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Child sensitive social protection

Building synergies for improved child outcomes

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Outline

- Why child sensitive social protection?
- How can we build synergies?

 Practical examples from practitioners (panel)

Why child sensitive social protection?

Children are disproportionately impacted by poverty:

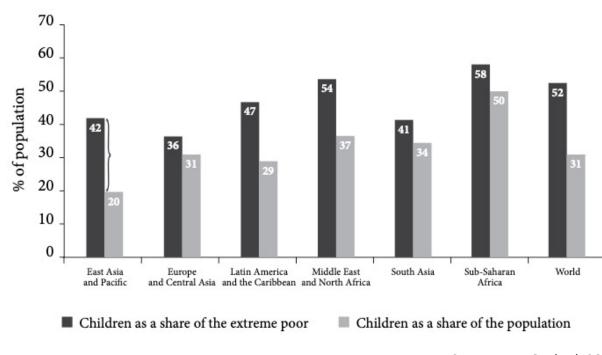
Over 800 million children are living on less than US\$3.20 a day, and over a billion are living in multidimensional poverty. At the height of the COVID-19 pandemic in 2021, the number increased by more than 142 million.

With 35 per cent of all children in extreme poverty living in South Asia and over-represented in poverty in East Asia and Pacific.

And yet, they are left highly unprotected:

Only 26.4 per cent of children aged 0–15 years are covered by social protection today, leaving the remaining 73.6 per cent unprotected and vulnerable to poverty, exclusion and multidimensional deprivations.

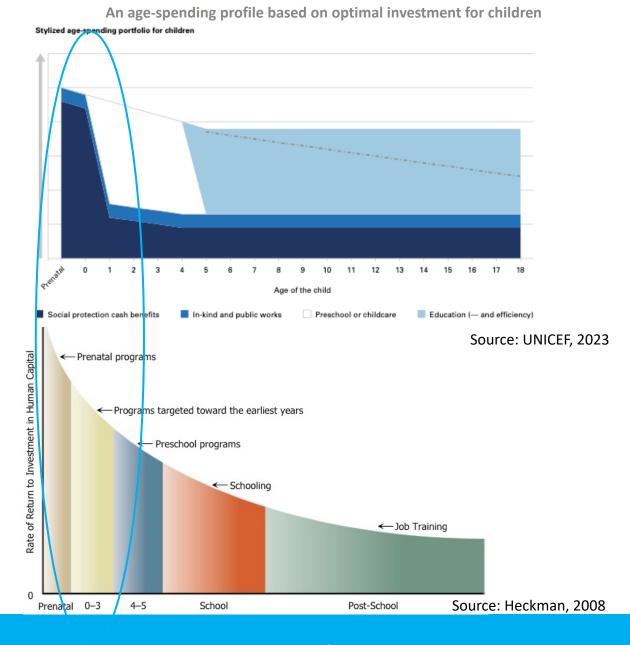
Children as a share of extreme poor compared with children as share of population, by region



Source: WB Outlook 2022

A unique window of opportunity not only for children, but societies

- The first 1 000 days of a child's life represents a critical window for health, nutritional and behavioural interventions.
- Rates of return on investments made during the prenatal and early childhood years average between 7 and 10 per cent greater than investments made at older ages.
- Investments in social protection are associated with higher rates of national labour productivity in Asia.





What child-sensitive social protection system should offer every child

- Lives in a household with sufficient financial resources to develop and fulfil their potential
- Has access to quality basic services and the knowledge needed for development, regardless of income or personal characteristics
- Has direct contact with a social or outreach worker when needed, who can help support the responses they need

How can we create the synergies needed to support the healthy development of a child?

Both within social protection systems and with external programmes

- What policies and programs are available within social protection systems and how can the synergies be maximized?
- What other systems are relevant to the objectives and how can synergies be created at all levels of policy/program/implementation/evidence?

What are the implications for the design and implementation of the assessment?

Assessing needs

Assessing services

National priorities

Assessing the needs of the existing group being considered?

- Children under 5? Pregnant and lactating women?
- Poor and non-poor?
- Specific geographic areas

Assessing access to services?

- Are services available? Gaps? For whom? Why?
- What available services at local level?
- Who are front line workers?
- What capacity?

Understanding national priorities

- Where can bringing together services and national programmes serve national priorities
- Where are we moving towards (social workers or influence supply)

What are the approaches used?

Integrated components

External components

- explicit provision of access to services
- facilitation of linkages to services includes:
 - referral to services with voluntary take-up,
 - Encouraging/facilitating access additional services or using soft condition may be better.

Examples:

- Additional benefits or in-kind transfers
- psychosocial support
- Information/ sensitisation/ social behaviour change (SBC)
- Access to insurance or micro-credit schemes to provide access to health or financial services
- reductions in medical insurance premiums
- waiving tuition fees
- lunch subsidies
- Access to health, nutrition, education WASH services

Implications for rolling out or implementation?



Adding an integrated component to the cash transfer

Who carries it out? What additional resources? Is it duplicating other existing services?



Linking to other services

What mechanism to support the linkages?

- National level (MOU, RBB, integrated MIS, etc)
- Local level (case management, individual action plans, integrated service centres/one stop shops, local social service plans, etc)

How is it done? Different approaches?

Identification of constraints and needs of a group (nutrition, poor, rural, etc) and/or.

Individualised needs assessment

MOU, legislation and/or Govt information systems

Digital solutions and/or Front line workers

A few lessons from int'l experience

National Policy framework

- Strong political commitment
- Embedded in an overarching strategy (with clear objective) Theory/clear pathways for change
- Formalize cross sectoral coordination and common understanding

Front line delivery

- Clear communication between National and local administration
- Defined roles and responsibilities (social workers/administrators)
- Available capacity at the decentralized level
- Capacity development
- Awareness, behavioral change (both supply and demand side)

Ensuring the sufficient and quality supply of services

- Resources available able to finance expansion or upscale of quality
- Adaptability/flexibility (to be pro-poor)

Monitoring and evidence