately increases food availability • Favors women, children and the elderly • Maternal and child health can address biological vulnerability, promote use of health and nutrition education services • School feeding can increase school attendance and possibly learning outcomes • Politically popular • Can be self-targeting if limited to inferior goods • Can be linked to care for children and mothers • 	<ul style="list-style-type: none"> • Often ad hoc and crisis driven • Not well adapted to the needs of chronically hungry who require long-term predictable assistance. • Food often arrives after the most critical period of need has passed • Errors of exclusion especially if geographically targeted or if poor cannot afford transactions costs of obtaining food • Can have negative impacts on the local economy by depressing local prices, introducing disincentive effects on production and discouraging development of inter-regional trade and price signals • Rarely effective in improving nutrition • High administrative costs related transporting, storing and distributing food • Not likely to improve nutritional status • Can increase risk of population settlement around distribution sites • Limits consumer choice • Sometimes includes distribution of inappropriate foodstuffs • Losses from spoilage and theft • Can be stigmatizing • The value of the food provided may differ from donor to donor and in different locations and this creates inequities • May disrupt health and nutrition services • May substitute for food that would have been consumed anyway 	<ul style="list-style-type: none"> • Should be provided only after assessment of local economic and market conditions and the likely impact on local markets and after consultations with beneficiaries. • Should be limited to situations where local markets are not functioning and where food is not available at any price • Maternal and Child Feeding requires good targeting, adequate health/nutrition services and appropriate ration size • School feeding duties should not interfere with teachers teaching responsibilities • Not stigmatizing identification systems needed for targeted programs

	Advantages	Disadvantages	Lessons Learned
Universal Food/Energy Subsidies	<ul style="list-style-type: none"> • Can maintain/increase food consumption and nutrition in poor households • Low errors of exclusion • Administratively simple • Politically popular 	<ul style="list-style-type: none"> • Considerable leakage to non-poor • Manipulated by government controls. • Adverse impact on agricultural production. • Associated with large consumption and production efficiency costs when financed through low producer prices, can lead to production inefficiencies • Expensive and hard to control budget • Share of low income groups that benefits from fuel subsidies is low since richer households consume more energy 	<ul style="list-style-type: none"> • Targeting and monitoring needed to avoid distribution losses and corruption • May be appropriate in context of occasional emergencies • Most appropriate in situations where prices of essential commodities are high enough to have negative impact on consumption by poor
Food Stamps/ Coupons	<ul style="list-style-type: none"> • Effective ways of transferring income and reducing poverty gap • Tend to increase food consumption more than a cash transfers • Lower administrative costs compared to food distribution programs • May increase share spent on food • Promotes consumer sovereignty • May be more politically acceptable than cash 	<ul style="list-style-type: none"> • Shopkeepers may allow spending on non-food items • Increases administrative costs for reimbursing shopkeepers • Little or no impact on nutritional status 	<ul style="list-style-type: none"> • Simple reclamation chain needed to reimburse retailers • Retailer confidence in value of stamp
Targeted Food Subsidies	<ul style="list-style-type: none"> • Better benefit incidence and reduced inefficiencies compared to universal food subsidies • Flexibility to respond to changing economic conditions 	<ul style="list-style-type: none"> • High leakages to non-poor • Difficult to identify commodities that are inferior and whose price can also be easily ?? • High costs associated with distributing food if implemented through food ration shops • Subject to considerable corruption. 	<ul style="list-style-type: none"> • Can improve targeting by subsidizing foodstuffs unattractive to better-off • Requires adequate resources for screening, delivery, and monitoring

	Advantages	Disadvantages	Lessons Learned
Public Works	<ul style="list-style-type: none"> • Can generate employment • Can create infrastructure, • Can help with consumption-smoothing • Can prevent a worsening of poverty, especially during periods of adjustment or transition. • Amenable to geographic targeting • Can provide employment guarantee • 	<ul style="list-style-type: none"> • Administratively complex • High transactions costs • Financing often not available when most needed • Stop and start nature prevents sustained impact on incomes of poor • Frequently exclude women because of physical requirements or timing of work, lack of childcare and/or social and cultural norms • Poor less likely to participate • Potential for local elite capture, especially where jobs are rationed • High non-wage costs • Not suitable for persons unable to work (who are typically the most vulnerable), including children, elderly, mothers with young children, ill, disabled • Can be stigmatizing for participants because of low wage or nature of work. • Susceptible to pressures to increase wage rate with leakage to non-poor. • Labour intensity not always easy to achieve, • Impact on long-term employability negligible. • Typically not well integrated with activities at various levels of government • Often do not result in creation of lasting, productive assets. 	<ul style="list-style-type: none"> • Wage rates at or slightly below market rate for unskilled labor to attract needy persons. • Duration and timing critical • Type and timing of work should include jobs that women can perform and work should be available at time of the day that women are available to work outside home. • Women prefer flexibility of piecework since it allows them to juggle home and work tasks. • Keeping projects near villages and providing day care can promote participation among women. • More likely to succeed where communities select and design the projects themselves. Important to target high-return investments • Most successful programs are flexible and responsive to demand • For planning and sustainability, programs should be mainstreamed into cross-sector planning. • To be effective at addressing vulnerability, programs need to be able to expand to meet demand during local or regional downturns. • The projects should be more labor-intensive than in similar projects in the area • Assets created should be chosen to be of most benefit to the poor; if they benefit the non-poor, the beneficiary group should share in the cost, with the funds going back to the public works program. • Sufficient administrative capacity must exist at the local level to oversee and monitor projects, especially if private contracting is limited. • Most effective after collapse of labor markets in case of a crisis or a disaster, or when seasonal unemployment is high
Fee Waivers/ Vouchers	<ul style="list-style-type: none"> • Can't be shared among household members so ensures spending on targeted child • Easy to administer • Promotes access to social services when there are fees 	<ul style="list-style-type: none"> • Coverage of the poor low, mainly because governments providers not adequately compensated • Need a system to reimburse providers • Hard to target well • Many fees are "informal" and not captured by fee waiver programs • Can be stigmatizing • Out-of-pocket costs to access services (uniforms, transportation, etc) can be significant and these are not covered by the fee waiver • Only appropriate where fees are a main barrier to access to basic services 	<ul style="list-style-type: none"> • Fee structure may be a source of funds to maintain or improve service quality so sufficient and timely financial compensation of providers essential • Clear definitions of target beneficiaries necessary and identification criteria needs to be applicable and easily verifiable and those determining eligibility need to be adequately trained • Information about waivers and exemptions needs to be disseminated to potential beneficiaries • Support to poor patients for non-fee costs of services also necessary • Very hard to do well

Further Reading for Annex 2:

- DFID, Eliminating Hunger: Strategy for Achieving the Millennium Development Goal on Hunger, London, 2002
- Beatrice Rogers and Jennifer Coates, Food-Based Safety Nets and Related Programs, World Bank, 2002
- Nick Maunder and Steve Wiggins, Food Security in Southern Africa: Changing the Trend? Review of Lessons Learnt on Recent Responses to Chronic and Transitory Hunger and Vulnerability, OXFAM/World Vision International/CARE/RHVP/OCHA, 2006
- Daniel O. Gilligan and John Hoddinott, Is There Persistence in the Impact of Emergency Food Aid? Evidence on Consumption, Food Security, and Assets in Rural Ethiopia, IFPRI, 2006
- Christopher B. Barrett, Stein Holden and Daniel C. Clay, Can Food-for-Work Programs Reduce Vulnerability, Agricultural University of Norway, 2004
- Stephen Devereux, Social Protection Mechanisms in Southern Africa, DFID/AusAID, 2006
- Milan Vodopivec, Dhushyanth Raju, Income Support Systems for the Unemployed: Issues and Options, World Bank, 2002
- K. Subbarao. Systemic Shocks and Social Protection: Role and Effectiveness of Public Works Programs, World Bank, 2001
- Agnes R. Quisumbing and Yisehac Yohannes, How Fair Is Workfare? Gender, Public Works, And Employment In Rural Ethiopia, IFPRI, Washington, D.C., 2004
- David P. Coady, Designing and Evaluating Social Safety Nets: Theory, Evidence, and Policy Conclusions, IFPRI, Washington, D.C., 2004
- Stephen Devereux From Workfare to Fair Work: The Contribution of Public Works and other Labor-Based Infrastructure Programs to Poverty Alleviation, ILO, Geneva, 2002
- Ricardo Bitrán and Ursula Giedion, Waivers and Exemptions for Health Services in Developing Countries in Social Safety Nets Primer Series, World Bank, Washington, D.C., 2003
- Michelle Adato et al Linking Safety Nets, Social Protection, and Poverty Reduction — Directions for Africa, IFPRI, Washington, D.C., 2004
- World Bank, **Social Safety Net Primer Papers**, available at: http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTSAFE_TYNETSANDTRANSFERS/0,,contentMDK:20628505~pagePK:210058~piPK:210062~theSitePK:282761,00.html

For More Information, please contact:
Social Policy and Social Protection Section
Eastern and Southern Africa Regional Office
United Nations Complex Gigiri, Nairobi
P.O. Box 44145 - 00100
Nairobi, Kenya
E-mail: esaro@unicef.org