

Child-sensitive social protection in South Asia—assessing programmes' design features and coverage of children

Charlotte Bilo, International Policy Centre for Inclusive Growth (IPC-IG)

An ever-growing body of research has been documenting the positive effects of social protection programmes, not only regarding the reduction and even prevention of monetary poverty and vulnerability, but also the improvement of other human development indicators, including children's health and education outcomes. However, to this end, it is essential that age- and gender-specific vulnerabilities are considered as early as at the design stage. For example, social protection policies can foster synergies with other basic services in the areas of health, nutrition and education, which are key in combating multidimensional child poverty.

Child poverty remains a critical issue in the South Asia region, calling for comprehensive social protection systems. A recent study by the IPC-IG and the UNICEF Regional Office for South Asia (ROSA) (Arruda et al. 2020) has analysed the design features of 51 government-led programmes in the eight countries¹ of the region. The analysis included an assessment of the child-sensitivity of the programmes, as well as an estimation of the number of children covered by them. Regarding the **child-sensitivity assessment**, programmes were analysed regarding whether:

- they explicitly target children and pregnant/lactating women;
- they are designed to increase children's access to education, health and/or nutrition services; and
- benefits increase with the number of household members/children (in the case of cash transfer programmes).

The assessment found that more than half (55 per cent) of the programmes mapped have at least one of the abovementioned features. Afghanistan is the only country for which no child-sensitive programme was mapped. The most common child-sensitive design feature in the region is the direct targeting of children. However, most programmes target school-age children: children under the age of 6 are targeted less often. This is especially important, as early childhood is the period in life when the brain develops most rapidly, and the foundations are laid for health and well-being throughout the life cycle.

The second most common type of child-sensitive programmes are those that support children's access to education, such as scholarships, as well as cash transfer programmes whose benefits are paid per child or which increase with the number of children in the household (15 programmes each). Programmes that pay a fixed amount per household consider the higher expenditure levels of larger families (and of older children). Moreover, all countries in the region (except Afghanistan) also have at least one programme that supports children's access to health care, such as non-

contributory health insurance or cash transfer programmes that offer health visits for mothers. Programmes with linkages to nutrition interventions are quite rare, except for some school feeding programmes. This is particularly concerning given the high malnutrition rates in the region.

Regarding the programmes' **child coverage rates**, it is important to keep in mind that programme coverage is often only reported in terms of households or total beneficiaries, and not disaggregated by age. Based on the coverage figures reported on average household size and the proportion of children relative to the population in the country, the authors estimated the number of children covered by the respective programmes.² Except for a few large-scale programmes, such as *Husnuvaa Aasandha* in the Maldives (a quasi-universal health insurance scheme) and India's Targeted Public Distribution System, which cover an estimated 68.4 per cent and 65.3 per cent of all children in the country, respectively, the **large majority** of programmes each **cover less than 10 per cent** of all children. This is particularly troublesome considering the large number of children living in multidimensional poverty and thus in need of social protection in the region.

Recommendations

Given the findings detailed above, countries in the region should consider the following:

- have more programmes focused on children **under the age of 6**;
- strengthen programmes' linkages to other services, especially **nutrition** interventions;
- conduct **in-depth assessments** of existing programmes to decide which have the most potential to be scaled up, and study the feasibility of new programmes;
- **scale up** existing programmes and/or introduce new ones; and
- **enhance child/family allowances** to reach all vulnerable children, as cash transfers have been proven critical to improving many indicators of children's well-being, including health and nutrition.

Reference:

Arruda, P., C. Bilo, Y. Markhof, and I. Franciscon. (Forthcoming). *Overview of non-contributory social protection programmes in South Asia from a child and equity perspective*. Brasilia and Kathmandu: International Policy Centre for Inclusive Growth and UNICEF Regional Office for South Asia.

Notes:

1. Countries include Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.
2. For a more detailed description of the methodology used, see Chapter 4 of Arruda et al. (Forthcoming).