

**Social Protection for Children and their Families: A Global Overview**

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## INTRODUCTION

This paper will describe the range and scale of social protection policies and programs affecting children and their families and provide illustrations from around the world. The focus will be on cash benefits (income transfers and tax benefits), non-cash family benefits and services, employment-related policies, and the extent to which all of these are rights or entitlements, on the one hand, or discretionary on the other.

The first section of the paper will provide an overview of the traditional social protection policies in high-income OECD (Organization for Economic Cooperation and Development) and EU (European Union) countries including those addressing more recent risks such as lone parenthood. This section will draw primarily from previous research in the OECD countries (Kamerman et al 2003), from the Columbia University Clearinghouse on Child, Youth, and Family Policies, and from a trend analysis of data on social protection expenditures for children and their families (Gatenio Gabel & Kamerman, 2006).

The second section will provide an overview of social protection child and family policies in a parallel sample of less developed and developing countries in Latin America, Africa, and Asia. The strategy of cash benefits and conditionality is discussed as well as the role of social services. The policies described include some of those addressing traditional risks as well as those targeted on vulnerable and disadvantaged children and families with special needs, such as: child labor, HIV/AIDS, early care and education, and child-headed households.

The third and concluding section will address some cross-cutting trends and issues such as the qualifying conditions for receipt of benefits, the balance between cash and in-kind benefits, the issues of targeting and selectivity, and, if data are available, the extent of coverage. The objective is to develop a paradigm for future country data collection and lay the foundation for subsequent, ongoing assessment and monitoring of these policies globally.

## BACKGROUND AND HISTORY

### Defining “Social Protection”

“Social protection” is a term used interchangeably in the literature with social policy, social welfare and/or social security, but seems increasingly to be used as a generic term going beyond the alternatives. According to Juan Somavia, the Director General of the International Labour Office (ILO), “For the ILO, social protection is about people and families having security in the face of vulnerabilities and contingencies. It is having access to health care, and it is about working in safety. But we are far from realizing the ideal of adequate social protection as a right for all. This is particularly true for the poorest in the informal economy...social protection fosters social inclusion and cohesion... [It] is not optional but a necessary component of strategies for working out of poverty.” Bonilla Garcia and Gruat, 2003, Preface). The highest priority for the ILO is reaching those not covered by any existing system, but the ILO aims at universalism, social security and coverage for all, and inclusive systems of social protection.

More specifically, according to the ILO, social protection is “the set of public measures that a society provides for its members to protect them against economic and social distress that would be caused by the absence or substantial reduction of income from work as a result of various contingencies (sickness, maternity, employment injury, unemployment, invalidity, old age, and death of the breadwinner);” (Garcia and Gruat, 2003,p.13) and includes the provision of health care (although health care is often listed as an additional category to social protection schemes), and the provision of cash benefits for families with children. It does not include education. It is broader than social security because it incorporates non-statutory or private measures as well as public measures, and traditional measures such as social assistance not just social insurance. This definition is consistent with that used by the EU, OECD, and World Bank.

Social protection benefits consist of cash and non-cash benefits -- in-kind provisions of goods and services. Typically, the largest social protection programs are the contributory, social insurance programs, like old age pensions, disability and unemployment benefits. The non-contributory programs include the child-conditioned child and family allowances, largely universal, and flat-rate benefits that are largely means-tested, targeted on the poor, and play a residual role in the social protection

system. The World Bank and the OECD characterize the benefits targeted on the poor as “safety net” programs, coming into play when the social insurance system is not available or is inadequate.

In contrast to the definitions of social protection offered by the ILO, EU, OECD, and World Bank, the Asia Development Bank (ADB) provides a regional perspective and incorporates some distinctive elements in its definition of social protection. Not only does it include “the set of policies and programs designed to reduce poverty and vulnerability by promoting efficient labor markets, diminishing people’s exposure to risks, and enhancing their capacity to protect themselves against hazards and interruptions/loss of income,” (Asian Development Bank, 2000), but its definition goes beyond the traditional risks and social insurance policy responses. It includes social assistance; micro and community-based social service programs; and child protection. The point is made that although labor market and employment related benefits and social insurance are included in every social security system throughout the world, social assistance, social services, and child protection are not so consistently provided or reported.

Finally, in our review of how social protection is defined, UNICEF views it as a basic human right: governments have an obligation to provide both economic and social support to the most vulnerable segments of their population. The definition of child-conditioned social protection -- social protection affecting children -- encompasses social assistance and economic support directed at the family or at the individual child and social services including family and community support and alternative care (2006). More specifically, the definition includes: (1) social assistance/economic support -- conditional/unconditional cash transfers, child care grants, social pensions, tax benefits, subsidized food, and fee waivers; and (2) social services for children and their families including protective (and preventive) services such as foster care, adoption, residential treatment, family and community support services for children with special needs as well as early childhood care. Devereux and Sabates-Wheeler (2004) argue that social protection should go beyond raising income and consumption standards of the needy. It should be transformative by not only reducing poverty but by enhancing social equity and social rights of poor, vulnerable, and marginalized populations.

Several organizations regularly report on social protection schemes. The International Social Security Review (ISSA) (2005), issues four regional reports covering social protection around the world (the Americas, Europe, Asia, Africa), in six month intervals, each regional report issued once every two years. Information is provided on the core risks referred to above: old age/disability/death; sickness and maternity; work injury; unemployment and family allowances—and the policy responses. For each risk, the following aspects are covered: risk; legislation; coverage; source of funds; qualifying conditions; specific benefit/service; and administrative agency. Another report is regularly published by the European Commission. The MISSOC (Mutual Information Systems on Social Protection, 2005) presents 12 comparative tables covering all areas of social protection in 29 European countries and periodically issues reports on special topics. The most directly targeted child-conditioned benefits reported in both the ISSA and MISSOC reports are the maternity and parental leave benefits and family benefits (cash and in-kind). Both reports include indirect child-conditioned benefits such as unemployment benefits for dependents, disability benefits, child-conditioned survivor benefits, and old age pensions. Despite the growing interest in social protection for children, neither UNICEF nor any other international organization provides a systematic and regular report of child-conditioned social protection policies and programs globally or regionally.<sup>1</sup>

### Policies and Programs

In addition to the traditional social insurance benefits mentioned above, including maternity and parental leaves from employment and benefits replacing salary foregone while on leave, and family allowances, most OECD and EU countries operate provide many if not most of the following types:

- **Social assistance** – cash benefits, government provided minimum income programs that are means-tested, targeted on the poor, and often discretionary.

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<sup>1</sup> There are several promising but not regularly published or updated data bases. These include the Asian Development Bank (ADB) Social Protection Index, covering the Asian region with a small section on child protection and the Department for International Development (DFID, UK) report of social assistance programs in 34 low and middle-income countries, but with no explicit focus on children, and the ISPCAN global survey of child abuse and neglect policies and programs in 64 countries.

- **Housing allowances** – cash benefits that subsidize the costs of housing, usually for families with children, and income-tested as well.
- **Family benefits and services** - cash or tax benefits, usually universal, such as family or child allowances, provided families with children, based on the presence, number, age, and sometimes ordinal position of the child; and family services – information, advice, counseling, residential and supportive services, especially for families with children or children alone. Some countries, France in particular, also have a variety of categorical family allowances; and some, including France, income-test receipt of some of these benefits. All but two European countries provide family allowances.
- **Special benefits for lone parents** – cash or tax benefits, targeted on single parents, usually means- or income-tested, as for example, the transitional allowance in Norway, the single parent allowance in France, and earlier, the extra Child Benefit in Britain.
- **Advanced maintenance or guaranteed child support**, a cash benefit provided the custodial parent of a child when the non-custodial parent fails to pay support or pays it irregularly or inadequately. These existed in about a dozen European countries at the end of the 1990s.
- **Employment-related benefits, such as minimum wages or tax benefits** (either refundable or non-refundable tax credits) to supplement low wages, or to reduce the social security contributions;
- **Maternity or parental benefits and leaves from employment**, usually a childbirth-related leave (covering adoption as well in some countries) from work and a cash benefit that replaces wages foregone while on leave usually for six months in EU countries. These may be supplemented by child rearing cash benefits. All the EU countries have such policies in place.
- **Credit towards old age pensions** for women who have, have had, or reared children.
- **Child care** – cash benefits to purchase child care services, or access to subsidized child care services, or tax credits to offset some of the costs of child care services

- **Tax benefits** - to supplement the wages of working parents or to offset some of the costs of children and child rearing, either tax allowances to deduct expenditures from income before assessing tax liability or credits, to offset some of the tax liability (either wasteable - limited to those with income above the tax threshold or non-wasteable - provided as a direct cash benefit for those with incomes below the tax threshold).
- **Child Trust Funds** – a long-term savings and investment account in Britain for children in low income families, available to all children receiving Child Benefit and born after September 1, 2002, which they can access when they are 18. The government hopes that the CTF will help strengthen savings habits of future generations, help redistribute assets, and educate people in the need for and value of savings. There remains a debate as to whether it will alleviate child poverty.

Social protection is characterized by the ILO, the EC, and the OECD as one of the most significant social achievements of the 20th century. The systems are highly developed in the EU and OECD countries, largely as entitlements, not discretionary benefits; and by and large the self employed are also covered by many of these benefits. Social protection policies and programs are like health care and education, but, as is generally agreed, cannot and should not replace them. Garcia and Gruat (2003) and Devereux and Sabates-Wheeler (2004) urge the need to broaden the concept of social protection to go beyond income poverty, poverty reduction, and sustainable development. There are ongoing debates and criticisms regarding costs, financial burden, and work disincentives and the range of schemes vary greatly worldwide; but nearly every country recognizes the importance of providing some sort of social protection scheme in reducing the vulnerability of its citizenry and maintaining stability. Our focus here, however, is on social protection policies and programs as they affect children.

#### History, Trends and Effectiveness of Social Protection Schemes for Children and Families in Industrialized Countries

Social protection for poor and orphaned children and widows date from the 16th and early 17th century English Elizabethan Poor Laws. Social protection for workers and

working families dates from the late 19th century developments initiated by Bismark in Germany, to protect against certain social risks, in particular the loss of income as a consequence of old age, death of a breadwinner, disability, sickness, and maternity. Protection against the risk of unemployment was added to the list by the British, in the early 20th century.

And all these risks were supplemented by concern with alleviating the financial burden of children and child rearing through cash benefits to families (family allowances), established primarily after World War II. Newer risks were identified and responses enacted with rising concern for the economic vulnerability of lone mothers in the 1960s, of working mothers and parents beginning in the 1970s, with ensuring the financial support of children by their non-custodial parents, beginning in the 1970s, and with providing support (cash and non-cash benefits and services) for the care of children with working parents beginning in the 19th century but increasingly from the 1960s and 70s on (Kamerman, 2005).

At the end of the 1980s, a new construct was added to the traditional discussion of social protection, namely, social protection as a “right”. As early as 1948, social protection (social security) was specified in the Universal Declaration of Human Rights, with the statement that everyone has the right to social security. And the right of children to various aspects of social protection is included in the 1989 Convention on the Rights of the Child.

A central and explicit theme at the World Summit for Social Development in Copenhagen in 1995 was that all people be assured of adequate economic and social protection during unemployment, ill health, maternity, child rearing, as well as widowhood, disability, and old age, and by means of contributory and non-contributory schemes providing for their basic needs.

Apart from health care and education, the most significant service included in the social protection system in the OECD and EU countries is early childhood education and care services (OECD SOCX, 1980-2001). Coverage for three to six year olds in preschool programs in Europe (or the year that compulsory school begins) has become normative in most European countries. About 90 percent of this age group is enrolled in such programs, albeit not all in programs covering the full work day and not all free.

Parental and child rearing leaves provide for infant and toddler care in Europe but services for 1-2 year olds are still in short supply although rapidly increasing in almost all the OECD countries.

With the trend toward globalization beginning in the 1980s, there has been a growing recognition of the importance of social protection systems (cash and in-kind benefits and services). Included among the world-wide trends is the emergence of new social risks requiring new and creative policy responses and the need to find a new balance between economic goals and social protection.

Nonetheless, there are significant differences across countries in how they define and implement social protection, how extensive coverage is, whether it is a justifiable right, and the extent to which private provision is a significant component of a country's system. The significance of social protection is clear when assessing the size of public social spending for these benefits and services. In 2001, spending for social protection averaged 21 percent of GDP across the 30 OECD countries ranging from 29 percent in Sweden and Denmark to 5 percent in South Korea (excluding education).

Bradshaw and Finch (2002) found in their study of child policies in 22 countries, that every industrial country has a "package" of cash and tax benefits, fee waivers, subsidies and services in kind which assist parents with the costs of raising children. The package plays a part along with labor market income to tackling market driven child poverty. "Parts of the package assist parents in employment by supplementing low earnings, subsidizing childcare costs, creating or structuring financial incentives or disincentives to be in employment or to work part-time or full time or, in couples, to have one parent or two parents working" (Bradshaw and Finch, 2002). The benefits package may influence the number of children a women will have and the birth spacing. It may also have an impact on the family from making it more or less easy for a parent to separate or bring up a child alone.

Gatenio Gabel and Kamerman (2006) reviewed the trends in child and family policies in 21 industrialized nations since 1980. Spending on pensions and health outpaced all other public expenditure categories. Despite the political and economic pressures to curtail social spending and the declining proportion of children in industrialized countries, public investment in children and families increased in most

countries. Child-conditioned tax expenditures have emerged as a significant child and family policy instrument, with refundable tax credits playing a particularly important role as a supplement to or substitute for traditional child and family allowances. Universal benefits constitute the majority of child-conditioned cash transfers in most countries, but spending on targeted cash transfers grew at a faster rate than universal benefits. Although cash transfers continue to be the dominant policy instrument, increased spending on parental leave benefits and services; specialized cash family benefits and early childhood education and care services (and related cash benefits), reflect changing child and family policy goals. Whereas the primary goal of family benefits at the close of the 1970s was to supplement the income of families with children, the current goals of family policies have expanded to include balancing work and family responsibilities; providing incentives to work; enhancing and strengthening the development of young children; targeting help to families considered most vulnerable due to age of children, family size, or family structure; and preparing young children for formal schooling. The increased proportion of social expenditures spent on in-kind benefits and services in industrialized countries reflects the interest in going beyond alleviating income poverty and the general economic situation of children and families to support other aspects of child well-being.

In a review of the research in the OECD countries on the impact of social policies (social protection) on child development and well-being (Kamerman, et al 2002) the authors found that child poverty (less than 50 percent of median income) ranging from about 4 percent in the Nordic countries and 15-20 percent in the Anglo-American, Central Eastern European (CEE), and southern European countries, is bad for children. Income poverty has negative implications for a wide range of child outcomes including educational achievement, school attendance, and, later in life, labor market performance, as well as poor health and development. As Vleminckx and Smeeding point out (2001), those who grow up in disadvantaged families are more likely to suffer unemployment, low pay, and poor health in adulthood.

Child poverty and disadvantage are the result of multiple factors including living in a family with no employed adult, being reared in a lone-mother family, having only one wage earner in the family, having low wages, and inadequate government income transfers.

Among the policies having positive effects, or reducing the negative ones, are: the components of the social protection regimes in the different countries: generous government income transfers; policies facilitating maternal employment and education; policies facilitating the reconciliation of work and family life; and increasing children's access to reasonable quality early childhood care and education. Although all the OECD countries have child welfare policies and programs (child protection, foster care, adoption), there are no systematic comparative reviews of the provision or experience and little research documenting which policies are effective in preventing child abuse and neglect, despite general concern regarding the problem.

#### THE LESS DEVELOPED COUNTRIES

The range of social protection schemes becomes even wider when looking beyond the industrialized countries. Average income and economic and political systems vary greatly across what are called the middle- and low-income countries by the World Bank, and “developing” countries by others. Average per capita income was less than U.S. \$745 in the low-income countries in 2005 and between U.S. \$746 and \$9,205 in the middle-income countries. Nearly four-fifths of the world's population live in developing countries (UNDP, 2005). The major problems regarding social protection in developing countries are: limited coverage (beneficiaries can qualify often only if they are employed and work in the formal sector); inadequate funds (and therefore, low level benefits); lack of responsiveness to differential needs (rural areas are often under-covered); the failure to recognize (or document) the positive economic effects of social protection; the loss of human capital when inadequately supported; the limited provision of social assistance as well as supportive services (ADB, 2000). Children constitute a higher proportion of the population in developing countries than in industrialized countries and as noted in the ADB report should receive more attention.

Here we assess the social protection systems in three other regions: Latin America and the Caribbean, Africa, and Asia.

#### Latin America and the Caribbean

Turning away from the advanced industrialized countries, what are the social protection regimes of the middle- and low-income countries? Latin America provides an excellent source of country illustrations of the middle-income countries, in particular, Argentina, Brazil, Chile, Colombia, Costa Rica, Mexico, and Uruguay. The vast majority of the Latin American countries have paid and job-protected maternity leaves typically 3-4 months, and typically covering women working in the formal sector. Despite far less extensive coverage than in Europe, Latin America provides far more extensive child benefits than the Asian and African countries. Indeed, the region with the next highest proportion of countries with family allowances, after Europe, is Latin America. Almost half (15) of the 36 Latin American/Caribbean region countries have family allowances of some sort in place, often income-tested, limited to women working in the formal sector, and usually not covering the self-employed or domestic servants.<sup>2</sup> The Caribbean countries are far less likely to have such policies.

In 2001, 180 million people, about one-third of the population of Latin America, were living in poverty (with incomes under US\$ 2 per day or US \$ 1 for extreme poverty) about 70 percent of the region's poor live in the five largest middle income countries.<sup>3</sup> Poverty is a particular problem in rural areas and among the indigenous populations. Children constitute a particularly vulnerable group with almost 40 percent living in poor households. Research suggests that some form of child-conditioned income transfers, support for maternal employment, and early childhood programs are key to reducing both child poverty and enhancing child development (along with sanitation, water, and shelter) (Gordon, et al, 2003; Kamerman, et al 2002).

The World Bank characterizes Latin America as having the highest average level of inequality of all the regions of the world. This, along with high rates of child poverty, its limited coverage of family allowances and relatively undeveloped social services (except for some growth in early childhood programs), and low levels of benefits even where they exist, the region, nonetheless, has been responsible for the most innovative

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<sup>2</sup> Included among these are :Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Jamaica, Mexico, Panama, Trinidad/Tobago, and Uruguay (SSPTW, 2005).

<sup>3</sup> By population size: Brazil, Mexico Colombia, Argentina, and Peru. By per capita GDP: Mexico, Chile, Venezuela, Brazil and Argentina.

social protection development in recent years. This is the development of conditional cash benefits as a significant form of social protection.

Thirteen countries in the region have implemented conditional cash transfer programs, in most cases with support from the Inter-American Development Bank (IADB) (Inter-American Development Bank, 2006).<sup>4</sup> These countries and their programs include:

- Argentina – Plan Familias
- Brazil – Bolsa Familia
- Chile - Solidario
- Colombia – Familias en Accion
- Costa Rica – Supremonos
- Dominican Republic - Solidaridad
- Ecuador – Bono de Desarrollo Humano
- El Salvador – Red Solidaria
- Honduras - PRAF
- Jamaica - PATH
- Mexico – Progres/Oportunidades
- Nicaragua – Red de Proteccion Social
- Peru – Juntos.

In a report of a study of the effectiveness of conditional cash transfers in reducing poverty, inequality and human capital development in developing and developed countries, Heinrich (2006) describes conditional cash transfers as an important economic and social policy tool. As she states, “A primary objective of conditional cash transfer programs is to provide short-term assistance to families in poverty, while promoting investments in long-term human capital development through conditions on benefit receipt. Other important goals of these programs include income redistribution and the promotion of social inclusion” (Heinrich, 2006, p.3). Coverage of these programs is extensive in some of the larger countries, for example, *Plan Familias* in Argentina,

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<sup>4</sup> Four other countries have such programs: Malawi, Kenya, Pakistan, and Zimbawi.

*Bolsa Familia* in Brazil, and *Oportunidades* in Mexico, helping a total of almost 17 million families living in extreme poverty.

Conditionality is a particularly important strategy for producing changes in behavior and evaluations of impact make it possible to measure the increases in school attendance, indices of nutrition, food consumption, and identification of the most effective and efficient approaches (IADB, 2006). Evaluations report positive impacts on poverty as well as on school enrollment rates, grade retention, consumption levels, immunization rates, nutrition and reductions in child labor. Potential barriers to successful implementation include limited institutional capacity and resources, timely benefit transfers, monitoring of compliance with program conditions and prevention of fraud. As Heinrich states, “In large countries like Argentina and Brazil, programs are administered at the municipal level with local government, school and health authorities playing key roles.” (Heinrich, 2006, p.3).

Building on its earlier *Bolsa Escola* program, Brazil launched an expanded program in 2003 incorporating four cash transfer programs that currently constitute Brazil’s most significant anti-poverty measure, *Bolsa Familia*. It is a national program that transfers US \$6-19 monthly to more than 7 million families and is the largest conditional cash transfer (CCT) program in the developing world reaching close to 30 million people. It is still rapidly expanding aiming to reach more than 11 million families (45 million people) by the end of 2006 (World Bank, 2005). The benefit is paid directly to poor mothers with school-aged children, monthly, through an electronic bank card on condition that each child attends school at least 85 percent of the time. Studies show a sharp decline in school drop-out rates and higher enrollments subsequently, in secondary school.

Mexico’s social protection system includes both traditional social insurance benefits and several innovative benefits and service policies. It has a maternity benefit covering a 12 week leave and an in-kind benefit (a layette), a means-tested family allowance, excluding the self-employed and domestic workers, a child care allowance covering from six weeks after childbirth until the child is age four with the same exclusions, a contributory lump sum marriage grant equal to the minimum monthly wage

in Mexico City, and extensive early childhood education and care services for children aged 3-6.

Mexico also has a successful CCT program, *Oportunidades*, described as a big governmental anti-poverty program, reaching more than 4 million poor families, largely those living in rural areas. The program provides nutritional subsidies, health care, and educational benefits in the form of scholarships for children from grade 3 in primary school (OECD, 2005, p. 11; Barrientos and DeJong, 2004). The objective is to encourage children to remain in school and for parents to make better use of health care and nutrition services. To receive the benefits all family members must obtain and receive preventive health care including vaccinations, nutritional supplements, regular checkups, reproductive health education and prenatal health care – in addition to the children attending school.

The effectiveness of the CCTs for poverty reduction appears to depend on the difficulty of the conditions specified, the accuracy of the targeting, and the size of the transfer. In addition, there is general agreement that CCTs can be effective only when there are sufficient services available to meet the increased demand, or when discrimination against disabled children and girls leads to low school attendance, and when parents have adequate information for making informed choices.

There are some who argue that conditionality is not essential to have a positive impact. There is some evidence that unconditional cash transfers given to families with children are also often used for child health, nutrition and education purposes (DFID, 2006) and that CCTs are expensive and not feasible for low-income countries (Regalia, 2006; Samson, 2006).

Illustrating the complementary role of services in a benefit-service package is Mexico's unique mandatory, compulsory preschool policy for 3-6 year olds, enacted in 2002. National legislation has set a schedule for attaining universal enrolment for children age 5 in the 2004-05 year, age 4 in the 2005-06 year, and age 3 in the 2008-09 year (OECD, 2005) Preschool teachers are required to have professional training..

Chile, along with Costa Rico and Uruguay, has the lowest poverty rate in Latin America. In recent years it has also developed an innovative anti-poverty strategy, named Chile Solidario, a social protection scheme targeted at families with children, living in

extreme poverty (US\$ 1.60 a day in 1998) and designed to facilitate access to public benefits and services. Poverty is defined as a “multi-dimensional issue in which the lack of monetary income to cover basic needs is only one factor in defining extreme poverty” (p.30) and viewing capacity building as a key objective. More comprehensive than either of the Latin American programs mentioned above, the objective is positive health and education child outcomes as well as poverty reduction, through the development of an integrated and inter-sector strategy that includes both cash benefits and social services. The components include the development of social capital, the use of crisis intervention, and the development of employment skills. Families are assigned a social worker who arranges support in the following areas: health, education, household dynamics, work, income and housing (Barrientos and DeJong, 2004). The family must sign a contract regarding the changes they will work towards. The cash benefits are provided to mothers; the families receive priority for access to needed services such as drug rehabilitation, child protection, skills training and school support. Both government and NGOs are involved in the implementation of this program which is estimated to have served 250,000 households in 2005.

Colombia’s social protection system emphasizes social insurance (which mostly covers the formal sector), with little attention to social assistance. In 1991 it initiated a series of reforms that expanded health care and education but not social assistance. In recent years, as in other Latin American countries, there is increased attention to building a safety net in the country. Colombia’s social protection system includes the traditional social insurance programs: old age, survivors, sickness, disability, and family allowances. It provides for a 12-week maternity leave and benefit, at 100 percent of the insured person’s earnings; a spouse can take one of these weeks and fathers are entitled to 4 days paid paternity leave, or 8 days if both parents are employed and qualify. During the more recent years a series of family support services were established including both child care (largely family day care) and child protection (child welfare in US terms). Almost 1.3 million children were covered, most in the family day care program.

In 2001 the Colombian government established the program Families in Action (*Familias en Acción*), following the successful experience of *Progresar/Oportunidades* in Mexico. Families in Action is a CCT program aimed at poor families with children. It

has two main components: a nutritional and health component targeted on children under the age of seven and an educational component targeted on children between the ages of 7 and 17. The nutritional and health component is a cash subsidy per family with children under 7 and it is conditioned on regular check-up visits to the health center to control nutrition and growth progress of children. The educational component involves a subsidy to poor families with school-aged children and in exchange families are required to keep their children enrolled in school and maintain an attendance rate of not less than 80 percent and not repeating more than one grade. The amount of the subsidy is per child enrolled and it is twice as large for students in secondary school as for those in primary school.

The program is run by a centralized national agency, the RAS or Safety Net (*Red de Apoyo Social*), which is part of the Presidential Agency for Social Action and International Cooperation. The *Red de Apoyo Social* was created in 2000 to protect the most vulnerable population and in 2002 a system of social protection was created, finally including both social insurance and social assistance.

*Familias en Accion* is perhaps the only social program in Colombia that is under a rigorous evaluation (as part of a recent effort of starting an “evaluation culture” of public policies). Preliminary results of the evaluation have shown strong effects on nutrition and health for children under 7 (Atanassio et al., 2005; Departamento Nacional de Planeación, 2004). As of December of 2005, *Familias en Acción* benefited almost 900,000 children (Departamento Nacional de Planeación, 2005). The government’s goal is to cover one million children by 2006 (including both the nutritional and education components). The program is also having an important effect on school enrollment. In urban areas the program increased school attendance for children 12-17 years old by 3.5 percentage points (but no significant effect on children 8-11 years old). In the rural areas the program increased school enrollment by 2.9 percentage points for children 8-11 and by 4.6 percentage points for children 12-17 years old (Departamento Nacional de Planeación, 2004). In addition, there is a significant decline in child labor among children aged 10-13 in rural areas. It is important to note that although there has been important progress in expanding the coverage of this program, the total number of children covered represents only 21 percent of the potentially eligible children.

We turn now to the poorest region, Africa. Given the limitations of space we focus on Sub-Saharan Africa., where the poorest countries can be found.

### Africa

Nearly two-thirds of the population in Africa live in extreme poverty, on less than \$US 1 per day (UNDP, 2005). Extended families and communities that are already chronically poor and food insecure are additionally challenged by the AIDS/HIV endemic, struggling to cope with the additional vulnerabilities that AIDS has introduced, including the unprecedented numbers of orphans, the growing number of child-headed households and those headed by grandparents, the falling life expectancy, and lack of economic opportunities (Save the Children UK et al., 2005). Human trafficking and child labor are serious problems across Africa. Natural disasters, such as droughts, and armed conflicts, have increased the fragility of life in this region. Ethiopia and Malawi have both suffered serious food crises since the year 2000, and millions of people in east and southern Africa face chronic food insecurity. Traditional coping mechanisms and informal support systems are overextended and can no longer effectively cope with the growing needs.

Unlike the regions described earlier, most African nations do not have national social protection schemes. They lack the financial resources and management capacities needed to meet the social protection needs of all their citizens and poverty. The African Union (AU) has no strategy specifically related to social protection, although a number of its plans of action and declarations call for support and financial assistance to marginalized and vulnerable groups. The Commission for Africa report (2005) urges donors to support all African countries to develop social protection strategies by 2007. The social protection schemes that do currently exist are often financed by loans or funding from international donors, NGOs or financial institutions, raising questions with regard to the long-term sustainability and stability of cash transfer programs in developing countries. Moreover, even those traditional schemes that do exist (e.g. maternity benefits; family allowances; survivor benefits) only cover workers in the formal sector which means that only about 15 percent of the labor force is covered (Butare and Kaseke, 2003). Most of these were adopted from the colonial powers to

cover employees of colonial administration (in particular, Britain, France, and Belgium). This means that the contingencies addressed, the rate of coverage, and the real value of benefits have changed very little since the 1960s; and 90 percent of the population who make their living from subsistence farming are not covered.

Cash transfers are now generally preferred over commodity transfers because there is considerable skepticism about the ability of in-kind programs to rectify poor living situations. Decades of food delivery programs have not remedied food insecurity and may have even produced disincentives to trade and production. In southern African countries and Ethiopia, unconditional cash transfers are pursued as an alternative to food transfers. The range, level and scope of cash transfer programs varies widely across the continent from U.S. \$3/month in Mozambique's Food Subsidy program to U.S. \$111/month in South Africa's social pension system (Save the Children UK et al., 2005).

According to a Save the Children UK report (2005), "Unconditional cash transfers are rapidly gaining support as a response to chronic poverty and food insecurity, and AIDS in high prevalence countries of east and southern Africa, where most governments lack the resources to implement comprehensive social security systems, and the coping capacities of families and communities are severely over-stretched." (P. v). Poverty, indebtedness, the HIV pandemic, and the constraints imposed by globalization all limit what these countries can provide. And unfortunately, even where these programs exist, there is still only limited evidence of positive results. Rigorous impact studies, cost/benefit studies/ and studies of the effects on intra-household spending patterns are limited and further research is needed. There is evidence that cash transfer programs, regardless of whether they are child-conditioned or pensions increase the well-being of children in these households (Barrientos and DeJong, 2004). Other studies (Duflo, 2000; Carvalho, 2000) show that the gender of the beneficiary is likely to affect children by gender. For example, if the recipient is a woman, girls are more likely to attend school or demonstrate nutritional benefits. If the beneficiary is male, boys' school attendance increased.

International donor agencies, NGOs and financial institutions rather than governments are at the forefront of the development of targeted, cash transfers in Africa usually in the form of unconditional benefits (Beales and German, forthcoming; Save the

Children UK et al., 2005). Although there seems to be growing interest in conditional cash transfers there remains a debate about their feasibility, especially in low-income countries (Samson, 2006; Szekely, 2006; Kakwani et al., 2005). Conditional cash transfers are less popular in Africa than in Latin America, in part because resources are more limited, the problems may be more severe, and the health care and education infrastructures are more fragile.

Social protection in Africa may target special groups of vulnerable children directly or poor families with children. South Africa is one of the few countries that offers benefits specifically for the support of all poor children; Kenya provides cash subsidies for children affected by HIV/AIDS; and Burundi and Rwanda offer cash transfers to former child soldiers. Mozambique and Zambia offer higher benefits for households with children although the presence of children is not an eligibility criterion (Save the Child UK, 2005). Many of the African countries waive or reduce fees for poor children, such as tuition or access to health services, or provide in-kind benefits directly or indirectly to children (Save the Child UK, 2005).

South Africa has the most comprehensive system of cash transfer-based social protection in the region (Aliber, 2001; Devereux, 2001). As usual, the old age pension is the largest program and has marginally reduced the number of people living below the poverty line; but it has demonstrated more significant positive impacts on children's health and nutrition (Barrientos et al, 2003).

Its major child-conditioned benefit is the Child Support Grant which is a means-tested, monthly cash benefit for the primary caregivers of children under the age of 14 (Kruger, 1998). It covers children in rural areas as well as urban, in lone-parent families as well as in families headed by non-biological caregivers. It has recently expanded and is expected to eventually reach about half of all children under 14 years. In 2003 it was worth 140 rand a month for each child up to six children (SSPTW, 2003). There is evidence that this unconditional child benefit boosts the nutrition of poor families' children (Aguero, Carter, and Woolard, 2006). Another source for child support in South Africa is a means-tested, cash transfer benefit, the Foster Care Grant. The grant is available to support extended family care, including grandparents, following parental death or incapacity (Meintjes et al, 2003). The Care Dependency Grant, a means-tested,

cash benefit, is also available to those caring for physically or mentally disabled children at home. Although the benefit levels can be higher under the Foster Care Grant and Care Dependency Grant than the Child Support Grant, the complexities of meeting the eligibility criteria (legal fostering and evaluations for severe disability) limit the use of the benefits.

Government implemented cash transfer programs tend to be national while those sponsored by donors and NGOs tend to be smaller and available only to those living in a targeted area, e.g. rural community or urban district (Save the Children UK et al., 2005). The smaller scale projects are more likely to have beneficiaries involved in the design, implementation and monitoring of the project and in Malawi and Rwanda for example, local ownership of the program is one of the objectives.

There is no national social protection scheme in Kenya (Save the Children UK et al., 2005). In 2004 Kenya and the KOL launched a campaign to significantly extend social security, replacing its earlier central provident (compulsory saving) fund and extending coverage to some workers in the informal sector. Furthermore, there are plans for the National Health Insurance Fund to provide universal health insurance with funding from the ILO, WHO, and German Technical Cooperation. Informal support from the community continues to dominate social protection in Kenya, along with NGOs; and the latter may provide cash benefits as well as services. World Vision, which has the largest coverage and budget in Kenya, operates the most extensive cash transfer program. Kenya also houses a government-led and donor supported poor orphan and vulnerable child support program. Kenya has over one million orphans as a result of the HIV/AIDS endemic, and the principle objective of their child cash benefit program is that children be cared for by families and communities rather than be institutionalized. Three-fourths of the child benefits are for the care of children orphaned by parents with HIV/AIDS and the rest is for other economically vulnerable children (Save the Children UK, 2005). The program began distributing cash benefits in December 2004. To be eligible for the cash benefit, families and communities are encouraged to contribute in-kind and develop community-based schemes to support orphans and vulnerable children. Three sites tested the effectiveness of different designs, including conditional and unconditional transfers; but currently, the program is focusing on CCTs only.

Save the Children has been operating a cash benefit project, the Livelihood Development Project for Meket Woreda (MLDP) in North Wollo Zone, Amhara National Regional State, Kenya, since 2003. This program provides cash transfers to vulnerable households to meet 'essential food expenditure' in lean years and teaches how to invest in assets in better years. The program also teaches community members how to advocate for policy changes that link relief to development, nutrition and child development; and that stimulates local markets and the economy through cash distribution and other related interventions. There are other small-scale cash transfer initiatives among local and international NGOs many of which seek to assist children who are orphaned or have been affected by AIDS/HIV. These programs offer health and preventive services, cash and commodity transfers, and counseling and home-based services to both children and families.

Targeted, cash programs are typically supplemented by commodity distribution programs or services. Nutritional supplementation programs for young children and pregnant women are available in several countries. For example, Malawi is developing child nutrition programs. Lesotho intends to expand its Free Primary Education program and include school lunches.

Recognizing the financial barriers to children's school attendance, numerous countries propose either fee exemptions, bursaries or support in-kind, such as distributing uniforms or textbooks, or waiving the requirement to wear uniforms. Several countries have also abolished certain kinds of school fees. In many cases, these measures are specifically targeted at girls or rural children (Kenya, Rwanda, Burkina Faso), or other groups with lower attendance rates, such as nomadic children, child workers, slum dwellers or orphans (Kenya). In others, they are simply targeted at poor children, regardless of gender or other characteristics (Lesotho).

Early childhood education and care (ECEC) programs in Africa may not be viewed there as part of their social protection systems, but do play an important complementary role to the various health, education, nutrition and social assistance measures. They, too, have their roots in colonization and bear the structures of their colonizers – kindergartens, preschools, crèches, nurseries, etc. (Kamerman, forthcoming). They were typically established initially to serve the colonizing population and following

independence, efforts were made to create systems and services for all. The limited financial resources, fragile infrastructures, challenged governments, and competing needs of children and families, have often left ECEC programs under-funded, not fully implemented, and in limited supply (Pence, 2004; Kamerman, forthcoming).

A growing problem is the increasing number of children whose parents have died and are not being cared for in adult-headed households. These children are forming households headed by someone under age 18 and these households are unlikely to be eligible or receive any of the benefits (Case et. al, 2003). These children are at high risk of poverty, child labor, and other types of exploitation. Child labor is a substantial problem in Africa. The majority of African countries have now ratified ILO conventions on child labor and enacted legislation prescribing minimum ages for employment. In most countries there is legislation prohibiting the sale and trafficking of children, and some countries have legislation addressing the sexual exploitation of children and child prostitution; however, enforcement remains a problem. Some countries, such as Tanzania and Senegal, have implemented policies to prevent and eliminate the worse forms of child labor and link it to development programs that combat poverty and promote education (African Child Policy Forum, 2004). Despite these efforts, the prolonged and severe poverty, the food deprivation, and the armed conflict in much of the region create barriers to social protection development.

### Asia

In contrast to Africa, economic growth in Asia has been exceptionally high over the last two decades, especially in the eastern and southeastern countries, with several countries achieving GDP growth rates of over 6% annually. Paralleling this economic growth has been a significant decrease in poverty – from a rate of 32 percent in 1990 to 22 percent in 2000 (Farrington, 2006). In China, for example, the number of people living on \$1 per day fell by 170 million between 1990 and 2000. In Indonesia, the proportion of people living in poverty fell from over 40 percent in the mid-1970s to less than 20 percent in 2002. The Global Monitoring Report (2005) predicts that by 2015, the number of people living on less than \$1 a day will decrease from 217 to 19 million in

East and Southeast Asia, and from 431 to 216 million in South Asia. Despite these positive developments, two-thirds of the world's poor, live in Asia (UNDP, 2005).

The reduction in income poverty is the most significant social achievement in Asia since 1990. Progress in other social areas has been less remarkable despite the growth in public social expenditures. There has been an increase in primary school enrollment rates but this has been negated by high drop out rates. There have been decreases in child and infant mortality rates, increased access to safe drinking water and less gender inequality, but the pace of these positive changes is slow.

The population is diverse and discrimination against certain groups on the basis of caste, religion, ethnicity and gender, persists. Almost all indicators are significantly more negative for these excluded groups, especially child and maternal mortality rates. The migration to urban areas for economic opportunities is expected to exacerbate the vulnerabilities of these disadvantaged groups further because of the loss of traditional safety nets and the exclusion from newly developed ones.

Urbanization is a major trend in Asia. Agriculture is a declining share of GDP and employment in the region, especially in east and southeast Asia, and less so in south Asia; but it is likely to remain important in some countries (e.g. Lao PDR, Cambodia and Burma). Other trends include increasing life expectancies, falling fertility rates, and growing female labor force participation rates. At the same time all these changes are occurring there is also concern regarding the non-growth or decline in government-provided social protection benefits, particularly in formerly socialist countries. Even where the provision of welfare remains high, such as in India, much of the benefit, for example, for subsidized housing, is siphoned off before reaching the poor and in other cases, the delivery methods are too costly, such as for subsidized food distribution (Nayak et al, 2002).

Over the last two decades, efforts have been taken to decentralize social sector schemes. NGOs have played an important role in this process and their role has grown tremendously throughout Asia. This is most evident in Bangladesh where NGOs now account for a significant share of health services and education programs. Decentralization has yielded mixed results, often leaving local governments with fewer resources to pay larger shares of the costs.

Targeted, cash benefits are the social protection policy instrument used most often in Asia, established largely by central governments. Unfortunately, there is little that is targeted on or affects children directly. The traditional child/family benefits are not extensively used. For example, only one-third of the countries (16 out of 48) provide any kind of child or family allowance, the smallest proportion of all the regions. Central Provident Funds (compulsory savings plans for pensions or health insurance) are more prevalent here than in any other region.

Cash benefit programs are often supplemented by commodity programs, typically food programs, and are targeted on young and school-aged children and on lactating or pregnant women. These supplementary food programs often distribute food through schools or public health centers. Another common supplement to the cash programs are the “food-for-work” programs, using surplus food as a wage supplement. These programs were found to be successful in alleviating poverty but participation was limited by the lack of child care services (Babu, 2003).

Old social policy instruments are changing to reflect the new economies of the area. For example, in China and Vietnam public social benefits were tied to employment in state-owned enterprises but given the shrinking public employment, these benefits are no longer guaranteed. Despite the recognition that new social protection initiatives are needed, there is reluctance among many of the counties in Asia for the government to commit to new long-term social expenditures because of a concern that it may be diverting resources from economic growth and that transfers may result in long-term dependency on government (Farrington, 2006).

Over the last two decades, China has experienced substantial socioeconomic changes initiated by the transition from a centralized, planned economy to a market economy. The pre-reform social security system differentiated between the entitlements of different population groups, such as the comprehensive ‘iron rice bowl’ security (that had near universal coverage and included medical insurance, subsidized housing, pensions and other welfare provisions) for urban state employees, and the less generous benefits of relief and social assistance for the rest of the population – i.e. urban residents who did not belong to a work unit and most of the rural population (Solomon et al., 2005?). As economic opportunities increased in urban areas since 1990 and employment

opportunities rose in urban areas, migration to urban areas has been continuous. The large rise in urban workers partnered with the decrease in state-owned employment enterprises and the shrinking social role of the government, has given rise to the increase in unemployment and economic insecurity.

China's social protection system today is premised on two main principles: 1) to increase contributions from employers and employees into pooled and individual accounts for social insurance, housing, health services and education; and 2) to reduce the universal welfare provision in the state sector (Solomon et al., 2005?).

As a result of the emphasis on these two principles, many of the previously publicly provided social protection benefits and services are now privatized. For example, the government has abdicated financial responsibility for free housing or subsidized rents (Gong and Li, 2003). Since 2001, the reformed social protection scheme provides: 1) a social insurance program in which employees and employers make compulsory contributions to cover pensions, health care, unemployment and work-related injuries, and maternity benefits and services, partially funded by the government; and. 2) a government-funded, means-tested social assistance program, the minimum living standard scheme (*dibao*) that targets laid-off and unemployed workers, retirees without full pensions and the 'traditional' urban poor. It is financed by local governments and eligibility varies according to the financial capacity of each local government. Many local governments are unable to fully fund the program, resulting in stringent eligibility criteria, low benefit levels, and the exclusion of migrant workers (Solomon, 2005?).

There are nurseries for children under the age of three and kindergartens (preschools) for children between the ages of three and six. These programs are funded by a combination of central and local government funding, community, employer and parental contributions. Children under the age of 16 are prohibited from working. Under Chinese law, children who do not continue schooling after the first nine years, are offered skill training and have health care coverage (Lu and Wei, 2002). Schools offer reduction or exemption of school fees to those officially recognized as poor and included in the *dibao* scheme.

Despite these protections in law, many poor lack employment and/or are unable to afford contributions to the state protection schemes. Children working, street children,

social exclusion of migrant families, and HIV/AIDS are new issues that have come to the forefront in recent years. Formal social protection policies have not yet emerged in response.

Unlike Latin America and to a lesser extent, Africa, conditional benefits are new in Asia and not widely used nor discussed much. Bangladesh's Food-for-Education program is one of the few CCT programs. Poorer households whose children attend school at least 85 percent of the time are provided food subsidies. The goal is for children to attend school rather than work. As expected, school enrollments increased as a result of the program but child labor did not decrease proportionately. Child labor among girls decreased by only an eighth of the increase in school enrollment (Ravillion and Wodon, 2000).

India, with the highest public social expenditures in the region, at 12 percent of GDP, and home to the largest number of poor, is finding its old social protection schemes outmoded in the newly emerging economy. Efforts are underway to make public benefits more efficient and to introduce benefit awards for employment and conditional transfer schemes (Barrientos and DeJong, 2004). Most of India's economic growth has been fueled by employment in the services sector, not manufacturing, and has left the rural poor behind. Most Indians (59 percent) continue to depend on agriculture for their livelihood. The evolving social protection programs are categorical and targeted and are likely to be contingent on employment, as with its pension schemes and fully paid maternity leave. For those not working, especially in rural areas, India favors programs that reward work rather than hand-outs. India recently adopted the National Rural Employment Guarantee (NREGA) in 2005. This program guarantees 100 days of employment per year at the minimum wage to one person in a rural household. It is estimated that this will eventually reduce poverty by two-thirds (Mehrota, 2006). India also provides cash benefits for poor women and children, the disabled, subsidized education and basic health care, and commodity distribution programs, such as the Integrated Child Development Services Program. There is relatively little in the way of measures protecting women and children from human trafficking and child labor (Clearinghouse, 2005) and few services targeted on street children; and child protection laws and services are weak (Clearinghouse, 2005). India's social protection system has

been criticized for being too complex, for having too many bureaucratic layers lending themselves to patronage, and for benefits not reaching the poor (CITATION).

Vietnam illustrates the transitional nature of countries in Southeast Asia. Since 1986, Vietnam has encouraged the development of non-government and private enterprises. As a result, both the economic sector and NGO sector have grown dramatically. There is a comprehensive scheme covering the traditional risks that is now funded by employer and employee contributions. Most of Vietnam's social protection benefits are centrally established and mandated but locally implemented and often rely heavily on local resources. There are benefits for special vulnerable groups such as orphaned children and the elderly, most of which are means-tested. In addition, the government in conjunction with NGOs provides relief for natural disasters.

Vietnam also has extensive and widely accessible early childhood education and care programs available. Over half of all three to six year olds are enrolled in kindergarten programs, the majority of which are state-run and funded. There are also non-state early childhood programs run by local communities or privately, particularly in the north and rural areas (Clearinghouse, 2005).

While there is considerable diversity among the social protection schemes of the East, Southeast, and South Asia, Central Asia stands apart because of its political and cultural history. The countries of the former Soviet Union and those of Eastern and Central Europe that were in the so-called "Soviet block," have experienced changes in economic and social structure that resulted from the fall of communism in 1989 and the subsequent break up of the Soviet Union in 1991-92.

Unlike the former Soviet countries in Europe who spend between 15- 20 percent of GDP on social protection, much in the form of cash transfers, especially child benefits, the Central Asian countries are poorer and spend far less on social protection. The slow-growing, middle income countries, such as the Ukraine and Bosnia, spend relatively little on child allowances (Ukraine spends 0.4 percent of GDP on family allowances) and a similar amount on means-tested social assistance programs. Most social expenditures are on health and pensions. Means-testing is less popular in the CEE and CIS countries and eligibility criteria are complex. The result is that the poor are less likely to benefit. For example, in Kazakhstan, only six percent of social assistance expenditures went to the

poorest fifth of households in 1996 (Farrington, 2006). Some middle income countries such as Belarus, Ukraine and Uzbekistan, provide means-tested child allowances covering about one-fourth of the poorest quintile of families with children. Corruption remains high in all sectors and is an impediment to the effectiveness of the already limited programs.

The most limited safety net schemes are to be found in the low-income countries of this region, such as Tajikistan, Kyrgyz Republic, Moldova, Armenia and Kosovo. Funding for education and health care programs has been cut drastically. In Tajikistan, over one-third of pregnant women do not seek prenatal care because they are unable to afford it and almost half of rural households in the Kyrgyz Republic report having to sell assets to afford needed health care. Many of these countries also offer the wide range of social assistance benefits provided by the middle-income countries in this region but funding is inadequate. In Moldova, only 56 percent of benefit costs were in the 2000 budget.

Even when the funds reach the targeted populations, the benefit levels are generally too low to lift households out of poverty. Kyrgyzstan's Unified Monthly Benefit provides a per capita income supplement to poor families with children. The average benefit level however is approximately 26 percent of what is needed to live in extreme poverty (Barrientos and DeJong, 2005). Despite the low level of the benefit, it is highly valued by recipients because it increases household income by nearly 15 percent.

Most of the CEE countries have extensive preschool coverage and child rearing leaves and benefits, even though the benefit levels have been reduced. A significant issue for the CEE/CIS countries is the extensive use of institutional care for children who are orphaned, disabled or born to poor families. Parents of children born to single or teenage mothers or to poor families are encouraged to place their children in residential care. The institutionalized population doubled in some of the poorer countries during the transitional period. Attempts to develop community care networks have only had marginal success.

Social protection schemes in Asia are more varied than the other regions reflecting the economic, political and cultural diversity of the region. The centrally planned economy of many of the countries in the region and their transition to open

markets has had a significant influence on the evolving social protection programs in the region. China dominates the region because of the size of its population and centrally controlled social protection schemes. India, although second in population size in the region, is in a period of transition with regard to its social infrastructure and experimentation resulting in many smaller social projects that are often heavily influenced by donor organizations and NGOs. The influence of donors and NGOs in developing new programs is characteristic of many other countries in South and Southeast Asia as well. Central Asia is distinct in that the transition to open market economies has been slower and more difficult and the need for social protection schemes is at once greater but less forthcoming.

### CONCLUSIONS

Social protection is receiving increasing attention in both the high-income industrialized countries and the middle- and low-income countries. Aging populations are increasing the financial burden on national budgets as the costs of pensions and health care rise, and these are the largest component of national social protection schemes in developed and developing countries. Children constitute the largest vulnerable group in most countries yet social protection for children remains far less developed than for the elderly everywhere.

The social protection responses vary significantly across regions, and no one model is dominant across all regions. Nonetheless, there are commonalities and we offer a framework for comparing and analyzing child-conditioned social protection policies and programs.

<b>Child-Conditioned Cash Benefits (or Tax Benefits) and Services A Framework for Analysis</b>
<ol style="list-style-type: none"> <li>1. Country</li> <li>2. Policy/program Title</li> <li>3. Nature of the Risk or Vulnerability</li> <li>4. Target population</li> <li>5. Nature of the benefit (cash, in-kind – service or voucher)</li> <li>6. Legislation and date enacted</li> <li>7. Eligibility criteria or qualifying conditions (universal, income, or means-tested; employment-linked)</li> <li>8. Administrative agency ( government, donor agency, or NGO and , national or local level )</li> <li>9. Funding: source and amount</li> <li>10. Coverage (proportion of the eligible population benefiting)</li> <li>11. Interventions or regimes: the content of the policy/program</li> <li>12. Staffing</li> <li>13. Outcomes, impacts and evaluations</li> </ol>

Coverage is a major problem, especially outside of the high income industrialized countries. The ILO estimates that only 1 in 5 people worldwide enjoys adequate social protection and over half the world population are not covered by social security (social protection) Even where a system exists it is estimated to cover less than 10 percent of the active population (ISSA, 2006). Agricultural workers, the self-employed, those working in the informal sector, migrant workers, refugees, and those employed in small enterprises are largely uncovered and the problem is especially severe in the developing countries, in particular, the Sub-Saharan African countries (IDS, 2006).

In countries at all income levels, new risks are emerging as are new needs for innovative, affordable, and effective social protection responses. In the OECD and EU countries, the newer risks include support for lone parent families, support for children with a non-custodial parent, ECEC policies that enhance child development and facilitate maternal employment, benefits that supplement low earnings, more extensive parental leaves and more generous benefits, and policies generally that aid in the reconciliation of work and family life. And despite dramatic improvements in the 20th century, in some countries there remains a need for policies that eliminate or reduce income poverty in addition to alleviating childhood social exclusion and eliminating child abuse and neglect. Comparative information on social protection schemes is available from several

sources as discussed earlier and data on household income is increasingly available from the Luxembourg Income Study. However, systematic reporting of comparative data on preventive or treatment oriented child protective social services are far less available than data on cash transfers.

Despite the litany of new risks in the lower-income countries, including child labor, HIV/AIDS, violence, street children, and trafficking, data on relevant policies and impacts in these countries are sparse. There is a growing interest on the part of donor agencies, but few reports of new government initiatives. There is increased discussion of community based family support services, and of the community as an instrument for service delivery, in particular in contrast to institutional care of orphaned or disabled children; but there do not appear to be systematic reports and data to support these developments either. And despite dramatic changes in family structure and composition, the assumption remains that families will be the primary providers of care and support.

Contributory benefits remain at the heart of EU and OECD social protection schemes but tax benefits are an increasingly used substitute and demogrants (flat rate benefits) continue to be popular in these countries, especially for child benefits and family/child allowances. Cash benefits remain important even as tax benefits substitute for or supplement direct cash transfers in some countries (Gatenio Gabel and Kamerman, 2006), and are becoming increasingly important in developing countries; and investment in services, especially ECEC and family support services are rising in almost all countries.

Rigorous efforts at monitoring and evaluating outcomes continue at both national and comparative international levels. Cash benefits are often viewed as rights and entitlements in high-income countries but there still remain some discretionary benefits, in particular, social assistance, which exists almost everywhere. There is some movement towards the establishment of a basic income benefit albeit means-tested, but even where legislation exists in a less industrialized country, it often is not implemented

Cash transfers have been a much less significant policy instrument in the less developed countries, but are gaining attention now. Of some interest, however, it is the middle income countries, especially the Latin American countries that launched the development of a new form of cash transfer, namely, conditional cash transfers (CCTs) –

child-conditioned income transfers linked to some form of desired behavior. These transfers are increasingly designed in some countries to increase access to and use of health care services or increased school enrolment and attendance, with the ultimate goal that of reducing poverty (both income poverty and social exclusion) and/or building human capital. This link between a cash benefit and individual behavior is not new. For many years, receipt of universal family allowances in European countries was limited to families with an employed head or women obtaining pre-natal care, or families having more children. But they were not necessarily limited to benefits targeted on the poor. Now the conditions are different, although eligibility criteria may still have a related function (e.g. limiting certain subsidies to those who are employed). The impacts of conditionality are being monitored closely in several countries. The desired behaviors are different, with health, nutrition, and educational outcomes the most frequently highlighted. In addition, CCTs are now being increasingly used as a substitute for means-tested social assistance, as they are targeted on the poor rather than provided as universal benefits, and thus, it is claimed, are less expensive. In addition, the poverty reduction goal is not being viewed as attainable by one measure alone, and modest and incremental gains in income poverty reduction are combined with a variety of other positive outcomes.

Nonetheless, for the benefit to be effective the CCT has to be large enough to influence parental behavior and the services must be in sufficient supply to meet the higher demand. A viable and efficient delivery system must be in place, too.

There is some evidence to suggest that unconditional cash transfers, which are more prevalent in Africa and Asia, may also have positive effects and lower costs, while permitting parents more freedom to choose their priorities (cash or in-kind).

Limited resources remain a major problem in the developing countries, and international donor organization continue to play a key role in the development of social protection in these countries; but in the countries with the more extensive developments, the role of government is key. Although universal policies remain in much of Europe, means-testing is increasing in some countries (e.g. the CEE countries and France) and, dominates the policy scene in the less developed countries. Where resources are limited, priorities must be set, and targeting the most vulnerable is key even if universal coverage

is the long term goal. In some countries a link with employment still remains and food subsidies are often used as wage supplements.

Services are receiving more attention as a component of social protection in countries at all income levels, in addition to income transfers, -- not as an alternative, as was the case in the poorer countries earlier; but they are not consistently included in social protection schemes. However, there are significant regional differences. ECEC is expanding globally, both in response to the need for child care when mothers are in the labor force, and in the recognition of the role good quality ECEC plays in subsequent cognitive, social, and emotional child development as well as school readiness and school achievement levels. Although the need for better quality programs exists everywhere, it is especially needed in the poorer countries. Similarly, in the high-income countries, parental and child rearing leaves emerged over the last two decades as an especially significant form of infant and toddler care. Services to prevent and treat child maltreatment differ across the regions, with Africa and Asia more likely to have voluntary rather than mandatory reporting systems. Developed countries appear to have a much richer array of preventive and treatment oriented services (e.g. out-of-home placements; targeted home visits; counseling) than developing countries (ISPCAN, 2004). Professional training appears to be critical for effective interventions in both developed and developing countries.

And so while, no one model is consistently effective across all countries, the need for systematic collection of data to close knowledge gaps is pervasive -- and critical. There is an overwhelming lack of systematic collection, reporting, and availability of data on child-conditioned, national, social protection regimes, the portion of the population covered and the impacts of these interventions. UNICEF provides regular reports of childhood social indicators but no organization currently systematically collects and reports on the policy interventions. Regular reports are key, as is evidence of effectiveness of different interventions. It is also clear that the social protection schemes must go hand in hand with the capacity of a country's social infrastructure. In regions where the social infrastructure including health care institutions, schools and early childhood programs, and the formal employment sector is fragile, the ability to establish adequate social protection schemes will be severely limited regardless of

whether the benefits are universal or targeted, cash or in-kind, conditional or not. The need for a holistic approach to poverty alleviation, including the reduction of income poverty and social exclusion as well as access to education and health care, are key to the development of effective policies and programs from which children can and will benefit.

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