











### PROVEN SOLUTIONS TO ADDRESS CHILD

#### **#END**childpoverty

### **POVERTY**









MEASURING CHILD POVERTY

IMPROVING ACCESS TO QUALITY SOCIAL SERVICES

CHILD-SENSITIVE SOCIAL PROTECTION

**INCLUSIVE GROWTH** 

For more information see: Putting Children First: A Policy Agenda to End Child Poverty by the Global Coalition to End Child Poverty (2016).

Available at: www.endchildhoodpoverty.org/nes/



# PROVEN SOLUTIONS TO ADDRESS CHILD POVERTY

.. But what have we learned about where impacts are greatest, and why or why not?

How do we work to ensure the greatest benefits for children, and their families and communities?



CHILD-SENSITIVE SOCIAL PROTECTION

We know social protection works to address multidimensional child poverty.



# Summary of the impact evidence: social protection & child poverty

Quantity & Quality of evidence:	High	Mixed	Low or Limited
Type of Social Protection Programme/Service	Cash     Transfers     (including     pensions,     unconditional     and conditional     transfers)	<ul> <li>Public works</li> <li>School feeding</li> <li>Health &amp; education fee removal</li> <li>Health insurance, subsidies, exemptions</li> </ul>	Social     Welfare     Services
Region	<ul><li>Latin     America</li><li>Sub-Saharan     Africa</li></ul>	<ul><li>South Asia</li><li>Southeast Asia</li></ul>	<ul><li>Middle East</li><li>North Africa</li><li>Central Asia</li></ul>
Dimension of Child Poverty	Education	• Monetary	• Child

Health

Poverty

**Protection** 

# Summary of the evidence on social protection & child poverty

Dimension of Child Poverty	Available Evidence	Impact on outcomes
Monetary Poverty		
Health		
Nutrition		
Education		
Child Protection		
HIV		















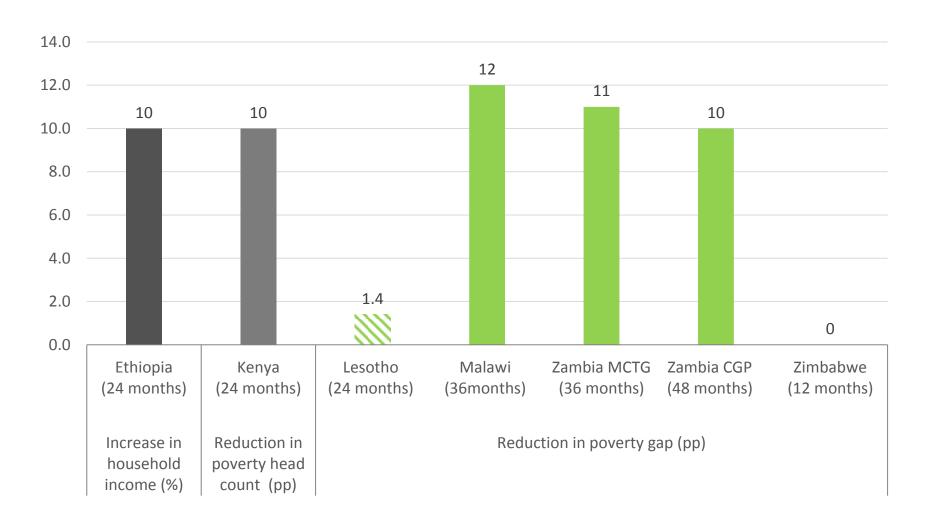
## Summary of the impact evidence: 7 African

Domain of impact	Evidence
Food security	
Alcohol & tobacco	
Subjective well-being	
Productive activity	
Secondary school enrollment	
Spending on school inputs (uniforms, shoes, clothes)	
Health, reduced morbidity	
Health, seeking care	
Spending on health	
Nutritional status	
Increased fertility	

**PROJECT** 

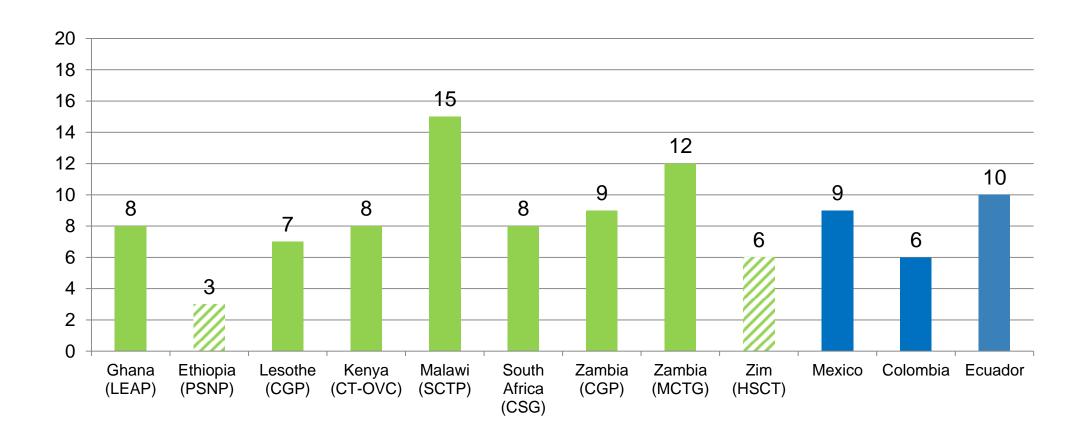


#### Reductions on poverty measures



Solid bars represent significant impact, shaded insignificant. Impacts are measured in percentage points, unless otherwise specified

#### School enrollment impacts (secondary age children):



# Where is evidence the weakest in terms of impact? Young child health and morbidity

Regular impacts on morbidity, but less consistency on care seeking

	Ghana	Kenya	Lesotho	Malawi	Zambia	Zimbabwe	
	<b>LEAP</b>	CT-OVC	CGP	SCTP	CGP	HSCT	
Proportion of children who suffered							
from an illness/Frequency of illnesses	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	
Preventive care	✓				✓	✓	
Curative care	✓		✓	✓	✓		
<b>Enrollment into the National Health</b>							
Insurance Scheme	$\checkmark$						
Vitamin A supplementation		✓					

Supply of services typically much lower than for education sector.

More consistent impacts on health expenditure (increases)

Green check marks represent positive protective impacts, black are insignificant and red is risk factor impact. Empty is indicator not collected

### Across-the-board impacts on food security

	Ethiopia SCTP	Ghana LEAP	Kenya CT- OVC	Lesotho CGP	Malaw i SCTP	Zambia MCTG	Zambia CGP	ZIM HSCT
Spending on food & quantities consu	ımed							
Per capita food expenditures	✓	✓	✓	✓	✓	✓	✓	$\checkmark$
Per capita expenditure, food items	✓	✓			✓	✓	✓	✓
Kilocalories per capita	$\checkmark$				$\checkmark$			
Frequency & diversity of food consur	mption							
Number of meals per day					✓	✓	✓	
Dietary diversity/Nutrient rich food	$\checkmark$		✓	✓		✓	<b>√</b>	✓
Food consumption behaviours								
Coping strategies adults/children	✓	✓		✓	✓			
Food insecurity access scale				naat blaak		✓	✓	✓

Green check marks represent significant impact, black are insignificant and empty is indicator not collected

# Where is evidence the weakest in terms of impact? No impacts on young child nutritional status (anthropometry)

- Evidence based on Kenya CT-OVC, South Africa CSG, Zambia CGP, Malawi SCTP, Zimbabwe HSCT
- •However, Zambia CGP 13pp increase in IYCF 6-24 months
- Some heterogeneous impacts
- •If mother has higher education (Zambia CGP and South Africa CSG) or if protected water source in home (Zambia CGP)
- Possible explanations...
- Determinants of nutrition complex, involve care, sanitation, water, disease environment and food
- Weak health infrastructure in deep rural areas
- •Few children 0-59 months in typical OVC or labor-constrained household

## Emerging evidence that effect of cash larger depend on supply side factors

- Example 1: Skilled attendance at birth improved in Zambia CGP, only among women with access to quality maternal health services
- Example 2: Anthropometry in Zambia CGP improved among households with access to safe water source
- Example 3: Impacts on schooling enrollment in Kenya CT-OVC are largest among households which face higher out of pocket costs (uniform/shoes requirement, greater distance to school) [program offsets supply side barrier]





#### PROVEN SOLUTIONS TO ADDRESS CHILD

Social protection works - need to increase coverage of children and families

Design & implementation matter!

Effective social protection systems, not just programmes

Real coordination across social sectors is critical to address multidimensional



CHILD-SENSITIVE SOCIAL PROTECTION

So what are the policy implications?



### Thank you



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www.cpc.unc.edu/projects/transfer