

Chapter II

Childhood: when social protection is most crucial²⁵

Key messages

- Early childhood is a key stage of a person's physical and cognitive development. To be most effective, social protection and other measures to promote children's development must reach them during their first 1,000 days.
- Social protection is essential for breaking the vicious cycle of poverty and exclusion and promoting long-term prosperity. Child and family benefits, together with other social protection programmes, enable households to keep children in school and ensure that they have adequate nutrition and access to health care, even in times of crisis.
- Expenditure on child and family benefits is low, at just 1.1 per cent of GDP worldwide. Countries need to invest more in social protection in order to reach all children and families that require support. To better address the multiple needs of children, countries must also leverage the links between social protection and social services.

Introduction

Children under 15 years of age account for about one quarter of the world's population, although their share varies considerably by region. Latin America and the Caribbean (26 per cent) and Asia (25 per cent) reflect the global average, but in Africa, children represent 41 per cent of the population. In total, the three regions are home to 1.7 billion children under 15 years of age, roughly 90 per cent of the world's total (United Nations, 2017b).

The development cycle of a child, particularly early childhood, is crucial for an individual's transition into adulthood and integration in society. Children who are nurtured in early life are more likely to grow healthy and develop good thinking, language, emotional and social skills (UNICEF, 2014a).

The Convention on the Rights of the Child highlights the right of every child to "benefit from social security, including social insurance". Social protection can play a key role in addressing risks and vulnerabilities that children face and prevent them from falling into poverty.

This chapter highlights the importance of childhood as a pivotal stage in the life cycle and discusses how age-specific risks and vulnerabilities can result in lifelong disadvantages. The chapter presents social protection programmes that support children and their families and discusses key challenges for achieving greater coverage and impact.

²⁵ This chapter was prepared by the United Nations Children's Fund (UNICEF).

A. Risks and disadvantages faced by children

The first three years in a child's life constitute a pivotal period during which the foundations of good health, growth and neurological development are established. It is a decisive period for the development of a child's psychological resilience and lifelong capacity to learn and adapt to change.

In their early years, children are especially vulnerable to infections. Moreover, some of the nutritional deficiencies faced by young children, if not tackled early, may result in stunting and in slow physical and cognitive development, leading in all likelihood to a reduced capacity to work and greater susceptibility to disease in adulthood (Anderson and Hague, 2007). Approximately 155 million children under the age of 5 suffer from stunting, 56 per cent of them in Asia and 38 per cent in Africa (UNICEF, WHO and World Bank, 2017).

Inadequate care and stimulation in early childhood result in poor cognitive development, thereby increasing the probability of learning disabilities, poor school performance and comparatively low grade attainment (UNICEF 2012a; 2014a). Poverty and conflict can delay the enrolment of children in school and lead to grade repetition, reduced performance and dropping out. A lack of schooling significantly reduces a child's future chances of engaging in further study, work or productive activities.

Around the world, more than 120 million children (61 million of primary school age and 60 million of lower secondary school age) are out of school. The highest rates of exclusion from education are in sub-Saharan Africa, where more than one fifth of children between the ages of 6 and 11 years and a third between the ages of 12 and 14 are out of school (UNESCO, 2016a). Girls face additional challenges in North Africa and Western Asia, where only 85 girls for every 100 boys of lower-secondary-school age attend school.

Children and families with children are at greater risk of poverty than other population groups. In 2013, around 385 million children and adolescents under 18 years of age worldwide were members of households living on less than \$1.90 a day (UNICEF and World Bank, 2016). At 19.5 per cent of the total number of children and adolescents, they were more than twice as likely as adults (9.2 per cent) to live in poverty (ibid.). For children aged 9 years and under, from 10 to 14 years and from 15 to 17 years, the estimated poverty headcount ratio was around 21 per cent, 19 per cent and 15 per cent, respectively.

Families living in poverty lack the means to protect their children from or to counter the impact of the risks and vulnerabilities they face. Moreover, children who fall into poverty may experience poverty throughout their lifetimes. The odds are stacked against children from the poorest and most disadvantaged households. Regionally, children born in sub-Saharan Africa are 12 times more likely than children in high-income countries to die before their fifth birthdays (UNICEF, 2016). A child born in Sierra Leone is about 30 times more likely to die before the age of 5 than one born in the United Kingdom. In many countries, children from ethnic minorities and indigenous communities are at a greater disadvantage than those from the dominant group. For example, in the Plurinational State of Bolivia, the infant mortality rate among indigenous populations is close to 75 per 1,000, compared with 50 per 1,000 for their non-indigenous counterparts (ibid.).

The vulnerabilities of children are often compounded by those faced by their parents and caregivers. Children from families living in poverty face the risk of child labour, jeopardizing their chances of receiving an education or engaging in other activities that are pivotal for their development. Worldwide, 152 million children aged from 5 to 17 years are engaged in child labour, including 73 million in hazardous work (ILO, 2017d).

B. Ensuring social protection reaches children: gaps and challenges

Social protection is essential for realizing children's rights, ensuring their well-being and helping them to develop their full potential. Households that enjoy income security can keep their children in school and ensure that they have adequate nutrition and access to health care, even in times of crisis.

Child and family benefits are the main form of social protection directed at children. They may be contributory, tax-financed or a combination of the two. In some countries, employment-related child or family schemes, usually financed by contributions and organized through social insurance programmes, cover mostly employees in the formal economy (ILO, 2017a). Employment-related schemes may offer generous benefits but usually fail to cover the most vulnerable and disadvantaged children, including those whose parents are unemployed or working in informal employment. Tax-financed schemes, in contrast, are available to children regardless of their parents' employment status. They may be universal or means-tested, targeting low-income families and children. The benefits provided by tax-financed schemes alone, however, are sometimes insufficient to provide income security in developing countries.

Cash-transfer programmes are the most common type of tax-financed child and family benefits scheme. Access to some is made conditional on households meeting certain requirements, such as enrolment of children in school or regular visits to health clinics. Conditional programmes have faced criticism for penalizing the most vulnerable children, whose caregivers are often less likely to comply with conditions owing to distance, disability, discrimination or language barriers. A lack of appropriate services may also hinder compliance.

School feeding programmes are another type of tax-financed scheme. They are particularly relevant for large families and those living in poverty who spend a large portion of household income on food, especially in times of crisis (Banerjee and Duflo, 2007; WFP, 2013). Policies to enhance access to other public services, such as health insurance, school fee abolition programmes and child care and social welfare, while beyond the scope of this report, also help to support the well-being of children and families (UNICEF, 2012a).

Other social protection schemes, such as old-age pensions and unemployment or maternity benefits, can provide indirect support to children in recipient households. Old-age pensions are particularly important in countries with large numbers of skipped-generation households (*ibid.*).

Currently, 117 countries out of 186 for which data are available provide children and families with some form of periodic cash benefit anchored in national legislation (ILO, 2017a). Recent data on SDG indicator 1.3.1 (which monitors the proportion of children and population groups covered by social protection) shows that only 35 per cent of children and households are effectively covered through child and family benefits worldwide (*ibid.*). Coverage is highest in Europe (93 per cent), where most countries offer universal, tax-financed benefits.²⁶ These benefits are often supplemented with means-tested cash-transfer programmes for the most disadvantaged families. In Austria, France and Germany, for instance, additional income-tested benefits are paid to low-income households and families with young children or unemployed parents (OECD, 2013a; European Union, 2014). Among Organization for Economic Cooperation and Development (OECD) countries, cash benefits for a one-child family are most generous in Hungary, Ireland and Luxembourg, where cash transfers for such a family can exceed 5 per cent of the average wage (OECD, 2013a).

²⁶ The SDG Indicators Global Database (<https://unstats.un.org/sdgs/indicators/database>) also contains regional and country-level data on the proportion of children covered by social protection.

In less developed regions, effective coverage ranges from 64 per cent in Latin America and the Caribbean to 28 per cent in Asia and the Pacific and 16 per cent in Africa.²⁷ The most common form of child and family benefits in those regions are cash-transfer schemes targeting low-income families with children. In Brazil, the Bolsa Família programme provides benefits to 12 million low-income families (Campello and Neri, 2014). Under the Child Support Grant in South Africa, a simple means test is used to determine eligibility for monthly payments to the child's primary caregiver. The Grant initially covered children up to the age of 7 years, but the South African Government has gradually expanded coverage to children and adolescents of up to 18 years of age. It has also increased its value over the years. The programme now reaches more than 8.5 million children, or 82.5 per cent of those eligible (Department of Social Development, South African Social Security Agency and UNICEF, 2016). In Argentina, 3.9 million children and adolescents benefit from a universal child allowance (see box II.1).

Box II.1

Universal child allowance in Argentina: the road to real universality

In 2009, the Government of Argentina launched its *Asignación Universal por Hijo* cash-transfer scheme, which targets children whose parents work in the informal sector or are unemployed. Parents of children under the age of 18 receive a monthly payment of \$69 per child (\$225 in the case of a child with a disability) (Global Partnership for Universal Social Protection, 2016). One fifth of that amount is accumulated and paid once a year following certification of the child's attendance at school and medical check-ups. Coverage has been expanded over the past few years to include pregnant women and people in other work categories.

In 2016, the Government announced the extension of the scheme to include 1.6 million children and adolescents (12.6 per cent of the country's total). Although eligible, they had hitherto been excluded because of access and procedural barriers, including a lack of public awareness of the scheme or how to apply, and difficulties with regard to fulfilling conditions (*ibid.*). The Ministry of Social Development and the National Social Security Agency have also begun to step up efforts to identify excluded children, particularly through local initiatives, including household surveys and geo-referencing survey data to identify excluded children, as well as field campaigns to enrol excluded children on the spot.

Other countries have also gradually expanded child benefits in recent years. In Mongolia, the Child Money Programme covers close to all young people under the age of 18 years (ILO, 2017a). In Kenya, the Cash Transfer for Orphans and Vulnerable Children, which started in 2004 as a pilot scheme covering 500 households, has become one of the country's flagship social protection programmes, covering 350,000 households and 970,000 children.²⁸ In Thailand, more than 150,000 children under the age of 3 years are covered by the Child Support Grant, which was launched in 2015. The value of benefits was increased in 2016 and further extensions of the scheme are expected (*ibid.*).

Even as countries expand social protection, coverage for children may still fall short of what is needed. Targeting methodologies, if defined narrowly, may result in the exclusion of potential beneficiaries. Identification and registration processes can prevent households from accessing child benefits. In South Africa, 11.5 per cent of caregivers could not access the Child Support Grant in 2013 because they did not have

²⁷ Author calculations based on data from ILO (2017a).

²⁸ Data from the Government of Kenya, MIS Single Registry, National Social Protection Secretariat.

the right documentation (Kidd, 2014). Most children without a birth certificate were excluded, as were orphans unable to obtain identity documents (ibid.).

The conditions attached to some cash-transfer programmes can limit coverage. Nearly 20 per cent of families that entered Mexico's Oportunidades programme in 1998 had dropped out by 2004, often due to its punitive approach to non-compliance with conditions (ibid.). In some countries, a softer approach to conditions is adopted. In Brazil, the conditions attached to the Bolsa Família programme are treated as a way of encouraging beneficiaries to exercise their right to free education and health care, rather than as a way of punishing them for non-compliance. Where households fail to meet the conditions, officials see the issue as an indication of possible obstacles to service access rather than an unwillingness to comply. As a result, they try to ensure that such households do not lose benefits (Campello and Neri, 2014). However, even softer conditions can become a barrier for vulnerable households. In South Africa, a misconception among caregivers that school enrolment was a strict eligibility requirement for receipt of benefits, rather than just being encouraged, has led to the exclusion of a number of out-of-school children from the Child Support Grant (South African Social Security Agency and UNICEF, 2013).

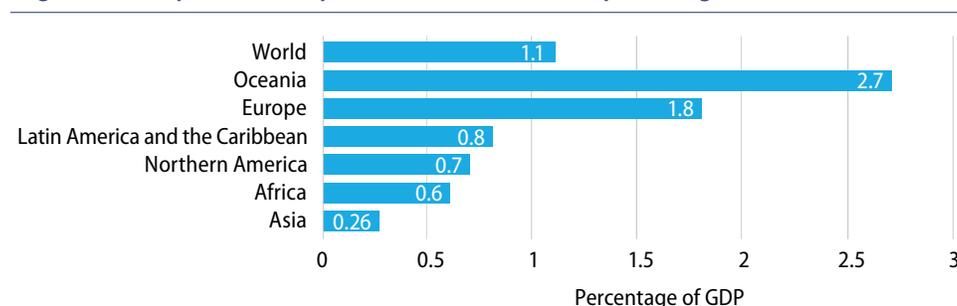
Regarding school feeding coverage, almost every country out of a study sample of 169 countries had some form of school feeding programme in 2012, with at least 368 million children fed daily at school (WFP, 2013). The largest schemes were in India (114 million recipient children), Brazil (47 million), the United States (45 million) and China (26 million). At least 43 countries have programmes of more than one million recipient children. The region with the largest number of beneficiaries was Southern Asia, followed by Latin America and the Caribbean. The main challenge for school feeding programmes in low-income countries is ensuring adequate scale and institutionalization where resources and capacities are limited (ibid.).

Subsidized insurance and vouchers are used to extend health-care coverage to children in developing countries. There are, however, no global data on the real extent of coverage, and the effectiveness of such schemes varies depending on the type of coverage offered and quality of services provided. It is crucial that children and their families be covered in a manner that allows them access to adequate prenatal and preventive health care and related services, such as growth monitoring and immunization.

Overall, countries have made significant efforts to expand social protection programmes for children, many of which started as small-scale or temporary schemes, over the past two decades. Efforts have also been made to anchor schemes in national legislation and sustain the positive impact on children over the long term. That said, just 1.1 per cent of GDP is spent on social protection for children, translating into low benefits per child, especially in countries with young populations (see figure II.1).

Figure II.1

Regional social protection expenditure on children as a percentage of GDP



Source: Author calculations based on data from ILO (2017a).

C. Expanding access to social protection for children

1. The impact of social protection on children's well-being

The depth and quality of evidence on the impact of social protection on children's well-being varies from one region to another. Most of the evidence refers to cash-transfer programmes, driven by rigorous quantitative impact evaluations in Latin America and, more recently, in sub-Saharan Africa (Sabates-Wheeler and Yablonski, forthcoming).

A recent synthesis evaluation by UNICEF (2015a) found that households receiving cash transfers show a high propensity to invest in food, particularly in proteins, fruit, vegetables and fats that benefit children and their families. Beyond the general impact on health and education described in chapter I, cash-transfer programmes, together with other forms of benefits and services, have been a key tool for meeting the special needs of children with disabilities, orphans and other disadvantaged children (UNICEF, 2015b; ILO, 2014a). In South Africa, receipt of the Child Support Grant was associated with improvements in selected indicators of well-being (see box II.2). Cash transfers are also associated with a decrease in child labour. According to Bastagli and others (2016), studies in Latin American countries link transfers with a significant reduction in the prevalence of child labour and, in particular, in the number of hours worked by children. In contrast, similar studies focusing on sub-Saharan Africa do not reveal a statistically significant impact. Most research emphasizes the importance of complementing cash-transfer programmes with good-quality public services, including health and child care, in order to maximise and sustain the positive impact of transfers on the well-being of children.

Box II.2

The impact of the Child Support Grant in South Africa

The Child Support Grant has contributed to improved outcomes for children in such critical areas as schooling and health in South Africa and is now a central pillar of the country's social protection system. Receipt of benefits under the Grant in the first two years of life increases the likelihood of a child's growth being monitored by medical professionals by 8 per cent. It has also had a major positive impact on height-for-age scores of children whose mothers have eight or more years of schooling. Children enrolled in the Grant at birth complete more grades of schooling than children enrolled at 6 years of age and have significantly higher arithmetic test scores. Early Grant enrolment has also improved girls' grade attainment. The results of an assessment of the impact of the Grant have been used to advocate the expansion of coverage to all children and pregnant women. The assessment has also strengthened Government support for more rigorous monitoring and evaluation of other social programmes (Davis and others, 2016).

School feeding enhances the diet and increases the energy and kilocalories available to a child. It targets micronutrient deficiencies that are common among school-age children in developing countries, and which increase susceptibility to infection, leading to absenteeism and impairing learning capacity and cognition. The Midday Meals Scheme in India, the largest school meals programme in the world, has had a significant impact on the height, weight and health of children, in particular among families suffering as a result of drought and related crop loss (Singh, Park and Dercon, 2013). In Uganda, in-school meals and take-home rations have helped to reduce the prevalence of anaemia among adolescent girls by 20 per cent (Adelman and others, 2015). Moreover, a review of 216 education programmes in 52 low- and middle-income

countries has found that school meal programmes have a positive effect on school participation (enrolment, attendance and completion) and learning (scores on cognitive, language and mathematics tests). The scale of the impact varies significantly. The effects of school feeding programmes have been found to be most marked in areas with high food insecurity and low school participation rates (Snilstveit and others, 2016). Impacts also vary depending on the way in which programmes are designed, including the feeding modality: in-school meals, fortified biscuits, take-home rations or some combination of these (Bundy and others, 2008).

Evidence tends to confirm the positive impact on household expenditure of social protection instruments that remove financial barriers to health-care access for children, in particular through tax-financed health care, health insurance subsidies and vouchers focused on children. More research, however, is required regarding child-specific outcomes (Sabates-Wheeler and Yablonski, forthcoming).

Social protection schemes that are not child-focused can also benefit children. Many older persons, for instance, use their pension income to care for their younger children and grandchildren. In Brazil and South Africa, more than 80 per cent of pensioners share their pensions with others, mainly children (Barrientos and Lloyd-Sherlock, 2011). Evidence indicates that receipt of an old-age pension is associated with reductions in child poverty and increased investments in children (Stewart and Yermo, 2009; UNICEF, 2012a). In Georgia, for example, the presence of pensioners in the household is associated with an increased probability of that household escaping or avoiding a fall into poverty (Kidd and Gelders, 2015). Children living with pensioners who receive the Senior Citizen Grant in Uganda are less likely to be underweight than those who do not, suggesting that some of the pension income is invested in improving their diet (Dietrich and others, 2017). Vulnerable households with children should not, however, have to rely on pensions for income security, as that may undermine the well-being of older persons.

Other social protection programmes that provide income security during times of crisis are crucial for children, particularly when the loss of household income—such as through maternity—directly affects the ability of a caregiver to provide for a child's needs. One study of 141 countries found that an increase of 10 full-time-equivalent weeks of paid maternity leave was associated with 10 per cent lower rates of neonatal and infant mortality and a 9 per cent lower rate of mortality in children under 5 years of age (Heymann, Raub and Earle, 2011).

2. Children and social protection: lessons learned

It is vital that social protection programmes reach children at as early an age as possible. They should target pregnant women and children during their first 1,000 days of life. Programme design is also of key importance. Targeted schemes can lead to the exclusion of potential beneficiaries, but those that are administratively easy to implement and designed to exclude only the wealthiest groups are more likely to promote inclusion. It is equally important to ensure that the level of benefits is sufficient to meet children's needs.

Similarly, cash-transfer programmes where conditionality penalizes the most vulnerable families are unlikely to promote inclusion of disadvantaged children. The concept of co-responsibility applied in various Latin American countries emphasizes the obligations not only of programme participants, but also of Governments and service providers. Conditions in those programmes can therefore act as a mechanism for flagging where families need additional support rather than as a means of enforcement or to penalize non-compliance.

Cash transfers can be complemented by improved access to health care and the provision, for instance, of nutritional supplements, guidance to parents on breastfeeding and information on other parenting practices. Several countries have combined cash-transfer programmes with complementary services designed to maximise the impact of programmes for children. In Chile, the Chile Solidario cash-transfer programme targeting people in the most extreme poverty is complemented by the Chile Crece Contigo scheme, which provides additional health, education and social services to vulnerable children and families.²⁹ Ghana has linked all 220,000 beneficiary households of its Livelihood Empowerment Against Poverty cash-transfer programme with the National Health Insurance Scheme Exceptions, which provide access to free health insurance (ILO, 2015b; Roelen and others, 2017). The Government of Ghana has started to use the operational structure of its cash-transfer programme to deliver other complementary services, including preventive health care and nutrition, growth monitoring and immunization for beneficiaries who are pregnant or care for children under the age of 2 years—part of an effort to reduce malnutrition and stunting.

Regarding school feeding programmes, it is recommended that school meals be served to all children in the school in order to avoid the stigma that might arise if only some children are fed, as well as logistical challenges. Where such programmes are relatively small, geographic targeting can be powerful and result in most of the benefits going to children living in poverty (Bundy and others, 2008). Complementing school feeding programmes with initiatives such as deworming, micronutrient fortification and supplementation to ensure positive long-term education outcomes is also recommended (UNICEF, 2012a).

Coordination of individual programmes can reduce fragmentation and duplication of efforts and enhance the impact of social protection. In Brazil, for instance, beneficiaries of the Bolsa Família scheme receive additional services through the Brasil Carinhoso scheme, a comprehensive support package that offers child day care, vitamin supplements and free medication for children. Brazil also has put in place a network of social assistance services to inform families about and assist them with gaining access to other benefits, thereby helping to reduce process and information barriers (Campello and Neri, 2014).

Conclusions

Social protection systems can address the mutually reinforcing vulnerabilities that children face. There is ample evidence that, if properly designed, implemented and funded, social protection can help to reduce poverty and contribute to improvements in health and education that are fundamental for children's development, a smooth transition into adulthood and their becoming active and productive members of society.

In order to better address the multiple needs of children, it is essential that countries, beyond strengthening individual schemes, work to enhance their complementarity and coordination between them. Guaranteeing social protection coverage for children in national legislation can contribute to improved coordination and reduce fragmentation. In order to reach all children and families that need support, countries should gradually invest more in social protection and make a priority of tackling the root causes of poverty and exclusion in a multifaceted way, which in turn will lead to more sustainable outcomes.

²⁹ See www.crececontigo.gob.cl/acerca-de-chcc.