

Social Protection in East Asia and Pacific: From Evidence to Action for Children

Lessons from strengthening
social protection systems



Social Protection in East Asia and Pacific: From Evidence to Action for Children

**Lessons from strengthening social protection
systems in Asia and Pacific**

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Foreword

This thought-provoking book documents the results and impact of the Social Protection Support Initiative at the UNICEF East Asia and Pacific Regional Office. The initiative, which ran from 2018 until 2021, has been instrumental in advancing the development of evidence-based social protection policies in the region. It has also provided a valuable opportunity for researchers and policymakers to exchange ideas on evidence-based social protection policymaking and learn from international experiences on the regional challenges and the way forward.

The book is devised with the intention of strengthening the amount of available evidence in the East Asia and Pacific region, where there has traditionally been less evidence generated on social protection compared to other regions such as Latin America or Africa. The book offers an overview of the insights and understanding gained over these years and presents an in-depth account of social protection programmes in different countries. It explores the connection between research and policy development and is written by individuals who have been actively involved in social protection programmes in their respective countries, including UNICEF staff, researchers, and government officials. This approach ensures a comprehensive and accurate portrayal of the programme's history and research in each country.

This collection of articles is directed towards readers who are interested in understanding the impact of social protection policies on children's lives and well-being, and the significance of evidence in shaping those policies. Now more than ever, renewed support and transformative innovations are needed for the effective expansion of social protection in East Asia and Pacific. Strong and reliable evidence is essential for guiding action in areas such as strategy and policy development, system building, programme design and implementation, and coordination across multiple sectors and stakeholders.

I would like to extend my congratulations to each of the authors and all peer-reviewers for their dedication, hard work, and support of the organization's mandate. Their commitment and enthusiasm to identify evidence-based means of improving the lives of children fills me with pride for our region. It is time to be bold and generate new, creative ideas that will help children flourish and support economies in the countries they call home in the years to come. Let us unite in our efforts to recover, rebound, and reimagine a stronger and better future for every child.

Debora Comini
UNICEF Regional Director
for East Asia and Pacific

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List of acronyms

4Ps	Pantawid Pamilyang Pilipino Program
BARMM	Bangsamoro Autonomous Region in Muslim Mindanao
BLT-DD	BLT Dana Desa programme
CCT	Conditional Cash Transfer
CGE	Computable General Equilibrium
COVID-19	2019 Novel Coronavirus Disease
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CT-PwD	Cash Transfer for Persons with Disabilities
CT-PWYC	Cash Transfer for Pregnant Women and Young Children (under two)
DBT	Direct Benefit Transfer
DEP	Department of Empowerment of Persons with Disabilities
DG	Director-General of the DEP
DOE	Department of Education
DOH	Department of Health
DSW	Department of Social Welfare
ECCE	Early Childhood Care and Education
ECD	Early Childhood Development
FIES	Family Income and Expenditure Survey
FJ\$	Fiji Dollar
GDP	Gross Domestic Product
GEG	GirlsEmpoweringGirls programme
HIES	Household Income and Expenditure Survey
ICDS	Integrated Child Development Scheme
ICT	Information and Communication Technology
ID	Disability Identification card
ILO	International Labour Organization
IMF	International Monetary Fund
INR	Indian Rupee
ISIC	International Standard Industrial Classification
KCCA	Kampala Capital City Authority

LEWIE	Local Economy-Wide Impact Evaluations
LKR	Sri Lankan Rupee
M&E	Monitoring and Evaluation
MEF	Ministry of Economy and Finance
MIS	Management Information Systems
MKSY	Mukhya Mantri Kanya Suraksha Yojana
MKUY	Mukhya Mantri Kanya Utthan Yojana
MNT	Mongolian Tugrik
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MOLISA	Ministry of Labour, Invalids and Social Affairs
MoP	Ministry of Planning
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MPSARD	Master Plan for Social Assistance Reform and Development
MR	Malaysian Ringgit
MSDHS	Ministry of Social Development and Human Security
NCEPD	National Committee on Empowerment of Persons with Disabilities
NCR	National Capital Region
NESDC	National Economic and Social Development Council
NSAF	National Social Assistance Fund
NSPC	National Social Protection Council
NSPPF	National Social Protection Policy Framework
NTPs	National Target Programmes
NZD	New Zealand Dollar
ODA	Official Development Aid
PFM	Public Finance Management
PKH	Program Keluarga Harapan
PNG	Papua New Guinea
PPP	Purchasing Power Parity
PSM	Propensity Score Matching
qUCG	Quasi-universal Child Grant
RCH	Reproductive and Child Health
RCTs	Randomized Controlled Trials
RGC	Royal Government of Cambodia

SAP	Social Amelioration Program
SEADRIF	Southeast Asian Disaster Risk Insurance Facility
SDGs	Sustainable Development Goals
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SSA	Sub-Saharan Africa
BDT	Bangladeshi Taka
THB	Thai Baht
TMF	Trailblazers Mentoring Foundation
UCB	Universal Child Benefit
UCG	Universal Child Grant
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
USD	United States Dollar
UYDEL	Uganda Youth Development Link
VND	Vietnamese Dong
WEO	World Economic Outlook

1.

From Evidence to Action: Finding Evidence-based Means of Improving the Lives of Children in East Asia and Pacific

Andrea Rossi, Ruben Villanueva**

Since 2018, the Social Protection Support Initiative at the UNICEF East Asia and Pacific Regional Office has contributed to improving the quality, timeliness, consistency and continuity of evidence-based social protection policy-making. Originally designed for East Asia and the Pacific, the initiative was made available to other countries in Asia and then to other regions. It was devised with the intention of strengthening the amount of available evidence in the East Asia and Pacific region, where there has traditionally been less evidence generated on social protection compared to other regions such as Latin America or Africa (e.g., the Transfer Project). The collaboration has resulted in more than 70 research papers in 23 countries in six regions, making it a true knowledge hub.

Based on the wealth of knowledge gained during these years, UNICEF organized the Regional Conference on Social Protection Research and Policy in Asia and the Pacific in May 2021. During the conference, participants reflected on how the evidence generated has influenced public debate and policy-making in the field of child-focused social protection. By documenting the use and impact, researchers and social policy experts reflected together on the regional challenges and the way forward.

This book takes stock of both impacts and results for children generated by those analytical products under UNICEF's Initiative as well as related technical assistance. Further, the idea is to present the on-the-ground story of social protection programmes in each country and the role of research in informing policy. It aims at strengthening the evidence base on social protection in East Asia and Pacific, while including additional examples from South Asia and Africa.

* UNICEF Regional Office for East Asia and Pacific.

The approach taken is that those who have been involved in the process in each country have contributed to the writing of the chapters in this book. These include UNICEF personnel, researchers and key government officials involved in the policy dialogue resulting from the research. The contributions of these individuals allow for a more complete account of the history of the programme and the research in each country.

The book focuses on providing a narrative for each country case study on the specific objectives and design of the social protection programme, its impact, the relationship between research and social protection policy and programmes, and the lessons that can be learned from the policy dialogue and implementation. After summarizing the research process followed and the results, the curated chapters describe the practical implications of the government's uptake to influence and guide their social protection policies and programmes. Each one of them highlights the impact of these policies and programmes over children's lives and wellbeing. A final chapter includes a synthesis of the results, political economy, and policy implications from a regional perspective.

Following this introductory chapter, chapter 2 summarizes 12 years of evidence generated by the Transfer Project on the impacts of government-run cash transfer programmes across sub-Saharan Africa. Evidence shows that cash transfers that are mainly unconditional have wide-ranging positive impacts across domains such as food security and diet, schooling, material and subjective well-being, consumption and poverty reduction, assets and production, and multiplier effects on the local economy.

The work of the Transfer Project has also refuted many common myths such as those that claim that cash transfers are spent on alcohol or tobacco or contribute to increased fertility. Close collaboration with governments has led to remarkable use of the evidence, with the research influencing decisions to increase cash benefits, expand cash transfer programmes and increase government funding for such programmes. To maximise the effectiveness of cash transfers, a growing number of programmes in sub-Saharan Africa combine cash transfers with complementary interventions and linkages to services – an approach known as 'cash plus' or 'integrated social protection'.

As well as continuing to build evidence on the role of cash plus programmes, the future work of the Transfer Project will address knowledge gaps around the design and implementation of cash transfers in development and emergency settings, including the COVID-19 pandemic; sustainability of impacts; shock-responsiveness of cash transfers; financing sustainability; and returns of investing in cash transfers. Further research in these areas will strengthen the investment case for cash transfers in sub-Saharan Africa and ultimately help governments to establish integrated, effective, inclusive and domestically financed statutory social protection systems.

Chapter 3 introduces Viet Nam's ongoing reform of the country's social protection system. The robust evidence base generated and technical advice provided to the Government has promoted child-sensitive and shock-responsive social assistance. Overall, the social assistance system in Viet Nam is an important safeguard of children's rights and has seen major advances in the last decade. There remains room for improvement, however, in meeting the specific needs of vulnerable children. This cannot be achieved without cross-sectoral cooperation and adequate financial resources dedicated to social assistance and the social services workforce. Current challenges in the design, institutional capacity and implementation of social assistance limit its effectiveness.

Children are targeted using rigid and fragmented approaches, and the burdensome implementation process creates bottlenecks for both applicants and staff. Moving towards simpler, more inclusive targeting approaches (such as targeting by age and/or geographic location) could substantially reduce exclusion errors and achieve higher coverage of children in need of assistance. At the ground level, further investments in the social workforce could improve the take-up and effectiveness of social assistance and other social services for children.

Emergency social assistance faces similar challenges. Considering that Viet Nam is one of the most natural disaster-affected countries in the world, the Government should prioritize the creation of a more flexible targeting mechanism that captures vulnerable households that slip into poverty after an emergency situation. In addition, early warning systems could improve the resilience of the population and make emergency response planning more effective and efficient.

Chapter 4 presents the results from the research, policy dialogue and advocacy undertaken in Sri Lanka in 2020 to explore the feasibility and potential impact of including a universal child benefit as part of a national response to the socio-economic crisis caused by the global COVID-19 pandemic. The chapter examines specifically the potential impacts on the well-being of two options for a universal child benefit, as well as the macroeconomic effects of a universal lifecycle approach to social protection stimulus measures in Sri Lanka during the COVID-19 pandemic. The analysis is based on multiple sources, including available literature and administrative data, key informant interviews, and secondary analysis of Sri Lanka's 2016 Household Income and Expenditure Survey to produce microsimulations.

This evidence has resulted in gradual but significant policy developments in the country, including the expansion of the existing voucher programme for pregnant and lactating women in Sri Lanka to ensure support for all children from pregnancy until their second birthday. To continue building commitment for a universal child grant, this chapter argues that a shift in paradigm is required. By implementing permanent social protection reforms for a more inclusive system, families with children in Sri Lanka could access essential support, leading to more sustainable impacts resulting from efforts to reduce poverty and promote child development.

Chapter 5 elaborates further on from the argument in the previous chapter on Leaving No One Behind by focusing on Thailand's Disability Grant. The chapter addresses some of the key questions around the inclusiveness and adequacy of social protection measures in Thailand for people with disabilities, including children with disabilities. People with disabilities, including children, face significant social and economic vulnerabilities. The findings from Thailand are consistent with those of the Economic and Social Commission for Asia and the Pacific (ESCAP) midpoint review of the Asian and Pacific Decade of Persons with Disabilities, which states that "differences in poverty rates between persons with disabilities and the overall population range from 3.9 per cent to 20.6 per cent".

While the Disability Grant has played a critical role since 2010 in addressing vulnerabilities and the poverty faced by people with disabilities in Thailand, certain gaps in policy implementation needed to be addressed for the scheme to be more inclusive and adequate. National Disability Survey 2017 statistics show that despite the universal nature of the Disability Grant, only 44.4 per cent of people with disabilities applied for the disability ID card and just 43.8 per cent of people with disabilities received the grant, highlighting a significant gap in the Disability Grant's coverage. Against this backdrop, UNICEF and policymakers were compelled to further explore the reasons for the limited reach through this study. The findings have subsequently informed necessary adjustments to improve the uptake of the Disability Grant and more effectively meet the needs of children with disabilities in Thailand.

In chapter 6, the Mukhyamantri Kanya Utthan Yojana (MKUY), a new conditional cash transfer programme that consolidates six existing cash transfers and four new cash transfers in Bihar, India, provides an ideal setting to explore the question of the importance of integrated social protection systems in meeting children's interconnected needs across the lifecycle. Despite growing recognition of the importance of integrated social protection systems in meeting children's interconnected needs across the lifecycle, social protection programmes in many low- and middle-income countries remain fragmented and uncoordinated. This is partly because a range of bottlenecks can make coordination and integration difficult in practice as shown in broader social policy settings. Bottlenecks include (i) deeply entrenched institutional structures causing competition issues, (ii) divergent organizational priorities and culture undermining coordination, (iii) limited capacity hindering effective change management, and (iv) the transition to an integrated system being aggravated by legacy information systems.

Among social assistance programmes, particularly in the case of conditional cash transfers, there is little evidence to date of how these bottlenecks manifest themselves. The integrated conditional cash transfer MKUY aims to address vulnerabilities along the life course of a girl child in a coherent manner over 21 years of a girl's life. The 23 universal tranches aimed at improving girl child survival, school retention until graduation, and delaying age at marriage via a

cumulative benefit of USD700. MKUY was implemented by the Departments of Social Welfare, Health, and Education. UNICEF worked with the Government of Bihar through technical advisory on its design (i.e., on the scheme's process monitoring and scoping study on integrated Management Information Systems) and implementation research to guide optimal rollout.

Chapters 7 and 8 explore further options for integrated social protection systems. Chapter 7 discusses Cambodia's Family Package as a suite of integrated benefits that comprehensively addresses risks throughout the lifecycle for poor and vulnerable families and children. Chapter 8 explores the potential for management information system strengthening in China's national and local governments to create more child-supportive social assistance management information system.

In a series of strategic investments to strengthen the social protection system, the Government of Cambodia transitioned from having multiple fragmented social assistance programmes in 2015 to designing four consolidated lifecycle-based social assistance programmes. The Government recognizes, however, the potential efficiency gains (in terms of better awareness and coverage, streamlined operations and operational improvements) that would result from integrating these programmes.

The Family Package is the culmination of this vision to deliver social protection comprehensively, effectively and efficiently to all poor and vulnerable families and children, covering the needs of Cambodian citizens from conception until death. Under the leadership of the National Social Protection Council, and in close collaboration with key ministries such as the Ministry of Social Affairs, Veterans and Youth Rehabilitation and development partners, the Government of Cambodia undertook a series of assessments and engaged in wide stakeholder consultations to develop and refine the concept of the Family Package.

To fill gaps in data and evidence (particularly on capacity gaps and implementation challenges) and identify the best model for the package, the various assessments and evidence pieces were coupled with wide stakeholder consultations across all social sector ministries and from non-governmental organizations and development partners. The cost of the Family Package design led to the development of a five-year expansion plan for the package, encouraging the Government to think about a gradual scale-up and to plan for annual targets covering pregnant women, children, people with disabilities, elderly people and people living with HIV/AIDS. Consequently, the final Family Package represents a fundamental shift in thinking and a significant change in the way that social protection is implemented in Cambodia.

In China, management information technology is widely used in social welfare, but its full potential for children has not yet been realized. Currently, the use of management information systems is mainly limited to the management of a

particular system, while the data could potentially be repurposed and expanded to better identify, address and track children's multidimensional development.

Ideas for management information system strengthening tend to focus on issues to do with information and communication technology (such as hardware, software, information and communication technology systems analysis, data flows) which are, understandably, vital aspects of such strengthening efforts. To guide those efforts towards greater 'child supportiveness' however, stronger linkages are needed to core social protection issues such as the monitoring and tracking of multidimensional vulnerabilities, the linking of people facing multidimensional vulnerabilities to social services, the monitoring of service interventions and, ultimately, and the reduction of multidimensional vulnerabilities.

The analysis in this chapter is based on a desk review of the literature on China's management information systems for social assistance at national and local levels. It also draws on the practices of a few countries that employ management information technology for social assistance. Ensuring a child-supportive system relies on more than advanced technology; it also involves designing the management information system to better track and respond to the multidimensional vulnerabilities experienced by children and their families.

Chapter 9 provides a sample of the evidence and experience generated beyond Asia and Pacific. Drawing on the GirlsEmpoweringGirls programme in Uganda, this chapter explores how a social protection programme can contribute to the strengthening of the social protection system and, conversely, how a systems approach to social protection can influence the success of a social protection programme. Uganda's rapid urbanization and high population growth rates translate into ever-increasing proportions of children and youth living in urban areas. While young people in urban areas are considered better off than their rural counterparts (having greater access to services and more diverse income-generating opportunities) they are also more vulnerable to homelessness, exploitation and abuse.

Among urban-dwelling young people, adolescent girls and young women disproportionately bear the burden of poverty, lack of access to social services and a higher likelihood of exploitation, gender-based violence and exclusion. In 2019, Kampala Capital City Authority launched the GirlsEmpoweringGirls programme, the first urban social protection programme for adolescent girls in Kampala, Uganda. GirlsEmpoweringGirls targets in- and out-of-school adolescent girls in selected parishes and schools across the city. The programme combines peer-to-peer mentoring, referral to services and a cash transfer to empower, engage and enable adolescent girls to live up to their potential. At the same time, the scheme contributes to the strengthening of the social protection system in Kampala and in Uganda more widely. The referral component connects adolescent girls to available services and local volunteer networks and integrates non-governmental service providers into the government social protection

response. Both the mentor coordination platform and referral component are critical for strengthening the social protection system for adolescent girls in Kampala.

The notion of system-strengthening is particularly appealing among social protection practitioners. Strong, integrated systems can efficiently and effectively deliver social protection results that are better than what fragmented interventions can achieve on their own. At the same time, system strengthening enables social protection practitioners to comprehensively address the build-up of poverty and vulnerability from childhood, through adulthood and into old age. There are multiple pathways towards the strengthening of social protection systems, which is in part a reflection of the interrelated and interdependent nature of the components within a system and the multitude of leverage points for systemic change. The experience from Uganda is therefore highly relevant to the Asia-Pacific context, where urbanization and system integration are two of the most pressing issues.

Chapter 10 offers an overview of the social protection responses during COVID-19 in East Asia and Pacific. The COVID-19 pandemic triggered an extraordinary social protection response to support households withstand its socioeconomic effects. Despite its relative success, the social and economic reverberations of the pandemic have been severe. Countries in the region have taken different approaches towards adapting or scaling up existing systems and programmes to meet the sudden and expanded needs of larger numbers of households in the context of the pandemic. Countries have developed new schemes, building on varied levels of existing programmatic infrastructure for social protection. All cases are in turn determined by the different stages of social protection system maturity and capacity for closing prior coverage gaps.

The chapter draws on a systematic review of social protection responses to the COVID-19 pandemic in East Asia and Pacific from January 2020 to August 2021. It also takes stock of the evidence-based policy influence and advocacy undertaken by UNICEF to reimagining social protection systems in the region post-COVID-19. The systematic approach reviewed social protection responses in East-Asian and Pacific countries through the lens of a conceptual framework that conceives pandemic-related and shock-responsive social protection interventions in terms of their adequacy, design, appropriateness, financing, and timeliness. The objective of the review was to assess the programmes and to identify lessons, best practices, and opportunities for expanding investments in comprehensive, child-sensitive and shock-responsive social protection in the region. This regional overview serves thus as a preamble to the Philippines case presented in the following chapter.

Chapter 11 goes on to synthesize findings from three studies carried out during COVID-19 in the Philippines. Beyond the severe impacts of the health crisis, the COVID-19 pandemic rapidly morphed into an unprecedented socio-economic

crisis, with severe effects on the well-being of households and particularly children. To better understand the socio-economic effects of COVID-19, between 2020 and 2021 UNICEF Philippines and the Department of Social Welfare and Development conducted three complementary studies that examined the effects of COVID-19 on poverty and child poverty, the efficacy of the Social Amelioration Program, and the Emergency Social Protection programme – introduced by the Government of the Philippines in response to the crisis.

The assessment of socio-economic impacts of COVID-19 in National Capital Region found that the coronavirus had had far greater effects on poor households than had initially been anticipated. As the pandemic and related containment measures persisted for far longer than expected, the negative impacts of COVID-19 escalated further. These findings align with those of the ex ante microsimulation, which found that in the worst case scenario, COVID-19 increased the national poverty headcount from 18 million to 37 million people. Child poverty is especially likely to have increased substantially, with the number of children living in poverty almost doubling from 9.7 million to 18.5 million children (nearly 45 per cent of all Philippine children). The introduction of the Government's social protection response, through the Social Amelioration Program, is estimated to have prevented 2 million children from falling into poverty nationwide.

These findings from the microsimulation were corroborated with findings from the primary qualitative data collection. Policymakers and implementers of the scheme perceive the programme as the most important social protection measure implemented in the Philippines to alleviate household vulnerabilities resulting from the COVID-19 pandemic. Still, the Social Amelioration Program could not completely offset the income shock, and the microsimulation suggests that poverty is set to increase compared with pre-COVID-19 levels. Furthermore, existing disparities are likely to worsen, with child poverty increasing further and the gap between the country's poorest regions and poverty's national average growing wider. As such, further policy options should be considered to alleviate long-term consequences of the COVID-19 pandemic.

The closing chapter discusses the policy issues and options for moving towards social protection for all children in East Asia and Pacific. It draws on the main challenges currently faced by children not only in EAP, but also across the whole region, including the COVID-induced rise in child poverty and inequality as well as higher vulnerability to natural disasters across the board. Furthermore, the nonmonetary dimensions of the pandemic and its impacts may ultimately prove to be more costly than the monetary dimensions. Despite these pressing needs, the effectiveness of existing social protection systems in addressing these challenges facing children and their families is questionable. Less than half of the population in Asia and Pacific is protected by at least one social protection scheme, and even larger coverage gaps remain in the areas of child and family benefits and disability benefits.

The global crisis unleashed by the COVID-19 pandemic has made clear the fundamental role that strong, universal, integrated and accessible social protection systems can play in protecting children and their caregivers from the negative effects of all sorts of crises. Cash transfers alone are not enough; we need comprehensive, accessible and affordable social services. Bringing childhood back on track is both an obligation to fulfil children's rights, and also an essential condition to allow countries to recover. Without a daring vision of the future of social protection for children in the region we not only risk losing the hard-won developmental gains in recent years, but we also risk losing the capacity of countries to grow in the future. Without the right investments, the shadow of COVID-19 may hang over countries for a generation or more to come.

2.

Cash Transfers: Past, Present and Future. Evidence and Lessons from the Transfer Project

Nyasha Tirivayi, Jennifer Waidler*, Frank Otchere**

2.1. INTRODUCTION

As governments seek to achieve the Sustainable Development Goals (SDGs), including SDG 1 on eliminating poverty, the role of social protection has continued to gain prominence. A particular priority for governments is SDG Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and vulnerable. Cash transfers remain an integral instrument for social protection and will continue to increase in scope and coverage across sub-Saharan Africa (SSA). Cash-based programming is being used extensively to address the vulnerabilities of families and children and to protect them from various risks and shocks. These include climate shocks, conflicts, humanitarian crises, and the health and economic impacts of the COVID-19 pandemic (Gentilini et al., 2021).

Since 2009, the Transfer Project has generated rigorous evidence on the impacts of cash transfers in SSA and has supported the expansion of cash transfer programmes. The Transfer Project is a collaborative network comprising UNICEF (Office of Research – Innocenti, and regional and country offices), the Food and Agriculture Organization of the United Nations, the University of North Carolina (UNC) at Chapel Hill, national governments and researchers. It aims to provide evidence on the effectiveness of cash transfer programmes, inform the development and design of cash transfer policy and programmes, and promote learning across SSA on the design and implementation of research and evaluations on cash transfers.

* UNICEF Office of Research – Innocenti.

The Transfer Project engages with governments, national researchers and stakeholders to co-create evidence on cash transfers. This also makes it more likely that policymakers will use the evidence to strengthen programme design and implementation and, together with other actors (e.g., civil society organizations or parliamentarians), advocate for increased domestic financing of these programmes. Key components of the Transfer Project's approach are the creation of platforms for learning exchange, capacity building in impact evaluation, cross-country analysis and evidence synthesis, as well as the dissemination of findings through national and international workshops, traditional and social media and peer-reviewed publications.¹

At the inception of the Transfer Project in 2009, the number of cash transfer programmes in SSA was increasing and the geographical coverage of existing programmes was expanding. Interest in programme design, implementation and evidence was also growing, but very few rigorous impact evaluations from SSA were available. Most of the available evidence was from Latin America, where cash transfer programmes were, at that time, usually conditional – a fundamentally different approach to the unconditional programmes typically seen in SSA. Myths about the appropriateness and utility (or lack thereof) of cash transfers were also prevalent.

Over the years, the Transfer Project has completed longitudinal, mixed methods impact evaluations of government-implemented unconditional cash transfer programmes in 10 SSA countries.² The Transfer Project's unique approach involves using mixed methods designs to generate context-specific, robust evidence that addresses the concerns identified by governments and other stakeholders. This has contributed to the increased awareness in recent years of the impacts of cash transfers in SSA. In addition, the evidence has addressed critical myths and helped to boost the profile and standing of the social protection sector and has been integral to increasing the domestic financing of government-run cash transfer programmes.

Building on previous summaries (Davis et al., 2016), this chapter summarizes the contemporary evidence and lessons to come out of the Transfer Project following more than a decade of research, and also introduces new frontiers of research.

¹ The Transfer Project has “three key pillars: 1) regional learning, information exchange, and network/community of practice; 2) technical assistance on design and implementation of IE and identification of research areas; and 3) synthesis of regional lessons on programme design” (Davis et al., 2016, p. 23).

² Evaluations completed in Ethiopia, Ghana, Kenya, Lesotho, Madagascar, Malawi, South Africa, the United Republic of Tanzania, Zambia and Zimbabwe. Work is currently ongoing in two new countries (Burkina Faso and Mozambique) as well as in three countries with previously completed evaluations (Ethiopia, Ghana and the United Republic of Tanzania).

2.2. METHODS FOR GENERATING EVIDENCE ON THE IMPACTS OF CASH TRANSFERS

The choice of impact evaluation designs in Transfer Project studies is not only driven by methodological preferences but also by other factors such as ethics, political economy, and operational considerations. While randomized controlled trials (RCTs) remain the most rigorous design for internal validity, not all practical situations lend themselves to RCTs, and indeed not all questions can be answered with RCTs. The Transfer Project's approach has therefore been to deploy the most rigorous and contextually appropriate design in each case. Table 2.1 provides a summary of all programmes evaluated by the Transfer Project to date and the impact evaluation design used for each.

The minimum requirement for all Transfer Project evaluations is a baseline and a credible counterfactual (Transfer Project, 2019). Of the 15 completed evaluations, more than half (8) were RCTs, in which comparable eligible groups were randomized into treatment and control groups. This approach is usually possible, given that available financial resources are usually inadequate for coverage of all eligible groups from the start of programme implementation. In some contexts (e.g., Malawi), the areas that served as the control for the impact evaluation were eventually enrolled in the cash transfer programme when additional resources became available. One evaluation – the Livelihood Empowerment against Poverty 1000 impact evaluation in Ghana – used a regression discontinuity design, where the comparison group consisted of households that narrowly missed the eligibility criteria for the cash transfer programme. This was the most rigorous design option given that all households that fell below a chosen threshold on a proxy means score received the cash transfer and randomization was therefore not possible.

Five of the studies used propensity score matching, while another used a case-control design. In these studies, the selection of the programme beneficiaries was not based on random assignment, and the counterfactual had to be constructed from a comparable group that had not been targeted (whether for geographical or other reasons).

All of the studies had a baseline and at least one follow-up data collection, strengthening the validity of the evaluations. Having at least two rounds of data collection also allowed for the use of the difference-in-differences methodology in the estimation of impacts and to reasonably control for the effect of other, concurrent interventions or policies affecting both the treatment and comparison groups.

Table 2.1 Summary of evaluated programmes and the impact evaluation designs used

Country	Programme	Impact evaluation design	Years*
Ethiopia	Tigray Social Cash Transfer Programme Pilot	PSM	2012–2014
Ethiopia	Improved Nutrition through Integrated Basic Social Services with Social Cash Transfer	PSM	2015–2018
Ghana	Livelihood Empowerment against Poverty	PSM	2010–2012
Ghana	Livelihood Empowerment against Poverty 1000	RDD	2015–2017
Kenya	Cash Transfers for Orphans and Vulnerable Children	RCT	2007–2011
Lesotho	Child Grants Programme	RCT	2011–2013
Lesotho	Child Grants Programme plus Sustainable Poverty Reduction through Income, Nutrition and Access to Government Services	PSM	2017–2018
Madagascar	Let Us Learn Cash Transfer Supplement Programme	RCT	2016–2020
Malawi	Social Cash Transfer Programme	RCT	2013–2015
South Africa	Child Support Grant	PSM	2010–2011
United Republic of Tanzania	Productive Social Safety Net	RCT	2015–2017
United Republic of Tanzania	Productive Social Safety Net Plus for Adolescents	RCT	2017–2019
Zambia	Child Grant Programme	RCT	2010–2014
Zambia	Multiple Categorical Targeting Grant	RCT	2011–2014
Zimbabwe	Harmonized Social Cash Transfer Programme	District-matched case-control	2013–2017

Note: PSM: propensity score matching; RDD: regression discontinuity design; RCT: randomized controlled trial. *Years refer to the time frame of the basic impact evaluation. Additional rounds of data were collected in some countries, including the United Republic of Tanzania, where a fourth round of data collection was done in 2021.

2.3. WIDE-RANGING POSITIVE IMPACTS OF CASH TRANSFER PROGRAMMES

The impact evaluations profiled above report wide-ranging positive impacts on cash transfer beneficiaries across various domains. These include positive impacts on various dimensions of food security such as food expenditures, number of meals per day, consumption of nutrient-rich foods, dietary diversity and self-reported food security (Hjelm, 2016; Brugh et al., 2018). Cash transfers also increase household consumption, with corresponding reductions in poverty headcount ratios (e.g., Kenya and Zambia) and poverty gaps (e.g., Malawi and Zambia) (Peterman, 2018; American Institutes for Research, 2014).

The studies also generally show that cash transfers improve the material well-being of children and youth, as measured by ownership of clothing, shoes and blankets (UNC, 2016a; UNC, 2016b). In addition, the studies almost universally show positive impacts on secondary school-age enrolment (Handa et al., 2018a; Peterman, 2018). Finally, there are notable increases in subjective well-being measures, such as life satisfaction and hopefulness in Malawi, and self-reported happiness in Zambia, alongside qualitative findings indicating improvements in self-acceptance, sense of dignity, autonomy and purpose in life in Ghana, Kenya, Lesotho and Zimbabwe (Attah et al., 2016).

Cross-country evidence on resilience, agricultural asset ownership and livelihoods in seven countries (Ethiopia, Ghana, Kenya, Lesotho, Malawi, Zambia and Zimbabwe) shows positive impacts of cash transfers, albeit with variation across countries. Positive impacts include more informal transfers and participation in community-based risk sharing networks, increased ownership of livestock assets, improved engagement in non-farm activities, increased purchase/use of fertilizer and seeds, and less casual wage labour, with no evidence of reductions in overall labour supply (Daidone et al., 2019).

Cash transfers improve household resilience, making beneficiary households more likely to adopt positive coping strategies when they experience negative shocks (including weather shocks) (Asfaw et al., 2018; Otchere and Handa, 2022). Households also invest in productive activities, which allow them to generate their own income, as cash relaxes liquidity constraints and addresses market imperfections (e.g., limited labour market opportunities) in rural areas. At the community level, local economy-wide impact evaluations show that cash transfers positively affect non-beneficiaries through multiplier effects in the local economy (Taylor and Filipinski, 2014). These findings are confirmed by qualitative research, in which participants (especially women) also revealed that cash transfers improve their capability to make livelihood and labour allocation decisions owing to enhanced dignity, self-respect and well-being (Fisher et al., 2017).

The monetized value of impacts often exceeds the total value of transfers (Handa et al., 2021; Handa et al., 2018a), indicating that households generally multiply the value of the transfers through their increased engagement in economic activities. The wide-ranging positive impacts are driven by relaxed liquidity constraints and accompanying multiplier effects. Given that some of the cash transfer programmes explicitly target vulnerable and disadvantaged groups (such as orphans and vulnerable children in Kenya, pregnant and lactating women and widows in Ghana, or people with disabilities in Ethiopia), these outcomes essentially represent improvements in the well-being of these groups.

Evidence generated by the Transfer Project has also disproved various common misconceptions or myths about cash transfers (Handa et al., 2018b). There is no evidence that cash transfers:

- increase consumption of (expenditures on) alcohol and tobacco
- are only consumed and not invested
- incentivize dependency and reduce work effort
- increase fertility
- distort prices and induce inflation in local economies
- are fiscally unsustainable.

2.4. MIXED AND UNINTENDED IMPACTS

Despite the wide-ranging positive impacts of cash transfers, they are not a magic solution. Transfer Project studies find inconsistent or null impacts in some outcome areas. For example, cash transfers were found to reduce child illness in some but not all countries. In Ghana and Malawi, they increase health care-seeking during illness, but they have no impact on preventive and curative care-seeking in Kenya. Among adults, cash transfers have no impacts on morbidity or health care-seeking in Ghana, Zambia and Zimbabwe, but they reduce morbidity and increase health care-seeking in Malawi (Davis and Handa, 2019; Owsus-Addo, Renzaho and Smith, 2018; UNC, 2016a; UNC, 2016b; Angeles et al., 2018; American Institutes for Research, 2014).

Improvements in adolescent and young people's mental health are observed in some countries (e.g., Kenya and Malawi) but not in others (e.g., Zambia) (Angeles et al., 2019; Kilburn et al., 2016; PSSN Evaluation Team, 2018). In the United Republic of Tanzania, mental health was found to have improved among boys but worsened among girls (Prencipe et al., forthcoming). Cash transfers were found to reduce risky sexual behaviours among adolescents and youth in Kenya, South Africa and Zimbabwe;³ these impacts were not, however, observed

³ Cash transfers were found to reduce early pregnancy in Kenya; delay sexual debut in Kenya, Malawi, South Africa (females only) and Zimbabwe; and decrease the experience of forced sex in Malawi.

in the United Republic of Tanzania and Zambia (UNC, 2016b; Davis and Handa, 2019). To date, most Transfer Project studies have found no impacts on child/early marriage, with the exception of one study from Ethiopia which found that the Productive Social Safety Net programme delays outmigration of adolescent girls for marriage (Handa et al., 2015; Dake et al., 2018).

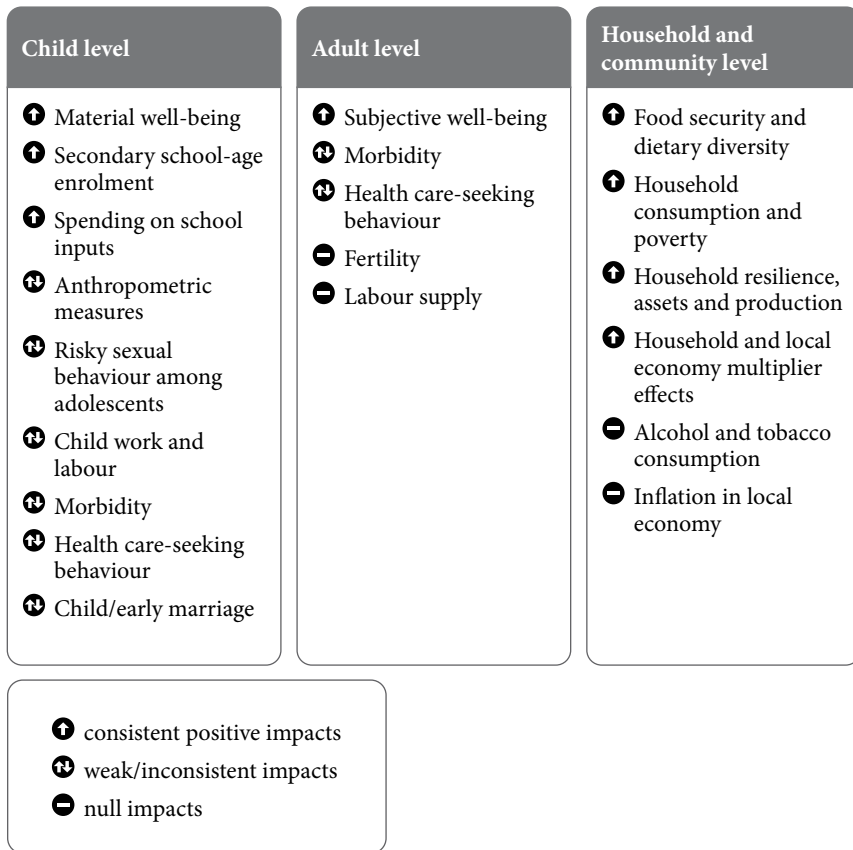
Overall, these inconsistencies may be determined by variation in drivers or social norms underpinning behaviours, operational constraints related to programme design and delivery, or limitations in pre-programme access to social and health services in study settings. To affect these outcomes consistently, cash transfers may need to be integrated with other services, or beneficiaries may need a longer period of exposure to the respective programmes.

Despite improving food security and diet, cash transfers show inconsistent impacts on child nutritional status, particularly on anthropometric measures of chronic malnutrition (stunting) (Handa et al., 2021; de Groot et al., 2017). Transfer Project studies suggest that cash transfers alone do not effectively alleviate chronic malnutrition. Instead, they recommend 'cash plus' programming (Chakrabarti et al., 2020), which creates system linkages (e.g., with food or health systems) to address the complex underlying determinants of malnutrition (i.e., food security, care for mothers and children, and a healthy environment) (de Groot et al., 2017).

Regarding the participation of children in any type of work, studies found no impact of cash transfers in Ghana, the United Republic of Tanzania and Zambia (Child Grant Programme), reduced participation in Kenya and Lesotho, and increased participation in Malawi and Zambia (Multiple Categorical Targeting Grant). In the latter cases, cash transfers were found to increase household micro-entrepreneurial activity, in turn increasing children's participation in family farm work, including some of its detrimental forms (exposure to hazards in Malawi and long working hours in Zambia) (Angeles et al., 2018; Covarrubias, Davis and Winters, 2012; de Hoop et al., 2020a; de Hoop et al., 2020b; Handa et al., 2016; Sebastian et al., 2019). In Ethiopia, child labour declined in rural areas but increased in urban areas due to girls spending more time completing household chores to compensate for adults' lower participation in chores and higher engagement in economic activities (Prifti et al., 2021).

Overall, the mixed picture on child labour justifies the need for close monitoring of cash transfer impacts on how children spend their time (economic activities and household chores, including in their hazardous forms), with data disaggregated by gender and location (i.e., rural versus urban setting). To address child labour, a holistic policy approach is recommended. Such an approach would combine cash transfers with complementary services such as child protection services, including tailored context-specific support, and awareness-raising on child labour risks and the importance of schooling. Figure 2.1 provides a summary of impacts of cash transfers in SSA from the perspective of the Transfer Project.

Figure 2.1 Summary of impacts of cash transfer programmes in sub-Saharan Africa, based on Transfer Project evaluations



Source: Authors' compilation based on Transfer Project studies.

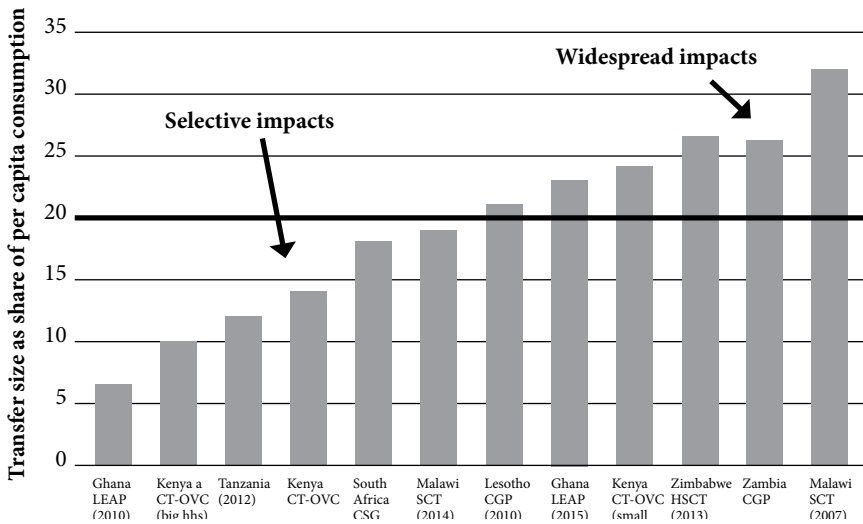
2.5. ROLE OF PROGRAMME DESIGN AND IMPLEMENTATION

The Transfer Project studies have also examined certain aspects of programme design and implementation that are critical to determining the scope of impacts, such as the adequacy of the transfer (transfer size), targeting and predictability. Studies show that cash transfers with a value equivalent to at least 20 per cent of a household's baseline consumption lead to more widespread impacts in comparison to cash transfers of a lower value (Davis and Handa, 2015).

Figure 2.2 summarizes transfer sizes from various programmes, revealing that the transfer size in about half of the programmes does not reach this critical threshold. It is also important to regularly adjust the size of transfers, so that

their real value does not diminish over time. For example, during the two-year evaluation of the Livelihood Empowerment against Poverty programme in Ghana, the real value of the cash benefit fell because of inflation, highlighting the need to ensure that cash transfer amounts are updated regularly. This loss in value, combined with the fact that the transfer size was initially modest anyway, resulted in smaller-than-expected impacts (LEAP Evaluation Team, 2017).

Figure 2.2 Transfer size as share of a household’s baseline consumption, and observed impacts



Source: Based on Davis and Handa (2015). Note: LEAP: Livelihood Empowerment against Poverty; CT-OVC: Cash Transfers for Orphans and Vulnerable Children; CSG: Child Support Grant; CGP: Child Grants Programme; HSCT: Harmonized Social Cash Transfer; MCP: Multiple Categorical Targeting Grant; SCT: Social Cash Transfer Programme; hhs: households.

Irregular transfers are also likely to result in fewer and smaller impacts than predictable and timely transfers. In the United Republic of Tanzania, findings from the third wave of data collection for the Productive Social Safety Net Plus for adolescents evaluation indicate that the programme’s positive impacts may have been weakened because of cash transfer payment delays, resulting in the unanticipated loss of predictable income for households. Indeed, beneficiary households coped with the irregular payments by delaying consumption and investments, including in education. Furthermore, productive impacts were also found to vary according to the different targeting criteria used, resulting in beneficiaries having diverse demographic characteristics, with limited impacts observed in labour-constrained households in comparison to households with labour availability (Tiwari et al., 2016).

2.6. MAXIMIZING EFFECTIVENESS THROUGH CASH PLUS PROGRAMMES

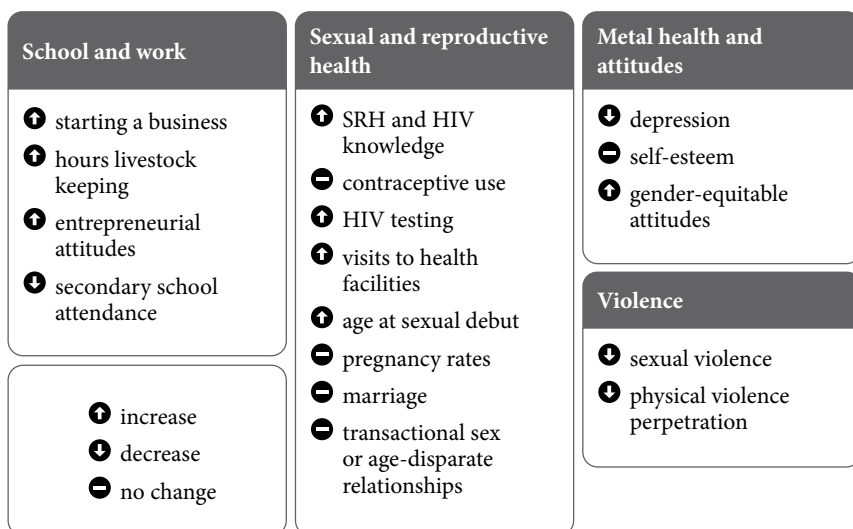
To maximize their effectiveness in addressing long-term well-being, a growing number of programmes across SSA are combining cash transfers with complementary interventions and links to services. These so-called ‘cash plus’ programmes help to build linkages between social protection and other systems.

There are three interesting examples of cash plus evaluations from the Transfer Project. The first example comes from the United Republic of Tanzania and combines household-level cash transfers with adolescent-targeted livelihoods and life skills training, mentoring and a productive grant, alongside linkages to existing health and other services. The evidence shows that the plus component improved adolescent reproductive health knowledge, mental health, gender equitable attitudes and HIV testing (Tanzania Adolescent Cash Plus Evaluation Team, 2020).

The plus component was also found to delay girls’ age of sexual debut and decrease experiences of sexual violence, while increasing participation in economic activities. No protective effects on transactional sex, contraceptive use, pregnancy rate or child/early marriage were found, however. Gendered impacts were noteworthy, with increases in use of health services and in gender equitable attitudes observed among males, and effects on business ownership and economic activities stronger for females.

Recent evidence also shows a slight increase in school dropout among girls, which is likely driven by the anticipation of business grants (a complementary component) and the lack of job opportunities for educated youth (Tanzania Adolescent Cash Plus Evaluation Team, 2020). This impact suggests that complementary components should be carefully designed to minimize unintended consequences (e.g., by establishing stronger linkages to education and opportunities for vocational training and apprenticeships). Figure 2.3 summarizes the findings from the Tanzania Productive Social Safety Net Plus for adolescents Evaluation.

Figure 2.3 Main findings from a cash plus intervention targeting adolescents in the United Republic of Tanzania



Note: SRH stands for sexual and reproductive health; hours livestock keeping means total hours spent on livestock keeping.

Source: Authors' elaboration based on: Tanzania Adolescent Cash Plus Evaluation Team (2020). *A cash plus model for safe transitions to a healthy and productive adulthood: Round 3 report*. UNICEF Office of Research – Innocenti.

The second interesting cash plus example is a component of the Livelihood Empowerment against Poverty programme in Ghana, which combines cash transfers with a fee waiver for enrolment in the National Health Insurance Scheme for extremely poor households with a pregnant woman or a child under 12 months of age. The programme was found to lead to increased enrolment in the National Health Insurance Scheme, although coverage gaps remained owing to information gaps and operational challenges (Palermo et al., 2019). The programme was also found to decrease intimate partner violence, chiefly in monogamous households, through three pathways: improved economic security and emotional well-being, reduced intra-household conflict, and women's empowerment (Peterman, Valli and Palermo, 2022).

The third example is from Lesotho, where an unconditional cash transfer programme (Child Grants Programme) was combined with an agricultural intervention that provided vegetable seeds and training on home gardening and food preservation. The pilot programme generated positive impacts on productive agricultural activities (Daidone et al., 2017). In response to these findings, a subsequent livelihoods programme was designed, providing complementary

support through access to community-based savings and lending groups, financial training, nutrition training and training on market access, among other things (Pace et al., 2021). Although the programme had no impact on poverty rates, it generated positive impacts on consumption, dietary diversity, vegetable and fruit revenues, financial inclusion and gardening activities. Moreover, it was found to help reduce child undernutrition (wasting).

The UNICEF Office of Research – Innocenti has evaluated several cash plus programmes. These include a cash plus programme in Ethiopia that aims to facilitate linkages between Productive Social Safety Net beneficiaries and other social services, including enrolment in community-based health insurance (UNICEF Office of Research – Innocenti, 2020); a cash transfer plus water, sanitation and hygiene, and nutrition programme in Burkina Faso; and a cash transfer plus case management programme for child protection and violence prevention in Mozambique.

2.7. EVIDENCE UPTAKE AND IMPACT

A key purpose of Transfer Project evaluations is to give governments the evidence they need to inform decisions regarding policies and programmes. Close engagement with governments, policymakers, national researchers and civil society organizations has led to notable uses of the evidence generated by Transfer Project studies, with the research informing and influencing decisions to increase cash benefit values, scale up cash transfer programmes and enhance the domestic financing of government-run cash transfer programmes. Table 2.2 shows examples of research uptake and impact by country.

For instance, the Government of Kenya increased the transfer size and moved away from flat-rate benefits; Lesotho scaled up its programme after the pilot programme generated large impacts; and in Zambia, domestic financing of cash transfers increased from USD4 million to USD35 million per year. In Malawi, having learned the importance of predictability from other programmes, efforts were made to end missed payments, while funding and coverage were both increased (Transfer Project, 2019; Jha Kingra and Leach, 2019).

Table 2.2 Uptake and impact of Transfer Project research findings, by country

Country	Uptake and impact of evidence
Ghana	The government tripled cash transfer size after evidence highlighted low impacts in other countries with comparable transfer levels. The transfer size was increased further after impact evaluation.
Kenya	Transfer size was increased, changing from fixed to inflation-indexed payments.
Lesotho	The programme evolved from a donor-driven pilot to a large-scale national programme with strong government ownership in a short space of time. Facilitating factors included timely evidence generation at key stages of implementation.
Malawi	Following lessons learned by Ghana and Zambia on the importance of predictable transfers, payments in Malawi were made regularly. Evidence generation also contributed to increased domestic and international funding and programme coverage.
United Republic of Tanzania	Retention of the cash component in Phase 2 of the flagship social protection programme (Productive Social Safety Net).
Zambia	Domestic financing increased from USD4 million to USD35 million per year, and the duration of eligibility for the Child Grant Programme was extended.
Zimbabwe	Beneficiary selection criteria were changed after comparison with more mature programmes in the region.

Source: Davis et al. (2016).

2.8. FUTURE RESEARCH PRIORITIES: ADDRESSING KNOWLEDGE GAPS

In its next phase of research, the Transfer Project seeks to address knowledge gaps and deepen the evidence in emerging and established areas, as follows:

- **Expansion of evidence on the impacts of cash plus programmes:** More research is needed to deepen the understanding of the impacts of cash plus programmes and the implications for cross-sectoral integration and system building.
- **Role of design, implementation features and contextual factors:** Past research has identified the moderating role of cash benefit levels, targeting and payment delays. Evidence remains limited, however, on the role or influence of other design elements of the cash transfer programme cycle, such as targeting, benefit shock-responsiveness, and aspects of implementation including

payment mechanisms, administration and governance mechanisms, and implementation in urban settings. Future research will also seek to deepen the understanding of the role of contextual factors in mediating/moderating cash transfer impacts in both rural and urban settings. Contextual factors that will be explored include quality of social services, access to land, commodified markets, gender and social norms, household structure, deprivation profiles, community cohesion/social support and labour market participation.

- **Long-term impacts and impact sustainability:** There is little evidence on either the impacts of longer-term implementation or on post-intervention effects. Evidence is needed to determine whether cash transfers provide a sustainable path out of poverty for the ultra-poor. Unpacking heterogeneous, long-term impacts will be an important effort towards identifying potential predictors of a sustainable exit from poverty, and this will require long-term research (spanning 10 years or more). Few cash transfer programmes in SSA have been active for this long, and new studies can help to address this evidence gap.
- **Evidence syntheses on priority sectors to influence social protection policy dialogues:** To increase the communication of findings and regional learning, new cross-country/regional syntheses will focus on topics that are highly relevant for the region, including gender equality, education, health, protection, agriculture, climate change adaptation and economic inclusion, as well as their linkages with social protection.
- **Shock-responsiveness and inclusiveness of cash transfers:** Evidence on the impacts of shock-responsive interventions (including COVID-19 responses) is limited and/or emerging. The Transfer Project aims to learn from cash-based responses to COVID-19 and climate shocks, including recent vertical and horizontal expansions, to draw out lessons on programme delivery and swift upscaling. In addition, research will explore mechanisms for ensuring more inclusive cash transfers that are gender-responsive and cover certain vulnerable groups such as children, migrants, people with disabilities, orphans and displaced people, as well as those populations most vulnerable to climate change impacts.

To address these gaps and deepen understanding, the Transfer Project aims to complement mixed methods impact evaluations with operational/implementation research.

2.9. THE ECONOMIC CASE FOR INVESTING IN CASH TRANSFERS AND SOCIAL PROTECTION PROGRAMMES

Although extensive evidence demonstrates the need for and effectiveness of social protection programmes, including cash transfer programmes, governments usually cite fiscal space constraints as a reason for not investing in cash transfer programmes, for not scaling up successful pilots or for restricting social protection coverage. Identifying fiscal space for social protection investments, including cash transfers, would therefore be a key move towards building sustainable social protection systems in SSA. An important step towards creating the necessary political will for such a move is to make the economic case for implementing social protection as an investment with socio-economic returns, which goes beyond the moral and social imperative to protect the poor and vulnerable.

Future research will aim to provide evidence on financing options and sources; affordability; the potential returns from investing in cash transfers and social protection programmes and strengthening social protection systems; and the political economy of decision-making around social protection investments. This research will also include discussions around impacts on the local economy, inclusive rural transformation and climate change adaptation. Various methodologies will be used, including cost of inaction, cost-effectiveness analysis, cost-efficiency, and microsimulation models, such as the local economy-wide impact evaluations model.

Overall, this research agenda will help to generate rigorous evidence on the impacts of government-run cash transfer programmes in sub-Saharan Africa, on the role of programme design and implementation, and on the systemic integration of programmes. This evidence will help to build an investment case for cash transfer programmes in SSA and ultimately help governments to establish integrated, effective, inclusive and domestically financed statutory social protection systems.

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3.

Strengthening Viet Nam's Social Protection System with a Focus on Child-Sensitivity and Shock-Responsiveness

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3.1. INTRODUCTION

This article summarizes recommendations to strengthen Viet Nam's social protection system – with a focus on child-sensitivity and shock-responsiveness – drawn from recent analyses commissioned by the United Nations Children's Fund (UNICEF). It takes stock of the development, strengths and challenges of social assistance in Viet Nam, including UNICEF activities and the organization's partnership with the Ministry of Labour, Invalids and Social Affairs (MOLISA). Moreover, it discusses how UNICEF has supported the Government of Viet Nam in fine-tuning its social protection policies toward child-sensitivity and shock-responsiveness.

In the past decade, Viet Nam has positioned itself among the most rapidly developing economies in the world. The impressive rate of economic growth has also translated into trends of decreasing poverty and improving living standards across the country (General Statistics Office, 2020). From 2016 to 2020, the share of the Vietnamese population living in multidimensional poverty halved, with an even greater reduction in rural areas (General Statistics Office, 2020). Child poverty has also shown a stark decline in recent years, with the rate dropping from 21.2 per cent in 2014 to 12.5 per cent in 2018 (General Statistics Office & UNICEF, 2021). However, pockets of poverty exist. Children, especially those from vulnerable backgrounds or ethnic minorities or with disabilities, are at a higher risk of deprivation (Gassmann et al., 2017; General Statistics Office & UNICEF, 2021).

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Viet Nam has a relatively well-developed, multi-pillar social protection system with social and health insurance, social assistance, and social care services (Gassmann et al., 2020). Social protection as a right of Vietnamese citizens is firmly embedded in the country's legal fabric, and political will to strengthen its implementation appears to have increased in the past decade. Social assistance has been an important safety net for vulnerable children in the country – yet there is considerable room to improve how effectively it supports children. Institutions' overall capacity and the delivery of social protection interventions may limit investment in social protection (Vinci et al., 2022). Simpler, more inclusive approaches to targeting, as well as efforts to modernize the system, could go a long way towards improving the status quo.

MOLISA is the government body responsible for the administration, implementation and general oversight of social protection. MOLISA and UNICEF have developed a strong partnership to promote and protect children's rights in Viet Nam. The previous country programme cycle, for the period 2017–2021, focused on ensuring that all people benefit from a social protection system and poverty reduction services that are inclusive and equitable.

3.2. METHODS AND DOCUMENTS REVIEWED

This article is a desk review of UNICEF-commissioned analyses of social protection, as well as legal documents issued by the Government of Viet Nam. Since 2019, UNICEF Viet Nam has commissioned three major studies to review the non-contributory social protection system for families and children. These studies aimed to assist MOLISA with evidence on the needs of Vietnamese children and the strengths and challenges of the programmes targeted at them (*for a summary of the three studies, see Table 3.3 in the Appendix*).

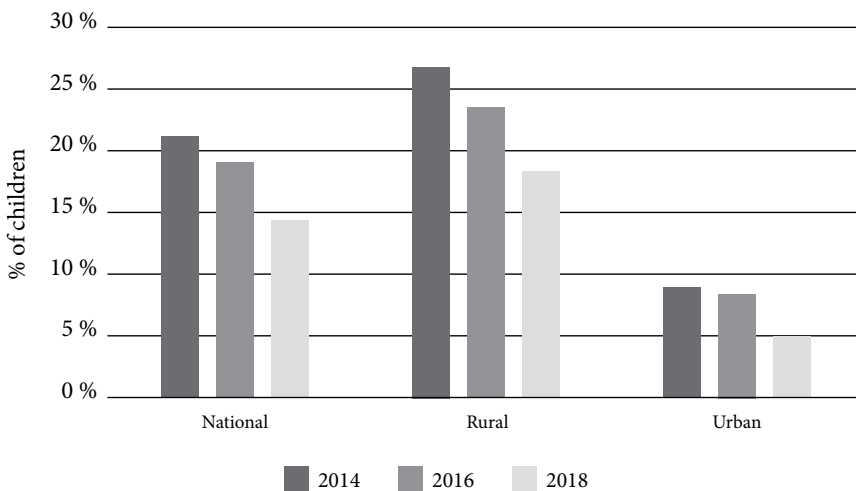
Key legal and strategic documents included in this review are the:

- decrees guiding regular and emergency social assistance: Decree No. 20/2021/ND-CP on Social Support Policies for Social Protection Beneficiaries and its predecessor, Decree No. 136/2013/ND-CP
- resolutions on the Government's support to families affected by the COVID-19 pandemic: Resolution No. 42/NQ-CP on Assistance for People Affected by COVID-19 and Resolution No. 68/NQ-CP on Certain Policies to Support Employees and Employers in Difficulty due to the COVID-19 Pandemic
- Master Plan for Social Assistance Reform and Development (MPSARD) 2017–2025
- National Target Programmes (NTPs).

3.3. THE SITUATION OF CHILDREN IN VIET NAM

Recent statistics show that children's living standards in Viet Nam have improved over the last decade. From 2010 to 2014, multidimensional poverty decreased in both the overall population and among children (UNICEF, 2017).⁴ From 2014 onwards, child poverty has continued to decline (General Statistics Office & UNICEF, 2021). Still, the incidence of poverty has remained higher among children than among the general population as a whole (UNICEF, 2017) and consistently higher poverty rates have been recorded for children in rural areas than for those living in cities (General Statistics Office & UNICEF, 2021) (*see Figure 3.1*).

Figure 3.1 Multidimensional child poverty rates over time



Source: General Statistics Office and UNICEF (2021).

Children from ethnic minorities are at a higher risk of poverty than the Kinh majority. Since ethnic minority populations often live in remote, mountainous areas, they have little access to either public services or economic opportunities. In 2018, 6.8 per cent of children from Kinh and Chinese backgrounds were multidimensionally poor, while the corresponding rate for children from other ethnicities was 46.4 per cent (UNICEF, 2017). Compared with Kinh and Chinese children, twice as many ethnic minority children lacked birth registration in 2018, undermining their access to a range of public services. Analyses of child poverty have noted substantial room for improvement in children's access to health care; water, sanitation and hygiene; and leisure (General Statistics Office & UNICEF, 2021; UNICEF, 2017).

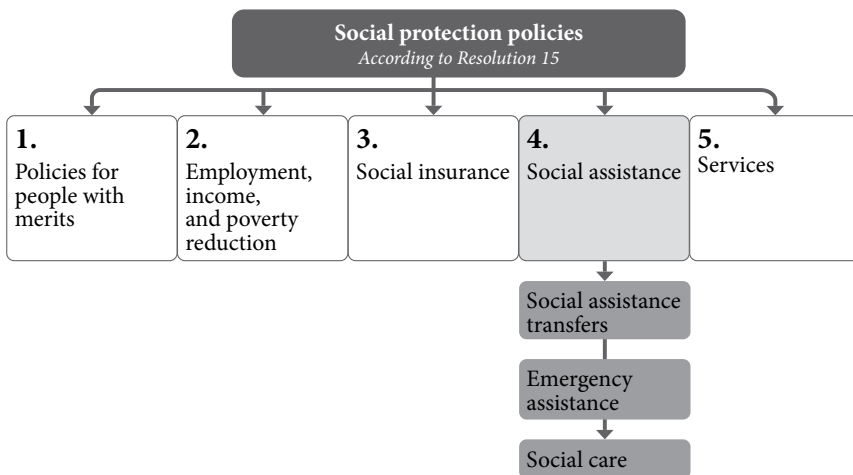
⁴ Viet Nam uses a multidimensional concept of poverty to measure deprivation and monitor progress towards achievement of the Sustainable Development Goals.

Children’s vulnerabilities have increased due to the impacts of the COVID-19 pandemic and related physical distancing measures (MOLISA & UNICEF, 2021). Some households have resorted to negative coping strategies that may have severe consequences on child well-being, such as cutting household expenditures, reducing the quality of meals, selling productive assets and accumulating debt. There have also been infrequent reports of an increased prevalence of child labour and child marriage. Children have been less likely to receive their mandatory vaccinations or attend periodic health check-ups. School closures have widened the learning gap between children from different socio-economic backgrounds.

3.4. THE SOCIAL PROTECTION LANDSCAPE: LEGAL CONTEXT

Social protection is recognized as an important tool to tackle poverty and share the benefits of economic development in Viet Nam. The Vietnamese legal framework refers to social protection in various documents, ranging from the new Constitution (adopted in 2013) to laws, decrees and circulars.⁵ Viet Nam has a unique concept of social protection consisting of five pillars, in which social assistance includes targeted, recurrent transfers, as well as emergency assistance and residential care (*see Figure 3.2*). This multi-pillared system was developed in Resolution 15,⁶ the Politburo’s agenda setting document accepted in 2012.

Figure 3.2 Viet Nam’s multi-pillar social protection system



Source: Authors’ own elaboration based on Resolution 15 of the Communist Party of Viet Nam (2012).

⁵ Laws are typically concerned with specific groups of beneficiaries, their needs and their vulnerabilities and the responsibilities of various state and non-state actors in supporting them. For instance, the Law on Children (2016) stipulates the rights of children, those groups of children in particular need of support and the forms of support and services that should be available to them. Decrees, decisions and circulars are legal documents that fall below laws in the legal hierarchy. These documents provide guidance on how to implement the rights and responsibilities set out in laws.

⁶ Resolution 15-NQ/TW issued by the Politburo on social policy issues for the period of 2012–2020.

While social insurance is secured by the relevant law (Law on Social Insurance of 2014), social assistance has a lower-level legal basis. It is governed by a government decree: Decree No. 20/2021/ND-CP on Social Support Policies for Social Protection Beneficiaries (Decree 20).

Decree 20 is the key policy document guiding social assistance. The decree includes three components: regular social assistance, emergency social assistance, and social care. Regular social assistance refers to targeted, long-term, monthly cash transfers, while emergency social assistance provides ad hoc support in response to shocks. Although regular and emergency assistance are part of the same decree, they are separate programmes, with no apparent synergies. Decree 20 also includes guidance on social care services (including community-based services) for elderly people, people with disabilities and children without adequate parental care (whether alternative or community-based care).

3.5. REFORMING SOCIAL ASSISTANCE FOR CHILDREN

Social assistance in Viet Nam is currently undergoing a long reform process. UNICEF, along with other United Nations agencies, has been a key strategic partner of the Government of Viet Nam in the process. The reform was initiated by Resolution 15 of the Communist Party of Viet Nam in 2012, following which the Social Assistance Department of MOLISA started to draft a plan of action to strengthen social assistance in the country.

The resulting Master Plan for Social Assistance Reform and Development (MPSARD) 2017–2025 and a Vision to 2030 is the strategic document outlining the Government's vision for the reform. This rather ambitious document envisages drastic changes to social assistance, with the overall aim of progressively realizing universal social protection. MPSARD targets are used to guide the periodic revisions to the government decrees governing social assistance. UNICEF has been rather influential during the drafting of MPSARD, successfully advocating for increased social assistance coverage of young children.

3.5.1 Reforming regular social assistance

UNICEF support has been essential in identifying challenges and opportunities for reforming social assistance in the country.

For instance, review studies commissioned by UNICEF have highlighted issues with targeting and application processes. Social assistance is provided monthly, in cash, to individuals recognized by the Government of Viet Nam as belonging to one of several vulnerable groups (some, but not all, of these are groups of children). Various studies (including those led by UNICEF) have noted that these eligibility categories are narrow and rigid and that the targeting process is complex (Evans et al., 2011; Gassmann et al., 2017, 2020; Kidd et al., 2016; Vanore et al., 2017).

Further, regular social assistance employs a hybrid approach to targeting, which includes elements of categorical targeting, means-testing and community verification (Gassmann et al., 2017). Viet Nam uses a multidimensional definition of poverty for both targeting benefits and monitoring living standards. The means test for social assistance combines a monetary means test with a multidimensional, non-monetary definition of poverty (including assets and access to basic services). Applicants have to prove their eligibility by providing official documentation of their status, such as a disability certificate or parental death certificates, which are often costly and awkward to obtain (Gassmann et al., 2020; Vanore et al., 2017).

Although improvements to social assistance have been seen in Viet Nam in the last decade, a recent review pointed to significant problems with both the design and implementation of the country's social assistance policy (Gassmann et al., 2020). Regular social assistance has achieved relatively low coverage of children due to its tight and complicated targeting process. The eligible categories exclude from support many children in vulnerable life situations. On the one hand, some children may, in fact, fall into one of the eligible categories but be unable to prove their situation for lack of documentation (e.g., children informally left without parental supervision). On the other hand, many families are facing challenges that are simply not recognized by the decree.

The last detailed assessment of the targeting performance and poverty reduction effect of regular social assistance uses data from 2014. This review found large exclusion errors and (in contrast) small inclusion errors (Gassmann et al., 2017). The first reason for exclusion errors was the inaccuracy of the means test – more specifically, the inadequate list of poor households that is used as the targeting frame (the so-called 'Poor List'). Of 100 children living in a household below the extreme monetary poverty line, 41 were not identified by government officials as poor (*see Table 3.1*).⁷

⁷ These calculations were, however, based on survey data from 2014: the Government of Viet Nam has since revised the methodology for listing poor households. To the authors' knowledge, no assessment has been made of the targeting performance of the new, multidimensional Poverty Census. Therefore, there is no evidence on how well the new targeting frame works and where identification gaps remain.

Table 3.1 Share of monetary poor children (aged 0–15 years) listed and not listed on the Poor List, 2014

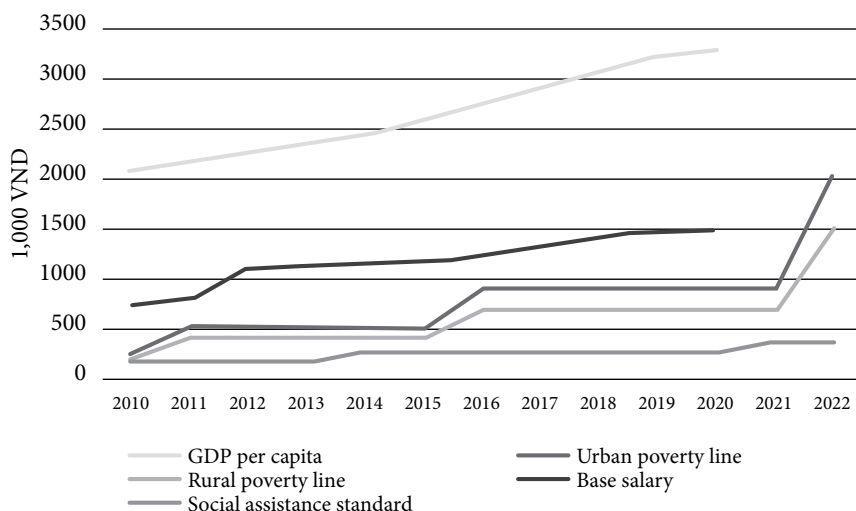
	Non-poor (%)	Poor (%)
Not on Poor List	95.8	58.9
On Poor List	4.2	41.1
Total	100	100
	Non-extreme poor (%)	Extreme poor (%)
Not on Poor List	92.9	40.6
On Poor List	7.1	59.4
Total	100	100

Source: Gassmann et al. (2017).

Transient poverty due to idiosyncratic or covariate shocks is likely one of the most common challenges uncatered for by regular social assistance, which is also due to the targeting method. This is because the Poor List is compiled annually and is therefore not sufficiently flexible to capture the ‘new poor’ and those moving in and out of deprivation.

Transfer values are not linked to an empirically derived standard of living – they are rather a function of the available budget and the projected number of beneficiaries. Linking the transfer value to a standard, such as the poverty line, average wages or a percentage of gross domestic product (GDP) per capita, would provide grounds for periodically increasing the transfer as the benchmark standard evolves over time. MPSARD envisions setting the social assistance benefit as a percentage of GDP per capita. This is an attractive solution as it would align with the Government of Viet Nam's commitment to increase the level of protection as the country's economic resources allow.

Figure 3.3 Evolution of transfer values and socio-economic standards over time



Note: Values are defined in Vietnamese Dong (VND). The underlying numbers are presented in Table 3.5 of the Appendix.

Source: General Statistics Office.

The adequacy of regular social assistance decreased dramatically from 2013 to 2021, particularly when compared with GDP per capita (see Figure 3.3). The benefit level of Decree No. 136/2013/ND-CP to Provide for Social Support Policies for Social Protection Subjects (Decree 136) had been set in 2013 and was not adjusted until Decree 20 was adopted in July 2021. Increasing the base transfer from VND 270,000 to VND 360,000 has undoubtedly improved benefit adequacy; this increase raised the benefit to 40 per cent of the poverty line. A rapid assessment of the impacts of COVID-19 pointed out, however, that consumer prices have skyrocketed during periods of physical distancing, which has likely had a negative impact on the purchasing power of transfers. Moreover, the poverty line for the period 2022–2025 has been set to VND 1,500,000 and VND 2,000,000 for rural and urban areas respectively, which means that the value of the base assistance will drop again relative to these living standards.

The evidence and technical support provided by UNICEF has contributed to the recent revision of the government decree guiding regular social assistance. In July 2021, when Decree 20 replaced its predecessor (Decree 136), some important adjustments were made to the eligible categories of people and to transfer adequacy. The most important change affecting children has been the introduction of a new eligible group: children under 3 years of age. While initial discussions raised the prospect of covering all children under 3 years of age,

the transfer remains narrowly targeted: only those children in poor or near-poor households, and ethnic minority children living in hamlets, communes or mountainous regions are eligible. Nevertheless, the inclusion of children under 3 years as an eligible category is a big step towards simplifying the targeting process and thereby reducing exclusion errors. Although this is not (yet) a quasi-universal child benefit, the transfer's implementation departs from the rigidity and specificity of the targeting seen in the earlier decree by combining age and geographic location to target children in deprived parts of the country. Once survey data for 2022 are available, the effects of the policy reform on targeting performance and poverty reduction can be estimated.

As mentioned above, the standard level of social assistance was also increased in 2021, from VND 270,000 to VND 360,000. Eligible groups of children and the corresponding transfer values as set out in Decree 20 are listed below (*see Table 3.2*). Italicization indicates changes made since the previous decree.

Table 3.2 Summary of eligible groups of children and corresponding transfer values as set out in Decree 20

	Group	Sub-group	Coefficient	Transfer value (VND)
1	Children under 16 years of age who are abandoned, orphaned or half-orphans, or with parent(s) in prison or a social institution or missing	Under 4 years	2.5	<i>900,000</i>
		Aged 4 to 15 years	1.5	<i>540,000</i>
2	Youth aged 16 to 21 years who are in school (studying for first degree) and who are abandoned, orphaned or half-orphans, or with parent(s) in prison or a social institution or missing	N/A	1.5	<i>540,000</i>
3	HIV-infected children from poor or near-poor households	Under 4 years	2.5	<i>900,000</i>
		Aged 4 to 15 years	2.0	<i>720,000</i>
		Aged 16 to 22 years	1.5	<i>540,000</i>

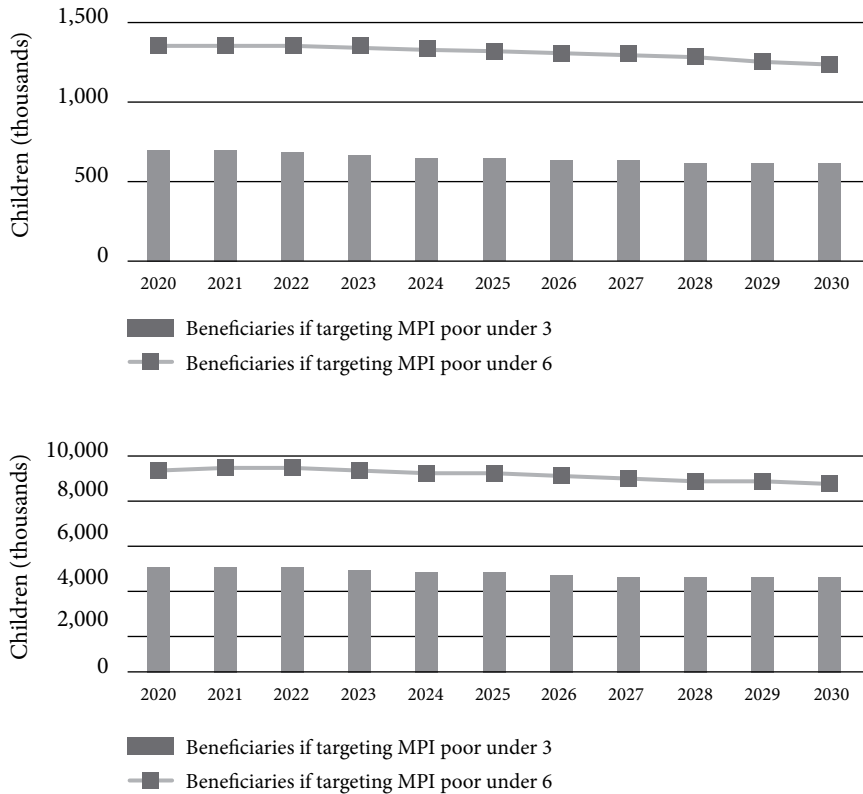
Group	Sub-group	Coefficient	Transfer value (VND)	
4	Single parents or caregivers of children under 16 years (or of children aged 16 to 22 years who are in vocational or higher education) living in a poor or <i>near-poor</i> household	Raising one child	1.0	360,000
		Raising two or more children	2.0	720,000
5	Children with severe disabilities who are entitled to social assistance in line with the Law on Persons with Disabilities	Extremely severe disabilities	2.5	900,000
		Severe disabilities	2.0	720,000
6	<i>Children under 3 years old</i>	<i>In poor or near-poor households</i>	1.5	540,000
		<i>Ethnic minority children in hamlets, communes or mountainous regions</i>	1.5	540,000

Source: Decree 20/2021/ND-CP on Social Support Policies for Social Protection Beneficiaries.

3.6. OPPORTUNITIES FOR FUTURE REFORM

The partnership between UNICEF and MOLISA has also considered policy options for making regular social assistance more effective at reducing child poverty and vulnerability. The latest review of regular social assistance included microsimulations and fiscal space analyses to estimate the poverty reduction effect and medium-term costs of various targeting options. Universal and quasi-universal benefits for all children under an age threshold are expected to achieve the highest poverty reduction, but they also require the most financial resources (Gassmann et al., 2020). Figure 3.4 depicts the authors' own calculations of the number of eligible children for four options: universal benefits for children under 3 or 6 years of age, and transfers targeting children in multidimensional poverty in the same age groups. As the number of children being born in Viet Nam is expected to decrease in the next five years, the number of eligible children would show a slow but steady decline.

Figure 3.4 Number of eligible children under universal (top) and means-tested (bottom) scenarios, 2020 to 2025



Note: MPI: Multidimensional Poverty Index. The underlying numbers are presented in Table 3.5 of the Appendix.

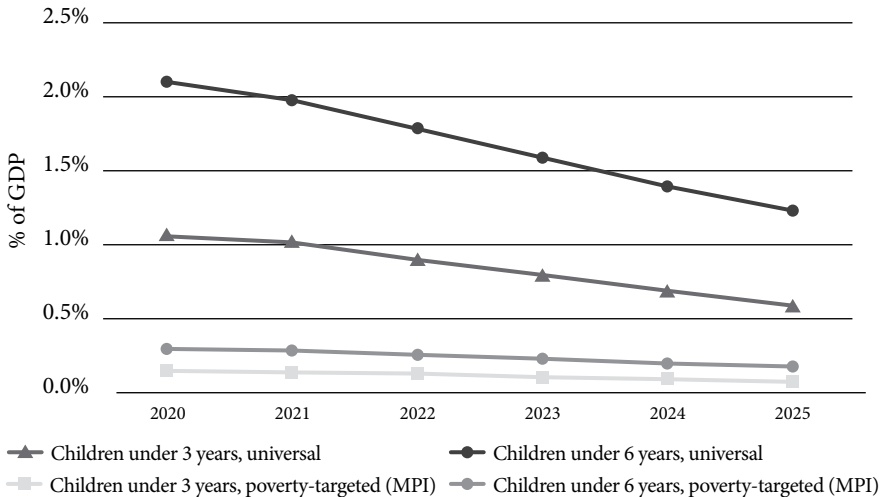
Source: Authors' own calculations based on population projections by the United Nations Department of Economic and Social Affairs (2019) and the multidimensional child poverty rate from UNICEF and General Statistics Office (2021).

Even if every eligible child received a monthly flat rate benefit equivalent to the new rural poverty line (VND 1.5 million), programme costs would still be affordable and would decline as a share of GDP over time.⁸ The most expensive option (providing a monthly transfer to all children under 6 years) would initially cost 2 per cent of GDP, which would drop to 1.2 per cent of GDP by 2025 (see Figure 3.5). A universal transfer to children under 3 years of age would start at

⁸ Since the Government of Viet Nam has set the rural poverty line to VND 1.5 million per month until 2025, the authors' calculations do not include the indexation of transfers. These scenarios expect nominal transfer values to remain the same, but it should be acknowledged that real transfer values would decrease over time as consumer prices increase.

a little over 1 per cent of GDP and decrease to 0.6 per cent of GDP by the end of the period. Targeted options would be considerably cheaper, but governance and implementation challenges mean they are also less likely to effectively reduce child poverty.

Figure 3.5 Projected cost of transfers as % of GDP, 2020–2025



Note: MPI: Multidimensional Poverty Index. The underlying numbers are presented in Table 3.5 of the Appendix. Figure 3.5 presents rough calculations with limitations. First, the population and GDP numbers are projections and may prove to be inaccurate. Second, we use the percentage of multidimensionally poor children for 2018 and assume that the poverty rate will remain constant until 2025. This is due to a lack of more recent data on child poverty in Viet Nam. For example, if the Government of Viet Nam succeeds in reducing poverty in line with the relevant national target programme, the costs for poverty-targeted options would significantly decrease over time. Third, these costs assume perfect implementation (100 per cent targeting accuracy and benefit take-up) and thus should be interpreted as upper-bound estimates.

Source: Authors' own calculations based on population projections from the United Nations Department of Economic and Social Affairs (2019), GDP projections from the International Monetary Fund (2021) and multidimensional child poverty rate from UNICEF and General Statistics Office (2021).

A complicated political environment surrounds social assistance reform in Viet Nam. Long-held preferences for subsidiarity compete with an emerging universalist vision for social protection (Gassmann et al., 2020). A preference for the latter is not only advocated for by development partners but also shared by (some of) the state stakeholders – this is demonstrated by MPSARD. It appears that UNICEF (and other United Nations agencies such as the United Nations Development Programme [UNDP]) have been successful in using evidence and technical advice to promote a rights-based and universal approach to social assistance.

3.7. SHOCK-RESPONSIVE SOCIAL PROTECTION IN VIET NAM

Viet Nam is one of the countries in the world most affected by natural disasters. Its geographical location makes the country prone to environmental risks, including floods and landslides in the wake of extreme weather events. Recognizing this vulnerability and the need for social protection that can respond to these shocks, UNICEF and MOLISA commissioned a feasibility analysis of cash-based emergency support for children.

3.7.1. Emergency social assistance

'Regular' and 'emergency' social assistance are understood as two distinct components of the system, but both are guided by Decree 20 and overseen by MOLISA. Strengthening shock-responsive social protection is one of the targets envisaged under MPSARD. Shock-responsive social protection, however, does not require two parallel systems: a well-functioning, modern social protection system should be flexible enough to adapt and scale up existing programmes to respond to increased needs. Despite an explicit vision to integrate the two, there are currently no linkages or complementarities between regular and emergency support in the decree.

In Decree 20, eligibility criteria for emergency support are based on categories as similarly rigid as those for regular social assistance. Hamlet officials play the largest role in beneficiary identification for emergency support. At the onset of an emergency, it is their responsibility to compile a list of households that have been affected and are eligible for support. As mentioned above, in the section on regular social assistance, the Poor List cannot capture transient poverty or the new poor, since it provides a snapshot of poverty at the time of the Poverty Census. Vulnerable households sitting above the poverty line can easily be pushed into poverty in the aftermath of an emergency. Since emergency assistance is targeted at poor households, these new poor remain ineligible for support. Instead of poverty targeting using the paper-based Poverty Census, applying simpler targeting approaches and using digital registries of poor, near-poor and other vulnerable households could speed up identification of those affected by shocks.

While regular social assistance is provided in cash and over the longer term, Decree 20 stipulates that emergency social assistance is short-term, in-kind support. Households affected by a disaster are eligible for either food assistance (in the form of rice) or supplies such as drinking water, tents, boats or blankets. In specific cases, such as loss of crops or the death of a household member, a cash-based benefit is provided to compensate for direct damages.

Benefit modality thus requires fine-tuning as well. In-kind assistance is preferable in some instances (e.g., when markets are not functioning or accessible); in other cases, cash enables families to fulfil their needs more flexibly (Economic Policy Research Institute, 2021). Part of the rapid assessment related to COVID-19 was a survey of needs, where respondents were asked about the type of short- and long-term support they most needed: A clear preference for cash-based support was apparent (MOLISA & UNICEF, 2021). Cash and tuition fee waivers were referenced most often, indicating that, in an emergency, loss of income is the largest challenge faced by households with children. In the longer term, respondents envisaged investments in their productivity – such as employment and livelihood support and loans to purchase productive assets – to enable them to bounce back from economic shocks.

A further key obstacle to expanding social assistance to populations affected by natural disasters and other shocks is the inadequacy of the national budget for emergency support. Underfunding has resulted in low benefit adequacy and low coverage of the population experiencing emergencies. Benefits levels are often too low to make a difference to families hit by shocks. Moreover, given the varying levels of affluence of individual provinces, great inequalities can result in the amount of support provided. This came to light in 2021, when worse-off provinces ran out of money to provide support to the population affected by the COVID-19 pandemic (UNDP Viet Nam & Institute of Labor Science and Social Affairs, 2021). At the same time, provinces with budget surpluses kept disbursing assistance to employees and employers.

In light of the COVID-19 pandemic, the Government of Viet Nam has also introduced additional support, such as a tax break and cash transfers, for those affected by the lockdown orders. In addition to the support provided by the Government, various United Nations entities and other humanitarian agencies have a strong presence in emergency responses in the country. These efforts exemplify how social assistance can mitigate the harms caused by covariate economic shocks.

3.8. SUPPORT TO EMPLOYEES AND EMPLOYERS AFFECTED BY THE COVID-19 PANDEMIC

In response to the COVID-19 pandemic, the Government of Viet Nam has issued policies aimed at cushioning employees and employers against pandemic-related financial shocks. These policies are at the intersection of social assistance and social insurance: although they are not financed by contributions, they do require a history of formal employment. The first iteration (Resolution 42) was replaced after a few months by Resolution 68/NQ-CP on Certain Policies to Support Employees and Employers in Difficulty due to the COVID-19 Pandemic. This second iteration places more emphasis on children, based on challenges identified by a rapid assessment that UNICEF conducted.

While Resolution 42 did not provide child-sensitive benefits, Resolution 68 includes a lump sum supplementary support of VND 1 million for pregnant employees and those raising children under 6 years of age. Moreover, according to Resolution 68, people cared for or quarantined because of COVID-19 are eligible for a daily food stipend and should be reimbursed for health care costs. Children placed in isolation or requiring medical care because of being infected by COVID-19 are eligible for an additional VND 1 million.

The Government of Viet Nam has been fast to respond to some of the challenges families have faced during the COVID-19 pandemic, providing support to both employers and affected employees. Still, more child-specific and multisectoral approaches are needed to protect all children from future shocks – during the pandemic and beyond.

3.9. LINKING REGULAR AND EMERGENCY ASSISTANCE

Children are particularly vulnerable to deprivations. They also have complex needs that cash or in-kind support cannot always meet. An important observation from UNICEF-commissioned assessments is that the linkages between different forms of support are not yet well-developed. Although Decree 20 guides both regular and emergency assistance, it does not include a comprehensive framework for how beneficiaries from one programme can be linked to the other (EPRI, 2021). Nor is the need to enhance synergies and complementarities limited to referrals between regular and ad hoc social assistance. Ultimately, and in line with MPSARD, the objective should be to create a *social protection system* that is sensitive to children's needs and able to adapt to shocks.

The COVID-19 pandemic has shown at least three ways in which beneficiaries of regular social assistance can be further affected by covariate shocks. First, during economic downturns, a regular social allowance can become the only stable source of income for beneficiaries. This proved especially true during periods under physical distancing measures, when many employees and entrepreneurs lost their labour income. Second, families experiencing a shock are likely to incur additional costs. For example, hygienic and personal protective equipment (hand sanitizer, soaps, face masks) are expensive and tend to overstretch the budgets of households that are already struggling. Digital education is extremely costly, in terms of both the necessary equipment (laptop or smartphone) and internet access (mobile data plan). Third, if the shock affects market prices, it can become more expensive for households to meet their basic needs. An increase in food prices has been reported during the pandemic (MOLISA & UNICEF, 2021). And as food has become more expensive, the purchasing power of transfers has therefore decreased. Under such circumstances, beneficiaries may need additional support to make up for additional costs incurred as well as for lost income. Linking existing beneficiaries to emergency support could help them to weather the perfect storm of increased expenses on top of a reduced income.

The new poor may also need longer-term support in the aftermath of an emergency. Thus, linking the beneficiaries of emergency assistance to social services or regular cash transfers could help them to build back their livelihoods (EPRI, 2021).

3.9.1. Challenges and opportunities

Some missing elements appear to hinder a systems approach with synergies between different forms of support. First, implementing staff appear to be overburdened and inadequately trained to perform case management. The need to invest in the social services workforce has been recognized by the Government of Viet Nam: Decision No. 32/2020/DQ-TTq (dated 25 March 2020) includes a blueprint for developing the social work profession. It aspires to create comprehensive training and competency frameworks for social work staff, accompanied by financial investments in the workforce. The drafting of a new law guiding child protection should also accompany this professionalization of social work. Such a law should not only detail children's rights, in accordance with the United Nations Convention on the Rights of the Child, but also clearly address institutional mandates and protocols for the prevention of family separation, referrals and family reintegration. Social workers could rely on this guidance to link children with the specific form of support that they need, whether in the aftermath of a disaster or to deal with individual challenges.

Second, both the administration and implementation of social protection must be modernized. For example, beneficiary registries are still mostly paper-based (EPRI, 2021), which increases the burden on implementing staff and makes beneficiary identification time-consuming and cumbersome (EPRI, 2021). Particularly in the wake of emergencies, time matters – a digital registry could significantly speed up the process of programme expansion when shocks occur. Moreover, it could make it easier to monitor the situation and needs of households as they recover from hardships.

3.10. CONCLUSIONS

Overall, Viet Nam's social protection system – and social assistance in particular – is an important safeguard of children's rights and has seen major progress in the last decade. Yet simpler, more inclusive and more responsive targeting is needed to achieve the vision of universal social protection outlined in the Constitution, Resolution 15, MPSARD and the national target programmes.

The partnership between UNICEF and MOLISA has contributed greatly to the policy discourse on social assistance. UNICEF-commissioned research has highlighted important gaps in coverage and inefficiencies in targeting, which the Government of Viet Nam has taken seriously, as evidenced by recent changes

to the decree governing social assistance. The broadening of categories of children eligible for social assistance is an ambitious step towards the progressive realization of universal coverage for young children. Notably, the eligibility criteria for children under 3 years of age show the Government's willingness to transition towards simpler, less error-prone methods of targeting. Taking this step while also increasing benefit adequacy shows clear political and financial commitment to making social assistance work for children.

The gradual achievement of universal social protection is financially feasible for Viet Nam. Providing adequate benefits to all children under 3 years of age would initially cost around 1 per cent of the country's GDP, which would drop substantially as the country's economy develops. Transfers targeted at children in poor households may be considerably cheaper, but they are also less effective, owing to challenges in both governance and implementation.

From a high-level perspective, the overall capacity of institutions and authorities delivering social protection should be enhanced. Without improving governance (which includes legal frameworks, coordination and transparency), reform efforts seem to be compromised by fragmentation, path dependency and incremental steps forward (Vanore et al., 2017). At the programmatic level, the strengthening of synergies between regular social assistance, emergency social assistance, and social services is needed. Future work should aim to create a coherent, flexible and adaptable *system* – the present system seems to be too rigid to respond to people's needs, especially in emergency situations. Given that Viet Nam is one of the countries in the world most affected by natural disasters, the Government should prioritize the creation of more flexible procedures that capture vulnerable households slipping into poverty in the wake of an emergency. Moreover, early warning systems could improve the population's resilience and make planning for emergency assistance more effective and efficient.

This cannot be achieved without also investing in ground-level staff, particularly in the social services workforce. Social workers could more effectively identify those in need and connect them to the types of support most suitable for their situations. For children, better case management and more effective social services provision could prevent family separation.

UNICEF Viet Nam and MOLISA are also in the early stages of partnering on the Gender-responsive and Age-sensitive Social Protection initiative. This partnership includes an assessment of the system with a focus on cross-cutting issues experienced at different stages of the life cycle. Evidence from this initiative will provide further lessons on the child-sensitivity of social assistance, as well as information on how the system interacts with the gendered dimensions of poverty and vulnerability.

There is a pressing need for UNICEF to continue to work with the Government of Viet Nam to support a child-sensitive and modern social protection system that can timeously deliver adequate interventions and respond to people's needs

in development and humanitarian contexts. More resources are needed to ensure that adequate protection and support are provided to the country's citizens. Such investments and reforms are essential, however, to ensure that Viet Nam achieves strong, inclusive and sustainable development.

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3.12. APPENDIX

Table 3.3 Overview of reports on social assistance in Viet Nam reviewed for this article

Report	Objectives
<p><i>‘Review of Decree 136 with Focus on Social Assistance for Children, and Proposal of Policy Options for the Development of a New Decree in line with MPSARD Targets and Relevant to the Context of a Low Middle-income Country’ (final draft)</i></p>	<p>Review Decree 136, with a focus on assessing the social assistance available to Vietnamese children, especially those living in special circumstances (the most vulnerable children).</p> <p>Propose policy alternatives to develop a new Decree that is in line with the Master Plan for Social Assistance Reform and Development (MPSARD) 2017–2025 and other recently issued strategic documents.</p>
<p><i>Feasibility Analysis on the Delivery of Cash Assistance for Children in Emergencies in Viet Nam</i> (Economic Policy Research Institute, 2021)</p>	<p>For the delivery of cash during emergencies, identify the most suitable implementation modalities in terms of targeting, registration, and payment methods.</p> <p>Identify the risks and potential challenges associated with the delivery of cash during emergencies.</p> <p>Identify coordination and cooperation needs and opportunities in terms of working with other ministries and partners involved in the delivery of cash during emergencies.</p>
<p><i>Rapid Assessment on Social Assistance Needs of Children and Families Affected by the COVID-19 Pandemic in Viet Nam</i> (Ministry of Labour, Invalids and Social Affairs [MOLISA] & UNICEF, 2021)</p>	<p>Understand the impacts of the COVID-19 pandemic on families with children and on children in social protection centres.</p> <p>Collect evidence on the vulnerabilities that arise from the pandemic and its socio-economic impacts.</p> <p>Identify policy gaps related to these vulnerabilities.</p> <p>Help MOLISA to propose revisions to Resolution 42 and further policy responses for current and future pandemic waves.</p> <p>Contribute to the review of Decree 136 under MPSARD, specifically with regard to shock-responsiveness (beyond COVID-19).</p>

Table 3.4 List of legal documents guiding social assistance for children in Viet Nam

Document type	Content
Constitution (2013)	Article 34: Citizens have the right to social protection. Article 59: The state shall create equal opportunities for citizens to enjoy social welfare; develop a system of social security; and provide a policy assisting the elderly, people with disabilities, the poor and people in other difficult circumstances.
Law	Law on Children (2016) Law on Social Insurance (2014) Law on Persons with Disabilities (2010) Law on the Elderly (2009)
Decree, Resolution, Decision of the Government and the Prime Minister	Decree No. 20/2021/ND-CP on Social Support Policies for Social Protection Beneficiaries (replacing Decree No. 136/2013/ND-CP) Resolution No. 42/NQ-CP on Assistance for People Affected by COVID-19 (2020) Resolution No. 68/NQ-CP on Certain Policies to Support Employees and Employers in Difficulty due to the COVID-19 Pandemic (2021) Decision No. 23/2021/QĐ-TTg guiding the implementation of Resolution No. 68/NQ-CP (2021) Decree No. 56/2017/ND-CP on guidelines on the Law on Children (2017) Decision No. 488/QĐ-TTg on approval of the Master Plan for Social Assistance Reform and Development (MPSARD) 2017–2025 and a Vision to 2030 (2017) Decree No. 103/ND-CP on the Establishment, Operation, Dissolution and Management of Social Relief Establishments (2017) Decree No 28/2012/ND-CP on guidelines on the Law on Persons with Disabilities (2012) Decree No. 06/2011/ND-CP on guidelines on the Law on the Elderly (2011) Decree No. 68/2008/ND-CP dated 30 May 2008, supplemented by Decree No. 81/2012/ND-CP prescribing Conditions and Procedures for the Setting Up, Organization, Operation and Dissolution of Social Relief Establishments (2008, 2012)

Source: Gassmann et al. (2020).

Table 3.5 Underlying Data for Figure 3.3, Figure 3.4 and Figure 3.5

Number of eligible children					Gross domestic product (GDP) (million VND)
	Children under 3 years, universal	Children under 6 years, universal	Children under 3 years, poverty-targeted	Children under 6 years, poverty-targeted	
2020	4,735	9,287	687	1,347	7,966,321,548
2021	4,730	9,322	686	1,352	8,389,837,736
2022	4,676	9,307	678	1,350	9,329,244,809
2023	4,589	9,257	665	1,342	10,401,113,602
2024	4,499	9,193	652	1,333	11,735,973,755
2025	4,424	9,124	642	1,323	13,229,692,237
Total programme cost (million VND)					
2020	85,233,600	167,162,400	12,358,872	24,238,548	
2021	85,136,400	167,788,800	12,344,778	24,329,376	
2022	84,164,400	167,529,600	12,203,838	24,291,792	
2023	82,609,200	166,633,200	11,978,334	24,161,814	
2024	80,978,400	165,466,800	11,741,868	23,992,686	
2025	79,639,200	164,235,600	11,547,684	23,814,162	
Total programme cost as % of GDP					
2020	1.07	2.10	0.16	0.30	
2021	1.01	2.00	0.15	0.29	
2022	0.90	1.80	0.13	0.26	
2023	0.79	1.60	0.12	0.23	
2024	0.69	1.41	0.10	0.20	
2025	0.60	1.24	0.09	0.18	

Source: Based on population projections from the United Nations Department of Economic and Social Affairs (2019), GDP projections from the International Monetary Fund (2021) and child poverty rate from General Statistics Office and UNICEF (2021).

4.

Leaving No Child Behind: Policy Dialogue on a Universal Child Benefit in Sri Lanka

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Peebles-Brown**

4.1. INTRODUCTION

Since the onset of the COVID-19 pandemic, the United Nations Children’s Fund (UNICEF) Sri Lanka and Development Pathways have undertaken research, policy dialogue and advocacy to explore the feasibility and potential impact of including a universal child benefit (UCB) as part of a national response to the socio-economic crisis caused by the global pandemic.

This work was predicated on international and national instruments that set out the right of the child to social security. In particular, it draws on the United Nations Convention on the Rights of the Child, which stipulates that States parties shall recognize “for every child the right to benefit from social security” (article 26).⁹ There is no overarching policy framework for the social protection sector in Sri Lanka. The right to social welfare and an adequate standard of living is, however, enshrined in the Constitution of Sri Lanka, in particular through the Welfare Benefits Act No. 24 of 2002, which sets the legal framework for the payment of welfare benefits based on a transparent selection process for the identification of beneficiaries.

* Development Pathways. † UNICEF Sri Lanka.

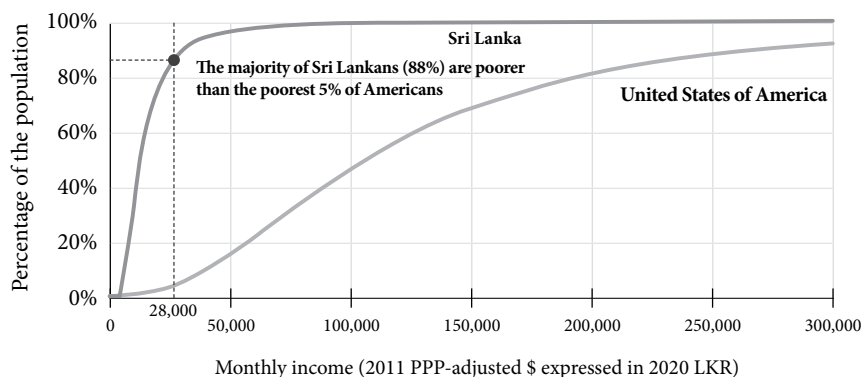
⁹ The right to social security is expressly recognized in many human rights instruments, such as the Universal Declaration of Human Rights (articles 22 and 25); Convention on the Rights of the Child (article 26); International Covenant on Economic, Social and Cultural Rights (articles 9 to 12); Convention on the Elimination of All Forms of Discrimination against Women (articles 11 and 14); Convention on the Elimination of All Forms of Racial Discrimination (article 5); International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (articles 27 and 54); and Convention on the Rights of Persons with Disabilities (article 28).

Prior to the outbreak of COVID-19, the majority of families with children in Sri Lanka were already living on precarious incomes, making them less able to cope with the effects of the economic recession. Therefore, the COVID-19 crisis has exacerbated an already challenging situation for children in Sri Lanka.

Based on household survey data, Figure 4.1 compares the cumulative distribution of income at the household level in Sri Lanka to that of the United States of America. Although the socio-economic and demographic contexts of Sri Lanka and the United States of America are vastly different, by expressing the household income distribution of both countries in terms of purchasing power parity (PPP), a currency conversion is used that aims to equalize the purchasing power of households, eliminating the differences in price levels. Therefore, by using the PPP exchange rate, the currencies of the United States of America and Sri Lanka are converted into an equivalent income in PPP terms that would enable households to purchase the same baskets of goods as they would with their income in their own currency.

Based on this measure, around 88 per cent of households in Sri Lanka live on incomes that are lower than the equivalent income of the bottom 5 per cent of the income distribution of the United States of America. In fact, 75 per cent of children in Sri Lanka live on less than USD2.50 per day.¹⁰ Therefore, the majority of families in the country have an equivalent income that is less than that of the poorest citizens of the United States of America, a country that implemented a quasi-universal child benefit in 2021 as a response to the COVID-19 crisis (Richardson et al., 2021).

Figure 4.1 Percentage of the population (y-axis) whose income/ consumption falls below a given level (x-axis), Sri Lanka and United States of America, 2016



Source: World Bank, PovcalNet API.

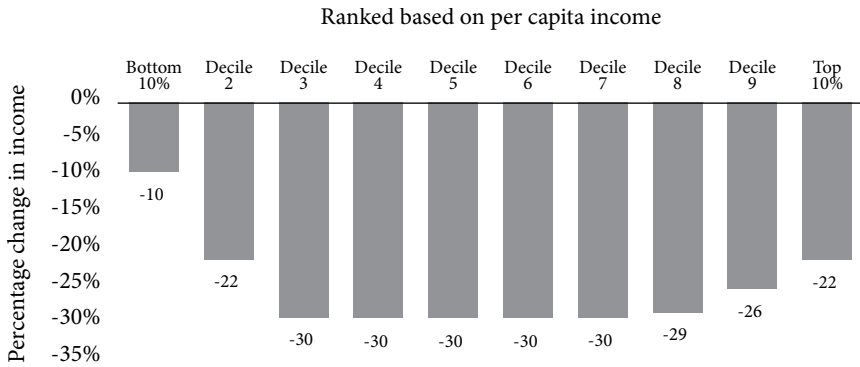
¹⁰ This figure is based on analysis of the 2016 Household Income and Expenditure Survey data and expressed in actual US dollars, not the value in purchasing power parity (PPP) terms. The PPP conversion factor, GDP (Local Currency Unit per international \$) for 2016 is 50.636. Source: World Bank, International Comparison Program database, <<https://www.worldbank.org/en/programs/icp>>. Accessed on 1 March 2020.

Without access to constant income protection, children face a range of risks. Prior to the COVID-19 crisis, food expenditure accounted for more than 40 per cent of total household consumption on average, demonstrating the significant costs of meeting basic needs in Sri Lanka. According to the latest Demographic and Health Survey conducted in Sri Lanka, on any given day, 39 per cent of young children across the country are unable to consume iron-rich foods, with this figure reaching 46 per cent among the poorest quintile (Department of Census and Statistics & Health Sector Development Project, 2017). Furthermore, 17 per cent of children under 5 years of age and 22 per cent of children under 2 years of age are stunted (Department of Census and Statistics & Health Sector Development Project, 2017).

When families have limited income to invest in children, this can create further barriers for child development through the home environment. Families will experience more difficulties in purchasing books, toys and games, all of which play a key role in stimulating child development. As a result of the pandemic-related school closures since March 2020, young children in particular have missed out on learning opportunities at the formative stages of their cognitive development.

The right of every child to access core public services, including social security, has become particularly important as Sri Lanka's economy has dealt with the shocks of the COVID-19 pandemic. In 2020, the country's gross domestic product (GDP) contracted by 3.6 per cent (World Bank, 2021). This has resulted in significant welfare losses for families in Sri Lanka, whose living standards are worse in comparison to 'pre-pandemic' levels. Projections by Development Pathways indicate that, six months after Sri Lanka confirmed its first case of COVID-19 in January 2020, household incomes had reduced by up to 27 per cent across the population (Kidd et al., 2020b). As shown in Figure 4.2, households in the middle of the welfare distribution (decile 3 to 7) are estimated to be most affected, as their incomes have reduced by up to 30 per cent.

Figure 4.2 Comparison between monthly household incomes before COVID-19 and the estimated impact of the crisis after six months, across the welfare distribution



Source: Kidd et al. (2020b).

Findings from nationally representative telephone surveys undertaken by UNICEF and the United Nations Development Programme (UNDP) show comparable impacts: In April 2020, within a month of the lockdown that began on 20 March 2020, 71 per cent of Sri Lankan households reported that their income had either stopped (39 per cent) or reduced (32 per cent) since the lockdown began (UNICEF & UNDP, 2020).

These impacts were sustained over time, albeit with fewer households reporting a total loss of income and more households reporting a reduction in income. In April 2022 – more than two years after the first lockdown – 73 per cent of Sri Lankan households reported that their income had either stopped (11 per cent) or reduced (62 per cent) since the start of the pandemic (UNICEF, 2021).

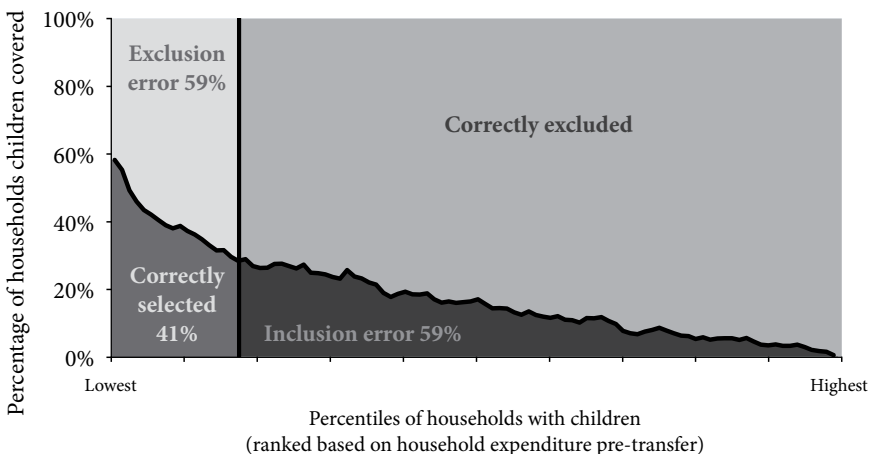
Seventy per cent of households in Sri Lanka had reduced their food consumption in April 2022 compared with their pre-pandemic level of consumption. Specifically, households reported primarily reducing their consumption of dairy products, and of meat, fish and eggs owing to the increasing cost of food. Resorting to cheaper and less nutritious food can have severe and irreversible impacts on child development (Cusick & Georgieff, 2013). If the consumption of crucial micronutrients declines, children may experience setbacks in cognitive development, which can have long-lasting negative impacts on their future learning abilities and earning opportunities.

While there are various provisions for income support throughout the life cycle in Sri Lanka, the existing social security system has not been designed to effectively address the needs of children. The largest social protection programme in Sri Lanka – the only scheme addressing the income needs of low-income households

– is the Samurdhi programme, which covers approximately 37.4 per cent of all households in Sri Lanka.¹¹ The level of benefit provided by Samurdhi is relatively low, however, at USD3 to USD4.20 per child per month.¹² Furthermore, the poverty-targeting methodology underpinning the Samurdhi programme has been found to result in significant exclusion (59 per cent) of eligible households with children (see Figure 4.3).

The identification of households eligible for the Samurdhi programme relies on a lengthy process, in which applicants must go through multiple administrative levels of government to acquire the necessary documentation and approvals. As the targeting of households is at the discretion of local officials at several levels, the registration process for Samurdhi has been perceived, by stakeholders and potential beneficiaries, as highly politicized. In a survey about the programme, it was found that: “perceptions of bias, discrimination and political interference in the delivery of programmes emerged as a principal cause of dissatisfaction with the delivery of state social protection programmes” (Godamunne, 2015, p.22). Specific cases were highlighted where Samurdhi beneficiaries were believed to be financially better off prior to receiving the benefit than many households that did not receive the benefit (Centre for Public Impact, 2017).

Figure 4.3 Targeting effectiveness of the Samurdhi programme among households with children



Source: Kidd et al. (2020a).

¹¹ According to administrative data from the Government of Sri Lanka, Samurdhi reached 1,797,434 households in 2020. The proportion of households covered is calculated based on the estimated total number of households in Sri Lanka, which is itself calculated by dividing the total population – according to United Nations population projections – by the average household size of 4.46.

¹² Samurdhi provides LKR 3,500 per month to a family of four or more members; LKR 2,500 per month for a family of three members; and LKR 1,500 per month for a family of one or two members. So, for an individual child, transfer values range from LKR 750 for a child in a family of two to about LKR 580 for a child in a family of six.

Many of the challenges associated with the Samurdhi programme may be avoided by simplifying its eligibility criteria and reforming the programme to provide a universal benefit for all children from birth registration. Questions around the affordability of and political will for such reforms remain at the forefront of policy discussions in Sri Lanka, however. This creates a challenging environment in which to achieve universal social protection for children in Sri Lanka.

Less than 5 per cent of the country's GDP is invested in the provision of Sri Lanka's social services, which include education, health care and core social protection services. Sri Lanka is governed through a model of low taxation and low public expenditure in services (just over 10 per cent of GDP). The COVID-19 crisis has exacerbated macroeconomic challenges: Government revenues have declined further, by 3.4 per cent of GDP – the largest annual fall recorded – and public debt has increased to unprecedented levels, surpassing 100 per cent of GDP in 2020 (Ministry of Finance, 2020). As a result, interest payments make up the largest component of government expenditure and the fiscal space left for spending on key social and economic sectors is limited, at a time when household incomes are under more stress than ever before.

This article presents an analysis of options to sustainably reform the social protection system in Sri Lanka to better support children and their families – and to also promote economic recovery. In particular, this article uses microsimulations and modelling to examine the potential impacts on well-being of two options for a UCB, as well as the macroeconomic effects of a universal life cycle approach to social protection stimulus measures in Sri Lanka in response to the COVID-19 crisis.

4.2. RESEARCH METHODS

The methodology undertaken for this study includes several components and is based on multiple sources of information. It draws on research conducted for two studies in 2020, which included (1) simulating the costs and impacts of UCB options in Sri Lanka; and (2) simulating the macroeconomic impacts of universal life cycle social protection transfers – including a child benefit, disability benefit and old age pension – to tackle the effects of the COVID-19 crisis and stimulate economic recovery.¹³

First, this article compares the potential costs and impacts of two options for a UCB, with different age eligibility criteria and monthly transfer values. Costs were projected as a proportion of Sri Lanka's GDP using the International Monetary Fund (IMF) World Economic Outlook database and the United Nations Department of Economic and Social Affairs *World Population Prospects 2019* data. Impacts of each UCB programme were simulated in terms of coverage,

¹³ This chapter draws on research conducted by UNICEF Sri Lanka in 2020. It builds on several studies, including Kidd et al. (2020a) and Kidd et al. (2020b).

purchasing power, poverty and inequality. Using Sri Lanka's 2016 Household Income and Expenditure Survey, the simulations construct hypothetical scenarios, comparing baseline and counterfactual scenarios, to estimate the absolute effects of the two options for a UCB, had these been in place in 2016, the year of the household survey.¹⁴

Subsequently, this article examines the potential macroeconomic impacts of a package of universal life cycle transfers, comparing a scenario in which the transfers were provided for six months, with another scenario in which there is continued annual investment in life cycle social protection in Sri Lanka. For this simulation, a desk-based literature review and virtual key informant interviews were first undertaken, in April 2020, to gain an in-depth understanding of Sri Lanka's social and economic context, its social protection context and the potential impacts of COVID-19 on the incomes of workers across the country's economic sectors. Next, expert consultations were undertaken with the aim of establishing economic assumptions to prepare for the simulation of the direct impacts of COVID-19 on workers' incomes across economic sectors (*see Table 4.1*). Using these assumptions, as well as data from the 2016 Household Income and Expenditure Survey, the direct impacts of COVID-19 on household incomes were simulated to derive 'post-COVID-19' incomes in Sri Lanka.

Table 4.1 Economic assumptions used to construct scenarios around the reduction of income for all workers by sector in the next six months

Economic sector	Code Divisions (ISIC Rev. 4)	Optimistic scenario (% change in income)	Pessimistic scenario (% change in income)
Agriculture, fishing and forestry	1–3	-5	-10
Mining and quarrying	5–9	-10	-20
Manufacturing	10–33	-30	-50
Utilities	35–39	-5	-10
Construction	41–43	-20	-30
Wholesale and retail trade; repair of motor vehicles and motorcycles	45–47	-30	-60
Transportation and storage	49–53	-20	-40
Food and beverage service activities	55–56	-50	-70
Information and communication	58–63	-20	-10

¹⁴ The model used for the microsimulations is a linear approximation model based on Figari, Paulus and Sutherland (2015).

Economic sector	Code Divisions (ISIC Rev. 4)	Optimistic scenario (% change in income)	Pessimistic scenario (% change in income)
Insurance, real estate and financial activities	64–66	-15	-30
Professional, scientific and technical activities	69–75	0	0
Administrative and support service activities	77, 78, 80–82	-25	-50
Tourism	79	-70	-90
Public administration and defence; compulsory social security	84	0	0
Education	85	0	0
Human health and social work activities	86–88	0	0
Arts, entertainment and recreation	90–93	-30	-60
Other service activities	94–96	-25	-50
Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	97–98	-25	-50
Remittances	N/A	-10	-30

Source: Economic assumptions developed by the authors based on the International Standard Industrial Classification (ISIC) of all economic activities.

Using the post-COVID-19 incomes, the potential impacts of the life cycle social protection transfers on household incomes in Sri Lanka were estimated. Those individuals eligible for the social protection programmes were identified by age (and, in the case of a disability benefit, by disability status). The combined value of the transfers from each programme for which a household was eligible was added onto the household income. When simulating the social protection transfers, it was assumed that transfers were shared equally by everyone in the household.

Subsequently, wider impacts of the life cycle social protection package on the economy were estimated using a computable general equilibrium model based on the 2012 Social Accounting Matrix for Sri Lanka (Raihan, 2015). Adjustments were made to the composition of the country's GDP in the 2012 Social Accounting Matrix to reflect the structure of the economy in 2020. This model enabled the estimation of economic shocks that could affect Sri Lanka during the COVID-19 pandemic, based on an optimistic and pessimistic scenario as shown in Table 4.1.

The results presented in this article consider a ‘pessimistic’ scenario in which the crisis lasted for six months. In reality, however, the impacts of the COVID-19 pandemic on the Sri Lankan economy have lasted far beyond 2020. The analysis shows what the economy of Sri Lanka would look like under the proposed life cycle social protection package, and how this compares to a hypothetical situation in which COVID-19 is absent.

There are a number of limitations to the use of these research methods. It should be noted that this article derives its findings from analyses conducted in 2020, at the onset of the COVID-19 crisis. Since then, Sri Lanka has been affected by compounding crises, not only caused by the pandemic, but also driven by tax cuts, rises in external debt, agricultural crises and conflict, which have severely affected society and the economy. Secondly, the microsimulations of UCB options did not focus on the macroeconomic impacts of the COVID-19 crisis and the effects of the crisis on overall economic growth – and thus neither did the research consider its indirect effects on poverty reduction. This is a limitation, considering the evidence that overall economic growth is a major driver of poverty reduction.

Moreover, the analysis only considers a subset of effects that is merely the impact on income in various sectors of the economy. For instance, at this stage, it does not include the change in food prices. In terms of the estimations of macroeconomic impacts, the analysis only considered the injection of a temporary social protection stimulus package as a response to the COVID-19 crisis. Here, the analysis assumed that economic agents are myopic, meaning that the estimates do not determine how long the crisis will continue, and therefore a level of uncertainty is maintained in the economic estimates (Lecca, McGregor and Swales, 2013).

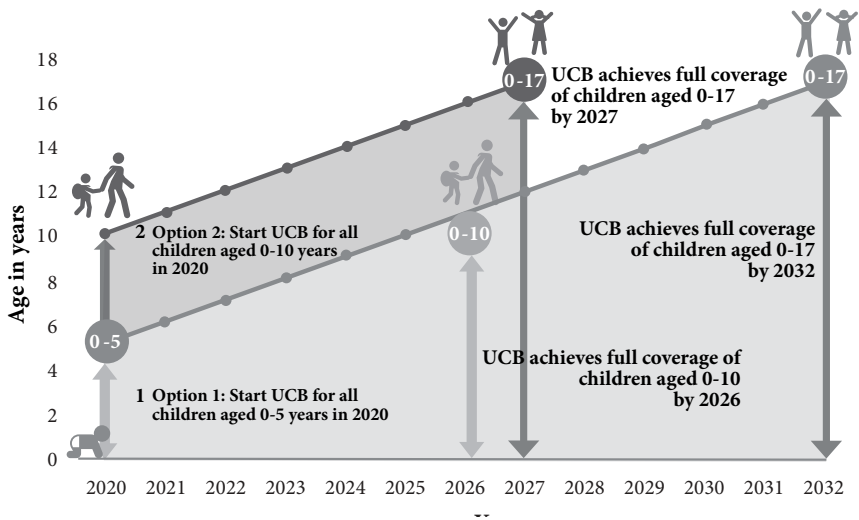
4.3. OBJECTIVES AND RESULTS

The following sections outline several scenarios to assess the potential impacts of (1) a UCB; and (2) a package of universal life cycle social protection stimulus measures, which will be discussed in two components.

4.3.1. Potential impacts of UCB options in Sri Lanka

This article outlines two options for an incremental approach to move to a fully universal social protection programme for all children over time. The proposed options maintain the principle of universality to avoid the challenges of poverty-targeted programmes. The options explore the progressive implementation of a UCB, as visualized in Figure 4.4. Both options begin by offering the benefit only to young children in 2020 and grow the scheme over time by not removing any children until they reach 18 years of age.

Figure 4.4 Options for the progressive implementation of a UCB in Sri Lanka



Source: Kidd et al. (2020a).

Summarized below are the two options, which present transfers per child, whether the child is under 5 years of age initially or under 10 years of age initially (*see Table 4.2*). In other words, for example, a family with two children would receive the transfer value of LKR 2,500 per month multiplied by two (LKR 5,000) while a family with four children would receive four times the transfer value (LKR 10,000). Of course, there are many other feasible options that use different ages of eligibility and transfer values, but the two examples below propose two distinct ages of eligibility and, as a result, vary in terms of the initial level of investment required. The two options should be regarded as indicative proposals. If the Government of Sri Lanka decides to take forward a UCB to implementation, the proposals could be adjusted and/or further refined.

Table 4.2 Details of the two proposed options for a UCB in Sri Lanka

	Option A	Option B
Initial age of eligibility	0–5 years	0–10 years
Transfer value (LKR per month)	2,500	2,500
Transfer value as a % of GDP per capita	3.8	3.8
Number of children covered in 2020	1,995,000	3,694,000
Proportion (%) of all children aged 0–17 years covered by 2024	54	85
Proportion (%) of all children aged 0–17 years covered by 2032	100	100

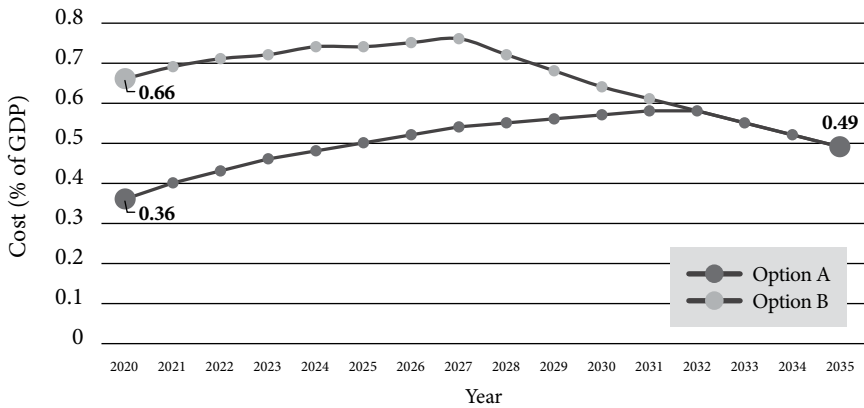
Source: Kidd et al. (2020a).

Both options for a UCB presented in this article are affordable for Sri Lanka. Option A could be established for only 0.36 per cent of the country's GDP in 2020, while option B would require 0.66 per cent of GDP. This compares with the 0.51 per cent of GDP that Sri Lanka is investing in the Samurdhi programme.¹⁵ Option B would be comparable to the level of investment of the child benefit of Mongolia. Moreover, Nepal – a lower-middle-income country – invests around 1.7 per cent of GDP in tax-financed social protection. Nepal initially introduced a child benefit for children under 5 years of age in the remote province of Karnali, and this programme has gradually been expanded. The Government of Nepal has a vision to provide all children under 5 years nationally with a child benefit (Garcia & Dhakal, 2019).

As Figure 4.5 demonstrates, over time – even with no children leaving the programme until they reach 18 years of age – the level of investment required for both options would rise only slowly. The highest level of investment required for option B would occur in 2027, yet this would still only be 0.76 per cent of GDP; for option A, this would happen in 2032, but the level of investment would rise to just 0.58 per cent of GDP. Further into the future, the budget required for either UCB would fall year on year as a percentage of GDP, in part due to the declining size of the population under 18 years of age as a proportion of the total population.

¹⁵ Information supplied by a government official at Department of Samurdhi Development of the Government of Sri Lanka, February 2020. LKR 39 billion is spent on Samurdhi transfers and LKR 40 billion on administration costs for the programme.

Figure 4.5 The level of investment required annually for the UCB options over time, as a percentage of GDP



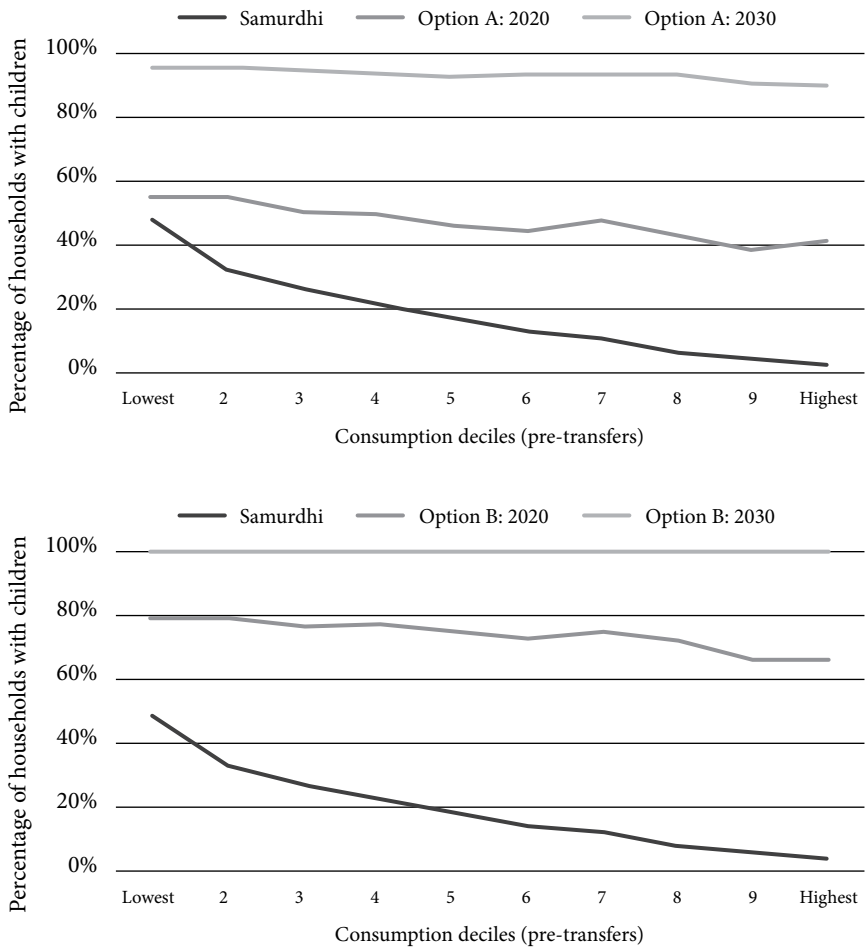
Note: The cost projections assume that GDP growth will be 4.5 per cent of GDP per year, in line with International Monetary Fund projections for the period 2020–2026.

Source: Figure based on International Monetary Fund World Economic Outlook data and United Nations Department of Economic and Social Affairs 2019 population projections.

A UCB would reach almost all intended children – including the poorest – and any exclusion would be negligible. In contrast, as indicated above, the Samurdhi programme excludes 59 per cent of the poorest children in Sri Lanka, which means that it fails to reach the majority of its intended beneficiaries. It is also notable that even when the age of eligibility restricts the UCB to young children (aged 0–5 years) initially, it would still be more effective than Samurdhi in reaching households with children of all ages, including those living in extreme poverty.

Figure 4.6 shows the current coverage of Samurdhi across the welfare distribution and compares it to the coverage of each of the two UCB options in 2020 and 2030, across all households with children aged 0–17 years in Sri Lanka. Even the UCB initially for children aged 0–5 years would reach many more households than Samurdhi – including achieving higher coverage among the poorest households – and, with either option, the coverage would increase dramatically over time. Importantly, the poorest households with children in Sri Lanka would, by 2030, experience almost universal coverage. Hence, despite targeting the poorest households with children, Samurdhi is much less effective at reaching the poorest households than a UCB, even when the UCB is restricted to young children initially.

Figure 4.6 Coverage of households with children by Samurdhi currently, compared with UCB options A and B in 2020 and 2030

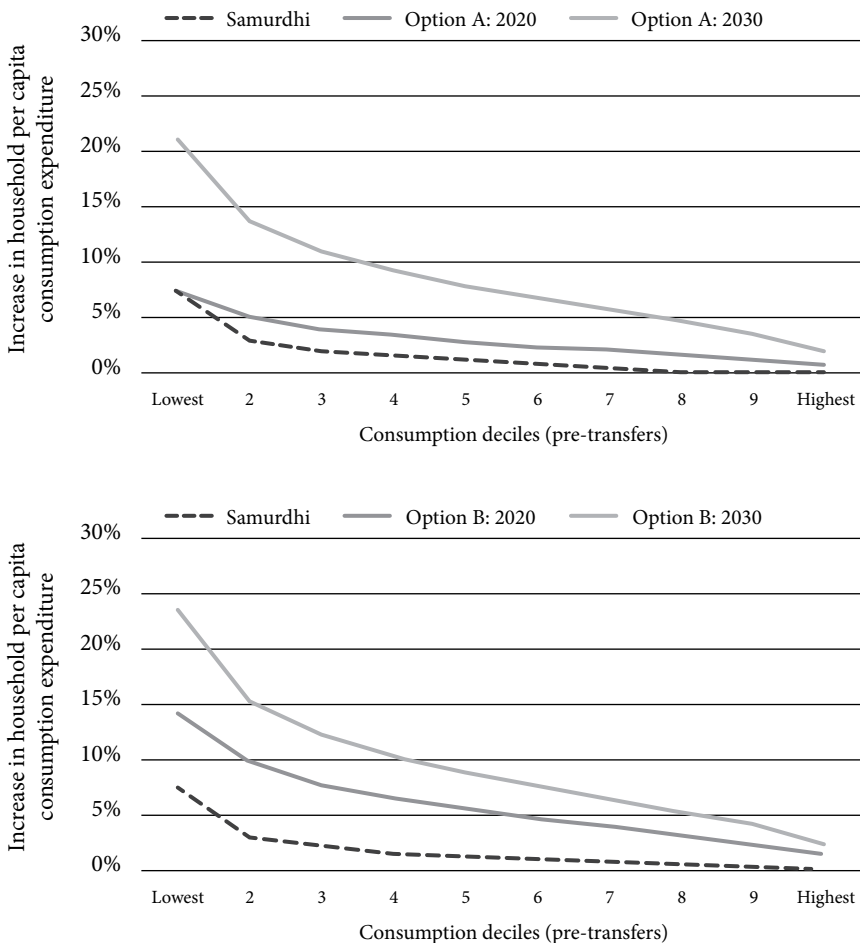


Source: Kidd et al. (2020a).

When examining the impact on consumption across all households with children, both child benefit options would perform much better than Samurdhi (see Figure 4.7). Even among the poorest households with children, the average increase in consumption associated with Samurdhi is only 7.4 per cent, falling to just 1.6 per cent among all households with children. Yet, child benefit option A – even when it only reaches children aged 0–5 years – would perform as well as Samurdhi among the poorest 10 per cent of households with children and much better for households with children overall, considering all deciles. Further, once the age of eligibility for the child benefit rises, the increase in consumption

overall – across all households with children – becomes much more significant. For example, under option B, by 2030, the average increase in consumption overall would be 9.7 per cent, rising to 23.4 per cent among the poorest decile.

Figure 4.7 Increase in consumption among all households with children by applying UCB options A and B, compared with Samurdhi

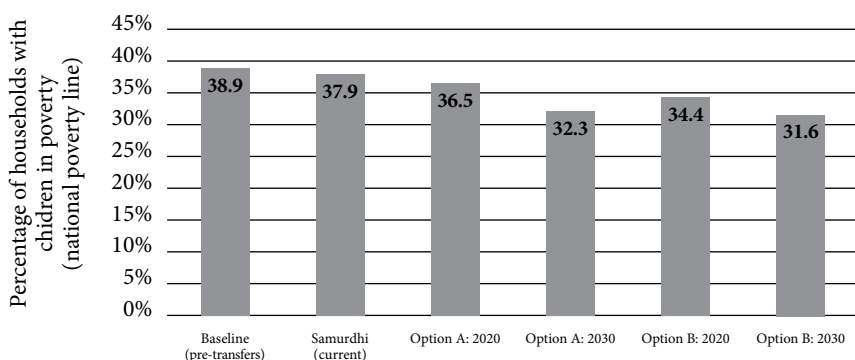


Source: Kidd et al. (2020a).

The increases in consumption resulting from the two UCB options would bring about a reduction in the national poverty rate.¹⁶ As Figure 4.8 demonstrates, the UCB options would have a greater impact on poverty than Samurdhi, despite the fact that Samurdhi is designed to be a poverty reduction programme. When measured against the USD5.50 per day (2011 PPP) international poverty line for upper-middle-income countries, Samurdhi reduces the national poverty rate from 38.9 per cent to 37.9 per cent. In comparison, even option A in 2020 – when only young children receive the benefit – would reduce the poverty rate to 36.5 per cent. By 2030, the impacts of a UCB would be much greater, with the national poverty rate falling to 32.3 per cent under option A and to 31.6 per cent under option B.¹⁷

It is important to note that, of course, the greater the transfer value, the greater the impact on poverty reduction. Therefore, if the Government of Sri Lanka wished to further enhance the impacts of introducing a UCB, it could increase the transfer value.

Figure 4.8 Impact of the UCB options and Samurdhi on the national poverty rate, using the USD5.50 per day (2011 PPP) international poverty line



Source: Kidd et al. (2020a).

Finally, the child benefits are estimated to have significant impacts on inequality. For example, by 2030, option B would reduce the Gini coefficient from 0.39 to 0.37, a fall of 5.5 per cent. In reality, the reduction will be higher, as the analysis does not take into account the increase in taxation to finance the UCB

¹⁶ Note that when examining potential reductions in the national poverty rate by 2030, the analysis only looks at the impact of a UCB. Of course, by 2030, other factors will also affect the poverty rate. As such, the actual poverty rate in 2030 may well be different to the findings given here.

¹⁷ Comparing the impact of a UCB and the Samurdhi programme on the national child poverty rate, a UCB would have a greater relative impact. While Samurdhi reduces the national child poverty rate from 5.1 per cent to 4.1 per cent by 2030, UCB option B would reduce it to 1.9 per cent by the same year.

programme. According to the IMF, not only will a reduction in inequality build national social cohesion and a more peaceful society, but it will also increase economic growth (Grigoli & Robles, 2017). Furthermore, the higher incomes received by families would enable them to increase their investment in their children by offering them better diets and an improved home learning environment, improving child (and human capital) development.

4.3.2. Potential impacts of a package of universal life cycle social protection stimulus measures in response to the COVID-19 crisis

This article also demonstrates the potential impacts of a package of universal life cycle social protection stimulus measures provided for at least six months, as well as of continued annual investment in life cycle social protection in Sri Lanka. As outlined in Table 4.3, the package includes a UCB providing LKR 3,000 per child per month (provided to the female caregiver, where present) alongside an old age pension and a disability benefit, each providing LKR 7,000 per month. The cost for this package of schemes would be 0.25 per cent of GDP per month, or about LKR 233 billion (1.51 per cent of GDP) for six months.

Table 4.3 Proposal for a package of universal life cycle social protection stimulus measures

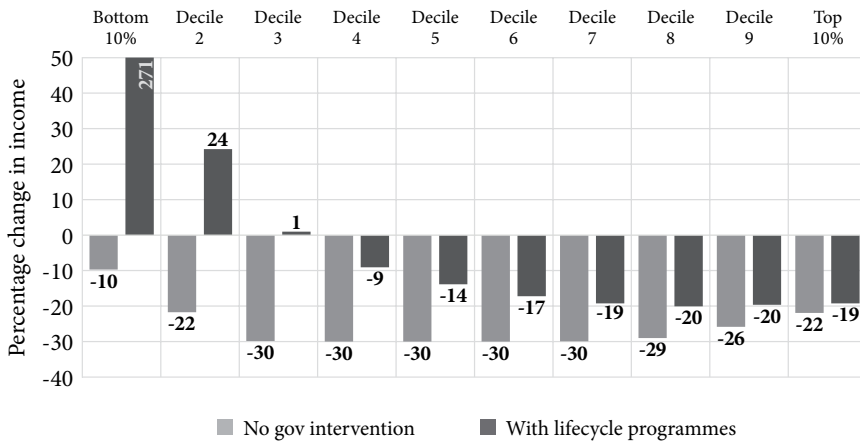
Scheme	Age of eligibility	Transfer value (LKR per month)	Transfer value (% of 2019 GDP)	Cost (% of 2019 GDP)
Child benefit	0–17 years	3,000	5	0.71
Disability benefit	0–64 years	7,000	12	0.15
Old age pension	65+ years	7,000	12	0.65
Total				1.51

Source: Proposals developed by authors.

Figure 4.9 looks across the welfare distribution and shows the likely impacts on household incomes of the schemes in the package. As discussed earlier, projections indicate that household incomes in Sri Lanka reduced by up to 27 per cent in the first six months after Sri Lanka confirmed its first case of COVID-19. Under the proposed package of life cycle social protection schemes implemented for six months, the impacts would have been mitigated significantly, as incomes would have reduced by only 9 per cent.

The life cycle schemes would be strongly pro-poor, as those in the bottom three deciles would, on average, be in a better position than before the crisis. Indeed, among the poorest decile of the population, incomes would be almost four times *higher* than before the crisis. Importantly, there would be a significant reduction in income losses for those on a middle income, who have been particularly hard hit by the crisis (in terms of income losses).

Figure 4.9 Impacts of the life cycle transfers on the incomes of households across the welfare distribution, post-COVID-19



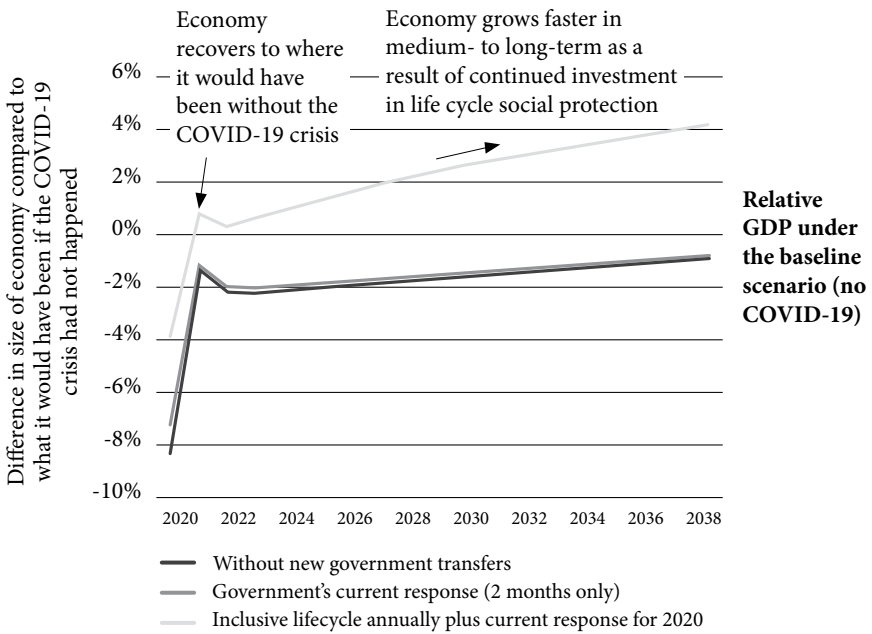
Source: Kidd et al. (2020b).

It would benefit Sri Lanka to follow the same path that the successful countries of today once followed (when they were poorer than Sri Lanka is now): build a modern social protection system as part of the economic growth/recovery strategy. By generating greater consumption across the economy, both the depth of the recession and the risk of escalating social tensions would be reduced, thereby enabling the economy to recover more quickly. Maintaining a comprehensive social protection system even beyond the COVID-19 crisis could generate higher growth in the future owing to the multiplier effects on the economy.

Figure 4.10 compares the simulated impacts of continuous life cycle social protection transfers with government emergency response measures and a scenario without response measures. It shows the minimum impacts on economic growth if the Government of Sri Lanka were to continue investing LKR 250 billion per year in social protection – just over 1.5 per cent of GDP in 2019, adjusted to March 2020. The computable general equilibrium modelling predicts that the continued investment in life cycle social protection would result

in the economy recovering to where it would have been by 2021 had the COVID-19 crisis not occurred. By 2030, with the continued investment, the economy would be 3.9 per cent larger than if the Government implemented no further fiscal stimulus. In reality, the impacts on economic growth of such investment are likely to be higher still, since the computable general equilibrium model only examines the effects of greater consumption and demand.

Figure 4.10 Simulated impacts of continuous life cycle social protection transfers, assuming the COVID-19 crisis lasted six months



Source: Kidd et al. (2020b).

4.4. USE AND POLICY IMPACT OF THE EVIDENCE GENERATED

The evidence presented in this article builds on existing policy developments within Sri Lanka. The work of UNICEF has informed policy dialogue on inclusive social protection policies with key ministries such as the State Ministry of Samurdhi, Household Economy, Micro Finance, Self Employment and Business Development, and conversations with high-ranking government officials and relevant stakeholders such as the Presidential Task Force on Economic Revival and Poverty Eradication, members of Parliament, think-tanks and civil society

organizations. As a result of this advocacy, two notable policy developments have taken place between 2020 and 2022.

Firstly, the COVID-19 crisis has become a catalyst for policy change globally, including in Sri Lanka. Government measures to curb the spread of COVID-19, such as nationwide lockdowns, had consequences for the labour force, particularly informal workers. For instance, daily wage workers were unable to earn income because they could not attend work, while many others lost their jobs. The Government of Sri Lanka quickly recognized the need to protect families during the crisis and requested technical support from international institutions.

UNICEF leveraged this window of opportunity to advise the Government to use existing social protection programmes to implement a stimulus measure that was announced merely 10 days after the imposition of curfew restrictions in Sri Lanka. The total cost of this immediate support measure was around LKR 55 billion, or 0.33 per cent of GDP, and it covered around 66 per cent of Sri Lankan households during the first two months of the crisis.

During April and May 2020, the Government used key social assistance programmes such as Samurdhi, the Senior Citizens Allowance, the Disability Allowance and the Chronic Illness Allowance to provide an additional emergency transfer of LKR 5,000 per month to vulnerable families. Instead of supporting only the existing beneficiaries of these programmes, the Government also included those on the waiting list (horizontal expansion). Additionally, the Government expanded coverage of the emergency transfer to include those whose livelihoods were affected by the pandemic, who may have been ineligible for these schemes, through an open application process. Eligibility for the emergency transfer was subject to approval by rural committees at divisional level.

Evidence generated by UNICEF and Development Pathways highlights that this response was not without its challenges, which is unsurprising given the speed with which it was implemented and the reliance on existing social protection programmes that had high exclusion errors to begin with. Indeed, 34 per cent of Sri Lanka's population is estimated to have been excluded from support despite experiencing a reduction in income, including a significant proportion of both children and older persons. Such challenges call for further evidence generation and continued dialogue to strengthen the national policy and legislative framework to improve systems and progressively realize inclusive social protection beyond the COVID-19 crisis.

Secondly, the research presented in this article has been leveraged to increase political and public support for life cycle-based social protection systems at different levels of government. UNICEF has presented this evidence directly to government leaders and officials, including the Prime Minister and the Minister of Finance, to discuss potential reforms. Complementary activities undertaken to generate understanding and awareness of the proposed policies include training courses for government officials, United Nations staff and key civil society actors.

Most notably, UNICEF has successfully advocated for the Government of Sri Lanka to expand its existing nutrition voucher programme for pregnant women and lactating mothers. As a result, the Ministry of Finance announced in the 2022 Budget that pregnant women and lactating mothers would now receive the nutrition voucher for 24 months rather than 10 months (Ministry of Finance, 2022).

The process of evidence generation and policy dialogue is ongoing, as UNICEF and Development Pathways are continuing to produce an analysis of the potential impacts of an inclusive, life cycle social protection system, including a UCB, in 2022 (Ministry of Finance, 2022). Using this analysis, UNICEF has begun discussions with the Government of Sri Lanka on extending and reforming the existing nutrition voucher scheme for pregnant women and lactating mothers, and on reforming Samurdhi, as a first step to building a UCB.

The compounding social and economic crises affecting Sri Lanka present significant challenges to public services in the country. During a time of crisis, however, the rationale for inclusive social protection is also strengthened. Rather than a cost, a UCB is a public investment in Sri Lanka's society, human capital and economic recovery. This article has demonstrated that a UCB is affordable when compared with the existing costs of Samurdhi. Indeed, ongoing policy developments show that political will for a UCB can be strengthened, in particular within the context of the pressing need for progressive tax reforms to increase public revenues and sustainable public investments, as recommended by the IMF.

4.5. CONCLUSION

This article has presented results of ongoing evidence generation on the potential impacts of a universal child benefit and universal life cycle social protection measures in Sri Lanka. It has demonstrated significant positive impacts on income and poverty, including consumption, of households with children, as well as economy-wide impacts of continued investment in life cycle social protection.

To use this evidence effectively and promote policy reform for the progressive realization of a UCB requires a paradigm shift. In the context of a prevailing paradigm that overemphasizes economic policy and limited fiscal space, civil society has made slow progress in building commitment across government for inclusive social protection.

Nonetheless, while the COVID-19 crisis has challenged the policy environment of Sri Lanka still further, it has also underlined the population's susceptibility to income shocks and the importance of guaranteeing children's access to public services. Globally, as well as in Sri Lanka, temporary social protection measures have been a crucial part of fiscal stimulus policies. Universal approaches have

been endorsed at the global level by the United Nations, the World Bank and the IMF (IMF, 2020; World Bank, 2020).

By implementing permanent social protection reforms, however, families with children in Sri Lanka could access constant support, resulting in more sustainable impacts on poverty reduction and the promotion of child development.

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Leaving No One Behind: Analysing the Inclusiveness of the Disability Grant Scheme in Thailand

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5.1. INTRODUCTION

This article summarizes the findings of the ‘Policy Implementation Analysis on Disability Grant of Thailand’, a research study supported by the United Nations Children’s Fund (UNICEF). The article discusses the prominent gaps in policy implementation that cause difficulties for people with disabilities, including children with disabilities, in accessing Thailand’s Disability Grant Scheme.

Thailand has made significant progress towards universal social protection by introducing major schemes to expand coverage, such as the Universal Health Coverage Scheme for those not covered by other health care schemes, the tiered Old-Age Elderly Allowance, Disability Grant and the Child Support Grant. There is a need to improve the social protection system, however, in particular by focusing more strongly on addressing inequities and inclusiveness.

People with disabilities, including children, face significant social and economic vulnerabilities. Thailand’s National Disability Survey 2017 (National Statistical Office of Thailand, 2017) reveals that people with disabilities reported insufficient and limited access to economic opportunities, social services and social protection programmes provided by the Government of Thailand. These findings are consistent with those of the Economic and Social Commission for Asia and the Pacific midpoint review of the Asian and Pacific Decade of Persons with Disabilities. According to the review, people with disabilities in the region

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continue to face extreme poverty: “differences in poverty rates between persons with disabilities and the overall population range from 3.9 per cent to 20.6 per cent” (Economic and Social Commission for Asia and the Pacific, 2018, p. iv).

The Disability Grant is one of Thailand’s social welfare schemes for registered people with disabilities, among other social services offered to people with disabilities. The Government of Thailand first introduced the Disability Grant in 2010, providing THB 500 per month (approximately USD17) to all Thai citizens who are registered for the disability identification (ID) card.

This article is organized as follows: Section 2 presents an analysis of relevant statistics, as well as legal and policy frameworks and regulations for social protection (both cash and in-kind) for people with disabilities in Thailand. Section 3 presents the analysis of the implementation of the Disability Grant Scheme in Thailand in terms of organizational structure, processes and programme performance, with a specific focus on children with disabilities. Section 4 presents key recommendations to ensure inclusiveness of the Disability Grant in Thailand. The recommendations were prioritized in consultation with the Government, taking into account the urgency of the needs and wider impacts on the lives of people with disabilities, including children with disabilities. Section 5, the final section before the conclusion, presents how UNICEF-supported research has been used in policy discussions and decision-making in Thailand to address challenges faced by people with disabilities, including children with disabilities. It focuses in particular on the processes through which the research findings and recommendations were introduced to national discussions and on subsequent follow-up actions to improve the effectiveness of social protection schemes for people with disabilities, including children. It also sets out the way forward, outlining plans to address the remaining priority recommendations to come out of the study.

5.2. BACKGROUND: SITUATION OF CHILDREN WITH DISABILITIES AND LEGAL FRAMEWORK ON SOCIAL PROTECTION

People with disabilities have faced persistent discrimination and exclusion in Thailand. The latest statistics from the National Statistical Office of Thailand (2017) – from the National Disability Survey 2017 – reveal that despite the universal nature of the Disability Grant, only 44.4 per cent of people with disabilities applied for the disability ID card and just 43.8 per cent of people with disabilities received the grant. Although the definition of disability employed by the National Statistical Office is broader than the disability criteria prescribed by the Ministry of Social Development and Human Security (MSDHS) for receipt of the grant, this gap in coverage called for further attention to explore the reasons for this limited reach and improve the implementation of the policy.

Exploring the issue further, through a child lens, families raising children with disabilities are more vulnerable to poverty or run a greater risk of falling into poverty or near-poverty owing to disability-associated costs and the lost earning opportunities resulting from having to care for their children. In Thailand, a significant proportion of children with disabilities reside in households in the lowest quintiles of the Wealth Index (National Statistical Office, 2017).

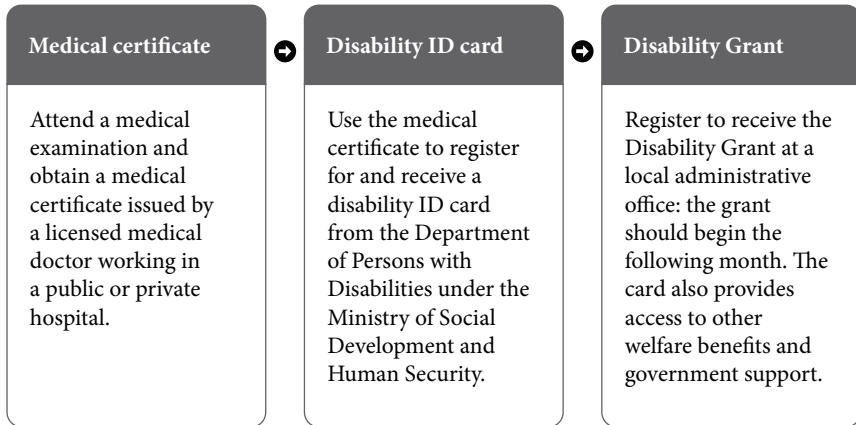
People with disabilities, including children with disabilities, are entitled to social protection and wider social welfare services, as specified in the Persons with Disabilities Empowerment Act B.E. 2550 (2007). To qualify for the benefits, however, individuals must register for a disability ID card. The benefits provided under section 20 of the Act include the Disability Grant, modification of housing and access to rehabilitation services, education, vocational rehabilitation and sign language interpreters. People with disabilities, including children with disabilities and their caregivers, are also entitled to a tax deduction or exemption as prescribed by law.

The Disability Grant was first introduced in 2010, providing THB 500 per month to all Thai citizens who are registered for the disability ID card. The Government of Thailand has progressively increased the value of the grant over time to reflect changes in the cost of living. The first increase was in 2015, when the grant was raised to THB 800 per month, and the grant has been increased again recently as a result of the UNICEF-supported research and advocacy efforts, which will be discussed in section 5.¹⁸

To access the Disability Grant, people with disabilities, including children, must go through a three-stage process: obtain a medical certificate, register for the disability ID card and register for the Disability Grant (*see Figure 5.1*). These three steps involve three line ministries: the Ministry of Public Health, MSDHS and Ministry of Interior. According to the Management Information System of the Department of Empowerment of Persons with Disabilities, as at May 2020, over 1.96 million people with disabilities, including 111,586 children with disabilities, benefited from the Disability Grant. The government budget allocated to the Disability Grant in 2020/21 was THB 18,852 million (USD565 million) (National Economic and Social Development Council).

¹⁸ The Disability Grant was first introduced in 2010 (B.E. 2553), providing THB 500 per month to all Thai citizens registered for a disability ID card. In 2015, the Government of Thailand increased the allowance for people with disabilities to THB 800 per month. In January 2020, the Cabinet approved to increase the value to THB 1,000 per month from October 2020 onwards for all people with disabilities who hold a State Welfare Card. In April 2020, the Cabinet extended its decision to increase the value to THB 1,000 per month to include all children (under 18 years of age) in receipt of the Disability Grant.

Figure 5.1 Three-stage process to apply for the Disability Grant



Source: Simplified from the Persons with Disabilities Empowerment Act 2007 and its Amendment 2013 (Vol. 2).

5.3. ANALYSIS OF THE IMPLEMENTATION OF THE DISABILITY GRANT

5.3.1. Objectives and methodology

This article focuses on the Disability Grant and attempts to address some of the key questions around the inclusiveness and adequacy of social protection programmes/measures in Thailand for people with disabilities, including children with disabilities. It explores key findings of the UNICEF-supported research study ‘Policy Implementation Analysis on Disability Grant of Thailand’ and uncovers prominent gaps in Disability Grant policy implementation that cause difficulties for children with disabilities and people with disabilities in accessing the Disability Grant Scheme. As part of the discussion around the Disability Grant’s adequacy, this article considers the grant’s part in a holistic response to the multidimensional needs of children with disabilities and their families.

By way of background to the research study, given the significant lack of coverage of the Disability Grant highlighted by the National Disability Survey 2017, UNICEF and the Department of Empowerment of Persons with Disabilities (DEP) under the MSDHS decided to prioritize efforts and resources on further exploring the design and implementation of the grant, with a special focus on its accessibility for children with disabilities. The Faculty of Social Administration at Thammasat University conducted the research from November 2018 to December 2019, with technical and financial support from UNICEF. Two

international consultants contributed their international experiences and technical support to this research.

The main objectives of this research were to:

- review international experiences with policy design and delivery and the implementation of social protection policy and programmes for people with disabilities, with a focus on disability grants and children with disabilities
- review statistics and legal and policy frameworks relevant to social protection for people with disabilities
- analyse policy implementation of the Disability Grant in Thailand
- provide recommendations for improvement or revisions in policy design and delivery and the implementation of the Disability Grant, with a focus on equity for children with disabilities.

To meet the above objectives, a mixed methods approach was employed for data collection. Quantitative data collection was carried out in eight selected provinces of Thailand: Ayutthaya, Chiang Mai, Chiang Rai, Khon Kaen, Krabi, Nakhon Phanom, Nonthaburi and Phang Nga. Using a survey questionnaire, quantitative data were collected from 422 parents of children with disabilities. The survey gathered information on the demographic characteristics of children with disabilities and their families as well as experiences of the disability registration process as well as use of the Disability Grant.

Qualitative information was gathered through 24 focus group discussions and 13 in-depth interviews conducted in the eight provinces. Focus group discussions were done with key stakeholders, including parents of registered children with disabilities, parents of unregistered children with disabilities, representatives of organizations of people with disabilities, officials from the local One-Stop Service for Persons with Disabilities or Provincial Office of Social Development and Human Security, and officials from the local General Disability Service Centre or local government. In-depth information was gathered from high-level administrators and policy-makers at the MSDHS and from medical doctors and community volunteers.

5.3.2. Key findings

5.3.2.1. Legal and policy frameworks

Thailand has made good progress and firm commitments to mainstreaming the rights of people with disabilities. Thailand's national laws and policies align with the disability-related international and regional frameworks to which the country is a signatory. The major disability-specific law, the Persons with Disabilities Empowerment Act B.E. 2550 (2007) and its revision in 2013, sets out the rights of people with disabilities, including their access to social welfare services.

Thailand's commitment to 'disability mainstreaming' is reflected in national legal and policy frameworks, particularly the 5th National Plan on Empowerment of Persons with Disabilities 2017–2021. This particular policy framework, still valid until the new plan is finalized, coordinates the support and services for people with disabilities, including access to employment promotion services, public transportation, environmental access, information access and access to social, cultural and recreational activities. Implementation of the National Plan is monitored by the National Committee on Empowerment of Persons with Disabilities (NCEPD), which is chaired by the Prime Minister. The DEP under the MSDHS acts as the main focal point to implement all of the country's legal and policy frameworks on disabilities.

The current legal and policy frameworks reflect a paradigm shift from a medical to a social and rights-based approach. The 2007 Persons with Disabilities Empowerment Act and its revision in 2013 are based on the social and rights-based approach, aiming for anti-discrimination and disability inclusiveness. The provision of social protection for people with disabilities in Thailand has been influenced by the international disability movement, especially the United Nations Convention on the Rights of Persons with Disabilities, which the country ratified in 2008. Other regional and subregional frameworks have also played important roles in the development of Thailand's disability policy. The Convention is significant because it recognizes the attitudinal and environmental barriers that can hinder people with disabilities from achieving full and effective participation in society on an equal basis with others.

The recent inclusion of modules on child functioning in the National Disability Survey conducted by the National Statistical Office represents an important effort to ensure the visibility of all people living with functional limitations and in need of support. The module's adoption is in line with the country's shift from a medical to a more social approach to measuring functionality.

5.3.2.2. Coherence and coordination at all levels

Because Ministry of Public Health, MSDHS and Ministry of Interior are three distinct entities, each with its own supervisory line and protocol, structural factors contribute to bottlenecks in the joint implementation of the disability registration at the local level. Front-line staff of each line ministry reported an unclear understanding of the roles and protocol of the other ministries. Incongruences often result from discrepancies in the understanding, for instance, between doctors and front-line staff at the Provincial Office of Social Development and Human Security registration desks regarding their designated roles and responsibilities and the use and interpretation of the Disability registration manual. Of special concern are the findings that front-line officers regularly overruled doctors' decisions on medical certification or asked the person with a disability to return to the hospital for re-evaluation as well as

questioning the validity of the disability certificate. Proper implementation of the policy is aggravated by the lack of sufficient specialised staff to conduct disability registration, often requiring unqualified staff to help with the process.

There is a lack of mechanisms to monitor the performance of the Disability Grant and to follow up with the children with disabilities and their families. There is currently no shared disability database that allows for follow-up on progress in regard to receiving the Disability Grant or other social welfare benefit for people with disabilities. In addition, there is no way to comprehensively assess the performance of the Disability Grant. This is vital to make the grant more adaptive and responsive to the needs of people with disabilities, especially children with disabilities, whose age-specific needs may be overlooked.

5.3.2.3. Exclusions

The current eligibility criteria are a key barrier to successful disability registration and access to the Disability Grant. Children with some types of disability/functional limitations experienced difficulties in gaining the required medical certification. The qualitative analysis indicates that the medical diagnosis approach is still used (rather than the functional approach). In some instances, doctors have immediately ruled out the eligibility of some types of conditions not considered severe enough, such as attention deficit hyperactivity disorder.

Some children may not have access to medical examination from the outset owing to limited specialists in the local area. This part of the process can lead to the screening out of children who may require support, whereas a more comprehensive examination (using a functional approach) would not only identify the child's disability but also inform the family of further services available – or indeed help to identify what services are not currently available to support the needs of the population.

If a child does not receive medical certification at this stage, parents cannot go further and apply for any disability benefits, including the Disability Grant. This is a critical gap in the assessment phase that can lead to children with disabilities dropping out of the process, preventing both a child's necessary health and social welfare needs from being identified and the child from being connected to the appropriate support services, including financial support. This gap suggests that there is no formal referral service in effect at the disability certification stage.

Stigma remains attached to a disability diagnosis, which impedes children with disabilities from accessing the support to which they are entitled. Results from the focus group discussions involving parents of children with disabilities suggest that the issuance of a disability certificate was sometimes accompanied by a negative attitude from medical staff, who would try to convince the parents not to register the child as having a disability. This reflects the prevailing negative societal attitudes and stigma around disability, which leads to many parents worrying about the implications of their child having a confirmed disability status.

5.3.2.4. Adequacy of the disability grant

The value of the Disability Grant does not vary according to the needs of children with disabilities and their families. The findings of the research study highlight that children with disabilities in Thailand have a range of diverse needs and that these may vary over time. This throws into question the adequacy of a uniform grant amount for all children with disabilities and its ability to effectively cover the varying costs of caring for children with disabilities. To be responsive and child-sensitive, the Disability Grant must consider additional childcare expenses such as assistive devices, medical care and transport (to and from school or hospital), which most survey respondents reported as being the greatest expenses incurred by families of children with disabilities.

In addition, the study findings indicate that the Disability Grant, while welcome, is insufficient to cover the various costs associated with caring for a child with a disability. Families spent an average of THB 1,722 per month to respond to the needs of children with disabilities such as transport costs to and from school or hospital, medicines/medical treatment, expenses related to education (uniform, books), food/milk, and nappies. This incongruence between income and expenses reflects the financial challenges of caring for children with disabilities. The current Disability Grant amount was reported to represent approximately 9 per cent of household income and 5 per cent of household expenses and cover 46 per cent of expenses for children with disabilities. Therefore, in most cases, the Disability Grant is insufficient to meet the needs of children with disabilities, and it is certainly inadequate for those with severe needs.

5.3.2.5. Access to other social welfare services

Insufficient social workers make it difficult to follow up on children with disabilities and ensure that they access the services they need. Once registered, people with disabilities are entitled to access and use public facilities and services including medical treatment and health care, education, employment, disability allowance, sign language interpreters, personal assistants, home modification, information accessibility, and assistive technology. Yet the ability of children with disabilities to access education and health services remains limited in Thailand. Significant gaps remain in the coverage of services for children with disabilities, putting them at risk of being left behind or excluded from mainstream development. These challenges include a lack of access to education and rehabilitation services, as well as other social welfare services, often due to lack of information and referrals, services being centralized and a lack of available or affordable transport.

For children with disabilities, transport is a barrier – both in terms of cost and availability – that hinders access to the essential services to which they are entitled. The average amount spent on transport related to the application for

medical certification was THB 1,585 per person. Findings suggest that significant barriers – including transport issues and other financial costs – are limiting the ability of children with disabilities to access social welfare services and engage in the education system. Although the Disability Grant links to other services, there is currently no support for travel expenses to access social services such as education and rehabilitation services. Consequently, families face a further financial burden if they want to access the services to which their children are entitled. This issue of prohibitive transport costs is raised in the quantitative data: survey respondents were adamant about the need for rehabilitation centres in the community – and, where possible, home-based services – so that parents would not have to pay for transport (the cost of which is much higher than the cost of the rehabilitation service itself).

5.4. PRIORITIZATION OF KEY RECOMMENDATIONS

A validation workshop was organized on 6 December 2019 to discuss the findings and prioritize the key recommendations from the research study. DEP representatives, disability experts, international experts, and researchers reviewed the study’s preliminary results and prioritized the key issues and recommendations. This section presents the priority recommendations, which take into account the urgency of the needs and wider impacts on the lives of people with disabilities, including children with disabilities.

5.4.1. Inclusive: address the barriers that hinder access to the disability grant and other social welfare services

Move towards a more systematic assessment of the needs of children with disabilities. All children who apply for disability certification should be assessed, using functional approach, to ensure that their needs are appropriately detected. This will require appropriate capacity building on the approach for medical and other front-line staff in contact with people with disabilities, particularly children with disabilities. Implementation of a more holistic and integrated system will prevent children with disabilities from going undetected and highlight the importance of referral services to support children’s long-term functioning.

Combat stigma and provide information on disability. Many children with disabilities and their families continue to face disability stigma and discrimination within their communities and when accessing key social welfare services. The Government of Thailand and organizations of people with disabilities should work on a national public outreach campaign to address stigma and societal attitudes towards disability. Research findings show a need to increase knowledge of disability issues, not only to counter societal stigma but also to ensure that families are accessing all of the resources available in Thailand to support children with disabilities. As well as working with on-the-ground community

groups to disseminate information, the Government could use other information channels, including social media, to reach communities with guidelines on how to access services.

Simplify the system with clear communication on roles and responsibilities. Doctors, including general practitioners, should have the final word on who meets the eligibility standards for disability status using the social functionality model. Doctors need not be specialists in order to determine disability status but they should be encouraged to seek help if it is needed. This would ensure that children with disabilities are not rejected unjustly from the disability registration process by front-line staff questioning the validity of a doctor's diagnosis.

5.4.2. Adequate: ensure that the disability grant reflects the variety of financial costs of caring for children with disabilities

Move towards a more tailored disability allowance to meet the specific needs of each child with a disability. A more responsive grant that is adjusted through a tiered system would be more child-sensitive than the current flat-rate grant, as it could be tailored to meet the specific needs of each family. More comprehensive assessments could be linked to a fairer benefit system, more adequately linking the individual needs of children with disabilities to the level of support granted. This, however, will require communication and advocacy efforts with organizations of people with disabilities, as well as with individuals themselves, to address the varying levels of grant given. Setting the Disability Grant to an adequate, individualized level would reflect the diverse needs of people with disabilities, especially children. The study estimated the extra costs associated with caring for children with disabilities, and these estimates could be further disaggregated by age and by classification of severity (mild, moderate, severe or multiple).

Establish a monitoring and evaluation mechanism to assess the performance of the Disability Grant and the adjustments needed. This is vital to make the grant more adaptive and responsive to the needs of people with disabilities, especially children, whose age-specific needs may be overlooked. Furthermore, the Disability Grant value should be linked to an indexing mechanism to adjust the amount of the benefit to changes in the cost of living.

Provide additional financial support to address financial barriers to accessing the Disability Grant and services. Transport costs, for example, were identified as one of the key barriers preventing children with disabilities from accessing the Disability Grant, medical treatment, education, and other social welfare services. To counter prohibitive travel expenses or lack of accessible transport for families of children with disabilities, the Government of Thailand should consider rolling out a programme to establish more community-based services to improve accessibility and decentralize programmes that benefit children with disabilities and their families (including respite care, parent training, exercise

programmes for children, and physical therapy sessions). Whether community-based services are limited or fully established, local governments in all regions should provide transport for children with disabilities to access all health and education services available to them. Transport costs could also be reimbursed for all stages of the Disability Grant application process (medical certification, registration for disability ID card and registration for grant) to ensure that all potential applicants apply.

5.4.3. Holistic: comprehensively address the multidimensional needs of children with disabilities and their families

Increase the connections between the Disability Grant and wider social welfare services. Current linkages between the Disability Grant and other services remain limited. Financial support alone, while useful, is insufficient to make a real difference. Linking cash grants to wider social welfare services provides a holistic approach to disability. To address the needs of people with disabilities, including children with disabilities and their families, the Government should develop a system to connect all of the relevant services. Linkages to other services should address the specific needs of children with disabilities by gender and age group given the varying (and changing) needs of individual children.

Strengthen the social work workforce and implement case management to more effectively and efficiently support households to access the benefits and services they need. The number of social workers at Disability One-Stop Service Centres working on disability registration is generally inadequate to meet the needs and demands of children with disabilities and their families. Social workers are an important link for children and families in identifying appropriate support and services. It is necessary to increase staff capacity in terms of professional social workers – especially at the provincial and local government level.

Integrate data and information management to enable the improved flow and management of information for children with disabilities, both on cash grants and wider social welfare services. This can increase both the efficiency and effectiveness of their delivery and, in so doing, social protection will more comprehensively serve citizens. An integrated/synchronized data management system and database linked to the national disability ID card programme would help to ensure ease of information sharing among government entities, improve case management and support long-term social protection planning.

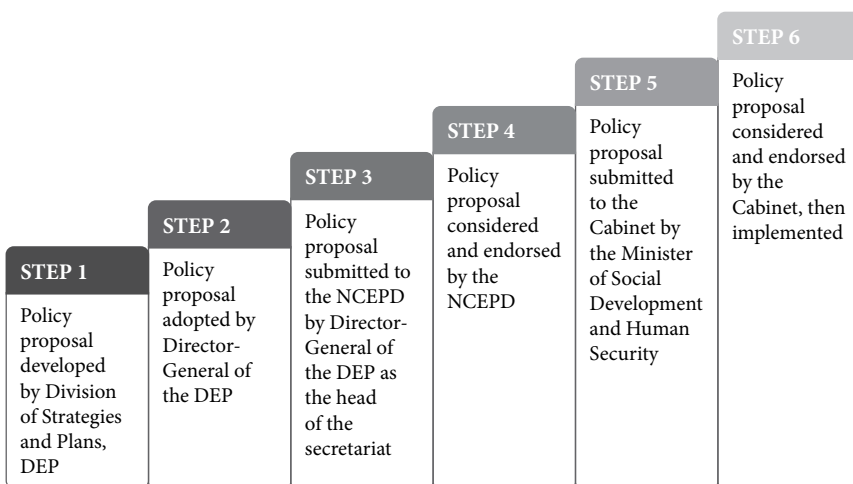
5.5 USE OF UNICEF-SUPPORTED RESEARCH IN POLICY DISCUSSIONS, AND THE WAY FORWARD

The research study in focus was part of the Joint UNICEF-MSDHS Work Plan on Social Protection (2018 and 2019). The challenges faced by children with

disabilities were discussed and the two entities agreed to work together to address those challenges in the coming years. UNICEF engaged DEP technical officials in the research from the outset, starting with the development of terms of reference, selection of research team, field trips to conduct quantitative and qualitative data collection, analyses, and prioritization of the key recommendations. As a result, the DEP officials were aware of the details and progress of the research study and shared with UNICEF key opportunities to which this research could contribute on a regular basis.

Even before the research was finalized, UNICEF sought out opportunities to implement the key recommendations. Considering the policymaking process for policies related to people with disabilities, including children with disabilities, UNICEF strategically requested a meeting with the Director-General (DG) of the DEP, who is also the head of the Secretariat to the National Committee for Empowerment of Persons with Disabilities (NCEPD). Moreover, the DG was approaching retirement and keen to contribute a legacy to benefit people with disabilities. The meeting was arranged for 8 November 2019 and the research team presented the preliminary findings and recommendations. The DG showed particular interest in the issue of the adequacy of the Disability Grant and indicated that it was possible to submit a proposal to remedy this issue to the NCEPD and subsequently the Cabinet for approval (*see Figure 5.2*).

Figure 5.2 Policymaking process for policies related to disabilities in Thailand



Source: Authors.

After the meeting with the DG, the validation workshop was arranged for 6 December 2019 to discuss the findings, prioritize key recommendations – taking into account the urgency and the impacts on people with disabilities, including children with disabilities – and discuss next steps in terms of implementing the recommendations. Another implicit objective of this workshop was to equip the DEP officials with technical knowledge of the research so that they could use it to its full effect when drafting policy proposals for the DG.

As a result of the close engagement with the DEP and continued advocacy efforts, the key recommendations were adopted by the DG and reflected in a high-level policy document showing a strong commitment from the Government of Thailand to address challenges faced by children and other people with disabilities. The recommendation to address the adequacy of the Disability Grant has been partially implemented and other priority recommendations have the full commitment of the Government. Further in-depth studies have since been conducted to complement the UNICEF-supported research, as summarized below.

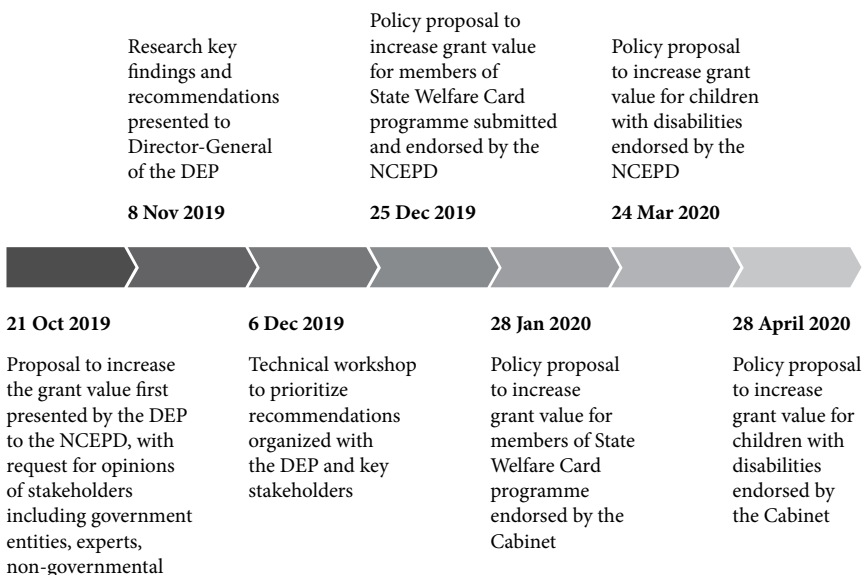
5.5.1. Adequacy

The adequacy of the Disability Grant was seen as an urgent matter given the fact that the grant value had remained unchanged since 2015. Backed by sufficient evidence and political support, the DEP, led by the Division of Strategies and Plans, developed a proposal on behalf of the DG, who promptly submitted this to the NCEPD. This proposed that the grant value should be raised from THB 800 (USD27) to THB 1,000 (USD33) per month for all people with disabilities.¹⁹ The NCEPD endorsed the proposal but, owing to budget constraints, approved the increase in grant value only for members of the State Welfare Card programme – considered most in need. This proposal was subsequently endorsed by the Cabinet on 28 January 2020, benefiting 1,103,065 people with disabilities.

Given the special needs of children with disabilities highlighted by the research and by continued advocacy efforts by UNICEF, the DEP decided to push further for children with disabilities to also benefit from the increase in the grant value. Therefore, the DEP developed another proposal – informed by the research findings showing the average expenditure by families of THB 1,722 per month to care for children with disabilities – to increase the grant value from THB 800 to THB 1,000 for children with disabilities. This proposal was endorsed by the NCEPD on 24 March 2020, and subsequently by the Cabinet on 28 April 2020, benefiting 126,032 children with disabilities (Secretariat of the Cabinet, 2020b).

¹⁹ According to the research, families would spend THB 1,722 per month on average to care for children with disabilities.

Figure 5.3 Timeline for approval of the increase in the value of the Disability Grant



Source: Authors.

Even with this increase, however, the current benefit level of THB 1,000 per month still falls far short of the average monthly expenditure for families to care for children with disabilities. UNICEF and the DEP agreed to conduct a review of the benefit level of the Disability Grant. This ongoing review is also looking into the possibility of adjusting the value of the grant based on the severity of disability (tiered system) as is done in Japan. The review is expected to be finalized in 2022.

5.5.2. Inclusivity

It was agreed that the main bottleneck preventing access to the Disability Grant and wider social welfare services is happening at the disability ID card registration phase, when children and other people are assessed for their disability status. Even the law promotes the use of functional approach in the disability assessment, but this remains challenging in practice. The DEP and UNICEF agreed that more evidence is needed to explore how Thailand can implement the functional approach. UNICEF has commissioned the Thailand Development Research Institute to conduct this study and key findings will be available for discussion in 2022. In the meantime, the Government of Thailand, led by the DEP, has committed efforts and resources to improve the disability assessment

criteria and process. This commitment is clearly demonstrated in the National Reform Implementation Plan (i.e., the Big Rock) 2021–2022.²⁰

Another priority recommendation to be taken forward is the strengthening of linkages between cash grants and wider social welfare services. The DEP recognized, however, that there was not yet any concrete evidence on social welfare services for people with disabilities, including children with disabilities. Thus, it was agreed with UNICEF that UNICEF would commission the Thailand Development Research Institute to conduct a review of social welfare services for people with disabilities, with a focus on children, to identify gaps and challenges as well as to propose solutions.

Low coverage of the Disability Grant was also attributed to inadequate communication. To address this challenge, UNICEF and the DEP agreed to work together to better understand how the existing communication flow worked and what could be improved, via a thorough review of the implementation of communication plans and the development of a communication strategy. This work took place in 2020, and the strategy has served as key evidence for the DEP to consider and use to prioritize its efforts and resources to develop improved communication materials to address this challenge in future.

5.6. CONCLUSION

Although social protection in Thailand for people with disabilities, including children with disabilities, is quite comprehensive and anchored in legislation that is aligned with international standards, there are some gaps when it comes to policy implementation. In particular, there are issues around the adequacy of the Disability Grant and around the exclusion of eligible individuals, including children, from receiving the grant.

The Government of Thailand recognizes these challenges and is in the process of addressing them gradually since changes to improve the cash grant imply the need for additional budget. Current efforts are focused on the revision of the disability eligibility criteria, with the aim of moving away from a medical approach to assessment to a functional approach, to ensure that no children or other people with disabilities are left out. So far, this has been seen as the country's top priority when it comes to disability issues.

Once the revised eligibility criteria are approved by the Cabinet, the next step would be to consider using a tiered system to adjust the benefit level to the individual. Implementing such a tiered system requires aggregated data on disability and these data are expected to be available once the new eligibility criteria have been revised.

²⁰ 'Big Rock' refers to prioritized government initiatives under the National Reform Plan aiming to bring significant changes to improve people's lives. More details can be found at the National Economic and Social Development Council's website, <http://nscr.nesdc.go.th/cr/>

The next priority is to ensure that all people with disabilities, including children with disabilities, have access to inclusive and integrated social welfare services at the community level. A situation analysis of social welfare services for children with disabilities has been conducted, providing an evidence base for discussion with the Government.

UNICEF and the DEP have committed to continue working together on the above priorities, as clearly stated in the UNICEF-MSDHS (DEP) Biennium Work Plan (2022–2023). The shared aim is to ensure that children and other people with disabilities in Thailand have access to inclusive and integrated social protection and social services that meet their needs.

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6.

Integrate but How? Lessons from an Integrated Universal Child Grant in Bihar, India

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6.1. INTRODUCTION

India's potential to leverage its 'demographic dividend' hinges on its ability to ensure timely investments towards children and young people's cognitive and physical development. The COVID-19 pandemic and its socio-economic impacts have affected the country's economic growth and development trajectory. Multiple lockdowns and disruptions to global supply chains have led to a sudden increase in poverty, a rise in informality in labour markets and losses in education. Available situation analyses suggest that negative coping strategies have also led to nutritional deficits, increased school dropout and exacerbated gender disparities (United Nations, 2020).

Overall social protection expenditure in India is as low as 2.7 per cent of the country's gross domestic product, spread across more than 900 social protection programmes spanning central and state governments (International Labour Organization, 2017). India's social protection system is highly fragmented and complex, posing a high risk of duplication, and the most vulnerable also tend to be excluded. Programmes vary considerably in terms of target populations and benefits and are managed by different line ministries, with no coordination mechanism. An integrated social protection system that consolidates and rationalizes existing programmes as well as delivery systems is critical to improve coverage and enable households to access and invest in education, health and social development for sustainable poverty reduction.

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Child-sensitive social protection policies aim to maximize children’s development outcomes while minimizing unintended side effects (UNICEF, 2019). Combined with an integrated social protection system, such policies can facilitate child-centric service delivery and ensure that no child is left behind. Child-sensitive social protection policies aimed at tackling household risks and deprivations reach children throughout the life cycle and address the structural risks and vulnerabilities that drive intergenerational poverty. Thus, such policies provide an excellent entry point for high-return investments that have the potential to expand the development paradigm, enable inclusive social development and strengthen sustainable economic growth.

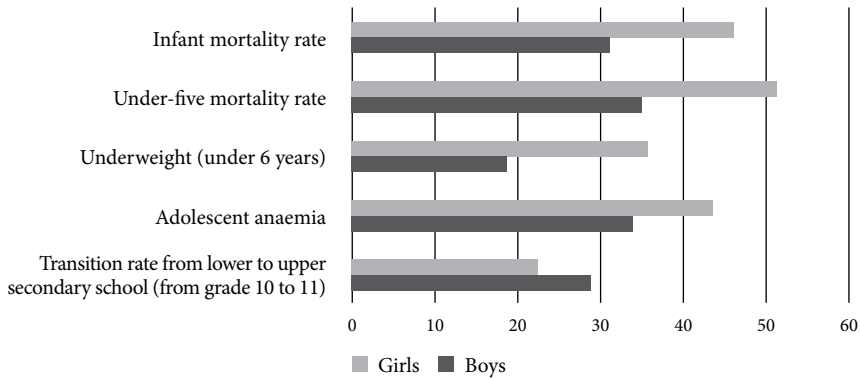
In this context, UNICEF India has been working with national and state governments towards building integrated social protection systems with a child-sensitive lens. UNICEF technical assistance focuses on strengthening the legal, policy, strategic and institutional framework for such a system; informing effective programme design and digital implementation systems, including integrated management information systems (MIS) and registries; and addressing demand-side barriers for children and their families.

In particular, in Bihar, UNICEF engaged as lead partner to the state government, advocating for the integration of cash transfer scheme designs; providing strategic implementation support and monitoring, evaluation and learning on the programme; and addressing gender-based gaps throughout the life cycle via a universal child grant for girls.

6.2. BACKGROUND

Bihar is the poorest state in India, with 52 per cent of the population living in multidimensional poverty – more than twice the national average of 25 per cent (NITI Aayog, 2021). Further, India ranks 140 out of 156 countries on the World Economic Forum’s Gender Gap Index, having slipped nine places over the course of the previous year (Sharma, Chawla & Karam, 2021). Within India, Bihar ranks lowest of all the states on gender inequality indices, including the Gender Vulnerability Index (Plan International, 2018).

The disadvantage for girls in Bihar begins early and continues throughout the life cycle, with worsening child sex ratios, persistent gaps in the transition to secondary school and a high prevalence of child marriage (*see Figure 6.1*). Adverse gender norms, which overlap with social, economic and structural challenges, weaken the development potential of girls and women in Bihar. Girls from rural areas, poor households, marginalized social castes and minority groups tend to be the most disadvantaged.

Figure 6.1 Gender gap on some relevant indicators in Bihar, India, for 2016

Source: Infant mortality rate and under-five mortality rate data are from Office of the Registrar General and Census Commissioner of India (2017). Prevalence of underweight and adolescent anaemia data are from Ministry of Health and Family Welfare, Government of India, UNICEF and Population Council (2019). Secondary-level transition rate data are from DISE (n.d.).

UNICEF partnered with the Government of Bihar to revise the Mukhyamantri Kanya Suraksha Yojana, a girl child grant – intended to tackle child marriage – providing a cash benefit of 2,000 Indian rupees (about USD26) at birth for up to two girl children per family living below the poverty line. Following an extensive mapping and review of existing child grants and gaps in social protection provision, the Government of Bihar relaunched the grant as Mukhyamantri Kanya Utthan Yojana (MKUY) on 3 August 2018.

MKUY is an integrated universal child grant, intended to change gendered attitudes towards girl children. It incorporates six existing and four new interventions to address gender-based life cycle vulnerabilities for girls and young women from birth to 21 years of age. The 10 interventions, implemented through 23 age-specific cash grants, cumulatively provide a total of 54,100 Indian rupees (approximately USD700) over 21 years. The grants are designed as conditional cash transfers aimed at achieving a series of positive outcomes for girls, namely improved birth registration, full immunization, school retention and attendance until completion of and delayed age at marriage (*for more details on the design, see Table 6.1*).

The programme aims to reach 16 million girls annually, and at full coverage, it is estimated that MKUY will cost USD320 million (1 per cent of Bihar's gross domestic product), up from the USD180 million cost of the programmes that preceded it. All grants are made through direct bank transfers to the parent or child's bank account. Implementation responsibilities are shared across three government departments: the Department of Social Welfare (DSW) – plus nodal department to coordinate the programme – along with the Department of Health (DOH) and Department of Education (DOE).

Table 6.1 Mukhyamantri Kanya Utthan Yojana programme structure, conditions and benefit values

Grade/ age	Name of scheme operating under MKUY	Eligibility and conditions	Previous benefit size, per year (INR)	New benefit size under MKUY, per year (INR)	Estimated number of beneficiaries	Current estimated spend (INR, millions)	Proposed estimated spend (INR, millions)	Additional amount vis- à-vis current and proposed spends (INR, millions)	Managing line department
From birth to 3 months	Chief Minister's Girls Safety Grant	First two girls in a family Income criteria eliminated	2,000 (one- off transfer)	2,000 (one- off transfer)	1,400,000	2,800	2,800	0	Social Welfare (and nodal dept.)
1st birthday	Chief Minister's Girls Safety Grant	First two girls in a family Aadhaar registration	N/A	1,000 (one- off transfer)	1,400,000	0	1,400	1,400	Social Welfare (and nodal dept.)
2nd birthday	Total Immunization Grant	Full immunization	N/A	2,000 (one- off transfer)	1,400,000	0	2,800	2,800	Health
Grades 1–2	Chief Minister's Uniform Scheme for Girls	Minimum 75% school attendance	400	600	1,858,186	743.3	1,114.9	371.64	Education

Grade/ age	Name of scheme operating under MKUY	Eligibility and conditions	Previous benefit size, per year (INR)	New benefit size under MKUY, per year (INR)	Estimated number of beneficiaries	Current estimated spend (INR, millions)	Proposed estimated spend (INR, millions)	Additional amount vis- à-vis current and proposed spends (INR, millions)	Managing line department
Grades 3–4	Chief Minister's Uniform Scheme for Girls	Minimum 75% school attendance	500	700	3,029,421	1,514.7	2,120.6	605.9	Education
Grades 6–8	Chief Minister's Uniform Scheme for Girls	Minimum 75% school attendance	700	1,000	2,389,743	1,672.8	2,389.7	716.9	Education
Grades 9–12	Chief Minister's Uniform Scheme for Girls	Minimum 75% school attendance	1,000	1,500	1,242,767	1,242.8	1,864.1	621.4	Education
Grades 7–12	Chief Minister's Programme for Adolescent Girls' Health	Minimum 75% school attendance	150	300	2,822,684	423.4	846.8	423.4	Education
Unmarried girls who pass Grade 12	Chief Minister's Scheme to Encourage Girls to Pass Grade 12/End Child Marriage Grant	Completion of secondary school (Grade 12) Unmarried at age 18	0	10,000 (one- off transfer)	250,000	0	2,500	2,500	Education

Grade/ age	Name of scheme operating under MKUY	Eligibility and conditions	Previous benefit size, per year (INR)	New benefit size under MKUY, per year (INR)	Estimated number of beneficiaries	Current estimated spend (INR, millions)	Proposed estimated spend (INR, millions)	Additional amount vis- à-vis current and proposed spends (INR, millions)	Managing line department
Girls who complete first / bachelor university degree	Chief Minister's Scheme to Encourage Girls to Attend University	Completion of undergraduate university degree (No marriage condition)	0	25,000 (one- off transfer)	175,000	0	4,375	4,375	Education
TOTAL (INR)						83,969.73	22,211.2	13,814.2	

6.3. TRANSLATING INTENT INTO OUTCOMES: SUPPORTING ADMINISTRATIVE INTEGRATION IN PRACTICE

With a strong commitment to translate intent into delivery, and jointly working with the three line departments implementing MKUY, UNICEF extended two sets of specific technical assistance to the Government of Bihar, namely for: (1) a scoping study for an integrated MIS; and (2) concurrent monitoring to support an efficient rollout of the integrated MIS. This article focuses on the development of the integrated MIS for the MKUY programme, further drawing on the first round of the concurrent monitoring (conducted from September to December 2019) to highlight supply-side barriers to integrated implementation across administrative levels.

6.4. DESIGN OF SCOPING STUDY TO DEVELOP TECHNICAL BLUEPRINT FOR INTEGRATED MIS

UNICEF and the Government of Bihar jointly developed the concept note for the intended MIS, to articulate the vision, commitment and expectations of the stakeholders. The envisioned MIS would provide the Government with all of the information required to plan, manage, monitor and improve implementation of MKUY. This unique opportunity combined the three vital success factors necessary for any reform: (1) high-level political commitment; (2) evidence-informed strategy; and (3) coordinated efforts to promote integration of existing systems. However, these opportunities came alongside significant risks associated with: (1) institutionalizing and reinforcing intersectoral collaboration; (2) navigating the hurdles of data quality and gaps in a cross-sectoral undertaking; and (3) balancing the need for rapid reform with evidence-informed development.

The integrated MIS scoping study aimed to assess context, requirements and systems, and develop relevant recommendations for the Government of Bihar. These would provide a clear set of considerations to identify the most suitable MIS investment, to assess the scope of integrating existing systems, and to understand the necessity (or not) to completely overhaul the existing systems or simply integrate them.

The study adopted a participatory approach and triangulated information from multiple sources. The most vital data sources were consultations at the state, district and block level with political and administrative units across the implementing line departments. All implementing departments, as well as the government digital services agency (National Informatics Centre), provided helpful demonstrations of the various available sectoral MIS to feed into the mapping. Interviews took place with social service providers at schools and public health centres, and front-line functionaries from DOH and DSW were

other key informants. The data gathered were triangulated with analysis of the sectoral MIS and relevant documents and literature exploring eight key dimensions (see Table 6.2).

Table 6.2 Mapping framework and data collection method for integrated MIS scoping study

Dimension	Area(s) to explore	Data
MIS Vision and Expectations	<ul style="list-style-type: none"> • Government’s articulated vision and priorities 	<ul style="list-style-type: none"> • Concept note on integrated MIS for MKUY programme • Key stakeholder consultations
Political Appetite and Willingness	<ul style="list-style-type: none"> • Political appetite for an integrated MIS at various levels of government • Readiness of cross-sectoral counterparts to share data 	<ul style="list-style-type: none"> • Stakeholder consultations at the state and district level
Programme Complexity and Requirements	<ul style="list-style-type: none"> • Information needs for an integrated MIS • Main data sources 	<ul style="list-style-type: none"> • Programme design documents and information on requirements
Existing Systems	<ul style="list-style-type: none"> • Mapping existing MIS or electronic databases for each constituent programme in MKUY, including from departments like the Department of Finance • Mapping of data gaps 	<ul style="list-style-type: none"> • Hands-on trial of the existing databases/systems • Consultations with the data operators and managers to trace sources of information, challenges, risks, completion status, etc. • Metadata and, at a minimum, data fields in each data entry
Administrative and Monitoring Structures	<ul style="list-style-type: none"> • Relevant departments/ stakeholders for data capture or compilation and how well data are transferred across different levels of government • Degree of decentralization of data entry and degree of centralization of data management 	<ul style="list-style-type: none"> • Consultations with district- and block-level officials • Review of existing processes and functioning ability of these processes • Understanding of the integrated MIS for MKUY and its monitoring requirements

Dimension	Area(s) to explore	Data
Technological Capacity	<ul style="list-style-type: none"> • Understanding the capacity of technology development and management agencies within government • Sufficiency of in-house capacity; need for and role of external experts 	<ul style="list-style-type: none"> • Consultations with government information technology (IT) team/department • (Hands-on) review of existing systems to see how each functions and how it is linked with other existing systems (if at all)
Potential for Integration (Technology)	<ul style="list-style-type: none"> • Interoperability of existing sectoral MIS • Options and concerns for a unique identifier that can link the various systems • Anchoring and maintenance of an integrated MIS 	<ul style="list-style-type: none"> • Consultations with data operators and managers • Consultations with government IT team/department • Some indication of server capabilities, privacy and other such issues
Human Capacity	<ul style="list-style-type: none"> • Experience and capacity of grassroots-level staff in the use of electronic systems • Training needs, and ease and attitudes towards the adoption of new systems 	<ul style="list-style-type: none"> • Stakeholder consultations with grassroots-level workers and relevant district- and state-level officials • Consultations at state level on future plans and any potential digitization of data related to MKUY • Exploration of limitations of grassroots-level capacity (strength and quality)

In parallel, to provide formative recommendations to iteratively improve programme rollout, the concurrent monitoring – conducted as three rounds of assessment over the course of a year – sought to identify implementation bottlenecks. This article draws on the first round of assessment, which used document reviews, administrative data analysis, key informant interviews and focus group discussions to understand supply-side barriers to integrated implementation across administrative levels. A total of 67 interviews and 11 focus group discussions were conducted in two districts of the state based on divergent programme performance. Key informants included district- and block-level officials and front-line functionaries of DSW, DOH and DOE, as well as state-level actors responsible for implementation and oversight of MKUY.

6.5. FINDINGS AND RECOMMENDATIONS

While MKUY is inspired by the need to coherently address risks faced by girls in Bihar over the first 21 years of life, The concurrent monitoring identified several gaps and made recommendations for the programme delivery to align with this vision. To achieve a common, harmonized implementation approach, an integrated MIS was deemed essential.

Programme design – Findings of the concurrent monitoring assessment (first round) show that a few cash grants under the current programme could be more closely aligned with addressing the risks and vulnerabilities faced by the girl child during her life course. For instance, the immunization incentive is inconsistent with the absence of a gender gap in full immunization coverage in Bihar.

At the same time, however, a grant conditioned upon accessing nutrition services would be relevant to respond to the persistent gender gap in early childhood underweight and adolescent anaemia. Similarly, the sizeable transfer benefit conditioned upon completing Grade 12 would be better used to change behaviours at Grade 10, given the sharp fall in girls' transition from Grades 10 to 11. Rationalization and redistribution of the cash grants could free up resources to be channelled towards more appropriately designed grants or operational costs.

Further, the lack of verifiability of conditions potentially hampers anticipated behavioural changes. For instance, while remaining unmarried until at least 18 years of age is a condition of the penultimate cash grant, meeting the condition relies solely on self-declaration. This could potentially not only dilute the intention of the programme but also lead to adverse outcomes, like forced or hidden marriages, especially given the lack of behavioural change communication in the context of historically low birth and marriage registration levels in Bihar.

Policy inputs and outreach – The constituent cash grants of MKUY are planned, budgeted for and implemented by the three implementing line departments. While the life-cycle approach of MKUY was found to be broadly understood by stakeholders across departments at the state level, this awareness decreased at lower levels of administration, leading to the arbitrary application of eligibility criteria and messaging.

Lack of intensive inputs to create awareness, within and across departments, of key shifts introduced by the launch of MKUY mean that the programme runs the risk of being counterproductive, by reinforcing conventional gender norms and inequitable access. For example, front-line workers, who form the interface between the programme and community, were found to inadvertently reinforce the same regressive gender norms that MKUY seeks to address. For example, a field-level functionary would invite a family to enrol in the programme as the money could offset the cost of the girl's marriage and so on. Suggestions along the lines of 'Don't feel bad that a girl is born – you will get money' are also made, which is problematic. Common outreach materials were prepared by

DSW (via the nodal department), but communication campaigns by the three implementing line departments continued to be largely limited to their respective cash grants.

Beneficiary enrolment – Common enrolment forms with standardized information requirements were found to not exist, with each department instead prescribing its own enrolment form and data entry interface. Consequently, beneficiaries were initially required to apply separately for each cash grant, thus negating the potential to reduce any administrative burden and client inconvenience.

Working with UNICEF, the implementing line departments rapidly ramped up capacity to build enrolment and payment systems for the grants implemented by DSW, DOH and DOE and to scale the new grants – namely the birth grant, immunization grant and grant to end child marriage. For instance, given the challenges around documentation and verification, 85 per cent of the initial grant applications were rejected on account of the poor legibility of scanned forms, implying that better quality equipment and training would have a very real impact on programme performance.

The persistence of a siloed approach ultimately dilutes the intent of the MKUY programme, by failing to reinforce the life-cycle approach of supporting transitions at key stages throughout a girl's life. At the administrative level, important opportunities to improve operational efficiencies in low-resource settings by pooling resources (for example, staff, software, devices, business processes) remain untapped.

Payment systems – Although the payment function was found to be relatively well-integrated (with implementing line departments using the direct benefit platform, e-Kalyan), processes to trigger payments were found to vary considerably across departments, resulting in variable service quality across the cash grants. For instance, while the education grants can provide girls the longest exposure to MKUY, these grants are isolated from the life-cycle programmatic approach of MKUY. Although this does not affect uptake, it does dilute the objectives of the programme.

A unified payment system would avoid operational inefficiency and duplication of resources to deliver payments to the same beneficiaries. Further, there is a need to address the general lack of transparent feedback information on payment status, which may dampen demand for the programme.

Monitoring and beneficiary data management – The concurrent monitoring assessment reiterated the need for an integrated MIS as crucial to tracking beneficiary dropout and to addressing this issue with 'cash plus' interventions throughout the life cycle. While the MKUY programme is monitored at the state level, the monitoring needs to extend its focus beyond targets, to processes.

Further, common grievance redressal platforms were found to not exist for the programme. This was perhaps the weakest aspect of programme delivery at the time of the assessment.

Demand-side challenges – Community members were found to face many difficulties in accessing cheap bank accounts, a major issue that delays programme enrolment and benefit payments. Additionally, extensive and repetitive documentation is needed to enrol, and often there are mismatches in beneficiary particulars across documents, especially for new mothers. Obtaining Aadhaar cards for children (Aadhaar is India's unique national identification system) is another major issue.

6.5.1. Opportunities for improvement

The concurrent monitoring assessment identified many opportunities for improvement, considering the most viable opportunities for reform. In an inter-agency setting, consolidating front office functions such as outreach, enrolment and eligibility requires longer time horizons owing to entrenched ways of working and inter-institutional dynamics. On the other hand, strengthening enrolment and monitoring via an integrated MIS presents a viable opportunity to harness the potential of integrated delivery in the short to medium term.

The scoping study outlines the following potential options to establish an integrated MIS for the MKUY programme within the complex institutional context described:

6.5.1.1. Enablers for an integrated MIS for the MKUY programme

Consultations revealed a strong commitment and intent to collaborate on the development of an integrated MIS for MKUY at higher levels within DSW, DOH and DOE in Bihar. The Government of Bihar's collective vision was ambitious but achievable with a stepwise plan to gradually develop an integrated MIS with all the capabilities to meet the state government's requirements. To achieve this overall goal, it would be critical to recognize the complexity of the task and develop smaller/shorter-term objectives for the development of the MIS.

6.5.1.2. Challenges to a successful integrated MIS

The study found that a stronger appreciation was needed of the specific inputs required for the integrated MIS as well as the time frame for operationalizing such a system. At the time, the quality of data was concerning in many of the available sectoral MIS. At the data entry stage, checks and balances to detect duplicate or fraudulent data were lacking. Further, the data for each cash grant were also captured and managed differently. DSW had populated a sophisticated e-portal. In contrast, DOE had stored basic information in individual CD-ROMs (lower secondary school grant) or individual Microsoft Excel spreadsheets (upper secondary school grant). Individual-level data for DOH grants (immunization grant, held files on reproductive and child health (RCH) paper-based registers. Several integrations, upgrades and pilots were under way simultaneously,

including the digitization of data at Anganwadi Centres (Integrated Child Development Centres), upgrades to the underused electronic-RCH portal and the integration of Aadhaar into data management for scholarship beneficiaries.

There was a strong case for an integrated MIS since multiple electronic databases or MIS were being used across departments. Some of these could deliver most of the functions envisioned by the Government of Bihar (*see Table 6.3*). Further, given the varying degrees of sophistication and the weak data quality, the scoping study strongly recommended against a social registry in the short term and encouraged the Government of Bihar to instead pursue the development of an integrated MIS. It was suggested that the system could leverage existing technology available through the MKUY, ICDS-Common Application Software, e-RCH and e-Kalyan (Direct Benefit Transfer (DBT) payment) portals to minimize the time frame for developing a functional integrated MIS and to achieve this with minimal additional capacity and at the lowest possible cost.

Table 6.3 Performance of existing systems against envisioned features of the integrated MIS

Envisioned feature of the integrated MIS	DSW – MKUY (first two cash grants)	DSW – Common Application Software (CAS)	DOH – Reproductive and Child Health (RCH) MIS	e-Kalyan (DBT Payment Systems)
Real-time tracking and monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Comprehensive reporting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Data-sharing across departments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inter-database linkages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Good visual display	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Training module	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grievance redressal mechanism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SMS alerts and communication platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Moreover, through the years, DOH and DSW had invested heavily in developing systems that work for them. DOH was funding a further investment to improve uptake of the RCH e-portal by providing application-based software on tablet

computers to Anganwadi Centres. Given these investments, it was unlikely that the implementing line departments would be willing to forego existing systems to adopt a new one, or to manage an additional system. Further, much of the burden of entering data into these existing systems was on the already stretched ICDS staff, who were having to work with multiple systems. The capacity challenges would make the implementation of yet another piece of software very demanding.

Simultaneously, the scoping study also identified other engagement opportunities to strengthen the fundamental building blocks that are necessary for an integrated MIS. These opportunities are: (1) evidence generation activities, like systems analysis and review of capacity assessments, to inform both the development and maintenance of the MIS over time; (2) supporting data preparation for integration; and (3) smart advocacy that combines new evidence with solid institutional capacity.

6.6. TAKEAWAYS AND POLICY PROCESS

Results achieved, ripple effects and ways forward – Supporting the delivery of Bihar’s ambitious integrated child grant in an extremely resource-constrained setting provides crucial lessons in balancing the tensions between devising the most efficient and effective policy measures on the one hand and programme delivery on the other. The launch of MKUY prompted remarkable shifts in terms of policy-level integration – universalizing eligibility, removing poverty targeting and adopting a strong lifecycle and gender-transformative approach. Implementation research to support the programme’s effective rollout – and to expand coverage and strengthen institutional capacity in the longer term – was the key objective of the UNICEF technical assistance to the Government of Bihar.

With siloed implementation so persistent, the need to create a distinct operational identity for MKUY is highlighted. The lack of inputs to create awareness about MKUY within and across implementing line departments makes it harder to leverage the administrative efficiency gains that would otherwise be possible. Lack of a clear programme identity has as yet unclear implications for programme uptake, but it clearly does dilute programme intent. Programme monitoring at all levels needs to extend its focus beyond targets, to processes.

High-level coordination – Through sustained advocacy and by sharing the results of the concurrent monitoring assessment, UNICEF secured the Government of Bihar’s agreement to create a centralized steering unit for MKUY to streamline front office functions. Oftentimes eligibility criteria of constituent grants contrasted which were being reconciled through detailed programme guidelines. Strong high-level coordination will be key to the success of an integrated grant being implemented by multiple departments with multiple funding lines.

Additional operational costs – Some operational costs need to be set out under the three implementing line departments’ budgets to cover the ancillary costs involved in programme implementation, including to upgrade equipment to improve the efficiency of digital platforms and processes.

Consistent information, education and communication materials – Developing consistent information, education and communication materials across the departments should have been a straightforward choice for building a distinct operational identity for the MKUY programme. Such materials should be in line with the existing materials created by DSW, reinforcing the life-cycle message and carrying the programme’s branding, along with its goal of promoting the value of the girl child.

Training and capacity building – Gender sensitization of the social sector workforce is crucial to deliver a gender-transformative intervention and must be invested in. Directed orientation and engagement of front-line workers on the MKUY programme’s objectives, intent and implementation will be crucial in aligning programme delivery to programme objectives.

Cash Plus interventions – State-level provision for the engagement and integration of additional departments (like the Rural Development Department) to facilitate ancillary services (such as the assembly of Aadhaar cards) is also highly desirable. Further, in recognition of challenges in achieving the transformative impact expected of MKUY, UNICEF worked with the Government of Bihar to develop a cash plus programme. This provides complementary services around financial literacy, counselling for parents, age-appropriate life skills (through sports or adolescent clubs) and career coaching, creating an enabling environment through interventions at the individual, family/gatekeeper and community level to augment the MKUY programme outcomes.

Integrated MIS – The scoping study provided a phased approach to ensure that the integrated MIS is relevant and responsive to the needs and capacities of the various departments. This approach would allow sufficient time to build the envisioned MIS, while ensuring that a short-term monitoring system is in place for MKUY.

In Phase 1, the plan suggests integrating beneficiary data from primary, lower secondary and upper secondary school grants; using ICDS-CAS as a platform for installing similar modules for health and education monitoring at the local level; and using the existing DBT platform (e-Kalyan) to integrate programme enrolment and benefit payments within a common system. Phase 2 envisages extending the integrated MIS to encompass services and linking it to the civil registry.

The UNICEF technical assistance highlighted both strengths and weaknesses in the Government of Bihar’s human, financial and technological capacities to adopt

and maintain an electronic database. Further, it opened new avenues for UNICEF engagement in the development and operationalization of the integrated MIS.

In response, UNICEF continued to work with the Government of Bihar to strengthen the integrated MIS, adopting a pragmatic approach. First, UNICEF worked with DOH to develop a web platform and build the capacity of MIS stakeholders to roll out the first three constituent grants of the MKUY programme. At the same time, DOE was digitizing data for about 2 million children in order to implement the education grants from enrolment through payment to grievance redressal, enabling the interdepartmental integration of all MKUY sub-grants.

UNICEF is now well-positioned to advocate for and promote integration of the cash grants across implementing line departments, and to enable longitudinal tracking of girls enrolled in or dropping out of the MKUY programme. As a result of government commitment and UNICEF assistance, the Government of Bihar has made significant strides in enriching the data ecosystem with child-level data and progressively fuller coverage of the integrated universal child grant.

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7.

Developing the Family Package in Cambodia: The Realization of Integrated Social Protection

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7.1. INTRODUCTION

Guided by the Constitution, the Royal Government of Cambodia has introduced several laws, policies and strategies to further its commitment to institutionalizing and systematizing social protection. The Government's Rectangular Strategy for Growth, Employment, Equity and Efficiency – Phase IV (2018–2023) builds upon this commitment. It presents social protection as an instrument to foster human capital development and reduce poverty, and as part of this, prioritizes ensuring social security and protection for all – especially income security for vulnerable groups. The strengthening of gender equity and social protection also features as one of the four priority areas in Cambodia's new phase of development (towards achieving upper-middle-income country status). Cash transfers form an integral component of Cambodia's poverty reduction efforts, as laid out in the National Development Plan and sectoral strategies.

The National Social Protection Policy Framework (NSPPF) approaches social protection as an investment in human capital and social equity, as an instrument to build resilience to shocks, and as a means to enhance savings and investments nationally and among households. The long-term vision is to build a social protection system that is inclusive, effective and financially sustainable, to reduce and prevent poverty, vulnerability and inequality; improve human resource development; and stimulate economic growth. NSPPF stems from the lessons learned from the implementation of previous strategic documents and addresses some of the challenges identified within Cambodia's social protection sector,

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including fragmentation of programmes, resulting in inefficiencies. The NSPPF, under its social assistance pillar, addresses consumption poverty that is currently at 17.8% (Ministry of Planning, 2021), while focusing on human development to address several challenges. In particular, challenges related to child development outcomes, including in the early years, with stunting currently at 22 per cent (Cambodia Demographic and Health Survey, 2022), reduced from 32 per cent in 2014 (Cambodia Demographic and Health Survey, 2014), and lower health indicators among the poor; and in later stages of children's life cycle – for example, while the primary school completion rate is currently 91.7 per cent, the secondary school gross enrolment rate is 36.6 per cent (Ministry of Education, Youth and Sport, 2021). NSPPF also recognizes the vulnerability of people with disabilities and elderly people and confirms the Government's commitment to increase income support and access to social health protection to further widen access to health services, particularly for poor and vulnerable populations.

Since the adoption of NSPPF and the operationalization of the National Social Protection Council (NSPC), Cambodia's social protection landscape has advanced at a very accelerated pace. In a series of strategic investments to strengthen the social protection system, the Government transitioned from having multiple fragmented social assistance programmes in 2015 to designing four consolidated life cycle-based social assistance programmes. These focus simultaneously on poverty reduction and the reduction of vulnerability of children under 18 years, people with disabilities, elderly people and people living with HIV/AIDS, with an emphasis on improving coherence and integration across the social assistance programmes.

Over the past decade, the Government of Cambodia has invested in the building blocks essential for an integrated social protection system: (1) improving processes for the identification of poor and vulnerable households; (2) digitization of social assistance benefits; (3) consolidation of existing social assistance programmes; and (4) development of a national monitoring and evaluation framework that comprises social protection outcomes. The development and implementation, in 2019, of the fully digitized Cash Transfer Programme for Pregnant Women and Children under Two (CT-PWYC) living in poor and vulnerable households (IDPoor or equity card holders²¹) was a vital milestone for the social protection sector. It laid the foundation for what is poised to become a global best practice in building towards an advanced, integrated and developmental social protection system.

Cambodia's social protection sector boasts a comprehensive set of social assistance programmes, guided by NSPPF. The Government recognizes, however, the potential efficiency gains – in terms of better awareness and

²¹ The Identification of Poor Households Programme (IDPoor) is the government's mandatory standard tool for targeting pro-poor measures in Cambodia. The programme provides regularly updated information on poor and at-risk households to a large number of Government and non-governmental agencies to help them target services and social assistance.

coverage and operational improvements – that would result from integrating these programmes. The Family Package is the culmination of this vision to deliver social protection comprehensively, effectively and efficiently to all poor and vulnerable families and children, covering the needs of Cambodian citizens from conception until death.

7.2. THE FAMILY PACKAGE

In 2019, the Government of Cambodia sought to address one of the more ambitious outcomes planned in NSPPF: development of the Family Package as part of the wider integration agenda. NSPPF envisages the Family Package as a package of integrated benefits that comprehensively addresses risks throughout the life cycle for poor and vulnerable families and children.

The Family Package is an integrated social assistance framework designed to support the poor and vulnerable families (17.8 per cent of the population – Ministry of Planning, 2021) across the country; protect them from poverty; accelerate human capital accumulation; and promote inclusive growth, leaving no one behind. By integrating existing and planned/future social assistance interventions, thereby ensuring their improved coverage, cost-efficiency and sustainability, the Family Package aims to strengthen the ability of families to invest in human capital and achieve long-lasting prosperity.

The specific objectives of the Family Package, as outlined in the Family Package policy document include the provision of comprehensive and adequate social assistance covering families and children throughout the life cycle; Improvement of the accessibility and coverage of social assistance benefits for populations in need; Strengthening of the institutional framework for social assistance delivery; Establishment of shared systems/functions to improve the operational efficiency of social assistance benefits; and strengthening of linkages with complementary programmes, social care services and social security.

The package is intended to integrate all existing and planned social assistance benefits in the country – CT-PWYC, Cash Transfer for Children from Poor Households in Primary and Secondary Schools, Cash Transfer for Persons with Disabilities and the planned Cash Transfer for Elderly People – and will introduce a Cash Transfer for Persons Living with HIV/AIDS.

The Family Package is intended to be implemented by multiple stakeholders responsible for social protection in Cambodia. NSPC is responsible for aligning the package with the wider social protection sector. Implementation of the Family Package is to be managed by the National Social Assistance Fund established under the technical guardianship of the Ministry of Social Affairs, Veterans and Youth Rehabilitation and under the financial guardianship of the Ministry of Economy and Finance, which has overall responsibility for the package. The

poverty targeting of the constituent programmes is ensured via the IDPoor database, which is updated by the Ministry of Planning, with a view to expanding the database into a more comprehensive social registry in future. The Ministry of Health and the Ministry of Education, Youth and Sport, along with other relevant ministries, participate in the delivery of the programmes.

It is envisaged that the Family Package will rely on common identification, delivery and monitoring systems to deliver social assistance effectively and efficiently, while preserving the rights of individual beneficiaries, to the extent possible, through individual entitlements to benefits. Integrating back-end functions by streamlining identification rules, targeting and registration processes is a key priority of the Family Package. Furthermore, digitizing payments will reduce administrative costs of delivery and simultaneously achieve the dual objectives of promoting financial inclusion for poor and vulnerable families and improve the accessibility and coverage of social assistance benefits for populations in need.

The Family Package reduces fragmentation and policy overlap in social assistance by promoting the National Social Assistance Fund as the sole operator, consolidating operational mandates and improving cross-sectoral coordination of social assistance. Monitoring and financing of all social assistance programmes are also consolidated under the Family Package to improve the operational efficiency of the social assistance programmes and enable easy linkages with complementary programmes, social care services and social security.

Finally, by developing a package of benefits that reaches all vulnerable families, and by enhancing targeting and delivery infrastructure to support it, the Family Package promotes shock-responsive social assistance systems. It improves cross-programme referrals by integrating the programmes' management information systems, ensuring that individuals in poor and vulnerable families have access to the full spectrum of social assistance benefits available to them.

7.3. THE PROCESS

Under the keen leadership of NSPC, and in close collaboration with key ministries such as the Ministry of Social Affairs, Veterans and Youth Rehabilitation and development partners, the Government of Cambodia undertook a series of assessments and engaged in wide stakeholder consultations to develop and refine the concept of the Family Package.

In line with the NSPPF commitment to assess the feasibility of such a package in Cambodia, the Government conducted a systems assessment to explore the possibility of its introduction. The Government also undertook a careful consideration of the implementation of existing social assistance programmes, drawing on lessons learned from the implementation of CT-PWYC and the emergency COVID-19 Cash Transfer Programme for Poor and Vulnerable

Households, including the effectiveness of interministerial collaboration in targeting and delivery of the cash transfers, and the persistent positive effects of steady income support on the social and economic status of poor and vulnerable families. This effort reaffirmed the need for a more comprehensive, integrated and streamlined process for designing and delivering social assistance in Cambodia. After thorough deliberation, the Government authorized the draft policy for the Family Package in 2021. The package design and operational manual are now in the final stages of review.

These accelerated developments in Cambodia's social protection system were the result of three vital processes:

- high-level government commitment
- use of high-quality data and evidence from multiple sources
- collaboration and coordination across multiple stakeholders in government and among development partners.

Success in these areas was driven by the interactions between robust evidence, multisectoral engagement, very strong national leadership, and the continuous engagement of NSPC. From the outset, NSPC led and coordinated the development of the Family Package. It ensured the inclusion of and coordination between various development partners, donors and ministries from the conceptualization phase of design. The drafting of the Family Package policy gained traction thanks to the time and resources invested by NSPC and because the process of developing the package leveraged experiences and evidence from multiple institutions. In particular, the package was built based upon the experiences of the Ministry of Social Affairs, Veterans and Youth Rehabilitation on delivering cash transfers (CT-PWYC and Disability Allowance); of the Ministry of Education, Youth and Sport on delivering its scholarship programmes; and of the Ministry of Planning on running the IDPoor programme.

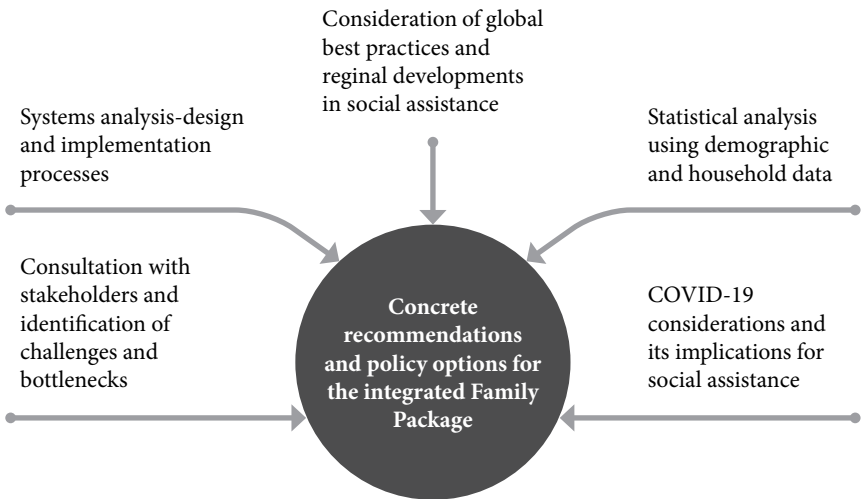
These insights were further strengthened through triangulation of evidence generated by development partners such as UNICEF in partnership with Deutsche Gesellschaft für Internationale Zusammenarbeit, the European Union, the Government of Sweden, the International Labour Organization, Save the Children, the United Nations Development Programme, the World Food Programme and others working on issues related to social protection, child protection, disability and gender; on the identification of poor and vulnerable households; and on delivery and monitoring and evaluation systems, as well as management information systems. Evidence generation activities included a comprehensive risk and vulnerability assessment considering COVID-19, and a detailed analysis of Cambodia's social assistance system. An analysis of transient poverty among IDPoor households was also conducted, highlighting the need for a more flexible and inclusive approach to the identification of poor households. Lastly, an ex-ante simulation of various policy options (in terms of

coverage, distribution, equity and costing) guided the Government towards the finalization of the policy.

To fill gaps in data and evidence – particularly on capacity gaps and implementation challenges – and identify the best model for the Family Package, the various assessments and evidence pieces were coupled with wide stakeholder consultations involving more than 40 informants from across all social sector ministries and from non-governmental organizations and development partners. Nationally relevant policy options were discussed, with consideration to global and regional evidence and best practices, to identify the most suitable approaches for Cambodia. Multiple consultation and validation meetings were also held with key government stakeholders, under the guidance of NSPC.

Furthermore, this combination of evidence and stakeholder engagement strengthened national discussions on improving the efficiency of the IDPoor programme and the identification of poor and vulnerable groups. Consequently, in conjunction with experiences of the COVID-19 crisis, these discussions led to a revival of the national discourse on identifying the ‘near poor’. Development of the Family Package accelerated various processes – across ministries and development partners – to explore a risk and vulnerability-based lens for identifying households that fit neither the IDPoor 1 nor IDPoor 2 classification yet are vulnerable and in need of support.

Figure 7.1 Process followed for developing the Family Package



Source: Authors.

Finally, another strong enabler for the design of the Family Package was the design support (as well as evidence generation) provided to the COVID-19 Cash Transfer Programme for Poor and Vulnerable Households by various agencies, including UNICEF. Implementation of the COVID-19 cash transfer provided early lessons and insights to inform the Family Package programme design. These included insights on improving inclusiveness by combining a poverty reduction lens (consumption smoothing objectives) with the risk and vulnerability approach, focusing on the protection of key vulnerable populations such as children, people with disabilities and elderly people; innovative implementation through digitization of processes; and financing mechanisms, including to provide a more streamlined flow of public finances and reduce administrative costs.

Furthermore, the wide stakeholder engagement and continuous updating of the evidence base on the Family Package led to the alignment of its design with the national discourse on social protection and other ongoing reforms, such as the decentralization and deconcentration agenda and coverage of vulnerable groups including people with disabilities and people living with HIV/AIDS. The costing of the Family Package design led to the development of a five-year expansion plan for the package, encouraging the Government to think about a gradual scale-up and to plan for annual targets covering pregnant women, children, people with disabilities, elderly people and people living with HIV/AIDS.

The various components associated with the design of the Family Package have positioned the social protection sector as a key player in both the fight against poverty and the drive for sustainable and inclusive development in Cambodia. Achieving such influence is the culmination of joint and coordinated efforts among donors and development partners, including to provide extensive technical assistance; support for institutional strengthening and for capacitation of key stakeholders in policy and programme design; system building tools, including monitoring and evaluation and information technology infrastructure for social protection; and capacity development for social assistance delivery at multiple administration levels.

7.4. CONCLUSIONS

The COVID-19 crisis became the catalyst for integration of the social protection system in Cambodia. The COVID-19 crisis exposed the weaknesses of social protection systems around the world, but it also demonstrated the advantages of having invested in vital systems to support the identification of beneficiaries and the payment of benefits to vulnerable groups. The Government of Cambodia found itself positioned midway on that spectrum: The IDPoor programme provided the Government with the necessary information to reach a good share of already poor households yet excluded those that may have fallen into poverty or were at risk of doing so because of the COVID-19 crisis.

At the same time, ongoing improvements to IDPoor meant that institutions and mechanisms designed for the On-Demand IDPoor process had already been piloted, so these were rapidly scaled up to identify the ‘new poor’ – firmly establishing the advantage of having essential systems and local-level capacities in place. The recent setting up of an automated delivery system for CT-PWYC was opportune for scaling up, in just a few additional steps, payments to all poor and vulnerable households captured by IDPoor.

The challenges and lessons of the COVID-19 crisis and response encouraged the Government to adopt a more inclusive approach to the Family Package, recognize and build on systems such as IDPoor, integrate the management information systems for social assistance programmes and scale up digital transfers for the Family Package.

Consequently, the final Family Package represents a fundamental shift in thinking and a significant change in the way that social protection is implemented in Cambodia. The design discussion for the Family Package opened up a wider debate around the coverage of near-poor groups, vulnerable groups and risks not yet covered by the social assistance system. The introduction and expansion of the CT-PWYC management information system, which automates the entire implementation pipeline of the social assistance programme, was accepted for expansion as the main delivery mechanism for the implementation of social assistance in Cambodia. At the same time, the consolidation and harmonization of the policy for the various social assistance programmes opened up the space for a more coherent and equitable expansion of benefits throughout the life cycle.

The rapid expansion of social protection in Cambodia provides valuable evidence for the vital role of social protection institutions, and the need to strengthen them. The impetus brought by a strongly capacitated team of leaders within the social protection sector, led by the Ministry of Economy and Finance, is evident in the acceleration of the sector’s expansion since NSPC was installed and operationalized as the coordinating agency responsible for scaling up social protection in Cambodia. Coordinated by NSPC, the investments in the building blocks essential for an integrated system have built upon successes of the past, gradually leading towards a digital, progressively inclusive and efficient system for social assistance.

The Family Package has also contributed to institutional strengthening for social assistance. Guided by NSPPF, the Family Package incorporates a single operator modality to consolidate and simplify implementation of the full package. As a result, the National Social Assistance Fund has been established and tasked with managing the delivery of social assistance, including the Family Package.

The Family Package is truly cross-sectoral, leveraging the expertise and capacities of multiple ministries. NSPC is responsible for overall policy decisions. The Ministry of Social Affairs, Veterans and Youth Rehabilitation, through the single

operator (National Social Assistance Fund), is responsible for the day-to-day progress, monitoring and operational oversight of the package. The Ministry of Interior has a vital role to play in implementing the package via subnational administrations, which undertake functions such as registration and grievance management. At the same time, the Ministry of Planning provides the necessary data for the identification of beneficiaries of the Family Package.

In terms of cash transfers to be integrated within the Family Package, the Ministry of Health and its health centres at the local level are integral to the success of CT-PWYC, while the Ministry of Education, Youth and Sport and schools are core drivers of success for the Cash Transfer for Children from Poor Households in Primary and Secondary Schools.

Engaging all of these ministries collaboratively will be essential for the successful implementation of the Family Package. In its capacity as the national body for coordinating social protection activities, NSPC is instrumental in enabling such cross-sectoral coordination.

7.5. NEXT STEPS

These developments symbolize the modernization of the social protection landscape, moving towards a global best practice model for systematic social protection that provides life-cycle coverage in a flexible, inclusive and responsive manner. The Government of Cambodia has already identified several priority areas in this regard.

The key to reaping the benefits of an integrated social assistance framework – the Family Package – lies in the effective implementation of the policy. Following development of the Family Package, integration of the social assistance programmes at the policy level is near completion, yet numerous implementation steps remain works in progress. The Family Package requires both a gradual scaling back of existing processes and the adoption of a common and developmental delivery system for each of the social assistance programmes in the package.

In addition to sensitization and awareness-raising on the Family Package to ensure a smooth transition, expansion of the existing management information system for CT-PWYC is necessary to include modules for the other cash transfers. All current beneficiaries of the Disability Allowance and Cash Transfer for Children from Poor Households in Primary and Secondary Schools need to be moved over to the digital payment system and a common framework for the monitoring and evaluation of the Family Package must be developed.

The package is integrated in its implementation for improved delivery efficiency, yet the social assistance benefits must continue to adopt an individual focus, protecting the rights of vulnerable people from conception to death. Providing the Government with the necessary support to enable this is vital to realizing results through the integrated social assistance system.

The Family Package design has laid the foundation for further extending integrated social protection to include social services, building upon the successes of streamlined social assistance to accelerate the provision and uptake of social services for poor and vulnerable households in Cambodia through referrals and linkages. The Family Package prioritizes easy referrals and linkages across cash transfers, which can be extended in time to include other social protection programmes, active labour market programmes and social services. These services may include services for children, people with disabilities, elderly people and people living with HIV/AIDS, as well as gender empowerment services. The Government is committed to realizing a more comprehensive and integrated social protection system over the next phases of expansion.

To achieve this vision, several capacity and systems investments are necessary. The first step towards increasing linkages and improving the multisectoral impact of the Family Package is to expand its capacity for referrals and its entry points. Multiple entry points will ensure holistic and comprehensive functionality across multiple sectors, through the improved engagement of local actors, especially non-governmental organizations and other grassroots organizations that work for the protection of vulnerable groups. Adopting this approach will require the standardization of service providers and formal certification/recognition of these providers, in addition to periodic and quality assurance processes, and can significantly improve inclusion and coverage of the Family Package.

Additionally, the establishment of a strong social service workforce (professional and paraprofessional) is integral to this process. Strong referrals and linkages between social assistance (the Family Package), social security and social services can greatly improve the efficiency and strengthen the outcomes of the Family Package. Yet existing mechanisms at the commune level alone may be insufficient to fulfil the referral pathways, service monitoring and quality assurance necessary for a good referral system for the social protection framework.

Investments in pre- and post-qualification training of social workers and in the deployment of a social service workforce are essential to support social protection, child protection and the protection of vulnerable groups such as people with disabilities, elderly people and people living with HIV/AIDS or other chronic conditions, as well as those from other marginalized groups. Establishing this workforce will allow multiple entry points for the identification of vulnerable people and put in place competent social work and case management teams to develop referral plans, undertake case management activities and augment the outcomes of social assistance programmes delivered through the Family Package. Case management approaches will help to identify vulnerable individuals timeously, thereby enabling preventive action. In turn, preventive action will reduce the long-term cost of poverty reduction for the Government.

Finally, ensuring the responsiveness of the social protection system to unexpected shocks and risks is non-negotiable today. Cambodia's existing systems enabled a

relatively swift response to the COVID-19 crisis. From here on, the Government of Cambodia must carefully evaluate the evolving social protection system and ensure that it is designed for agility and can be scaled up rapidly and adequately to respond to future shocks.

The Government of Cambodia has taken the first steps towards improving the system's responsiveness by drafting the Shock-responsive Social Protection Framework. As well as the Family Package, other investments include improvements in the inclusion of vulnerable groups, integration of data systems through the 'digital highway', and the strengthening of local governments through capacity building and partnerships with non-governmental organizations. Together, such investments will serve to both protect households that are living in poverty and prevent vulnerable households from the risk of poverty, thereby building a more resilient society.

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8.

Strong on Technology and Weak on ‘Child Supportiveness’: How can China’s Social Assistance Management Information Systems be Strengthened for Children?

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8.1. INTRODUCTION

The essential benefit of management information system (MIS) technology relates to the knowledge that can be created through the purposeful management and use of MIS data. An MIS can be used to capture and store data about applicants and beneficiaries of social assistance programmes. Importantly, the MIS can then transform those data into various predefined formats and analyses to perform functions such as the targeting and identification of beneficiaries, the registration of beneficiaries, compliance with programme rules, grievance management and the monitoring of changes in child development outcomes.

This means that the ‘child supportiveness’ of the MIS depends on the ‘child relevance’ of not only the data contained in the MIS but also the data visualization, reporting system and other applications that transform the data into meaningful information, analyses, budget allocations and interventions for implementation. MIS strengthening can lead to the more equitable distribution of resources based on objective and comparable information; facilitate oversight of multiple schemes; establish links with other services and sectors; and increase the efficiency of delivery, by avoiding duplication of effort and enabling economies of scale.

The article was produced on the basis of a desk review of China’s social assistance policies and global MIS practices. It also includes information and

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knowledge collected through UNICEF China technical assistance to the three locations (Beilin, Linyi and Shucheng) since 2019. Such inputs include field visit reports, and interviews with key informants such as local government officials and academics.

The national-level discussion in this article outlines how China could integrate MIS technology across social assistance programmes and other public services. This refers to the integration of MIS across different government levels (vertical integration) and across different social assistance programmes (horizontal integration). This article will discuss how integration of MIS could potentially provide multidimensional data on children, which could enhance the tracking of children's multidimensional development against national targets, and more ambitiously, possibly even help to identify, track and tackle multidimensional deprivations at the level of the individual child.

For the local government discussion, the article focuses on social assistance implementation and management in three locations in China: Beilin District, Xi'an City, Shaanxi Province; Linyi County, Dezhou City, Shandong Province; and Shucheng County, Lu'an City, Anhui Province. Acknowledging the potential of the integration of MIS, and in light of China's decentralized implementation of social assistance, some local governments are moving forward with integration of social assistance MIS at their own administrative level. All such cases are at the initial stages of MIS strengthening, and this article will describe what is happening within their overall social assistance programming.

The article has two more sections as follows: Section 2 analyses China's national context to consider issues in national policy related to the strengthening of social assistance MIS, and local government experiences in the three locations (Beilin, Linyi and Shucheng) to show the varied practical efforts to strengthen social assistance MIS. Section 3 draws the experiences together by highlighting key issues in the social assistance system in China that need to be addressed by MIS strengthening to create more child-supportive social assistance MIS.

8.2. STRENGTHENING OF SOCIAL ASSISTANCE MIS AT THE NATIONAL AND LOCAL LEVEL

8.2.1. Strengthening of social assistance MIS at the national level

Integrating MIS technology entails three aspects: namely, setting up an MIS within each social assistance programme; linking the various MIS used in different social assistance programmes; and linking the various social assistance MIS to information systems for other public services. Of particular relevance to children's development are global experiences that suggest that integration of MIS can help to address multidimensional deprivations (Chirchir et al., 2021).

The hope is that integrated MIS combined with strong 'case management' of beneficiaries can broaden access to multidimensional interventions, including social assistance. In Brazil, Chile, Turkey and Uruguay, MIS have been integrated to increasingly act as gateways that enable people to access multiple services beyond those of individual programmes, and thereby gain a fuller range of multidimensional support. Case management by social workers is needed to ensure referrals to complementary services for vulnerable groups such as children, pregnant women and people with disabilities.

8.2.2. Possibility of integrating social assistance MIS in China

A UNICEF-supported analysis on the potential for the integration of social assistance MIS in China found that: (1) vertical integration across different government levels has occurred to some extent in the Dibao cash transfer programme;²² (2) horizontal integration across different programmes is occurring in a few provinces and counties; (3) the elements exist for the more systematic integration of MIS; and (4) a national strategy for the integration of MIS is lacking (Chirchir et al., 2021).

In terms of assessing China's preparedness to develop an integrated social assistance MIS, the country mostly meets the 11 criteria to do so (*see Table 8.1*). For instance, China already has an appropriate institutional set-up that currently delivers social assistance, strong political will to consolidate the achievements of poverty alleviation, and a central ministry responsible for coordinating the delivery of social assistance and developing guidelines for its implementation. Moreover, budget, operational staff capacity, hardware and software are not insurmountable barriers to the integration of MIS in China.

²² Dibao, also known as the 'minimum livelihood guarantee', is a means-tested national social assistance programme in China that provides cash transfers to poor urban and rural residents whose income falls below the minimum livelihood guarantee threshold (Dibao threshold). The programme tops up the income of beneficiaries to the local Dibao threshold. Implementation of the Dibao cash transfer programme is highly decentralized, with local governments defining the Dibao threshold, criteria for the selection of beneficiaries and the value of the transfer payments.

Table 8.1 Assessment of China’s preparedness for the integration of social assistance MIS

Dimension	Status	Requirement to support integration of MIS in China
Institutional framework	Partial	While the Ministry of Civil Affairs (MCA) is responsible for delivering social assistance, a special unit responsible for integration of MIS is needed
Political will	Strong	The Government of China has aimed to create mechanisms to capture the changing economic situation of low-income population to prevent the recurrence of poverty.
Coordination	Partial	MCA would need to strengthen vertical and horizontal coordination to ensure integration of MIS
Broader e-governance	Partial	Further assessment is needed on whether the e-governance system is sufficiently mature to be leveraged for integration of MIS
Legislative framework	Partial	Specific legislation for integration of MIS does not yet exist
Governance framework	Partial	Assessment is needed on whether MCA or another agency should be responsible for integration of MIS
Objectives and model of integration	Partial	Agreement by stakeholders is needed on the objectives and the model of integration
Budget	Strong	A detailed budget for integration of MIS should be developed
Civil registration and national identification systems	Partial	Assessment is needed of the civil registration, national identification and other registries that will link to an integrated MIS
Operational staff capacity	Partial	Staffing and training requirements need to be scoped
Hardware and software	Partial	Both hardware and software need to be scoped

Source: Adapted from Chirchir and Hu (2021).

Nevertheless, integration of social assistance MIS in China faces some practical challenges, including ensuring interoperability across all existing MIS; use of standardized indicators; upgrading of information and communication infrastructure for connectivity; data privacy and data security; human capacity at all operational levels of the integrated MIS; and institutional coordination.

8.3. STRENGTHENING OF SOCIAL ASSISTANCE MIS AT THE LOCAL LEVEL

This section discusses ongoing strengthening of the social assistance MIS in Beilin District (Shaanxi), Linyi County (Shandong) and Shucheng County (Anhui) (Shi, 2019; Sun et al., 2021). All three local governments are pursuing the integration of MIS to help them implement China's new social assistance system reforms, as outlined in 2020, but they are approaching the task differently.²³

Socio-economic situations differ in the three locations (*see Table 8.2*):

- Beilin is relatively rich, with gross domestic product (GDP) per capita equivalent to 178 per cent of China's GDP per capita. Beilin has secure social assistance funding and higher benefit levels compared with the other two locations (Linyi and Shucheng). Being urban, the district will have rural-to-urban migrants lacking an urban household registration (*hukou*), better information and communication technology (ICT) and other infrastructure, and a densely located population from which to collect data and to which to provide services.
- In contrast, Shucheng is relatively poor, with GDP per capita equivalent to just 39 per cent of China's GDP per capita. As a predominantly rural county, it has relatively worse infrastructure (the worst of the three locations) and a more dispersed population to serve.
- Linyi's GDP per capita is equivalent to 93 per cent of China's GDP per capita, meaning that the county is much more in line with China's upper-middle-income country status in terms of prosperity. Like Shucheng, the county is mainly rural with some urban areas. Linyi's social assistance system covers the smallest population of the three locations – it is about half the size of Shucheng's population – which has implications for the scale of its integrated MIS.

Table 8.2 Socio-economic indicators (2018)

Location	Urban vs. rural	GDP per capita (as % of China's GDP per capita)		Population
Beilin District, Xi'an City, Shaanxi Province	Urban	High	178	717,500
Linyi County, Dezhou City, Shandong Province	Rural	Average	93	553,900
Shucheng County, Lu'an City, Anhui Province	Rural	Low	39	996,376

Source: Calculations based on Shi (2019a), Shi (2019b) and Shi (2019c).

²³ In August 2020, the Government of China issued the *Opinions on Reforming and Improving the Social Assistance System*, which sets out a reform agenda that aims to build a tiered and classified social assistance system for both urban and rural areas and to benefit people in need more equitably through wider coverage.

8.3.1. Commonalities of the MIS across the three local governments

A common starting point for all three local governments is the Dibao cash transfer programme's MIS, under the leadership of China's Ministry of Civil Affairs (MCA). Its MIS is better integrated vertically than the MIS of other programmes for administrative reporting purposes. The data held in the system are reported quarterly by local governments and used nationally for overall administrative reporting. The Dibao programme's MIS also links to banking, housing, and vehicle registration databases for the purpose of income and assets verification.

Following the national reform agenda, all three local governments are pursuing a systematic approach to social assistance system strengthening. The goal is for a system that provides multidimensional support to those in need through a range of coordinated programmes and service providers. The design of the integrated MIS in each of the three locations also enables improved coordination of programme management and consolidation of programme data.

All three local governments have outreach with potential beneficiaries through 'one-stop shops' or social assistance offices at the township/subdistrict office level. These physical premises could serve the integrated functions of receipt of applications, collection of data and consolidation of services.

8.3.2. MIS strengthening scope and ambitions of the three local governments

Local Bureau of Civil Affairs (BCAs) each has their own social assistance MIS, and these vary in structure due to the diverse information needs in different locations. The connectivity and data transferability of MIS between different levels of government and among different programmes remains an issue.

Beilin's integration plans are modest in scope compared with those of the other two locations. Beilin intends to build an integrated MIS to accommodate all social assistance functions, including household assessment, referral to other services and resources, and coordination between social assistance management administrations. The local BCA of Beilin has no cross-departmental mechanism, although Beilin BCA confirms that there is good cooperation and communication among different agencies in charge of other sectors such as Education, Housing and Urban-Rural Development, Human Resources and Social Securities, and Healthcare.

The main objective of integration in Beilin seems to concern improving efficiency across BCA programmes (and is less about linking to other agencies). A community-level one-stop shop uses various MIS to process, verify and approve applications for Dibao, Tekun and temporary assistance, for which the local

BCA is responsible.²⁴ This one-stop shop does not, however, link to services from other authorities, especially not those child-relevant programmes on education, housing, orphans, disability and nutrition. Other authorities can maintain 'desks' in the one-stop shop, and referrals can be made to the All-China Women's Federation, trade unions and social organizations for help in accessing other services.

Linyi is the most ambitious of the three cases. Under its current institutional reform of the social assistance system, Linyi aims to integrate the MIS of all eight social assistance programmes, judicial assistance and charity assistance, plus those of programmes under social services. Income and assets data for assessing eligibility have been integrated at prefecture level (the administrative level above county) by Dezhou.

An MIS exists for Linyi that includes a beneficiary registry, data of low-income households (based on a local survey conducted in 2020), administrative data from social assistance programmes, monitoring and evaluation systems, and documents.²⁵ It is a single platform used to access various databases and information from various sources. As of 2019, the information system has been used mainly for administration and little analysis, planning or budgeting has been done using the system; it is not linked to services provision; and its functions are basic. Some social assistance programmes prefer paper-based management or their own system and just upload data into this information system as requested. Linyi BCA wants to include data on people at risk of poverty, as well as current beneficiaries of social assistance, in its integrated MIS. A mobile phone application has been designed and implemented to streamline applications to the Dibao cash transfer programme.

Shucheng's integration plans are the least ambitious of the three locations. Shucheng's social assistance system reform focuses on establishing a cross-departmental group of 16 agencies; a platform for social assistance; an integrated MIS; and innovations in social assistance approaches. But the local government's impetus for the integration of MIS resulted from pressure exerted by senior-level government officials, because of the siloed nature of the county's social assistance MIS and management. Supporting mechanisms do not yet exist in Shucheng for the integration of MIS. Political will of the local government and coordination between government agencies are needed, but it seems that

²⁴ The Tekun programme, which provides unconditional social assistance to the destitute, complements the family-based Dibao cash transfer programme. It provides support for basic daily expenses, daily care and medical treatment to specific vulnerable groups (people over 60 years of age, people with disabilities and children under 16 years of age) who have no work, no other source of income and no other support (also known as the 'Three Nos'). Temporary assistance is provided to families or individuals who, whether because they are not covered by other social assistance programmes or despite having such support, cannot guarantee their living necessities when an incident such as fire, traffic accident, incidental injury or serious disease occurs. The temporary assistance provides financial support to cope with the emergency situation during the transitional stage.

²⁵ The benchmark for 'low-income households' is a bit higher than the Dibao threshold. These low-income households are ineligible for Dibao transfers but will be considered for support from other programmes.

not all social assistance management administrations are fully involved in the discussions around developing an integrated MIS. At the request of BCA, a draft proposal was developed on the integration of MIS across Dibao, Tekun, temporary assistance and the verification system, including greater linkages vertically between all levels under BCA and horizontally with other services.

8.3.3. Discussion of the MIS of each location

8.3.3.1. Multidimensional vulnerabilities assessment

All three local governments are reinforcing their various MIS around **monetary selection criteria** for access to social assistance. Their integrations of their MIS have not been designed to assemble data for multidimensional vulnerabilities assessment, referring to services, and case management. The difference among the local governments is that Beilin uses multiple economic indicators to determine tiered levels of benefits and services; Linyi experiments with the indexing of multiple economic indicators; and Shucheng relies on monetary selection criteria supplemented with community identification of those in need.

Specifically, the locations vary in that:

- Currently Beilin uses its MIS to categorize families into four income tiers, which provide access to different social assistance programmes, thereby creating a hierarchy of support. The local BCA is trying to augment the income criterion by introducing indicators of hardships into the tier classification. A key assumption in this approach is that income is a sufficient proxy for multidimensional deprivations.
- Linyi's current social assistance MIS is still designed for applying monetary selection criteria using income, assets and catastrophic health costs. An economic hardship index was created but is not used in practice because it fails to identify all relevant people. The need to include multidimensional deprivations in selection criteria has been mentioned but not actioned.
- Shucheng applies monetary selection criteria and has no plans to develop a multidimensional measure. The local government believes that village leaders can identify families in need of assistance and that the practical application of a multidimensional measure would be complex.

8.3.3.2. Linking with services

Lacking the capacities to deliver all of the necessary social services, the three local governments recognize the possibility of using social organizations to help do so. Progress towards this option has been limited, however, because of challenges including a lack of enabling policies, regulations and operational mechanisms; that demand for the various social services is not being assessed

and the procurement service list is not yet available; and the fact that there are few social organizations and a low level of social worker professionalization.

With the exception of some elderly care services, Beilin's social services delivery is through government agencies. It has unused budgets for procuring services from social organizations. A social organization incubator is intended to cultivate new social organizations and develop their capacity to deliver social services. Social work is still too weak to deliver social services, however.

Linyi allows 3 per cent of its total social assistance budget for the external procurement of social services, but it lacks sufficient social organizations and professional providers to spend this budget. Like Beilin, Linyi has also established a social organization incubator.

Shucheng's local government acknowledges that social organizations would play a key role in service provision. Yet, professional social work organizations are limited in number. Shucheng is a rural county with a widely dispersed population. Shucheng has engaged a private elderly care institution to provide services to home-based poor old people, piloting in one mountainous township the mobile teams set up to provide basic monthly home-visit services, such as cleaning, washing and hair-cutting.

Skilled and informed social workers should be a key link between the social assistance system and deprived children, and an integrated MIS could play a role in developing this link by providing relevant data, information and analysis. The local governments could use this type of knowledge to better define their multidimensional social service procurement needs and contracts, and to define more effective work on incubators to develop social organizations. The volume and quality of information and knowledge made possible by an integrated MIS could stimulate attention and investment by non-governmental actors to build social organizations that support children's needs.

8.4. CONCLUSIONS

Integration of the various social assistance MIS has huge potential to enhance planning, monitoring and implementation of programmes and, ultimately, outcomes for beneficiaries, including children. First, by comparing the programme targets with the current status quo, the integrated MIS can inform the optimal resource distribution of social assistance programmes, enhancing the allocation efficiency of human and financial resources. Second, by collecting data and analysing multidimensional deprivations of existing and potential beneficiaries, it can accurately target people in need, reducing exclusion and inclusion errors. Third, by digitizing information, the integrated MIS can better detect the needs of beneficiaries, informing responsive case management and referring beneficiaries to broader social services. Fourth, it also enables programme monitoring in real

time, increasing the transparency and accountability of government at all levels. Finally, by aggregating the information at the national level, the integrated MIS can demonstrate a rather comprehensive picture of the strengths and weaknesses of the current social assistance system, supporting policy adjustments so that the system is aligned with national plans and goals.

While the potential is huge and the overall design principles for the integration of social assistance MIS are clear, there is less clarity on ‘what has worked’ or about alternatives in implementation. In the absence of a national strategy for the integration of social assistance MIS in China, local governments are providing their own answers and creating diverse MIS, in terms of both technological scope and social protection purpose. The same technological approach (integration of the different MIS) has been adopted to implement the same policy (the Government of China’s social assistance system reforms launched in 2020). Each local government has a somewhat different idea, however, about how to use MIS to further its social assistance system reforms. Local governments are finding their own solutions based on local needs, and this is creating diverse approaches across China on the integration of MIS.

A key step is to develop a national strategy for the integration of social assistance MIS, to agree on the objectives of such integration and to provide guidance on solving practical challenges, thereby promoting a more consistent and coordinated development of integrated social assistance MIS across local governments. Potential objectives of integration include oversight of programmes; efficient administration of the social transfer programmes; reporting to policymakers; planning of resources; tracking of multidimensional development; support to broader social services; prevention of error, fraud and corruption; programme efficiency and effectiveness; and monitoring of programme implementation. The relative emphasis on the various potential objectives of integration (for example, whether the integrated MIS shall focus more on adopting multidimensional assessment or on improving income targeting), and the details of how the integration of MIS helps to pursue those objectives, needs to be agreed upon and set out in a national strategy. This will shape what data go into the system and what technologies are developed to use those data.

To move forward, the strengthening of MIS for the benefit of children in China requires more than just investment in technology. It would require designing the system with children in mind. The integrated MIS needs to have child-relevant data to track children’s multidimensional needs. Such data need to be accessed, analysed and used by social workers to inform responsive service delivery for children. Beyond monitoring programmes, the integrated MIS also needs to be aligned with the overall child development targets and plans. Needless to say, inclusion eligibility, linkages between the integrated MIS and various kinds of services, the capability of social workers, and the division of responsibilities and authority within government are all decisive factors for the effectiveness and efficiency of a child-supportive social assistance MIS.

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9.

Girls Empowering Girls: A First in Urban Social Protection Programming in Uganda

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9.1. INTRODUCTION

9.1.1. Challenges of rapid urbanization for children and youth

Rapid urbanization and high population growth rates are leading to an increased concentration of vulnerable children in Uganda's cities. In the last two decades, the number of people living in urban areas of the country increased by more than half. By 2040, it is expected that the number of urban dwellers in Uganda will reach 21 million and that the majority of them will be children and adolescents (UNICEF, 2019a).

One in four young people aged 10–24 years live in urban areas (United Nations Population Fund, n.d.). While children and youth living in urban areas are generally considered better off than their rural counterparts – having greater access to services and more diverse income-generating opportunities – they are also exposed to a number of risks. Drug and alcohol use accounts for half of the biggest health risks for urban male adolescents, while urban female adolescents identify sexual violence and early pregnancy as the greatest threats to their health and well-being. Moreover, data show that children and youth from the poorest urban households do not have fair access to services such as health care, education, water and sanitation, housing, transport and basic infrastructure.

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As Uganda's urban youth population grows, urgent action is required to provide protection services, education and training opportunities that will enable children and youth, in particular adolescent girls, to contribute to a vibrant economy. Otherwise, without enhanced planning and comprehensive investments, urban poverty may well deepen in the next decades (Government of Uganda & UNICEF, 2017).

9.1.2. Towards the strengthening of social protection systems

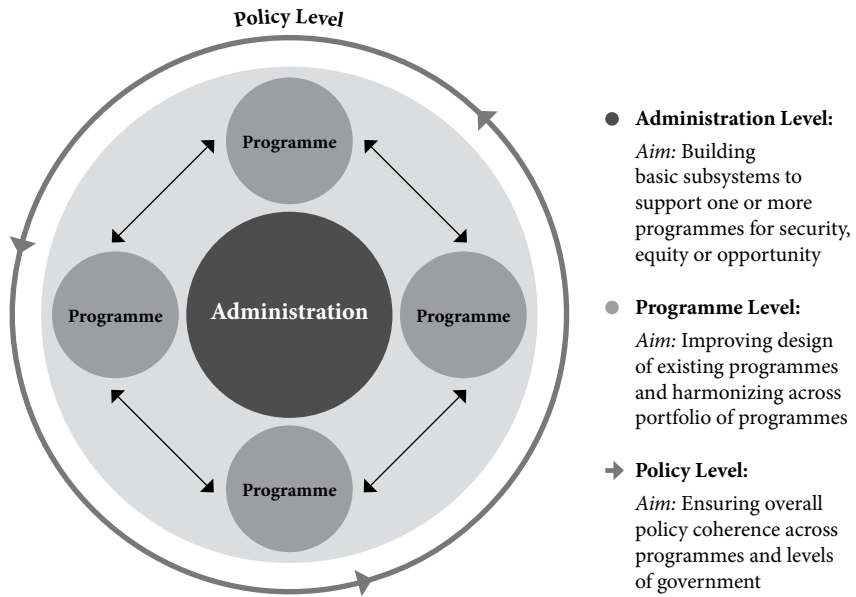
Providing protection services, education and training opportunities, adequate health care, access to equal employment opportunities, and decent living conditions for Uganda's growing urban youth population is no easy feat. Therefore, comprehensively addressing multiple risks and vulnerabilities requires a move away from fragmentation and towards coordination and harmonization of efforts and resources across multiple actors and fields.

A systems approach and system strengthening efforts have undeniable applicability to and appeal for social protection. Two main reasons stand out: First, a systems approach to social protection translates into the harmonization of social protection policies and programmes for increased efficiency and effectiveness. Second, it creates a premise for comprehensively addressing multiple vulnerabilities along a life cycle continuum.

Governments, development partners and donor organizations alike recognize both the shortcomings of addressing challenges specific to social protection in isolation and the promises of harmonization and stronger coordination. There is no one-size-fits-all solution for strengthening social protection systems, and the move towards system strengthening in social protection may take various forms and pathways. In practice, the selection of one pathway over another is heavily influenced by context and other key factors such as institutional capacity, financial sustainability and political leadership.

System strengthening in social protection is a gradual process, and it involves changes across multiple levels. The United Nations Children's Fund (UNICEF) and World Bank identify three levels of social protection, i.e. policy, programme and administration (UNICEF & World Bank, 2013). Together with the relationship between them, the three levels of social protection are visualised in Figure 9.1.

Figure 9.1 Three levels of social protection



Source: UNICEF and World Bank (2013).

Changes across one level are needed to produce and support changes across the other levels. The policy level represents the highest level of engagement, where a shared purpose of the social protection system is established, and the objectives and functions of the social protection system are defined in the context of national goals and parameters (Kaltenborn et al., 2017). System strengthening efforts at the policy level focus on aspects such as policy coherence, policy development and realization, and policy sensitization.

At the programme level, system strengthening translates into integrated and harmonized social protection programmes that comprehensively address the build-up of risk and vulnerability across the life cycle. This integration and harmonization can be achieved by, for example, expanding and improving existing social protection programmes, connecting cash transfers to the provision of information or related services, expanding and improving health insurance, or supporting childcare and adolescent employability (UNICEF, 2019b).

Finally, at the administration level, the focus is on building subsystems to support the efficient and equitable delivery of one or more social protection programmes. Examples of such subsystems include social registries, management information systems (MIS), payment systems and grievance redressal mechanisms. Together with a clear assignment of responsibilities, such subsystems provide channels for effective cross-programme management.

To manage expectations, it is important to recognize that the switch towards a systems approach within social protection demands a paradigm shift from government, development partners and donor organizations (Bowman et al., 2015; Meadows, 1999). These institutions and organizations are known for their large bureaucratic apparatus, hierarchical structures of governance, siloed way of working, and resistance to change. Efforts for system strengthening should, however, promote among these actors new ways of thinking about both the challenge and the solution.

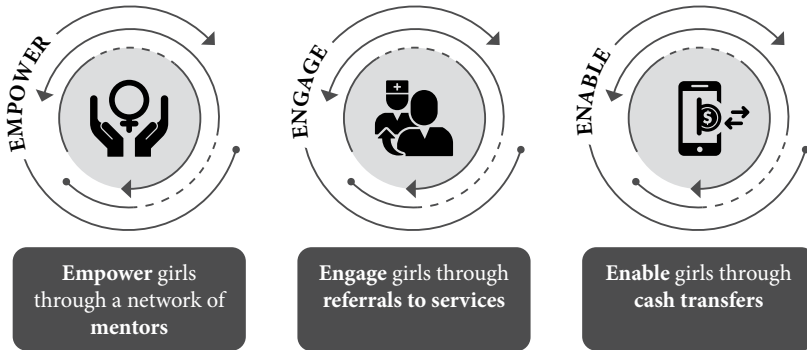
Overall, both government and non-government actors would benefit from shifting to an iterative process of planning, multi-stakeholder approaches, context-specific solutions, a better understanding of the local context for solution design, and cross-organizational collaboration (Bowman et al., 2015). Such shifts would equip actors to recognize the value of experimentation and to receive and incorporate feedback continuously in their policymaking and programming; encourage co-creation with local stakeholders; and promote collaboration across departments, ministries and organizations.

9.1.3. GirlsEmpoweringGirls programme overview

In 2018, KCCA, supported by UNICEF Uganda and the Economic Policy Research Institute (EPRI), embarked on a mission to design and implement a social protection programme for adolescent girls in Kampala, Uganda. In the following year, the GirlsEmpoweringGirls (GEG) was launched – the first urban social protection programme in Kampala, Uganda that directly targets adolescent girls. The programme entails a strong preventive and protective approach to social protection, aiming to address the unique set of vulnerabilities faced by adolescent girls in Kampala in the areas of education, health and protection.

The GEG programme works to ensure that in-school and out-of-school adolescent girls living in Kampala transition safely into adulthood, receive education and skilling, and are empowered to achieve their goals. It does so through three programme pillars (*see Figure 9.2*). The first programme pillar aims to empower girls through a network of peer mentors. The second pillar aims to engage girls through education, training and referrals to support services. The third and final pillar seeks to enable girls to pursue better opportunities for their future through a small cash transfer. Finally, GEG includes a robust monitoring and evaluation (M&E) component to facilitate data-driven decision-making and ensure that programme results and impact are measured.

Figure 9.2 GEG programme pillars and associated objectives



Source: GEG promotional materials.

The programme design builds on international evidence on the positive impacts of combining services-oriented programming with a cash transfer. This specific combination has demonstrated promising results across education, health, gender, protection and livelihoods. The education results are particularly notable, as education unlocks more opportunities with every additional year of primary school attendance, providing a combined 10 to 20 per cent increase in wages on average in adulthood. Additional schooling also results in girls marrying at an older age and in girls having fewer children, making them less vulnerable to health risks, abuse and violence (UNICEF, 2019a).

Implementation of the programme is led by KCCA at the central and division level in Kampala. At the parish level, the programme is implemented by a network of lead and peer mentors, which is directly overseen by two civil society partners: Trailblazers Mentoring Foundation (TMF), which is responsible for supporting in-school girls; and Uganda Youth Development Link (UYDEL), which is responsible for supporting out-of-school girls (KCCA, UNICEF & Government of Uganda, 2019).

Civil society organization GiveDirectly was initially the implementing partner in charge of the cash disbursement. In addition, GiveDirectly implemented a robust audit and monitoring process to ensure transparency of the payment process. The organization thus monitored the receipt of funds, called recipients to verify the receipt of funds and staffed a hotline for inbound calls related to the cash transfer, with field officers following up directly and in person in some cases. For reasons unrelated to the GEG programme, however, during the implementation of the programme Government suspended GiveDirectly's operations in Uganda. Following partner consultations, KCCA stepped up to assume responsibility for managing the cash disbursement process, in addition to its existing programme

commitments. The rapid assumption of ownership was highly welcome and made possible, among others, by the embeddedness of the programme in existing government structures.

Implementation of GEG represents an unprecedented opportunity to expand institutional capacity for addressing multiple vulnerabilities in urban Uganda in a sustainable way. Ultimately, the programme seeks to contribute to the strengthening of the social protection system in Uganda, as well as produce evidence for child-sensitive social protection programming, and efforts are being made to move the programme from pilot to policy through evidence generation, system strengthening and improved synergies between social protection and public financial management (EPRI, 2020b).

9.2. RESEARCH METHODS

For this research, a combined qualitative approach was used, combining findings from a structured desk review of available academic and grey literature and from key informant interviews with GEG programme stakeholders at various levels of programme implementation. Secondary data obtained from the literature review served to triangulate and complement findings from the primary data collection through stakeholder interviews.

The structured desk review searched for relevant academic literature on systems theory, systems thinking and the systems approach, among other topics. Search results were filtered based on relevance for the disciplines under review – that is, social work, child protection, education and international development. The grey literature search focused on the same topics. Examples of grey literature referenced in this article are reports, evaluations and working papers published by United Nations entities and other international organizations, such as UNICEF, the International Labour Organization, Save the Children, the World Bank and the World Food Programme, as well as strategic country documents like Uganda's National Development Plan (2010/11–2014/15) and documents specific to the GEG programme.

To complement the information compiled through the structured desk review, primary data were collected through key informant interviews. The key informants were selected either based on their knowledge and experience of working on social protection system strengthening in Uganda or based on their involvement in the design and implementation of the GEG programme. As a direct result of restrictions imposed owing to the COVID-19 pandemic, all interviews were conducted remotely – via the videoconferencing platform Zoom, or by telephone where a lack of internet connectivity or other resources meant it was not possible to set up a Zoom call. In addition, information was retrieved from the key informant interview series conducted by EPRI for its global review on social protection responses to the COVID-19 pandemic, in which Uganda featured as a case study (EPRI, 2020a).

9.3. OBJECTIVES AND FINDINGS

The purpose of this article is twofold: First, through a structured desk review of the literature, the article aims to provide a theoretical background to create a common understanding of what a systems approach brings to social protection; the benefits and challenges of such an approach; and how a systems approach to social protection can be achieved. Second, through a critical look at the GEG programme, the article aims to illustrate how a social protection programme can contribute to the strengthening of the social protection system and, conversely, how a systems approach to social protection can influence the success of a social protection programme.

Drawing on the research objectives, the findings are organized into two categories. The first set of findings answers the question: How is the GEG programme strengthening the social protection system in Uganda? The research focuses on identifying the factors in GEG programme design and implementation that have contributed, to whatever degree, to the strengthening of Uganda's social protection system. The findings are presented under one of three headings: policy, programme or administration level, corresponding to the three levels of social protection proposed in the UNICEF and World Bank framework (UNICEF & World Bank, 2013).

At policy level, the research highlights: (1) the importance of targeting adolescent girls in particular and addressing the risks and vulnerabilities they face through various programme components; (2) the contribution of long-term partner commitment towards empowering government to design programmes that are more in line with policy objectives; and (3) the critical role of incorporating robust M&E and data collection to support policy advocacy and policy sensitization. At programme level, the research highlights: (1) the role of integrating programme management and coordination structures into existing local and national systems; and (2) the importance of operational support in the operationalization of the programme design. Finally, at the administration level, the research highlights the growing potential for integrated MIS and the growing awareness of this potential among programme implementers and implementing partners.

The second set of findings answers the question: How has the systems approach to social protection in Uganda influenced the success of the GEG programme? The research examines which aspects of Uganda's existing social protection system have contributed to the improved design and implementation of the GEG programme. More specifically, the research identifies the following as the main enabling factors for the more efficient and effective implementation of GEG: (1) established communication channels; (2) the availability and capacity of government to assume additional responsibilities and ownership; and (3) increased visibility across departments and ministries.

9.3.1. Use and policy impact of the evidence generated

9.3.1.1. GEG contributions to social protection system strengthening

i. Policy Level

Finding 1. Targeting adolescent girls and systematically addressing their needs leads to an overall strengthening of the social protection response in Uganda.

As Uganda's urban population grows, urgent action is required to ensure that public services meet the needs of urban dwellers, especially the growing number of urban youth. Ensuring that public services, including social protection, education and health services, meet the needs of urban dwellers, and of adolescent girls in particular, is critical.

GEG is the country's first social protection programme to target urban adolescent girls, thus responding to a gap in Uganda's social protection response. GEG supports in-school and out-of-school adolescent girls living in Kampala by providing avenues to empower girls through a network of peer mentors; engaging them through education, training and referrals to support services; and enabling them to pursue better opportunities for their future through a small cash transfer. This constitutes a comprehensive social protection response for ensuring that adolescent girls in the urban environment of Kampala transition safely into adulthood, receive education and training, and are empowered to achieve their goals (KCCA, UNICEF & Government of Uganda, 2019).

Recommendation – Design social protection programmes that are firmly rooted in the national context, and integrate cash transfers with service delivery to achieve more sustainable outcomes. The GEG programme design incorporates international best practices related to the documented benefits of integrating service delivery with cash transfers to achieve more sustainable outcomes. At the same time, it relies on a strong consultative process that collects and incorporates stakeholder perspectives to ensure a context-adapted solution to a context-sensitive problem. In the case of GEG, this combined approach has led to the design of a relevant programme and improved the chances of a pilot-to-policy transition, which in turn contributes to the overall strengthening of the social protection system.

Finding 2. The UNICEF commitment to long-term projects empowers government to develop programmes that meet policy objectives more sustainably.

The achievement of policy objectives in the social protection sector can be a long-term process because of the complex nature of challenges and vulnerabilities that social protection policies usually seek to address. This is particularly relevant for policies that target the transformation of harmful social norms through a focus

on child protection, gender equality or youth empowerment. Such a process relies on long-term commitment and synchronized actions from government and from development partners alike.

More often than not, however, the government infrastructure for developing and pursuing policies comprises institutions that can plan and deliver in the short or medium term only. Moreover, institutions are incentivized to pursue short- and medium-term achievements, which are easier to measure and quantify. Understandably, this contradiction between what is necessary for systemic change (long-term investments) and how current government institutions are set up to act (short- and medium-term objectives) creates obstacles for the achievement of policy goals and, moreover, for bringing to fruition any system strengthening efforts. Development partners are thus placed in a critical position to balance this contradiction in time frame and support governments through strategic, long-term commitments.

Recommendation – Development partners should commit to long-term projects to work with governments to develop programmes that meet objectives more sustainably, while fostering systemic change. The GEG programme is a great example of a longer-term UNICEF collaboration with the Government of Uganda, through KCCA. The multi-year commitment by UNICEF to provide technical and financial support for the implementation of the programme has been identified by key informants as a driver of systemic change, as it allows KCCA to develop robust plans for the realization of the programme objectives. Although making multi-year commitments can be challenging for development partners as multi-year funding is often not guaranteed, it is strongly recommended wherever possible, especially when the focus of projects is policy reform, which takes time.

Finding 3. Incorporating robust M&E systems into programme design facilitates policy advocacy and policy sensitization.

By capturing evidence on the positive socio-economic changes related to child-sensitive urban social protection policies, stakeholders can gather public and political support for such efforts and keep the topic of urban social protection high on the agenda of decision-makers. Furthermore, policy advocacy efforts are highly dependent on the ability of programme implementers to document programme results – both positive and negative – and gather evidence of the achievements, challenges and lessons learned to inform any necessary adjustments to the programme design.

Within the context of the GEG programme, key informants highlighted the importance of several activities to increase the programme's visibility and impact. Among these, the Urban Social Protection Research Symposium, organized by KCCA in December 2020, stands out as a key event. The Symposium was intended to deepen stakeholder awareness and understanding of the importance

of both investment in urban social protection in Uganda and the need and benefits of incorporating gender- and child-sensitive considerations in the design of social protection interventions.

In preparation for the Symposium, data collected during implementation of the GEG programme were instrumental in highlighting the most important contributions and challenges of urban social protection and how they have been overcome. To collect these data, the GEG programme has developed and implemented a robust M&E system. M&E tools were developed collaboratively and updated regularly following feedback from those using the tools in the field. Ultimately, by facilitating high-level policy dialogue through policy advocacy activities and supporting data collection during implementation, the GEG programme promotes the strengthening of Uganda's social protection system by incorporating urban, child-sensitive considerations into national development planning and programming.

Recommendation – Robust M&E processes and systems should be integrated into the programme design to enhance the programme over time and to support policy advocacy and policy sensitization. Programme data collection and analysis are critical throughout the life cycle of the programme. Robust M&E systems ensure that short feedback loops are in place and that the right data are available to drive decision-making. As in the case of GEG, data sources, tools and processes for data collection should be defined at the programme design phase, implemented rigorously, and monitored and adjusted timeously in line with feedback from stakeholders using the data sources, tools and processes in the field.

ii. Programme level

Finding 1. Integrating programme management and coordination structures into existing government structures is an opportunity to strengthen the existing social protection systems through increased accountability and ownership.

For the GEG programme, it was key that the programme management and coordination structures were integrated into the management and coordination structures of KCCA to maximize the sustainability and potential future scalability of the programme. As such, KCCA, with support from UNICEF, is the government structure responsible for the management and coordination of the programme at the central and division level in Kampala. KCCA staff have tasks and responsibilities in relation to the GEG programme on top of those of their existing roles within KCCA.

At the central level, the responsibility for steering all major programme activities and representing the programme externally falls to the Director and Deputy Director of Gender and Community Services and Production within KCCA,

who act as the GEG Programme Director and Programme Manager respectively. They are supported by an M&E specialist, a position funded by UNICEF, and this is the only programme staff member specifically hired for the GEG programme and tasked with supporting day-to-day activities across all levels of its implementation. Furthermore, the Programme Manager and the M&E specialist are supported in their programme-related tasks by five KCCA staff, each with their own expertise and representing different KCCA departments. Findings from the key informant interviews with KCCA staff show that, in their view, the programme management and coordination at the central level have been relatively effective – yet this effectiveness and commitment to the programme do vary across the various departments.

At the division level, KCCA probation, education and public health officers are responsible for the supervision of programme activities. Findings from the key informant interviews with KCCA staff show that programme supervision at the division level has seen some challenges. The following three main root causes for the challenges were identified: (1) insufficient understanding and appreciation of the programme; (2) lack of resources for the additional workload; and (3) programme targets not being fully included in the KCCA performance review matrix of division-level programme staff. Besides stressing the causes of the challenges, the key informants also mentioned that the challenges could be resolved through comprehensive engagement with high-level KCCA management to further embed and mainstream the GEG programme in KCCA structures.

Recommendation – Integrate programme management and coordination structures into existing government structures to strengthen the existing social protection systems through increased accountability and ownership. The concept of system strengthening assumes that there is an existing system in place, with various degrees of functionality, which can be built upon and further supported. Social protection practitioners support system strengthening by integrating interventions and their related programme management, coordination and implementation roles and responsibilities within existing government structures and fostering government leadership of programmes. The existing structures are encouraged to take ownership of programme design, programme outcomes and accountability for programme processes.

Finding 2. Operational support from UNICEF has significantly contributed to successful coordination among implementing partners.

UNICEF is providing technical and financial support for the design and implementation of the GEG programme. Particularly from a technical perspective, key informants identified UNICEF as a highly engaged and collaborative partner, continuously providing hands-on technical assistance and operational support. Throughout the programme's design and implementation phases, UNICEF has been facilitating the sharing of knowledge and expertise with KCCA programme staff, as well as with the staff of implementing partners TMF and UYDEL.

Management and partner meetings are carried out regularly – at least on a weekly basis and sometimes more frequently – to discuss ongoing programme operations and to identify and solve challenges as a team. Various key informants identified the active participation of UNICEF in these meetings as having significantly contributed to the programme’s success to date; in particular, the hands-on support from UNICEF since the onset of the COVID-19 pandemic was identified as crucial in safeguarding the continuation of the programme.

Recommendation – Focus on authentic skills transfer to strengthen national capacity, while building local knowledge and expertise in social protection programming. By fostering an environment of close collaboration and operational support, the various partners and stakeholders can gain technical knowledge and can also be equipped with the soft skills for improved communication and coordination. The creation of a pool of national knowledge and expertise is key in system strengthening.

iii. Administrative level

Finding 1. Integrated management information systems hold untapped potential for streamlining a programme’s processes and for harmonizing processes across programmes.

Management information systems (MIS) can serve to better manage programme data, and potentially automate certain processes, thereby improving programme efficiency, transparency and accountability. Recognizing the added value of systematically collecting and managing programme data to support the gathering of evidence and facilitate data-driven decision-making, the GEG programme team made the development of a GEG-specific MIS a key requirement from the programme design phase.

Thus, data collection tools have been specifically developed for the collection of GEG programme data and a programme database set up. The data collection comprises coordinated lead and peer mentor surveys and monthly and biannual reporting surveys for the implementing partner civil society organizations. GEG relies on peer mentors to collect data using the survey application KoBoToolbox. The data so collected are then compiled by lead mentors and centralized in a Microsoft Excel dashboard, which is analysed and managed by KCCA staff.

During consultations, key informants identified ways to further develop the GEG MIS, such as streamlining the data analysis process, identifying lessons learned from the analysis and communicating data findings, as well as moving towards a more technologically flexible solution to better streamline programme processes. Thus, stakeholders recognize the added value that the GEG MIS has already brought to the programme, as well as its future potential.

Recommendation – Develop an integrated MIS for the programme to streamline processes within the programme and to harmonize processes across programmes. Integrated MIS have the potential to integrate and harmonize programme processes involving the collection, storage and management of information, improving overall programme efficiency, transparency and accountability among implementers. MIS can vary in technological complexity, capacity for scale-up, flexibility of design, extent of functionality, and flexibility to integrate with other systems. Identifying the right requirements and scope for a system involves balancing time and costs spent in design and development; however, a robust integrated MIS can lead to the overall strengthening of a social protection system.

Furthermore, as the Government of Uganda has recently launched its National Single Registry of Social Protection, intended to strengthen the planning, implementation and monitoring of social protection programmes, it is highly recommended that integration points between the GEG MIS and the Registry are sought out and exploited.

iv. Attributes of system strengthening that have enabled the design and implementation of GEG

Finding 1. A strong communication strategy for both internal and external audiences – across the various GEG stakeholders and towards the public – is critical for directly responding to programme challenges on the ground, including the COVID-19 crisis.

The lockdowns necessitated by the COVID-19 pandemic affected how GEG programme implementers conducted their tasks and created obstacles in terms of how certain programme processes such as identification, registration and mentoring could be conducted.

There were also several positive outcomes of the lockdown. For GEG, clear communication and reporting lines and established communication channels between KCCA, UNICEF and implementing partners on the ground (TMF and UYDEL) have been key for the continued management, coordination and implementation of the programme. Relying on the existing communication structure allowed programme management to rapidly identify and respond to challenges on the ground. Challenges such as those to do with the process of targeting out-of-school girls or related to the pandemic could be addressed in a timely manner. Through consistent email communication, set weekly management meetings, and biweekly partners' meetings, KCCA, UNICEF and the implementing partners have shared information, discussed programme progress and identified solutions to programme challenges in a collaborative manner.

At the height of the COVID-19 crisis, KCCA and UNICEF also introduced a direct communication line between the programme management team and mentors. This communication line took the form of simple and anonymous

surveys sent directly to the mentors' mobile phones. Their purpose was to collect first-hand information from implementers and allow mentors to directly discuss their experiences with the programme management, including candidly sharing feedback on KCCA and UNICEF.

Moreover, according to key stakeholders, the efficiency of communication among programme implementers has grown during the crisis. More specifically, with meetings moved online, commuting time for programme staff was reduced to a minimum, making it more likely that all members could participate and engage with each other. The switch to online meetings was made possible by, among other things, the existing communication structures. Programme staff and implementing partners had already developed the habit of engaging regularly, sharing information and collaborating on various activities. As such, switching the means of communication to an online medium could be done rapidly and with minimum disruption.

Recommendation – Commit to consistent two-way communication – both with partners and the public – throughout programme implementation, as communication is a key factor for programme success and can be an indication of a strong, integrated system. Through a strong communication strategy for both internal and external audiences, programme implementers stay informed and aware of the programme's progress, identify challenges early on and respond to them quickly, and avoid the spread of misinformation, while key stakeholders and the public are engaged. Specifically, in times of crisis, the ability to communicate efficiently across all levels of implementation can determine the success (or failure) of a programme.

Finding 2. A system approach to social protection delivery and programme management enabled KCCA to absorb responsibility for the cash transfer part-way through implementation of the GEG programme.

GiveDirectly was brought into the GEG programme at the same time as TMF and UYDEL, and the civil society organization was responsible for the disbursement and follow-up of the cash transfers. In September 2020, for reasons unrelated to the GEG programme Government suspended GiveDirectly's operations in Uganda. Lack of clarity about when GiveDirectly would be allowed to recommence operations in Uganda introduced uncertainty and disruption to the programme.

Notably, the GiveDirectly cash transfer management platform was also used to host all of the registration and enrolment data for GEG participants. As such, when the out-of-school registration activities resumed, the civil society organization's suspension also affected enrolment and onboarding plans.

After many months of coordination and follow-up, it became clear that the suspension would last for longer than just a few months. KCCA and UNICEF analysed alternative options for the management of user data and enrolment,

for disbursement of cash transfers and for follow-up mechanisms. Together with TMF and UYDEL, KCCA and UNICEF devised a strategy that would allow the GEG programme to continue operations with support from the implementing partners and through the institutionalization of the cash transfer distribution by KCCA.

KCCA made a disbursement of cash transfers delayed from 2020 in the first quarter of 2021, and it disbursed the first batch of cash transfers for 2021 during the second quarter of the year. The successful management of the cash transfer component by KCCA following the sudden suspension of GiveDirectly attests not only to the government body's commitment to and ownership of the GEG programme, but also to the critical importance of embedding the programme in existing management and coordination structures.

Recommendation – Embed the programme within existing government structures as much as possible, to ensure greater sustainability of the programme and facilitate potential transitions of single components. Under traditional, siloed approaches to social protection delivery and programme management, the absorption of the cash transfer component by KCCA would not have been possible. The unexpected interruption in the collaboration with GiveDirectly highlights several aspects relevant for the strengthening of social protection systems, among which are the importance of government ownership, the added value of collaboration with implementing partners and the benefits of embedding such a programme in existing government structures.

Finding 3. Increasing its visibility within other government departments and ministries contributes to the future scalability and funding of the GEG programme.

GEG is the first urban social protection programme for adolescent girls in Kampala, Uganda, and it aims to pave the way for scaling up government-led child-sensitive social protection efforts throughout the country. Following the programme's rollout to the first cohort of girls, and contingent upon funding and early evaluations of programme results, it is anticipated that GEG can be scaled up and delivered in additional schools and parishes across Kampala and/or Uganda to reach more adolescent girls.

The scaling of the GEG programme is also dependent on sustained policy advocacy efforts. To support such advocacy efforts and increase the programme's visibility, key KCCA stakeholders and a GEG partner joined the Ugandan delegation to the Swedish International Development Cooperation Agency's international training programme, Social Protection for Sustainable Development, either as a participant or member of the steering committee. Others in the Ugandan delegation included government officials from ministries, government agencies and departments, and representatives of non-governmental organizations that work at a strategic level on reform processes in the social protection sector.

As a direct result of the increased visibility of the GEG programme among key government officials in attendance, the Ugandan delegation identified the expansion of social protection coverage for adolescent girls through GEG as one of three key priority areas for the Swedish International Development Cooperation Agency's five-year International Change Programme for Uganda.

Recommendation – Build a strong network of relevant stakeholders to lay the foundation for expanding linkages between policies, programmes and initiatives, which in turn will foster the development of a more comprehensive social protection system. At the same time, putting the topic of urban, child-sensitive social protection high on the agenda of numerous stakeholders across various sectors directly affects the scaling and continuation prospects of an urban social protection programme such as the GEG programme.

9.4. CONCLUSION

This article has aimed to highlight the importance of a system strengthening approach to social protection and, more specifically, to illustrate the contribution of the GirlsEmpoweringGirls programme to strengthening the social protection system in Uganda. The GEG programme illustrates how social protection programme design choices and implementation can contribute to long-term investments in system strengthening. Lessons learned from the experiences of the GEG programme in the context of urban, child-sensitive social protection can support efforts to standardize processes, operating procedures and protocols, including across other policy areas, both in Kampala and in Uganda in general.

The article began with a discussion intended to provide the theoretical background to the research by clarifying concepts and providing an overview of the academic discussion so far to create a common understanding of what a systems approach brings to social protection; the benefits and challenges of such an approach; and how a systems approach to social protection can be achieved. Following this background, the findings singled out from GEG stakeholder consultations were presented to ground the discussion in practical examples of system strengthening in the context of Uganda's social protection system.

In these ways, this article has aimed first to remove some of the ambiguity that stems from the excessive and loose use of concepts such as 'strengthening of social protection systems' or 'integration of social protection systems'. A systems approach is broad enough to cover a multitude of pathways for achieving strong, integrated systems for social protection. It is not sufficient, however, to replicate what has worked somewhere else. Adaptation to context, careful planning, and synchronization of efforts among stakeholders is key for the strengthening of social protection systems.

Second, this paper has aimed to synthesize the experiences of the GEG programme in relation to the systems approach applied in Uganda and to add these experiences to the international body of knowledge on the topic. As was observed in the development of this article, there are currently only limited data on the outcomes of different pathways towards system strengthening in social protection. While a complete assessment of the GEG programme was outside the scope of this article, the findings drawn from a desk review of academic and grey literature and from key informant interviews serve to indicate the advantages of working within a systems approach. For GEG, such advantages include a coherent policy environment, close collaboration among stakeholders and flexibility to adapt. Moreover, what constituted an advantage in the case of the GEG programme can become a focus for further research to inform programme improvements or it can be transformed into an active strategy towards system strengthening in other contexts in the region or internationally.

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10.

Social Protection Responses to COVID-19: Building a Better Future for Every Child in East Asia and Pacific

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10.1. INTRODUCTION

The COVID-19 pandemic is a public health and development crisis that has dealt a colossal shock to economies and societies worldwide. The East Asia and Pacific region was the site of the first outbreak of the COVID-19 pandemic in December 2019 and, until the first half of 2021, witnessed successes in containing morbidity and mortality through early interventions in a number of countries, compared to other regions. East-Asian and Pacific countries were nonetheless strongly impacted by the pandemic, both economically and socially, especially in the third wave which started in February 2021.

As the UN Secretary-General stated in *The Impact of COVID-19 on Children* (UN, 2020a), “Children are not the face of this pandemic, but they are at risk of being among its greatest victims.” To understand the complex socio-economic impact of COVID-19 on children and their families, UNICEF has worked in three different directions. The first stream is that of the virus itself. Despite low rates of infection in children, the impact is still being felt today. The second stream is the containment measures, such as closing schools and locking up children. While these measures have reduced the rate of infection, they have had severe consequences for children in terms of loss of education, loss of income and psychological trauma. The third stream is the economic crisis triggered by containment measures, a crisis that has pushed millions of children and their families back into poverty and drastically exacerbated inequalities and disparities in the region.

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The COVID-19 pandemic triggered an extraordinary social protection response to support households withstand its socioeconomic effects. Despite its relative success, the social and economic reverberations of the pandemic have been severe. Countries in the region have taken different approaches towards adapting or scaling up existing systems and programmes to meet the sudden and expanded needs of larger numbers of households in the context of the pandemic. Countries have developed new systems that build on different levels of the existing programmatic infrastructure for social protection. All cases are in turn dependent on the different stages of maturity of social protection systems and the ability to fill previous gaps in coverage.

The momentum brought on by the pandemic has accelerated pre-existing work on establishing a basic social protection floor as part of their emergency response, or otherwise strengthened political resolve towards expanding shock-responsive social protection programmes to the most vulnerable segments of the population. In others, the pandemic has shed light on the existing gaps in coverage, adequacy, efficiency, and financing of systems and programmes. In the Pacific for example, the historical focus on contributory social protection was challenged during the COVID-19 crisis, and the need for more comprehensive and responsive systems has become evident (Beazley et al., 2021).

This article draws on a systematic review of social protection responses to the COVID-19 pandemic in East Asia and Pacific from January 2020 to August 2021 (de Neubourg et al., 2021a).²⁶ It also takes stock of the evidence-based policy influence and advocacy undertaken by UNICEF to reimagining social protection systems in East Asia and Pacific post COVID-19 (UNICEF, 2020a; UNICEF, 2020b). The systematic approach examined social protection interventions in East Asian and Pacific countries using a conceptual framework that conceptualises pandemic-related and shock-responsive social protection interventions in terms of their adequacy, design, appropriateness, financing and timeliness. The aim of the review was to assess the programmes and identify lessons learned, best practises and opportunities for scaling up investments in comprehensive, child-sensitive and shock-responsive social protection in the region (de Neubourg et al., 2021b).

²⁶ Countries included in this review are Cambodia, China, Cook Islands, Fiji, Indonesia, Lao PDR, Malaysia, Myanmar, Mongolia, Papua New Guinea, Philippines, Samoa, Solomon Islands, Thailand, Timor Leste, Tonga, Vanuatu, Viet Nam. Note that this review excludes DPR Korea and some of the smaller Pacific Island countries (Kiribati, Marshall Islands, Federated States of Micronesia, Niue, Nauru, Palau, Tokelau and Tuvalu) due to limited information available at the time of the review.

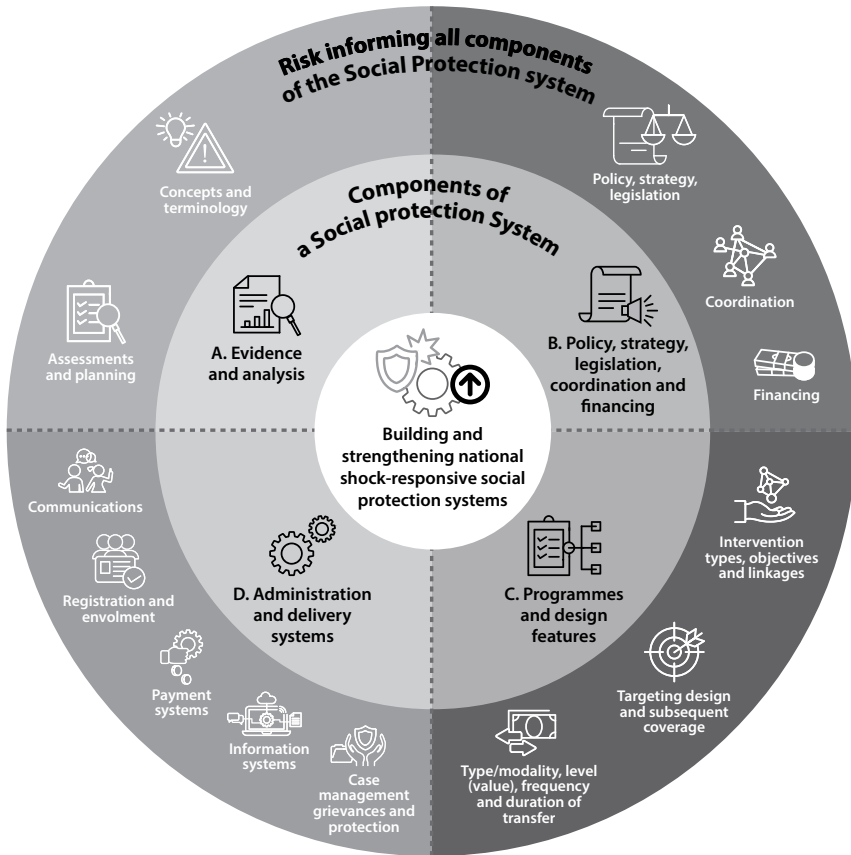
The article is structured into five sections, including this introduction. Section 2 presents the conceptual framework and methodology. Section 3 synthesizes the findings from social protection responses to COVID-19 as well as key insights from UNICEF's work. Section 4 focuses on the child-sensitivity of social assistance responses. Finally, section 5 presents the conclusion drawing on the lessons learnt from COVID-19 and the policy implications for the future of social protection in East Asia and Pacific.

10.2. CONCEPTUAL FRAMEWORK AND METHODOLOGY

Social protection responses during times of shocks and emergencies require an adapted focus compared to social protection responses that can be planned, tested and implemented over a long period of time. The success of respective interventions is consequently evaluated against their sustained positive impact on the poverty and deprivation levels of households, children, women, and vulnerable groups, compared to a situation wherein social protection interventions had been absent. This sustained impact should be assessed against the immediate effect during the crisis and the long-term effects in terms of reducing poverty and deprivations as well as in terms of preparing the social protection system for adequately reacting to the next shock. This is for example, the approach that UNICEF took in the Philippines (UNICEF, 2021a) and Mongolia (UNICEF, 2020c).

In the context of a shock, three features of any social protection response are crucial: reaching out to those most in need for assistance, providing them with adequate assistance and providing assistance in a timely manner. Other pre-conditions of an adequate response to shocks include a sufficient financing capacity as well as an adaptive governance environment. The governance environment needs to be sufficiently adaptive to meet the demand for expanded social programmes and services, and to avoid administrative bottlenecks in the rollout of interventions (*see Figure 10.1*).

Figure 10.1 Shock-responsive social protection across the four components of a social protection system



Source: UNICEF, 2019.

Using this conceptual framework, the article seeks to address three fundamental questions. On the one hand, find out the main characteristics of the COVID-19 induced social protection interventions in East Asia and Pacific. On the other hand, grasp the extent to which temporary or sustained interventions aim towards a more universal, child-sensitive and shock-responsive system design. Lastly, understand the conditions under which social protection responses to the COVID-19 pandemic would and should be sustained beyond the pandemic period, in the context of increasing fiscal consolidation and compounding crisis (such as the current global hikes in fuel and food prices).

The analysis draws on multiple sources, including available literature and administrative data, to consolidate evidence on the nature and character of social protection measures from January 2020 to August 2021. In addition, the analysis reflects a specific point in time, as the pandemic COVID-19 and responses have evolved throughout 2022, albeit at a much slower pace. It is noteworthy that the global average of weekly social protection measures introduced after August 2021 was minimal – i.e. 17, compared to 87 by May 2021 (Gentilini et al., 2022) – which maintains the relevance of the resulting social policy principles in the current post-COVID-19 context.

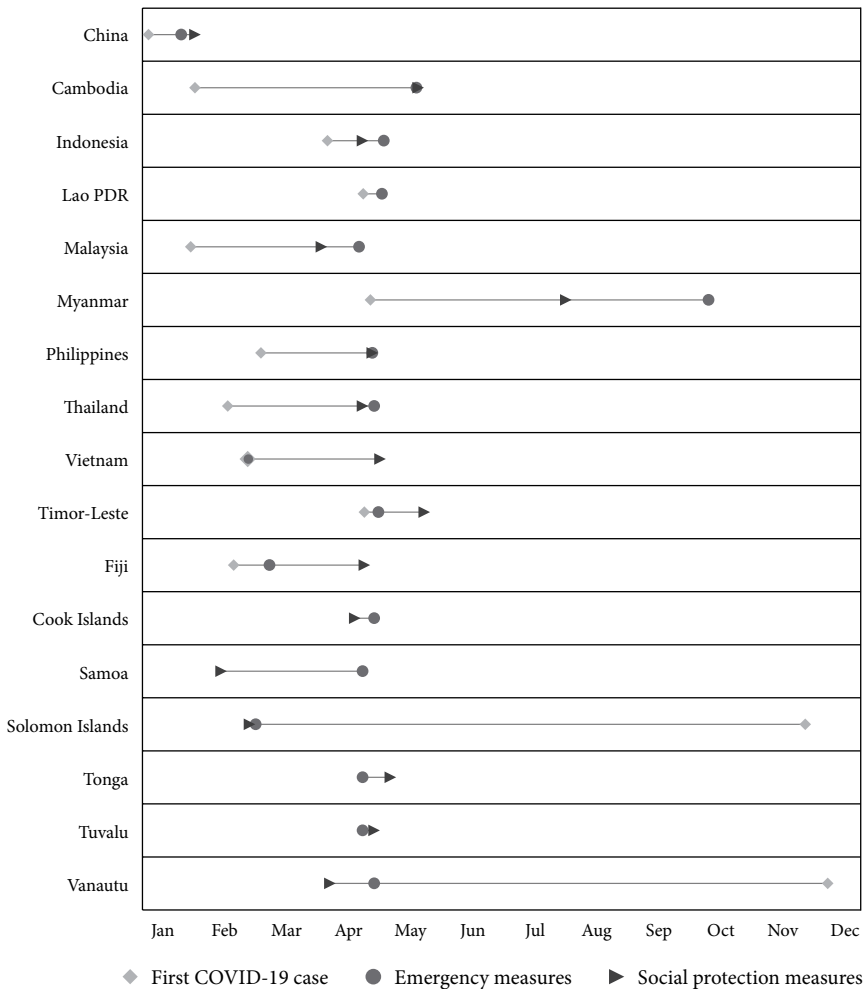
The review provided the literary basis from which to synthesise evidence to provide summary responses to the research questions. While the review covered four types of social protection interventions (i.e., social assistance, social insurance, labour market and other programmes like subsidies, childcare support, loan payment deferrals, etc.), only social assistance and social insurance interventions are discussed in detail in this article. There were a few data gaps and limitations for the most countries and programmes identified little to no information was available publicly on plans for continuation or expansion beyond the designated period (in many cases, between March and December 2020). Some of this information became available from the 2021 state budget announcement. This is consistent with other sources (Gentilini et al., 2022) that were able to identify information about the programme status of only 49 percent (or 468 measures) of the COVID-19 cash transfers globally, 20 per cent out of which were still active in early 2022.

Finally, interventions are considered *directly* child-sensitive if they are child-focused and explicitly target children or households with children for the receipt of social transfers, refer to children within eligibility criteria for social programmes, or otherwise explicitly ensure that children's rights are met within the context of the national COVID-19 social protection response. *Indirect* child-sensitive instruments refer to responses which are not explicitly child-focused but have a high probability of having a positive impact on children's livelihoods via intra-household transfers. Examples include universal emergency social transfers to households which prevent households with children from falling into poverty, compensate household income losses, and reduce financial pressure in the event of shocks to ensure children's continued access to nutritious meals, learning, and avoid negative coping mechanisms which put children at risk of exploitation and abuse. *Not child-sensitive at all* interventions are those that do not account for the protection of children's livelihoods, are highly targeted thus reaching only select segments of the population, or otherwise have complex eligibility criteria with high exclusion of vulnerable groups including children.

10.3. OVERVIEW OF SOCIAL PROTECTION RESPONSES TO COVID-19

Since the beginning of the outbreak, governments in East Asia and Pacific were among the first in the world to implement a wide range of emergency social protection responses. With the first wave of infections in January 2020, countries enacted unprecedented emergency measures to slow the spread of the pandemic (see Figure 10.2).

Figure 10.2 Timeline of COVID-19 outbreak and response measures announced in selected countries during the first 12 months of the pandemic



Source: UNICEF, 2020a.

By March 2020 (about 20 days after the first cases on average), most of the countries in the region announced the first social protection measures to counter the socioeconomic impact of the containment measures, which were pushing millions of children and their families back into poverty. Notably, Mongolia and Pacific countries put forward pre-emptive social protection measures (38 days before the first case in Mongolia and 10 days in advance on average in the Pacific) to provide economic stimulus and protection.²⁷ Responses were therefore overall timely with majority of the programmes introduced between March and May 2020 (see Table 10.1). This is consistent with other calculations that have set the average number of days between announcement of social protection programmes and date of first payment at 25 days in East Asia and Pacific (Gentilini et al. 2022).

Table 10.1 Average number of days between COVID-19 outbreaks and announcement of social protection responses, by country grouping

East Asia and Pacific region	South-East Asia and East Asia	Pacific island countries and territories
19	39	-10

Note: due to its anticipatory nature, the average in the Pacific is based on either the number of days since the first case of COVID-19 or since the first pre-emptive emergency measures were enacted. For the rest of the countries, the average is based on the number of days since the first case of COVID-19. Source: UNICEF, 2020a.

By the end of the first year of the pandemic, and despite all the efforts to control the spread of new infections, Mongolia and Myanmar had to take new drastic emergency containment actions. By then, populations had suffered the consequences of the global slowdown for almost a year, and many of their coping mechanisms had already eroded. A number of new cash transfer programmes were introduced between January and June 2021, mostly in response to the second and third waves of COVID-19 outbreak. Notably, and as mentioned in various studies (Beazley et al., 2021; Gentilini et al., 2021), the rollout dates of the programmes, as announced by the respective governments, have limitations. They indicate the start of the disbursement, but not when disbursements were completed or reached all of the beneficiaries.

²⁷ Only a few countries in the Pacific have recorded community infections, with many countries having no local transmission of the virus and cases mostly detected in people arriving in the country. Most Pacific countries enacted containment measures very rapidly and announced border closures in March 2020. Another notable trigger is the outbreak in Fiji in April 2021 after one year of no community transmission, which prompted strict measures and significant social protection responses in Fiji (Beazley et al., 2021).

10.3.1. Leveraging UNICEF-supported evidence for policy and operational responses

As soon as the first COVID-19 cases were identified outside China, UNICEF Social Policy teams throughout East Asia and Pacific swiftly developed a threefold strategy for action to assess and address the impact of the crisis on children and households (UNICEF, 2020b). First, measuring the direct and indirect impact of COVID-19 on children and households. Secondly, mapping and assessing the social protection responses to guide UNICEF in providing technical advice to governments. Third, assessing the impact of macroeconomic scenarios on countries and possible implications for Social Policy.

From the onset, UNICEF assessed the responses to COVID-19 according to strengths, weaknesses and readiness of pre-existing social protection systems in the region and analysed the circumstances that led so many countries to consider the use of their social protection systems to mitigate the impacts of the global pandemic. Cutting-edge, bold collective thinking and feedback from countries across the region were critical to effectively protect all children as well as the most vulnerable.

The first challenge UNICEF encountered was the lack of updated and detailed information on the impact of the pandemic on children. The dramatic effects of fast and hard containment measures, such as lockdowns, and the consequent economic crisis, had a deep impact on households. Regular national household surveys did not capture those dynamic changes, and a series of rapid data collection or simulation exercises provided only a partial set of information to guide the expansion and design of social protection interventions. Secondly, it was clear from the beginning that only state-provided social protection would be able to mitigate the unprecedented scale of COVID-19 impacts on the region. Such systems have the potential to form a core component of wider recovery plans that seek not only to provide relief but also to influence a path to more sustainable and equitable economic and social development in East Asia and Pacific.

The major challenge of how to design a system that can respond to the compounding current and future crises remains to date. If something UNICEF has learned from past crises is that the expansion of social protection interventions doesn't last long. UNICEF works therefore to identify and propose policy approaches that last beyond the immediate crisis and better prepare countries for future shocks. Countries must strengthen public finance for social protection, and to do so will require prioritized allocation of resources to protect children's rights and meet their basic needs. Conversely, this pandemic has made it much easier for many governments and stakeholders to understand shock-responsive social protection, which has resulted in an increased appetite for it among policymakers and greater political will for systemic reforms and

adaptation. UNICEF is working with governments, partners, and other United Nations agencies to grab the opportunity presented by this crisis to review and reform social protection systems to build back better.

10.3.2. Navigating the storm: Lessons from the social assistance responses

There were many lessons learnt from the social protection responses to COVID-19 in the region. The pandemic-induced crisis confirmed the urgent need to not only build, but to also maintain, a social protection baseline to continuously guarantee at least a basic level of social security within national social protection systems for all throughout their lives. Nevertheless, even in countries where the response was timely, multisectoral, and diverse (i.e., where stimulus packages were designed to fund a portfolio of social assistance and social insurance transfers, labour market responses, social services and other programmes), the COVID-19 pandemic has still underlined many remaining challenges.

10.3.2.1. Major achievements

Social protection responses to the COVID-19-induced socioeconomic crisis have been unprecedented across the globe, spurring higher investments in the social protection sector than in all previous large-scale economic crises. Countries in East Asia and Pacific have shown a significant mobilization of resources and, on average, the differences in the size of the stimulus packages corresponded to the size of the economy of the respective countries, with several notable exceptions. Excluding China and the Pacific countries, Indonesia, Malaysia, and Thailand have rolled out the largest stimulus packages in the region, at above USD99 billion, Philippines and Viet Nam at over USD27 billion, and Mongolia, Cambodia, and Lao PDR at USD4 billion or less. Among Pacific countries, Papua New Guinea (PNG) and Fiji have rolled out the largest stimulus packages (between USD0.6 and USD1.6 billion), with the remaining countries having total stimulus packages at under USD0.3 billion (ADB, 2021).

Countries with more comprehensive social protection systems were able to respond more efficient and effectively, while other countries had difficulty putting measures in place because of lacking the basic infrastructures of a social protection system. For instance, having pre-existing registries or other administrative facilities (i.e., payment or distribution methods, national ID systems, etc.) has helped in the implementation of social protection measures. Notable examples of countries whose established national (social) registries and pre-existing social protection schemes facilitated the COVID-19 response included Malaysia, Mongolia, Indonesia, Philippines, and Thailand.

An example of a disadvantaged country in terms of essential pre-existing administrative structures is Samoa. Samoa lacked a comprehensive ID registry

system, preventing the government to articulate policies in a more timely and efficient manner. To solve that, the government incentivised individuals to register through the provision of SAT 50 (USD19) one-off pay-out for each citizen who registers for the national ID. The long-term goal was to establish an accurate and comprehensive registration system that could provide the basis for rapid and effective assistance to vulnerable people in the event of future economic shocks or natural disasters and for the further development of the social protection system in Samoa. This example shows that governments have realised the benefits of having strong administrative structures, such as digital tools for social protection delivery, digitised registers and interoperable databases to deliver services efficiently and effectively.

Approximately 70 percent of the social protection measures taken by East-Asian and Pacific countries have been novel programmes. This figure shows that the vast majority of measures have been designed from scratch, probably due to the fact that many of these countries have social protection systems which had not achieved maturity upon the onset of the pandemic. Conversely, the countries that were able to implement social protection responses through horizontal or vertical expansions of existing programmes, showed that the already existing social protection infrastructure was sturdier so it could be built upon. For instance, Viet Nam was able to upscale benefits relatively smoothly to reach informal workers since it had already extended social insurance coverage to informal garment factory workers, who could then avail of unemployment insurance when the crisis struck.

The majority of schemes in the region have remained targeted or limited in duration. However, in a number of countries, a tendency has been seen towards universality as a key feature or policy goal, to achieve better results in mitigating the worst socioeconomic effects on livelihoods, especially of the most vulnerable. Timor-Leste for example, erected the first quasi-universal cash transfer in the country, the Uмба ba Kain programme (UNICEF, 2020d). This contrasts with other existing and less comprehensive social assistance schemes such as Bolsa da Mae, a cash transfer designed for poor female-headed households with children, or the benefits for veterans of the independence war of the country (ILO, 2014). Similarly, the Cook Islands' child benefit or Mongolia's Child Money Programme (CMP), were both significantly expanded, approaching universal coverage of children. Mongolia's CMP experienced an initial increase from April to June 2021 of MNT 10,000. However, the government soon realized this was inadequate to tackle the real needs of vulnerable families and ended up topping up the programme to MNT 100,000 (USD32.8). The Child Money Programme top-up in Mongolia has been projected to have had the most positive effect on reducing poverty and inequality in the country, compared to other existing and emergency relief measures, with positive implications for children's livelihoods even during times of crisis (ADB, 2020). The government of Thailand has also committed to universalising its existing Child Support Grant, to cover all children under 6 years of age.

Many of the implemented measures needed to be adjusted as time proceeded, lasting longer than what it was initially planned, due to expanded needs of the targeted population. For instance, Thailand's Khon La Khrueng economic package, which had the objective to stimulate domestic consumption through obtaining 50 percent daily discounts at shops and stalls, had three phases since October 2020. This is also the case in Cambodia, where the duration of monthly benefits for garment and tourism workers was extended, as well as the COVID-19 Emergency Cash Transfer Programme for poor and vulnerable households, which was initially planned to last for six months but ended up being extended several times due to a prolongation of the beneficiaries' needs. The responses have shown that special attention needs to be paid to vulnerable groups such as people with disabilities or informal workers.

For example, in Myanmar, a programme directed to support the workforce members with disabilities was created from the ground up, although it consisted of a one-off MMK 30,000 payment to around 5,000 people with disabilities (Centre for Inclusive Policy, 2021). In China, the Dibao Minimum Living Standard Scheme, was notably horizontally expanded to temporarily extend income and social support to migrant workers. Other examples are Fiji, which issued a one-off sick leave payment provided also to informal workers, Thailand, which covered the medical bills of everyone infected with COVID-19, and Indonesia, which subsidized health insurance premiums for informal sector. Viet Nam's and China's horizontal expansion of the contributory insurance scheme to those who lost their jobs because of the pandemic but were not eligible for unemployment benefits are also examples of this approach (Gentilini et al., 2021).

Overall, the expansion of social protection systems and programmes, or the installation of new programmes to deal with the crisis, set the stage for more inclusive and comprehensive social protection in the long-term. Experiences such as the BLT Dana Desa (BLT DD) in Indonesia seem to be likely to last in time after 2021. BLT DD, the new unconditional cash transfer funded from the village funds of Indonesia and launched in April 2020, was expected to last for three months and was later extended for an additional six months. Nevertheless, the programme continued in 2021, and is currently considered as a new mechanism for addressing future social protection needs. This programme has been seen as effective in encouraging public consumption and the government has pushed for it due to the importance given to financial stimulus to cope with the weakened economy (Sabtu, 2021).

Finally, social protection responses to COVID-19 have also shown that child-sensitive programmes are highly effective in protecting children and families from the worst impacts of the pandemic (see next section).

10.3.2.2. Major challenges

Even in countries where the response was swift, multisectoral, and diverse, the benefits received were not necessarily adequate. Some countries designed the stimulus packages with the anticipation that the pandemic would last only 3 or 4 months, therefore a lot of their programmes were one-off benefits (e.g., Malaysia, Viet Nam) or top-ups to existing benefits (e.g., Malaysia, Indonesia). While this may not be problematic for countries that introduced additional packages over time (e.g., Malaysia, Thailand), for countries that endorsed only one stimulus package (such as Myanmar), the effects of interventions remain limited and vulnerable populations remain at risk.

“Quick fixes” such as one-off payments or top-ups to existing benefits are not very conducive to improving the long-term resilience of social protection systems. The introduction of short-term schemes and one-off payments (especially in the context of limited social protection systems and programmes) also compromises their effectiveness, as new implementation processes need to be designed and applied. Going forward, governments in the region need to learn lessons from these emergency programmes and link them to ongoing work to modernise and consolidate their social protection systems. In the case of Cambodia, for example, this is being done through the Family Package, which is currently being developed.

In several countries, benefit levels were inadequate in meeting the actual needs, given both the scope and intensity of the socio-economic impact on individuals and households. Furthermore, interventions suffer from a high exclusion of vulnerable groups including the new poor as a result of the pandemic (e.g., Myanmar and Viet Nam). The schemes designed to cover informal workers or those in precarious forms of employment, do not adequately or appropriately respond to the realities of the different groups that make up this category of workers: migrants, especially those undocumented, are often not covered (e.g., Malaysia).

Many schemes are not gender-sensitive as they neither take into consideration the fact that women are overrepresented among part-time workers and workers in precarious employment and among workers with an interrupted career, nor that women, as caregivers, usually inherit an increased burden of care when schools close or when the healthcare sector is overwhelmed. Moreover, requirements to apply to various schemes require administrative forms to be completed online, which in practice prevents important groups of the population, who have limited internet access or lack digital literacy, to apply.

The COVID-19 response shed a light on opportunities for expanding existing social protection programmes, maintaining crisis-response expansions, or building a more comprehensive and shock-responsive social protection system (e.g., Mongolia, Lao PDR, Indonesia and Tonga, among others). This means

not returning to the pre-pandemic status quo but instead being proactive and systemic (Archibald et al., 2020). This requires attention across a raft of issues, including governance, institutional coordination, administrative structures and capacities, and delivery systems, together with sustained political will to deliver the necessary fiscal space. In this sense, the pandemic presents a narrow opportunity for bold reforms that will require making important trade-offs and choosing among different urgent priorities due to increased political momentum or higher national and international consensus (Ibid). However, countries in East Asia and Pacific have experienced, or are projected to experience, severe economic contraction in 2022 and beyond, not only because of the effects of the pandemic but also because of the current international fuel and food price crisis (SPIAC-B, 2022).

Increased public social spending on stimulus packages, rising budget deficits, government debt because of the COVID-19 and the current food price crises, especially in countries with high budget deficits and weak economic performance prior to the outbreak of the pandemic, have focused the political discourse on comprehensive fiscal consolidation as a top priority. This has implications for the discourse around fiscal space and political acceptance for the sustainability of spending on social protection measures, including sustained system expansion. Fiscal consolidation is incompatible with implementing long-term social protection measures, and with moving away from the pre-pandemic status quo. Building up comprehensive and sustainable social protection systems might be helped by contraction in some activities but overall will require budgetary and policy planning efforts. Investing in human capital and social protection is, however, key to sustained economic growth, resilience and development. This is especially pertinent during the aftermath of a crisis that needs forward-looking recovery and a smart use of resources.

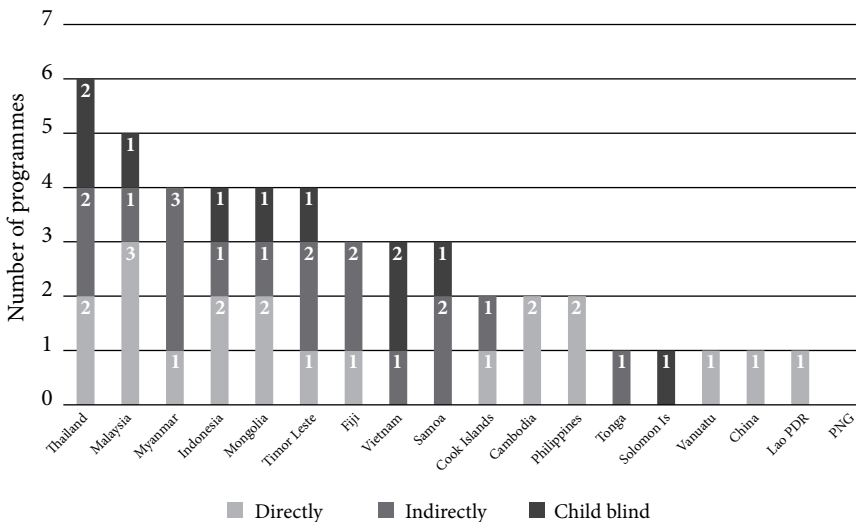
10.4. CHILD-SENSITIVE SOCIAL PROTECTION RESPONSES TO COVID-19

Children are disproportionately represented among the poor and have been indirectly affected by the wide-reaching impact of the pandemic and related policy measures, including movement restrictions and school closures. These have led to disruptions of children's access to essential goods and services in the areas of health, nutrition, and education, while increasing their vulnerability to protection violations, alongside other gender and age-specific risks. Rapid assessments in several countries estimated that child poverty in the Asia-Pacific region could increase for the first time in 20 years, with an additional 35 million children in the region likely to fall into poverty in 2020 (UNICEF, 2020e). Multiple dimensions of poverty and inequality, particularly in the areas of education, health care, nutrition and childcare, are also expected to worsen.

As even temporary shocks to household income levels and service disruption can have devastating effects on children’s wellbeing and long-term outcomes, social protection responses to the COVID-19 pandemic that are child-sensitive are better equipped to minimise the short- and long-term erosion of physical and human capital in times of crisis. Child-sensitive social protection interventions refer to those which avoid, reduce and/or mitigate social and economic risks to children, at the earliest possible stage of the risk; account for specific risks related to age, gender, and other vulnerabilities that children face throughout the life cycle; mitigate the impacts of shocks, exclusion and poverty on children and their families; and ensure equity and inclusivity among families and children, including for those belonging to marginalised groups.

This section primarily focuses on child-sensitive social assistance interventions in response to the COVID-19 pandemic in East Asia and Pacific (see Figure 10.3 and the full list of interventions in Table 10.2 of the Appendix). Interventions are broadly categorized by the extent to which they are child-sensitive: *directly*, *indirectly*, or *not at all*. It is important to note that these criteria serve to identify major gaps and reflect on opportunities to stimulate national dialogue around making social protection interventions more child-sensitive in the context of current and future crises.

Figure 10.3 Number of major social assistance programmes in East Asia and Pacific by level of child-sensitivity



Source: Authors.

Child-focused social assistance measures played a critical role in protecting children and their families from the social and economic fallout of the pandemic in East Asia and Pacific, despite its mixed coverage and adequacy across countries. Non-contributory child-focused schemes, which existed before the pandemic period, were horizontally or vertically expanded in response to the pandemic and laid the groundwork for new emergency relief measures, were present in Cambodia, Malaysia, Myanmar, Mongolia, the Philippines, and China.

Maternal and early childhood benefit schemes providing conditional cash and in-kind transfers to pregnant mothers and young children were heightened during the pandemic in Myanmar, Cambodia, Indonesia (as part of the country's flagship conditional cash transfer scheme, Programme Keluarga Harapan – PKH), and the Philippines (as part of the country's Pantawid Pamilyang Pilipino Program – 4Ps). These schemes enabled families to meet the minimum needs of young children and provided a registry of vulnerable households for fast and flexible access to additional emergency relief measures for which they are eligible. Except for Cambodia, beneficiaries in these three countries received an emergency top-up to the existing monthly transfer, delivered through the existing programme administration. Myanmar was the only country to implement the scheme universally for pregnant mothers and children under the age of 2 in selected regions, while schemes in the other countries determined eligibility via (proxy) means-testing.

Unconditional child grants in Cook Islands, Malaysia, Indonesia, Mongolia, Thailand, and China were vertically and/or horizontally expanded in response to the pandemic. In Malaysia, Indonesia, and China, these grants are anchored in existing welfare schemes for poor and vulnerable households, identified by means testing or categorical targeting, while Cook Islands' child benefit, Thailand's Child Support Grant and Mongolia's Child Money Programme are standalone schemes which approached universality for children of select age cohorts. The targeted nature of the majority of these schemes (broadly covering children living in households that are identified as poor or vulnerable or who became poor or vulnerable as a result of the pandemic), nevertheless excluded a significant share of children with varying experiences across countries.

Moving forward, these schemes are likely to miss the new poor due to COVID-19. For example, in Thailand, families with children who became financially destitute during the pandemic but were not considered poor at the time of registration were not able to access the Child Support Grant (UNICEF, 2020f). In Malaysia, those without necessary identification documents, migrant workers, displaced and refugee families were not able to access this financial assistance (UNICEF, 2020g). In comparison, China's Dibao Minimum Living Standard Scheme was notably horizontally expanded to temporarily extend income and social support to migrant workers (Gentilini et al., 2020).

Mongolia and the Cook Islands remain the only two countries in the region that approached universal coverage of children in their flagship child benefits during COVID-19. On the one hand, the Cook Islands have one of the most extensive formal universal social protection systems in the Pacific region (UNICEF, 2021b). Recognition for the critical role of social protection to social and economic development came as early as 1965, when the formal social protection system was introduced. The Cook Islands is the only country in East Asia and Pacific currently providing any form of non-contributory universal child grant backed by enacted legislation. Against this backdrop, the Government's response to COVID-19 reached out to all children in the country.

Mongolia's universal Child Money Programme, which covers up to 99 percent of the country's child population and more than two-thirds of all households, was significantly expanded in response to the pandemic (UNICEF, 2020c). The top-up in Mongolia has been projected to have had the most positive effect on reducing poverty and inequality in the country, compared to other existing and emergency relief measures, with positive implications for children's livelihoods even during times of crisis (ADB, 2020). Simulations suggest that, on average Mongolia would have reduced households' income by 10 percent if no social protection policies had been implemented. However, with government policies in place, a reverse in the negative effect was observed, and household income would have increased by an average of 16 percent, with both inequality and poverty reducing significantly. Specifically, with the social protection measures effectively implemented, the poverty rate would have decreased from 36.7 percent to 17.6 percent, and the Gini index would have dropped from 0.330 to 0.306 respectively (Ibid).

In a number of countries, the scale and severity of the socioeconomic impact of the pandemic highlighted critical vulnerabilities and coverage gaps, and therefore provided the necessary political and economic impetus for expanding and strengthening child-sensitive social protection. In Cambodia, Thailand, Lao PDR, and Fiji, social assistance responses were enacted in response to the COVID-19 pandemic, which has laid significant groundwork for a more inclusive, comprehensive, and shock-responsive national social protection framework. In Cambodia, the pre-existing Cash Transfer Programme for Pregnant Women and Children under Two, in combination with the pre-existing social registry of poor and vulnerable populations (the IDPoor) were notably scaled up into the nationwide emergency COVID-19 Cash Transfer Programme for Poor and Vulnerable Households. Lao PDR did not enact any significant social protection response in the first year of the pandemic, and social protection coverage in the country remains low despite negative economic projections and a significant poor and vulnerable population. Consequently, the government of Lao PDR launched the National Social Protection Strategy 2025 by the end of 2020, which was followed by the launch of a pilot Mother and Early Childhood Grant in June 2021 (UN, 2020b). The pilot grant targets pregnant women and

infants up to age 6 months in selected provinces and, as one of the flagship programmes of the National Social Protection Strategy, is planned to be scaled up nationwide. In Thailand, spurred on by the pandemic and consequent social protection response, the government has committed to universalise the existing Child Support Grant, to cover all children under the age of 6, with an additional two-month benefit top-up (UNICEF, 2020h).

The role of non-government actors was important to fill gaps in government provision of support in a few Pacific countries. The UnBlocked Cash programme implemented in Vanuatu through Oxfam provided substantial support that would have otherwise not been available, particularly in remote locations (Beazley et al., 2022). Similarly in Fiji, a public-private partnership has rolled out an innovative digital cash programme, and Fiji's largest cash assistance programme to date, to provide emergency assistance (FJD 100) to vulnerable groups including elderly, women, children, and people living with disabilities for a period of four months (Save the Children, 2020).

Pandemic-related social assistance delivered to households which were not child-specific varied in terms of their child-sensitivity and exposed significant coverage gaps which may leave a significant share of children vulnerable. Social assistance responses in the majority of countries in East Asia and Pacific were not directly child-sensitive, in that they were targeted at the household level. This was the case (for select programmes or sub-programmes) in Malaysia, Myanmar, Viet Nam, Samoa, and China.

Evidence suggests that children benefit from household-level cash assistance in terms of reductions in child poverty and positive nutrition, health, and education outcomes. However, in many cases restrictive targeting and complex eligibility criteria have excluded children from the most vulnerable groups, such as children with disabilities, children living in institutions, and children with a migration background or those lacking legal identity documents. In Viet Nam, rapid assessment findings suggest the COVID-19 social assistance packages targeted at vulnerable and poor households, including those who became vulnerable due to the pandemic, were deemed to be not child-sensitive. The package was not adequate nor appropriate in offsetting the cost of child-specific expenditures during the pandemic, and eligibility criteria were highly administratively cumbersome and not child-sensitive. As a result, many vulnerable groups of children were unaccounted for, including children living in care centres, children from remote areas, ethnic minority children, migrant children, children of parents who have become unemployed, children of informal workers, families with young children (UNICEF, 2020i; UNICEF, 2020j).

Similarly, Thailand's relief package Rao Chana, or We Win, cash transfer programme could be considered child blind. This cash transfer is part of Thailand's 2021 stimulus package and makes up its biggest economic relief programme, targeting individuals who were considered to have been financially

affected by the COVID-19 pandemic. However, the programme data has no information on family, and its existing Management Information System (MIS) excludes persons over the age of 18. Coupled with a flat benefit, the programme does not account for the extra burden on children's caregivers and their families during the pandemic. The Government of Thailand has committed to improving the MIS and is considering a benefit top-up for individuals with children in the future. Making this programme child-sensitive, in addition to the existing support provided through the country's Child Support Grant, would contribute greatly to improving the wellbeing of children in Thailand during the COVID-19 pandemic.

10.5. CONCLUSIONS AND POLICY IMPLICATIONS

The uneven character of the economic recovery in East Asia and Pacific pushes for the need for a systematic review and reconsideration of social protection policies. The protracted character of the health and the socio-economic crises and the unevenness in the recovery internationally and within countries, both point to the need for systematically reconsidering the role and content of adequate social protection reactions in the region and globally.

10.5.1. Opportunities to be seized when re-designing social protection instruments and setting up comprehensive systems

Four main features will contribute to making social protection interventions less “ad-hoc” and more responsive during and in the aftermath of a shock: adopting a life-cycle approach; harmonising social protection instruments in an integrated system; and making the system growth-oriented and shock-responsive.

The life cycle approach to social protection makes sure that risks, needs and vulnerabilities are recognized as changing with age and that social protection instruments need to be designed to provide protection against specific risks linked to particular age groups. In many East-Asian and Pacific countries, the core social protection instruments remain associated with the active population (often limited to those in formal economic activities). Yet, the pandemic has shown that children and the elderly are particularly vulnerable to shocks. Consequentially, child benefits and social pensions have proved to be useful instruments to mitigate the effects of the pandemic. The fact that policymakers can easily understand the universalistic life-cycle nature of child benefits and social pensions (since all children below a certain age or elderly above a certain age are vulnerable) has fairly contributed to its unprecedented (temporary) expansion.

Forced by cyclical financial, and economic crises as well as other potential pandemics, an increasing number of countries in the region are trying to move

towards better integrated systems. On the one hand, truly integrated social protection systems are based on the economic inevitability of risk pooling, and on the other hand, on the recognition that long-term social stability rests on a minimal form of social and financial solidarity. A systematic approach to social protection is also meaningful because it provides an overview of risks and parts of the population that could be covered at lower costs by avoiding duplications and inconsistencies and thus making those countries' systems both more effective and more efficient. Embarking on the path towards comprehensive coverage, should be helped by sustainable fiscal plans, by measures supporting long-term inclusive economic growth and by a systematic approach to social protection. Investing in human capital as early as possible in the life cycle yields the best returns on investment for economic growth and society.

In this context, child-sensitive policies need to be framed and understood as an investment in human capital to promote economic growth, resilience and development which is especially pertinent during times of crisis and urgent need for recovery. Ensuring the adequacy, efficiency, and sustainability of public spending toward human capital outcomes is key. A stable and long-lasting recovery needs to centre on restoring and promoting human capital in any plan to achieve resilient and inclusive development.

One of the most pertinent lessons learned during COVID-19 in all countries around the world, is that the percentage of the population potentially hit by an external shock can be very large, nearly affecting the entire population. The rationale for having routine social protection to begin with, is similar to the rationale for having a shock-responsive one –nearly everybody is vulnerable to risks as nearly anyone can be hit by a shock at any given moment. In both cases, social protection is meant to provide protection to the person once a risk materialises. It is not only for the poor but for all of those who are vulnerable to risks and shocks, either idiosyncratic or covariate. The underpinning mechanisms are the same in both cases, namely risk pooling and solidarity.

Risk pooling ensures that the financial risks associated with income shocks are shared by all members of the pool and not by each contributor individually; social solidarity ensures that those who are less prone to shocks or those who have more resources to withstand a shock are contributing to covering the higher risk level and lower resilience of others. This conclusion is echoed by the World Social Protection Report (ILO, 2021a), which states that “collective financing, broad risk-pooling and rights-based entitlements are key principles in supporting effective access to social protection for all in a shock-responsive manner. The principles set out in international social security standards are more relevant than ever in making progress towards universal coverage”.

10.5.2. After shock: Options for building back better and more sustainable social protection systems in East Asia and Pacific

Resolving the inefficiencies and inadequacies of schemes that existed before the pandemic and were erected as a response should be part of a building back better strategy with a focus on long-term objectives. COVID-19 should be harnessed as the catalyst for creating social protection systems that are comprehensive, resilient, adaptive and inclusive. This means not returning to the pre-pandemic status quo but instead being proactive and systemic and paying attention to the building blocks such as governance, institutional coordination, administrative structures and capacities, and delivery systems, together with the sustained political will to deliver the necessary fiscal space (Archibald et al., 2020). The pandemic presents a narrow opportunity for bold reforms that will require making important trade-offs and choosing among different urgent priorities due to the existence of the momentum or higher national (and global) consensus (Ibid). In the current context of international fuel and food crises, the contending priorities are more competing than ever.

Governments need to advocate for universal and comprehensive social protection systems as a tool for economic growth. In this sense, they need to recognize social protection as an investment in human capital and productivity growth and not a cost, and to gradually advance towards the scale of expenditure of OECD countries, where public spending on social protection averages 20 percent of GDP. While countries in East Asia and Pacific are far away from this figure, the substantial rise in public spending on social assistance (estimated to be around 2.0 percent of GDP compared with around 0.5 percent of GDP pre-COVID) challenges old tenets about fiscal space and political will. In the Philippines, the government authorized incremental spending of around 1.5 percent of GDP compared to a total of 0.5 percent of GDP pre-COVID-19. It is estimated (de Neubourg, 2021a) that Indonesia, Mongolia, and Viet Nam did also more than double their pre-crisis social protection spending levels as a share of GDP in response to the crisis, while in Timor-Leste, spending would have tripled. However, in order to achieve long-lasting protective and promotive effects, (some of) these expansions should be continued after the pandemic.

Investing in social protection has impressive returns, making it cost-effective. However, not all investments are adequate. Universal social protection systems reduce poverty and inequality to a higher extent, usually have greater budgets and therefore are more redistributive in absolute numbers (Oxfam, 2022). Countries such as Timor-Leste are trying to follow this approach through the introduction of quasi-universal policies such as a cash transfer which was 10 times larger than any previous programme (ILO, 2021b). Even though the country's recovery will still be gradual due to COVID-19's high impact, these programmes are steps towards universality and indicate a change in previous more inefficient policies such as Bolsa da Mae. The way to universality has somehow also been cleared

in Thailand. The country has made another step forward by extending financial protection against health expenses to both nationals and foreign residents with a valid work permit by granting access of COVID-19 patients to its universal coverage system for emergency patients and has committed to approaching universality for all children under age 6 years under its Child Support Grant programme (UNICEF, 2020h).

Undoubtedly, the COVID-19 pandemic continues to cause human suffering across the globe. It has also made our views of the economic future qualified by more uncertainties and risks. However, addressing uncertainties and risks is at the very heart of what is social protection policy about. By pooling risks and resources, individuals are better prepared to survive and thrive even when risks materialise. By definition, unemployment benefits, pensions, child grants, sick leaves and minimum income schemes are designed to protect everyone from shocks, including systemic shocks and co-variate ones. Moreover, the countercyclical nature and effects of almost all social protection interventions make economies better able to face unfortunate developments even if they arrive as a global crisis. Reducing inequalities and poverty through social protection increases societies' protection against the spreading of disease by including the most vulnerable (or everybody for that sake) in medical care. Reduced inequalities, alleviated poverty and countercyclical benefits also boost economic resilience through keeping at least consumption (demand) partially ongoing and preventing economies from fully closing down or collapsing.

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10.7. APPENDIX

Table 10.2 Major social assistance programmes in EAP and respective level of child-sensitivity

Country	Child-sensitive Category	Pre-COVID-19	COVID-19 response	Description
Cook Islands	Directly	Child Benefit	Top-up and horizontal expansion	Additional 100\$ on top of the current child benefit of 50\$ every fortnight during closure of school outside of the school holidays. Also, horizontal expansion to children who were not benefiting from the benefit.
	Indirectly	Care-Givers Allowance	One-off CT	One off payment to be added on top of one welfare payment. 400\$.
Cambodia	Directly	Maternal and Child Health CCT	Continued delivery	CCT for poor and pregnant women and children under 2Y
	Directly		Scale up of MCH-CCT and IDPoor social registry into nationwide emergency C19-CCT including top-up	Social registry of poor and vulnerable households. Includes criteria identifying households with out-of-school children aged 6–11 years. C19 emergency top-up
Malaysia	Directly	Welfare assistance programmes	Vertical expansion	Increased benefit amount of welfare assistance including means-tested child grant (FKK).
	Indirectly	CT for low-income households (Bantuan Sara Hidup (BSH), Bantuan Prihatin Rakyat (BPR))	Advance payments + horizontal expansion + 2021 top-up	Advance payment of benefits to existing beneficiaries; lowered eligibility criteria.

Country	Child-sensitive Category	Pre-COVID-19	COVID-19 response	Description
	Directly		Food assistance programmes	Food support and vouchers for eligible households and for vulnerable groups including children in alternative care.
	Directly		Categorical cash transfer	CT to vulnerable groups including registered single mothers.
	Child blind		Categorical one-off CT	One-off CT to select groups of workers, pensioners, higher-education students.
Myanmar	Directly	Maternal and Child CT	Emergency top-up	One-off top-up of USD20 to existing recipients (mothers and children <2Y) of monthly USD11.
	Indirectly		Emergency relief CT	CT to vulnerable households and pandemic-affected workers.
	Indirectly	Social pension	Emergency top-up	One-off top-up of USD20 for individuals aged 85+ years and new beneficiaries aged 80–84 years.
	Indirectly		Food support	Emergency food essentials to vulnerable households and at-risk populations.
Indonesia	Directly	Programme Keluarga Harapan (PKH) Flagship CCT for poor and vulnerable populations	Horizontal and vertical expansion	Beneficiaries expanded to 15 percent of population, benefit amounts tripled. Includes education, health and nutrition support for children and pregnant women.
	Directly	Food assistance programmes	Horizontal and vertical expansion; new programmes	Flagship food support programme (Sembako) vertically and horizontally expanded; food support for recipients of PKH and residents of Greater Jakarta.

Country	Child-sensitive Category	Pre-COVID-19	COVID-19 response	Description
	Indirectly		Emergency CT for low-income formal workers	CT for workers with salary <IDR 5,000,000 and registered on the national social security programme (BPJS TK).
	Child blind		Utility waivers	Electricity fee waiver.
Fiji	Directly		Digital CT targeting vulnerable groups	CT targeting vulnerable groups including elderly, women, children, and people living with disabilities; FJD 100/month for 4 months.
	Indirectly		One-off transfers	Pension top-up; UCT for informal workers in lockdown areas
	Indirectly		Wave 2 emergency CT	Emergency CT for individuals in lockdown areas (FJD90) and those who became unemployed during the second wave (FJD50).
Mongolia	Directly	Child Money Programme	Emergency top-up of CT.	5x top-up of universal child grant for 6 months, from 32,000 MNT to 100,000 MNT.
	Indirectly	Food stamps	Emergency top-up, doubling the number of food stamps.	Proxy means-tested food stamp programme with allowances per adult and child household member.
	Directly	Social pension	Top-up transfer.	USD32 transfer to pensioners (including those not regularly entitled), citizens with disabilities, orphaned or half-orphaned children, and single parents.
	Child blind		Utility waivers.	Water, heat, waste disposal and electricity fee waivers.

Country	Child-sensitive Category	Pre-COVID-19	COVID-19 response	Description
Thailand	Directly	Child Support Grant CT	CT universalisation + emergency top-up.	Monthly USD19 cash grant for poor and near-poor households with children under age 6 years was horizontally expanded to cover all children under age 6 years. 2-month USD32 emergency-top up.
	Directly		CT schemes for welfare card holders, farmers, vulnerable populations.	CT and top-up of social transfer schemes to registered members of existing schemes targeting welfare card holders, farmers, vulnerable populations.
	Child blind		Rao Chana (2021) CT	Emergency CT to registered, eligible financially affected persons.
	Indirectly		Rao Mai Ting Gung (2020) CT	Emergency CT to informal or self-employed workers who are not normally covered by the social security system.
	Indirectly		Mor33 Rao Rak Khan (2021) CT	CT scheme for financially vulnerable non-recipients of other emergency CT schemes.
	Child blind		Utility waivers.	Water and electricity fee waivers.
Philippines	Directly		Emergency Subsidy Programme (ESP) under Banyanihan 1 and 2	Emergency CCT of PT5,000–8,000 to low income households who have lost their source of income due to the pandemic, have been displaced by the pandemic, or are living in lockdown-affected areas.
	Directly	Pantawid Pamilyang Pilipino Program	Top-up to match emergency subsidy amount.	CCT providing health and education grants for poor households, households with pregnant women, and households with children.

Country	Child-sensitive Category	Pre-COVID-19	COVID-19 response	Description
Viet Nam	Indirectly		CT SP package	CT of USD43 to means-tested poor and near-poor households, and to workers who have lost income or become unemployed during the pandemic and do not qualify for existing unemployment schemes.
	Child blind		Food support	Daily food allowance for individuals in quarantined areas.
	Child blind		Utility waivers	3-month 10% reduction in electricity prices.
Timor Leste	Indirectly		CT for poor and vulnerable households	Cash transfer of USD100 per month per households, provided for two months. Households are eligible if no individual in the household earn more than \$500 per month.
	Indirectly		CT for staple foods for poor and vulnerable households	Eligible households benefit from USD25/month for 2 months.
	Directly		Education subsidy	Internet subsidy for secondary and tertiary school students.
	Child blind		Utility waivers	Water and electricity fee waivers.
Samoa	Indirectly		One-off CT	Emergency CT of \$20 for all citizens registered for a national ID.
	Indirectly	Social pension	Top-up of Social pension	Top up of up to 300 SAT between May-July 2020; permanent increase of social pension by 15.
	Child blind		Utility subsidies	Reduction in domestic electricity and water prices.

Country	Child-sensitive Category	Pre-COVID-19	COVID-19 response	Description
PNG	N/A	N/A	N/A	N/A
Tonga	Indirectly	Social pension	Top-up of social pension	Top up of TOP 100 made to Elderly Benefit and Disability Benefit in April, 2020, in addition to regular benefit (currently TOP75 per month for those aged 70 and above; and TOP 80 per month for aged 80 and above).
Solomon Islands	Child blind		Utility waiver	Electricity rates reduced by 16 percent.
Vanuatu	Directly		Tuition fee waiver	Secondary school tuition fees are suspended for 2020. The fee of 42,000 vatu per student is paid directly to schools
China	Directly	Minimum Living Standard Scheme (MLSS/Dibao)	Horizontal and vertical expansion to include temporary/migrant (Hukou) workers, increase the amount of cash benefit, suspension of means testing in select areas.	Conditional cash and in-kind support to families that fall below the respective urban/rural living standards, including educational assistance and emergency relief.
Lao PDR	Directly		Mother and Early Childhood Grant (MECG) CCT	As of June 2021, a cash benefit launched for pregnant women and newborns up to age 6 months, integrated with antenatal and postnatal care services and support for birth registration

Note: SP= Social Protection; CT = Unconditional Cash Transfer; CCT = Conditional Cash Transfer; Y= years; C19 = COVID-19

Source: Authors.

11.

Rapid Assessment of the Effects of COVID-19 on Poverty and on the Efficacy of the Social Protection Response in the Philippines

*Nard Huijbregts**, *Katharina Bollig**, *Julieta Morais**, *Anjanette Saguisag†*, *Rosela Agcaoili†*

11.1. INTRODUCTION

Over the past decade, the national poverty rate of the Philippines has consistently decreased, reducing from 23.3 per cent in 2015 to 16.6 per cent in 2018 (PSA, 2019). Pre-COVID-19 poverty projections pointed to a further decline in the upcoming years, showing that even though the economy has recently slowed, the Philippines was still making progress in poverty reduction (Albert et al., 2020; Navarro, Reyes & Francisco, 2020). Moreover, the country had significantly reduced the level of extreme poverty (i.e., the proportion of Filipinos living in households whose income is not enough to meet basic food needs) from 9.1 per cent in 2015 to 5.2 per cent in 2018 (PSA, 2019). Owing to the COVID-19 crisis, however, this trend in poverty reduction is at risk of being reversed.

The Philippines reported its first confirmed case of COVID-19 on 30 January 2020, in the National Capital Region (NCR). On 7 March 2020, the Department of Health reported the first case of community transmission, which resulted in a state of calamity and the introduction of community quarantine in NCR on 15 March 2020. To limit further outbreaks as the coronavirus spread to the country's 81 provinces, national and local governments imposed community quarantines, including the multiple versions of 'enhanced community quarantine' that were implemented in NCR throughout most of 2021. The strict measures and quarantines implemented at different levels of government highlight the

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firm stance taken by the Government of the Philippines to contain COVID-19 (Philippine News Agency, n.d.). In February 2022, COVID-19 cases throughout the country started to decline (WHO, 2022).

In addition, measures were put in place to cushion and prevent the effects of the COVID-19 pandemic from hindering the country's recent gains in reducing poverty and improving overall welfare (Philippine News Agency, n.d.). In April 2020, the Government launched the Social Amelioration Program (SAP), as part of which an emergency subsidy was delivered to low-income households, with the Department of Social Welfare and Development acting as the key implementing agency. SAP provided cash assistance to existing beneficiaries of the Pantawid Pamilyang Pilipino Program (4Ps) in addition to newly affected households – including informal workers and other vulnerable groups – targeted through local government units.

The emergency subsidy delivered by SAP amounted to between PHP 5,000 and 8,000 (USD89–142). The benefit was delivered in two rounds in 2020. The first round, implemented throughout May, June and July 2020, reached 17.6 million households, including 4.3 million 4Ps beneficiary households and 13.3 million low income, non-4Ps households. In total, more than PHP 99 billion, or 0.56 per cent of the country's gross domestic product (GDP), was spent during the first round of SAP (DSWD, 2020). The second round, implemented from August 2020 onwards, targeted 13.8 million households: 1.3 million 4Ps beneficiary households and 7.2 million non-4Ps households living in enhanced community quarantine areas, plus 5.3 million families nationwide on the waiting list for SAP, which did not receive the first instalment of the emergency subsidy (UNICEF, 2021).

11.2. RESEARCH METHODS

The three research studies used a combination of qualitative and quantitative data collection and analysis methods.

11.2.1. Assessment of socio-economic impacts of COVID-19 in NCR

The assessment of the socio-economic impacts of COVID-19 in NCR derives from a large, quantitative phone survey with 3,625 households with children residing in the region, conducted during the period 17–27 September 2020. The survey respondents were recruited through Facebook adverts and post-stratification weights based on the 2015 Family Income and Expenditure Survey (FIES) data were used to correct potential differences between the sample and the target population to guarantee a representative NCR sample. Additionally, 20 in-depth interviews were conducted with households that had participated in the quantitative phone survey. Interviewees were purposively selected to include

households with a pregnant woman, a child under 1 year of age, a household member with disability, an overseas foreign worker, a child who had suffered violence or a household member who had experienced COVID-19 symptoms. Findings from the primary data collection were complemented with data from the country's 2018 FIES and 2017 Demographic and Health Survey, which were analysed to put into context and triangulate findings from the primary data collection.

11.2.2. Ex ante microsimulation of effects of COVID-19 on child poverty

The second study conducted a scenario-based microsimulation to estimate the direct impacts of COVID-19 on monetary and multidimensional poverty – specifically child poverty – in the Philippines. The simulations were built around three scenarios of income contraction resulting from the pandemic (10 per cent, 20 per cent and 30 per cent) and thereupon estimated the effects of COVID-19 on poverty in the country. Furthermore, the microsimulation estimated the impacts of SAP and its efficacy in tackling the increase in poverty caused by the pandemic. The quantitative model was built on data from the most recent FIES and Labour Force Survey datasets. For the analysis of the effects of COVID-19 on multidimensional child poverty, the analysis relied on the Multidimensional Overlapping Deprivation Analysis methodology, assessing children's deprivations in the dimensions of water, sanitation and housing; child violence; education; health; and food poverty (UNICEF Office of Research – Innocenti, n.d.). The lack of quantitative data for many of these dimensions meant that the quantitative model had to be complemented by qualitative data. Thus, no single multidimensional poverty index could be created; instead, analysis was carried out separately for each dimension.

11.2.3. Ex post qualitative assessment of the effects of COVID-19 on child poverty, and of the efficacy of the social protection response

The third study was a qualitative assessment of the effects of COVID-19 on child poverty, and of the efficacy of the emergency subsidy delivered by SAP to alleviate these effects. For the assessment, primary qualitative data were collected in six regions of the Philippines: Bangsamoro Autonomous Region in Muslim Mindanao (BARMM), Eastern Visayas, Ilocos, NCR, Soccsksargen and Western Visayas. To gather information about the implementation efficacy of SAP and how future shock response programmes could be improved, 108 key informant interviews were conducted with government officials at national, regional and *barangay* (local) levels and with development partners and *barangay* health workers. Additionally, 300 household interviews (50 per region) were

carried out with households that had benefited from 4Ps and SAP, or from SAP only, and with households that had applied for SAP but had not qualified for the programme. Households were sampled purposively according to several sampling criteria, including having children and/or pregnant or lactating women, having more than five members and/or being headed by a female. The interviews were designed to gather information about household experiences of COVID-19 containment measures, including, but not limited to, receiving the SAP benefit.

11.3. OBJECTIVE AND RESULTS

The main objectives of the three studies were aligned and partially overlapping and can be summarized as follows: (1) to assess the socio-economic effects of the COVID-19 pandemic and related containment measures on households in the Philippines, focusing especially on the effects of COVID-19 on poverty and child poverty; (2) to assess the efficacy of SAP – introduced by the Government of the Philippines as the primary social protection response to COVID-19 – in cushioning these effects; and (3) to provide recommendations on relevant policy responses.

11.4. IMPACT OF COVID-19 ON MONETARY POVERTY IN THE PHILIPPINES

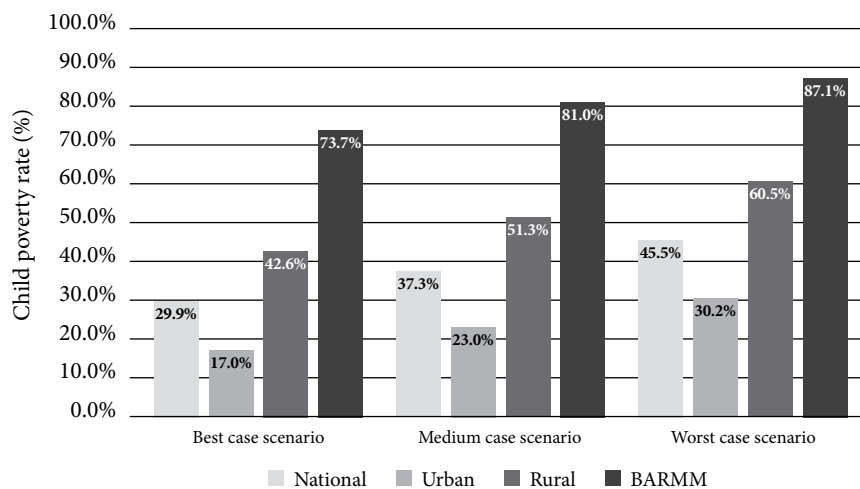
In 2018, pre-COVID-19, the poverty rate in the Philippines was estimated at 16.6 per cent, with approximately 18.3 million people living in poverty (Philippine Statistics Authority, n.d.). The COVID-19 pandemic is likely, however, to have increased the country's poverty rate. The ex ante microsimulation found that had the Government not introduced any measures to cushion the effects of COVID-19, the national monetary poverty rate would have increased by 4.6 to 17.6 percentage points, resulting in a poverty rate of 21.2 per cent in the best case scenario or 34.2 per cent in the worst case scenario. Estimates suggest that rural poverty rates would have increased to between 32.2 and 48.8 per cent, while urban poverty rates would have increased to between 11.1 and 20.9 per cent. Zooming in on BARMM, estimates of post-COVID-19 poverty rates indicate an incidence of 66.9 per cent in the best case scenario and 82.1 per cent in the worst case scenario, representing a potential increase of 8.4 to 23.6 percentage points on the pre-COVID-19 poverty rate of 58.5 per cent (*see Table 11.1*).

Table 11.1 Poverty headcount and poverty rate pre- and post-COVID-19

Poverty headcount/rate (without SAP)	Pre-COVID-19	Best case scenario	Medium scenario	Worst case scenario
National	18,260,000 16.6%	23,342,000 21.2%	29,898,000 27.2%	37,642,000 34.2%
Urban	4,270,068 8.2%	5,764,592 11.1%	8,050,640 15.5%	10,893,881 20.9%
Rural	14,904,360 25.7%	18,669,550 32.2%	23,170,400 40.0%	28,250,510 48.8%
BARMM	2,212,111 58.5%	2,530,882 66.9%	2,834,150 75.0%	3,105,275 82.1%

Source: (PSA, 2018), author's calculations.

The ex ante microsimulation also shows that the COVID-19 pandemic likely exacerbated the already precarious situation of Philippine children. Modelling results indicate that with no social protection response from the Government, the monetary child poverty rate would have increased by 5.9 to 21.5 percentage points – reaching 29.9 per cent in the best case scenario and 45.5 per cent in the worst case scenario. The microsimulation further found a significant difference in child poverty between urban and rural areas, with post-COVID-19 child poverty rates potentially reaching 60.5 per cent in rural areas versus 30.2 per cent in urban areas for the worst case scenario (*see Figure 11.1*). Moreover, children in BARMM were found to be more vulnerable than children nationwide, with the region's child poverty rate potentially reaching between 73.7 and 87.1 per cent – an increase of 15.2 to 28.6 percentage points on the region's pre-COVID-19 poverty rate of 58.5 per cent.

Figure 11.1 Child poverty rates post-COVID-19, different scenarios

Source: (PSA, 2018), authors' calculations.

The findings from the ex ante microsimulation were complemented and validated by primary data collected through the quantitative phone survey in NCR. Survey findings indicate that households relied on coping strategies to make up for income losses due to the COVID-19 pandemic and related containment measures. When asked how they were coping with the financial effects of the COVID-19 crisis, most respondents mentioned cutting out all non-essential expenditures. Other respondents mentioned borrowing as a coping strategy, especially by buying items on credit from *sari-sari* stores (neighbourhood shops) and by using informal money lenders. Several households reported reducing food consumption or changing the types of food consumed, for example, eating less meat or purchasing cheaper vegetables. Many households reported attempting to make and sell goods on the street, while a few households mentioned attempting to sell assets. Importantly, child labour did not appear to be a major coping strategy among survey respondents – only 2 per cent of children aged 5–17 years were reported as having worked in the past six months.

11.5. IMPACT OF COVID-19 ON MULTIDIMENSIONAL POVERTY IN THE PHILIPPINES

Monetary poverty alone cannot fully capture the dire situation of the most vulnerable proportion of the population. Thus, the study expanded its assessment to include a multidimensional perspective, looking at the dimensions of water, sanitation and housing; child violence; education; health; and food poverty.

11.5.1. Water, sanitation and housing

For the dimension of water, sanitation and housing, a review of secondary sources indicates that an extreme economic crisis could, in the long run, potentially cause dislocation, forcing households to move into lodgings without access to safe drinking water or proper sanitation facilities. As of mid-2022, however, no evidence of such an impact of the COVID-19 crisis has been recorded for the Philippines, despite the increase in the level of monetary poverty. At a policy level, the COVID-19 pandemic has renewed and strengthened a joint commitment by the Department of Education and the Department of Health to promote handwashing in schools and communities, together with other hygiene measures, to reduce disease transmission in public settings. This commitment is likely to result in better access to water, sanitation and hygiene for children and communities in the Philippines in the future (UNICEF, 2021).

11.5.2. Child violence

In terms of child violence, a review of secondary sources demonstrates that violence against children is widespread in the Philippines and remains a harsh reality for millions of the country's children. Studies have shown that the COVID-19 pandemic increased children's exposure to violence, including sexual violence, physical violence and emotional maltreatment. The Office of Cybercrime (Department of Justice) has stated that 279,166 cases of child sexual abuse were reported from 1 March to 24 May 2020, compared with 76,561 cases over the same period in 2019. Furthermore, cases of internet-based sexual exploitation of children saw a year-on-year increase of 264 per cent for the same period (Save the Children, n.d.). The increase in the incidence of child abuse has been corroborated by the data collected via the phone survey with households in NCR. Approximately half of the children aged 12–14 years in the survey sample had survived physical or emotional violence: 47 per cent had been subjected to a form of abuse; out of which 43 per cent had been shouted or yelled at and 15 per cent had been beaten or spanked.

11.5.3. Education

On the dimension of education, according to the NCR phone survey results, households expressed concerns about their children's education, especially regarding the shift to remote learning. With home study continuing for more than 18 months, the Philippines was one of the last countries in the world to reopen its schools, which took place in November 2021. Towards the end of 2020, parents and caregivers had already raised concerns about not having enough money for internet connectivity, about the lack of internet-enabled devices and about being unable to properly assist their children with their schoolwork (UNICEF & UNDP, 2020). Moreover, the results from the ex ante microsimulation on

the impacts of COVID-19 on poverty suggest a potential surge in secondary school dropout throughout the school year 2021/22. The modelling estimates that 179,565 to 684,837 children could drop out of secondary school nationwide, depending on the severity of the scenario regarding household income losses due to the pandemic. This would be a 1.5 to 5.9 per cent drop in secondary school enrolment vis-à-vis the previous school year of 2019/20. Zooming in on BARMM, the situation is predicted to be even more concerning, as school enrolment levels pre-COVID-19 were significantly lower than the national average. As a result of the projected poverty increase in BARMM, the modelling estimates that 2,241 to 6,280 secondary school students could drop out during the school year 2021/22, depending on the severity of the scenario regarding household income losses.

11.5.4. Health

Regarding the dimension of health, findings from the NCR phone survey exemplify the severe impacts of COVID-19 on household health outcomes. For instance, pregnant women are receiving fewer antenatal care check-ups since the pandemic began: According to the NCR survey, only 61 per cent of pregnant respondents were on track to receive four antenatal care contacts by their due date, compared with 99 per cent of pregnant women in the Philippines pre-COVID-19 (World Health Organization, 2020). Further findings from the NCR survey indicate that pregnant women are less likely to take iron and folic acid tablets as a result of the pandemic: Only 83 per cent of pregnant respondents were taking iron and folic acid tablets at the time of the data collection, compared with 92 per cent of pregnant women in the Philippines before the pandemic (World Health Organization, 2020). Nonetheless, the breastfeeding rate and the share of women delivering at a health facility appear to be unchanged.

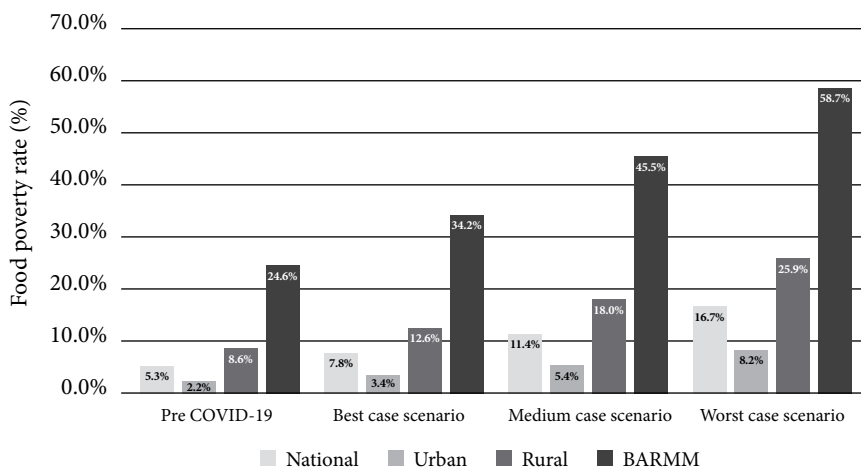
Moreover, according to results from the ex ante microsimulation, underweight prevalence may see an immediate increase of between 0.03 and 0.08 per cent, depending on the severity of the scenario. Further, as an immediate impact, wasting may increase by between 0.03 and 0.1 per cent. The figures thus indicate a modest increase in the additional share of children under 5 years of age who are affected by underweight or wasting. Considering that pre-COVID-19 levels of malnutrition in the Philippines are already concerning, any increase could have long-lasting detrimental effects on child development. The negative impacts of COVID-19 on children's health are exacerbated by the small share of children under 5 years of age visiting a health facility since the start of the COVID-19 crisis. Responses from the NCR phone survey reveal that at the time the data were collected, only 13 per cent of children under 5 years among the surveyed households had visited a health facility during the pandemic.

11.5.5. Food poverty

In terms of food poverty, findings from the ex ante microsimulation indicate that estimates of the post-COVID-19 national food poverty rate show an increase of 7.8 per cent in the best case scenario and 16.7 per cent in the worst case scenario – representing an increase of 2.5 to 11.4 percentage points on the pre-COVID-19 food poverty rate of 5.3 per cent. From best to worst case scenario, the post-COVID-19 rural food poverty rate is estimated to range from 12.6 per cent to 25.9 per cent, while the urban food poverty rate is likely to range from 3.4 per cent to 8.2 per cent (see Figure 11.2).

Zooming in on BARMM, the post-COVID-19 scenario is even more alarming. The ex ante microsimulation suggests that the food poverty rate in BARMM likely increased to 34.2 per cent (1.3 million people) in the best case scenario and 58.7 per cent (2.2 million people) in the worst case scenario. While the pre-COVID-19 food poverty rate in BARMM was 19.3 percentage points higher than the national food poverty rate, post-COVID-19, this gap could increase to 26.4 percentage points, and this is in the best case scenario.

Figure 11.2 Food poverty rates, pre- and post-COVID-19



Source: (PSA, 2018), authors' calculations.

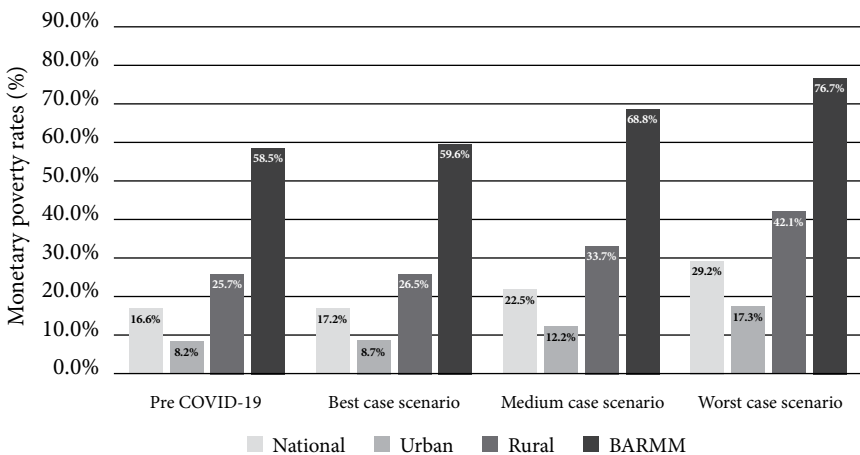
11.6. EFFICACY OF SAP AS A RESPONSE TO COVID-19

As a rapid response to the COVID-19 emergency, the Government of the Philippines launched the Social Amelioration Program (SAP), which has been perceived as the most important social protection measure implemented in the country to alleviate the negative impacts of COVID-19. The emergency subsidy to low-income households aimed to reduce monetary poverty that varied by region, further contributing to positive outcomes across multidimensional poverty indicators such as education, and food poverty.

11.6.1. Effects of SAP on monetary poverty

Through the provision of an emergency subsidy, SAP aimed to alleviate the impacts of COVID-19 on the most vulnerable and poor households. Results from the ex ante microsimulation indicate that the introduction of the SAP benefit most likely exhibited poverty reduction effects. In the best case scenario, SAP could have reduced poverty by 4.4 percentage points (4.8 million people) in comparison to the estimated post-COVID-19 monetary poverty rate in the absence of SAP. This effect differs between urban and rural areas, with likely a bigger reduction in rural areas (6.3 percentage points) than in urban areas (2.6 percentage points). Zooming in on BARMM, the simulation estimates that SAP promoted poverty reduction of between 5.4 and 7.3 percentage points, depending on the severity of the scenario (see Figure 11.3).

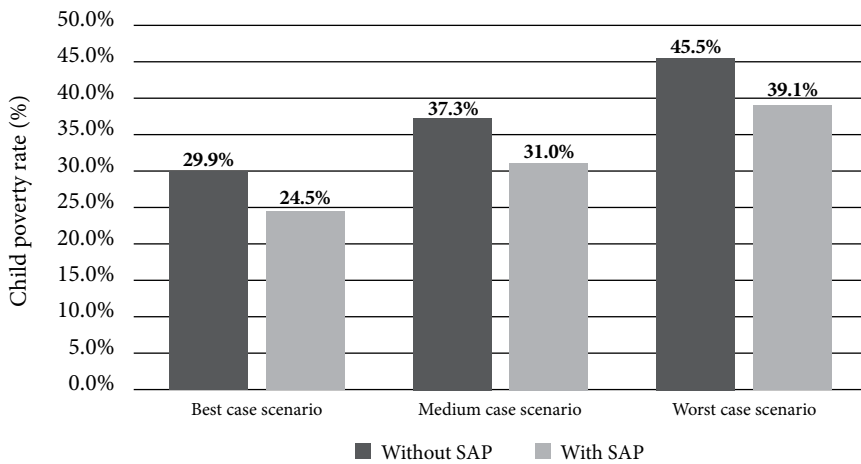
Figure 11.3 Monetary poverty rates pre- and post-COVID-19, with SAP



Source: (PSA, 2018), authors' calculations.

The ex ante microsimulation also reveals that the introduction of SAP probably led to a reduction in child poverty. Comparing post-COVID-19 estimates of the national child poverty rate with and without SAP shows that in the best case scenario, SAP likely reduced the child poverty rate from 29.9 to 24.5 per cent, and in the worst case scenario, from 45.5 to 39.1 per cent (see Figure 11.4). Nevertheless, in all three scenarios, the proportion of children living in poverty post-COVID-19 versus before the pandemic likely increased, by between 0.5 and 15 percentage points depending on the severity of the scenario. For BARMM, the modelling shows that SAP achieved an even more significant poverty reduction, with an average reduction in the region's child poverty rate of 5.4 percentage points across the three scenarios.

Figure 11.4 National child poverty rate post-COVID-19, with and without SAP



Source: (PSA, 2018), authors' calculations.

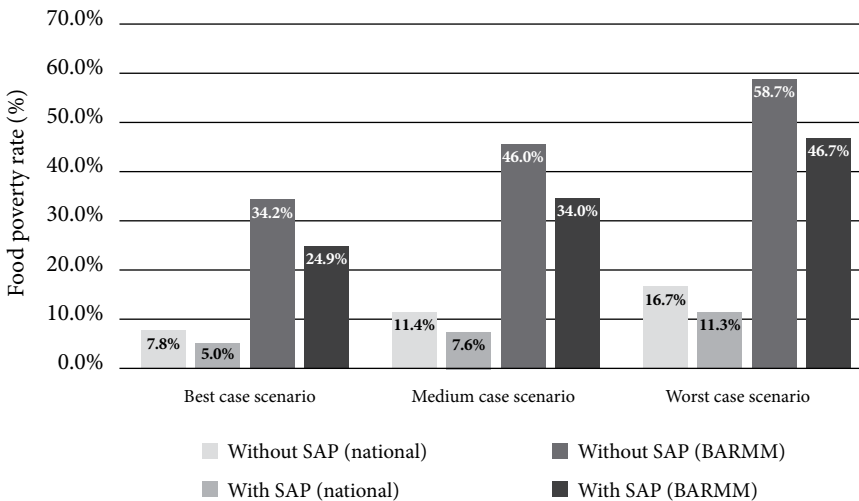
Despite the positive impacts of SAP in alleviating the consequences of COVID-19, findings from the qualitative assessment indicate that SAP could likely not make up for income losses sustained throughout the pandemic nor alleviate the associated coping strategies adopted by households. Hence, even with the additional income provided by SAP, almost all households in the study reported needing to make substantial cuts in household spending. For instance, respondents reported cutting back on food expenses, choosing cheaper and less preferred foods, reducing meal sizes, and skipping meals to ensure that the children in the household had food to eat.

11.6.2. Effects of SAP on multidimensional poverty

Results from the ex ante microsimulation also indicate that the introduction of the SAP benefit alleviated overall food poverty. Comparing post-COVID-19 estimates of food poverty rates with and without SAP suggests that in the best case scenario, SAP reduced the national food poverty rate by 2.8 percentage points – equivalent to taking roughly 3 million people out of food poverty. For the medium and worst case scenarios, the reduction in the national food poverty rate due to SAP was estimated at 3.9 and 5.4 percentage points respectively (see Figure 11.5). For BARMM, the ex ante microsimulation demonstrates that SAP likely reduced food poverty by an average of 10.8 percentage points across all three scenarios. Still, despite the additional income provided by the SAP benefit, the number of people living below the food poverty line was estimated to have increased post-COVID-19 compared with before the pandemic.

This increase in food poverty is particularly harmful to pregnant and lactating women and to children under 2 years of age. The qualitative assessment shows that despite households prioritizing children’s food needs, concerns were still raised about some children growing visibly thinner during the pandemic. While DSWD’s already existent Supplementary Feeding Programme (SFP) supported households to provide adequate nutrition to children, this programme was limited in coverage to children enrolled in day care and it excluded households with older children.

Figure 11.5 Post-COVID-19 food poverty rates, with and without SAP

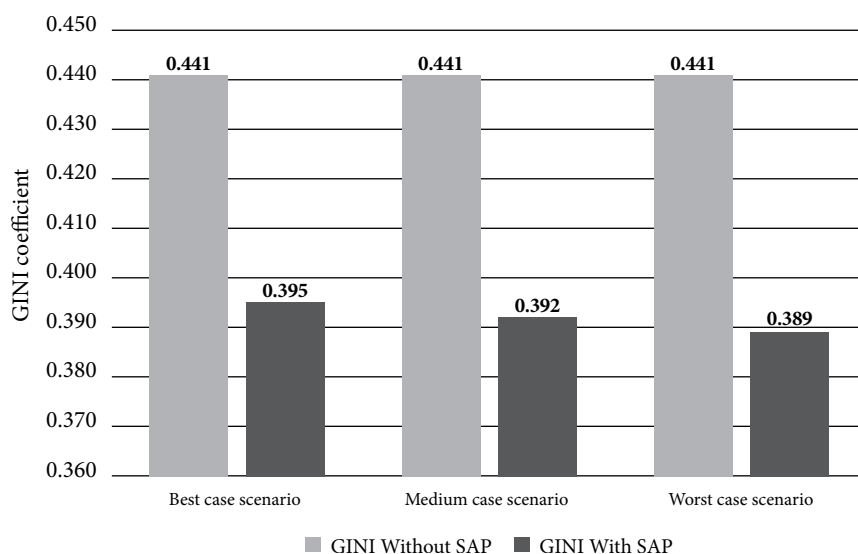


Source: (PSA, 2018), authors’ calculations.

The ex ante microsimulation also zoomed in on the effects of SAP on education outcomes. The modelling suggests that the SAP benefit positively affected the national secondary school dropout rate, reducing dropout by 0.1 to 5.2 per cent, depending on the severity of the scenario. In BARMM, these effects were estimated to be less pronounced, with a probable reduction in secondary school dropout of 0.9 percentage points (1,949 students) in the best case scenario and 0.7 percentage points (1,516 students) in the worst case scenario.

Despite the estimated positive effects of SAP on secondary school dropout rates and overall high enrolment levels nationwide throughout the pandemic, learning outcomes for children are likely to be affected by COVID-19. Results from the qualitative assessment indicate that almost all households reported finding that their children had struggled with the shift to online learning. Findings also point to parents/caregivers struggling with the school closures and the shift to online classes, which put additional pressure on them. As a result, parents and caregivers reported spending more of their time on education support and childcare, reducing their income-generating potential – a situation found to particularly affect women and single parents. According to interview findings from the qualitative assessment, single parents were the worst off in the study sample – especially those who did not receive SAP – as they either had to compromise on childcare or borrow money to sustain their family through the pandemic.

Lastly, the ex ante microsimulation assessed the effects of SAP on inequality indicators. Results show that the introduction of SAP likely contributed to reducing inequality in the Philippines by a maximum of 0.06 points, compared with post-COVID-19 estimates without SAP. In all three scenarios, the post-COVID-19 national Gini coefficient with the SAP benefit – standing at 0.394 in the best case scenario and 0.388 in the worst case scenario – was estimated to be lower than the post-COVID-19 national Gini coefficient without SAP (see *Figure 11.6*).

Figure 11.6 Post-COVID-19 national Gini coefficient, with and without SAP

Source: (PSA, 2018), authors' calculations.

11.7. USE AND POLICY IMPACT OF THE EVIDENCE GENERATED

The various studies were the first of their kind within the context of an unfolding pandemic, providing in-depth assessments of the effects of COVID-19 on monetary and multidimensional poverty and child poverty in the Philippines. The combined results of all three studies were thus highly relevant in advocating for shock-responsive social protection for children and their families. The studies put forward policy and programme options to help the most vulnerable households to recover from the socio-economic impacts of COVID-19. Most importantly, considering that the COVID-19 crisis has lasted longer than originally expected, the various projections in the ex ante microsimulation provide policymakers with valuable insights to plan ahead as the COVID-19 crisis continues to evolve.

Each of the research studies developed a methodology for data collection to rapidly assess the socio-economic impacts of a shock in the context of a global public health pandemic. As the COVID-19 pandemic unfolded worldwide and in the Philippines, the studies provided early assessments and much-needed evidence on the likely impacts of COVID-19. The studies highlight the relevance of timely data collection to assess an emergency situation and inform effective policy and programme responses, once again stressing the need for governments

to invest in rapid data collection systems. The methodology applied by the NCR phone survey serves as a good practice on how to generate a representative quantitative sample, despite the absence of robust sampling. This methodology could be replicated by future studies assessing the impacts of COVID-19 on other regions of the Philippines. The use of Facebook adverts to recruit survey respondents can be applied nationwide, as the Philippines has over 74 million Facebook users, and this recruitment technique has proven effective in past studies. Lastly, post-stratification weights based on the 2015 FIES data to correct potential differences between the sample and the target population can also be applied beyond NCR to guarantee representative samples.

The evidence generated can be used to inform immediate response, as well as recovery and resilience. Aside from assessing the current impacts of COVID-19 at the household level, the research also provides projections of possible scenarios, thereby enabling governments to plan ahead and consider various policy options and contingency plans. The ex ante microsimulation presents five costed policy options that could help to better mitigate the socio-economic effects of COVID-19. The policy options could also be applied to other shocks and emergencies. The first two options are expansions of SAP – a nationwide two-month extension of the programme or a four-month extension exclusively in BARMM. Furthermore, three additional options, focused on assisting children, are presented. These are the provision of a monthly child grant of PHP 500 per child for children under 2 years of age; the provision of an emergency school grant of PHP 1,200 per child for children aged 5–17 years; and the expansion of 4Ps to also include those with an income of no more than 15 per cent above the current poverty threshold. To better inform policymaking, cost estimates are given for each option (*see Table 11.2*).

Table 11.2 Overview of recommended policy options, including cost estimates

Policy option	No. of beneficiaries	Average total benefit, per beneficiary (PHP)	Total cost (USD, millions)	Total cost (PHP, millions)	% GDP
Two-month extension of SAP	17,457,073	13,000	4,674	226,942	1.17
Four-month extension of SAP (BARMM only)	3,633,159	13,000	973	47,231	0.24
Child grant	6,581,131	6,000	813	39,487	0.20
Emergency school grant	27,908,598	1,200	690	33,490	0.17
4Ps expansion	3,704,139	14,000	1,068	51,858	0.27

Source: authors' calculations.

Moreover, results from the ex ante microsimulation support the recommended policy options, showing that all options can further mitigate the effects of COVID-19 (see Table 11.3). For instance, a two-month extension of SAP nationwide (policy option 1) would promote a reduction of the national poverty rate from 34.2 per cent to 24.1 per cent – a reduction of 10.1 percentage points – even in the worst case scenario. Policy option 2, a four-month extension of SAP in BARMM, would decrease the region's poverty rate by 19.5 percentage points in the worst case scenario to 23.8 percentage points in the best case scenario. Policy option 5, the expansion of 4Ps, could promote a reduction of the near-poverty rate (i.e., people living just above the poverty line) by 2.9 percentage points in the worst case scenario to 3.5 percentage points in the best case scenario.

Looking at child transfers specifically, the introduction of a child grant for children under 2 years of age (policy option 3) could promote a significant reduction in child poverty for children aged 0–2 – in the worst case scenario a reduction from 45.9 per cent to 24 per cent and in the best case scenario a reduction from 30.6 per cent to 12.4 per cent. Also the introduction of an emergency school grant (policy option 4) has the potential to reduce child poverty for children aged 5–17 – in the worst case scenario from 45.5 per cent to 38 per cent and in the best case scenario from 29.9 per cent to 23.3 per cent.

Table 11.3 Overall impacts of the various recommended policy options

Policy option 1:	National poverty rate (%)	Best case scenario	Medium scenario	Worst case scenario
<i>Two-month expansion of SAP, nation-wide</i>	Without SAP	21.2	27.2	34.2
	With SAP	16.8	21.8	28.4
	With SAP extension	10.6	18.2	24.1
Policy option 2:	BARMM poverty rate (%)	Best case scenario	Medium scenario	Worst case scenario
<i>Four-month expansion of SAP only in BARMM</i>	Without SAP	66.9	74.9	82.1
	With SAP	59.6	68.7	76.7
	With SAP extension	43.1	52.6	62.6
Policy option 3:	Child poverty rate (%), 0–2 years age group	Best case scenario	Medium scenario	Worst case scenario
<i>Child grant (for children aged 0–2 years)</i>	Without SAP	30.6	37.9	45.9
	With SAP	25.0	31.6	39.6
	With child grant	12.4	17.4	24.0

Policy option 4:	Child poverty rate (%), 5–17 years age group	Best case scenario	Medium scenario	Worst case scenario
Emergency school grant (for children aged 5–17 years)	Without SAP	29.9	37.3	45.5
	With SAP	24.5	30.9	39.1
	With school grant	23.2	29.9	38.0
Policy option 5:	National near-poverty rate (%)	Best case scenario	Medium scenario	Worst case scenario
4Ps expansion	Without SAP	7.1	7.4	7.6
	With SAP	6.8	7.6	8.0
	With 4Ps expansion	3.6	4.2	4.7

Source: (PSA, 2018), author's calculations.

11.8. CONCLUSION

The studies suggest that the COVID-19 crisis has had far-reaching impacts on Philippine households, affecting their incomes and the well-being of families, especially women and children. While the Social Amelioration Program (SAP) played a vital role in providing temporary relief for beneficiary households, it could not make up for income losses sustained throughout the pandemic nor alleviate the associated coping strategies adopted by households. From the perspective of child poverty, children's health and education outcomes were directly affected – perhaps permanently – by the inadequacy of the social protection assistance and by the shift to remote learning.

Hence, there remains an urgent need to provide additional assistance to help families in the Philippines to recover from the impacts of the COVID-19 pandemic. This makes a case for expanding social protection programmes and, in the process of doing so, making the social protection programmes more shock-responsive. The Government of the Philippines should continue to leverage existing social protection programmes and systems to ease the levels of food insecurity and income losses experienced due to the pandemic and extended quarantines. To continue to leverage the existing systems, the Government will need to continue to build and strengthen organizational capacity, particularly in local government units and *barangays*. Also, with near-poor and even medium-income households affected by the COVID-19 pandemic, vulnerability measures should be updated to reduce emergency response exclusion errors. Lastly, investing in timely and continuous data collection processes can help to ensure that programmes are implemented at a reliable quality and that adequate support reaches the most vulnerable.

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12.

Towards social protection for all children in East Asia and Pacific: Policy Issues and Options

Andrea Rossi, Ruben Villanueva**

12.1. A DERAILED TRACK IN CHILD POVERTY REDUCTION

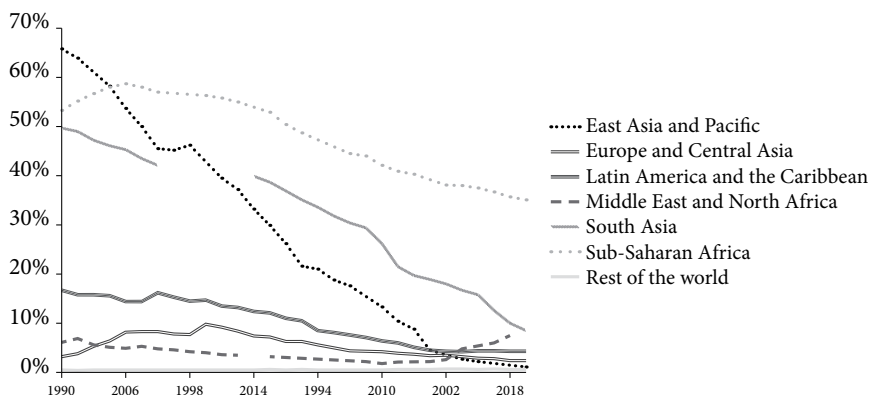
Over the last two decades, social protection has expanded rapidly in East Asia and Pacific, and following the COVID-19 crisis, social protection is now receiving more political attention than ever. Large social protection interventions have been put in place in several countries in the region at a scale, speed, and with levels of financing very rarely experienced before (UNICEF 2022e). The pandemic has highlighted the role of well-designed, implemented and coordinated social protection systems in protecting people throughout their lives and promoting their well-being. COVID-19 has also shown that social protection should be a right for all, rather than a privilege for a few (UNESCAP and ILO, 2021).

In the past, the East Asia and Pacific region experienced on average a steady track of poverty reduction for the last 30 years. From 1990 to 2019 poverty in the region fell at the highest rate in the world (Figure 12.1).²⁸ There have been dramatic increases in life expectancy, consistent with major achievements in basic services, with better access to improved water, sanitation, and shelter, increased school enrolment, and access to basic health services. Despite emerging challenges (urbanization, climate change) and existing inequalities, before 2020, the East Asia and Pacific region set a track of steady improvement of the average wellbeing of children year after year (ASEAN-UNICEF, 2019). Unfortunately, these trends dramatically changed after the COVID-19 pandemic.

* UNICEF Regional Office for East Asia and Pacific.

²⁸ China achieved significant results in poverty reduction., accounting for close to three-quarters of global poverty reduction since 1980 (World Bank et al., 2022; Gao et al., 2021).

Figure 12.1 Reduction in poverty from 1990 to 2019 by world region



Note: The figure shows poverty trends at the USD2.15-a-day poverty line, by region, 1990–2019. Poverty estimates are not reported when regional population coverage is below 50 percent within a three-year period before and after the reference year.

Source: World Bank (2022).

Due to the economic crisis triggered by the COVID-19 pandemic, these trends have reversed, and child poverty in East Asia and Pacific is estimated to have increased for the first time in 20 years, with an additional 35 million children in the region likely to have fallen into poverty in 2020 alone (UNICEF, 2020a).²⁹ Multiple dimensions of poverty and inequality, particularly in the areas of education, health care, nutrition and childcare, are also expected to have worsened.

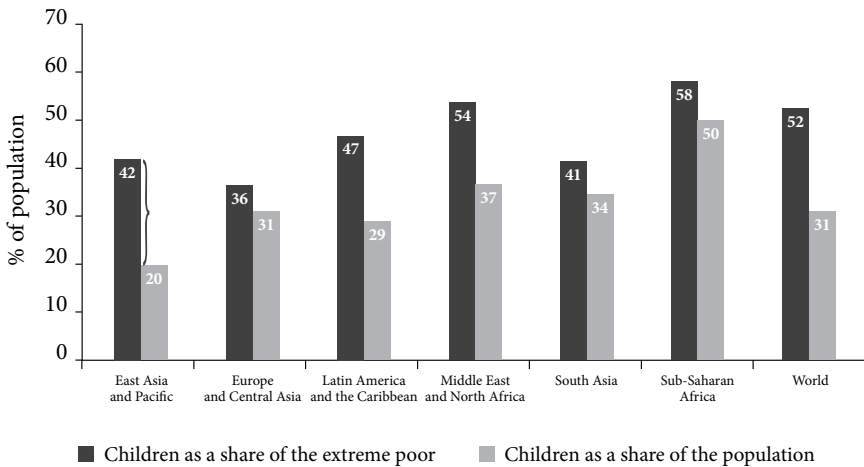
Containment measures, such as school closures and confinement, despite having reduced the speed of the infection rates, had severe impacts on children in terms of loss of education, lost income and psychological trauma. The larger economic crisis generated by the containment measures, the ensuing economic crisis, together with the rise in global food, fuel and fertilizer prices (SPIAC-B, 2022), and ongoing climate change, disaster and conflicts affecting the region, have all pushed millions of children and their families back into poverty; a crisis that will affect countries far into the future (UNICEF, 2020a).

²⁹ Globally, UNICEF estimates that in developing countries, the percentage of children living in multidimensional poverty is projected to have increased from 46–48 per cent pre-COVID-19 (around 1 billion children) to around 52 per cent in 2021. This is equivalent to a projected increase of 100 million additional children living in poverty (UNICEF, 2021a).

The economic crisis severely worsened the situation of children already poor and vulnerable. Those who had managed to emerge from poverty quickly fell back in, and millions of children who were expected to escape poverty will not be able to do so. The crisis also affected children who never experienced poverty before, were more urban, and more educated than expected. Most of these families are not covered by any existing social welfare support, and in many cases do not have any kind of job or salary protection (UNICEF, 2021a).

Children are more likely to be living in poverty than adults, and their age makes them more vulnerable to its devastating effects (UNICEF, 2022a). In East Asia and Pacific, children are over-represented in poverty, more so than in any other region in the world (Figure 12.2). Children are not only more likely to be living in extreme poverty; the effects of poverty are most damaging to children, with severe impact on their present and their future as well as on the development of the countries in the region.

Figure 12.2 Children as a share of extreme poor compared with children as share of population, by region



Source: World Bank (2022).

Inequalities, urbanization, and climate change are key challenges exacerbating child poverty before and after the COVID crisis.

- **Income and wealth inequalities** remain on the rise in the region. Children, particularly the ones from the poorest quintiles of the population, are experiencing unequal access to basic social services such as education, health and social protection (UNESCAP, 2018a; UNESCAP and ILO, 2021). Gender inequalities are particularly relevant, as girls face greater discrimination.

Challenges persist in ensuring access to social protection for vulnerable women in East Asia and Pacific, particularly those suffering from multiple and intersectional discrimination, including rural women, women living with HIV, women living in poverty, migrant women, women working in the informal sector, and ethnic minority women (UNESCAP et al., 2019). Labour force participation of women aged 25 and older in the Asia-Pacific region is 50 per cent, compared with 84 per cent for men of the same age group (UNESCAP and ILO, 2021).

- **The rapid pace of urbanization** compounds poverty and malnutrition challenges in East Asia and Pacific, particularly for children living in slums. Slum dwellers continue to earn insufficient incomes and live in vulnerable and unhealthy environments, which have a serious impact on child development.
- **Higher vulnerability to natural disasters** by countries with high inequality of opportunities is common in East Asia and Pacific. The most vulnerable and marginalized people in these countries face not only a higher risk of being affected by a disaster but also lower access to basic services, making inequality of impact more severe. The costs caused by disasters are often and to a significant extent shouldered by governments, which are asked to provide financing for both explicit and implicit commitments related to disaster response. By 2030, annual losses in Asia are expected to be over USD160 billion, which is close to 0.6 per cent of the region's GDP, up from 0.1 per cent in the 1970s. Yet, only 8 per cent of disaster losses are insured in the region. According to the latest calculations (UNESCAP, 2021), under the current pathway for climate change, the average costs to the economy for most of the countries in the region will double in the upcoming years.

As the world evolves and new disruptions continue to affect communities in the region, the demand for social protection is soaring. Despite the fast increase in programmes and coverage, the gaps are still big.

Calls have been made to expand coverage through the establishment of a minimum floor of social protection for all (ILO, 2021a). According to ILO Recommendation No 202 (2012), 'Social Protection Floors should comprise basic income security for children, at least at the nationally defined minimum level, providing access to nutrition, education, care and any other necessary goods and services.' As children ultimately rely on their families to guarantee their well-being, the range of policies and policy instruments available to achieve improved income security and social protection for children is very broad. Child and family cash benefit programmes constitute an important element of national social protection systems and play an essential role in ensuring income security for families (ILO and UNICEF, 2019).

Developing specific social protection interventions directed to children is rooted in the Convention on the Rights of the Child (CRC), which guides the rights-based approach to social protection. In the CRC, social protection is most

explicitly recognized in Article 26, ‘States Parties shall recognize for every child the right to benefit from social security’, and Article 27, ‘States Parties recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development.’ The CRC more broadly provides the foundation principles to social protection for children (Box 12.1).

Box 12.1 Key principles that guide social protection directed to children

The best interests of the child – UNICEF supports a rights-based approach to social protection rooted in the CRC, and all our work in social protection is informed by one of its core principles: devotion to the best interests of the child. This primary consideration underlies UNICEF’s flexible approach to working with partners on social protection driven by the particular needs of children in different contexts, and integrated programming both within social protection and across sectors.

Progressive realization of universal coverage – UNICEF supports the progressive realization of universal coverage. This involves helping countries to identify and expand programmes, policies and financing options most conducive to achieving universality, while also recognizing countries’ different capacities, contexts and challenges. Crucially, it also means the right to social protection for children everywhere, including the fragile and humanitarian contexts where children’s needs are often greatest.

National systems and leadership – UNICEF supports nationally-owned and led systems, including the development of national financing strategies necessary for sustainable national systems. Only in exceptional cases where government capacity to implement or coordinate is weak, including in some humanitarian contexts, would UNICEF consider supporting implementation of temporary social protection programmes outside of government collaboration. This does not preclude UNICEF from supporting others – civil society, children, etc. – in their initiatives to influence, participate, and engage with social protection policy and programmes.

Inclusive social protection – Social vulnerabilities marked by characteristics and identities such as gender, ethnicity, HIV status, geographic location and disability status fundamentally shape an individual’s exposure to risk as well as access to essential social services and secure livelihoods. Inclusive social protection is responsive and sensitive to the needs of all children by using specific social protection instruments that explicitly promote social inclusion and equity and ensure that programme design and implementation is sensitive to the added vulnerabilities that stem from social exclusion.

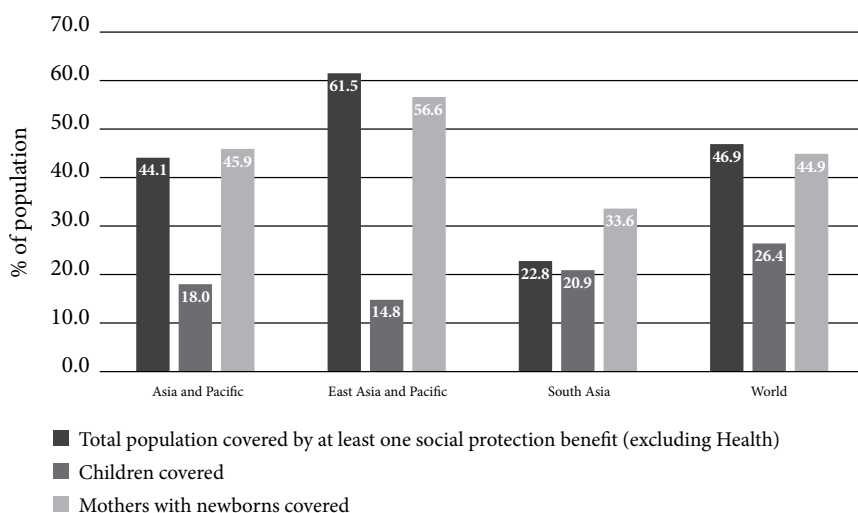
Source: UNICEF (2019a).

12.2. ASIA AND PACIFIC'S SOCIAL PROTECTION SYSTEMS FOR CHILDREN

Despite the significant progress made in strengthening social protection systems in the last decades, less than half of the population (44.1 per cent) in Asia and Pacific is protected by at least one social protection scheme, (ILO, 2021a). Excluding China, the figure falls to one third (UNESCAP and ILO, 2021).

Only 14 per cent of children in the East Asia and Pacific region are covered by effective social protection systems, well below the world average (Figure 12.3). It is, however, worth noting that some countries have achieved universal or near-universal coverage of children (Mongolia), others have extended maternity protection coverage (Bangladesh, India and Mongolia), and still others have introduced and expanded non-contributory and contributory pension schemes to achieve universal coverage for older people (China, Mongolia, Thailand and Timor-Leste).

Figure 12.3. Effective social protection coverage, by region and population group, 2020 or latest available year

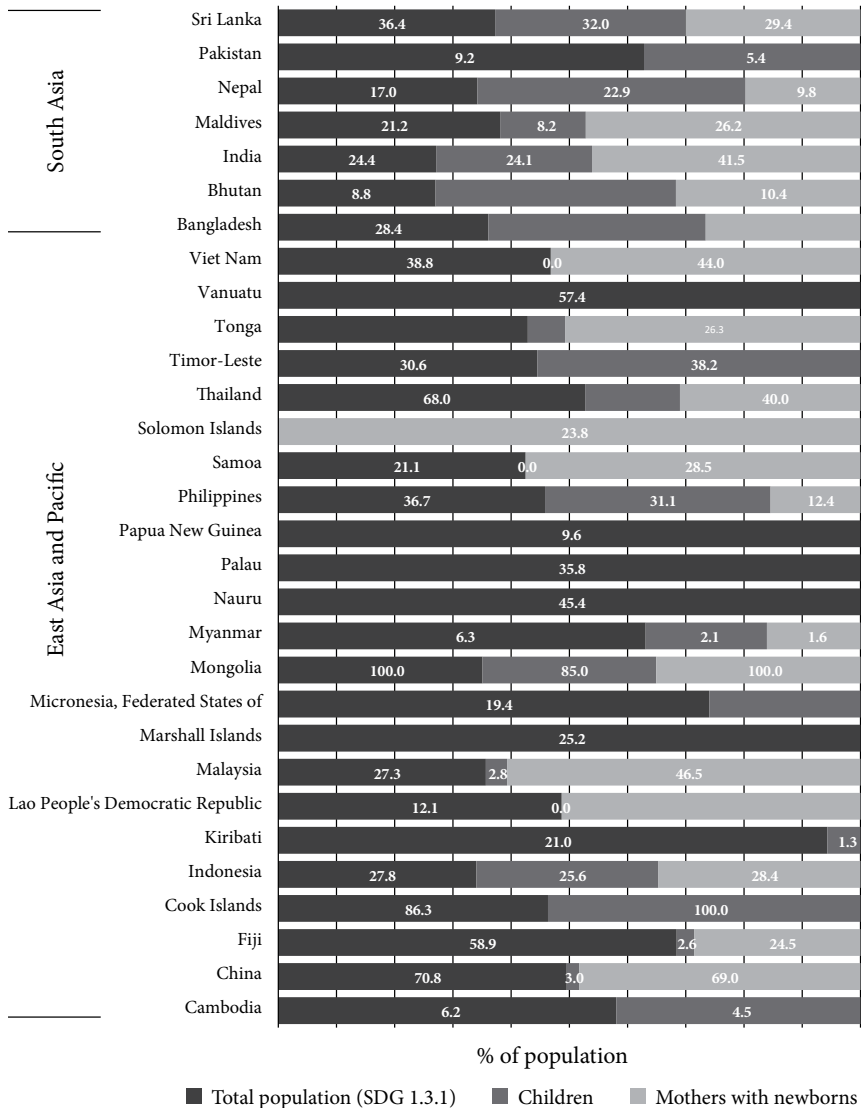


Note: The proportion of the population covered by at least one social protection cash benefit is the ratio of the population receiving cash benefits, excluding healthcare and sickness benefits, under at least one of the social protection functions (contributory or non-contributory) or actively contributing to at least one social security scheme to the total population.

Source: International Labour Organization, World Social Protection Database.

Children are, to a large extent, excluded from national social security systems across the region, with a very low level of investment in social assistance (Kidd et al., 2021) with the lowest coverage with important disparities across and within countries. (Figure 12.4).

Figure 12.4 Effective social protection coverage, by country and population group, 2020 or latest available year

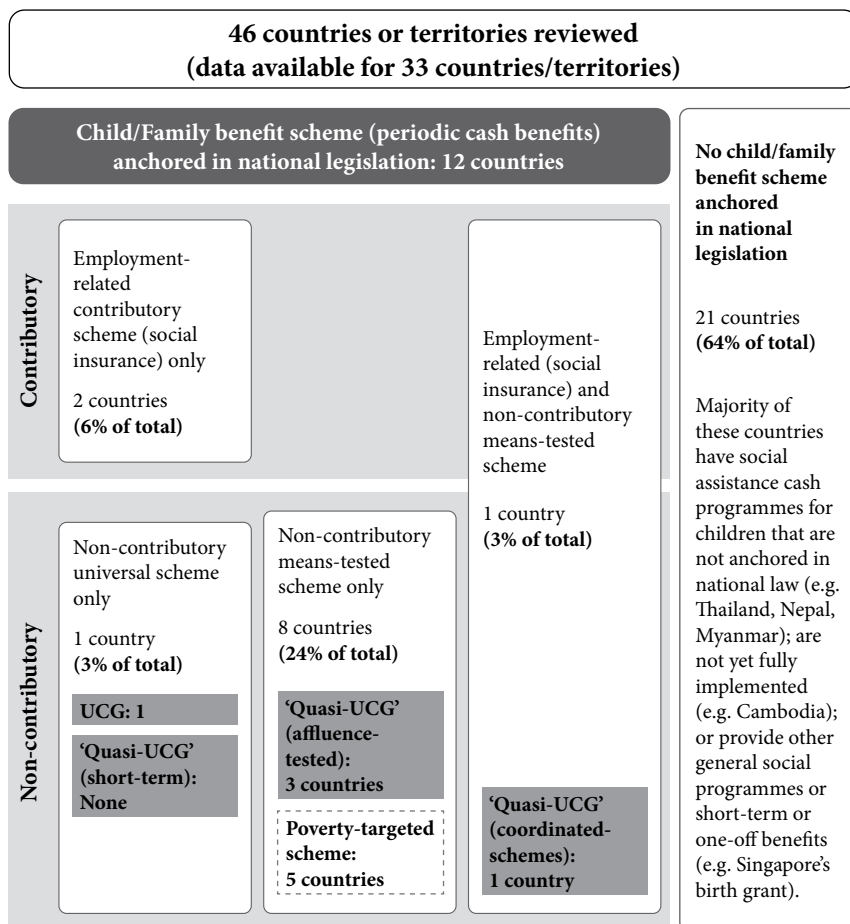


Note: disaggregated data not available for most Pacific countries –i.e., Vanuatu, PNG, Palau, Nauru, Marshall Islands. Total coverage for Solomon Islands not available.

Source: International Labour Organization, World Social Protection Database.

Existing child/family benefit schemes can be classified by some key categories, as shown in Figure 12.5. Many countries in the Asia and Pacific region have no data on social protection interventions (i.e., data is available only for 33 countries over 46 in Asia and Pacific). Nonetheless, there are a few interesting examples of child benefits across the region.

Figure 12.5 Different categories of child/family benefits in Asia and Pacific



Note: UCG=Universal Child Grant. The schemes are defined based on the attributes of the child/family allowances only, and do not include reference to other family-related benefits, such as birth grants or housing allowances.

Source: Authors, based on ILO and UNICEF (2019); ODI/UNICEF (2020).

In Southeast Asia, since Thailand's Child Support Grant landmark adoption in 2015, the scheme has undergone two expansions and is currently providing a THB 600 monthly cash grant to 2.3 million children under six from families with a per capita annual income below THB 100,000. It was first expanded to cover children aged 0–3 years in 2016, for a second time in 2019 to cover all children aged 0–6 years, and then again in 2020 used as a measure to channel COVID-19 relief – when provided an additional THB 3,000 to 1,394,756 beneficiaries (ILO et al., 2022). In South Asia, Nepal is the only country currently attempting to deliver a conventional child benefit targeting children aged 0–4 belonging to the Dalit caste³⁰, although it is universal in a few areas of the country. As a result, in 2020 it reached 22 per cent of young children although the Government of Nepal has plans to roll it out nationally (Kidd et al., 2021).

Anchored in national legislation as opposed to short-term or one-off benefits. Social protection schemes anchored to national legislation provide a legal basis for the entitlement of social protection, even if legal coverage does not automatically ensure that the population is effectively covered. An analysis of the different types of periodic child and family cash benefit programmes that specifically provide for children shows that more than two-thirds (22) of the 33 countries do not have any child or family allowance anchored in national legislation.³¹ Programmes from Pacific countries such as Niue's Child Allowance but also Cook Islands' universal child benefit are frequently overlooked in official statistics despite being backed by enacted legislation.

Conditional as opposed to unconditional. In order to receive the benefit, social protection schemes can require beneficiaries to comply with specific conditionalities such as school attendance of children, or participation in specific training. Arguments that support conditionality are both conceptual and political. On the one hand, it is argued that conditionality can help overcome situations where households don't have a full understanding of the benefits of services, such as the returns to education. On the other hand, it may be easier to gain political support from policymakers and taxpayers if transfers are linked with specific responsibilities. However, conditionalities undermine the principle of social protection as entitlement, and they can further penalize and marginalize the most vulnerable populations. And finally, there is a growing literature challenging the effectiveness of conditionalities (Kidd, 2016). A different non-punitive modality, called “cash plus”, integrating cash transfers with other components, like health insurance, livelihood training, or links to sexual and

³⁰ Dalits, also previously known as *untouchable*, is a name for people belonging to the lowest stratum of the castes in India and Nepal.

³¹ A total of 46 Asia-Pacific countries are included in this analysis. While there are no data for 13 of all the countries/territories analyzed, almost half (9) of the countries in the Pacific (21) have no official data available. This analysis draws on a previous global stocktaking (ILO and UNICEF, 2019) and brings additional data sources to fill the gaps (pre-COVID status). Programmes anchored in national legislations usually provide the soundest form of provision, as they tend to be stable in terms of funding and institutional frameworks and provide legal entitlements to eligible individuals and households.

reproductive health services, can generate additional benefits for individuals as well as their households (Roelen et al., 2019). Thailand's Child Support Grant or Nepal's child grant are unconditional child benefits whereas Cambodia's Cash Transfer Programme for Pregnant Women and Children under Two includes health-related conditionalities. A recent process evaluation of the latter (MoSVY, 2021) found that as there is no recent data on the extent of utilisation of the 15 conditions that could serve as a baseline for the Programme, it is possible that the conditions have created a barrier for those in hard-to-reach populations, keeping them from enrolling in the Programme.

Contributory and non-contributory. In recent decades, the region has seen a significant expansion of non-contributory social protection schemes funded by national budget (tax-financed). Contributory schemes, such as social insurance require the beneficiaries to pay for their contributions to the scheme. Some countries, like Viet Nam are exploring the possibility to develop a combination of contributory and non-contributory child-benefits (ILO, 2019; ILO, 2021). Under this type of multi-tiered system, people under some specific characteristics, age for example, have a right to receive guaranteed cash support, while those who can and have contributed to the system earn entitlement to a higher level benefit (e.g., child and parental benefits or pensions), thereby guaranteeing income security to everyone while maintaining the incentive to contribute. Under this structure, caregivers who are not paying social insurance contributions in Viet Nam would receive an adequate, guaranteed child benefit financed through general taxation, but those workers who enrol in voluntary social security would be entitled to a higher rate contributory child benefit paid for by their contributions (ILO, 2021). It is argued that this difference in value preserves the incentive to join social insurance (Ibid).

Universal as opposed to narrowly targeted. Child benefits are designed to reach households with children. As such, they are categorical, paid to a specific subgroup of the population, based only on household composition and demographic criteria. Universal social protection schemes are cash or tax transfers made on a regular basis to children, independently of their socioeconomic or other characteristics (ODI/UNICEF, 2020). The universalistic approach is rooted in the human right to social protection but, may be perceived as too costly. For this reason, many countries may add specific targeting procedures to limit the benefit to a subset of household, for example the extremely poor, identified through a test of *means* that may include a combination of income and other assets. This is the case in the majority of family benefits in Southeast Asia such as Indonesia's Programme Keluarga Harapan (PKH) or the Pantawid Pamilyang Pilipino Program (4Ps) in the Philippines. Unfortunately, as a great deal of evidence has pointed out (AusAID, 2011; Kidd et al., 2017; Kidd et al., 2020), means tested targeting generates severe exclusion errors – about 44 per cent when 20 per cent of the population is covered and 57 per cent when 10 per cent of the population is covered (AusAID, 2011).

Some countries, like Nepal, use geographical targeting for child benefits, where a universal approach is implemented within a specific target area. The Cook Islands (see Box 12.2) is the only country in Asia and Pacific currently providing any form of universal child grant (UCG).³² The other example in the region, Mongolia's Child Money Programme, is currently a means-tested quasi-universal child grant scheme (affluence-tested). Coverage has been oscillating since its modification in 2016, from the 85 per cent of children reached in 2017 to the 2 million from over 500,000 households (or 97 per cent of all children) reached in 2020, during the COVID-19 pandemic (UNICEF, 2021c).

Box 12.2 Universal Child Benefit in the Cook Islands

The Cook Islands has one of the most extensive formal social protection systems in the Pacific region. Recognition for the critical role of social protection interventions to social and economic development became evident as early as 1965, when some of its first social cash transfer programmes were introduced. Over the years, the number of programmes gradually expanded, so that today Cook Island's social welfare system comprises a range of non-contributory cash transfer benefits. The Government of Cook Islands also strengthened the legislative framework within which the social protection programmes operate.

The child benefit was already established in 1965 and further formalised through the Welfare Act in 1989. Initially, eligible children were those aged 0–6 years. In 2006, eligibility was further extended to 12 years of age. In 2017, children living with disabilities became eligible until the age of 16, at which point they become eligible for the infirmed programme. Either of the child's parents must be a Cook Island national or a permanent resident. Children returning to the Cook Islands from overseas after being absent from the country for more than a year are put on a three-month stand-down period prior to application. Benefits amount NZD 100 (USD64) per month per child. The benefit amount increased from NZD 66 (USD42) to NZD 100 on 1 July 2017. The benefit is paid in two instalments of NZD 50 every 1st and 16th of each month.

Source: IPC-IG (2019); UNICEF et al. (2020).

³² UCGs are paid in cash (or as a tax transfer) to the primary caregiver for dependent children under 18 years of age. UCGs do not have behavioural conditions in terms of education or health service take-up. Usually, these programmes are fully financed from general taxation. Quasi-universal child grants (qUCGs) on the other hand, despite benefits being universal, they are short-term and age-limited, and either affluence-tested or poverty-targeted.

To reduce the exclusion of children from their flagship poverty alleviation programmes, some countries have adapted their targeting procedures. This is the case of the Philippines, where a modified version of its national conditional cash transfer, the 4Ps, was introduced to expand coverage to some specific categories such as indigenous peoples, homeless and families living in the street, and victims of natural and man-made disasters. The modified version of the 4Ps tackled the issue of the exclusion of these hard-to-reach populations from the National Household Targeting System or *Listahanan*, Philippines household targeting system.

Different combinations of social protection components exist in the region.

Most countries in Asia and Pacific with a regular child/family allowance anchored in national legislation (eight countries), provide non-contributory means-tested (or *proxy* means-tested) benefits only. Except for Mongolia's Child Money Programme, the majority of such schemes cover only a small part of the population, and research has shown that some suffer from large exclusion errors. A recent example of institutionalization of this type of programmes through enactment of law is the 4Ps in the Philippines, a conditional cash transfer programme.³³

In order to achieve universal coverage, there is the need to combine social insurance and tax-financed provision, also referred to as *coordinated mixed-scheme* quasi-UCG. Only a high-income country in the region, Japan, combines social insurance and non-contributory means-tested scheme to reach universal coverage. This approach can achieve progressivity and coverage equivalent to that achieved by universal child grants schemes.

Of the 11 countries in Asia and Pacific with data available on periodic child/family allowances anchored in national legislation, two countries (i.e., Thailand and Iran) have statutory provisions only for those who meet social insurance conditions. Acknowledging the fact that these provisions are unlikely to reach the most vulnerable children,³⁴ both countries have combined them with significant tax-financing for a quasi-universal child grant (Box 12.3).

³³ The 4Ps is a national permanent programme requiring regular appropriations from the state budget. The Republic Act No. 11310 or the Pantawid Pamilyang Pilipino Program Act was signed by the President on April 17th 2019, with the law made public on Wednesday, May 22.

³⁴ In the case of Thailand, for example, other employment-related schemes that also include child allowance are the Civil Service Benefits, State Enterprise Employee Benefits and Private Teachers' Aid Benefits (ILO et al., 2022).

Box 12.3 Thailand Child Support Grant

Thailand has moved (in seven years-time) from a poverty-targeted scheme towards a quasi-universal child grant. In September 2020, the National Child and Youth Committee approved extending the Child Support Grant to cover all children under six, with the decision now pending the cabinet's approval (UNICEF, 2020c) to benefit all 4.2 million children under six in Thailand (UNICEF, 2022b). The programme is however, not anchored in any legislation yet, with the related policy currently being a Cabinet Resolution.

Coverage of social protection programmes for children in Thailand, 2020

Programme	Age	Eligible Population	Number of beneficiaries	Coverage rate
Social Security Fund – Section 33 (formal workers)	0–6	4 490 078	1 040 892	23.2 per cent
Social Security Fund – Section 39 (ex-formal workers)	0–6	4 490 078	295 952	6.6 per cent
Child Support Grant	0–6	4 490 078	1 758 633	39.2 per cent
Total	0–14	10 721 801	3 095 477	28.9 per cent

Note: Total figures include other employment-related schemes with child allowances, however data on numbers of beneficiaries are not available.

Source: Thailand Social Protection Diagnostic Review (ILO et al., 2022).

Countries like Indonesia, Lao PDR, Bangladesh, India or small Pacific countries like Niue have put in place programmes specifically directed at children with a variety of features tailored to their socio-political and economic settings. Remarkably, most of these programmes are flagships under their respective national social protection strategies and policy frameworks such as in Myanmar (i.e., the Maternal and Child Cash Transfer, before 2021), Cambodia (i.e., the Family Package), Lao PDR (i.e., the Maternal and Early Childhood Grant) or Bangladesh (i.e., benefit for pregnant and lactating mothers). Their success and continuity in the long run will depend on the government's capacity to earmark, protect or increase expenditure for implementation and expansion.

In a few highly decentralized countries, local governments have leveraged their autonomy, local budget and fiscal space by developing decentralized universal child grants. Oftentimes, the approach of some of these local governments to child benefits diverge from that of the central government. In Indonesia for example, the bet by the Papua and Aceh provinces for a universal child benefit diverges from the national strategy, which mainly relies upon poverty-targeted and conditional cash transfers for children and pregnant women (e.g., PKH). The objective of the child grant is to reduce malnutrition in Aceh and to preserve the well-being of indigenous people in Papua.

12.3. REACHING THE MOST VULNERABLE: CHILDREN WITH DISABILITIES

Children with disabilities face some of the most severe vulnerabilities. Compared with other children, they are less likely to receive an education, less likely to be employed as adults, less likely to start their own families and participate in community events, and more likely to live in poverty (UNICEF, 2021d). In India for example, 75 per cent of five-year-old children with disabilities are out of school, as are 25 per cent of all disabled children aged between five and 19 years of age (Kidd et al, 2021). The fact that without an education people with disabilities are not only poorer but more in need of social protection suggests that the economic returns of additional schooling could be significant. In Nepal, for example, there is some evidence that the returns to education are higher for children with disabilities (UNICEF, 2021d). In China, one additional year of schooling for people with disabilities is estimated to lead to a wage increase of approximately five per cent in rural areas and eight per cent in urban areas (Ibid).

As shown in Box 12.4, families with children with disabilities can experience significant additional costs for health, education, transport, assistive devices and other items. In India, for example, families have between 20 to 58 per cent additional costs when someone in their household has a disability (Kidd et al, 2021). In addition, family members and caregivers likely experience reductions in incomes due to an inability to work resulting from the time they spend caring for their disabled children. In other cases, children with disabilities can be left without a career while family members are forced to leave the home to find work.

Box 12.4 Cost of raising children with disabilities in the Philippines

The cost of raising children with disabilities in the Philippines study found that:

- A child with disabilities needs an expenditure that is 40 to 80 per cent higher than other children without disabilities.
- Poverty rates are 50 per cent higher in households with children with disabilities.
- Only one out of five children with disabilities in the Philippines has a disability ID card.
- Households with a disability card spent almost three times more than those of other households.
- While the potential subsidy from the Government is for everyone who has a disability ID card, only relatively well-off households benefited from the concessions. 43 per cent of the subsidy was received by the richest quintile, while the poorest quintile received less than six per cent of the subsidy.

Source: UNICEF (2022c).

Despite the estimated large number of children with disabilities in the region, very few developing countries in East Asia and Pacific have social policies that integrate disability and care, especially childcare (Samman et al., 2016). Indeed, in many countries, benefits for people with disabilities are linked with those for the elderly, and children are explicitly excluded in some. Even when non-contributory disability benefits exist, the level is usually insufficient. This inadequacy means that persons with disabilities are often not able to cover their additional cost of living, particularly with respect to completing their education and finding and keeping full-time work (UNESCAP and ILO, 2021). This is consistent with findings from a recent study in the Philippines (UNICEF, 2022c), which shows that, depending on the severity of disability, a child with disabilities needs an expenditure that is 40 to 80 per cent higher than other children without disabilities (Box 12.4). After taking the extra costs into account, households with children with disabilities have poverty rates that are 50 per cent higher than those of other households with children (Ibid). At the same time, the support currently provided by the Disability Card and existing cash transfers only covers a fraction of these extra costs and it does not reach those most in need. This is consistent with findings from Thailand where issues around the adequacy of the Disability Grant and around the exclusion of eligible individuals, including children, from receiving the grant are currently being addressed by the Government.

In line with the Convention on the Rights of Persons with Disabilities (CRPD), inclusive social protection for adults and children with disabilities encompass all social protection schemes which persons with disabilities may be eligible for alongside other population groups, such as child grants or social assistance

benefits as well as disability benefits (both in cash and kind) and disability-specific community support and care services. Together, these measures provide income security as well as coverage of health care and disability-related costs across the life cycle in ways that promote participation, inclusion and gender equality. While children with disabilities would definitely gain from a universal child benefit, they also need access to a child disability benefit. Caregivers who have given up work should in turn receive a caregiver benefit to compensate for the loss of income.

A recent mapping of disability-inclusive social protection for children and young people across East Asia and Pacific (UNICEF, 2022d) provides a snapshot of the current situation in the region (Table 12.1).

Table 12.1 Snapshot of disability-inclusive social protection for children and young people in East Asia and Pacific

Existence of a disability benefit accessible to children and/or young people with disabilities and coverage of total population (per cent)	Ongoing developments to design a disability benefit and coverage of total population (per cent)	Relatively advanced social services or efforts to modernise services
Thailand (2.86%)	Cambodia (0.10%)	Thailand
Viet Nam (1.24%)	Lao PDR (n/a)	Malaysia
Malaysia (0.53%)		Mongolia
Indonesia (0.01%)		Indonesia
China (1.54%)		Philippines
Mongolia (1.29%)		Lao PDR
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Fiji (0.97%)		Fiji
Cook Islands (0.95%)		Timor-Leste
Niue (n/a)		
Kiribati (2.13%)		
Nauru (2.52%)		
Palau (1.43%)		
Tonga (1.86%)		
Tuvalu (1.19%)		
Tokelau (n/a)		
PNG (0.58%)		
Timor-Leste (0.67%)		

Note: Social insurance schemes for which eligibility is based on contributions are not considered. Across the region, there is no reliable disaggregated data on coverage of children by scheme. Coverage in PNG is estimated based on the population of New Ireland only. While there are limitations in the comparability of social services workforce standards, the mapping provides recommendations as to whether countries have relatively advanced social services systems or significant efforts are being made to modernise the system.

Source: UNICEF (2022d).

Across the 27 countries analyzed in East Asia and Pacific, 19 countries (70 per cent) provide disability-specific income support (22 schemes). Out of those, 14 schemes are not means-tested and have eligibility determined only by a disability assessment whereas 8 more are means-tested. Additionally, 6 countries (22 per cent) provide family benefits targeted based on vulnerability criteria, with features supporting children with disabilities (7 schemes). The Cook Islands, Malaysia, Mongolia, Tokelau and Viet Nam also provide income support to the caregiver of a person with a disability (19 per cent of countries in East Asia and Pacific). Disability-specific schemes are, however, limited in coverage relating to factors such as means testing, age eligibility, including only very severe forms of disability, and poor implementation (including disability assessment). These limitations affect the coverage of children too: 15 countries (55 per cent) provide disability benefits with coverage of children (0 to 17 years of age), whereas 18 countries (67 per cent) cover youth (15 to 24 years) with disabilities (UNICEF, 2022d).

Besides these disability-specific benefits, there are still a few countries with poverty targeted family benefits that include features supporting children with a disability, such as China's Dibao and Tekun, Cook Islands' Destitute Benefit, Fiji's Care and Protection Allowance, Indonesia's PKH, Thailand's Social Assistance, or Timor-Leste's *Bolsa da Mae*.

12.4. INVESTING IN HUMAN CAPITAL: INTEGRATING CHILD BENEFITS WITH CHILDCARE AND OTHER SOCIAL SERVICES

Family allowances and child benefits in East Asia and Pacific can be more effective in building human capital when combined with other family support policies such as parenting education (UNICEF, 2019c), childcare services, early childhood care and education (ECCE) and development (ECD) (Dugarova, 2016; Samson et al., 2016). Heavy and unequal care responsibilities affect livelihood strategies, employment outcomes, economic growth and sustainable poverty reduction. Before COVID-19, very few countries viewed childcare as a public good and provided a universal right to it, despite evidence showing that investing in young children by means of quality childcare leads to higher learning achievement, better health, greater employability and higher earnings (ILO, 2016). Such investment also pays higher economic returns in terms of increased tax revenues and reduced social spending.

Many countries in the Asia-Pacific region have exerted much effort to develop and implement ECCE policy and to increase investment and attention to ECD (Rao et al., 2010). Given limited public resources, most developing countries rely heavily on private provisioning for ECCE. In some countries, such as Bangladesh, non-governmental organizations play a key role while in other countries, such as

Indonesia, faith-based organisations like Al-Quran learning centres provide care for most children. While private provisioning can help rapidly expand access to ECCE, especially when supported by government funds, as in Thailand, it tends to reproduce and reinforce existing inequalities (Samman et al., 2016). In China, for example, after decades of falling enrolment due to economic reforms that pushed privatization, fewer than 10 per cent of rural children, compared to up to 99 per cent of urban children, have access to pre-primary programming (Ibid).

One key transmission mechanism from poverty to children's developmental outcomes is the quality of parental engagement and care. There is strong evidence (Britto et al., 2015) that parenting support programmes improve caregiver-child relationships, reduce child problem behaviour, and prevent physical and emotional violence against children. Interventions targeting early childhood tend to offer exceptional value-for-money. For example, an assessment of the Incredible Years intervention in the UK found that spending approximately £1,200 to deliver the group-based parenting intervention delivered savings of over £145,000 for the criminal justice system for those individuals with the highest conduct disorder over their lifetime as well as savings of around £5,000 per person from social welfare payments by the time a person was 30 years old (O'Neill et al., 2013).

Current social protection policies and frameworks in Asia and Pacific, while offering necessary income supports, largely assume that 'families will provide the care required' (Ong et al., 2016; Samman et al., 2016). Countries only offer care when it requires expertise unavailable within the household (such as health and education sector programming) or because of extreme dependency (for example, disability programming). Against this backdrop, a change of paradigm is needed whereby the uptake of parenting programmes is promoted among low-income families through supplementary monthly payments (as shown in Box 12.5) while working towards the progressive expansion of social protection schemes to all children living in poverty and at high risk of falling into poverty.

Box 12.5 Promoting the uptake of the *Semarak Kasih* Positive Parenting Programme among low-income families through supplementary monthly payments in Malaysia

The goal of the *Semarak Kasih* Positive Parenting Programme (*Semarak Kasih*) is to promote child wellbeing by helping parents develop the skills needed to establish positive relationships with their children while reducing the risk of violence against children at home and in their communities. By helping parents build a home of support for themselves and their children, the programme helps parents manage their children's behaviour whilst promoting healthy parent-child relationships. The course lasts 6 weeks for the core module and a further 4 weeks for the supplementary modules.

The *Semarak Kasih* is a group-based family strengthening programme for families with children ages 0 to 18. It is designed to be delivered concurrently to groups of 45 to 60 parents based on the age of their target child (0–23 months, 2–9 years, or 10–18 years). Consideration could be given to prioritizing roll-out in low-income urban communities while options for rolling-out to more remote rural communities are explored.

Uptake of *Semarak Kasih* among low-income families should be promoted through the provision of supplementary payments of RM 100 per month for all eligible parents/carers. These supplementary payments would compensate for time lost and travel costs and would be paid conditional on a minimum level of participation in the programme (e.g., 85 per cent).

Source: UNICEF (2020d).

The adoption of these proposals by countries in the region would mean supporting the realization of commitments under the International Convention on the Rights of the Child as well as the Sustainable Development Goals; reducing the number of households falling into poverty as well as the number of children exposed to levels of deprivation that undermine their long-term wellbeing; generating significant long-term returns on investment through increased life-long productivity and reduced public expenditures on the health, criminal justice and social welfare; enabling winding down of COVID-19-specific assistance while also ensuring an adequate level of protection for vulnerable children and families in the post-COVID era; and increasing purchasing power among low-income households, thereby contributing to macro-economic recovery.

12.5. THE FINANCING CHALLENGE: LINKING DISASTER RISK FINANCING AND SHOCK RESPONSIVE SOCIAL PROTECTION

A strong and well-financed social protection system can enable governments to protect households and livelihoods, especially children, from the worst impacts of shocks and disasters.³⁵ This requires ensuring disaster financing is quickly and adequately released and channelled to social protection responses in times of crises. This requires ensuring disaster financing is quickly and adequately released and channelled to social protection responses in times of crises. National shock responsive social protection (SRSP) systems can support disaster risk management objectives promoting the use of cash before, during and after various shocks, including natural disasters, disease outbreak and economic crisis. Disaster risk financing (DRF) solutions and SRSP contribute to building a comprehensive approach to the resilience of the poorest and most vulnerable, including children. Social transfers contribute to the economic resilience of households, whereas pre-arranged predictable funding adds to the financial resilience of not only households but of whole communities.

Governments pay a significant portion of post-disaster response costs, and these expenditures can be seen as a contingent liability – an obligation that may or may not come due, depending on whether particular events occur. Social protection systems represent an increasingly important source of explicit contingent liability in the region. Quick post-shock assistance to vulnerable households with children is essential to protecting their welfare. Risk financing mechanisms can work together with established social protection systems to help reach the poorest and most vulnerable children rapidly following shocks.

Most countries in East Asia and Pacific have well-developed and institutionalised disaster risk management strategies and plans. Disaster risk management structures and coordination mechanisms vary in terms of degrees of decentralisation and devolution, but often include coordination arrangements with line ministries and across levels of government, including with social protection agencies. However, coordination challenges arise from both the allocation of roles and budgets: in most countries, many line agencies have their own disaster response programmes and budget allocations, which might seem like an effective strategy in the face of complex budgeting and disbursement rules, but it also clearly leads to duplication and overlap when disasters strike.

The main source of funding for disaster response appears to be domestic finance. There are significant differences in the development of dedicated DRF instruments across the region, but overall, there is reliance on risk retention instruments (contingency loans, and budgetary reserves and mechanisms) and international

³⁵ This section draws on 'East Asia and Pacific – Disaster Risk Financing and Social Protection. An Assessment of the Evidence on Pre-arranged Finance for Government Support in Disasters' (UNICEF, 2023).

assistance, with limited use of market-based risk transfer mechanisms. The Philippines has the most comprehensive system of the countries reviewed and is the only country that has successfully transferred disaster risks to insurance markets. The Southeast Asian Disaster Risk Insurance Facility (SEADRIF) aims to assist governments that wish to develop their financing strategies for disasters as well as develop risk pooling mechanisms but so far, its members (Myanmar, Lao PDR, and Cambodia) have yet to introduce such measures.

Current *ex-ante* DRF arrangements appear to provide inadequate fiscal capacity to deal with the costs of disasters when they happen. The gap in pre-arranged financing is often met through *ex-post* budgetary arrangements through mechanisms like supplementary budgets, reallocations, and borrowing, effectively relying on risk retention instruments to cover spending gaps. More importantly, the shortfall between budgeted funds for disaster response and actual spending has been increasing as the frequency and costs of disasters increase while budgeted allocations remain stable.

The use of ‘pre-arranged’ public finance management (PFM) regulations to manage disaster expenditures varies across the region, as does the timeliness of financing, partly due to such pre-established arrangements. When institutional and programmatic arrangements are not aligned with PFM rules, it hinders implementation of responses. In most countries, funding flows often follow disaster risk management institutional and legal structures, which means that they tend to be allocated in a decentralised and multisectoral manner (e.g., Viet Nam). On the other hand, in some countries like Indonesia, funding flows are centralised and restricted, even as institutional and operational arrangements for disaster response are not. There are trade-offs between expenditure control and speed of disbursement, with cumbersome rules often leading to the under-utilisation of (already insufficient) funds. At the same time, tracking disaster expenditures is a major challenge for all countries across the region, leading to a lack of transparency around the use of funds and raising serious concerns around efficiency.

Countries in the region had few or no experiences with SRSP before COVID-19, in part related to the limited scope of their social protection systems. In order to finance the responses to COVID-19, most countries had to put in place special regulations to enable large scale borrowing and significantly redirecting existing funds. Fiscal responses to COVID-19 in the region were mostly financed from contingency budgets, budget reallocations, domestic borrowing, international borrowing, and private donations (humanitarian flows were not included in the analysis). COVID-19 also led to flexibility in PFM rules. There are currently limited linkages between social protection and DRF strategies. However, social protection is part of the disaster response system in many countries, and in some social protection agencies receive budgetary allocations. In most countries, social protection does not appear to be linked to protocols for early action and disaster

response, except to the extent that social protection agencies are sometimes part of coordination mechanisms led by the disaster risk management agency.

COVID-19 has shown it is not impossible to rapidly respond through social protection even with limited pre-existing systems, but the scale of the response is unlikely to become a model for future responses to disasters caused by natural hazards. Regional efforts seem to be focused on the development of risk transfer instruments and risk pooling, though findings point to these instruments only being useful in as much as they are part of a comprehensive set of risk financing instruments that includes improvements on how risk retention instruments and PFM arrangements work. Humanitarian action and financing are important sources of DRF in the region; however, they are mostly *ad hoc* and unpredictable. The strengthening of social protection systems that COVID-19 has resulted in, should provide a stronger base for aligning with humanitarian systems. However, for humanitarian assistance to make use of social protection systems more effectively, humanitarian donors will need to overcome challenges in financing the building of social protection systems, as systems need to be in place before they can be used for shock response.

Policy recommendations can be clustered around five blocks that should conform the regional agenda for the coming years: (i) strengthening core social protection mechanisms, (ii) improving risk-informed PFM processes, (iii) working out SRSP design requirements, (iv) expanding the role of non-traditional stakeholders in DRF and (v) reducing the size of the risks to be transferred. Recommendations include:

- Ensure that building functioning SRSP systems is at the front and centre of the regional policy agenda.
- Countries will require alternative sources of financing that can support the development of core and SRSP systems in advance.
- Countries in the region are now in the process of developing risk financing strategies, as well as developing and operationalizing social protection roadmaps and policies. It is likely that COVID-19 will propel this effort forward. There is a need for ‘alignment’ between DRF mechanisms and social protection responses.
- Use the experience of COVID-19 as a springboard for improving risk financing of SRSP, but not as a model. The responses to COVID-19 were built on *ad hoc* legal and financial instruments, and pre-existing DRF instruments were not significantly utilized.
- Improve the efficiency and transparency of risk retention instruments, especially budgetary ones. There is a strong focus on risk transfers in the DRF agenda in the region, but countries mainly use risk retention instruments.
- Improve the flow of funds and PFM disaster arrangements in order to increase the utilization of funds.

- Focus on improving the availability of financing, flow arrangements and delivery systems at the local level, where the vast majority of shocks occur. Sub-national levels of government are essential in responding to both large and localized shocks.
- Think beyond expenditure and disbursement to understand risk-informed PFM. Countries in the region should start enhancing budget tagging and expenditure tracking mechanisms to assess and account for multi-sector investments – linked to prevention, disaster risk reduction, preparedness, response and recovery – including investments in SRSP.
- Explore options to develop risk financing instruments and mechanisms that suit the response needs of a social protection approach.
- Quantitative, probabilistic risk assessments should form the basis of risk prioritizations and the development of any SRSP strategy.
- Humanitarian innovations, such as anticipatory action, should be used to improve the risk analytics around disasters at a larger scale.
- Anticipatory action should be equally used to leverage additional pre-arranged financing, while linked to social protection.
- Use regional risk pools as an opportunity to facilitate regional policy dialogue and improve collaboration between participating countries and donors on risk reduction and management.
- Start by ensuring that where regional disaster risk financial products exist, they are ‘attached’ to a delivery programme.
- Risk financing instruments should include provisions to reduce risks in advance.

12.6. THE HUMAN FACE OF SOCIAL PROTECTION: INTEGRATING AND STRENGTHENING SOCIAL SERVICE WORKFORCE INTO SOCIAL PROTECTION SYSTEM

The expansion of social protection programmes requires not only the mobilization of additional funds, but also the expansion and development of a capable work force.³⁶ Integrated social protection approaches can multiply impact and reduce poverty, violence and social exclusion. This integration occurs where cash benefits, social care, child protection, family support, independent living services and other social services (such as youth work, prevention of gender-based violence and community development) all operate effectively together, both at policy level across different ministries and in practice at the local level (European Commission, 2015).

³⁶ This section draws on ‘Social Service Workforce and Social Protection in East Asia – Integrating and strengthening social service workforce into social protection system’ (Rogers et al., 2022).

'Cash plus' services or other models of combining cash with services such as information and training, or with other systems, have considerable benefits for child outcomes – depending on the level of intervention, the combination is sometimes configured as cash + care, or cash + care + protection (UNICEF, 2019a).

The social service workforce, including social protection administrators, is essential to providing the 'plus' part in such 'cash plus' programmes.³⁷ This includes monitoring conditionalities, providing direct advice and counselling or assessing needs and referring children and families to other, more specialised services. The social service workforce needs to be equipped with the necessary competencies and to be adequately supported to secure these outcomes for children and families.

The COVID-19 pandemic and government social protection responses to the shocks of the pandemic highlighted strengths and weaknesses in social protection systems. They also resulted in increased expenditure, and rapidly accelerated digitalisation, which both have important ramifications for the role and mandates of social workers and the wider social service workforce in social protection (UNESCAP and ILO, 2021).

Digitalization of payment can generate opportunities as well as negative effects. Social assistance payments in many countries of East Asia are already based on electronic payment systems, though these require the social protection administrators to meet beneficiaries at the time of assessment for eligibility and/or when monitoring the fulfilment of any conditions related to the cash transfer. During COVID-19, some countries introduced online application systems for additional assistance measures or implemented them automatically in the case of increased payment amounts, and this reduced the opportunities for contact between the social protection administrators and beneficiaries. Many respondents from several case studies (Rogers et al., 2022) have reported efficiency gains from digitalisation in terms of reduced administrative burden and ability to reach more people. However, there is recognition among some stakeholders that home visits and face-to-face meetings are nevertheless important to assess and check on the real situation of families. There is also recognition that many target beneficiaries do not have access to digital methods, so traditional methods of contacting and communicating with vulnerable people continue to be used, especially in remote areas, or for those who have no e-access for other reasons including poverty or disability, age or gender divides. The opportunities provided by online teaching methods for workforce capacity building have also been noted by several key informants.

³⁷ The social service workforce is defined as including a wide range of governmental and nongovernmental professionals and paraprofessionals and community level volunteers. They work with children, youth, adult women and men, older persons, families and communities, focusing on those with additional needs who are marginalised, in vulnerable situations or at risk, to protect and ensure their healthy development and well-being and the fulfilment of their rights.

Well-resourced and established social protection systems have been shown to be better able to respond to unexpected shocks and protect the most vulnerable (Ibid). The social service workforce played a key role in supporting access to additional COVID-19 social protection measures during the pandemic and countries with more established social service workforces were better able to expand social protection measures during the pandemic.

The pandemic, through the closure of schools and the heightened vulnerability of older persons, also revealed the critical importance of care work, which previously had often been invisible and undervalued. All societies and economies, whether rich or poor, are dependent on care workers to survive and thrive. COVID-19 brought to the fore the critical need to address this very gendered element of the economy, women generally being the main carers of children, older persons and persons with disabilities, hence the need to invest in a strong and comprehensive social protection system that is gender-responsive, recognises the value of care work, and addresses these needs (ASEAN and UNICEF, 2022).

Information provision, identification of beneficiaries or service users, intake or registration, referral, assessment, and monitoring are the main functions that are shared by the social service workforce with social protection functions applying a case management cycle. These functions are usually performed by social workers or case managers who have been trained in the specific needs of the target groups for these services. This is particularly relevant in social assistance programmes with conditionalities, for example, or where social assistance is combined with referrals to services such as maternal and child health. In some systems, the local health facility personnel or school system have responsibilities for monitoring attendance and participation.

Where the cash benefits are universal and are not poverty-targeted (such as the disability allowance in Thailand, not linked to employment, income or receipt of other benefits, or the Child Money programme in Mongolia, where the child's family only has to register in order to be eligible), the social service workforce functions are more focused on linking to other services and providing the added value of performing tasks relating to more complex goals such as social inclusion and child protection.

Ideally, an integrated social protection system can deploy social workers and a range of wider social service personnel. In reality, the social service workforce with social protection functions tends to be large in number with many part-time or volunteer non-professionals deployed, even in more established systems. Support to the development of a social protection system requires clarity of roles, responsibilities, mandates and functions at all levels and for all personnel in social welfare and social protection, as well systematic research that enables more accurate forecasting for a surge in the social workforce.

12.7. CONCLUSION: BRINGING CHILDHOOD BACK ON TRACK

There is a growing recognition that social protection is crucial for the well-being and development of children, as it can support their physical and emotional health, education, and overall life prospects. In East Asia and Pacific, a range of social protection programmes and initiatives have been implemented to support children, including cash transfers, social insurance schemes, health care services, and nutrition programmes. Despite these efforts nonetheless, many children in the region still face significant vulnerability. Poverty, inequality, and risk of social exclusion continue to be major issues, particularly for disadvantaged groups such as children with disabilities, indigenous children, and children living in rural areas.

Children, regardless of age, in all countries in the region are being affected by the socio-economic impacts of the current crisis and the harmful effects of this pandemic will not be distributed equally. They are expected to be most damaging for children in the poorest countries, and in the poorest neighbourhoods, and for those in already disadvantaged or vulnerable situations (United Nations, 2020). Social services for children such as education, health and child protection have been severely affected by the crisis, and social protection systems had to quickly expand albeit without the required long term financial and human resources support.

The global crisis unleashed by the COVID-19 pandemic has made clear the fundamental role that strong, universal, integrated and accessible social protection systems can play in protecting children and their caregivers from the negative effects of all sorts of crises. Cash transfers alone are not enough; we need complementary, comprehensive, accessible and affordable social services for all children.

The examples from the previous chapters of this book provide some hints about the future work in the area of social protection, so essential to improve the life of millions of children in East Asia and Pacific.

Adapting best practices to the local context

International experiences need to be tailored to each country's needs, taking into consideration the specific social, economic, cultural, and political conditions existing in a particular country, region or community. The design of social protection policy and programmes needs to be firmly rooted in the national context and integrate cash transfers with existing service delivery to achieve more sustainable outcomes. The local context shapes the needs and priority of a community. For example, a peri-urban community experiencing high levels of unemployment may have different needs than a rural community with a

strong agricultural sector. In addition, local context can influence the feasibility and sustainability of the programme. For example, a programme that works well in one community may not be feasible in another due to differences in infrastructure, political support, or other factors. Finally, the local context can also impact the way a programme is implemented and how it is received by the community members. For example, cultural differences may affect the way a programme is perceived and accepted by the community; understanding these differences can help technical specialists to ensure that the programme is designed and implemented in a culturally sensitive and respectful manner.

Adaptation to context, knowledge of the strengths and weaknesses of the existing social protection system, careful planning, and synchronization of efforts among local stakeholders are key for success. As exemplified by Uganda's GirlsEmpoweringGirls programme, incorporating international best practices into programme design should be preceded by a strong consultative process that collects and incorporates stakeholder perspectives to ensure a context-adapted solution to a context-sensitive problem.

Coordination

Multiple examples in this book highlight the importance of the collaboration and coordination between different ministries and government departments in the design, implementation, and monitoring of social protection programmes.

Effective social protection requires a coherent policy environment, close collaboration among stakeholders and flexibility to adapt. Embedding social protection schemes into existing government structures ensures greater sustainability of the programme. Engaging all concerned ministries collaboratively will be essential for the successful implementation of social protection schemes, but it will require a strong and capable coordinating body responsible for the scale-up of social protection, like in the case of Cambodia.

Intensive advocacy within and across ministries and departments is required to create awareness and clarity over functions and responsibilities. As shown by India's case, advocacy contributes to avoiding a siloed approach that can dilute the intent of the social protection programmes. Managers as well as front-line staff of each line ministry need to have a clear understanding of the different roles and functions of all the different players across institutions. Like in the case of Thailand, this will minimize incongruences in the implementation of interventions, overlapping and conflicts. Integrating programme management and coordination structures into existing government structures can strengthen the existing social protection systems through increased accountability and ownership, like in Uganda.

Ministerial coordination can help to ensure that social protection programmes are aligned with broader development goals and objectives. By working together,

different government agencies can ensure that social protection programmes contribute to the overall development of the country and address the root causes of poverty and inequality.

Financing

Financing is the cornerstone of social protection systems, as it determines the resources available to support and sustain the programmes over time. By ensuring that sufficient resources are available, social protection programmes can be more effective, equitable, efficient, and politically supported. Social protection financing policies will influence the level of equity and efficiency of programme interventions, defining their sustainability and their impact in the long term.

Identifying fiscal space for investing in social protection is a critical step towards building sustainable social protection systems. Stronger evidence-generation is still needed around: financing options and sources; affordability; the potential returns from investing in social protection programmes including cash transfers as well as strengthening social protection systems; and the political economy of decision-making around social protection investments.

Data and integrated information systems

Integrated management information systems (MIS) hold untapped potential for streamlining a programme's processes and for harmonizing processes across programmes. MIS can serve to better manage programme data, and potentially automate certain processes, thereby improving programme efficiency, transparency and accountability, also among implementers. The work done in India, Cambodia, China, and Uganda demonstrates the added value of systematically collecting and managing programme data to support the gathering of evidence and facilitate data-driven decision-making. Investing in timely and continuous data collection processes can help to ensure that programmes are implemented reliably while adequate support reaches the most vulnerable.

Integrated MIS can inform the optimal resource distribution of social assistance programmes, enhancing the efficient allocation of human and financial resources. Collecting data and analysing multidimensional deprivations of existing and potential beneficiaries is required to accurately target people in need, reducing exclusion and inclusion errors. An integrated MIS can demonstrate a rather comprehensive picture of the strengths and weaknesses of the current social assistance system, supporting policy adjustments so that the system is aligned with national plans and goals.

The COVID-19 crisis exposed the weaknesses of social protection systems around the world, but it also demonstrated the advantages of having invested in vital systems to support the identification of beneficiaries and the payment of benefits to vulnerable groups. A sound information system covering the

entire population in a given country allows, when required, the expansion of the coverage to near-poor groups, vulnerable groups as well as for risks not yet covered by the social assistance system, as shown in Cambodia during COVID-19. Strengthening beneficiary enrolment and monitoring via an integrated MIS, like in India, presents a viable opportunity to harness the potential of integrated delivery in the short to medium term.

Cash plus

Financial support alone, while useful, is insufficient to make a real difference. Cash plus initiatives combine cash transfers with complementary interventions and links to services, building linkages between social protection and other social welfare schemes while boosting their interactions. Some programmes for example, combine family benefits (cash transfers at the household level) with livelihoods, life skills, training and mentoring targeted to adolescents as well as a productive grant. Linkages to existing health and other services are also enhanced, leading to an improvement of adolescent reproductive health knowledge, mental health and gender equitable attitudes.

The critical role of implementation at decentralized level

To consolidate the existing social protection systems, governments need to continue building and strengthening their organizational capacity, particularly that of local government units. Unless national social protection strategies promote the integration of social assistance at all levels (from national to local), local governments might end up developing unharmonized, uncoordinated and overlapping social protection initiatives – from separate MIS to duplicated schemes.

Advocacy

A strong communication strategy is critical for directly responding to programme challenges on the ground. To be effective, it needs to be targeted to internal and external audiences across the various stakeholders. Communication is a key factor for programme success and can be also an indication of a strong, integrated system.

Social protection requires a consistent two-way communication with partners and the public, throughout the programme cycle: from design to implementation. Only through a strong communication strategy programme implementers stay informed and aware of the programme's progress, can identify challenges early on and respond to them quickly, avoiding the spread of misinformation while keeping key stakeholders and the public engaged. Furthermore, the ability to communicate efficiently across all levels of implementation in times of crisis can determine the success (or failure) of a programme.

A rights-based approach

There is growing evidence pointing out to universal and comprehensive social protection systems as a tool for economic growth. To maximize its potential, governments need to recognize social protection as an investment (i.e., in human capital, contributing to productivity growth, etc.) rather than a cost. A paradigm shift is therefore required to undertake the necessary policy reforms for the progressive realization of universal child benefits and to move towards a sound rights-based approach to social protection for all. Currently, the economic dimension of social protection is highly constrained by existing considerations over competing economic policy priorities coupled with arguments of limited fiscal space. In this context, civil society and other stakeholders working in the social protection sector have an important role to play in building commitment across the board for inclusive social protection as a human rights entitlement.

A system approach for shock response

The complementarity between routine and emergency social protection support needs to be further strengthened. Since beneficiaries of routine social assistance are highly vulnerable to the effects of covariate shocks, countries need to improve the modalities in which national social protection systems can respond during times of crisis. As illustrated by Viet Nam's case, it is in these times when a routine social transfer can become the only stable source of income for beneficiaries as families experiencing a shock are likely to incur additional costs, and prices may rise.

As evidence from the socio-economic impact of COVID-19 in the Philippines has shown, near-poor and even medium-income households can be dramatically affected by shocks, and therefore social protection measures should be updated to reduce exclusion errors from the emergency response.

Addressing uncertainties and risks is at the very heart of social protection policy. By pooling risks and resources, individuals are better prepared to survive and thrive even when risks materialise.

Build back better social protection systems

Resolving the inefficiencies and inadequacies that existed before the pandemic as well as of those schemes erected as a response, should be part of a “building back better” strategy with a focus on improving the efficacy and effectiveness of social protection systems in the long-term. The examples presented in this book provide some suggestions about the need for being proactive and systematic while preparing for and responding to shocks as well as paying attention to the building blocks, such as governance, institutional coordination, administrative structures and capacities. The COVID-19 pandemic has demonstrated, once

again, how a sustained political will can generate the necessary fiscal space to expand and improve the existing social protection systems.

Bringing childhood back on track is both an obligation to fulfil children's rights, and also an essential condition to allow countries to recover (UNICEF, 2022d). Without a daring vision of the future of social protection for children in the region we not only risk losing the hard-won developmental gains in recent years, we also risk losing the capacity of countries to grow in the future. Without the right investments, the shadow of COVID-19 may hang over countries for a generation or more to come.

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