Child-sensitive Social Protection in Africa

Challenges and Opportunities
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Josiah Kaplan and Nicola Jones
THE AFRICAN CHILD POLICY FORUM (ACPF)

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Preface

To inform the third edition of our biennial flagship Report, The African Report on Child Wellbeing 2013: Towards greater accountability to Africa’s children, a number of background papers were written, both by ACPF’s experts and by other renowned scholars. This publication, entitled *Child-sensitive social protection in Africa: Challenges and opportunities*, is one such paper. It was prepared in collaboration with the Overseas Development Institute (ODI).

The paper explores social protection schemes in Africa through a child rights lens and identifies key dimensions of child-sensitive social protection programming and design. It examines the impact of existing programmes on children. It also highlights innovative approaches in child-sensitive social protection programming, drawn from Africa and other developing regions, and outlines key policy recommendations to improve the design and implementation of child-sensitive social protection interventions in Africa.

Social protection is increasingly gaining recognition in Africa as a strategy to reduce vulnerabilities of disadvantaged families and address growing inequality. Evaluations of existing social protection programmes in various African countries have shown a positive association of these programmes with better child wellbeing outcomes. However, there are limited studies that examine social protection programmes from the perspectives of child rights and wellbeing. There is therefore a need for more detailed understanding of these programmes and their direct and indirect impacts on children, in order further to strengthen the effectiveness of social protection for children.

Child-sensitive social protection is inherently a rights-based notion that places an obligation on governments to take the necessary policy, institutional and budgetary measures to provide adequate social protection to in this case children – as they should with all the most vulnerable groups – as a means to support their survival and development and protect them from multiple forms of deprivation and exploitation.

We hope that this paper will contribute to a deeper understanding of the range of existing social protection policies and programmes in Africa, and their impacts on children. It will also help in understanding the various challenges and opportunities relating to social protection systems.

We also hope that this paper, along with the others, will contribute to the body of knowledge on children in Africa and elsewhere; stimulate debate; and inform the work of researchers, policy makers, governments and non-governmental organisations in promoting accountability to children and improving their life situation.

**Théophane Nikyèma**

Executive Director, The African Child Policy Forum (ACPF)
Executive Summary

Overview

In the drive to pursue the Millennium Development Goals (MDGs) and other development initiatives, government agendas across Africa have focused on social protection strategies to reduce population vulnerabilities and poverty in the face of emerging global challenges, shifting demographic trends and drivers of inequality and exclusion. These multi-dimensional vulnerabilities impact children in ways to which social protection policy and programming must remain particularly sensitive given the impacts that child deprivation can have – not only in the present but also across the life-course and inter-generationally. In light of this, there is a need for a deeper understanding of the range of existing social protection policies and programmes in Africa and their impacts, both direct and indirect, on children. An understanding of the central challenges and opportunities facing social protection systems can help to inform current and future efforts to extend social protection to the most marginalised and vulnerable children on the continent.

This report draws on primary and secondary research on emerging child-sensitive social protection in Africa, identifying key dimensions of child-sensitive social protection programming and design, and mapping the current situation of child rights in Africa and the impact of existing programmes. Examples of innovations in child-sensitive social protection programming are drawn both from Africa and from the wider global context, to inform a concluding set of policy recommendations to improve the design and implementation of child-sensitive social protection interventions in Africa, as well as knowledge management of the relevant evidence base.

Approaches to child-sensitive social protection

Drawing on the 2004 transformative social protection framework proposed by Devereux and Sabates-Wheeler and Jones and Holme’s child-sensitive social protection framework, the report’s starting point is that child-sensitive social protection must be all of the following things:

- **Protective**: child-sensitive social protection aims to safeguard household income and consumption levels so that children’s basic wellbeing can be maintained.

- **Preventative**: child-sensitive social protection seeks to provide households with alternatives to potentially negative coping strategies which might otherwise increase child risk, such as dropping out of school, child labour or inadequate adult care.

- **Promotional**: child-sensitive social protection supports active investment in critical aspects of children’s development, including schooling and health.
• **Transformative:** child-sensitive social protection addresses structural and societal power imbalances that might otherwise create or sustain child vulnerabilities, while also encouraging greater equity and empowerment.

**Mapping of child-sensitive social protection in Africa**

The findings of the report’s mapping exercise are grouped according to the four broad areas of child rights as enshrined in the UN Convention of Child Rights (1989):

**Survival:** In light of significantly high rates of infant and child mortality, maternal mortality, severe under-nutrition and HIV cases across Africa, social protection programmes can play a key role in improving basic child survival throughout the continent. The use of social transfers— including cash, in kind transfers, and public works schemes – for improving basic childhood survival and wellbeing has grown, as has that of social and health insurance programmes. Informal and formal preventative social protection systems, such as social and health insurance, offer risk-pooling mechanisms to guard children and families from health, malnutrition and livelihood shocks.

**Development:** Social protection programmes have an important role to play in securing children’s access to developmental resources such as education and time for recreation and study, which they need in order to realise their full potential.

**Protection:** African children are at a high risk of experiencing violence at home, in school, and in their communities. Child exploitation in the form of child labour is prevalent, and numerous recent or ongoing conflicts across Africa pose risks of displacement, family separation and a range of health and nutrition deprivations. Gender-based violence and early/forced marriages are also widespread in Africa. African government agencies tasked with child protection are often seriously under-resourced. Some governments, such as those of Kenya, Ghana and South Africa, have passed comprehensive child protection or child rights-based legislation; but implementation and enforcement is weak in many cases.

**Participation:** Some trends in emerging participatory child equity legislation have been observed, and participatory events such as youth parliaments, conferences, and summits provide a platform for child participation. More progress must be made in this area if such initiatives are to become institutionalised rather than one-off isolated exercises.

**Key issues in child-sensitive programme design**

In terms of good practices for effective programme design for child-sensitive social protection, three key dimensions are identified: strategies for targeting beneficiaries; programme financing; and the monitoring and evaluation of intervention impacts.

1. **Targeting:** Both universal and targeted approaches to reaching needy
populations entail trade-offs dependent on the context of the intervention. A targeted approach can reduce overall costs, but in certain cases can induce high administrative and technical costs for identifying potential beneficiaries. There is also a risk of unintended exclusion of certain groups among the marginalised and poor, such as children of migrants or those in geographically remote areas. The choice of design is best made on a case-by-case basis so it can reflect the specific needs of the local context.

2. **Programme financing**: In terms of child-sensitive financing, there are major gaps in financial support throughout Africa that restrict effectiveness. Limited accountability, lack of political will and short-term project cycles can plague social programming in countries that lack ownership of, and are heavily donor-reliant for, social protection measures. Studies by the International Labour Organisation (ILO) demonstrate that even low-income countries should typically be able to afford a minimal social protection package consisting of social protection and targeted child support grants to the poorest members of the population.

3. **Monitoring and evaluation**: Effective monitoring and evaluation is crucial for implementing child-sensitive social protection strategies. Proper knowledge management enhances responsiveness in programming, and also enables positive information-sharing, which can in turn garner greater political support for such programming. A lack of consistent evidence-based information can also impede the availability of reliable beneficiary data and social spending, and thus damage accountability and programming processes.

**Examples of good practices in child-sensitive social protection**

In Africa, child-sensitive cash transfer programmes are becoming increasingly widespread and the range of child vulnerabilities which they are tackling is increasingly diverse:

- **Kenya’s Orphans and Vulnerable Cash Transfer** programme, which was established to help support children affected by HIV and AIDS (either directly or indirectly through the death of a family member), has had a significant impact on children’s school enrolment rates, reduced children’s engagement in child labour, and helped to support increased food expenditure and dietary diversity.

- In Malawi, the World Bank-assisted **Zomba Cash Transfer Programme** aimed at increasing girls’ secondary school retention rates. It was unique in that it was designed explicitly to test the relative effects of conditional versus non-conditional transfer programmes. Interestingly, the unconditional transfer was more powerful than the conditional cash transfer in delaying marriage and onset of child bearing.
• **South Africa’s Child Support Grant** is targeted at single carers living below the poverty line, and alongside improved education and health outcomes, has been found to have a substantial impact in reducing child malnutrition.

• **Ghana’s LEAP** cash transfer has sought to twin economic strengthening aims with child protection objectives, including mandating that all beneficiaries secure birth registration for their children, and do not resort to the use of child labour or trafficking.

This report also discusses a number of international examples of good practice, especially from Latin America and South Asia, where there is a rigorous body of evaluation and evidence. Examples include **Chile’s Solidario** and **Crece Contigo** bundled services programmes, **India’s Janani Suraksha Yojana** Safe Motherhood Scheme, and **Mexico’s Estancias** subsidised child crèche programme. While recognising that all of these initiatives have been established in middle-income countries, the report argues that valuable lessons can be derived from these cases of good practice and adapted to the low-income contexts found in much of sub-Saharan Africa.

**Key challenges for child-sensitive social protection in Africa**

The main challenges identified in the report consist of political economy factors routinely manifest in governance, administrative and financial capacity limitations that impact negatively on the effectiveness of programmes. Many African governments consist of under-resourced agencies, which can lead to poor programme design and management, and at best limited outcomes for children. These challenges are compounded by transparency and accountability issues related to corruption, which plague many parts of the continent. There are also serious fiscal space constraints for social programmes, and a lack of effective coordination between the range of agencies and ministries tasked with designing and implementing child-sensitive social protection programmes, as well as between the large number of international agencies and NGOs that are often relied on by governments to provide such services. Outside the government sector, a weakness of civil society organisations focused on child rights issues has been observed throughout Africa. Finally, tensions between the wider aims and principles of social protection and those of traditional socio-cultural attitudes, beliefs, and practices – as well as a lack of reliable age-disaggregated data – pose serious challenges to effective child-sensitive social protection.

**Key policy recommendations**

The report’s overarching conclusion is that it is essential to avoid a narrowly-focused approach to tackling child vulnerabilities. Instead, a transformative approach must be taken that redresses the social-cultural impediments and societal power inequalities in which child vulnerabilities are rooted. Only then will more durable child wellbeing outcomes be possible for the poorest and most vulnerable. Complex programme design should be avoided, as serious capacity and
financial limitations afflict many African governments. A cost-benefit calculation must be made in each country regarding universal versus targeted approaches, based on the fiscal space and political economy of the country in question. Also, governments should not overlook short-term stop-gap measures while developing longer-term social protection systems. Until well-functioning systems are in place, governments must also retain the ability to provide short-term responses to vulnerabilities facing their populations in the present.

In addition to these broad guidelines for approaching child-sensitive social protection in Africa, the following steps should be considered:

• **Improve and expand capacity and coordination of social protection actors at all levels**: this entails improved intra-governmental coordination at both national and regional levels, and improved coordination between the diversity of development actors involved in the design, implementation and evaluation of child-sensitive social protection programmes.

• **Increase fiscal space for social protection agendas, and build corresponding capacity of relevant ministries and agencies**: potential options include raising taxes and economic activity and reallocating spending. Both require capacity and coordination at the ministerial level.

• **Enhance capacity building** in communication between key ministries and agencies tasked with child wellbeing and child protection, with a particular focus on equipping staff with better skills in order to advance this agenda.

• **Improve the evidence base, knowledge management and lesson-sharing around child-sensitive social protection policy and programming**: a deeper evidence base can improve our understanding of how best to design and implement child-sensitive programmes to complement existing social protection policies and programming. Better age and gender-disaggregated data could also be used for effective government advocacy and supporting child-sensitive allocations of public funds.
Introduction

Social protection’ refers to the evolving body of complementary poverty and vulnerability reduction strategies aimed at aiding the world’s poorest and most vulnerable populations to improve their management of external economic, social, and natural shocks and risks. Social protection agendas across Africa have gained increasingly significant political attention over the last decade, as governments pursuing the MDGs and other development initiatives have sought to reduce population vulnerabilities in the face of emerging global challenges, shifting demographic patterns, and persistent drivers of inequality and exclusion (Ortiz et al., 2010).

These multi-dimensional vulnerabilities impact children in ways to which social protection policy and programming must remain particularly sensitive, given the impacts that child deprivation can have not only in the present but across children’s life-courses and inter-generationally (Jones and Holmes, 2010). Accordingly, there is a pressing need for a more detailed understanding of the wide variety of social protection policies and programmes that presently exist throughout the continent, and the impacts they have on children – whether they directly target children (e.g. through child-focused cash transfer programmes) or affect them indirectly (e.g. through their family’s involvement in public works programmes). An understanding of the central challenges and opportunities facing social protection systems can help to inform current and future efforts to extend social protection to the most marginalised and vulnerable children on the continent.

This report provides a brief synthesis of literature on emerging child-sensitive social protection policy and programming across Africa. It draws on regional, sub-regional, and case-study data to frame a discussion of a number of important dimensions of child-sensitive social protection; maps the impact of current programming on different children’s rights domains throughout the continent; and briefly addresses key issues in child-sensitive social protection targeting, financing, and monitoring and evaluation.

Best practice case studies highlight innovation observed in African practice, and, more broadly, in Asian and Latin American social protection programmes. Lastly, brief policy recommendations are offered in terms of key steps governments and development partners can consider to improve the design, implementation, and knowledge management of child-sensitive social protection interventions.
Chapter 1

Conceptualising child-sensitive social protection

1.1 Introducing child-sensitive social protection – key definitions and concepts

While multiple definitions of ‘social protection’ exist, the term refers at its most fundamental level to interventions by public, private and voluntary organisations and informal networks that are designed to support communities, households and individuals in efforts to prevent, manage, and overcome risks and vulnerabilities (Handa et al. (Eds.) 2012). Here, ‘risk’ refers to the likelihood of adverse external impacts, while ‘vulnerability’ refers to an individual or group’s susceptibility to said risk.

Social protection has a particularly integral role to play for children, who are more vulnerable than adults in a number of ways (see below), and therefore more sensitive to an array of economic, social and environmental shocks and stresses. Child-sensitive social protection is an approach that aims to improve opportunities and development outcomes for children through a multi-dimensional understanding of their wellbeing, with sensitivity to the manner in which risks facing children differ from those of adults and those in distinct stages of child and adolescent development. Importantly, this agenda is not limited to children, but also includes the households, communities, and individual caregivers who play critical roles in determining children’s socio-economic vulnerability. An intergenerational approach to child-sensitive social protection – one which takes into account the roles, relationships, and unique demands of caregivers – is also an important component of this approach (UNICEF, 2012a).

Four key characteristics differentiate childhood poverty and vulnerability.

First, the risks to children are multidimensional, including threats to survival, development, protection and participation in key decision-making processes in children’s lives.

Second, these risks change over the course of childhood: young children who lack adequate adult care, for instance, will be more vulnerable to external shocks than older teenagers.

Third, the vulnerabilities and risks children face tend also to be relational in nature. This means that children’s reliance on adults can leave them particularly vulnerable through sharing the same risks their caregivers face, particularly when adults are already at heightened vulnerability as a result of compounding factors such as gender, geographic location, or ethnicity.

Fourth, children are often voiceless, without full participation in communities and societies in which traditional legal and cultural institutions do not place a high priority on children’s right to participation (Jones and Sumner, 2007).
At the conceptual level, child-sensitive social protection may be divided into four categories of synergetic approaches:

- **Protective** child-sensitive social protection aims to safeguard household income and consumption levels so that children’s basic wellbeing can be maintained

- **Preventative** child-sensitive social protection seeks to provide households with alternatives to potentially negative coping strategies which may otherwise increase child risk, such as dropping out of school, child labour or inadequate adult care

- **Promotional** child-sensitive social protection supports investment in critical components of children’s development, including schooling, health, and protection from violence, abuse and neglect (Guhan, 1995)

- **Transformative** child-sensitive social protection addresses societal power imbalances that might otherwise contribute to creating or sustaining child vulnerabilities. It also encourages greater equity through changes aimed at redressing aspects of gender, religion, ethnic, race, class, or disability discrimination (Devereux and Sabates-Wheeler, 2004).

These complementary protection agendas are operationalised through a diversity of often-overlapping formal and informal programmes and initiatives. These interventions can be organised broadly into four categories (adapted from Holmes and Jones, 2009).

- First, **social assistance** schemes provide protective social protection via government-funded or publicly-provided transfers of benefits, aimed at relieving the worst aspects of poverty while also increasing access to basic services and promoting asset accumulation. Mechanisms include regular cash or in-kind transfers, school scholarships, health service fee waivers, and school feeding programmes.

- Second, **social services** offer promotional family- and community-based services to support childcare, child violence prevention, protection and rehabilitation services, and alternative education for child labourers. Social services also include social welfare schemes to aid in family support.

- Third, **social insurance** schemes aid in reducing the risk of external shocks to health, income and livelihoods by supporting preventative risk-pooling mechanisms, typically designed to permit subsidies for contribution payments or total exemptions of contribution payments for the poor.

- Finally, **social equity measures**, often in the form of transformative anti-discrimination legislation, seek to limit discriminatory treatment of children and their families through negative practices such as trafficking, early child marriage, and harmful practices such as female genital mutilation or...
cutting (FGM/C). Social equity can also take the form of affirmative action towards marginalised or traditionally discriminated-against groups (such as minority or indigenous children), and legislation for the rehabilitation of young offenders.

**1.2 Rationale for child-sensitive social protection in Africa**

There are multiple compelling justifications for pursuing child-sensitive social protection. At the broadest level, child-sensitive social protection is inherently a rights-based approach, premised on fundamental principles of universality, accountability, non-discrimination and participation. Social protection as a human right is guaranteed by language in the Universal Declaration of Human Rights (Art 25); the International Covenant on Economic, Social and Cultural Rights; and the Constitution of the ILO. The UN Convention on the Rights of the Child identifies (in Articles 20, 26, and 27) the right of all children to social security and insurance alongside an adequate standard of living – rights also provided, in the African context, by Article 25 of the African Charter on the Rights and Welfare of the Child. This rights-based foundation places an obligation on governments to provide the necessary institutional capacity and accountability to provide such social protection to their citizens. Indeed, the notion of ‘social contracts’ based on accountability, rights and entitlements has gained traction in the social protection literature, and has particular relevance to the African context where political change and democratization can lead to renewed efforts for comprehensive social protection, including measures to address the vulnerabilities of children (Devereux, 2013; Barrientos et al., 2013).

Social protection also assists in the effective use of limited development resources – a point recognised by a growing number of major donors. A child-sensitive social protection agenda also offers synergies with multiple MDGs. Child- or youth-targeted social transfers, for instance, can aid in the reduction of current and intergenerational poverty (MDG-1); social insurance benefits can aid in school enrolment and reduce the incentives for child labour (MDG-2); while conditional benefit tied to school attendance can create positive incentives for child enrolments, particularly among girls (MDG-3). Child-sensitive social services, transfers, and social insurance reduce the impacts of malnutrition and diseases in orphans and vulnerable children (OVC), protect against HIV/AIDS, and help increase healthcare access (MDGs 4,5,6) (Ortiz et al., 2010; Holmes and Jones, 2010a; Holmes and Jones, 2010b). Public works programmes that invest in community

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2. [http://www2.ohchr.org/english/law/cescr.htm](http://www2.ohchr.org/english/law/cescr.htm)
4. [http://www2.ohchr.org/english/law/crc.htm](http://www2.ohchr.org/english/law/crc.htm)
infrastructure aimed at environmental sustainability (MDG-7) may also have child-
specific benefits, especially for girls, by reducing the time burden and associated
risks involved in collecting water from remote locations (Holmes and Jones, 2010).
Labour market programmes and training schemes aid in youth job promotion
(MDG-8) (Ortiz et al., 2010).

A national social protection framework also assists in strengthening the link
between emergency or relief programmes and longer-term transition and develop-
ment programming.

A range of economic rationales also exists. Positive economic impacts from cash
transfers, public works and health insurance can assist at the micro level by
insulating against shocks to assets and consumption. Broader economic benefits
at the macro level include, for instance, demand stimulation through cash-infusion
of local economies, and smoothing of consumption during slow economic periods
(Ortiz et al., 2011, Fisbein et al., 2011). Beneficial interventions that improve chil-
dren’s nutrition, health, security and general education during defining periods of
their physical and cognitive development can also help ensure more economically
productive adulthoods (Grantham-McGregor, et al., 2007; Victoria et al., 2008).
Indeed, international consensus has increasingly begun to link social protection
with the concept of growth with resilience as an integral component of interna-
tional development agendas – as articulated most recently in both the 2010 G20
Seoul Consensus and the 2011 Busan Aid Forum.⁷

Chapter 2
Mapping child-sensitive social protection in Africa

Child-sensitive social protection has a particularly crucial role to play in Africa, where a wide range of vulnerabilities threatens children’s social and economic wellbeing. These vulnerabilities vary significantly across the continent, and it is important to acknowledge the diversity of social, political, and economic shocks and stresses that children and their families face in individual countries and regions. Higher-income countries like South Africa, Equatorial Guinea, Tunisia or Botswana, for instance, face very different economic development issues and growth prospects than do middle-income states such as the Republic of the Congo, Ghana, Namibia and Morocco, or least-developed countries like Liberia, Ethiopia, Democratic Republic of Congo (DRC), or Niger. Governance contexts vary considerably as well, from relatively stable and well-developed democratic political cultures in Senegal and South Africa, to politically fragile states like Mali and Niger, to those in recent or on-going conflict such as DRC, Libya, Somalia and Sudan. Poverty rates likewise range dramatically, from 2.8% in Tunisia to 30% in Ghana to 73% in DRC (UNDP, 2012). This diversity notwithstanding, child vulnerability in Africa remains extremely high, with African countries on the whole characterised by low overall levels of human development and severe social and economic dysfunctions.

The following section offers a brief mapping of key social protection instruments currently used to address child poverty and vulnerabilities across Africa, and discusses their impacts as they relate to ensuring core child rights – namely, children’s rights to **survival, development, protection and participation**.

2.1 Ensuring children’s right to survival

A child’s right to survival encompasses their right to access adequate basic nutrition, health and care, as enshrined in Article 6 of the Convention on the Rights of the Child (CRC) and repeated in Article 14 of Africa’s primary child right’s instrument, the African Charter on the Rights and Welfare of the Child (ACRWC). These basic guarantees are, however, routinely lacking for many children across Africa. For example:

- **Under-five mortality rates** in sub-Saharan Africa are the highest in the world, and more than 20 times that of industrialized countries. Out of every 1,000 children born in the region, 109 die before the age of five, with the highest rates in West and Central Africa (132/1000), followed by Eastern and Southern Africa (84/1000), and Northern Africa (21/1000). In certain countries, under-five mortality is even...
higher – such as Chad (169/1000), Burkina Faso (146/1000), Mali (176/1000), and Somalia (180/1000) (UNICEF, 2012; 2013).

• Nearly half of all child deaths in Africa are related to under-nutrition, which is particularly acute in regions such as Sahel and Horn of Africa, where chronic and acute food insecurity, alongside water and sanitation concerns, are major compounding issues. Child stunting is high throughout Africa, affecting 36% of the continental population, with rates as high as 60% in countries including Burundi and Sudan (UNICEF Multiple Indicator Cluster Survey/MICS, 2011).

• **Maternal mortality** per 100,000 live births in 2010 was 500 for sub-Saharan Africa, more than double that of South Asia and 40 times that of industrialised countries. Again, Western and Central Africa lead with 504 per 100,000, followed by Eastern (388), Southern (320) and Northern (184) Africa. Rates in Sierra Leone (890), Somalia (1000), and Chad (1100) are extremely high (UNICEF MICS, 2011). Maternal mortality is a child wellbeing concern on two levels: not only does it leave children at heightened risk of inadequate care and neglect, but it also directly affects many girls, given the high rate of adolescent pregnancy – especially within marriage – throughout Africa (where there were 101.4 live births per 1,000 girls aged 15-19 in 2005-2010) (ibid).

• **HIV/AIDS**: Nearly 90% of all HIV/AIDS cases occur in sub-Saharan Africa, with a tremendous impact on child vulnerability on multiple levels.9 Twelve million African children under 18, and two million under 15, are HIV-positive (UNAIDS 2008). In South Africa alone, roughly half of all under-5 deaths are HIV/AIDS related (UNICEF, 2006). Another major impact of the HIV/AIDS epidemic is the prevalence of AIDS orphans, numbering approximately 11 million children in 2008, who are especially vulnerable to child rights violations through heightened risk of inadequate care, neglect and abuse (UNICEF, 2009).

In light of these and other challenges, social protection programmes can play a key role in improving basic child survival in Africa. In particular, social transfers – including cash, in kind transfers, and public works schemes – and social and health insurance programmes have grown in popularity across the continent in the last decade, as key strategies for improving basic childhood survival and wellbeing.

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9 Southern Africa is particularly hard-hit by the global AIDS epidemic. The region has the highest national rates of people with HIV and AIDS (15-40%), compared to 6-9% and 2-6% for East and West Africa respectively.
2.1.1 Social transfers

Multiple examples of cash transfer (CT) programmes exist throughout Africa, from country-wide initiatives to small pilot projects designed to improve child health and food security (among other dimensions of child wellbeing). Most of these schemes receive funding from national and international donor agencies, and are implemented either by international NGOs (INGOs) or through official government structures. Their impact on child malnutrition and mortality is often significant: Kenya, for instance, has recently expanded its Cash Transfer for Orphans and Vulnerable Children (CT-OVC) Project, increasing coverage from 140,000 to 250,000 households. Preliminary assessments suggest that the CT-OVC is making important contributions in shifting consumption preferences within participating households, with significant increases in food expenditure and dietary diversity and a 15% increase in the frequency of consumption of five food groups (meat, fish, milk, sugar and fats), with greater energy intake among children (Jackson et al. 2011; Davis et al. 2012; Republic of Kenya, 2012). Other examples include, Malawi’s successful Mchinji cash transfer scheme and South Africa’s Child Support Grant (see section 3.1.3 below), which have contributed to significant declines in a range of child health and nutrition deficits, including stunting, among their beneficiary populations (Agüero et al., 2006; Miller, 2008).

Social transfers can also include in-kind benefits such as food and waivers for basic services. For example, the Targeted Supplementary Food component of Ethiopia’s Enhanced Outreach Strategy has provided food transfers to 2.9 million children at risk of malnutrition since 2004 (UNICEF, 2012a), while in Niger, one of the continent’s largest feeding programmes administers approximately 800 feeding centres, serving 400,000 children annually (Devereux and Cipryk, 2009).

Evidence from Public works programmes (PWPs), which provide cash or in-kind wages to daily labourers unable to find alternative employment due to short-term or chronic distress, suggests that such programmes can also have some positive impact on children’s nutritional wellbeing. For example, the central PWP within Ethiopia’s National Food Security Programme, the Productive Safety Net Programme, provides grain or cash equivalents to able-bodied adult workers, alongside direct transfers for family members physically unable to work (such as children, older people, pregnant and lactating mothers) (Young Lives, 2010). Evaluations suggest this initiative has reduced child food insecurity within households, increasing the quantity, quality, and regularity of food consumption while reducing malnutrition, particularly during the rise of food prices in Ethiopia during 2010 (Young Lives, 2010; Save the Children, 2012).

It is also the case, however, that PWPs may have unintended negative consequences arising from shifting household patterns of work distribution. In this same example, Ethiopian children were expected to compensate for the increased time adults spent working in the PWP by increasing their own out-of-home work responsibilities, at the expense of time spent in school or studying, and thereby potential-
ly compromising their right to development (see discussion below) (Yablonski and Woldehanna, 2008). The design and implementation-related proposals for avoiding such outcomes include increasing the amount of cash transferred to offset any such substitution effect; cascading child protection screening and oversight from policy level down to PWP inspectors; and carrying out baseline surveys that assess households’ labour capacity and feed into designs that explicitly eliminate the temptation to use children as sources of labour (Zibagwe, 2013).

Transfers may be granted to target beneficiary groups purely on the basis of identified need (i.e. unconditionally) or they may be granted with conditional requirements aimed at encouraging access to important social services, such as education or medical care, which participants must fulfil in order to receive their transfer. **Conditional cash transfers (CCTs)** can, however, prove problematic in contexts where a household’s eligibility to receive transfer payments is tied to their participation in services that are not universally available. This concern is particularly relevant in parts of Africa, where families and individuals may be unable to access available services due to social, economic, and/or geographic marginalisation, or where no such services have been provided by the government in the first pace. For these reasons, ‘**hard’ conditionalities**, which penalize potential beneficiaries for their lack of participation in services that are otherwise unavailable, should be avoided.

On the other hand, emerging evidence has suggested that ‘**soft’ conditionalities** can often play an important role in encouraging governments to strengthen their social contract with beneficiary populations, by raising public demand for improvements in relevant public services. Soft conditionalities (as discussed below in relation to Ghana’s **LEAP** and Kenya’s **OVC** transfer schemes) eschew a punitive approach in favour of informing families whenever possible of the need to invest more directly in their children’s wellbeing (Jones et al, 2009). Evidence from Latin America suggests that there is a direct causal relationship between conditionalities and an increased uptake of services. In Peru, for instance, CCTs encouraged greater demand for services from beneficiary populations, which in turn influenced the government’s decision to allocate increased funds for those same services as a result (Shady and Fiszbein, 2009). While this influence is not necessarily tied to increased outcomes in social achievements such as health or education, it does appear that soft conditionalities can play an important role in improving the uptake of basic services among citizens, and improving their provision by governments. However, with only a very few exceptions (such as research on the Malawi Zomba programme), little evidence exists that directly compares the impacts of conditional and unconditional transfer schemes (Baird et al., 2010). For this question to be answered definitively, greater monitoring and evaluation resources must be invested, in order to generate sufficiently rigorous comparative data.

Given that cash transfers carry the potential to **distort small markets**—either by eliciting a supply response in the market for goods, or by creating and/or fueling
inflation – the local economic context must be carefully considered in the design and implementation of any cash transfer scheme. The destabilising risk of cash injections is particularly acute where markets may be damaged by external shocks or high inflation, where the real value of the transfer may become eroded. Moreover, food price inflation stemming from such interference can inflict serious short-to-medium term shocks on vulnerable food-insecure households. In Ethiopia and Uganda, for instance, the efficacy of two separate cash transfer efforts was undermined by inflation arising from both weak market integration and programme flaws (Holmes and Barrientos, 2009; Creti, 2010; Devereux, 2013).

Cautious programme design can help to mitigate such risks. Particularly in contexts featuring high food supply volatility, the real value of transfers to households can be best preserved by providing food instead of, or alongside, cash transfers (Sabates-Wheeler and Devereux, 2010). For example, Devereux et al. (2006) illustrated Concern Worldwide’s successful approach in introducing its Food and Cash Transfer (FACT) scheme in the context of a weak local market in Malawi; success was achieved through a process of combining food transfers with cash transfers, and, simultaneously, monitoring the purchasing power of households in order to pace a gradual increase in the cash transfer value. In both this project and the 2006-2007 Dowa Emergency Cash Transfer project, transfers were tied to a maintained index of local food prices, which provided a reference point for adjusting each monthly disbursement accordingly (Devereux, 2008).

2.1.2 Social and health insurance

Throughout Africa, informal and formal preventative social protection systems offer risk-pooling mechanisms to guard children and families from health and livelihood shocks. At the informal level, community safety nets include such mechanisms.

One popular manifestation of informal insurance across Africa is rotating credit and savings associations (ROSCAs), small groups of typically 12 to 20 voluntary members who regularly meet and pool funds that are, in turn, contributed on a rotating basis to a single member (Bouman, 1994; Ambec and Treich, 2007). ROSCAs, such as the Eritrean ekubs, typically aim to provide savings for income-generating assets or contributions to major lifecycle events (such as weddings), and in times of unexpected shocks may also permit members to ask for their rotational payment ahead of sequence. However, ROSCAs do not offer insurance against general income loss, or against community-wide shocks that affect payees simultaneously (Habtom and Ruys, 2007). Larger, non-rotating insurance schemes – accumulating savings and credit associations (ASCRAs) – can include several hundred members and offer pay-outs of accumulated contributions to cover anticipated costs from expenses such as school fees, as well as providing short-term loans with higher interest rates in order to cover unexpected shocks (Bouman, 1995).

Burial societies represent another common form of African informal mutual as-
istance, allowing members to respond to cultural obligations surrounding death and other major unexpected challenges via resource pooling. These groups charge membership fees in exchange for providing welfare support to individuals and their families experiencing the difficulties of funeral costs and, in certain instances, additional shocks including home, harvest, and livestock damage, hospitalisations, and weddings (Dercon et al. 2006). In many countries there is a wide diversity of burial societies: Botswana, for instance, has both community-based burial societies, and those based around work and ethnic affiliations (Ngwenya, 2003). Such groups can provide important foundations upon which to develop child-sensitive social protection mechanisms: in Ethiopia, for example, Family Health International worked with nearly 200 local idirs – traditional Ethiopian burial societies – to expand their mandates beyond funerary coverage and into the broader provision of direct protective services, reaching about 126,382 children in 2009 (Stuer, 2009).

Formal preventative social protection systems typically take the form of contributory social security schemes, which provide a range of insurance benefits – such as sickness, maternity, and disability benefits, unemployment insurance, old age pensions and civil services pensions for government workers – to contributors, and typically their dependents as well. Such contributory pensions often have important knock-on effects for children. Elderly pension schemes, for instance, can positively alter household asset redistribution patterns, allowing children greater access to resources. For example, evidence from the South African Old Age Pension Programme –which reaches nearly 2 million beneficiaries – suggests that children living with elderly recipients of old age pension, and particularly girl children, show appreciable improvements to health and nutrition (Duflo, 2000).

Only a few middle-to-higher-income African countries, such as Tunisia, South Africa, and Kenya, enjoy comprehensive social security coverage (Van Zyl, 2003; ISSA, 2008; Republic of Kenya, 2010). For much of the continent, such social support is limited or non-existent. Additionally, such schemes tend to focus primarily on formal sector employment (usually found only in urban centres), and in so doing overlook the majority of African households, which draw low and irregular incomes from primarily agricultural and informal sectors. Indeed, in sub-Saharan Africa, only 5-10% of the working population enjoys social security coverage of any kind. In the Republic of Congo, for instance, the National Social Security Fund and the Civil Service Pension Fund reach just 15% of the population (Ondaye, 2008); in Cameroon, the National Social Providence Fund and ‘Civil Service Plan’ cover only 10% (Ministry of Social Affairs, 2008); and in Guinea, the National Social Security Fund Covers just 2% (Government of Guinea, 2008). Moreover, even where social security schemes are more comprehensive (such as in Senegal, where 20% of the population is covered) information can be difficult to obtain regarding which benefits reach dependants such as spouses and children (Hodges, 2008; Holmes).

11 Ibid
Financial constraints also represent a significant barrier to health insurance for poor and vulnerable children (Xu et al., 2003; Russell, 2004). Across the continent, access to child-specific health services, including maternal health, immunisation and management of major childhood illness, is particularly low for rural and poor populations that are less likely to have health insurance (Walsh and Jones, 2009). Evidence suggests that user fees for healthcare are a serious impediment: by removing user fees in 20 African countries, for example, an estimated 233,000 under-five deaths might be avoided (ibid).

Given that many African countries offer only limited health service fee exemptions and health insurance coverage for the vulnerable and poor, social health protection (SHI) schemes – compulsory insurance programmes funded from the pooled contributions of workers, employers and the self-employed, but with fee exemptions for the poor – have proven a popular approach to preventative social protection. Employing a progressive financing mechanism, contributions to SHI allow for risk- and resource-pooling, with the objective of universal health coverage regardless of income (Holmes and Braunholtz-Speight, 2009).

Ghana’s National Health Insurance Scheme, established in 2004, represents a particularly successful example of SHI, having extended health insurance to roughly half the country’s population (Jones et al., 2009; Jones and Holmes, 2010). Mali’s recently unveiled Compulsory Health Insurance Programme (AMO) included, similarly, a Medical Assistance Fund subsidising healthcare for particularly vulnerable individuals and families from the main pool of resources (Holmes and Braunholtz-Speight, 2009). In Kenya, free health services under the main employee-based insurance scheme are provided for children under five (UNICEF MICS, 2011).

For the most part, however, SHI schemes demonstrate serious limitations in providing coverage to the poor, particularly those working in the informal and agricultural sectors and the chronically unemployed/underemployed (Ouattara and Soors, in GTZ, ILO, WHO, 2007). A comparison of SHI enrolment in Senegal, Kenya and South Africa in 2006, for instance, shows notable inequity in enrolment between income groups: for example, only 2.3% of Kenya’s poorest were covered, as opposed to 24.7% of the richest population (Scheil-Adlung, et al. 2006). Enrolment in Tanzania’s Social Health Insurance Benefit (SHIB) scheme is similarly restricted to those in formal sector employment, again limiting participation of the poor (World Bank, 2011a).

As an alternative model of health insurance financing, community-based health insurance and mutual health organisations (CMHOs) are voluntary schemes for preventative health coverage for vulnerable populations otherwise often excluded from SHI. These small-scale groups, which have grown rapidly throughout sub-Saharan Africa over the past decade, negotiate directly with local clinics to reduce
health costs for their members, and provide flexibility in payment plans (such as allowing payments to be made during harvest periods (Carrin et al., 2005; Gamble-Kellye et al., 2006, cited in Chankova et al., 2008; Berkhourt and Oostingh, 2009). Evidence from Benin, Ghana and Senegal suggests that CMHOs can have a positive impact on enrolment among the poor (Chankova et al., 2008). However, high investment and administration costs, weak community managerial capacities, and low coverage rates also pose serious restrictions to CMHO efficacy (Jones, 200; Walsh and Jones, 2009).

2.2 Ensuring children’s right to development

Social protection programmes also have an important role to play in securing access to the developmental resources that children need in order to realise their full potential. Although rapidly improving, access to high-quality education, an important development right enshrined in Article 28 of the CRC and Article 11 of the ACRWC, is still denied to many African children. Africa has witnessed positive education access trends over the last decade, with pre-primary enrolment rising by 61% between 1999 and 2005, and the average gross enrolment ratio having increased more significantly in certain countries such as Ghana, Cameroon, and South Africa (UNESCO, 2008). Levels of pre-primary education are particularly poor, with just 12% of young children in sub-Saharan Africa having access to preschool, and only slightly higher rates for North Africa (Van Ravens and Aggio, 2006, cited in World Bank, 2010b). In countries like Chad, Djibouti, Niger, DRC, Ethiopia, Mali, Central African Republic (CAR), Togo, and Burundi, these rates are even lower, at or below 10% (UNICEF, 2010). Secondary school participation remains low: despite positive trends in enrolment over the last decade the average secondary net enrolment ratio across sub-Saharan Africa in 2006 was roughly 25%, or 78 million secondary school-age children (UNESCO, 2009).

Moreover, nearly 33 million African children of primary school age, of which 54% are girls, are not currently enrolled in school – roughly 45% of the world’s out-of-school children. Sub-Saharan Africa also currently holds the world’s lowest median completion rate to the last grade of primary school, at 63% of students (in 2004 countries such as Benin, Chad, Madagascar, Malawi, Mozambique, Rwanda and Uganda had only 50% completion rates (UNESCO, 2008)). Serious disparities related to gender, poverty, disability, and urban-rural divides further limit access to education for millions of children, while early childhood malnutrition has compounding effects on later-term academic achievement (UNICEF, 2012a).

Here, social transfer schemes have an important role to play in increasing access to education, often in parallel with efforts to reduce malnutrition and mortality. Malawi’s Mchinji Social Cash Transfer Pilot Scheme, for instance, has proven successful in shifting household spending patterns towards increased expenditure on education-related purchases, such as school uniforms, books, and other supplies (Schubert, 2005). Ghana’s LEAP programme has had a similar effect (Jones et al.,
Likewise, by improving children’s nutritional intake, Ethiopia’s Productive Safety Net Programme (PSNP) has contributed to improved concentration and attainment in school (Jones et al., 2010; Taylor, 2012; Save the Children, 2012). Recent evaluations also find positive impacts of the South African Child Support Grant on increased school attendance and reduced gender disparities in access to education (Niño-Zarazúa et al., 2010; Aguero et al). Morocco’s Tayssir Programme targets the country’s poorest children through subsidising school uniforms, books and educational materials (Marcus, Pereznieto et al., 2011); and Kenya’s CT-OVC has achieved a significant increase of 7.8% in secondary education enrolment for children aged 12 years and above (Davis et al. 2011).

Some social transfer schemes, such as Tanzania’s Conditional Cash Transfer programme, use conditionalities to improve educational participation, by requiring beneficiaries to ensure the regular primary school attendance of vulnerable children (World Bank, 2011b). A pilot study of conditionalities in Zomba, Malawi (discussed further below) also achieved positive results by requiring a minimum school attendance rate for the children of beneficiary families and payment of secondary school fees, which increased school attendance rates significantly (Baird et al., 2010).

School feeding programmes are another important tool for improving school performance and providing incentives for enrolment. Impacts have proven significant: Kenya’s School Feeding and Home Grown School Meals programmes, for example, are credited with contributing 30-90% of participating children’s Recommended Dietary Allowances (RDA) level, improving school enrolment and attendance, and increasing primary school progression and completion rates. While school feeding programmes do not address the underlying causes of food insecurity, they can contribute to addressing food insecurity as one element of a broader range of programmes. These programmes are often financed through international agencies such as the World Food Programme (WFP), as they are in Djibouti, for example (Marcus, Pereznieto et al., 2011; Republic of Kenya, 2012). Other school feeding schemes, such as Tanzania’s ‘Food-for-Education’ Programme (which reaches 220,000 children in 350 primary schools in the country’s most drought-prone, food-insecure regions) and Ghana’s ‘School Feeding Programme,’ which served over 590,000 children in deprived schools and communities in 2008, have shown positive impacts on learning and attendance –although weaknesses in targeting and implementation remain (Jones et al. 2009; World Bank, 2011b). In Algeria, an ambitious school meal programme seeks to cover 90% of primary school children by 2014, and had achieved 79% coverage by 2011 (Algerian Ministry of National Education, 2011).

2.3 Ensuring children’s right to protection

A third core right of children is the right to protection from abuse, exploitation,
and neglect. African children, however, face a unique set of challenges to their security.

- **African children are at a high risk of experiencing violence**, in the form of psychological aggression, physical punishment, and/or sexual abuse at home, in school, and in their communities. The percentage of 2-14 year olds who experience violent discipline at home, for instance, is 90% or higher in Cameroon, Côte d’Ivoire, DRC, Ghana, Libya, Sierra Leone, and Togo (UNICEF, 2012b). Similarly, a growing body of evidence on school violence in Africa suggests that the majority of children across the continent face physical, psychological and sexual abuse at the hands of classmates, teachers, and school authority figures. For instance, 73% of all students surveyed in a recent study of three Zimbabwe provinces reported having been seriously injured as a result of school violence in the past year, while in Zambia, 33% of children reported having been forced to engage in sexual intercourse in the past month (Jones et al., 2008).

- **Child exploitation** is also prevalent. In West Africa alone, an estimated 200,000 children are trafficked each year. Child trafficking remains a serious problem in countries such as Benin, Burkina Faso, Cameroon, Côte d’Ivoire, Gabon, Ghana, Mali, Togo, and Nigeria (ILO, 2001; ODI and UNICEF, 2009). In Africa, 29 percent of all children aged 5-14 were involved in child labour between 2000 and 2010, and 32% in sub-Saharan Africa, with rates as high as 53% in Ethiopia and 57% in Guinea Bissau (UNICEF, 2012b).

- The number of recent or ongoing conflicts across Africa – in countries as geographically varied as Libya, Angola, Mozambique, Ethiopia, Somalia, Sudan, Rwanda, DRC, Uganda, Sierra Leone, and Liberia – has particular implications for child vulnerability. Children displaced by conflicts are separated from carers, often encountering a range of unique health and nutrition risks within refugee and IDP camps or as orphans (UNICEF 1996). Moreover, in times of conflict children are particularly vulnerable to recruitment as armed soldiers or militia, where they face high risk of violence, physical and sexual abuse, deprivation from education, and post-conflict challenges to reintegration in peacetime societies.

- Gender inequalities, also widespread across Africa, are similarly linked to child violence, particularly through harmful practices such as Female Genital Mutilation or Cutting (FGM/C). FGM/C varies significantly even within the same regions: in Ghana, for instance, the rate stands at 10%, but is nearly 90% in Guinea and Mali. Other risks include early marriage: in Chad and Niger, for example, more than 35% of girls are married by the age of 15, and more than 70% by the
In light of such challenges, efforts by African governments and non-governmental actors to increase levels of child protection encompass a range of social equity measures (see our discussion on social protection instruments above) designed to mitigate violence, abuse and marginalisation, as well as related social services for children who have experienced violence, abuse or neglect. These display varying degrees of efficacy and commitment to enforcement.

2.3.1 Child protection mechanisms

Social services dedicated to child protection are overseen by national ministries, which function with varying degrees of efficiency and coordination. For example, in Ghana child protection is dealt with by many departments: the Department of Social Welfare; the Ministry of Manpower, Youth and Employment’s Child Labour Unit; and the Ghanaian Police Service’s Domestic Violence Victims Support Unit – but these remain fragmented and in need of better coordination and clarity in their overlapping mandates (ODI and UNICEF, 2009). In Senegal, by contrast, a more streamlined system places responsibility for child protection within the Ministry of Family, National Solidarity, Women’s Entrepreneurship and Microfinance’s Directorate for Protection of Children’s Rights, with complementary support from the Ministry of Justice’s Directorate for the Education of Young Offenders and Social Protection (ibid).

These agencies engage in a range of prevention-related programming, including nationwide awareness-raising services, community sensitisation efforts, and monitoring activities. In Ghana and Senegal, national campaigns promote birth registration, dispense preventative knowledge in mitigating child abuse, and promote changes in attitudes with respect to child trafficking, harmful forms of child labour, and harmful practices (i.e. FGM/C, force feeding, and ritual girl slavery) (ODI and UNICEF, 2009b). In Nigeria, the Child Labour Unit seeks to mitigate incidence of child labour through training, awareness-raising, and inspections of industries that have high risk rates for child labour (such as mining and agriculture). These efforts are, however, often hampered by lack of coordination, administrative capacity, and resources. In Nigeria, for example, inspections have been hampered by limited resources and a narrow focus on regulating the formal business sector, rather than the informal sector where child labour is more prevalent (Jones, 2011).

In terms of direct protection or redress services, a number of government agencies such as Morocco’s Entraide Nationale maintain social protection centres for the care, feeding and education of orphans, children from extremely poor households, and children with disabilities (Marcus, Pereznieto et al., 2011). Other programmes can include rehabilitation services for children who have suffered violence or marginalisation: Malawi’s social services, for instance, operate a drop-in centre offering legal aid and vocational training for victims of trafficking and sexual assault, in addition to medical care, shelter, food and counselling services (Sloth-Nielsen, J.
et al., 2009). In Nigeria, the Ministry of Women’s Affairs and Social Development manages shelters for female abuse victims, providing basic medical assistance, counselling services, and, importantly, links to legal and police assistance (Jones, 2011).

Broadly speaking, however, African government agencies tasked with implementing child protection services are often seriously under-resourced, leaving much of the programming to international organisations and NGOs. In West and Central Africa, for example, Ghana’s Ministry of Women and Children and Mali’s Ministry for the Promotion of Women, Children and Families lack the resources for local offices, so national social protection campaigns rarely reach the local level. One exception is Senegal’s Centre for the Care of Infants, which enjoys solid political backing and resources from the Office of the President (ODI and UNICEF, 2009; Pereznieto and Diallo, 2009). For ministries that possess less political leverage, however, serious institutional impediments remain in addition to administrative and financial barriers.

Under-developed linkages also exist between broader social protection agendas and child protection. Potential linkages include the promotion of complementary child protection services as part of social transfers, cross-referrals between health and child protection services as part of SHI, and more robust social equity legislation dealing with violence, child trafficking and labour, and birth registration compliance (ODI and UNICEF, 2009). Few of the many opportunities for synergies between child and social protection, however, have been implemented in existing social protection systems. While several programmes have encouraged linkages between child protection and social protection (such as Ghana’s LEAP, Burkina Faso’s PNAS, and Cape Verde’s Social Protection Strategy), there remain multiple unrealised opportunities for improved integration of social and child protection across Africa (ibid).

Lastly, informal social protection systems rooted in traditional community practices offer both prospects and challenges. For example, traditional child fostering practices across Africa support orphans through reciprocal arrangements in which child labour is exchanged for food, shelter and education. In the right circumstances, traditional fostering schemes can provide otherwise vulnerable children with support and protection within a stable household. Yet while traditional reciprocal fostering relationships featuring light work expectations are not inherently exploitative, children in such arrangements, and especially girls, are often at heightened risk from abusive or exploitative carers. In such situations, victims can rarely seek redress, either formal or informal. Moreover, child traffickers often rely on traditional fostering systems to deliberately lure children into exploitative relationships (Bass, 2004; Jones, Harper, Wats et al., 2010). Weak rule of law, limited administrative capacity within monitoring agencies, and widespread corruption allow such practices to go unheeded despite child protection legislation (Bass, 2004).
2.3.2 Social equity measures: child protection legislation

The adoption and implementation of transformative social equity measures designed to protect child rights, mitigate rights deprivations such as trafficking, early child marriage, and harmful practices, and promote children’s voices and agency, are also critical to ensuring a child’s right to protection. At the broadest level, all African countries have ratified the UNCRC and, as of 2009, 45 out of 53 have signed the ACRWC.12

Major limitations remain in translating CRC principles into protective national legislation. **Comprehensive legal protection mechanisms** – such as Ghana’s 1998 Children’s Act, Kenya’s 2001 Children’s Act, and South Africa’s Revised 2005 Children’s Act – do address children’s rights to protection by making important provisions for the administration of children’s institutions, and outline parental responsibilities in fostering, adoption, custody, care and protection of children in line with principles contained in the ACRWC (the Government of Ghana, 1998; Government of Kenya, 2001; Government of South Africa, 2005). At **Constitutional level**, legal commitments to child-sensitive social protection vary widely across Africa. Although mention is made in many Constitutions to aspects of social protection for children13, few countries have made as explicit a commitment to entrenching children’s socio-economic rights within national legislation as South Africa, which has enshrined child rights in the South African Constitution itself (Act No. 108, 1996, Art. 27).14 The country’s passage of the 2005 Children’s Act and the 2005 Social Assistance Act also provide additional legal support to a broader child-sensitive social assistance agenda (Liebenberg, S, 2005, in Woolman, S et al).15 However, while South Africa joins with other progressive international examples, such as Brazil and India, in having enshrined child and adolescent protection commitments at Constitutional level, few other African countries have replicated its progressive example.16

Other pieces of legislation address important individual components of child protection, such as child trafficking and exploitative child labour. South Africa’s updated Children’s Act, for instance, contains a chapter on trafficking, as do child protection acts in Burkina Faso and Cameroon.17 Regional anti-trafficking treaties also exist, such as the ‘Multilateral Cooperation Agreement to Combat Child Traf-

13 See, for instance, constitutions of Burkina Faso (section 23[3], 1997); Burundi (section 30[2], 2005); Chad (section 38[1], 1996); Senegal (section 20, 2001); and DRC (40[4], 2006). Particularly common is language on children’s right to education. See ActionAid, 2007.
ficking in West Africa’, which includes Benin, Burkina Faso, Côte d’Ivoire, Guinea, Liberia, Mali, Niger, Nigeria and Togo as signatories (ECOWAS/ECOCAS, 2006). Examples of promising emerging child labour legislation can also be found in Zambia’s ‘Employment of Children and Young Persons Act’\(^\text{18}\), and Namibia’s Labour Act \(^\text{19}\), which are aimed specifically at deterring the most serious forms of child labour and exploitation.

Serious gaps often remain, however. Equatorial Guinea, for instance, has no child protection legislation at all (ODI and UNICEF, 2009). Key issues, such as physical, sexual and psychological abuse in schools by students, teachers or staff, are largely ignored in existing African legislation. Prevalence of school violence is extremely high: for instance, in CAR, 42% of secondary school boys surveyed admitted perpetrating sexually violent acts at school, while in Benin and Senegal, 55% of children reported being victims of corporal punishment in schools (Banyombo et al., 2008; Castle, S. and Diallo, V, 2008, cited in Antonowicz et al., 2010; Sodjinou, E. et al., 2009). Few African countries have specific child protection legislation in place to address school violence; the exceptions are Kenya, where provisions for administrative action against school bullying exist, and Guinea Bissau, where the Penal Code includes sanctions against bullying. It also remains rare for African schools to have policies for reporting or addressing such incidents (Burton, 2005).

Traditional African attitudes, customs and practices, furthermore, have not always corresponded to universal child protection commitments, particularly regarding discrimination towards children’s gender, disability, sexuality, or indigenous/minority identities. In Northern Africa, for instance, tensions have arisen between provisions of the CRC and the ACRWC against harmful social and cultural practices on the one hand, and traditional practices of Shari’a law, particularly related to early child marriage, citizenship rights, and violence towards children, on the other (Marcus, Pereznieto et al., 2011). In Cameroon, Morocco, and Uganda laws do not explicitly grant women the right to consent to marriage, while Algerian, Chadian, and Libyan law pardons perpetrators of rape, including rape of minors, provided the perpetrator marries the victim (Jones, Harper, Wats et al., 2010). Certain harmful practices also exacerbate child vulnerability, such as FGM/C, which remains especially high among girls in Guinea, Egypt, Mali, Sudan, Eritrea and Ethiopia (UNICEF, 2008).

Although such gaps remain, promising legislation designed to mitigate harmful practices exists across Africa (Sloth-Nielsen, J. et al., 2009). Language against FGM/C and child marriage can be found in, among other legislative measures, the South African Children’s Act, Nigeria’s Child Rights Act 2003 and National Policy and Plan of Action on the Elimination of FGM, and the Ghanaian Children’s Act. Ethiopia’s updated Family Code addresses previous legal gaps, raising the marriage age to 18 for both girls and boys (UNICEF, 2012a). Sierra Leone’s 2007 Registration of Customary Marriages and Divorce Act, similarly, raises the minimum

\(^{18}\) http://www.saflii.org/zm/legis/consol_act/eoypaca425/

\(^{19}\) http://www.ilo.org/dyn/natlex/docs/WEBTEXT/29328/64850/E92NAM01.htm
marriage age to 18, and now requires consent from both parties. Furthermore, recent steps taken by several North African countries to improve legal protection for children point to an evolving, dynamic relationship between traditional and universalist approaches to child rights. Egypt’s 2008 Child Law, for example, has removed discriminatory language regarding children with foreign-born fathers while introducing the new criminalisation of certain FGM/C practices and setting 18 as a minimum age for marriage (UNICEF, 2010). However, this legislation remains fluid – recent regressive attempts to return the age of marriage to 14 are currently under debate (Plan, 2012).

Steps to combat child trafficking are also increasing, with updated anti-trafficking legislation introduced in countries such as Malawi, Burkina Faso, Cameroon, Nigeria and Benin and Mali (Sloth-Nielsen, J. et al., 2009). Exploitative child labour has been addressed by legislation such as Zambia’s Employment of Children and Young Persons Act, which has positively impacted the practice since its introduction in 2004. Similarly, South Africa’s 2005 revision of its Children’s Act, and a new anti-child labour bill introduced in 2006, represent significant progress (ibid). Other measures seek to improve children’s access to health services from which they might otherwise be excluded due to their age. For example, Ethiopia’s revised 2007 HIV/AIDS testing guidelines allows children aged 15 and upwards to provide informed consent for HIV interventions, but also permits confidential testing for children from the age of 13 if qualifying as high-risk mature minors (i.e. commercial sex workers, children heading families, or sexually active adolescents). Similar allowances are made in Uganda with regards to HIV testing for children of 12 years or older (Sloth-Nielsen, J. et al., 2009).

2.4 Ensuring children’s right to participation

Finally, the CRC and the ACRWC both acknowledge the right of children to participate actively in decision-making processes which directly affect their lives. UNICEF’s ‘Joint Statement on Child-Sensitive Social Protection’ likewise calls for:

‘...the voices and opinions of children, their caregivers and youth in the understanding and design of social protection systems and programmes’ (UNICEF, 2009).

To ensure this right, it is critical to improve social equity measures that allow children’s voices to be heard during key policymaking and legislative processes regarding child-relevant issues.

The concept of children as autonomous bearers of rights in many African contexts can be complex; but it is nonetheless important to take it into consideration in the design of programmes that enable child participation rights. In some cases, efforts to promote children’s rights to participation are found to be in tension with

21  See CRC, Article 12, ACRC Article 7.
traditional African perceptions of children as subjects of limited agency and no right to self-determination. In Angola and Equatorial Guinea, for example, traditional norms at both the community and state level dissuade public expression of children’s views (and particularly those of girls), and have been identified as a barrier to increased child participation (CRC Committee, 2004a; 2004b). In other cases, it is increasingly recognised that individual rights need to be reconciled with a strong cultural emphasis on relationships. For example, the notion of Ubuntu in South Africa is based on the inter-connectedness of children and adults and the fact that children are relational beings, whose households and wider communities may act as a form of ‘social protection’ in which resources (including cash transfers) and risks are pooled. Evidence from Ghana’s LEAP programme showed that despite attached conditions, cash transfers were spent on both beneficiary and non-beneficiary children, as they often both formed part of the same extended family (Dako-Gyek and Oduro, 2013). Children and adults are deemed interdependent, and the welfare of each group is not always considered discretely (Whitworth and Wilkinson, 2013).

Some trends in emerging participatory child equity legislation, however, point to progress (Sloth-Nielsen, J. et al., 2009). Sections of the South African Children’s Act (section 10); the Kenyan Children’s Act (section 4(4)); and the Ghanaian Children’s Act (section 11), for example, all recognise the importance of the principle of child participation. The South African Act in particular is distinctive in its broader emphasis on the importance of child participation within the household (Section 31), requiring those with parental responsibilities over a child to acknowledge that child’s perspective and desires (relative to their age and level of maturity) when taking major decisions that affect the child’s life. South Africa also demands that the Children’s Court permit the opportunity for children to present their views in any legal matters relevant to them (section 61.1) – a right also guaranteed under Libyan law (Sloth-Nielsen, J. et al., 2009).

Participatory events such as youth parliaments, conferences, and summits provide further platforms for child participation in political decision-making, albeit platforms that often function in a role that is more symbolic than substantive (Sloth-Nielsen, J. et al., 2009). Nonetheless, such events are important opportunities for children to share their voices and opinions regarding policy issues that directly impact their lives. Examples across Africa are numerous, and include programmes in Egypt, Tunisia, Malawi, Burkina Faso, and Nigeria (Beiter, 2006; Gakumba, 2006; Sloth-Nielsen, J. et al., 2009). In certain cases, perspectives raised during youth forums have had direct impact on emerging legislation and policy. In Botswana, for instance, opinions raised in a 2001 children’s forum were consulted during a review of the country’s Children’s Act (Sloth-Nielsen, J. et al., 2009); and in Mozambique in 2003, a law reform review of child legislation incorporated a child participation component that was acknowledged in its final recommendations and 207 further draft bills (Elers and Mathiti, 2003).
Multiple areas within child-sensitive social protection policy, programming and research could, however, be strengthened through greater consideration of children’s participation. One important and oft-neglected opportunity is in the monitoring and impact evaluation of such programmes, in which greater participatory research contributions from children themselves might significantly inform and improve the understanding, and effectiveness, of child wellbeing initiatives. Pioneering examples of this can be found in Save the Children’s 2005 study on child violence in Uganda, which incorporated the views of Ugandan children to provide valuable insights into an understudied phenomenon (Naker, 2005); and the recent UNICEF-ODI participatory assessment of child poverty in 2011 carried out in order to feed into the new poverty reduction and child protection framework of Uganda.
In this section, three key dimensions of design for programmes relevant to child-sensitive social protection are briefly discussed: strategies for targeting beneficiaries; project financing; and monitoring and evaluation of impacts.

3.1 Targeting strategies in child-sensitive social transfer schemes

One central issue in the design of social transfer schemes is the often-difficult choice between universal and targeted approaches to reaching the populations that require assistance. Both strategies involve trade-offs dependent on the unique context of a particular intervention. Pursuing a targeted approach may, for instance, reduce overall costs in comparison to a universal approach, and therefore represent the better choice for fiscally-constrained states; however, targeted approaches to transfers also pose serious drawbacks in certain scenarios. First, targeting can often require costly administrative investments in terms of skilled staff to administer the process, and technically-sophisticated mechanisms for locating targeted beneficiary populations and monitoring conditionality compliance. Second, financial resources dedicated to improving the effectiveness of complex targeting mechanisms can take away from funds otherwise earmarked for transfer directly to beneficiaries. Moreover, targeting can lead to the unwanted exclusion of certain groups of the marginalised and poor, such as children of migrants, children of male-headed households not covered by formal social security, and children in geographically disadvantaged areas, who may be either partially or wholly missed by approaches such as income-based targeting. Finally, the size of the household and family living systems in each context should also be taken into account in programme design.

Findings from Ghana’s Livelihood Empowerment Against Poverty (LEAP) program indicated that households that were made up of different members of extended families nonetheless operated as single units, in which conditional cash transfers were utilised for all children (both beneficiary and non-beneficiary) residing in the households of caregivers. This suggests that household size, rather than programme conditions, influenced the spending decisions of caregivers (Dako-Gyeke and Oduro, 2013).

There have also been cases in which exclusion and inclusion of groups have been

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22 A local economy-wide impact evaluation (LEWIE) conducted on Kenya’s OVC-CT programme indicates that targeting can have universal ripple effects that are positive. Beneficiary households can act as conduits through which new cash enters the rural economy and transmits effects to non-beneficiaries as well (Taylor et al., 2013).
motivated for political rather than needs-based reasons (Sharp et al, 2006; Marcus, Pereznielo et al., 2010). In such cases, a universal provision approach may reduce the risk of social divisiveness and marginalisation.

Determining the correct balance between such trade-offs is a process that defies any simple solutions. Indeed, only by carefully considering the range of contextual factors related to each programme’s objectives and resources, administrative capacity, political climate, and unique characteristics of the poor and vulnerable can the more appropriate targeting option be identified in any given context. Often, this choice will rely on a combination of specific targeting mechanisms, each with their own advantages and disadvantages (Slater et al, 2009). These include:

- **Geographical targeting**, which involves the allocation of resources to beneficiaries located in geographic areas of unique vulnerability and poverty, but which can exclude those in need who live outside the bounded target area.

- **Means-testing**, a form of poverty testing based on a review of individual households’ wealth and income data to determine eligibility. **Proxy means tests (PMT)** are often used to reduce the costs of such detailed analysis, but provide reliable data only when they correlate closely with actual poverty.

- **Community-based targeting**, which relies on small groups of community members to apply the transfer’s official targeting criteria to their local area, but carries with it potential accountability issues and dangers of elite resource capture.

- **Self-targeting**, which represents an approach aimed at encouraging participation by the poor while simultaneously discouraging participation by wealthier members of the population – such as a PWP which provides wages attractive enough to entice the poor but unattractive to those with access to more competitive pay. One trade-off here, however, is that self-targeting often involves bureaucratic application and receipt systems which can prove discouraging to applications and slow the process, while also raising a number of problematic ethical concerns regarding fairness in social protection provision.
Box 3.1: Targeting children with disabilities in social transfer schemes

Design and selection of targeting mechanisms must also take into account the unique demands of beneficiaries with specific needs. Cash or in-kind transfer schemes, for instance, include targeting specifically designed to reach children with disabilities, or households which claim a child with disabilities as a member. Cash transfer (CT) programmes with a disability eligibility component include, among others, Ghana’s LEAP, South Africa’s Care Dependency Grant, Uganda’s Social Assistance Grant for Empowerment (SAGE), Namibia’s Disability Grant, and Mozambique’s GAPVU (Cash Payments to War-Displaced Urban Destitute Households) cash transfer scheme (Datt et al, 1997, Gooding and Mariott, 2009; Mitra, 2010; Schnieder, 2011).

Disability is typically targeted in one of two ways. Implicit disability targeting mechanisms (as used, for example, in Zambia’s CT scheme) do not assess disability formally, but instead attempt to target poor households where it is assumed people with disabilities are disproportionately represented. Conversely, explicit targeting, as employed in South Africa and Uganda, assesses disabilities and either assigns weighting to households or targets transfers specifically to disabled individuals or their carers (Schnieder et al, 2011). Although the majority of CT schemes with disability components target working-age adults with disabilities, several schemes – including Ghana’s LEAP and South Africa’s Care Dependency Grant – specifically address children with disabilities. The Care Dependency Grant, for instance, provides US$92 to the primary carers of children with disabilities who require full-time care, and reached 102,292 means-tested recipients in 2008 (Mitra, 2010).

Positive impacts of these programmes have been observed in social empowerment, service access, and economic security among people with disabilities and their family members, including children. Evaluations of CT schemes with disability components in Zambia and South Africa show positive benefits to child health and school attendance, and increases in health care service use for beneficiary households which contain people with disabilities (de Kokr et al, 2006; Goudge et al, 2009; Gooding and Marriot, 2009; Tembo and Freelard, 2007; MCDSS and GTZ, 2007; in Schnieder et al, 2011). Important barriers to access, however, remain: among these Gooding and Marriot (2009) identify low programme funding levels, administrative capacity issues, limited awareness, and services which are sometimes physically inaccessible or unavailable to people with disabilities. Moreover, conditional CT schemes occasionally attach conditions that families of children with disabilities may find difficult to meet – for example, requiring enrolment in schools that may not be capable of accommodating a child with disabilities (Mont, 2006).
3.2 Child-sensitive social protection financing

Currently, financing issues related to social protection vary significantly by region and by country across Africa. In general, however, major gaps in financing and budgetary support for social protection programmes exist throughout the continent, restricting the ability of these programmes to reach the poor (Kaseke, 2004). Indeed, government spending on social protection throughout the whole of sub-Saharan Africa, at roughly 3% of GDP, is the lowest in the world (Holmes and Braunholtz-Speight, 2009).

Ownership of social protection programming is a key obstacle to effectiveness for African governments. This is particularly true in highly aid-dependent states, where emergency food aid and cash transfer pilot projects are delivered by international donors and NGOs that are unaccountable to local populations, and which face budget constraints, project cycles often limited to less than five years, and political priorities which alter regularly (Devereux, 2013).

West African states, for example, possess some of the continent’s most restrictive social protection budgets, with countries like Sierra Leone spending roughly 0.1% to 0.2% of GDP on social protection programming in 2006 (Holmes and Jackson, 2007). Ghana, Senegal and Mali run permanent fiscal deficits, and even though they remain committed politically to social protection agendas, they are thus extremely constrained in terms of fiscal space; new social spending projects must compete with a range of other sectors such as agricultural support, infrastructure, basic social service delivery, or broader economic growth objectives (Holmes and Braunholtz-Speight, 2009).

The cost structure of social protection programming poses unique challenges to poor countries. Social pension programmes, once introduced, must be sustained for long periods of time, while regular large-scale cash transfers demand a substantial dedication of public resources that might otherwise go to productive sectors such as agriculture, industry and trade instead of the social sector. Countries with small fiscal bases and widespread endemic poverty face the challenging combination of large beneficiary pools and a small number of taxpayers, while the alternative – external donor control over programming – may also prove undesirable. As a result, there is often understandable wariness among poorer African governments about committing to wide-ranging social protection programmes (Handley, 2009).

On the other hand, research into social protection financing suggests there is more latitude in national budgets than is often acknowledged. Modelling by the International Labour Organisation (ILO) demonstrates that even low-income countries should typically be able to afford a minimal social protection package consisting of social protection and targeted child support grants to the poorest 10% of a population, especially if such programmes are supported to a moderate degree by donors (Pal et al., 2005 and DFID, 2006 cited in Samson et al 2006). Studies have sug-
gested that targeted cash transfer programmes should be affordable at no more than 0.5% to 2% of a country’s GDP (Stewart and Handa, 2008; cited in UNICEF and ODI, 2009). Indeed, evidence from several low-income countries with successful social protection programmes – including social pension schemes in Lesotho and Swaziland, and Mozambique’s GAVPU cash transfer programme – supports this point. Growing evidence also points to association of social protection and security schemes with strong economic performance, such as higher rates of growth over time. Linkages also exist with multiple MDGs, in that programmes constitute a tool for reducing poverty, hunger, and inequalities in gender, education, and access to health care (Samson et al. 2007).

In higher-income countries, such as Equatorial Guinea, Congo, or Algeria, financial space issues are a less significant burden. Equatorial Guinea, for instance, enjoyed fiscal surpluses of 23% in 2007 (Holmes and Braunholtz-Speight, 2009). In such contexts, social protection agendas can in theory count on far greater resources to support their implementation. Limited political commitments to social expenditures, however, often mean that social protection programming is constrained as a matter of political will rather than because of financial realities. Moreover, in several middle- to higher-income countries, relatively high social protection spending levels are undercut by system inefficiency, limited administrative capacity, and spending and delivery leakages (Marcus, Pereznieto et al., 2010). Partisan politics can also influence the allocation of cash and other transfers as a means to support or undermine political allies and opponents, limiting their effectiveness as tools of poverty and vulnerability reduction (Booth and Sheffer, 2011).

While these concerns present formidable challenges to improving the efficacy of social protection financing across Africa, there have been several encouraging developments at the pan-African level. These include, for instance, the pledge by 13 African leaders to the “Livingstone Call for Action,” which called for greater resource allocation to social protection programming across the continent.23

3.3 Child-sensitive social protection monitoring and evaluation

In implementing and scaling up social protection programmes, it is critical to maximise very limited resources to ensure the greatest positive impact on the most vulnerable. It is here that well-designed and managed monitoring, evaluation, impact and learning mechanisms – such as baseline surveys and analysis and lesson-learning from pilot projects – are properly integrated into the design of current and future programmes. Proper knowledge management not only enables responsiveness in programming, but also allows proponents of social protection to generate and share persuasive evidence of the impact of such interventions on poverty and vulnerability reduction, in order to secure greater political support for their agendas (Jones and Holmes, 2010). As noted above, there is a growing body of social protection impact evaluations that provides an evidence base for the ef-

ficacy of such initiatives on child protection.

The current literature, however, contains room for improvement and expansion. There remains, for instance, the need for a greater number of longitudinal household studies in order to track longer-term impacts of projects. Research focused on the wider community rather than strictly on project beneficiaries also has a role to play in describing the community-wide implications of such programming.

Furthermore, across the continent, a widespread lack of consistent, evidence-based political cultures often impedes the availability of reliable poverty and vulnerability data, as well as timely information on social spending. Basic statistics such as unemployment rates, for example, are often unavailable, and where accessible, routinely fail to disaggregate data based on unemployment, under-employment, self-employment and informal employment (Taylor, 2009). Data on poverty and vulnerability indicators also often lacks disaggregation by age, gender, or disability, in turn posing a challenge to tailoring social protection to each category of person. Inadequate record-keeping and information systems also impede effective monitoring of conditionality compliance in cash transfer (CT) programmes (Tabor 2002). In many cases, such as CT programmes in Tunisia and Egypt, external evaluations are either not available publicly, or else are not conducted systematically (Marcus, Pereznieto et al., 2011).

Even when data is available, limited administrative capacity in many government ministries, NGOs, national legislatures and civil society organisations restricts its effective analysis and uptake by policy actors in key decision-making roles. This is particularly true with regards to monitoring, evaluation and learning mechanisms, which are often poorly designed, implemented, and coordinated – where they exist at all (Davis et al., 2012). Newer programmes that incorporate donor technical assistance, such as Morocco’s Tayssir Programme, which is aided by the World Bank, may help to ensure the incorporation of evaluation mechanisms during the design phase. In the case of the Tayssir Programme, the World Bank, the Massachusetts Institute of Technology, and Poverty Action provided design support for the impact evaluation component. Similar World Bank-aided impact evaluation of Egyptian food and energy subsidies is also proving an important role in iterative reform of targeting mechanisms for CT schemes there (Marcus, Pereznieto et al., 2011).

Knowledge-sharing initiatives may help to encourage the transmission of best practice and knowledge of social protection throughout the international community. One innovative example is the South-South Learning on Social Protection Gateway, a component of the joint Brazilian – UNDP International Policy Centre for Inclusive Growth (IPC-IG). As a key component of the IPC-IG’s global training initiative, which it conducts jointly with partners such as UK’s Department for International Development (DFID), the South-South Learning Gateway is a collaborative web-based platform that encourages knowledge sharing and dialogue amongst social protection practitioners and policymakers based in the Global South, while
also providing access to a database of social protection best-practice resources.\textsuperscript{24}

Lastly, mainstreaming a participatory approach towards children and their families is critical in ensuring that social protection policies, programmes and mechanisms are effective, relevant, and viewed with a sufficient sense of ownership by their key beneficiaries. Child participation in policy formulation at all stages of social protection policy design, implementation, and M&E helps ensure that specific needs and vulnerabilities are identified, while also giving an empowering voice to those most directly impacted (UNICEF, 2012a).

Instances of participatory research approaches incorporating children’s voices and those of their carers have revealed important insights. Participatory methods in a longitudinal impact assessment of Zimbabwe’s Protracted Relief Programme (PRP) have, for example, proven particularly helpful in unpacking informal implementation dynamics at community and intra-household levels (Ellis et al., 2008; Kabeer et al., 2009). In South Africa, participatory research by Hochfeld and Plagerson (2011) incorporated perspectives of Soweto female recipients participating in the Child Support Grants, in turn revealing unique perspectives on issues of stigma, dependency and deservedness surrounding cash transfers. Work by Skovdal et al (2011) on a Kenyan community-based CT scheme, the Community Capacity Support Programme (CCSP), likewise provides an important insight into the contribution of the cash transfer programme’s participatory project cycle to the mobilisation of greater economic, political and social support to orphans within the local community. With these exceptions, however, children’s perspectives remain largely absent from the majority of research on child-sensitive social protection to date. This wider dearth of participatory approaches to child-sensitive social protection design and evaluation is an important gap to be addressed.

\textsuperscript{24} http://south-south.ipc-undp.org/
Chapter 4  
Assessing good practice and programme impacts on child wellbeing

Examples of good practice in African child-sensitive social protection

This section addresses a diverse and growing body of evaluation research that provides evidence for the positive impact of social protection initiatives across Africa. Recent and ongoing impact evaluations include, among others, studies of Malawi’s Mchinji pilot (2007-009); Zambia’s child grant (2010-2013); Ghana’s LEAP pilot project (2010-2012); Tanzania’s Social Action Fund pilot (2010-2011); Uganda’s Social Assistance Grants for Empowerment (SAGE) (begun in 2012); Kenya’s CT-OVC pilot (2007-2011); South Africa’s Child Support Grant (2010); Ethiopia’s Tigray Social Protection Programme (2012-2014); Lesotho’s Child Grants Programme (CGP) (2011-2012); and Zimbabwe’s Social Cash Transfer (2012). These evaluations incorporate a wide range of methodological approaches, within evaluation frameworks ranging from rigorous, randomised experimental designs in the case of Lesotho’s programme, to longitudinal studies in Ethiopia and Mozambique, retrospective evaluations of long-standing programmes such as South Africa’s CSG, and evaluations drawing their controls from national datasets, such as the case of Ghana (Davis et al., 2011).

This evaluation literature on child-sensitive social programming in Africa contains multiple examples of good practice and models of innovation that help to demonstrate the potential positive impacts of social protection on child wellbeing in the regional context. Four case studies are discussed below, in order to illustrate the potential positive impacts of child-sensitive social protection on several dimensions of child wellbeing: overall reductions in vulnerability and poverty; improvements in child nutrition and health; and increasing synergies between social protection and child protection.

Finally, issues related to child-sensitive social protection financing and monitoring and evaluation are also briefly reviewed in this section.

4.1 Addressing child vulnerability in Kenya: the orphans and vulnerable cash transfer (CT-OVC) Programme

In Kenya, there is a large number of orphans and vulnerable children in need of social protection. HIV/AIDS prevalence in the country was 6.3% in 2011: as of 2009, 180,000 children (0-14) and 760,000 women were living with HIV (National AIDS Control Council of Kenya 2012). Child malnutrition, which is often inter-linked with HIV, is a key concern across the country, with certain districts claiming nearly 25% acute malnourishment among children, and 35% stunting of under-5s as of 2010. Nine out of 10 children from poor households do not complete basic educa-
tion, while in drought-affected areas school dropout rates are on the rise. Children remain vulnerable to a range of protection concerns as well, including widespread FGM/C (which affects one-third of all women aged 15-49 and the involvement of nearly 30,000 children in the commercial sex trade.25

Caring for children with HIV and AIDS represents a unique social and economic challenge for households and communities, as older carers tasked with providing for sick children and/or AIDS orphans limit their own wellbeing and earning potential, increasing wider incidence of poverty and deprivation as a result. For children who are forced to adopt new caring roles and responsibilities, education is also often delayed or abandoned (Foster 2005). Traditional family structures have also been severely disrupted throughout Africa, as children share homes with grandparents but without parents, head their own homes, or lack any family support as orphans. Orphans themselves face a unique set of risks and challenges beyond immediate barriers to support networks, such as discrimination and limited access to land, assets, and income (Edström, 2007).

In order to address such vulnerabilities among the country’s OVC, Kenya’s Orphans and Vulnerable Cash Transfer (CT-OVC) programme was established in 2007 with financing from the World Bank, UNICEF and DFID. Its aim was to encourage fostering and retention of orphans within their families and communities, while also furthering their human capital development through better school enrolment and attendance and better health centre attendance. Those enrolled received a monthly cash payment of KSH 1,500, paid bi-monthly through the post or district treasury. As of 2011, the World Bank estimated that the programme reached 103,307 households in 60 districts (out of 69), with 236,880 programme beneficiaries (World Bank, 2011a).

Evaluation evidence suggests that the programme has reduced child vulnerability in a number of ways. Firstly, there was a significant increase (7.8%) in secondary education enrolment for children older than 12 years old, an outcome attributed to the fact that children were being sent home from school less frequently due to their newfound ability to pay for textbooks, desks, and exam fees.

Secondly, children themselves also reported greater willingness to attend school, due to pride in clean uniforms and greater energy as a result of improved nutritional intake (Ward et al. 2010, in Jackson et al., 2011). Although overall impacts at the primary level are much smaller (as was expected, given Kenya’s free access to primary school), the programme has significantly reduced the negative effects of cost barriers on all primary schooling indicators except grade progression (Davis et al., 2011).

Third, the programme may be having an impact on shifting the consumption preferences of participating households (Davis et al. 2012), with particularly significant increases in food expenditure and dietary diversity (Jackson et al. 2011).

There has been a 15% increase in the frequency of consumption of five food groups: meat, fish, milk, sugar and fats. While the Initial Operation and Impact Evaluation (IOIE) of 2009 also highlighted that beneficiaries reported their children had more energy because of better eating, it found no statistically significant impacts on anthropometric indicators.

Fourthly, programme participation also reportedly resulted in a 3% reduction in child labour and a reduction of four hours per week in time spent by children on unpaid work (Republic of Kenya, 2012).

Finally, in terms of addressing social sources of vulnerability, evaluations suggest that there have been positive effects in terms of women’s empowerment within the home, as well as gains in social capital. Some 92% of caregivers – the majority of whom are women – decided how to use the transfer alone or in consultation with other adults in the household. Female caregivers also reported that this contributed towards a feeling of empowerment (Republic of Kenya, 2012). Jackson et al. (2011) mentioned also that community mobilisation through voluntary networks generated trust and mutual responsibility, and that one other successful accompaniment was capacity building of government staff.

4.2 Child poverty reduction in Malawi: the social cash transfer scheme

There is increasing evidence of the positive impact Cash Transfers (CT) can have in the reduction of childhood poverty (Fiszbein and Schady, 2009). Even when vulnerable children are not specifically targeted, households often spend their CT funds on investments that support children’s wellbeing, such as food, clothes, education and health service costs (Devereux et al. 2005). An example of this potential impact can be seen in Malawi’s Social Cash Transfer Scheme (SCTS), one of Southern Africa’s first CT schemes to be instituted by a lower-income country. According to the Multidimensional Poverty Index, 72% of Malawi’s population registers as income poor, subsisting on $1.25 a day, while the country rests low on the Human Development Index, ranking 170 out of 187 states. Educational rates are low, with secondary school participation in 2007-2010 only 19% among boys and 20% for girls. Nine percent of girls are married by the age of 15, and 50% are married by 18 (UNICEF, 2010). More than one in every four teenagers (26%) in the age group 15-19 has begun childbearing, while 20% have had a live birth within that age group (Malawi DHS, 2010).

The SCTS was established in 2006 with the stated objective of reducing poverty, hunger and starvation, while also increasing school enrolment and attendance. Operating at a cost of roughly MK6.1 million (US$43k) per month, by 2010 the programme was operational in seven districts, reaching more than 83,000 households. Targeting extremely poor and labour-constrained households through regular and reliable transfers, the SCTS now disperses US$14 per month depending on the size of the household and the number of school aged children (a 10%
top-up is paid for primary school aged children, and 20% for secondary aged youth). Each adult household member (up to four per home) receives a payment of MK600, while primary school and secondary school-attending children (up to three of each) receive MK200 and MK400 respectively. The scheme relies on a community-based targeting approach, in which elected Community Social Protection Committees (CSPCs) select the poorest 10% of labour constrained households (Tsoka and Reichert, 2009; Miller et al., 2009). There are as yet no formal, monitored conditions that accompany the transfer, but recipients are urged to use the cash to purchase a variety of healthy foods, fertilizer, and farm tools, and to direct a portion of their harvest to food stores (Covarrubias, and Winters, in Davis et al. 2012).

The SCTS has achieved progress in its goals of poverty reduction: there is statistically significant evidence that programme participants increase investments in agricultural assets and livestock, and decreased their participation in ganyu labour (a low-wage labour activity performed on others’ land) by 61% (Covarrubias et al., 2012). Significant decreases have also been observed in other negative coping strategies, such as begging for food or money or pulling children out of school. The cash transfer increased total weekly expenditure, particularly food expenditure. It also boosted the purchase of livestock and other productive assets, such as farming equipment and fertilizer coupons, which increase agricultural yield (which in turn can be consumed or sold for income). Children have reported that CT funds have begun to allow their families to begin small-scale business ventures, providing a context in which older generations are able to pass skills and training to children in a manner that may begin to address cycles of intergenerational poverty. Households have also noted their increased social mobility compared to non-recipients, as they are able to use the cash they receive both to participate in traditional expressions of status and community involvement (such as funerals), and to encourage their feelings of social inclusion through their newfound ability to share assets like food or soap with other community members. Recipient children also experienced gains in height, reduced stunting, and fewer illnesses, as better health was attributed to greater food security (Miller et al., 2010; Miller et al., 2011 in Handa et al., 2011; Covarrubias et al., 2012). Luseno et al. (2013) caution, however, that while the SCTS resulted in 37% less likelihood of child illness in beneficiary compared to non-beneficiary households, future programme designs should take into account the fact that a decline in child illness may lead to an unintended increase in child labour participation.

As an additional example of child poverty reduction in Malawi, the World Bank-assisted Zomba Cash Transfer Programme began in 2007 in the vicinity of Zomba town, Malawi, as a pilot study on the efficacy of conditional transfers. It incentivises current schoolgirls and recent dropouts to stay in, or return to, school, by providing school fees and cash transfers. On average, the programme provided US$10/ month to beneficiaries, conditional on satisfactory school attendance (75% attendance) and payment of secondary school fees. Payments were made at
churches and schools at points no more than 5km from recipients’ homes.

The Zomba pilot was unique in that it represented a novel use of experimental evaluation methods to explore the impact of conditionalities, incorporating both a control and a cohort of beneficiaries who received conditional transfers. Although the overall observed impact of conditionalities was relatively modest, results did suggest a positive gain in indicators tied to conditional transfers. Programme beneficiaries were 3–4 times more likely to be in school at the end of the 2008 school year than their counterparts. Moreover, there were other positive effects observed among the beneficiary group, including a lower likelihood of early marriage (a decline of 40%) and early pregnancy (a decline of 30%) (Baird et al., 2010).

4.3 Improving child nutrition and health in South Africa: the Child Support Grant

One of the oldest CT schemes in Africa, South Africa’s Child Support Grant (CSG) was established in 1998, and delivers a monthly grant of around US$32 to single carers whose monthly income sits below US$300 for every registered child. The main objective of the CSG is to provide support to all South African children in poverty, eliminating any sort of discrimination in the selection of the beneficiaries (Santana, 2008). The CSG was initially conceived as a social safety net for children below the age of seven, targeting the poorest 30% of children through means testing. Subsequently, the means testing has been modified and certain conditions removed, expanding coverage both in terms of income threshold and age, with children up to eighteen years of age now eligible for the grant. These changes reflect advocacy efforts from civil society organisations regarding accessibility, and show that the government has been open and responsive to criticism (Budlender et al., 2008). In 2009 there were around 8.7 million beneficiaries of the grant (Niño-Zarazúa et al. 2010).

South African children suffer from serious exposure to malnutrition, which is an underlying cause in 64% of under-five deaths in the country. Approximately one-fifth of all South African children are stunted and lack access to key vitamins and minerals (UNICEF MICS, 2011). However, a growing body of evidence suggests that the CSG grant is having a substantial impact in addressing a wide range of child vulnerabilities, including childhood nutrition and mortality. It improves the ability of caregivers to care for the child, and this has contributed to significant improvements in the height to age z-score (HAZ) when the CSG is accessed at an early age (Agüero et al., 2006 in Schubert et al. 2007). The positive impacts of the CSG on expenditure on child health, nutrition and schooling were reiterated in the indicative findings of more recent evaluations (Coetzee et al., 2013). Another recent impact assessment by the South African Government and UNICEF, based on a survey of children, adolescents and their households, further demonstrated that receipt of the CSG in the first two years of life increases the likelihood that a child’s growth is monitored, and improves height-for-age scores (DSD, SASSA and UNICEF, 2012). Additionally, findings also suggest that the CSG enhances women’s empowerment
over household decision-making in financial matters, thus enabling more child-sensitive general household spending (Patel et al., 2013; Sen, 1999).

In addition to positive nutritional dividends, the programme has also had important complementary impacts on educational attainment. In 2002 the CSG was associated with an 8.1% increase in school enrolment among six-year-olds, and a 1.8% increase among seven-year-olds (Case et al. 2005; Samson et al. 2004). Similarly, the South African Government and UNICEF reported that programme participants completed significantly more grades of schooling than non-participating children who were enrolled at age six. This was particularly significant for girls, whose grade attainment was increased by a quarter of a grade in grant recipients. Early enrolment was seen in turn to have a significant effect on child health: boys enrolled at birth had a 21% likelihood of being ill, compared to a 30% likelihood for boys enrolled later (DSD, SASSA and UNICEF, 2012).

4.4 Identifying opportunities for linking child protection with social protection in Ghana

Child protection issues remain a significant challenge in Ghana; in response, the government has sought to encourage linkages between child protection and social protection through its innovative new cash transfer programme, the Livelihood Empowerment Against Poverty (LEAP) Programme. LEAP is implemented in tandem with a number of complementary social equity measures, as detailed in Box 1.

Introduced in 2008 by the Ministry of Manpower, Youth and Employment, LEAP is designed with the objective of supplementing Ghana’s poorest households, including those with OVC, through cash transfers – and, importantly, linkages with complementary services aimed at poverty and vulnerability reduction (Jones et al., 2009). Reaching 53,000 target households in 2008, LEAP is expected soon to reach its goal of 165,000 households – or 1/5th of all Ghanaians living below the extreme food poverty line (Sultan and Schrofer, 2008). Although the programme is not a conditional CT programme in the sense of having rigorous monitoring and evaluation mechanisms in place and punitive measures against programme condition non-compliance, it does include a number of ‘soft’ conditions, which Jones et al., (2009) and others have argued serve an important awareness-raising function.

These soft conditionalities are primarily about child protection rights and therefore represent a potentially valuable opportunity for advancing child protection. LEAP requires birth registration of newborns, as well as their enrolment in postnatal clinics – birth registration is an integral mechanism for securing a child’s fundamental right to an identity, and in guaranteeing his or her access to essential services.

Findings from a recent survey indicated marked gender differences in educational attainment outcomes, with early enrolment in the CSG improving girls’ grade attainment by one quarter grade compared to enrolment in the CSG at age six. By contrast, there were no observed impacts on boys’ schooling or learning. A compensatory effect can be seen in how the CSG narrows the gap between children whose mothers have not completed primary school and mothers with at least some secondary education (Heinrich et al., 2013).
and resources throughout life (ODI and UNICEF, 2009). A second condition of programme participation is that children be kept from involvement in any type of excessive or harmful child labour, as well as from all forms of trafficking (ODI and UNICEF, 2009). Other soft conditionalities include the enrolment of school-age children, and full vaccination for all children under five (Jones et al., 2009).

The Department of Social Welfare (DSW), which is responsible for LEAP’s implementation, is constrained in its ability to monitor compliance at the community level, and there is no systematic evaluation evidence of whether these conditions are enforced in practice. However, the inclusion of these conditions in programme design does arguably serve to raise community awareness towards the dangers of child exploitation, and the importance of child protection. Moreover, although yet to be effectively implemented, beneficiaries can also be educated in their importance, through, for example, beneficiary forums held on payment days (ODI and UNICEF, 2009).

Another important and innovative component of the LEAP scheme is its direct linkages with Ghana’s National Health Insurance Scheme (NHIS). As a result of coordination between the Ghanaian Ministry of Health and the Ministry of Employment and Social Welfare, beneficiaries enrolled in LEAP are automatically granted free health insurance. This is significant in that it enables vulnerable and poor households to avoid the registration process and associated fees, and to bypass the annual NHIS renewal process, which may act as a deterrent for the most vulnerable in securing health insurance protection. The NHIS itself has also taken several notable steps towards incorporating a child-sensitive social protection dimension since its introduction in 2003. In 2004, for instance, deliveries in all district health facilities were made exempt from payments, a move that has had a limited positive impact on the rate of supervised deliveries. From 2008, the NHIS accepted free enrolment of all pregnant women for a full benefit package for one year and newborn children are also covered for up to three months. In the same year, the Government also announced plans to extend fee exemption to all children under 18 (Jones et al., 2009a).

While an additional conditionality was originally added to LEAP to require enrolment in the NHIS by beneficiaries, this proved prohibitively costly for ultra-poor households. Instead, funds are directly issued to LEAP households from the local health authorities upon the beneficiaries’ production of a health insurance card (Jones et al., 2009a; Save the Children and UNICEF, 2009).
Box 4.1: Complementary social equity measures related to children’s right to protection from violence, abuse and neglect in Ghana

Ghana has developed an increasingly comprehensive set of laws against child labour, trafficking, domestic abuse and sexual violence, practices also addressed by language in the country’s 1998 Children’s Act (Government of Ghana, 1998). Several governmental institutions are also dedicated to child protection. These include the Department of Social Welfare (DSW) and the Child Labour Unit (CLU) within the Ministry of Manpower, Youth and Employment; the Department of Children in the Ministry of Women and Children; and the Ghana Police Service’s Domestic Violence Victims Support Unit (DOVVSU) (ODI and UNICEF, 2009). A number of challenges remain, however: despite sustained government commitment, this array of national child protection institutions is poorly coordinated, and overlaps exist between agencies and departments as a result of unclear mandates (ibid).

Other efforts suggest further commitment to a child protection agenda. Nationwide campaigns have focused on the value of birth registration, and drawn attention to the dangers of child labour and child trafficking. Community engagement and training offered to medical professionals has addressed harmful practices such as FGM/C and force-feeding. Ghana has also invested in efforts to curb corporal punishment in schools, and has been proactive in engaging influential religious and traditional leaders in the promotion of child-sensitive attitudinal change.


4.5 International examples of good practice

Beyond the African context, a number of instructive good practice examples can be drawn from past and present social protection programmes worldwide. They are particularly abundant in Latin America and South Asia, where child-sensitive social protection policies and programmes have been extensively evaluated by an established literature (Nigenda and Gonzalez-Robledo, 2005). Three such examples are examined briefly below: Chile’s Solidario and Crece Contigo bundled services programmes, India’s Janani Suraksha Yojana Safe Motherhood Scheme, and Mexico’s Estancias subsidised child crèche programme.

While we recognise that all of these initiatives have been established in middle-income countries29, we are nevertheless of the view that some valuable lessons can be derived from them and adapted to the low-income contexts found in much of

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29 Fitzbein and Schady (2009) suggest that the programme may serve as a model for other middle-income countries with persistent pockets of poverty, but recognise that it may not be affordable in the short-to-medium term for many developing countries. This is underpinned by the fact that the programme has been funded by a fiscal surplus which averaged 1% of GDP between 2001-8 (Barrientos and Niño-Zarazúa, 2011).
sub-Saharan Africa. We also believe the case of Mexico’s Estancias, with its focus on urban and peri-urban vulnerable households, is of direct relevance in light of rising rates of urbanisation across Africa and associated new challenges to child wellbeing and increased vulnerability, particularly among OVC living in urban and peri-urban environments (UNICEF, 2012b). Rapid urbanisation has fuelled extensive rural-to-urban and peri-urban migration across Africa, accompanied by risks arising from family separation and child migration to support household needs. Increased child vulnerability risks include a rise in child trafficking, commercial sexual exploitation, and poverty deriving from the breakdown of traditional social protection mechanisms in urban environments (Black et al, 2004; UNFPA, 2006).

4.5.1 Chile Solidario and Crece Contigo

Two examples from Chile offer constructive evidence of impactful child-sensitive social protection. First, the Chile Solidario (Chile Solidarity) programme emerged in 2002 from the pilot Puente (Bridge) Programme, which targeted only extremely poor households. The programme was phased in four waves, from 2002 to 2005, and covered a target population of 225,000 households, the estimated number of households in extreme poverty in the country (Galasso, 2011). Chile Solidario is defined by its explicit focus on helping households transition out of poverty, in a process supported by social workers. Households are targeted by proxy and means-testing, and in a period of over two years they are provided with tailored and comprehensive psychosocial support through a local social worker. Households are also encouraged to assess their needs and devise a strategy to exit extreme poverty in the short run, aided by direct cash transfers that gradually decrease in value. After two years they are ensured a direct cash transfer and preferential access to assistance programmes for an additional period of three years. On the supply side, the programme ensures coordination with other programmes, including preferential access to a range of health, education, housing, employment, income and social development programmes and services (Galasso et al., 2009 and Larranãga et al., 2009, in Soares and Silva, 2010). It is a system of social protection.

Chile Solidario has demonstrated positive impacts on child wellbeing in several regards. One 2006 evaluation based on regression discontinuity techniques estimates a programmatic impact of 4–5 percentage points on preschool enrolment, and of approximately 7 percentage points in the probability that all children aged 6–14 are enrolled in school (Galasso in Fitzbein and Schady, 2009). The initiative has also led to an increased proportion of employed adults per household, greater empowerment among female household members, and – particularly in younger families (headed by 18-25 year olds) and female-headed families – a greater likelihood that the most vulnerable are accessing cash and subsidies. These gains are expected to improve general wellbeing among children who belong to beneficiary households, although in-depth evaluations on these indirect impacts are still scarce (Soares and Silva, 2010).
A second example of good practice from Chile is the country’s effort at targeted social protection for infants and young children, the Crece Contigo (“Chile Grows with You”) programme. Established in 2006, Crece Contigo’s main objective has been to accompany and carry out personalized follow-up on children’s development from gestation until they enter the school system in pre-kindergarten, aged 4 years. It forms part of Chile’s Inter-sectoral System for Social Protection (Government of Chile, 2010a), and offers different levels of support according to the specific needs of children and their caregivers, including improved prenatal and other health controls (e.g. biopsychosocial and newborn support). It also offers specialized support for the poorest 40% of homes (Nuñez 2007 in Frenz 2007).

Universal services from the programme include group education workshops on preparation for birth, breastfeeding and nursing aimed at women and their partners and designed to support cognitive and emotional development during pregnancy and increased capacity for self-care. In 2009, 64,271 pregnant mothers took the pre-natal education workshops. Attendance depends on communal networks. By 2009 the programme reached 324,338 children under 4 years of age, from 354 communes, and attended to 204,935 expectant mothers (Government of Chile, 2010a).

Evaluations of the Crece Contigo programme show a marked expansion in the reach and efficacy of Chile’s childhood development support services, and an increased frequency in home visits, prenatal and parenting skills workshops, and identification of risk factors during early pregnancy. Biopsychosocial indicators have shown improvements as well, such as a reduction in maternal mortality from 1.9 to 1.2 deaths per 100,000 live births – roughly a 50% decrease. Beneficiaries have also reported high levels of user satisfaction regarding Crece Contigo’s biopsychosocial and newborn programmes. These programme successes have led, in turn, to budget increases for Crece Contigo, permitting greater resource allocation to support local management and early childhood education initiatives (Government of Chile, 2010b; Vega, 2011).

4.5.2 India's Janani Suraksha Yojana  Safe Motherhood Scheme

Maternal, newborn and child health in India, although gradually improved over the last 15 years, remains a serious concern in a country that saw more than 78,000 maternal deaths and 1 million neonatal deaths in 2004 (Hogan et al., 2010; Rajaratnam et al., 2010). Often, child and maternal vulnerabilities directly overlap: with high adolescent fertility rates, 22% of the female population gives birth before age 18 – a proportion which, while declining, remains high. Moreover, in 2006 14% of recent births to adolescent mothers were unplanned (DHS, 2005-2006; UNICEF MICS, 2011).

As one response to inconsistent progress in reducing the country’s maternal and neonatal deaths, the Government of India in 2005 launched the Janani Suraksha Yojana (JSY, or ‘Safe Motherhood Scheme’) cash transfer programme. As the
largest CT scheme in the world dedicated specifically to pregnant women, the JSY scheme is allocated funding sufficient to cover 9.5 million pregnancies per year. It is conditional, intending to reduce financial barriers to accessing institutional care for delivery. It also incentivises poor women to adopt safer health practices by requiring attendance at three antenatal and post-birth check-ups, and offering additional benefits for giving birth at private health facilities (Lim et al., 2010). Implementation at the local level relies on community health workers and accredited social health activists (ASHAs), who aid in identifying pregnant women, directing them to antenatal and postnatal visits, and ensuring newborns receive proper immunisation (ibid).

The JSY implementation remains an evolving process, and room for improvement exists (Paul, 2010). This is particularly true with regard to gaps in information management, notable state variations in uptake, payment delays, targeting systems, and flexibility in accommodating traditional birthing practices (Lim et al., 2010; Blake, 2011).

Nonetheless, the JSY has proven successful in improving maternal and infant health, and reducing mortality. Evaluations show scheme payments are associated with a reduction of approximately four perinatal deaths per 1,000 pregnancies, and two neonatal deaths per 1,000 live births. Following the scheme’s implementation, in-facility births rose from 20% to 49% (Randiv et al., 2013). Frequency of postnatal care and advice on breastfeeding are also continuing to rise (GoI). In terms of equity, the scheme has been successful in attracting ethnic minority populations at rates similar to non-minorities, and high numbers of first-time pregnant mothers who possess less than a secondary education. Importantly, receipt of transfer payments was highest among adolescent mothers aged 15-19 who were giving birth to their first child (particularly in urban areas), while participation rates decreased among older women (Lim et al., 2010).

4.5.3 Mexico’s Estancias subsidised crèche scheme

More than half of Mexico’s population, including self-employed and informal workers, are left out of the country’s formal social protection coverage. This population includes the poorest members of Mexican society. In an attempt to reach them, a range of social protection programmes developed over the past decade under the rubric of the Government’s social policy strategy, VivirMejor (Live Better), which seeks to increase equitable access to basic services and contribute to poverty reduction (Pereznieto and Campos, 2010).

As a child-focused aspect of this agenda, the Estancias Infantiles Para Apoyar a Madres (child care services for working mothers, ‘Estancias’ for short) was introduced in 2007 as a mechanism for delivering subsidised childcare services to poor working mothers, mothers seeking employment, or mothers who are studying. Implemented by the Federal Ministry of Social Development (SEDESOL, 2010), the Estancias programme reached 241,019 beneficiaries in 8,923 centres as of
Expanding upon its original mandate, the programme now includes poor single fathers responsible for child-care. As an integrated gender-responsive objective, Estancias also seeks to support women’s equal access to paid employment, education, and capacity-building in order to escape poverty and achieve greater social equity (Pereznieto and Campos, 2010).

Evaluations have demonstrated the effectiveness of the Estancias programme. According to a 2009 assessment, 99% of beneficiaries noted their satisfaction with the service and confidence in the government-run facilities where their children received care while they worked (SEDESOL, 2010). The majority of respondents in related evaluations also recorded their view of the programme’s positive impact on child development, alongside their own improved abilities to seek paid employment, develop greater personal autonomy, and improve their self-esteem (SFP, 2009). In terms of job creation, 51% of respondents surveyed prior to participation in Estancias held a job, compared to 71% after programme participation, while 94% of all women reported increased income (SFP, 2009).

One source of the Estancias programme’s success was the high-level political buy-in that it enjoyed from inception. It was created as a flagship gender-responsive initiative by the President’s team at the outset of a new Federal Administration, which helped ensure its timely launch in 2007 (Pereznieto and Campos, 2010).

An interesting result of the programmes has been that the majority of Estancias centers (68%) are located within urban communities with greater relative access to basic and secondary services that result in improved economic and social indicators, particularly when compared to rural communities. Indeed, only 6% of Estancias are located in communities with high levels of marginalization (Pereznieto and Campos, 2010). The fact that there has been a strong demand for childcare centers in the urban areas, and a comparatively lower uptake in rural areas which are more marginalised in the Mexican context, suggest that the model has been taken up largely by poor urban dwellers. This provides important evidence of the value of considering the unique context of urban environments in designing social protection programmes – a lesson also applicable to the African context, with its growing urbanization and concurrent child vulnerability dimensions.
5.1 Key challenges to child-sensitive social protection in Africa

Several important structural challenges exist for African governments and their implementing partners. These challenges affect the effectiveness, reach and sustainability of existing social protection efforts, and the introduction of new initiatives aiming to tackle the multi-dimensional risks and vulnerabilities affecting children.

First, the political economy of many African states poses serious limitations to social protection policy and programming across the continent. Governance systems are often characterised by neo-patrimonial patronage structures manifested in political and fiscal centralisation, which directly impedes both legal rule and human development objectives (Booth et al, 2005; Kaufmann et al., 2006; Holmes and Jones, 2009). Many African states also suffer from political instability as a result of ongoing violent conflicts or fragile post-conflict contexts. Such instability not only puts households and communities directly at risk, but also creates dysfunctions in governance and accountability, which limit the state’s ability to provide for children’s security from abuse and poverty.

Across the wide range of African social assistance programming discussed above, these political economy factors routinely manifest themselves in the form of serious governance, administrative and financial capacity limitations within and across key implementing ministries, which restrict overall programming efficacy (ODI and UNICEF, 2009c). More specifically:

- Social protection-oriented services are often overseen by under-resourced agencies severely limited in terms of human, administrative and technical capacities. This can lead to poor programme design and management, and at best allows limited outcomes for children. Human resource limitations in Tanzania’s Department of Social Welfare, for instance, have restricted its staffing to only a third of the country’s districts, and severely curtailed its ability to provide direct services to target populations of social protection programmes (Mamdani et al, 2009). Even governments with relatively sound governance structures struggle, as ministries of social affairs – which are often mandated to coordinate social protection frameworks – are frequently among the most poorly resourced government agencies. The Ghanaian Department of Social Welfare, for instance, was recently identified as lacking in administrative capacity to implement and oversee aspects of its social protection programming mandate (Yuster, 2008).
• These challenges are exacerbated by transparency and accountability issues related to corruption in many parts of the continent. For example, Mozambique’s GAPVU (Cash Payments to War-Displaced Urban Destitute Households) programme was temporarily effective in the 1990s (reaching 70,000 households), but was suspended by 1997 due to endemic fraud and corruption within the programme (Samson et al., 2006). In countries such as DRC, donor concerns about endemic state corruption and capacity constraints have led to alternative funding pathways that bypass official agencies in favour of international organisations and NGOs. As a result, government ownership of social protection programming is reduced, while coordination challenges between ministries and international development actors are increased (Bailey, et al., 2011).

• Serious coordination issues also exist within the range of agencies and ministries tasked with designing and implementing child-sensitive social protection programmes, and the large number of international agencies and NGOs which are often relied on by governments to provide such services. Power imbalances between resource-poor ministries of social welfare and more influential, better-resourced ministries of finance present an additional challenge. Similar barriers are posed by weak coordination, communication and awareness-raising between national level officials and local programme and service providers, impeding the effective tailoring of social protection programmes to sub-national contexts (Jones and Holmes, 2010).

• These issues are further exacerbated by the weak presence of civil society organisations focused on child rights issues throughout Africa, which in a more empowered form might serve as a voice for greater accountability and effectiveness in the provision of social protection services, and enhance buy-in to protection agendas at the local level (Harper and Jones, 2009).

Second, most African states face serious fiscal space constraints, which although varied between sub-regions nonetheless remain a consistent challenge for most governments. The ILO estimates that universal social assistance demands roughly 3% of a country’s GDP, while 1% is required for a social pension, and 1-2% for child-related transfers and roughly 3-4% for basic health insurance (Pal et al., 2005). In the poorest African countries, these necessary fiscal resources may not exist, while even in middle-to-higher income states, fiscal space is routinely limited by governance and administrative capacity deficits, exacerbated by downturns in government revenue during times of economic challenge (Handa, 2009). Moreover, many countries rely heavily on expensive food and energy subsidies, which are often regressive and disproportionately limited to high-income households,
yet which have simultaneously become entrenched behind difficult-to-remove institutional barriers (Fatouh, 2010). Fiscal space constraints, in turn, typically presage the need for heavy involvement from multilateral and bilateral donors in the design, implementation, promotion and evaluation of social protection policy and programming. This support can, however, often result in limited government ownership and control over programme objectives. Donors may also hold distinct or even conflicting social protection agendas, hampering more harmonised policy and programming inputs. The result is often reduced high-level political buy-in for social protection approaches (Barrientos and Hulme, 2008; IDS et al, 2010).

Third, tensions between the wider aims and principles of social protection and those of traditional socio-cultural attitudes, beliefs, and practices towards children and gender often impede broader progress towards transformative child-sensitive social protection programmes. At the governmental level, African political traditions typically downplay the importance of the state as a provider of fundamental security and wellbeing, while fears persist of the role of social transfers in fostering cultures of dependency among populations (Jones and Holmes, 2010). Broader social values and attitudes towards child vulnerability and protection are, as noted above, also often at odds with the goals of child-sensitive social protection, particularly regarding traditional harmful practices such as FGM/C, early child marriage, HIV/AIDS, and the discriminatory treatment of children by gender, age, ethnicity, and/or disability. Such attitudes may impair progress towards social protection and social equity in the household and the wider community, and increase risks and inequalities to children in terms of both their basic livelihoods and the achievement of wider justice for children (Ras-Work, 2008; UNICEF, 2008).

Finally, reliable age-disaggregated poverty and vulnerability data remains limited (although the UNICEF Multiple indicator cluster surveys – MICS –are a welcome addition where they are carried out), as does disaggregated data on social spending. This dearth of information, a result of the lack of evidence-based political culture in governments throughout Africa, impedes efforts to design context-sensitive social protection programmes either tailored directly to children or designed for a broader target group but in a child-sensitive manner. This issue is compounded further by the relative rarity of monitoring, evaluation and learning structures embedded in existing and emerging programmes, and by the poor coordination of knowledge-sharing mechanisms for sharing good practice (Jones and Holmes, 2010).

Limited coordination of lesson-learning across small-scale social protection pilots and initiatives and a gap in longitudinal impact assessments represent notable absences in the body of impact assessment research (Jones and Sumner, 2011). Furthermore, while impact assessments of small, independent, donor-initiated social protection projects has indeed yielded valuable evidence for the positive impact of social protection programmes, the tendency remains to privilege these assessments over lesson-learning from project implementation at a national level.
As a result, issues related to funding, affordability, capacity constraints, donor dependency, and synergies between social protection programming and broader economic growth are often under-examined (ODI et al, 2010).

5.2 Recommendations

With these challenges in mind, African governments and their development partners wishing to improve the efficacy of their social protection efforts should heed the following challenges and recommendations.

• **Avoid a narrow approach to child-sensitive social protection.** As we have highlighted, an array of potentially complementary social protection instruments are available, and should be selected on the basis of a carefully-considered child-sensitive vulnerability assessment (Holmes and Jones, 2009). The popularity and ubiquity of cash transfers as a centrepiece of African social protection programming throughout the last decade too often obscures opportunities to advance broader, multidimensional protection agendas. Cash transfers can indeed be critical in reducing household insecurity and poverty, and promoting human capital development. However, in pursuing these approaches exclusively, governments risk failing to take into account the deeper social dimensions of child vulnerability, such as its inter-generational origins or roots in embedded discrimination or harmful practices. They can also fail to make use of the wider array of improved social protection mechanisms, such as social insurance, social equity measures and legislation, in-kind transfers, and subsidised services. Given the many socio-cultural impediments to improving child-sensitive social protection agendas, it is also important to expand the horizons of social protection systems beyond strict social service delivery and transfers, to a more ambitious agenda of transformative change aimed at redressing the power inequalities in societies that lead to child vulnerabilities in the first place (Handa et al., 2012). At the same time, the design and rollout of formal social protection initiatives needs to be informed by an understanding of more informal social protection mechanisms, in order to identify potential synergies and avoid undermining more indigenous safety net approaches for children.

• **Avoid overly-complex programme design.** In light of the serious limitations to administrative and coordination capacity that are present throughout many African governments, careful thought should be given to avoiding unnecessary complexity in social protection programmes and mechanisms for eligibility. A cost-benefit calculation must be made regarding universal versus targeted approaches, based on the fiscal space and political economy of the country in
question. Pursuing a targeted approach may reduce overall costs in comparison to a universal approach, and therefore represent the better choice for fiscally-constrained states; however, it is important to keep in mind that targeted approaches can also often require costly investments in skilled staff and sophisticated monitoring and conditionality mechanisms (Marcus, Pereznieto et al., 2010).

- **Do not overlook short-term stop-gap measures while developing longer-term social protection systems.** Developing new, efficient social protection systems and/or improving existing systems is important, but such efforts can also prove to be lengthy undertakings. Until well-functioning systems are in place, governments must also retain the ability to provide short-term responses to vulnerabilities facing their populations in the present. Growing evidence regarding the potentially regressive and cost-ineffective nature of universal subsidies compared to more targeted approaches, for instance, may point to the need for reform; however, rapidly dismantling popular programmes such as food subsidies in response can increase vulnerability in the interim. If political leaders do not introduce such measures properly, with good public communication, they can provoke popular backlash against otherwise-needed social protection reforms (Marcus, Pereznieto et al., 2010).

The following steps offer several practical ways to address the key challenges identified above.

- **Improve and expand capacity and coordination at all levels of social protection actors.** Given that addressing child-specific risks and vulnerabilities demands an integrated approach (UNICEF, 2010), there is a tremendous opportunity to improve inter-agency and inter-ministerial coordination at national and regional levels, as well as coordination between the diversity of development actors actively involved in the design, implementation and evaluation of child-sensitive social protection programmes across Africa. Emerging good practice points to the value of high-level political buy-in and carefully-phased roll-outs (Jones and Holmes, 2010), while designing integrated child-sensitive social protection systems calls for close harmonization of basic social services and child protection. Better clarification of ministerial roles and responsibilities is needed, as is budget and administrative capacity-building in potentially weaker ministries involved in social protection, in order to improve their efficacy in advancing agendas (Temin, 2008).

Importantly, influential local champions—whether from civil society, government or the academic community – need to be identified and actively engaged in the task of ensuring greater programme sustainability and political
• **Increase fiscal space for social protection agendas, and build the corresponding capacity of relevant ministries and agencies.** Governments, donors, and implementing partners should seek out new ways to increase fiscal space and available resources available for child-sensitive social protection programming. Two potential options include raising taxes and economic activity, and reallocating spending (Handley, 2009). Both approaches, however, demand a high degree of capacity and coordination at ministerial level. In order to pursue strategies to expand fiscal space and resources, it is therefore also necessary to engage African social sector ministries in capacity-building efforts aimed at improving technical and administrative skills. Also important are the building of the communication skills needed to equip these ministries with the ability to present and defend their budget proposals with confidence when dealing with more-powerful finance ministries (Handley, 2009; Jones and Holmes, 2010). Greater capacity-building and training in key ministries charged with child-sensitive social protection policy – particularly ministries of social welfare, women and children – can equip ministers and staff with the skills needed to advance their agendas more effectively within competitive inter-ministerial funding debates, and to engage better with wider social protection agendas (Holmes and Jones, 2009). This permits more effective advancement of social protection agendas within public expenditure reforms, allowing for greater fiscal space through increased budgets and spending, and longer-term sustainability.

• **Improve the evidence base, knowledge management and lesson sharing around child-sensitive social protection policy and programming:** It is imperative to enhance current understanding of existing child-sensitive social protection efforts, through expanded and better coordinated research efforts, monitoring and evaluation. A stronger evidence base could greatly improve existing understanding of how child-sensitive programme design and implementation may best be tailored to existing social protection policies and programming. At the same time, better data could equip policymakers with a powerful tool for allocating limited resources and advancing their social protection agendas through the use of persuasive evidence that shows the advantages of child-sensitive social protection for governments and communities, both in the short-term and inter-generationally.
References


cains Résidant à L’étranger: Une Revue de Literature’. New York: UNICEF.


Effectiveness. 4(1): 50-77.


Government of Chile.


Government of India. ‘Janani Suraksha Yojana: A Demand side intervention for promoting safe delivery’.


SFP (Federal Comptroller Secretariat, 2008). ‘Informe Ejecutivo de Resultados,


