

A review of the literature

# The Impact of Social Protection on Children

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Marco Sanfilippo, Chris de Neubourg, Bruno Martorano

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## THE IMPACT OF SOCIAL PROTECTION ON CHILDREN: A REVIEW OF THE LITERATURE

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**Abstract.** Social protection is particularly important for children, in view of their higher levels of vulnerability compared to adults, and the role that social protection can play in ensuring adequate nutrition, access to and utilization of social services. While existing evidence shows that social protection programmes successfully address several dimensions of child well-being – often in an indirect way – a move towards a more “child sensitive” approach to social protection has recently been advocated at the highest level in the international development community. Until now, however, the efforts that have been made to analyse the evidence regarding how social protection affects children have been based on wider analyses of the overall impact of social protection on different groups of recipients, or on analyses based on specific outcomes. This paper explores this issue in more detail. Based on an extensive analysis of the existing evidence on the impact of social protection programmes in the developing world, the paper aims to assess what are the channels that have to be taken into account to understand how the benefits of social protection could be maximized with specific regard to the different dimensions of children’s well-being.

**Keywords:** social protection, child-sensitive policies, evaluation, policy impact, education, health, nutrition, conditional cash transfers

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## 1. INTRODUCTION

Social protection is today widely seen as an important component of poverty reduction strategies and efforts to reduce vulnerability to economic, social, natural and other shocks and stresses.

The literature presents many definitions of social protection, ranging from finer approaches such as the World Bank's safety nets to broader remits which also take into account transformative approaches to people's lives. Generally, social protection is understood not only as 'protective' by, for instance, buffering a household's level of income and/or consumption, but also by providing a means of preventing households from resorting to negative coping strategies that are harmful to children (such as pulling them out of school), as well as a way of promoting household productivity, increasing household income and supporting children's development through investments in their schooling and health, which can help in breaking the intergenerational cycle of poverty and contribute to growth.

Social protection is therefore particularly important for children, in view of their higher levels of vulnerability compared to adults, and the role that social protection can play in ensuring adequate nutrition and access to and utilization of social services.

While existing evidence shows that social protection programmes successfully address several dimensions of child well-being – often in an indirect way – a move towards a more “child sensitive” approach to social protection has recently been advocated at the highest level in the international development community (UNICEF et al., 2009).

Until now, however, the efforts that have been made to analyze the evidence on how social protection affects children have been based on wider analyses of the overall impact of social protection on different groups of recipients (DFID, 2011; Fiszbein and Schady, 2009; ILO, 2010) or on analyses based on specific outcomes (see, for instance, Lagarde et al., 2007 on health, or Adato and Basset, 2009 on HIV/AIDS).

This paper explores this issue in more detail. Based on an extensive analysis of the existing evidence on the impact of social protection programmes in the developing world,<sup>1</sup> the paper aims to assess what are the channels that have to be taken into account to understand how the benefits of social protection could be maximized with specific regard to the different dimensions of children's well-being.

The paper is organized as follows. Section 2 reviews the current status of thinking on the role of social protection for children. Section 3 presents the framework, while section 4 reviews the literature on the impact of social protection on children according to various criteria. Section 5 analyses the material collected in order to propose a comprehensive approach to maximizing the impact of social protection on children. Section 6 concludes.

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<sup>1</sup> This paper is part of a larger effort by UNICEF IRC to collect evidence on the impact of social protection on children which is available in a database to be published on the UNICEF IRC website in 2012.

## 2. CONCEPTUALIZATION OF “CHILD-SENSITIVE” SOCIAL PROTECTION: WHERE DO WE STAND?

The rights of children to social protection are clearly stated in the Convention on the Rights of the Child (CRC). According to the CRC children have the right to social security, including insurance,<sup>2</sup> and to an adequate standard of living, all of which are provided by social protection.

Indeed, there are several arguments for making social protection more focused on children. Through its main functions, which include protection, promotion and prevention, social protection can help to break the intergenerational transmission of poverty and contribute to growth (Dercon, 2011). Existing evidence shows quite clearly that investing in children is relevant in economic terms, given that the return on investment is usually high considering the well-being of both individuals and society as a whole (Asian Development Bank, 2001; Fajit, 2009; UNICEF et al., 2009; Roetten and Sabates-Wheeler, 2011).

In addition, as reported by the joint statement on child-sensitive social protection, children’s experiences of poverty and vulnerability are “multidimensional and differ from those of adults” (UNICEF et al., 2009, p. 1). Besides such child-specific factors, Sabates-Wheeler et al. (2009) include also child-intensified vulnerabilities, which may affect the whole population, but have a stronger impact on children.<sup>3</sup> Among those, Roetten and Sabates-Wheeler (2011) include physical biological vulnerabilities; dependency related vulnerabilities and institutionalized disadvantage. Jones (2009) shows that child-specific sources of vulnerability are related to (a) their multi-dimensionality; (b) their changing pattern over the life-cycle; (c) the relationship with their caregivers; and, (d) their “voicelessness”, a category including the lack of proper legislative frameworks to allow children to participate in society.

Despite such factors, a precise definition of “child-sensitive” social protection is not yet available. So far, traditional definitions of social protection do not make specific reference to children. An exception is the Asian Development Bank, whose definition includes child-protection among the policy responses to address poverty and vulnerability in the region (Kammerman and Gabel, 2006). Social protection has, in fact, a cross-sectoral nature and its activities may complement core elements of child protection, especially the preventive and protective functions (i.e. by addressing the underlying causes of violence or exploitation), therefore mutually reinforcing each other (Blank et al., 2010). Yates et al. (2010, p.210) report child-sensitive social protection as being focussed “specifically on addressing the patterns of children’s poverty and vulnerability and recognizing the long term developmental benefits of investing in children.” Sabates-Wheeler et al. (2009) as well as Blank et al. (2010) show that the traditional protective-preventive-promotive components of social protection serve for the purpose of adequately protecting children in the short run, while in the long run they emphasize the powerful role of the transformative component of social protection, which has the objective of addressing the “underlying structural causes of vulnerability.”

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<sup>2</sup> Article 26 of the CRC: “States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.”

<sup>3</sup> Thus, for instance, the economic shocks at the household level may increase the risk of child labour or child trafficking due to children being considered an asset, or could result in a lack of adequate food supply, which may generate long term consequences especially on children under 2 (Save the Children, 2007; Jones and Holmes, 2010).

More recent efforts in this direction have been made by UNICEF, whose new framework on social protection explicitly takes into account (a) children's rights to social protection; (b) child-sensitive social protection as a response to the multidimensional nature of children's poverty and vulnerability; (c) the high returns on investment in children; and (d) the emphasis on equity. As such, UNICEF (2011a, p. 6) describes social protection as a "...set of public and private policies and programmes aimed at preventing, reducing and eliminating the economic and social vulnerabilities to poverty and deprivation" by supporting the development of integrated systems addressing age and gender specific issues by means of a mix of different social protection interventions and in coordination with other sectoral policies. This definition takes into account four main components of social protection, including: (1) social transfers; (2) programmes to ensure access to services; (3) social support and care provision; and (4) legislation and policy reforms.

Besides such definitional aspects, several works have focused on what social protection should consist of in order to maximize its impact on children. UNICEF et al. (2009) established some key principles to make social protection "child-sensitive", including: avoid adverse impacts on children; address age specific vulnerabilities through a life-cycle approach; make specific provisions for children with specific vulnerabilities or belonging to specific groups; take into account the mechanisms of intra-household dynamics; promote a legislative framework to protect children.

Until now, most of the evidence available has been focused on the role of cash transfers, which have been considered one effective way to protect children (Yates et al., 2010; UNICEF et al, 2009). In addition, recent approaches have placed an emphasis on both the need to take the multi-dimensional nature of child poverty into account (such as in the case of Chile Solidario) (Barrientos and DeJong, 2006), and to adopt a more integrated approach using legislative instruments such as birth registration as a social protection measure to enhance the role of children in society (Blank et al., 2010; Sabates-Wheeler et al., 2009).



### 3. A FRAMEWORK TO ANALYZE THE IMPACT OF SOCIAL PROTECTION ON CHILDREN

This section represents a preliminary effort to systematically organize the evidence collected to build a database on the impact of social protection on children according to some well-defined methods. Apart from the focus on children, the originality of this initiative lies in the wealth of the material collected, and especially the coverage of all developing regions in the world.<sup>4</sup>

For the purpose of collecting the existing empirical evidence, we have chosen to adopt an approach that endorses a broad definition of social protection compared to that of UNICEF (2011a), mentioned in section 1. More specifically, we start with the two traditional functions of social protection: (a) social assistance; and (b) social insurance. Social assistance is by no means the most traditional function of social protection; it includes benefits provided to the most vulnerable in society and is financed by the public sector or by donors. Our database collects information over a range of different social assistance instruments – from cash or in kind transfers to social pensions, grants, school feeding or public works – with the primary objective of improving demand and access to services and which are also complemented by supply side interventions in an integrated approach to social protection. Social insurance, on the other hand, supports people against adverse circumstances and is usually financed through contributions, which in some cases are subsidized by the state. For the purposes of our database, social insurance includes, among others, family allowances, health insurance and contributory pensions.

In reviewing the large evidence base that has been collected for the database, we analyse either programmes that are focused on children because they are targeted directly on them or on households with children,<sup>5</sup> and programmes that, though not directly focussed on children (e.g. pensions), impact on them through different mechanisms of transmission. Among the former group of programmes, most of those with the greatest potential to affect children are social assistance instruments that work on the demand side providing households with children the support to reduce child poverty and vulnerability while ensuring their access to social services. Social insurance instruments too, especially non-contributory, have a relevant role in protecting children against adverse shocks and events over their life-cycle. Some forms of social insurance, including allowances for families with children, are especially relevant in improving health and nutritional status during early childhood, providing a high return on investment in human capital (European Report on Development, 2010).

As mentioned above, there is a consistent body of evidence on the impact of social protection in middle and low income countries, focussing especially on cash transfers (Fiszbein and Schady, 2009; ILO, 2010; DFID, 2011; Hagen-Zanker et al., 2011). However, only part of this rich evidence is directly focused on children.

It is, of course, easier to provide evidence for certain channels of impact and for certain groups of beneficiaries. Compiling evidence on the impact of social protection on children has a more limited scope and some of the channels usually evaluated will not be taken into consideration for this

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<sup>4</sup> The developing regions included in the research are: sub-Saharan Africa; Latin America; South Asia; South-East Asia; Central and Eastern Europe; and the Commonwealth of Independent States.

<sup>5</sup> UNICEF's approach supports universalism as a way to minimize exclusion errors and increase equity in the provision of social protection.

analysis. Finally, it is important to state that the evidence presented in this review – which is based exclusively on quantitative analyses – is produced by adopting different methodological approaches, ranging from studies based on face-to-face interviews or focus groups with relevant stakeholders to more sophisticated econometric analyses. The latter approach lead to issues linked to the reliability of comparing findings based on simulations or on before-and-after analyses which often fail to capture the casual relationship between the programme and a given outcome with experimental approaches, such as randomized trials, which can give a more realistic estimation of the impact of a programme. Besides the intrinsic limitations of this kind of analysis, heterogeneity in the quality and extent of existing empirical methods makes comparison across similar instruments in different contexts, or over time, difficult, undermining the extent to which we can extract normative conclusions from this study.

In addition, we should be aware of the fact that the impact of social protection depends on a range of different factors, the role of which should not be neglected in such an analysis. In presenting the evidence in the following sections, short boxes describe representative case studies. These take into account some of the possible determinants of the impact of social protection, including the context in which the programmes are embedded and some of the key features of their implementation i.e. design, targeting and delivery mechanisms.

In order to organize the findings collected through the review of the existing literature, we adopt the same four broad categories that have been used to build the evidence database.<sup>6</sup>

- **Economics and livelihoods** – including the impact on poverty and child labour;
- **Education** – including school enrolment, school attendance and outcomes;
- **Health** – including use of health services, HIV-related programmes and outcomes;
- **Nutrition** – including food consumption and nutrition-specific outcomes.

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<sup>6</sup> The selection of these four broad categories has been drawn from the social transfers evidence database published by EPRI (<http://socialtransfersevidence.org/>).

## 4. A REVIEW OF THE IMPACT OF SOCIAL PROTECTION ON CHILDREN

### 4.1 Impact on economics and livelihoods

#### 4.1.1 Monetary poverty

Cash transfers targeted to households with children incorporate a variety of objectives and are provided in different forms, representing one of the best ways to lift children out of poverty while investing in their future (Barrientos and DeJong, 2006).

This is the case for instance of the system of social grants available to various vulnerable population groups in South Africa, which so far has provided relevant results in terms of poverty reduction (Woolard et al., 2010; European Report on Development, 2010). Among them the child support grant (described in Box 1 below) has demonstrated a strong potential to reduce child poverty thanks to the implementation of an effective targeting mechanism, which has been flexible enough to include a growing number of children when the impact of the recent crises made it necessary (Barrientos and DeJong, 2006; Barrientos and Nino-Zarazua, 2011).

#### Box 1. Child Support Grants in South Africa<sup>7</sup>

**Context:** By the mid-1990s in South Africa, 31 per cent of the population lived in absolute poverty. There are gender, spatial, age and racial dimensions of poverty. Many women, particularly single heads of households, are affected. In 1995 over half of all the poor children were living in female-headed households.

**Implementation:** Introduced in 1998 to replace the State Maintenance Grant, the South African government implemented the national Child Support Grant (CSG) with the objective of reducing poverty and vulnerability among children. The CSG was initially targeted to poor children up to the age of seven, but has progressively been extended to poor children up to the age of 15. As a consequence of the financial crisis, the government of South Africa has further extended the age limit to 17. Children must be South African citizens and have per capita household incomes below a threshold. While the monthly earnings of single parents must be lower than R2400.00, married parents' combined earnings should be lower than R57,600 per year or R4,800 per month. Legally, the grant must be paid to the "primary care-giver", which is, in 98.5 per cent of the cases, a female in the household in which the child lives. The CSG reached 7.7 million poor children under 15 in 2008 (15.6 per cent of total population). Registrations for the CSG were still lagging in several provinces. 78 per cent of eligible households have registered in the Western Cape, a value that falls to 28 per cent in the Eastern Cape and 31 per cent in Limpopo. In 2009 the monthly grant amounts to R240, equivalent to approximately US\$21.

**Impact:** Woolard (2003) simulated the perfect implementation of the programme in 2003. She estimates that 5.1 million children (or 66 per cent of children under 7) should be eligible for the CSG. This contrasts with the figure of 1.9 million children who were de facto in receipt of the grant in 2003. Assuming that all those who are eligible (under the age of 7) register for the child grant, household poverty would fall to 28.9 per cent. Even more strikingly, poverty among children (under 7) falls from 42.7 per cent to 34.3 per cent and ultra-poverty from 13.1 per cent to 4.2 per cent. One of the reasons for the programme's success might be due to the value of the grant. Two-thirds of the income to the bottom quintile was provided via social assistance grants, with most of this income coming from child grants (the Child Support Grant, the Foster Care Grant and the Care Dependency Grant combined).

<sup>7</sup> This box is based on data and information from Woolard (2003), Dieden and Gustafsson (2003), Agüero et al. (2007), Woolard et al. (2010) and Barrientos and Nino-Zarazua (2011).

The efficiency of universal child grants seems in any case to be context specific. The Namibian system of social CTs, which has its roots in South Africa, has evolved quite differently given the different economic and social circumstances in these two countries resulting in a mix of eligibility criteria being applied. Levine et al. (2009) found inefficiencies in the means-testing for the child grants, leading to large errors of inclusion and exclusion and showing that the poorest children are less likely to receive grants than those who are not as poor.

Evidence on the impact of child focused social protection on monetary poverty is relevant when looking at Central and Eastern European countries, even if most of the analyses are based on ex-ante simulations. The need to protect children during the transition by means of social insurance instruments such as child and family targeted allowances (see table 1) has generally produced relevant results, even if the effectiveness of these programmes has often been undermined by the low values of benefits and by large inclusion and exclusion errors (Barrientos and DeJong, 2006).

**Table 1.** Impact of child allowances on poverty in Central and Eastern Europe

Country	Instrument	Targeting	Impact	Methodology	Source
Armenia	Birth grant; childcare benefit	Birth grant: means-tested. Childcare benefit: means-tested and categorical.	Absence of child benefits would increase the extreme poverty rate by 0.1 percentage points	Simulation	UNICEF (2008a)
Bosnia and Herzegovina	Child allowance in cash and in-kind for mother and child	Means-tested	In absence of child benefits, absolute and relative child poverty rates would increase by less than 1 percentage point	Simulation	UNICEF (2008b)
Bulgaria	Monthly allowances for children up to 18; One-time allowance for first graders; Childbirth grant; Monthly allowance for pre-school children (3-6 years) under homecare	Monthly allowances: income tested; Birth grant: universal	Population poverty incidence is estimated to increase by 1.9 percentage points in absence of child allowances	Simulation	World Bank (2009)
Moldova	Allowance for children aged 3-16; allowance for caring for children below age 3	Means-tested	Reduction of poverty among the first two quintile recipients by about 7 percentage points	n.a.	Moldovan Ministry of Labour (2009)

In Ukraine, child benefits for children under three and birth grants have contributed to a decrease in inequality by 1 per cent during the period 2001-2007 (UNICEF, IDSSNASU, 2010). Most importantly, they have achieved strong results in reducing poverty thanks to careful design which takes into account the context specific vulnerabilities affecting households with more than one child (see Box 2 below).

## Box 2. Child allowances in Ukraine<sup>8</sup>

**Context:** The transition to independence has generated several economic problems, leading to insufficient funding for social services directed to children, whose situation has worsened until recently. Poverty rates in the country remained almost the same (at around 27 per cent) between 1999 and 2007. Within this context, data show that more than one third of households with children was considered poor, with poverty rates and the poverty gap systematically larger compared to the country's average. Large families were especially at risk, and the poverty rates for families with two or more children were 40.6 and 64.6 per cent respectively in 2007. Within this group, the poverty rate of families with children under 3 was over 39 per cent.

**Implementation:** The birth grant is a categorical transfer paid for each new child and its amount increases depending on the number of children already in the family. Part of the benefit is paid after birth and the rest during the following 36 months. The amount of the grant was substantially increased in 2005 and, as a consequence, the number of recipients grew rapidly reaching 90 per cent of the new-born in 2007. Linked to the birth grant is the receipt of a means test benefit awarded to the adult taking care of children under 3 years old based on certification of family income. The number of beneficiaries has increased primarily because the programme is processed together with the birth grant. Both measures are non-contributory social insurance.

**Impact:** Using simulations it has been estimated that without child allowances, the level of poverty in the country (measured using the living wage criterion) would have been 1.9 points greater, which increases to 3.5 points for the group of households with children. The good performance of child allowances in the country is explained by both their large contribution to the household income and the effectiveness of categorical targeting to include households with children, i.e. those facing the greatest risk of poverty in the country.

However, in the case of Central and Eastern European countries, the role of social protection which is not directly focused on children seems to have a strong impact on child poverty. Pensions in particular have an impact on child well-being since one or more of the family members are elderly. In Azerbaijan, 45.3 per cent reported living in households where at least one member received a pension, while the coverage rates of targeted social assistance (basically means-tested cash transfer for poor families) reached only 30.5 per cent of the population (World Bank, 2010). In Georgia, 42 per cent of households receive a social pension, and 45 per cent of all children live in households with at least one pension recipient (UNICEF Georgia, 2010). As a result, an estimated 9.2 per cent of children from households that receive pensions were lifted out of poverty. Simulations show that Georgian children living in households in extreme poverty would have doubled without pensions, and the percentage of children living in poor households according to the national poverty line would have increased from 28 to 38 per cent. In the case of Georgia, social pensions have a higher impact on poverty reduction for households with children than targeted social assistance. Similarly, in Armenia and the Kyrgyz Republic, if pensions were not included in household income, extreme child poverty would have increased by 8 and 19 percentage points respectively (UNICEF, 2008a).<sup>9</sup>

<sup>8</sup> This box was written using data and information from UNICEF IDSSNASU (2010) and ILO (2011).

<sup>9</sup> The main drawback is that spending on pensions is also much higher than public spending on other social protection programmes. In Kyrgyzstan, for instance, expenditure is around 5 per cent of GDP, while spending on social assistance and child benefits reaches only 0.5 per cent of GDP. Serbia spent 11.4 per cent of its GDP on financing pensions in 2005, while social assistance spending amounted to only 2.6 per cent of GDP. The size of benefit is also a considerable factor. In Uzbekistan in 2005 child-care allowances contributed about 9.8 per cent of family incomes, social assistance allowances about 13.6 per cent, while pensions contributed about 30 per cent. Moreover, given that pensions are not targeted to the poor, in some cases they are regressive. In Uzbekistan, for instance, pensions are received by

#### 4.1.2 Child Labour

Child labour, as defined by the ILO Conventions, can result in negative consequences for children in terms of their health status, their education and the risk of further exploitation and abuse.<sup>10</sup>

A positive side effect of many CCTs in Latin America is the reduction of child labour. Families receive income support which can be a substitute for the income forgone from child labour and children have less time to work due to school attendance. One of the first CCTs specifically designed to address the issue of child labour is PETI in Brazil (see Box 3 below), lately absorbed under the broad umbrella of *Bolsa Familia*, which provided incentives that enabled households to send their children to school for a substantial part of their time.

#### Box 3. Programme to Eradicate Child Labour (PETI) in Brazil

**Context:** By the mid-1990s, the share of children aged 10-14 employed in Brazil was approximately 19 per cent, a figure that rose to 44 per cent in rural areas (SEDLAC (CEDLAS and The World Bank), 2010).

**Implementation:** The target population was represented by children aged 7-14 living in poor families with an income per capita below half of the minimum wage (roughly equal to R\$65/month) and involved in the worst forms of child labour (Fiszbein and Schady, 2009). The targeting process considered two different steps: first geographical targeting according to the incidence of child labour; second household targeting via a proxy means test. Thanks to this detailed methodology, the programme achieved a good targeting performance, given that approximately 66 per cent of benefits reached households in the poorest quintile (Fiszbein and Schady, 2009). The amount of the monthly cash transferred was different according to the recipients' area of origin, ranging from R\$25 in rural areas to R\$40 in urban areas for each child registered. According to a study by the World Bank (2001), this benefit level was appropriate given that it could overcome the opportunity cost of child work and that it took into account the different costs of living in rural and urban areas. The cash transfer was conditional on the promise that children attend school at least 80 per cent of the time and do not work. Furthermore, the programme involved children in after-school sessions (*jornada ampliada*) that increase the length of the school activities and reduce the time that children might otherwise spend at work.

**Impact:** Using a qualitative assessment in the areas of Pernambuco and Bahia, World Bank (2001) shows that the programme has been able to reach the poorer areas where some of the worst forms of child labour were occurring. An impact evaluation analysis shows that PETI has been successful in reducing the risk of child labour in the states of Bahia by 25 per cent, Pernambuco 5 per cent, and Sergipe 10 per cent (Yap et al., 2002). In addition, household levels of school attendance increased by 16 hours per week on average among children participating in the programme. Yap et al (2002) suggests that child labour has declined more sharply in Bahia because after-school sessions worked well. Despite the overall good impact of the programme, a survey of the programme's beneficiaries reported by the World Bank (2001) shows that a large number of families still considered child labour was not bad for children and was helpful for the household income.

Evidence from other CCTs is mixed. Employing a difference-in-difference estimator, Rojas and Aguilar (2008) show for instance that *Familias en Acción* in Colombia has proven successful in

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members of 41 per cent of families, while only 11.6 per cent of families are covered by allowances for child care, 1.6 per cent receive social assistance, and 10.3 per cent receive maternal allowances (IMF, 2007).

<sup>10</sup> From [http://www.unicef.org/protection/files/Child\\_Labour.pdf](http://www.unicef.org/protection/files/Child_Labour.pdf)

reducing child labour and the average working hours of children who continue to work. However, a different study of the same programme, adopting a similar estimator based on the propensity score matching for the selection of a control group, shows that children in urbanized rural areas reduce the hours of domestic work, but not the hours of income-generating work, suggesting that school-time is deducted from children's leisure time (Attanasio et al., 2010).

Literature suggests that CTs and – to a lesser extent – in-kind transfers,<sup>11</sup> can also reduce the incidence of child labour, though in some cases CTs have had the opposite effect.

The Jaringan Pengaman social scholarship programme in Indonesia provided (among other benefits) school grants to pupils at the time of the Asian financial crisis in the late 1990s in order to minimize increases in school dropout. As a consequence, child labour was reduced by 27 per cent on average (Sparrow, 2006). The effect becomes stronger as children grow older, since the incidence of child labour is higher among adolescents, and because the size of the scholarship increases with age.

Some evidence points to an increase in work demand on children in public works schemes due to a substitution effect for adults in households involved in the programme (Porter and Dornan, 2010). However, the work by Hoddinott et al. (2009), which compares the results of a group of beneficiaries with a control group selected through a matching estimator, found mixed results in the case of the Productive Safety Net Program (PSNP) in Ethiopia. The authors find that participation in the public works component of the programme contributes to a reduction in the average number of hours worked in agriculture for 6-16 year-old boys and for 11-16 year-old girls with a parallel reduction in domestic hours worked for younger boys (6-10). The strongest effects on child labour are achieved when the transfer to the head of household is higher, thus reducing the opportunity cost of sending children to work (Hoddinott et al., 2009). On the other hand, the same study shows a reduction of school attendance rates, and a rise in the number of hours worked within the household was found for 6-10 year-old girls (Hoddinott et al., 2009). Overall, considering the programme jointly with other transfers, the authors find no effects on child school attendance and substantial increases in hours worked by girls. Slightly different results are reported by Woldehanna (2009), whose empirical analysis based on the propensity score matching on the Young Lives survey data, shows that the public work component of PSNP had an overall positive impact on the total hours children spent working, reducing especially work within the household. Such results are consistent with those found by an evaluation of the National Rural Employment Guarantee Scheme in India, which shows that the registration of a household member in the programme reduces the likelihood of child labour for boys by 13.4 per cent and for girls by 8.2 per cent (Uppal, 2009).

Conversely, productivity oriented programmes, such as microcredit, have in some cases provoked an unintended negative impact on child labour. Islam and Choe (2009) show that even though micro credit programmes in Bangladesh are successful in alleviating poverty they do have a negative effect on school enrolment and child labour. Microcredit increases the probability of child labour for girls by 7.9 per cent to 13.7 per cent depending on the specification adopted. The probabilities rise to 8.4 per cent and 14.3 per cent when women are borrowers. The authors find that this is due to the fact

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<sup>11</sup> A randomized evaluation of the Food Subsidy programme in Mozambique shows that as a consequence of food transfers children aged 5-9 reduced their work, while adults – and especially women – increased it (Veras Soares and Teixeira, 2010).

that children are taken out of school and start working on small household enterprises set up with microcredit funding (Islam and Choe, 2009). Similarly, a study by Hazarika and Sarangi (2005) in Malawi finds that household access to microcredit pushes children to undertake domestic work, especially in the season of peak labour demand. Unlike the Bangladesh study however, it is found that microcredit-stimulated work by children does not substitute for their school attendance, suggesting more child work leads to less leisure rather than to less schooling (Hazarika and Sarangi, 2005).

## **4.2 Impact on Education**

Social protection can have an impact on education by addressing the underlying economic and social causes that prevent access to school, and by improving the quality of the services provided to young students and their families. A range of social protection instruments have the objective of improving children's education. School feeding in particular is one of the most frequently adopted interventions since such programmes are able to address multiple objectives at the same time (Buttenheim et al., 2011). However, its overall effectiveness is related to a range of factors, including the modality of provision, the targeting and the costs (Bundy et al., 2009). As a matter of principle, providing in kind transfers conditional on school enrolment and/or attendance decreases the net costs of schooling in order to make it more financially attractive for parents to send their children to school, thus affecting access and participation. Moreover, feeding programmes reduce short-term hunger, which could improve children's concentration and cognitive abilities, leading to better achievements and higher learning capability. Finally, as will be shown below, children's long-term nutritional status is improved, and malnutrition is reduced.

As for other instruments in general, receiving a cash transfer improves access to education. Receipt of a cash transfer can improve enrolment by helping poor households to overcome the cost barriers to schooling (fees, uniforms, books etc.). This effect can be seen both for transfers specifically focused on children and those which are not (e.g. when pension recipients distribute a portion of income to the household). Similar effects are recorded in the case of public works, whereby the wages of previously unemployed people can be invested in children's education. Over the last few years Latin America has become a pioneer in developing programmes to assist those children that are not reached by traditional programmes, using the conditions of CCTs to foster participation and access to education. Recent evidence suggests that CCT programmes for schooling are effective in raising school enrolment and attendance (Fizbein and Schady, 2009).

Overall, the evidence is still more limited and less conclusive in terms of whether transfers result in improvements in final educational outcomes (i.e. educational performance and skills acquired), although some recent work highlights the positive effects of social protection on children's cognitive capacities and social skills.

### *4.2.1 School enrolment*

Evidence shows that, independently of the context, the impact of school feeding programmes on enrolment has been substantial. As shown in Table 2 below, most of the evidence available emerges from programmes that have been initiated and implemented with the assistance of the World Food Programme (WFP). Monitoring and evaluation is an integral component of such programmes.



**Table 2. Impact of school feeding on school enrolment rates**

Country	Implementation	Impact	Methodology	Source
Bangladesh	WFP	15.2 per cent difference between the gross enrolment rates of schools in rural feeding programme areas and those in control areas	Difference-in-difference	Ahmed (2004)
Burkina Faso	WFP	Girls' enrolment in rural areas increased by 5 and 6 per cent on site and take home ration, respectively	Randomized experiment	Kazianga et al. (2009)
Ghana	Home grown	Increase in enrolment of 13 per cent for girls and 14 per cent for boys	Qualitative study	Devereux et al. (2010)
Laos	WFP	No significant impact, except for take home rations in one of the districts, (+7 per cent)	Difference-in-difference	Buttenheim et al. (2011)
Malawi	WFP	5 per cent increase in enrolment. Enrolment in one of the schools surveyed rose by 26 per cent in one month following the introduction of free school meals.	Qualitative study	Devereux and Macauslan (2006)
Mali	Home grown	Enrolment in assisted schools increased by 23 per cent for girls and 17 per cent for boys, at a time when national enrolment rates increased by 8 per cent and 5 per cent	Qualitative study	Devereux et al. (2010)

School feeding programmes can consist of on-site feeding and take-home rations. Often these two methods are used side-by-side on the same project, but they can also be used separately. In principle, take-home rations can have a larger impact on households' expenditures and therefore potentially work better in terms of targeting (Bundy et al., 2009). On-site feeding, on the other hand, can be less expensive and may result in a stronger impact in terms of cognitive capacities of recipients, but their targeting performance may be poor (Bundy et al., 2009). Evidence from Cambodia (see Box 4) seems to indicate that on-site feeding supports school enrolment of the youngest children, while take home rations have a stronger impact on attendance.

#### Box 4. School Feeding in Cambodia<sup>12</sup>

**Context:** With 30 per cent of its population living below the poverty line, Cambodia is one of the poorest countries in south-east Asia. Education in the country is characterized by low quality and a weak system of infrastructure. Though at the start of the programme net enrolment rates were already high (around 90 per cent), there was great variation within the country and the high rates of enrolment lead to a loss in efficiency.

**Implementation:** The school feeding programme was launched in 2001 by WFP covering around 290 thousand beneficiaries that rose to 600 thousand in 2006. This figure dropped to an average of 400 thousand during the last 5 years due to financial constraints and the consequence of the food crisis. Targeting has changed over time, from national coverage to a selection of the most vulnerable areas of the country, coinciding with a WFP refocus of school feeding towards districts with lower levels of access to education, rather than to the most food insecure areas. School feeding in Cambodia is provided in different modalities including on-site for children aged 1-6 (45 per cent); take-home rations to children aged 4-6 (18 per cent) and for the rest in a combination of both. Beneficiary schools have been selected through a participatory approach at the local level, and the programme has an estimated cost per beneficiary of about USD48, which is cheaper than the average for this kind of programme.

**Impact:** School feeding has contributed to the recent increase in net enrolment in the country. It has been estimated that in schools promoting on-site feeding enrolment has increased by 2-2.5 per cent between 2002 and 2009, with a slightly greater impact recorded for girls (2.4-3 per cent). Schools that joined the programme after its start have increased enrolment by 6.1 percentage points more compared to schools that have not participated. Conversely, take-home rations are found to have contributed to an increase in school attendance by around 2.4-3.2 percentage points on a year-to-year basis.

Evidence on cash transfers is also growing. One-third of PSNP beneficiary households in Ethiopia enrolled their children in school and over 80 per cent of these beneficial impacts was said to be due to the programme (Devereux et al., 2006). In Zambia, the Kalomo Social Cash Transfer contributed to achieve interesting results in terms of school enrolment, with rates increasing by 3 per cent (GTZ, 2007). With respect to CCTs, in their review of the evidence Fizein and Schady (2009: 129) report quite significantly that “(..) virtually every programme that has had a credible evaluation has found a positive effect on school enrolment”. The impact differs however by age group of children whereas in middle income countries with high primary enrolment rates, the larger impact is often on secondary school (ILO, 2010). Indeed, *Oportunidades* in Mexico contributed to a 7 percentage point increase in the probability of school enrolment for children subject to monitoring in the programme, the effect being more evident during the transition to lower secondary school (Brauw and Hoddinott, 2008). Participation in *Bolsa Escola* – the predecessor of *Bolsa Familia* – increased school enrolment among poor children (10 to 15 years old) by about 60 per cent (Bourguignon et al., 2003).

Evidence also shows that significant improvements in enrolment rates are recorded when the transfer is targeted on women, especially in those contexts where gender is a relevant issue. For instance, Pakistan’s conditional cash transfers for promoting female enrolment in school proved to have a positive effect on the enrolment of female students. A double differencing method finds that an additional 12 students per school were enrolled between 2003 and 2005, while a triple

<sup>12</sup> This box is based on data and information from Nielsen et al. (2010).

differencing method leads to only 6 (Chaudhury and Parajuly, 2006). The impact on enrolment of Burkina Faso's 'Burkinabe Response to Improve Girl's Chances to Succeed' (BRIGHT) was in the order of 20 per cent (Levy et.al, 2009). The impacts for girls were about 5 per cent higher than the impacts for boys.

Lastly, the effects on school enrolment of programmes not targeted on children are mixed. Microcredit programmes in rural Bangladesh have proved to have a negative impact on the probability of school enrolment, with rates ranging from 19 to 22.6 per cent depending on the methodology adopted (Islam and Choe, 2009). More specifically, a greater impact is recorded on primary school aged girls, who are found to experience a 33 per cent decrease in school enrolment when credit is obtained by men and a 41 per cent decrease when the credit is obtained by women (Islam and Choe, 2009). This result is related to household characteristics, but it is indicative of the fact that small credit to the poorest does not seem to affect their decisions about children's education.

#### *4.2.2 School attendance and drop-outs*

Conditional cash transfers have contributed to a general increase in school attendance throughout Latin America. Table 3 summarizes some of the most significant results on this specific dimension of educational outcomes.

**Table 3. Impact of CCTs on School Attendance**

Country	Programme	Condition	Impact	Methodology	Source
Brazil	Bolsa Familia	Daily school attendance of at least 85 per cent each month for all school-age children	For treated children (7-14 years) participation in the programme reduces the probability of absence (3.6 per cent), dropping out (1.6 per cent) and failing to advance in school (4 per cent).	Matching and Difference-in-Differences	Veras Soares et al. (2008)
Brazil	PETI	School attendance of at least 80 per cent	Levels of school attendance increased by 16 hours per week on average among children participating in the programme.	Qualitative survey	World Bank (2001)
Colombia	Familias en Acción	At least 80 per cent school attendance in a 2-month cycle	Young children (10-13) in urban areas increased their time at school by 4.5 hours per day. Urban children (14-17) and rural children (10-13) increased their time at school by 3.8 and 2.5 hours, respectively.	Probit - Tobit models	Attanasio et al. (2010)
Costa Rica	Superemos	All children in the household between the ages of 6 and 18 attend school.	Programme participation is associated with an increase in the probability of attending school ranging from 2.9 to 8.7 per cent more than non-beneficiaries.	Regression analysis and matching	Duryea and Morrison (2004)
Ecuador	Bono de Desarrollo Humano	At least 90 per cent school attendance	The programme is effective in preventing drop out among enrolled children as they become older, with the highest effects recorded amongst girls and in rural areas.	Randomized experiment	Edmonds and Schady (2008)
Jamaica	PATH	At least 85 per cent of school days for poor children aged 6 to 17	School attendance increased by 0.5 day per month.	Quasi experimental comparison	Levy and Ohls (2007)
Nicaragua	Red de la proteccion social	Regular attendance of 85 per cent for children between the ages of 7 and 13	The programme produced an increase in current attendance of 20 per cent for the target population.	Randomized experiment	Maluccio and Flores (2005)
Paraguay	Tekoporã Programme	85 per cent minimum school attendance for all children younger than 15 years	Among beneficiaries grade progression increased by 4 to 7 percentage points, due to children not dropping out.	Difference-in-Differences	Veras Soares, Ribas and Hirata (2008)

Another conditional transfer which proved effective in terms of school attendance is the Food for Education (FFE) programme in Bangladesh. Attendance rates within participating schools (70 per cent) were higher than in non-participating ones (58 per cent) (Reimers et al., 2006). Moreover, it has been estimated that an increase of 100 kg in the food ratio contributes to an increase in attendance rates of 17 and 16 percentage points for boys and girls respectively (Ravallion and Wodon, 2000).

Non conditional transfers also showed interesting results. Receipt of the child grant in South Africa is positively correlated with the beneficiary attending school, an increase estimated in the range of 25 per cent (Samson et al., 2004 using micro-simulation) to 50 per cent (Williams, 2007 using a regression model). The grant's effects are most positive if women are the recipients (Santana, 2008).

Fee abolition and scholarship programmes have of course an important role in keeping children in school. The Hunger Eradication and Poverty Reduction Programme (HEPR) in Vietnam contains a sub-programme that allows parents to be exempted from paying tuition fees for their children's schooling and indeed the schooling rate among beneficiaries was 11 points higher (81 per cent) compared to that of non-beneficiaries (Cuong, 2003). The Jaringan Pengaman Social scholarship programme in Indonesia, which provided (among other benefits) school grants to pupils at the time of the Asian financial crisis, lowered by 3.5 percentage points the probability of dropping out by secondary students who received the scholarship compared to others (Cameron, 2002).

Finally, it is worth highlighting that a particular programme such as the non-formal education scheme in Bangladesh has contributed significantly to raising participation and avoiding drop-outs from school by complementing public education services in rural areas (see Box 5).

#### Box 5. Non formal education programmes in Bangladesh

**Context:** The rate of enrolment in primary education in Bangladesh during the mid-1980s was quite low (54 per cent) mainly due to supply shortage, especially in rural areas (World Bank, 2011). Government policies to support access were focussed on the promotion of private community schools attracting large amounts of students by offering food rations and feeding programmes in exchange. Within this context, the quality of government institutions decreased. Non-formal primary education has been introduced with the aim of providing primary educational services for children outside formal institutions in rural areas of the country.

**Implementation:** BRAC is a three-year programme for children aged 8–10 years from poor households. There are no large differences to the formal school curriculum while classes are composed of about 30 pupils (almost half respect to formal schools). At the beginning, 22 experimental non-formal primary education centres were established. Nowadays, the programme provides an educational service employing one teacher for 25 to 33 students (for a total of 4,091 contact hours) (Chaboux, 2006). In 2009, BRAC provided educational services to 53,436 children with an attendance rate of 95 per cent (girls accounting for 60–65 per cent of all students) (BRAC, 2009).

**Impact:** There are few studies that have tried to evaluate the programme impact on enrolment and learning outcomes. Nath et al (1999) showed that students enrolled in the programme were almost 3 times more likely to have basic education than students enrolled in the formal system. Hossain et al. (2002) report that it has contributed significantly to increase participation and to avoid drop-outs from school. However, they also report that only 63 per cent of children attending non-formal schools were likely to continue their education compared to 71.1 per cent of those from formal institutions. In addition, the programme has been found to increase enrolment of girls (Sukontamarn, 2006). In terms of school outcomes, there are mixed results. Hossain et al. (2002) argue that the performance of students enrolled in BRAC schools is lower compared to that of government schools. Conversely, Nath et al (1999) shows that students enrolled in the programme have the same performance in reading and numeracy compared to that of government schools, but their performance is good in other areas, such as life skills and writing.

Among interventions not directly focused on children, there is increasing evidence that social pensions in Southern Africa have benefited participation in school, given that a large part of older people's spending on grandchildren is directed to education. In South Africa, a reduction of about 20–25 per cent in school non-attendance has been recorded by household recipients of social pensions (Samson et al., 2004). In Namibia, interviews with a final year class in the high school

demonstrated that participation of 14 out of 16 students was solely due to their grandparents receiving a pension (Devereux, 2001). To remain in Namibia, a large number of recipients of the basic income grant used the money to pay school fees. As a consequence, a decrease of 42 per cent in non-attendance due to financial reasons has been recorded and drop-out rates have fallen from 40 per cent before to almost 0 a year after the launch of the pilot programme.<sup>13</sup>

#### *4.2.3 Learning, social skills and quality of school services*

The previous sections have shown quite clearly that social protection has a remarkable impact in terms of fostering participation in school, especially when there is an incentive to do so. Although enrolment and attendance are relevant achievements per se, the previous results say little about the consequences on children's social and cognitive capacities. This is certainly due to the difficulties of discerning a causal relation between a single intervention and an outcome which may be influenced by a number of other (often difficult to measure) factors, ranging from the quality of the education provided, to the socio-economic characteristics of the recipients.

This notwithstanding, there is some evidence which highlights the – often positive – impact that social protection interventions have on the cognitive capacities and their social attitudes while attending school as well as on the overall quality of school services.

Early Childhood Development (ECD) programmes, providing a range of services including feeding, education and health, play an important role in this matter. In Chile *Crece Contigo* has a proven positive impact on language, and the cognitive development of children older than 2 years living in rural areas (Ministerio de Educación, 2007), though these differences are likely to disappear at the secondary level (Ministerio de Educación, 1998). ECD programmes in the Philippines have also positively contributed to participating children's cognitive, language and socio-emotional skills in addition to the other beneficiary impacts (Armezin et al., 2006).

Among the other programmes, school feeding, which influences the time spent in school as well as the nutritional status of children, is likely to increase their concentration and cognitive capacities. Indeed, there is evidence highlighting this from different contexts in the developing world. Participation in the school feeding programme in Bangladesh has contributed to an increase of 15.7 percentage points in test scores, especially in mathematics (Ahmed, 2004). A relatively lower impact (about 4 per cent) on test scores for children aged 37-58 months has been found for participants to the preschool programme PIDI in Bolivia which focuses on children living in poor families, the results being found to depend largely on the length of exposure to the benefits of the programme (Behrman et al., 2004). An increase in test scores has also been recorded for participants in school feeding programmes in the Philippines (Tan et al., 1999) and in Kenya (WFP, 2010). In Peru, *Programma de Desayunos Escolares* had no impact on their performance in school, but reported improvements in the short-term memory of the children benefiting (Cueto and Chinen, 2000), while in Jamaica the school feeding programme helped to improve children's verbal fluency (Chandler et al., 1995).

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<sup>13</sup> Information retrieved from the BIG coalition homepage: [http://www.bignam.org/BIG\\_pilot.html](http://www.bignam.org/BIG_pilot.html)

Overall, complementing programmes that foster access and participation in school with interventions on the supply side, including the provision of basic infrastructures and complementary services, can contribute to increasing their capacities. A case in point is that of the Burkinabe Response to Improve Girls Chance to succeed (BRIGHT) in Burkina Faso, whose independent evaluation has proven relevant results for the three years following its implementation (see Box 6 below).

#### **Box 6. Burkinabe Response to Improve Girls cHanceTo succeed (BRIGHT) in Burkina Faso**

**Context:** Despite some improvements, primary school enrolment rates in Burkina Faso were remarkably low before the implementation of the programme in 2005. Only 56 per cent of school aged children were enrolled in school, this figure reducing to 50 per cent for girls. Moreover, only 8.1 per cent of girls aged 15 and above were literate in 2005, compared to 18.5 per cent of boys. In order to improve this situation and to increase equity in access to schooling, in 2005 the Millennium Challenge Corporation (MCC) funded a programme to increase girls' educational attainment in Burkina Faso through the construction of schools and provision of complementary interventions.

**Implementation:** The programme was implemented from 2005 to 2008 in the 10 provinces of the country recording the lowest girls' primary completion rates. In total, 132 primary schools were built with a similar scheme including the provision of three classrooms, housing for three teachers and separate latrines for boys and girls. The complementary services consisted of the provision of school canteens to supply meals for all students; take-home rations targeted to girls with at least 90 per cent attendance rates; textbooks and other stationery to all students. In addition, the programme provided so-called soft components, including a mobilization campaign supporting girls' enrolment into school, literacy training for adults, and capacity building among local partners. The \$12.9 million grant was financed by the Millennium Challenge Corporation and implemented by a consortium of NGOs (Plan International, Catholic Relief Services, Tin Tua, and the Forum for African Women Educationalists) under the supervision of USAID. In 2009, continuation of the project under the name BRIGHT II was approved for an additional 3 years covering almost 29,000 young students in 2011.<sup>14</sup> Apart from the maintenance of on-going services, it includes the construction of additional classrooms for grades 4 to 6. The school feeding element will be continued with daily meals during all nine months of the school year for an estimated 13,000 children.

**Impact:** The impact evaluation study has been conducted by Mathematica (Levy et al., 2009) based on a regression discontinuity technique comparing the 139 communities selected for the programme with those who have applied but have not been selected. Results show that the impact of BRIGHT on school enrolment has been around 20 per cent, with better results on average for girls. The study also finds that beneficiary children have significantly improved their scores in mathematics and French by about 0.4 standard deviations. Provided that the quality of teachers is similar all over the country, the authors claim that the impact on test scores could be due to the supply of a better learning environment in BRIGHT schools (Levy et al., 2009).

A Colombian programme (Escuela Ciudad Escuela) that provides funding to extra-curricular activities managed to improve the school environment by reducing violence and improving the social skills of pupils and their general knowledge (Perèz-Calle, 2007).

<sup>14</sup> Information retrieved from <http://www.brightnews.org/Donnees2011.pdf>

Opposing results were yielded by a Government programme in Kenya providing textbooks to randomly selected primary schools in rural areas. A randomized evaluation of the programme shows that it has proven ineffective in terms of students' achievements due to poor capacity in targeting the weaker students in schools, though this might be affected by the way the treatment group is selected (Glewwe et al., 2007). Besides the positive impact on enrolment and attendance, the Food for Education (FFE) programme in Bangladesh has resulted in negative impacts in terms of quality of outcomes. The average test scores among fourth graders are lower (49.3 per cent of the total score) in participating than in non-participating schools (53 per cent), and are even higher for non-FFE students in treated schools (Ahmed and Del Ninno, 2002). Additionally, the student/teacher ratio was lower in FFE schools (on average 76 students per teacher against 62 in non-FFE schools), even if this cannot be taken as an explanation of the former finding given that not all the students are benefiting from the programme.

### **4.3 Impact on Health**

As in the case of education, existing evidence shows a more conclusive nexus between social protection and outputs including access to and utilization of health services, this being especially true for preventive services for children (DFID, 2011). Less straightforward, though substantial, is the evidence on the impact of social protection on the health status of children, given that other factors than social protection may influence such outcomes.

#### *4.3.1 Access, utilization and prevention*

Social protection programmes can facilitate access to health services for the poor.

Cash transfers are often used to overcome the financial barriers that prevent households accessing healthcare for their children. Evidence shows for instance that in some African countries unconditional cash transfers have contributed to an increase in utilization of health services, such as in the case of the Mchinji transfer in Malawi (Yablonski and O'Donnell, 2009). Evidence on access and utilization of healthcare is however richer in the case of CCTs (see Lagarde et al., 2007 for a review). Conditions attached to CCTs force poor people to use health services with regularity, such as in the case of *Bolsa Familia* in Brazil or *Familia in Acción* in Colombia. While conditions imposed on the receipt of a transfer will have an effect, making people aware of the need to regularly use health services is also of outstanding importance. However, evidence collected by Fiszbein and Schady (2009) shows that only some preventive services, including regular check-ups for children, are more likely to be affected by CCTs compared to others (e.g. immunization). A successful example is that of *Chile Solidario* (see box 7), where households receive psycho-social support emphasizing the importance of health access for the physical and cognitive development of their children.



### Box 7. Chile Solidario

**Context:** An evaluation of the poverty reduction programmes in the country in the 1990s led to the conclusion that in many cases such policies failed to reach the poorest, who were often excluded from accessing social services.

**Implementation:** The programme considers poverty as a multidimensional experience. Families accepted for *Chile Solidario* work initially with a social worker in order to assess their conditions (grouped in seven main domains) and to agree upon an action plan including specific measures to escape poverty, which formally become the “conditionality” of the programme.

**Impact:** Children within participating households are more likely to be enrolled in the public health system compared to non-beneficiaries. The difference is around 12 percentage points and is statistically significant when considering both groups of children under 15 and under 18 years old (Martorano and Sanfilippo, 2012). In addition, greater recourse to preventive visits for children under the age of 6 has been recorded (Galasso, 2006).

More specific interventions designed to protect children have proven successful in increasing access to healthcare.

The voluntary component of the health insurance system in Viet Nam is specifically focused on school children, individuals eligible for humanitarian assistance and other adults. Most of the beneficiaries (about 95 per cent), however, are children, given that schools are encouraged to put pressure on pupils’ parents to obtain health insurance for them. The impact analysis found that members of the health insurance system were more likely to seek treatment in health facilities rather than to self-treat (Jowett, 2001).

The Community-Based Early Childhood Development Project implemented in Kyrgyzstan for children up to 8 years of age in the poorest mountainous areas has contributed to an increase in health workers’ house visits to young children (Asian Development Bank, 2010). And the Early Intervention Programme of Belarus is one of the best practices for children with special needs in the CEE/CIS region. Due to this programme, access for children with special needs to quality early intervention health services has increased. Between 2003 and 2008 the programme produced a 20 per cent increase in the number of children under 8 years benefiting from appropriate care and feeding practices for their survival, growth and development, including early identification of children with special needs (UNICEF, 2011b).

In addition, programmes not directly focused on children have an important role in fostering poor households to increase their pupils’ access to health services.

The Health Card system in Indonesia was designed to provide poor households with access to healthcare during the economic crisis experienced by the country at the end of the 1990s. The utilization rate of children from households possessing health cards was larger than that of children who did not have one; as pre-treatment levels were quite similar among the two groups, the difference probably resulted from possession of a health card (Johar, 2007). Similar results emerged from an analysis which was based on a different sample, but adopted the same methodology

(propensity score matching), indicating that younger children (0-5) benefited the most from the subsidy (Somanathan, 2008).

Finally, an evaluation of the Khushhali Bank microcredit scheme in Pakistan shows that participation in the programme improves the likelihood that the children of beneficiary households will be vaccinated and will receive treatment by well-trained medical staff (Montgomery, 2005). According to the author, this shows a preference by the poorest households to invest money to increase the quality of healthcare, especially for their children.

#### 4.3.2 Health outcomes

Evidence on the impact of social protection on health outcomes is more difficult to collect given that other factors, often more difficult to measure, are likely to affect children's health status. Nonetheless, some studies have highlighted the fact that there seems to be a nexus between the receipt of certain benefits and an improvement in health status.

The Integrated Child Development Services (ICDS) programme in India which - besides providing supplementary feeding - also aims to implement specific health interventions such as de-worming and vitamin A supplements, has proven effective only in the region of Maharashtra (Gragnotati et al., 2005).

In Malawi, an evaluation of the Mchinji unconditional social transfer programme has shown that over the period 2007/08 a large share (around 80 per cent) of children in beneficiary households have improved their health and referred to health care when sick (against respectively 15 and 8 per cent of non-treated) (Miller et al., 2008). In addition, children within the programme experienced a strong reduction (23.4 per cent) in reported illness, with a significant difference of about 11 per cent compared to non-participants. Insights from face-to-face interviews with programme participants show that these improvements are mainly due to the income effect arising from the transfer, which allows households to buy medication for their children, to send them to health care services when sick, and to feed them more regularly (Miller et al., 2008).

Evidence is also particularly rich from evaluations of CCTs in various Latin American countries. Results from a randomized experiment show that for children up to 36 months old benefitting from *Progresá* in Mexico, illness rates were over 20 percentage points lower than non-participants (25.3 for children aged 0-24 months and 22.3 for 0-36) (Gertler, 2004). A decrease in the risk of illness has been reported by Huerta (2006) for children aged between 24 and 59 months participating to the same programme. Nonetheless, it is difficult to understand which of the programme's main components - the monetary transfer, the nutritional supplement or the health education meetings - produces these impacts, as all could contribute to one or more outcomes (Lagarde et al., 2007). According to a report published by SEDESOL (2010), for instance, the main determinants of improved health outcomes for *Progresá's* recipients are due to regular preventive medical visits and communal educative self-care workshops.

In Colombia, the programme *Familias en Acción* has been found to contribute to a reduction of diarrhea symptoms for children under 4 years old (Lagarde et al, 2007). Results are however different in the cases of Nicaragua and Brazil. In the former case, the programme *Red de Protección Social* had no effect on anemia prevalence among infants (Lagarde et al, 2007), while in Brazil, Rivera

Castiñeira et al (2009) underline the lack of positive results for either health status or modification of unhealthy habits. This result is confirmed by other studies, which conclude that the main problem is related to a lack of supply side services which limits the effectiveness of the programme (Veras Soares et al., 2007).

Finally, there is also evidence for the effects of social protection on the mental health and psychological conditions of children. For instance, an improvement in scores on a depression scale has been found in a study by Hofmann et al. (2008) for children in households benefitting from the *KwaWazee* pension in Tanzania, and may be due to their awareness of increased household income from the pension.

Evidence from Latin America is less conclusive, but shows that care centres (*Centros de Atención Integral a la Familia*) in Uruguay have contributed to improvement of the psychomotor development of children who participated (Amarante et al., 2005) and that the pre-school programme PIDI in Bolivia improved children's physical development (Behrman et al., 2004).

#### 4.3.3 HIV

HIV-sensitive social protection can contribute to reducing vulnerability to HIV, while also reducing barriers to HIV treatment, prevention, protection and support.<sup>15</sup>

Up to now, however, little evidence is available on the impact of social protection on the reduction of HIV prevalence among children or on preventive measures.

The Early Intervention Programme of Belarus provides allowances to 100 per cent of families with HIV infected children in need, while 50 per cent of families with HIV infected women and children has access to comprehensive community-based care and support in the five locations most affected by HIV (UNICEF, 2011b).

Suggested interventions in an HIV affected context are not meant to be AIDS exclusive, but should be longer term and AIDS sensitive (Yates et al., 2010). Unconditional cash transfers, now widely diffused in the most affected countries of sub-Saharan Africa are good examples given their potential to affect the underlying causes of HIV diffusion among young children. Indeed, a study by UNICEF (2007) on three cash transfers (*Kalomo* in Zambia; *Mchinji* in Malawi; and the social cash transfers in South Africa) show that the potential of such programmes is higher in contexts where most (around 70 per cent) of their targeted households (and the children within them) are affected by HIV/AIDS.

A successful example of reducing the risk of contracting HIV is the Zomba Cash Transfer in Malawi, which has provided important preliminary results in a context such as sub-Saharan Africa where the risk of HIV infection is high among young women (see box 8).

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<sup>15</sup> Source: [http://www.unicef.gr/pdfs/UNICEF\\_Taking\\_Evidence\\_to\\_Impact.pdf](http://www.unicef.gr/pdfs/UNICEF_Taking_Evidence_to_Impact.pdf)

### Box 8. Zomba Conditional Cash Transfer in Malawi

**Context:** Malawi is one of the poorest countries within Sub-Saharan Africa and one of the countries with the highest rates of HIV prevalence in the world. Before the introduction of the programme, 14 per cent of the adult population was affected by HIV, with the highest shares (up to four times higher) for young (15-24 year-old) females compared to males.

**Implementation:** From 2008 to 2009, the World Bank funded and implemented a randomized conditional cash transfer intervention targeting young women in Zomba, a region in southern Malawi. The programme provided incentives to girls and young women either to stay in education or to return to school if recently dropped out. The average offer to the households consisted of USD 10 per month, a figure representing about 15 per cent of total monthly household consumption. A consistent amount of the transfer is directed to the student's guardian, while a smaller part (around 30 per cent) goes directly to the schoolgirl. For secondary students, school fees are paid directly to the schools upon successful fulfilment of the enrolment. The only condition applied to the transfer is that students must attend school for at least 80 per cent of the time. The cash delivery is provided in locations that are easy to reach, so that no recipient has to travel for more than 5 km to the cash payment point.

**Impact:** The evaluation by Baird et al. (2009) investigates the first-year impact of this CCT only on female school attendance, as the rate of infection among males is much lower, making the programme impact difficult to detect. From a sample of 3,805, a total of 1,230 randomly selected young women received the benefit, while the remaining constituted the control group. The results show that the programme led to large increases in school enrolment, especially among those not present at school at the baseline (17.2 per cent among the control group, 61.4 per cent among the treatment group). In the control group 27.7 per cent of initial dropouts got married during the preceding year, compared with only 16.4 per cent in the treatment group, a reduction in the marriage rate of more than 40 per cent among baseline dropouts. The treatment group dropouts were 5.1 per cent less likely to have become pregnant over the preceding year, a statistically significant reduction of over 30 per cent. The reduction in the onset of (self-reported) sexual activity is 5.5 per cent points among initial dropouts and 2.5 per cent points among initial schoolgirls, reductions of 46.6 per cent and 31.3 per cent respectively.

The overall good performance of the programme is confirmed by an analysis of its administrative costs, which are relatively low, showing also the feasibility of a programme reducing the prevalence of AIDS while promoting school attendance of young girls in such a risky context such as sub-Saharan Africa (European Report on Development, 2010).

#### 4.4 Impact on Nutrition

Reducing hunger, with its consequences on children's health and cognitive capacities, and promoting food security has long been an objective of social protection policies in the developing world.

An instrument typically adopted for this aim is school feeding, the original purpose of which was to protect children against food insecurity (Devereux et al., 2010), though its impacts – as highlighted in section 4.2 – are largely affected by the main features of design. Results from the evaluation of a school feeding programme in Kenya show quite clearly that the contribution of school feeding accounted for about 30 to 90 per cent of the recommended daily allowances in terms of energy and protein for the majority of the students (about 80 per cent), while it accounted for almost the whole

intake of vitamin A in more than 20 per cent of cases (World Food Programme, 2010). In Bangladesh, the body mass index (BMI) of primary school-age participants to the school feeding programme has been estimated to be 0.62 points higher than for children enrolled in control areas (Ahmed, 2004), while the school feeding programme (*Programa de Desayunos Escolares*) in Peru has contributed to an improvement in the levels of hemoglobin for children (Cueto and Chinen, 2000).

Based on principles similar to those of school feeding, but providing households with a monthly ration of food, the 'Food for Education' programme in Bangladesh has contributed to improving weight-for-age (an indicator of short term undernourishment) for the pre-school children (6 to 60 months) of beneficiary households compared to primary school-age children not attending school; the nutritional status of non-beneficiary households with primary school-age children attending a Food for Education school was slightly worse (Ahmed and Del Ninno, 2002).

Programmes in the form of cash transfers in general also have a positive impact, given that recipient households tend to spend much of the transfer on food (Adato and Basset, 2009; ILO, 2010; DFID, 2011). The extent to which this can have an impact on child nutrition has been found to depend on key design features including the duration of the transfer, the age of recipient (0-24 months being the most critical), and the size of transfer (Yablonski and O'Donnell, 2009).

Analyzing anthropometric survey data, Aguëro et al. (2007) have shown that provision of the child support grant in South Africa during early childhood translates into an increase in height for age resulting in an average gain of 3.5 cm in adulthood. The *Samurdhi* programme in Sri Lanka, consisting of various measures including a cash transfer to poor households, has been found to impact on children's nutritional status, both in the short term (through weight-for-height) and long-term (through height-for-age) measures (Himaz, 2008). The results indicate that participation in *Samurdhi* improves the height-for-age (especially for children aged 6 to 36 months) and the weight-for-height scores of a child aged 36 to 60 months compared to health status without the grant.

The Cash-for-Work programme Chars Livelihood in Bangladesh shows an impact in terms of children's height, weight, BMI and mid-upper arm circumference. The treated children gained on average 0.7 mm in height, 210 g in weight and 1.39 mm in mid-upper arm circumference more than those children from the control group (Mascie-Taylor et al., 2010).

In Mexico, the *Programa de Apoyo Alimentario*, which provides cash and in-kind support to needy families in remote areas, has contributed to an increase in food expenditures. As a result, child beneficiaries (aged 3-4 years) grew on average 0.54 centimetres more than non-beneficiaries (World Bank, 2009b). Also in Mexico, the *Programa de Abasto Social de Leche*, has contributed to children's nutritional status by giving them access to subsidized rations of milk.

### Box 9. Programa de Abasto Social de Leche in Mexico

**Context:** The information retrieved from the 1999 National Nutrition Survey showed micronutrient deficiencies in the diet of Mexican children. Despite progress made in the nutritional status of the population, there was a high rate of anemia among children aged less than four with the highest prevalence rates in poor households (World Bank, 2009b). Moreover, about 50 per cent of children aged under two had iron deficiency problems (Villalpando et al 2006). To combat these problems, in 2002 the government reformed the *Programa de Abasto Social de Leche*.

**Implementation:** Following the 2002 reforms of the programme, the milk provided by the government at a subsidized price was enriched with iron, zinc, folic acid, and vitamins A, B2, B12, C, and D to reduce the prevalence of anemia and to improve the iron status of low income children. The beneficiary households are allowed to buy the milk at a preferential price (approximately 40 per cent of the market price) up to a maximum of 24 litres per week. The programme is targeted on poor households with children aged 5-16, as well as on the elderly, persons with disabilities, pregnant or lactating women; altogether it covers about 5.8 million children, two-thirds of whom are aged under 15 years.

**Impact:** As reported by the World Bank (2009b), the programme has been able to reduce the prevalence of anemia by up to 40 per cent. In addition, it has contributed to a reduction in the prevalence of low height-for-age and increased muscle mass among beneficiary children (World Bank, 2009b). The same results are reported by two different studies using experimental data. Villalpando et al. (2006) find that the programme has favoured a reduction in the prevalence of anemia from 41 to 12 per cent in the treated group. According to Shamah et al (2007), the rate of anaemia has decreased three times more compared to the control group due to nutrition based on the enriched milk. In addition, children in the treated group have grown 1.2 cm per year more than children in the control group.

Conditional cash transfers also contribute to the nutritional status of participant children. Nutrition is, together with education and health, one of the main components of *Oportunidades* in Mexico. More specifically, the programme is designed to provide a fixed monetary transfer aimed at improving the food consumption of the household, as well as a nutritional supplement for children aged 4-24 months (extended up to 48 months in the case of malnourished children). Results confirm the effectiveness of such provisions, showing that as a consequence of the programme the probability of stunting for children has reduced (Skoufias and McClafferty, 2001), and that children in the programme were 25.3 per cent less likely to be anemic and grew around one centimetre more during the first year of the programme (Gertler, 2004).<sup>16</sup>

Due to an increase in food expenditures the other leading CCT in the region, *Bolsa Familia*, has also demonstrated a positive impact on food security for adolescents (Dest, 2009) as well as on the reduction of stunting for 6-11 month-old children (Veras Soares et al., 2007). Nonetheless, the programme has not achieved an impact on the nutritional status of children aged 12-36 months; this is probably a consequence of the lack of regular monitoring of children's growth due to constraints on the supply side (Veras Soares et al., 2007). This is contrary to the results of the evaluation of the Colombian CCT *Familias en Acción*, whose contribution to an increase in the long term nutritional status of 0-24 month-old children (measured by the height-for-age score) has been substantial (Attanasio et al., 2005), though this is also due to the efficiency of complementary health services (Veras Soares et al., 2007).

<sup>16</sup> Nonetheless it is still difficult to understand to what extent these results are due to the cash component or to the food supplement. A recent work by Rosado et al. (2010), for instance, seems to show no impact on anaemia levels of children.

## 5. ANALYSIS

This paper has provided a review of the impact of social protection on children, taking into account a range of different programmes and channels of impact.

In reviewing the existing empirical evidence, this paper contributes to recent literature on child sensitive social protection and provides an overview of what kind of instrument has an impact on the different channels of child well-being and how this impact is achieved. More specific information is provided by short case studies of programmes whose characteristics seem to have maximized the impact on children.

The results of our review show that social assistance programmes that are focused on children have the greatest impact on the different dimensions of child well-being examined in this paper. Cash transfers can have a substantial impact in not only reducing the monetary poverty of children, though this depends to a great extent on both the size of the transfer and the mechanisms of intra-household distribution (Barrientos and DeJong, 2006), but also in compensating for the foregone income from child labour. Pure monetary transfers, which are often spent on food, health and education, also have a proven impact on child well-being in these specific dimensions. Besides complementing the household income through a monetary transfer, CCTs produce a stronger impact on children's human capital by means of the conditionalities, which are specifically established to improve access to education and health services. Participation in education is an explicit objective of school feeding programmes, though the impact also extends to nutritional status and, as a consequence, to health and cognitive capacities. Additionally, programmes that combine the objective of promoting access to services with interventions on the supply side also have a relevant impact, as in the case of education, by providing an incentive to attend school and contributing to create a better learning environment.

Outcomes arising from programmes not directly focused on children are mixed. Such interventions can result in positive spill-overs for children, such as in the case of pensions, since grandparents often live in extended households and the money they receive is invested in children, especially their education. On the other hand, they can generate unintended negative effects, as in the case of productivity-oriented programmes, including public works and microcredit, given that, as a consequence of the programme, children may be involved in work activities within the household, often substituting education.

Finally, we found that the impact of social insurance instruments is relevant as, in general, they allow families to reduce the costs of bringing up their children. At a more specific level, the evidence reported in short case studies throughout this paper has shown that a number of relevant factors concur in the realization of programme outcomes for children.

Programmes tend to work better when they are embedded in a context where the commitment to reduce child-specific vulnerabilities is high in the political agenda (European Report on Development, 2010). Child Support Grants in South Africa are a good example of this, since they show the efforts of the government to tackle the specific vulnerabilities affecting children by means of targeted social assistance programmes. The extension of the eligibility age in the case of the child grants during the financial crisis is further proof of the government commitment to protect children from poverty.

The design and implementation of the programme are significant elements too, especially in those focused on children. Indeed, some of the outcomes described in this review have depended largely on the way such interventions have been designed. For example, it is very important that an anti-poverty programme must provide the transfer necessary to emerge from poverty to the targeted population, such as in the case of Child Allowances in Ukraine, where the amount of money received is dependent on the number of children within the household. When the aim of the programme is to reduce child labour, the amount transferred to beneficiary families must be established to reduce the opportunity cost of sending children to work, as in the case of *Familias en Acción* in Colombia or PETI in Brazil. Nonetheless, this is sometimes not sufficient and additional measures become necessary. The case of PETI shows that the introduction of after-school sessions increased the time spent at school, thus reducing the time available for work. Considering other goals, the bundle of incentives provided by a programme could play a central role in its performance. The Zomba transfer in Malawi, for instance, was designed to provide incentives to households to send their young girls to school, reducing the risk of early pregnancy and of contracting HIV/AIDS.

In addition, programmes incorporating a range of objectives and those linked to other social services have a good chance of maximizing their impact on children. This is notably the case of *Chile Solidario*. Although it operates mainly on the demand side, through the provision of a monetary transfer and the implementation of psychosocial support, its success in improving household conditions has been favoured by the state's ability to supply adequate supporting services to its citizens. Moreover, the achievements in terms of educational and health outcomes could be related to the approach involving the intense collaboration between beneficiary households and the social worker, who emphasizes the importance of being enrolled in school and the health system for the physical and cognitive development of their children.

As regards implementation, most of the programmes considered in this review are directly targeted on children or on households with children, often with universal coverage within the group or by adopting different targeting approaches. While in the case of universality there are major concerns over the cost of the interventions, problems of inclusion/exclusion arise when the programme is targeted. For example, transfers to poor households with children are generally targeted according to level of income, but evidence shows that – despite their positive impact on poverty – transfers have been affected by large errors of inclusion/exclusion, as in the case of allowances in Eastern European countries, or by other inefficiencies linked to the high costs of targeting, evident in the South African child grants (European Report on Development, 2010).

Delivery is another important component of programme implementation. In the case of school feeding, for instance, we observed that combining the means of providing meals (on-site, take-home), as in the case of Cambodia, has achieved multiple objectives in terms of a household's decision to send their children to school and to keep their attendance rates high. On the other hand, programmes combining measures that foster access with supply side interventions that provide structures and services to poor children, has proven relevant in supporting their participation in school, such as BRAC in Bangladesh and BRIGHT in Burkina Faso, while the milk supply programme in Mexico contributes to improving nutrition standards.



## 6. IMPACT STUDIES AND POLICY DESIGN

Most of the evidence reported in this paper shows quite clearly that when estimating the impact/effects of policy interventions we seek an answer to questions such as “does the intervention have a measurable effect on a predetermined outcome?” and “what are the sign and the magnitude of that effect?” Estimation of the impact of a (social) policy instrument is necessary to understand whether the instrument studied is an effective way of improving the living conditions of the targeted population. As illustrated in this review, this is usually done by comparing beneficiary and non-beneficiary individuals in the same situation, controlling for other potential influences (*ceteris paribus*). While impact analyses using methodologies such as post-hoc evaluations, simulations, and qualitative studies are able to answer the above questions scientifically, it appears that randomised experiments/trials are probably the most efficient instrument to do so.

However, while it is interesting and necessary to provide answers to the above questions, this is not sufficient for the issues facing policy designers.

Policy instruments are seldom used in isolation and children are seldom exposed to a single social programme. That means that the effect of single policy interventions may very well be influenced by their combination with other instruments. Many impact studies cannot take all the elements for a given set of policy interventions into consideration; therefore critical interactions may remain unobserved. It may well be that an intervention has little effect and thus wastes money when applied in isolation; the same intervention may, however, be critically important when combined with others. Consequently, the aim is no longer to develop single efficient policy instruments, but to design interventions as a set. In this way, the question of policy design has therefore evolved from a technocratic (almost mechanical) perspective into the art of policy making.

Such considerations are highly relevant in the case of child-friendly policies, especially in view of the multidimensional perspective of child well-being clearly stated by the CRC. From the point of view of social policy design, the CRC can be interpreted as the desire to avoid the pre-determination of life-outcomes for children by the social context in which they are born or grow up. Although this is a worthy aim in designing policies that will achieve multi-dimensional objectives, optimal combinations should be employed. But the CRC can also be interpreted in a narrower, more incremental way as regards policy design, by formulating policy interventions that improve the child’s situation at certain points in life. Health/nutrition interventions around pregnancy and early childhood may considerably improve the survival chances of children (or decrease under-five mortality rates). This does not necessarily imply that the intervention will help close the gap between the conditions of poor children compared to others in the same society. This brings us to the second important factor in designing policy for children according to age. Childhood starts at birth (or at pregnancy) and ends at age 18 (or even later when full biological and developmental aspects are considered). The effects of policy interventions at any given point during childhood may fade or be reinforced at a later age as they depend critically on the alignment of other policy interventions or combinations of social policies after the early years. This alignment of policy interventions is what scholars refer to as the “transformative character of social (protection) policy”. It concentrates attention on the fact that single instruments seldom suffice to realise the broader intentions of the CRC.

This being said, impact studies as they are discussed in this paper are unavoidably almost always limited to narrower, more technocratic analyses and focus on the effects of single interventions judged over a limited time period. It is nonetheless important to note that such analyses and studies are necessary as they provide key information and important indications. Indeed, if it is almost impossible to replicate a social protection system implemented within a specific context, we can, however, extract useful lessons from individual experiences or instruments. This paper, collecting evidence on the most relevant effects of social protection instruments on children, has demonstrated how some relevant lessons do emerge more clearly from impact evaluation analyses.

Taking stock of such considerations, we believe that it is fundamental, in guiding future work on child-sensitive social protection to specify which *functions*, and in particular which features, of these *instruments* enhance their child-friendliness. The following definitions of functions and instruments are proposed:

i) Child-sensitive social protection provides income support in cash and guarantees access to basic services for free or below market prices (in kind) and has two main *functions*:

- to compensate for the effects of shortcomings affecting children at the level of the household or community/society, ensuring access to safety nets, an enabling environment and essential services in health, nutrition, education, early child development, safe water and sanitation;
- to mitigate the immediate and to compensate for the longer-term effects of shocks due to unemployment, illness and disability of the child or the caregivers, or due to the death of a caregiver, in order to avoid lasting damage such as stunting, dropping out of school, etc.

ii) Child-sensitive social protection *instruments* should:

- incentivise and/or support caregivers to invest in children's health and education regardless of their gender, age or rank-order in the household;
- incentivise and/or support caregivers to avoid choices and coping strategies that are harmful to children such as limiting food intake, limiting access to school and learning, limiting access to health care, limiting parenting or promoting child labour, begging, prostitution or other forms of abuse;
- incentivise and/or support caregivers to provide adequate protection from all forms of violence;
- substitute for the absence of caregivers in providing food (including safe water), shelter, health services, education, protection and other essential services for children.

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