

SOCIAL MONITOR

Social protection for child rights and well-being

in Central and Eastern Europe, the Caucasus and Central Asia



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LIST OF ABBREVIATIONS AND ACRONYMS

CA/CB	Child Allowance/Child Benefit	MICS	Multiple Indicator Cluster Survey
CCT	conditional cash transfer	NGO	non-governmental organization
CEE	Central and Eastern Europe	OECD	Organisation for Economic Co-operation and Development
CIS	Commonwealth of Independent States	PA	Parental Allowance
CRC	Convention on the Rights of the Child	PPP	purchasing power parity
DHS	Demographic and Health Survey	SDGs	Sustainable Development Goals
EU	European Union	SOWC	<i>The State of the World's Children</i> report
EU-SILC	European Union Statistics on Income and Living Conditions	SPSF	Social Protection Strategic Framework
GDP	gross domestic product	UNDP	United Nations Development Programme
GMI	Guaranteed Minimum Income	UNICEF	United Nations Children's Fund
ILO	International Labour Organization	WHO	World Health Organization
IMF	International Monetary Fund		
MAP	Medical Assistance Programme		
MDGs	Millennium Development Goals		



FOREWORD

BY MARIE-PIERRE POIRIER
UNICEF REGIONAL DIRECTOR

There has been great progress for children in Central and Eastern Europe and Central Asia following the entry into force of the Convention on the Rights of the Child in 1989, and since UNICEF began its programmes of cooperation with several countries of the region more than 20 years ago. The Social Monitor series of publications (five between 2002 and 2009), supported by UNICEF, has been examining regional trends in the well-being of children and progress in realizing children's rights since its first edition in 2002.

Throughout this time, UNICEF has been partnering with governments, civil society, development partners, children and young people, and other stakeholders to support a common agenda for children. The regional agenda has included helping children to move out of large state institutions and to live in a supportive and caring family environment, supporting children to access justice, enhancing the ability of countries to ensure that children benefit from early learning and quality inclusive education, realizing the rights of children to health and well-being, and to be born free of HIV, protecting children from the risk of disasters, and promoting an adolescent's right to a second chance. As this report shows, despite the progress achieved on many aspects of this agenda, today there are still many children around the region who are missing out.

Those most at risk of being denied their rights are children living in poverty or who are excluded from society due to social barriers, such as disability, or ethnic identity. All across the region, children on average bear a higher burden of poverty than adults, and some groups of children – those with disabilities, ethnic and linguistic minorities – are even more likely to be poor and experience the vulnerability associated with poverty.

To address these lingering challenges and eliminate the disparities that some groups of children continue to face, it is critical that countries in Central and Eastern Europe and Central Asia dedicate resources and capacities to putting in place effective and child-sensitive systems of social protection. The objectives

of social protection in the region should include to protect children and their families from income poverty, support them to access critical services, and to overcome the hurdles of social vulnerability and discrimination. Social protection is a child's right, embedded in the Convention on the Rights of the Child. In this region, however, too few of those who really need support actually receive it; all too often when benefits are provided, they are too small to make a meaningful difference to children's lives, to lift them out of poverty, or to ensure their inclusion in society.

Strengthening social protection for children is not only about making children's lives better. It is also about building the foundation for more equitable and just societies, sustaining economic growth by building the future labour force, and reducing the vulnerability of children and adults to economic downturns, to natural disasters and climate change. All of this is vital for the region to be able to respond to the opportunities and challenges of the twenty-first century and reap the benefits of graduation to middle-income and high-income status on a path towards truly sustainable development.

This report provides evidence about social protection for children in the region, drawing on a wide range of information, to make a compelling case for increased investment in social protection. It sets out an agenda of priority actions to increase the effectiveness of social protection systems in the region for children. The report also provides examples of social protection systems from inside and outside the region for inspiration and guidance. With strong leadership from countries of the region and the support of UNICEF, I am convinced that Central and Eastern Europe and Central Asia has strong potential to become a global hub of excellence for social protection systems that overcome child poverty, enhance equity, and build social cohesion. As this study demonstrates, UNICEF's core contribution is to generate and share knowledge, and strengthen national institutions and capacities to track, reach, protect and include the most disadvantaged children.

GLOSSARY

Absolute child poverty rate, also referred to as absolute child poverty headcount rate: the proportion of children living in households below the national absolute poverty line.

Absolute poverty line: a nationally defined cut-off point separating the poor from the non-poor, anchored in a defined standard of what households should be able to count on in order to meet their basic needs. Typically absolute poverty lines are based on estimates of the cost of basic food needs (i.e., the cost of a nutritional basket considered minimal for the healthy survival of a typical family).

Absolute poverty rate, also referred to as absolute poverty headcount rate: the proportion of population living below the national absolute poverty line.

Adequacy, generosity: the percentage of post-transfer income/consumption of recipient households in a given quintile provided by a cash benefit.

At risk of poverty rate, also referred to as relative poverty rate: the percentage of the population living in households where the equivalized disposable income was below the at-risk-of-poverty threshold for the current year (after taking taxes and benefits into account and adjusting for family size and composition). It can be disaggregated by age cohort, sex and other dimensions. The indicator estimates the income of a group of the population in comparison to other residents in that country. This report uses the at-risk-of-poverty threshold determined by the European Union as 60 per cent of the middle value (median) of the equivalized disposable income of all households.

At-risk-of-poverty rate before social transfers: the share of people having an equivalized disposable income before social transfers that is below the at-risk-of-poverty threshold calculated after social transfers. Pensions, such as old-age and survivors' (widows' and widowers') benefits, are counted as income (before social transfers) and not as social transfers. It can be disaggregated by age cohort, sex and other dimensions.

Beneficiary incidence: the percentage of programme beneficiaries in a given quintile relative to the total number of beneficiaries in the population.

Benefit incidence: the percentage of total benefits received by a given income quintile.

Cash benefits, cash transfers, social transfers (used interchangeably in this report): predictable and regular direct non-contributory transfers of cash to households or individuals to protect them from the impacts of shocks and support the accumulation of human, financial and productive assets.

Case management: a multidimensional response over time, nuanced to the different age-specific physical, emotional and developmental needs of the child, recognizing the environment and context the child lives in, and providing a multi-layered response from prevention through to rehabilitation. It encompasses referral mechanisms (*see below*) and requires an individualized and time-sensitive perspective from early detection, management of referrals across sectors and services and follow-up.¹

Categorical targeting: a targeting methodology (*see below*) that uses easily distinguishable attributes (age, ethnicity, gender, family status) to identify beneficiaries of social protection programmes.

Centre for Social Work/Welfare (CSW): typically, a municipal (local level) implementation unit, or de-concentrated structure, of the central ministry in charge of social protection programmes. Depending on the country, the CSW may include additional functions in child protection, social work, and/or counselling and provide a variety of social support and care services.

Child benefit, child allowance, family benefit, family allowance, parental allowance, social benefits for families/children (used interchangeably in this report): financial and in-kind support provided to parents or guardians of children up to a given age, usually non-contributory. They can be based on categorical or means-testing targeting methodologies (*see below*).

Child poverty: Unless otherwise stated, in this report 'child poverty' is used as a generic proxy for all indicators that measure the income or consumption poverty of the household a child belongs to (adjusted for the number of adults and children in the household), using a variety of poverty lines, age cohorts and methodologies (*see relevant definitions in this glossary*). The specific indicators, thresholds and age groups used in each case are clearly indicated alongside the term 'child poverty' throughout the report. For a detailed discussion about the concept of child poverty and the limitations of income/consumption based measurements to reflect children's situations, see the section 'Methodology and limitations'.

Conditional cash transfers (CCTs): predictable and regular non-contributory transfers of cash to poor individuals and households conditional on particular actions and/or changes in behaviour to promote the accumulation of human capital.

Coverage: the proportion of the population (total or by income quintile) covered by social protection programme(s).

Disability benefit/allowance: financial and in-kind support to people with disabilities who are not eligible for contributory disability benefits and/or pensions.

Exclusion errors: the inadvertent exclusion of intended beneficiaries from a programme recipient pool as the result of a particular targeting methodology.

Equivalence scale, equivalization: a set of rules and a process to adjust total household income in order to make it comparable across different types of households, taking into account that the needs of a household do not grow proportionally with each additional member due to economies of scale in consumption. The factors commonly taken into account to assign these values are the size of the household and the age of its members (whether they are adults or children). A wide range of equivalence scales exist. In the 'OECD-modified scale', for instance, a coefficient of 1.0 is assigned to the first adult, 0.5 to the second adult and each subsequent person aged 14 and over, and 0.3 is assigned to each child aged under 14.²

Gini coefficient: measures the extent to which the distribution of income (or, in some cases, consumption expenditure) among individuals or households within an economy deviates from a perfectly equal distribution. A Gini coefficient of 0 represents perfect equality, while a coefficient of 1 implies perfect inequality.

Inclusion errors: the inadvertent inclusion of unintended beneficiaries in a programme recipient pool as the result of a particular targeting methodology.

Last resort social assistance, guaranteed minimum income: programmes that provide income support to the poorest and most vulnerable people with the objective of alleviating chronic or transient poverty.

Material deprivation: the material conditions affecting the quality of life of the household, typically measuring the presence or absence of certain items in the household that are deemed essential for children and adults.

Means testing: a targeting methodology (*see below*) which identifies beneficiaries of social protection programmes based on an assessment of income, assets or wealth of applicants (including unverified means-testing).

Poor: somebody whose income or consumption is below some established minimum threshold.

Poverty gap: the difference between the poverty line (*see below*) and the income/consumption of those falling below it, expressed as a percentage of the poverty line.

Poverty headcount ratio, also referred to as poverty rate: the proportion of a population that exists, or lives, below a nationally or internationally defined poverty line (absolute or relative).

Poverty headcount reduction: a simulated change in the poverty headcount ratio due to social protection programmes. It is computed as the difference between the poverty headcount ratio pre-transfer and post transfer, as a percentage of the pre-transfer poverty headcount ratio.

Poverty line: a nationally defined cut-off point separating the poor from the non-poor, anchored in a defined standard of what households should be able to count on in order to meet their basic needs. Almost all countries construct their poverty lines based on the 'cost of basic need' approach in two stages: (1) estimating the costs of acquiring food for adequate nutrition (*see 'Absolute poverty line above*) and (2) the cost of other essentials. Although methods are the same, estimations vary from country to country. The adequate nutrition is measured in calories, and the threshold of calories per person per day is different for each country. The non-food components also differ from country to country.

Programmes to ensure access to services: social protection interventions (including removal of user fees, vouchers and subsidies) which reduce the financial and social barriers households face when accessing social services such as early childhood care and learning, education and health care.

Proxy means testing: a targeting methodology (*see below*) which identifies beneficiaries of social protection programmes based on a weighted combination of characteristics that are believed to be highly correlated with well-being or deprivation.

Purchasing power parity (PPP): a conversion factor used to calculate internationally comparable poverty lines, it indicates the number of units of a country's currency required to buy the same amount of goods and services in the domestic market as a US dollar would buy in the United States. This conversion factor is applicable to private consumption. For instance, the poverty rate (or poverty headcount ratio; *see above*) at \$1.90 a day is the proportion of the population living on less than \$1.90 a day, measured at 2011 international prices, adjusted for purchasing power parity (PPP). This report uses international poverty lines set at \$1.90 and \$3.10 2011 PPP per day.

Referral mechanisms: the process of noticing a concern about a child or family, deciding that action needs to be taken and reporting that concern to someone with the relevant responsibility. This might be directly, or by giving information to the family about where they should go for further help. Referral mechanisms are essential both to managing services within sectors (such as health, education or justice systems) and for supporting referrals across services. In particular, effective referral systems are necessary to support effective case management (*see above*) by skilled service providers responding to complex individual child or family vulnerabilities.³

Relative median at risk of poverty gap: the difference between the median equivalized disposable income of people below the at-risk-of-poverty threshold and the at-risk-of-poverty threshold, expressed as a percentage of the at-risk-of-poverty threshold (cut-off point used in this report: 60 per cent of national median equivalized disposable income after social transfers). It can be disaggregated by age cohort, sex and other dimensions. The indicator can be calculated before and after social transfers.

Social assistance: non-contributory transfers in cash or in-kind, usually targeted at individuals and households in situations of poverty and vulnerability. This report uses indicators of social assistance from the World Bank's Atlas of Social Protection Indicators for Resilience and Equity (ASPIRE) database, which includes in the definition: cash transfers (conditional and unconditional), social pensions, in-kind transfers, such as school feeding and targeted food assistance, near cash benefits such as fee waivers and food vouchers, and public works programmes (cash or food for work).

Social insurance: programmes such as health insurance, unemployment insurance and contributory pensions. Typically it relies on citizens' regular monetary contributions in order to help guarantee the income security of individuals and households as well as their access to essential social services.

Social pensions: regular and predictable non-contributory payments made out to the elderly or to people with disabilities.

Social protection: the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation. Social protection is essential to UNICEF's commitment to the realization of the rights of children, women and families to an adequate standard of living and essential services.

Social support and care services: human resource-intensive services that help identify and reduce vulnerability, deprivation and exclusion (particularly at the child and household level). Examples include family based care, family support services and home-based care.

Social services: in this report, it encompasses the wide variety of services, typically provided by governments and to a less extent by civil society and the private sector, for the benefit of the community, such as early childhood care and learning, education and health care (list not exhaustive).

Social work: a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being.⁴

Social worker: encompasses a variety of professional activities, methods and profiles concretely concerned with providing services to economically, physically, mentally or socially disadvantaged individuals and households.

Targeting methodologies: the set of rules, criteria and other elements of programme design that define beneficiary eligibility in social protection programmes. Targeting methodologies can be broad – as in the case of universal benefits, where the intended recipient group is an entire population – or narrow, where the benefit is intended for a specific portion of a population.

Unemployment rate: the proportion of the labour force that does not have a job, is available to work and is actively looking for work.

Youth unemployment rate: the proportion of 15–24-year-olds in the labour force of the same age that does not have a job, is available to work and is actively looking for work.

War veteran benefits: payments, usually non-contributory, designed to provide material assistance and social recognition to former members of a military body and their families. In some countries, such provisions are applicable also to members of other branches of the security sector, such as the police, border guards, and the gendarmerie.



EXECUTIVE SUMMARY

Social protection builds resilience and growth

The food, fuel and financial crises of the late 2000s revealed a number of glaring vulnerabilities in terms of populations' abilities to respond to crises and shocks, even in countries with middle- and high-income status. The effects of the crises and the responses to them have made it very apparent that poverty, vulnerability and deprivation put economic, political and social stability at risk in times of both calm and crisis. More than at any time in recent memory, there is a growing acknowledgement of the need, in every country, for policies and programmes that reduce risk and increase resilience.

Social protection is emerging as a key strategy among governments and international institutions worldwide to protect people from shocks and make them less vulnerable, while investing in human capital of the present and future to encourage social and economic growth. Social protection has gained global relevance as an approach to addressing persisting inequality, poverty and exclusion within low-, middle- and high-income countries, and for managing threats posed by climate and demographic changes. When substantial numbers of people consistently fall into poverty and financial straits during times of instability, while those who are already poor sink deeper into poverty and suffer even further deprivation, it exacerbates economic stress, political instability and social unrest. The ability of governments to adequately protect their populations while encouraging recovery has therefore become a key concern across the globe. As ultimate recognition of its global importance, the Sustainable Development Goals (SDGs), adopted by the United Nations in September 2015, firmly include social protection as a way to eradicate poverty among adults and children, under goals 1, 5 and 10.

Progress with disparities marks the situation of children in the region

In the past two decades, the countries of Central and Eastern Europe, the Caucasus and Central Asia

have achieved increases in per capita gross domestic product (GDP) and improved standards of living as they have continued their economic, social and political transformations. They continued to register improvements in average levels of development, gender equality and general poverty reduction. The overall situation of children also improved, with decreasing levels of child poverty and increasing realization of children's rights. However, improvements in national and regional averages often masked persisting gaps in equity, and overlooked the uneven effect of economic growth on the population. The impacts of the food, fuel and financial crises further slowed or stalled the region's momentum, and hit its most vulnerable populations hardest.

Across the region, major gaps in children's rights realization still exist, and the children who experience the greatest and most protracted rights violations are consistently the most vulnerable, including those in the poorest income quintiles, children with disabilities, Roma and other ethnic minority children, children from rural and remote areas, and children exposed to violence and at risk of engaging in harmful behaviours. For many of these children, material poverty, social exclusion and discrimination represent serious barriers to the full enjoyment of their human rights.

Social protection advances children's rights

Children are among the most vulnerable groups in any population. They are more likely to be poor than their adult counterparts, and the effects of poverty and deprivation at a young age have long-lasting and sometimes irreversible effects, for both children themselves and society as a whole. Childhood presents a window of opportunity to facilitate a child's ability to reach her or his maximum development potential, but it is also a time when deprivations have serious consequences that can last a lifetime. Social protection programmes and systems, and particularly child-sensitive social protection, are key tools to reduce child poverty, vulnerability and deprivation,

and facilitate children's access to services and opportunities to realize their development potential.

Child-sensitive social protection addresses children's specific needs and vulnerabilities, and seeks to integrate children at the core of broader social protection systems. It works to improve the realization of children's rights in two ways: First, it helps to improve minimum living standards, and so reduces child poverty. Cash transfers, if of high enough value and effectively implemented, have been shown to reduce child poverty across a variety of intervention designs. Second, social protection interventions have an impact on a number of other children's rights, directly or indirectly. Social transfers and support services can enable children and their families to access health care, early childhood education, and primary and secondary education programmes. They can also help adolescents to engage in job training and skills programmes, enable access to HIV/AIDS prevention and treatment programmes, prevent the institutionalization of children and support families to prevent family separation, prevent youth delinquency and enable disenfranchised youth to access opportunities for rehabilitation and reintegration into society. Reducing child poverty and encouraging the realization of children's rights requires integrated strategies that combine prevention and support, and seek to enhance the rights of all children while having specific regard for the most vulnerable.

UNICEF recently articulated its Social Protection Strategic Framework (SPSF), which advocates the development of 'child-sensitive' social protection. UNICEF's SPSF has four key components: social transfers, programmes to ensure access to services, social support and care services, and legislation and policy reform to ensure equity and non-discrimination in access to services and employment/livelihoods. This approach to social protection is integrated, led by countries, and progressive, and addresses multifaceted vulnerabilities in a holistic and multidimensional way.

When social protection programmes do not reach the families and children who need them, children experience serious, prolonged deprivations of their rights. The consequences are often irreversible, and have multiple, compounding effects for both the child and society as a whole. Children who do not reach their full potential are not able to contribute fully to social, political and economic growth, and children who experience poverty are more likely to be poor when

they are older, perpetuating the 'cycle of poverty'. This and a number of other arguments highlight that it is in states' economic, political and social interests to invest in children and child-sensitive social protection. The returns on such investment are many and varied, and essential for countries to achieve sustainable economic growth, poverty reduction, improved social cohesion and political stability.

Social protection increasingly addresses the needs of children in the region, but too many are left behind

Social protection in the region of Central and Eastern Europe, the Caucasus and Central Asia has a long history; however, with the political, economic and social transitions of the past two decades, social protection systems have taken on differing characteristics, and national governments have given them differing levels of priority. In recent years, many governments in this region have begun to invest more in improving their social protection systems. They are undertaking reforms of all facets of these systems, and some are beginning to show positive results for children. Still, systems are unevenly developed across the region, with large differences in effectiveness and efficiency between countries.

Countries differ in terms of the types of social transfers administered by the government under the heading of 'social assistance' (non-contributory, publically funded in-kind or cash transfers). Most countries' social transfer programmes are not currently finding a balance between effectiveness and efficiency. Benefits directed towards children and families living in poverty are usually too low in monetary value to have a sustained impact on child and family poverty levels, and large numbers of people are still being excluded from social assistance benefits.

This means that the most vulnerable populations, including children, are not being reached by the benefits they are entitled to. Focusing too much on reducing the inclusion of unintended beneficiaries, who may not need additional support, risks tilting the balance of social protection away from effectively including those who need it most and relieving their deprivation. There is a clear positive correlation between the impact of all social assistance in reducing the number of people living below the poverty line in the poorest quintile and the coverage of social assistance. Prioritizing the expansion of coverage and adequacy emerges as the best combination for

countries to achieve significant reduction of poverty through social protection benefits.

Underlying all of this is the fact that levels of spending on child- and family oriented benefits within social assistance expenditure are still very low across most of the region. Countries that spend the most on social benefits for families tend to achieve the greatest reductions in child poverty.

Social support and care services in the region have received more attention and investment in recent years, and the diversity and breadth of services available has improved. However, programmes in countries outside of the European Union (EU) are generally fragmented in nature, lacking a comprehensive and inter-sectoral approach to address multidimensional deprivations and vulnerabilities. Underfunding of social support and care services over many years has resulted in a deficit of qualified social work professionals, and those who do enter the field are frequently overwhelmed with large caseloads, excessive paperwork and administrative duties, and have only limited resources available for clients. Underdeveloped guidelines and standards of service provision mean that the quality of visits is not in line with international standards. Many programmes also do not coordinate with other programmes on service provision or facilitate referrals to other social protection services or benefits.

Programmes to facilitate access to services in this region are also underdeveloped. The most marginalized groups still also face the greatest barriers to access birth registration, and while average birth registration rates are generally high, they mask disparities and continued exclusion of groups such as the poorest children, Roma children, and children living in family environments at-risk.

Much of the region also has very limited non-contributory medical insurance schemes. Some state-subsidized health insurance schemes targeting vulnerable groups, such as children, have begun to emerge, but they usually cover only a limited range of health services and few (if any) medications. In many countries parents also must pay for aspects of children's education, including school supplies, textbooks and transportation, and fee supplementation and school feeding programmes are extremely limited. Some non-EU countries provide assistance to parents for pre-primary education in the form of subsidies or discounts, but coverage levels

are still very low, and children who are members of minority groups and those with disabilities find it especially difficult to access preschool.

What prevents social protection from having a greater impact on children in the region

The issues facing social protection systems in Central and Eastern Europe, the Caucasus and Central Asia can be traced to a number of systemic characteristics that are common across most countries in the region. Although social protection systems have improved in past decades and the importance of child well-being has received increasing attention, certain bottlenecks and barriers continue to impede the improvement of these systems and limit their positive impacts on children. The most vulnerable and marginalized children and their families face the most durable and compounding barriers to making full use of social protection programmes.

Bottlenecks and barriers affect all aspects of social protection programmes, from the legislative level to local delivery. These vary depending on the country context. The greatest barriers commonly observed in the region include:

- Prohibitive social norms and discrimination against the most vulnerable, as well as against recipients of social protection benefits and services in general;
- Lack of political will to scale up social protection programmes that have an impact on children;
- Underdeveloped budgeting and financial planning capacities and reluctance to open up fiscal space for social protection;
- Barriers that prevent families and children from accessing benefits and services, including financial barriers, complicated administrative procedures and lack of information about available programmes;
- Legislative design and decisions that lead to exclusive eligibility criteria and inadequate benefits levels;
- Insufficient capacities in operationalizing primary legislation, and in service delivery at the local level;
- Insufficient capacities of institutions and ministries to engage in inter-sectoral cooperation in design and delivery of social protection programmes; and

- Management and oversight bottlenecks, including corruption, lack of monitoring and evaluation built into programmes, and lack of redress and corrective procedures to improve delivery.

These bottlenecks and barriers are the main reasons why social protection systems in this region are not having the desired impacts on children. While positive and promising practices are emerging as governments in the region devise innovative solutions to these challenges, making a real difference in the lives of the most vulnerable children will require substantial additional efforts.

Agenda for action

There is no single method to scale up child-sensitive social protection in this region or in any area of the world. Diverse economic, social and political systems necessitate an approach that reflects each country's unique characteristics and the specific situation of its children. Due to the heterogeneity of the region and the need for contextualized solutions, this report does not make specific policy or programmatic recommendations in a prescriptive way, but rather provides a strategic direction and suggests steps that every country can take in both the short and the longer term to improve social protection's impact on the realization of child rights, in many cases without the need for much additional fiscal space.

The general recommendations include:

- **Prioritize the expansion of coverage of social assistance for families with children, and of child benefits**, with the ultimate goal of achieving basic income security for all children.
- **Review the value of social transfers** to ensure that they are directly tied to national poverty lines, average household consumption in the poorest quintile, or national minimum income. Adjust accordingly to **ensure adequacy of transfers**, especially for the most vulnerable children and families.
- **Allocate more fiscal resources to social protection** programmes that directly benefit children and protect fiscal space for such programmes, using the **most country-appropriate fiscal expansion strategies**, such as tax-based funding, reallocation of public resources and efficiency gains.
- **Scale up social support and care service provision** by investing further in the **numbers and capacities of social service providers** (particularly social workers and case managers) in accordance with internationally recognized standards of service provision.
- **Expand state-subsidized health insurance schemes targeting poor and vulnerable groups**, including children, and ensure they cover preventive and secondary care as well as medicines for pregnant women and children up to age 18.
- **Develop financing mechanisms to ensure access to affordable quality early childhood care and early learning services** for poor families with children.
- **Develop and/or refine secondary legislation** (by-laws, protocols, guidelines, etc.) on the implementation of social protection legislation, and **provide comprehensive training and support** to build the capacities of actors at all governance levels to operationalize programmes.
- **Develop overarching standards and protocols to better coordinate and integrate** the administration and provision of cash benefits and social support and care services at local levels, and better link these to the administration and provision of other services that benefit children, such as early childhood care and learning, education, health and nutrition and others.
- **Devise mechanisms to broaden access to information** by the general population, and by children, **about the availability of social protection** benefits and services, eligibility criteria, etc., as well as the outcomes of impact evaluations of social protection programmes.
- **Address discrimination towards families and children recipients of social protection** through legislative changes, comprehensive awareness campaigns, and training of service providers.
- **Ensure** that all social protection programmes establish **clear, regular and timely oversight mechanisms** for public interventions in social protection, **including accountabilities for monitoring and evaluation** of budgeting, service provision, administration and review of impacts on children and families, as well as data collection.

- **Collect data, disaggregated** by age, gender, ethnicity, language and disability status, **to assess the ultimate impact** of social protection programmes **on children**, adopt **child-sensitive indicators for programme monitoring** and include provisions to enable **programmatic evaluations and impact studies over time**.
- **Drive a research agenda on social protection for children in the region** with a focus on: analysis of changes in children's lives that can be plausibly linked to having accessed social protection benefits and social support and care services, documentation of the impact of integrated social protection systems and multi-sectoral interventions, development of cost-benefit analyses of the long-term benefits, and return on investment, of social protection for children, and documentation and sharing of good practices in social protection for children within and beyond the region.

A number of countries in the region have already taken very positive steps to develop or reform their social protection benefits and services, which can be examined to determine impacts and can be documented and replicated by other countries in the region. Countries can also look to examples from other social protection systems in low- and middle-income countries, inside and outside the region, for inspiration and guidance on how to improve their own systems.

Further investment in building national capacity for data collection and analysis is essential to fill gaps in data availability that currently prevent a thorough assessment of social protection in this region. In the immediate term, governments need to start collecting data to assess the medium- and long-term impact of social protection on children, and design and carry out assessments reviewing the processes, outcomes and impacts of current social protection programmes.

More research from individual researchers, international organizations and academics on the presence and impact of social protection interventions that are integrated with other services that benefit children is also needed, including to explore the extent to which linkages between social protection and other sectors can accelerate positive impacts for children. Feasibility and comparative studies with cost-benefit analyses of different programme and intervention designs are scarce, especially in this region, leaving governments with insufficient evidence to make informed policy and programmatic decisions. Such studies should be complemented with return-on-investment analyses of the long-term benefits of social transfers and social protection for children and countries in the region.

Finally, the reform of social protection systems in Central and Eastern Europe, the Caucasus and Central Asia is an agenda item shared by a number of major organizations and actors in the region. This opens up possibilities for jointly supporting national reforms through inter-organizational collaboration to foster horizontal cooperation and mutual learning across countries and regions. By capitalizing on partnerships, governments and organizations can maximize synergies and common agendas, aim to create sustainable and scalable interventions, further document the impact of social protection systems on children and families, and promote learning and cooperation for knowledge sharing and capacity building at all levels.



INTRODUCTION

In the first decade of the new millennium, winds of change swept the countries of Central and Eastern Europe, the Caucasus and Central Asia: 11 countries with UNICEF programmes have transformed into upper-middle-income countries; 11 countries, including three formerly part of the Soviet Union (and 3 with continuing UNICEF programmes), have joined the European Union (EU), while the EU accession process is ongoing in 7 countries with UNICEF programmes; and some countries have risen in influence and are now perceived as successful regional models of socio-economic development. These are only a few among the many transformations that have occurred. Still, increasing opportunities for development and improved standards in the realization of child rights coexist with continued inequities in the universal realization of the rights enshrined in the Convention on the Rights of the Child (CRC).

The new Sustainable Development Goals (SDGs), adopted in September 2015 by all Member States of the United Nations, presents a historic opportunity for the countries of Central and Eastern Europe, the Caucasus and Central Asia to scale up what works, innovate, measure progress and share lessons learned in advancing the rights and well-being of every child, especially the most disadvantaged, and securing a healthy planet for today's children and future generations. The SDGs represent an ambitious global plan of action that aims to eliminate extreme poverty and hunger, provide quality lifelong education for all, protect the planet and promote peaceful and inclusive societies. Many of the new goals address the most pressing and universal issues children face today in all countries – be they low, middle or high income. They build upon commitments to children in the areas of poverty, nutrition, health, education, water and sanitation, and gender equality contained in the SDG's precursors, the Millennium Development Goals. Critically, the SDGs also include new goals and targets on social and child protection, early childhood education, and reducing inequality, highly relevant to this region.

The UNICEF Social Monitor reports have been a platform to document and spotlight the living conditions and vulnerability of children in the countries of Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), with the ultimate goal of serving as basis for advocacy and policy debate in the region. They have been associated with the annually updated TransMonEE Database, a menu-driven downloadable database containing a wealth of statistical information from 28 countries of CEE/CIS on social and economic issues relevant to the welfare of children, young people and women. The present Social Monitor report focuses on documenting the growing experience in countries of Central and Eastern Europe, the Caucasus and Central Asia in advancing the social, economic, cultural and political rights of children and their families, and it critically reviews the opportunities and challenges that these countries' accession to middle-income status brings for building more sustainable and inclusive development, especially in the context of the SDGs.

The **theme** of the 2015 Social Monitor, *Social Protection for Child Rights and Well-being in Central and Eastern Europe, the Caucasus and Central Asia*, aims to focus the attention of policymakers on the successes as well as the gaps in delivering on their commitments to protect children's rights. The specific **objective** of the analysis undertaken in this Social Monitor is to consolidate recent evidence generated within and outside of UNICEF on trends and patterns of change in child poverty and well-being, and as far as possible link results achieved for children with specific policy interventions in social protection. The key contribution of the 2015 Social Monitor lies in providing a comprehensive cross-country reference document for policymakers and practitioners, consolidating and synthesizing in one resource the key issues and available evidence about child rights and the impact of social protection on children. Based on available experiences, the Social Monitor explores the potential of social protection policies and integrated social protection systems to improve

the living standards of children and adolescents. In the context of the newly adopted SDGs, the report sets the stage for the implementation and monitoring of the targets under Goal 1, related to the eradication of child poverty and the strengthening of social protection systems and measures for children and their families.

Providing a minimum package of cash benefits and social support services for families with children has been shown to be directly related to reduction of inequity and child income poverty. It can improve education and health outcomes and help prevent a host of other suboptimal results, including institutionalization, school dropout and stunting (see *Chapter 1*). Countries of Central and Eastern Europe, the Caucasus and Central Asia are showing increasing interest in devising social protection options for families and children that maximize results, minimize costs and are financially sustainable, while taking into account the specific conditions and legacies of the past. In this context, UNICEF, major United Nations agencies and other partners have scaled up their work in the region, monitoring the impact of social protection policies, advising governments and partners on options for reform, modelling new initiatives and costing alternative models, and advocating for increasing expenditure and making it more efficient in reaching the most vulnerable children.

The global food, fuel and economic crises have threatened to stall these reform efforts, as they hit countries in this region particularly hard, though unevenly. At a time of fiscal consolidation, where obligations to protect children's rights are not always on governments' priority lists, the prospects for reform and scaling up of social protection are more challenging; however, reform and scaling up are essential especially because the most vulnerable groups and individuals are particularly affected. In this context, the ultimate **purpose** of the 2015 Social Monitor is to influence policy reform agendas at national levels, facilitate consensus building and move forward on an equity-focused collaborative agenda for children that is suitable for the diverse contexts of Central and Eastern Europe, the Caucasus and Central Asia.

In line with previous Social Monitors, the 2015 report includes 28 countries⁵ from Central and Eastern Europe, the Caucasus and Central Asia, and extends the analysis to Kosovo (UNSCR 1244) and

Turkey, where UNICEF also has a field presence and conducts programming work. The mix of countries – with mostly common historical trajectories but different levels of economic and social development – represents a unique opportunity to compare and share lessons around social sector reforms that benefit children. At the same time, the region's segmentation and increasing differentiation in terms of child well-being represent a great challenge to this study. While the study analyses general trends and patterns of change for all the countries in the region, it uses in-depth analysis based on recent evidence and specific country examples to reflect on the different stages at which countries find themselves in implementing social sector reforms and coping with the fallout of recent crises.

The report draws substantially on a body of recent research commissioned and conducted by UNICEF and other organizations and academic institutions on social protection and child poverty in the region. It tries to include the most updated statistical information available from a variety of sources. Limitations in data availability, access to survey micro-data and disclosure of information on policies are discussed in detail in the Methodology section. Unlike most of the sources consulted, this report also attempts to address policy issues related to the realization of child rights with equity in an integrated and comprehensive way.

The Social Monitor 2015 is divided into five chapters. **Chapter 1** reviews what child-sensitive social protection is and how it could be used to improve outcomes for children in the region. It provides the theoretical framework for the analysis, based on UNICEF's approach to social protection, and defines the key concepts related to social protection systems and their components. The chapter also reviews key global evidence about how social protection contributes to reducing child poverty and advancing other child rights, such as the right to a family environment, the right to education, the right to health and so forth. It ends by making an investment case for social protection that is sensitive to children's needs, based on a growing body of evidence about the economic, social and political impact of such investment for societies and countries, beyond the individual and household level.

Chapter 2 presents the situation of child rights in Central and Eastern Europe, the Caucasus and Central Asia and the prevailing patterns of inequity. Following a brief snapshot of the political, economic and social



situation in the region, it focuses the analysis on 10 areas of child well-being. UNICEF has identified these priority areas for analysis because they demonstrate large equity gaps between different groups of children, require significant scale-up work and are the object of established and incipient partnerships between UNICEF, governments and other stakeholders across the region.

Consistently across the 10 areas, the analysis highlights the contribution of social protection to ensuring that all children enjoy not only minimum living standards but also access to quality education, health, early childhood development, care and learning opportunities, HIV/AIDS prevention services, alternative justice mechanisms, and so forth. It also documents to what extent social protection is benefiting the most vulnerable children – the poorest or those most subject to multiple deprivations – and thus contributing to closing equity gaps.

Chapter 3 analyses how social protection policies and systems are performing in the region in terms of protecting children from poverty and other forms of vulnerability, based on available evidence about the effectiveness, efficiency and impact of different social protection components on children and families. It explores whether countries in the region are taking advantage of the opportunities social protection offers to advance the rights and well-being of children by reducing poverty, helping children overcome psychosocial vulnerabilities, and removing barriers to access services.

Chapter 4 attempts to link the results of the previous chapter with the key systemic characteristics of social protection systems in the region, applying UNICEF’s Determinant Analysis framework. The ‘promising practices’ documented in this chapter show that changes in the performance of social protection for children are feasible and can bring results rather quickly when countries are willing and able to reform and innovate existing systems, or parts of them.

Chapter 5 summarizes the key findings of the analysis and proposes an agenda for action that covers policy reform, research and institutional cooperation among relevant stakeholders.

The analysis of policies, system change and strategies, and the documentation of what is already working, will serve to guide ongoing and future efforts to improve the potential of social protection systems to reduce equity gaps between children. By linking efforts towards building inclusive and effective social protection systems and policies with the key areas where a substantial number of countries have been and are still achieving results for children, the work undertaken for this report contributes to our knowledge about policy reforms that benefit children, offering critical evidence to refine policymaking that benefits children. Investing in children is a smart decision that contributes to building more inclusive and sustainable societies.

METHODOLOGY AND LIMITATIONS

This report is based on a desk review of a variety of sources of data and analysis from governments, regional organizations, United Nations agencies, think tanks and research institutes, universities, and credible non-governmental organizations (NGOs) and international NGOs. No additional primary data were collected for this report, meaning that data limitations did represent a constraint for the completeness of the research. The following section explicates some of the major methodological considerations, with the caveat that some of these issues are discussed in more detail within the main text of the report. As a general note, in all figures and charts the countries are placed in alphabetical order, unless it was deemed important to show figures from lowest to highest or vice versa.

Data and data sources

A number of criteria guided the selection of data sources for the report. First, data were chosen from organizations employing reputable and statistically valid data collection and analysis methods, which would be methodologically comparable across countries. Second, when there were multiple data sources for a single topic, they were chosen based on comparability across countries and the amount of information available. Using any data source entails taking on issues such as accuracy and validity of data, including considerations of the quality of the original sources the indicators are based on – for example, household budget surveys. Ultimately, the data and indicators chosen were perceived to be the best choices based on available information.

Some types of data are scarce for this region. Although household surveys are becoming more regular and other organizations do their own data collection, national governments do not regularly collect detailed information on social protection programmes, and especially on their outcomes and impacts. Crucially, evaluations of government programmes are scarce or difficult to obtain, if they exist at all. Assessments do

not usually include baselines, meaning that progress tracking is not systematic.

Although countries in other regions, such as Latin America, have built baselines and periodic evaluations into their programmes to enable analysis, in CEE/CIS ongoing issues with data sensitivity and transparency mean that this is not always the case. For instance, data on social care and support services and access to them are rarely collected and publicized in this region, even in the case of basic statistics such as numbers of children in need of assistance. Where such data do exist, they are not collected in any systematic way, rendering their comparability uncertain. Existing social care and support programmes often lack monitoring and evaluation components, and data are rarely collected on the effectiveness of social services, their quality and impacts, but more often on quantitative and more easily measurable information such as the number of visits by social workers.

Studies that attempt to link specific outcomes for children to social protection interventions, while existing in some other regions of the world, mostly do not exist in the region. Although some data exist on numbers of social services in EU countries, there are still virtually no data on the use of such services. Information on access to services is generally limited to analyses undertaken by international organizations or NGOs, and most data relate to the numbers of people not accessing services, without describing and evaluating the programmes that do exist to facilitate access. Further, data and evaluations are infrequently disaggregated by gender or approached from a gender-sensitive perspective, making gender-sensitive assessments of poverty, social protection and its impacts very difficult.

Impact evaluations connecting the integration of social services to child outcomes are also lacking. As multi-sectoral initiatives are in early stages of design and/or implementation in this region, they have not been well documented in the literature. Where they have been,

the information mostly pertains to the description of existing or proposed initiatives. Assessments of the importance of multi-sectoral and integrated social services therefore rely a great deal on experiences from other regions of the world.

Defining and measuring poverty

Poverty and child poverty are central to the theme of the Social Monitor 2015. Defining and measuring poverty, and especially child poverty, is a complex process, marked by disagreement, although it is commonly recognized that various measures contribute complementary, useful information. Poverty is not solely related to a static measure of income, but also has a dynamic dimension, as people may move in and out of poverty in the course of their lives. Thus, exposure and resilience to poverty are important complements to the static measure, taking into account human capability and other qualitative dimensions that make certain households more vulnerable to poverty than others. Furthermore, definitions of poverty can impact how social protection is defined and implemented.

'Relative' poverty lines define poverty not by a specific monetary amount, but as a proportion of some standard. For instance, the EU generally defines poverty as living below 60 per cent of the median equivalized national income per adult, and the Organisation for Economic Co-operation and Development (OECD), as below 50 per cent. The advantage of relative poverty lines is that they can change to adjust for variations in the living standard of a country, and can be used as an indication of social exclusion, as those making less than 60 per cent of the median income are not able to participate normally in society due to income limitations.

Of course, relative poverty lines also have disadvantages; for instance, changes in relative income measures may not always accurately represent changes in actual welfare. This is the case, for example, where relative poverty measures capture the impact of the economic crisis in terms of reduction of income for all social groups, but are less able to capture reduction of income for low-income households specifically, although income decline may be particularly harmful for poor families.

Many countries employ their own national poverty lines, which are often higher or lower than international ones and are based on differing criteria. Kazakhstan's poverty line is based on average household per capita

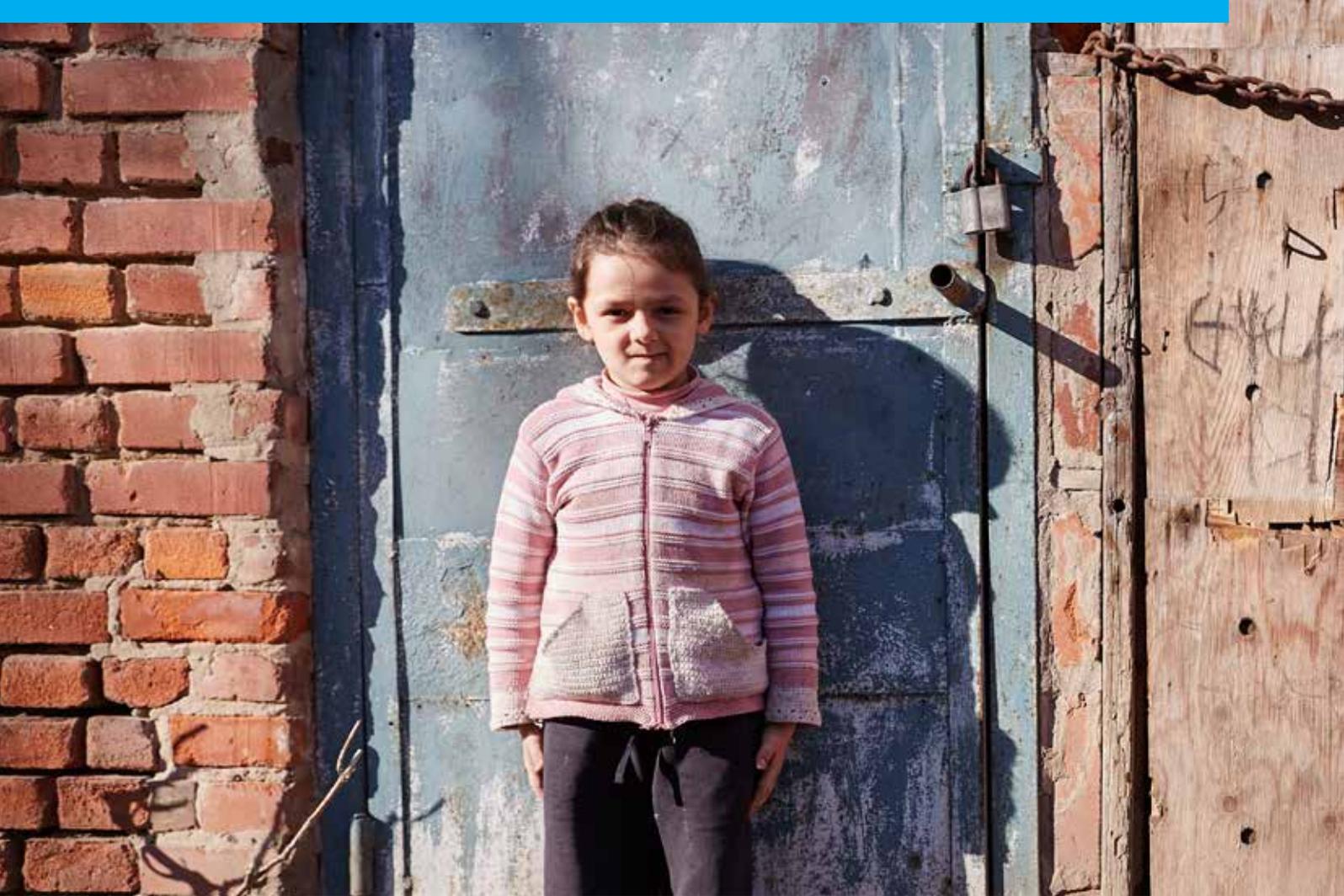
income, and is set at 40 per cent of the national subsistence minimum, while in Kyrgyzstan the absolute poverty line is calculated based on the food poverty line (the cost of purchasing a certain number of calories per person per day), with other allowances for non-food goods and services.⁶ These lines may be more or less tied to real living standards.

Poverty lines, whether absolute or relative, only tell a part of the story of poverty, especially in the case of children. Some argue that using income-based poverty measures, especially for children, is a poor way of analysing children's actual situations. First, income is always a proxy measure for children, in that children do not have income of their own and rely on income and resources to be distributed to them by other household members. Therefore the income of a household may not accurately measure the actual resources used for the child in the household. Second, income may not be a reasonable indicator of resources available for children, in that measuring income does not take into account other indicators, such as savings, debt or amount of disposable income.⁷

For this reason, some advocate the use of measures of deprivation – presence or absence of certain items in the household that are deemed essential for children – to supplement income poverty measures. The amount of time someone lives below the poverty line or in material deprivation is also important, especially in the case of children, where sustained exposure to poverty can have more drastic impacts than in the adult population.

Defining child poverty is very complex, and there are no universally accepted definitions or indicators that accurately represent child poverty. However, UNICEF has developed a general working definition of child poverty that provides a useful framework for considerations of child poverty in this report: "Children living in poverty are those who experience deprivation of the material, spiritual and emotional resources needed to survive, develop and thrive, leaving them unable to enjoy their rights, achieve their full potential or participate as full and equal members of society."⁸

Poverty is commonly measured in two dimensions: the poverty headcount ratio, which measures the poverty incidence or the percentage of the population living below the poverty line, and the poverty gap, which is the difference between the poverty line and the income/expenditure of poor households, also referred to as the depth or intensity of poverty. Each



is important to understand, but on its own each has limitations. For instance, the poverty headcount does not take into account whether people become more or less poor, so long as they still remain below the poverty line, and the poverty gap does not indicate the prevalence of poverty in a society. Each is useful for analysing the objectives and impacts of certain types of policies and programmes.

This report will rely on a definition of poverty in terms of monetary income and of child income poverty in terms of the monetary income of a child's household, adjusted for the number of children in the household. While this indicator has a number of limitations, income poverty is still important for understanding children's socio-economic situations, as lower incomes are consistently correlated with deprivations in many areas of life. Comparable data on poverty across the region tend to use this method.

This report will take into account other areas of child deprivation in an indirect way, through assessments of the situation of other child rights. It will use the World Bank's measurements of poverty and extreme poverty in the region, supplemented by other measurements when necessary. The main reason for this choice is the importance of comparability, using a methodology

that is consistent across countries but also takes into account differences in the cost of living. The report will, where possible, analyse poverty in terms of both headcount ratios and gaps, but will not address the issue of duration of poverty due to lack of panel data.

Assessing the impact of social protection on child rights

At the time of writing there is no international agreement on the best way to measure the performance of social protection programmes, let alone of the impact of social protection on children. A number of international institutions and organizations active in social protection have made initial attempts to develop standardized indicators that can be applied to achieve some kind of cross-national comparability scale in social protection, but they do not represent a comprehensive framework, and data are also not systematically collected along those lines. Moreover, such indicators seldom include the perspective, circumstances and situation of children.

The Asian Development Bank produces a Social Protection Index for Asia, and among other indicators, it monitors expenditure on social protection, including by programme category, overall social protection



coverage and target group coverage ratios, and impact in terms of the magnitude of coverage.⁹ The OECD's Social Expenditure database includes amounts spent by programmes in cash, in-kind benefits and tax breaks, and a forthcoming Social Recipients database. The World Bank's Social Protection and Labour Strategy proposes country progress indicators, including the percentage of the population in the poorest quintile covered by social protection and labour programmes,¹⁰ and its ASPIRE database has indicators on the changes in the poverty gap and headcount resulting from social protection programmes as well as information on programmatic performance for some countries.

The International Labour Organization (ILO) has developed perhaps the most comprehensive performance indicators of statutory social insurance and non-contributory social protection schemes, which include coverage rates, benefit adequacy, administration indicators and financing indicators.¹¹ It has also taken a first ambitious step in surveying the existing international social protection data and indicators. The EU also monitors social protection expenditures by its member states and some enlargement countries, including by group of recipients, as well as the impacts of transfers on at-risk-of-poverty rates and the potential for material poverty reduction and social

inclusion. It does not conduct direct evaluations of programmes or link specific programmes to outcomes for specific population groups. UNICEF's Social Protection Strategic Framework also does not contain suggestions for assessment indicators that could be used, but rather provides a rationale and framework for designing social protection that addresses the needs of children, and does not intend to discuss the implementation and monitoring of programmes.

In terms of child sensitivity, with the exception of disaggregation by age group by some agencies, very few of the indicators that assess social protection are sensitive to the specific needs of children, nor do they demonstrate results specific to children, although the OECD will release more child- and family specific analysis of the effectiveness of social protection in the coming years. A full set of child-sensitive indicators does not exist in the area of social protection, which is perhaps not unexpected given the novelty of social protection as a tool to realize child rights. Other indicators that may be used as proxies to monitor the impact of social protection on children, such as regular and comparable statistics on child poverty rates, are also underdeveloped or rarely available. More problematic yet for policy analysis is the absence of datasets that would integrate data on child poverty with data on access or use of social services for a defined group of children and their families.

Due to these data gaps, even child poverty rates are insufficient to indicate the ability of children to access services and care. More indicators are required that link children with, for instance, access to health care and social services, or that assess the amount of cash transfers that households put towards children's needs. Given these deficits, the analysis in this report cannot use appropriately child-sensitive indicators. Instead, the TransMonEE database that UNICEF has used since 2005 to compile data collected by national statistics offices on indicators specific to social protection and child poverty will be used where possible. Indicators on coverage, adequacy, benefit and beneficiary incidence of benefits and ad hoc qualitative survey results and programme evaluations will generally have to be relied on as the best means of assessing social protection for children.

In the case of social transfer programmes, each method and associated rationale for monitoring them has its drawbacks and limitations. For instance, a large number of analyses are derived from indicators of a subset of income quintiles, which may not correlate with the actual occurrence of poverty and child

poverty. Thus, for instance, if the bottom three income quintiles are below the poverty line in a given country, indicators basing assessments only on the lowest quintile do not give an accurate assessment of how many of those eligible for a benefit targeted to the poor actually receive it.

Indicators that focus solely on fulfilment of specific social development goals (e.g., access to education or health services) risk overlooking the actual outcomes of programmes in terms of alleviating poverty and vulnerability. Conversely, a focus solely on poverty outcomes and adequacy may ignore the very real issues of fiscal sustainability in programmes that are inefficient and have large inclusion errors (people receiving benefits who should actually be excluded). This report will aim to analyse indications of both the efficiency and effectiveness of social assistance programmes, mindful that in order to be successful, programmes must be effective in terms of their ultimate purposes, but also must be fiscally and politically sustainable.

Social care and support services also lack an internationally accepted methodology for evaluation, and especially impact evaluation. There are a number of emerging methodologies to evaluate specific service programmes, such as the Adult Social Care Outcomes Toolkit and especially the Social Return on Investment methodology.¹² However, these tend to be used to evaluate specific programmes and not systems, and are therefore neither useful nor feasible for this report. This report therefore uses an ad hoc methodology focusing on access, availability and adequacy of social care and support services for children and families.

The same issue arises in the analysis of gender disparities and equity issues. There are, to the knowledge of the producers of this report, no surveys that assess the allocation of resources within households in this region, which restricts the ability to assess the proportion of social transfers spent on boys versus girls or on women versus men in the household. Such surveys are beginning to be undertaken in other regions, but have not yet become available in Central and Eastern Europe, the Caucasus and Central Asia. Therefore, it is difficult to assess whether or why social protection lessens gender inequalities or reinforces traditional gender roles and perpetuates gender-based gaps in opportunities. Patchy information on coverage and adequacy of social transfers for the most disadvantaged groups in the region (for instance, Roma and migrant children) also

means that a thorough analysis of the performance of social protection for the most disadvantaged is difficult to conduct.

Countries from Latin America are sometimes used in the report as examples of successful social protection interventions. These are not intended to suggest 'blueprints' or examples that countries in Eastern Europe, the Caucasus and Central Asia can exactly replicate, as they face a very different set of circumstances. Chiefly, many countries in this region share a legacy of social protection under past political regimes that focused strongly on institutions and categorical subsidies and privileges for certain sectors of the population. Reforms to social protection in this region have benefited from existing knowledge and experience of building social protection systems for children; however, some of the initial systemic characteristics have made reforms quite challenging.

Different institutions define social protection, social assistance and social services in different ways, further complicating the consolidation and comparison of information, and particularly statistics, on social protection in the region. This analysis makes every effort to only compare statistics that refer to the same benefits and programmes, yet some misclassification may limit the accuracy of the assessment. The assessments of social protection systems are preliminary in nature, and conclusions and recommendations are based on data available at this point in time, which seem to indicate certain trends and conditions. That said, it is important to keep in mind that this region is in a state of flux, as has been seen over the past 10 years. Economic conditions can change rapidly and have impacts on poverty that exceed those of social protection. Kazakhstan's trajectory provides an excellent example of this.

Subregional groupings in the report

The region of Central and Eastern Europe, the Caucasus and Central Asia is heterogeneous, with countries, territories and subregions displaying very distinct characteristics. While most countries and territories, except Turkey, share a common legacy of a Communist past, they have also embarked on differing transition modalities since the breakups of the Soviet Union, the former Federal Socialist Republic of Yugoslavia and the former Czechoslovakia.

Eleven countries (Bulgaria, Croatia, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania,

Slovakia and Slovenia) are now member states of the EU, the most recent accessions being Croatia in July 2013 and Bulgaria and Romania in 2007. Many of the western Balkan countries have aspirations to join the EU; Albania, the former Yugoslav Republic of Macedonia, Montenegro, Serbia and Turkey are official candidate countries for EU accession, while Bosnia and Herzegovina and Kosovo (UNSCR 1244) are potential candidate countries and territories. Nine countries of the region are full member states of the regional organization the Commonwealth of Independent States (CIS), including Armenia, Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, the Republic of Moldova, the Russian Federation, Tajikistan and Uzbekistan, while Georgia was a member until 2009, and Ukraine and Turkmenistan are participating and associate states that have not ratified the charter.

Many methodologies could be employed for grouping countries and territories into subregions. Because of geographic location, Armenia, Azerbaijan and Georgia are commonly referred to as Caucasus countries, while Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan are commonly grouped together to form Central Asia. However, countries and territories could easily be categorized by other criteria, such as socio-economic status, gross domestic product (GDP), sociocultural characteristics or the extent of democratic transition.

This report will sometimes use groupings as an analytical lens, to facilitate comparison among broadly similar peers. It will also present the outcome of the analysis and policy messages for the entire region when these are of broad relevance. The text will occasionally refer to countries in six subregions chosen because of historical similarities, similar trajectories of development, and geographic proximity:

- a) EU member states of Central and Eastern Europe and the Baltics (the Czech Republic, Estonia, Latvia, Lithuania, Hungary, Poland, Slovakia, Slovenia);
- b) New EU member states (Bulgaria, Croatia, Romania);
- c) South-eastern Europe (Albania, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia, the territory of Kosovo (UNSCR 1244), Montenegro, Serbia, Turkey);
- d) Western CIS (Belarus, the Republic of Moldova, the Russian Federation, Ukraine);
- e) The Caucasus (Armenia, Azerbaijan, Georgia); and
- f) Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan).

Countries will find themselves more or less similar to others in their subgroup, and depending on each methodology, there will be outliers that do not seem to fit as well. Information on the states in Central and Eastern Europe and the Baltics is primarily included for reference and comparison purposes; countries where UNICEF currently operates programmes in cooperation with national governments will be the main focus of the analysis.



ANALYTICAL FRAMEWORK OF SOCIAL PROTECTION FOR CHILDREN



KEY MESSAGES

- In September 2015, the United Nations adopted 17 SDGs. Social protection is part of these objectives as a way to eradicate poverty among adults and children.
- UNICEF's Social Protection Strategic Framework has four key components: social transfers, programmes to ensure access to services, social support and care services, and legislation and policy reform to ensure equity and non-discrimination in access to services and employment/livelihoods. It envisages an integrated approach, sensitive to the needs and situation of children.
- States can use social protection as a tool to help fulfil a multitude of children's rights at the same time, working towards the realization of their obligations under the CRC.
- Investing in children and in social protection systems that support the realization of child rights is in states' economic, political and social interests and brings many and varied returns.

UNICEF's Social Protection Strategic Framework, which aims to articulate an overall strategy or road map for developing a system of social protection that is responsive to the specific rights and needs of children, was unveiled in 2012. Child-sensitive social protection, as articulated in the framework, is an approach that countries in Central and Eastern Europe, the Caucasus and Central Asia could employ to adapt and adjust their existing social protection systems to increase child well-being and realize children's rights.

This Strategic Framework is the theoretical and methodological basis for the analysis in this report. The following chapter will elaborate its basic tenets, while also examining the case for investing in social protection for children, in terms of improvements in child rights and well-being as well as the longer-term social and economic health of a country.

1.1) Analytical tools for social protection

a) Approaches to social protection

Social protection, as both a concept and a set of policies, is not a new phenomenon. Countries around the world, and especially in Western Europe, have a long history of investment in social welfare and social protection policies. Social protection lies at the heart of the European social model, and although each European country has its own unique social system, all member states of the EU are in principle committed to social protection against major life cycle risks and to reduce poverty and smooth consumption.¹³

Social protection has gained global relevance over the past 10 years across different regions and at the national level as a policy approach for addressing persisting inequality, poverty and exclusion within

rapidly developing economies; mitigating the effects of the global financial, economic and food crises; managing threats posed by climate and demographic changes¹⁴ and, increasingly, also at the macro level, as an investment strategy (see later sections of this chapter).

The series of shocks and upheavals observed globally throughout the 1990s and 2000s highlighted the fact that countries remained vulnerable to crises, in part due to the vulnerability of substantial sections of their populations, who consistently fell into poverty and financial straits during periods of volatility. More frequent and severe natural disasters related to climate change, as well as worldwide shifts in patterns of migration and conflicts, put heavy strain on governments. Governments' inability to adequately protect their populations from crises increases economic stress, political instability and social unrest, as demonstrated, for instance, in the events of the Arab Spring.

A number of governments and organizations have turned to social protection as a mechanism to protect populations from vulnerability and poverty during and outside of crises. In the past few years United Nations agencies, international organizations, a number of new governments and the EU have formally developed strategies and frameworks for social protection. These share some common tenets, but



also reflect differences in priorities and emphasize some solutions over others.

Box 1 What is vulnerability?

'Vulnerability' in UNICEF's social protection framework is the interaction between individuals' and households' exposure to risk and their capacity to respond and cope with adverse circumstances, whether chronic or sudden. 'Exposure to risk' refers to the extent to which life circumstances make someone more or less susceptible to adverse circumstances or hazards; for instance, where a person lives may increase her or his risk of being affected by disasters caused or induced by natural hazards. The 'capacity to respond and cope' refers to the extent to which adverse circumstances may ultimately affect a person and her or his family, and the ability of that person to insulate or protect her- or himself from those circumstances. It includes such factors as the existence of financial savings to act as a cushion in case of a job loss, or the availability of networks of support to provide help in a crisis. The capacity to cope is also sometimes referred to as 'resilience'.

As ultimate recognition of its global importance, the 17 SDGs adopted by the United Nations in September 2015 firmly include social protection as a way to eradicate poverty, under targets 1.3, 5.4 and 10.4. Target 1.3¹⁵ in particular commits all Member States of the United Nations to "implement social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable." The operationalization of the SDGs will be an opportunity to better align the approaches of United Nations Member States, United Nations agencies, multilateral development banks, bilateral development partners and civil society organizations towards the establishment of comprehensive, effective and inclusive social protection systems across the world.

i) UNICEF's conception of social protection

UNICEF conceives of social protection as "the set of public and private policies and programmes aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation."¹⁶



UNICEF's approach to social protection puts the reduction of economic and social vulnerabilities at the heart of its objectives. The programmes most commonly cited as examples of social protection are cash or in-kind transfers from governments or private actors to members of society, programmes that grant access to services such as health care or education, and social services that provide support to families and individuals in at-risk situations.

In order to be effective, social protection systems must not only respond to crises and vulnerabilities as they become acute, but must also work to address underlying drivers of vulnerability before crises happen; otherwise, they risk becoming 'band-aid' solutions to deeper, larger problems. In this sense, social protection must take into account the multidimensional nature of poverty, deprivation and vulnerability, which is not limited to one sector or single factor. Instead, vulnerability has multilayered and interlinking causes and effects, which must each be addressed in order to achieve a lasting reduction in vulnerability and deprivation. UNICEF conceives of social protection as being universally relevant for all countries, not only low- and middle-income countries,

and its recommendation to focus especially on the most excluded is relevant to high-income countries as well, where certain groups still face gaps in realization of their rights.

ii) Other leading approaches to social protection

In recent years, an increasing number of organizations and governments in low- and middle-income countries have begun investing in or scaling up social protection as a tool to improve the human rights and well-being of their populations. The Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda mentioned social protection as an integral strategy to eradicate poverty and achieve sustainable development,¹⁷ and the Outcome of the United Nations General Assembly on the Open Working Group's Proposal for Sustainable Development Goals set an explicit goal on implementing 'social protection systems and measures for all'.¹⁸ These examples demonstrate the issue's current global relevance.

Definitions and approaches to social protection are diverse and evolving. They often originate from differing views about the purpose of social protection

interventions; the appropriate division of responsibility among households, states and markets; and fundamental principles, such as universalism versus targeting. In what follows, we review some of the leading approaches to social protection and how they relate to the rights of children.

In Europe, social protection has a long history, dating back to the establishment of the European welfare states after the Second World War and, even earlier, to the 'invention' of the first social insurance programmes in Otto von Bismarck's Prussia during the nineteenth century. Today, each member state of the EU sets and implements its own policies on social protection. However, the EU supports and complements each state's own policies in the fields of social inclusion and social protection through its Social Investment Package, which guides member states in the development and financing of their social welfare systems, as well as provides individualized country recommendations.

The EU views social protection and social inclusion as interlinked, with social protection working towards the full inclusion of all members of society. 'Active

inclusion' means enabling every citizen, notably the most disadvantaged, to fully participate in society, with a strong focus on participation in the labour market, alongside other dimensions.¹⁹ In practical terms, social inclusion encompasses adequate income support and employment assistance, inclusive labour markets, avoiding poverty traps and in-work poverty, and access to quality services to help people participate actively in and contribute to society.

Documents such as the Europe 2020 strategy and the European Semester provide goals for member states to achieve in the areas of social protection and inclusion, as well as guidance for how to achieve them, and the European Commission also works together with member states in the Social Protection Committee, using the Open Method of Coordination. In February 2013 the Commission released its Recommendation on Investing in Children, focused on preventing the transmission of poverty and disadvantage across generations. It recommends that EU member states implement policies to address child poverty and social exclusion while promoting children's well-being through early intervention and investment in children.

Box 2 Social protection as a tool to fulfil country obligations under the CRC

Upon becoming States parties to the Convention on the Rights of the Child (CRC), states assume the responsibilities of 'duty bearers', who are accountable to children for the realization of their rights as 'rights holders' under the Convention.

The Convention specifically addresses children's right to social protection in **Article 26**, which states:

1. States parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law.
2. The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child.

Article 27 also pertains strongly to social protection:

1. States parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.
2. The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development.
3. States parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.



The recommendation also encourages states to develop integrated strategies to prevent poverty and exclusion that are based on three key pillars: access to adequate resources (including by supporting parental participation in the labour market and through provision of adequate living standards with a combination of benefits), access to affordable quality services (such as health, education, early childhood education and care, housing and family support and alternative care settings) and promoting children's right to participate (in play, sport, recreation and decision-making activities). The recommendation advocates for the development of synergies across sectors, improving governance arrangements to make policies more effective in counteracting child poverty and social exclusion, strengthening the use of evidence-based approaches, and using data and statistics to monitor the situation and impact of interventions on children.

Beyond the domestic agenda in EU member states and the EU Enlargement process, the EU – as the largest global development donor in terms of resources allocated – has also been actively integrating social protection in its international development and humanitarian action. In 2012 the European Commission adopted a joint Communication on

Social Protection in European Union Development Cooperation, which outlines that there is no 'one size fits all' approach to social protection in developing countries, and that priorities will differ depending on a country's income status and capabilities. For middle-income countries the main challenges are to broaden coverage and improve efficiency, and in low-income countries the focus should be on financing and institutional capacity. It also emphasizes that social protection should promote equity, social inclusion and social cohesion within each society.

The World Bank's Social Protection and Labour Strategy 2012, 'Resilience, Equity and Opportunity', conceives of social protection and labour programmes and policies as buffers that protect individuals from shocks and equip them to improve their livelihoods and create opportunities to build better lives for themselves and their families. More broadly, they provide a foundation for inclusive economic growth and social stability. The strategy's overarching goal is to improve resilience, equity and opportunity for people in low- and middle-income countries, by enabling developing countries to move from fragmented approaches to social protection towards more harmonized systems.

The strategy is also designed to address gaps in current practice by making social protection and labour more 'responsive, productive and inclusive' of groups and regions previously excluded, including low-income countries, people living in extreme poverty, those with disabilities, those in the informal sector, and women. The strategy explicitly advocates the need to differentiate approaches to social protection based on countries' needs and capabilities. It also advocates improving evidence, building capacity and sharing knowledge across the globe to facilitate informed, country-specific and fiscally sustainable programmes.

The social protection floor (SPF) is a set of social policies designed to provide a minimum guarantee of income security and access to social services for all, especially focusing on vulnerable groups. It was launched in the aftermath of the global financial crisis in 2008–2009 by the ILO in cooperation with the World Health Organization (WHO) and other United Nations agencies, as a first step towards developing minimum global social protection and security standards. The document is endorsed by the entire United Nations system, and its follow-up Recommendation No. 202, which provides guidance for building SPFs, is an international legal instrument that was adopted by governments and social partners of the ILO's 185 member states. It prescribes the establishment and progressive expansion of two major initiatives in each country: a) basic income security in the form of social transfers such as pensions for the elderly, child benefits, income support benefits and/or employment guarantees and services for the unemployed and working poor, and b) universal access to affordable essential social services in health, water and sanitation, education, food security, housing and others, as defined by national priorities.²⁰

At minimum, each national SPF should comprise at least the following social security guarantees: access to essential health care, including maternity care; basic income security for children, providing access to nutrition, education, care and any other necessary goods and services; basic income security for persons in active age who are unable to earn sufficient income, in particular in cases of sickness, unemployment, maternity and disability; and basic income security for older persons.²¹ These programmes and services are to be expanded horizontally to cover all members of the population, and gradually scaled up vertically to incorporate higher standards of living.

The core objectives of the SPF are to define a minimum standard of income security and social care that no person can fall below, while promoting productive economic activity and entrepreneurship, sustainable enterprises and access to decent employment opportunities. It is designed to be flexible enough to allow countries at different income levels and stages of development to adopt different components in a sequential manner, depending on needs and capabilities. G20 Labour and Employment Ministers have committed to the SPF.

The approaches mentioned share some elements in common, but each emphasizes particular elements of social protection. Because social protection takes into account the multiple and interlinking causes of vulnerability, risk and resilience, it necessarily encompasses a wide range of activities across multiple sectors, benefiting different groups of the population. As will shortly be elaborated, UNICEF's approach has synergies with all other approaches, but part of its added value lies in its emphasis on the particular vulnerabilities that different groups of the population face at different points in the life cycle, and its integration of children at the core of broader social protection schemes through a 'child-sensitive' approach. UNICEF's approach recognizes and focuses on the fact that childhood is a window of opportunity where investment has longer-term returns for a country's ability to grow and its population's capacity to overcome the impacts of shocks and thrive.

b) Four components of social protection systems

UNICEF's approach to social protection acknowledges the existence of a wide range of interventions and programmes in each country, with different and often complementary objectives and benefiting different groups of the population. It supports the investment of public resources in a variety of interventions based on appropriate assessments of the situation and the needs of the general population. UNICEF considers certain components of national social protection systems to be particularly critical to addressing the vulnerabilities experienced by children and their families in a direct, holistic and effective manner.

UNICEF's Social Protection Strategic Framework has identified four key components of social protection systems that are particularly relevant for the rights of children: social transfers, programmes to ensure access to services, social support and care services, and legislation and policy reform. The framework

does not cover issues related to labour activation, which are part of social security and social protection in many countries. While UNICEF recognizes that labour market policies, old-age benefits and care services, and other components of national social protection systems are integral to the success of social protection and for sustainably lifting families out of poverty, these issues are better addressed by other stakeholders with the appropriate mandate, knowledge and expertise. Therefore, while other aspects of social protection may be briefly discussed, this report focuses the majority of its analysis on the four components of social protection identified below as they pertain to children.

i) Social transfers

Social transfers are predictable, direct transfers to individuals or households, both in-kind and cash, to protect them from the impacts of shocks and to support the accumulation of human, financial and productive assets.²² Social transfers can be broadly divided into two categories: **social insurance**, which includes transfers relying on individuals' monetary contributions to guarantee income security and access to essential social services (such as contributory pensions), and **social assistance**, which generally refers to non-contributory, publically financed cash or in-kind transfers, either long-term, as in the case of family or child allowances, or short-term, as in the case of maternity benefits for unemployed mothers. Social transfers are also sometimes referred to as social benefits.

There are a wide variety of transfer types, including conditional cash transfers (where delivery of cash is dependent on certain actions or behaviours, such as children's regular attendance in school); unconditional cash transfers (including some birth grants and income supplements for maternity or paternity leave); last-resort minimum income schemes; cash-for-work programmes, child benefits or grants (given to families with children to help provide for basic needs); disability grants (which help people with disabilities access services or provide income for those who cannot gain employment); and pensions (provided to the elderly or sometimes to members of a deceased person's family).²³ In-kind transfers may include feeding programmes in schools, provision of food or nutritional items such as fortified flour or iodized salt, or provision of electricity, heating or water at a reduced cost or free. Social transfers may also include public works programmes, where cash payments are made in exchange for labour in publically funded projects.

ii) Programmes to ensure access to services

Although governments may offer a variety of services and benefits to their populations, the ability of some groups to actually access the services is not always commensurate with their availability. For this reason, programmes that enable populations to access available benefits and services are also a key component of social protection systems. These programmes do not necessarily involve transfers of money to participants, but rather aim to remove barriers to service use.

Common barriers include lack of birth registration documents (often required as proof of age, nationality, etc.), presence of social stigma and discrimination, and presence of user fees to access public services (such as formal or informal fees for health-care provision, or costs of textbooks and uniforms associated with school attendance). Programmes to eliminate these barriers include birth registration initiatives, subsidized school transportation and supplies, and supplements to reduce or eliminate costs of service use. Social protection does not normally include programmes relating to the actual provision of such services (such as programmes that train teachers or monitor the quality of health care), but rather programmes to facilitate access to and benefits from the services. In this report, readers will note that conditional cash transfers are considered under the category of social transfers and not as programmes to enable access to services, in accordance with UNICEF's framework.

iii) Social support and care services

While cash transfers and access to public services are critical to increase resilience and reduce risk for families, in many situations they do not suffice to address the vulnerabilities a child or family faces. The provision of social support and care services is also a crucial component in helping protect children and families from a host of social and economic hardships. Official definitions of social support services vary from country to country,²⁴ and a wide range of social support and care services exists. This report focuses on services that aim principally to reduce the social and economic vulnerability of families and children to poverty and deprivation, as the core objective of social protection.

Family support services aim to help families experiencing hardship find solutions to escape or reduce the risk of extreme deprivation before their situation becomes overwhelming, thus helping to prevent family breakdown, which exacerbates poverty



risks. These services are often provided by social workers or child protection agents, and can include parenting education, counselling, family mediation, childcare, support to foster carers and adopting families, and respite care for families of children with disabilities. In addition, home-based care can provide essential care and support to people with disabilities or illnesses, and their families, at home rather than in formal medical or residential institutions. Social workers and child protection agents can inform families about other services and benefits for which they may be eligible and aid them in finding employment, thus helping to avoid placement of children and other family members in residential care and reducing the risk of deprivation associated with physical or mental conditions.

iv) Legislation and policies to ensure equity and non-discrimination in access to services and employment/livelihoods

In order for social protection programmes to reach and address the needs of the most vulnerable, legislation and policies must explicitly aim to tackle barriers

to equality both within the programme's design and in society generally. For instance, legislation must address discrimination and stigmatization in order to change the way that policies proscribe access to services, income security and livelihood opportunities. Barriers are not necessarily explicit, but can be indirect and unintentional, and policies can also include provisions for proper design and implementation of programmes so that they do not indirectly discriminate against certain groups, or they may contain explicit provisions to include marginalized groups. Examples include legislation to allow breastfeeding time at work, to set minimum maternity or paternity leave times for employees, to change the inheritance rights of women and children, or to put in place strategies to facilitate social inclusion.

c) Addressing children's rights and needs in an integrated way

UNICEF's approach to social protection can be conceived of as 'child-sensitive' and 'integrated'. It is widely recognized that children are more vulnerable to poverty and deprivation than adults, and face vulnerabilities that are specific to their age and life stage. In order to realize children's rights, social protection strategies must acknowledge and address these multifaceted and unique vulnerabilities. However, 'child-sensitive' social protection does not imply 'child-exclusive' social protection – many aspects of children's vulnerabilities are also shared by their households and communities. Although child-focused programmes may sometimes be the best way to address those vulnerabilities, in other cases programmes with broader groups of recipients may have substantial and lasting impacts on children, even though they are not the primary targets.

A key pillar of UNICEF's approach is the importance of integrated systems in the design and implementation of social protection. Integrated social protection systems involve coordination and communication across multiple sectors of public policy to ensure maximum efficiency and impact, address both supply and demand sides of interventions, and frame social protection within a broader set of social and economic policies and financial and human resource systems.

There are two main elements of an integrated approach to social protection. A multi-sector approach advocates for identifying the linkages between social protection and social development outcomes for children, and incorporating these into the design and

implementation of policies. This implies developing and nurturing norms, structures, mechanisms and implementation arrangements that explicitly link social protection with other sectors that deliver services and support for children. Programmes and services may be connected through formal or informal agreements, partnerships or networks, or may unite resources and personnel from several fields in one programme with a single administrative unit.

The second component of the integrated approach is the systems approach, which calls for viewing issues from a broader perspective, by focusing on the relationships between components of systems and the synergies that emerge from the interactions between them. Interventions need to be designed and implemented as a comprehensive set that addresses both social and economic vulnerabilities and their interaction. An integrated social protection system goes beyond risk management to integrate responses to both structural and shock-related vulnerabilities. This approach ensures appropriate investments in the supply and quality of services, as well as coherence with the broader set of social and economic policies that promote human development and growth in a given country.

i) Core principles

UNICEF's approach to social protection and the four programme components of social protection systems that address children's needs reflects three core principles:

- **Progressive realization of universal coverage:** Countries should identify and gradually build the mix of policies and programmes that are most conducive to eventually reaching all members of society. The term 'progressive' is key: because countries face a vast mix of differing capacities and contexts, each country's progress along this path will vary, and will likely require a series of steps to achieve its goal.
- **National systems and leadership:** Work on social protection must fall within and support a country's policy and institutional framework, with the only possible exceptions being in countries with weak or no government capacity. Programmes need to be embedded in existing governance frameworks, including the institutional structures and resources that underpin them, and they need to be assessed in that context.²⁵ There is no single, correct approach to social protection. Systems should

be nationally owned and led, in order to have the greatest effectiveness and longevity. The choice of which social protection mechanisms to use is often a political one, reflecting the social contract that exists between governments and citizens.

- **Inclusive social protection:** Interventions should address social dimensions of vulnerability, such as gender, ethnicity, geographic location, HIV status and disability status. They must consider issues such as the structural inequalities excluded groups face, how social protection can address multiple deprivations, and whether programmes reinforce or exacerbate existing inequalities.

1.2) How child-sensitive social protection helps countries realize children's rights

Child-sensitive social protection helps states realize the rights enshrined in the CRC, primarily children's rights to enjoy adequate living standards, while at the same time contributing towards the improvement of outcomes in other areas of child well-being.

a) Right to an adequate standard of living

At the most basic level, social protection is designed to provide relief from poverty, vulnerability and material deprivation. At the heart of almost all social protection systems are cash and in-kind transfers, designed to allow people in the lowest income quintiles to meet material and financial needs, and protect their abilities to overcome shocks. However, improvement in material well-being alone is not enough to realize children's rights. Freedom from poverty can be thought of as a necessary, but not sufficient, condition for child rights realization. It is not possible for a child to fully enjoy his or her rights if she or he is living in poverty, but not living in poverty does not automatically mean that the other rights enshrined in the Convention are realized.

Child-sensitive social protection contributes to the realization of children's rights first, and foremost, by helping improve minimum living standards, also referred to as child poverty reduction.

Cash transfers, provided they are of high enough value and effectively implemented, have been demonstrated to reduce child poverty. A variety of intervention designs have been successful.²⁶ Cash transfers directed towards children have demonstrated strong reductions in child poverty in

some countries. For instance, from April to June 2006 Mongolia's Child Money Programme (a programme with very weak conditionalities) reduced the child poverty headcount by almost 4 percentage points and the child poverty gap by 2 percentage points.²⁶ Cash transfers also reduce poverty when they are targeted at families and not children specifically. Child and family benefits, a major group of social protection expenditures in Europe, have been found to reduce child poverty substantially.²⁷

There is also substantial documentation of the overall poverty reduction achieved by conditional cash transfer programmes, especially in Latin America and Africa. Households in Mexico's Progres/Oportunidades programme showed a reduction in the poverty headcount of 17.3 per cent from the baseline, and a reduction of the poverty gap by 36.1 per cent.²⁸ In Brazil, participants in the Bolsa Familia programme saw an average 12 per cent reduction in the poverty gap between 2001 and 2005.²⁹ Guaranteed minimum income or last-resort social assistance schemes also have the potential to lower child poverty rates, given that families with children make up a major proportion of those under the poverty line in almost every country.

b) Beyond poverty reduction: Social protection and other child rights

Beyond poverty reduction, social protection interventions affect a number of children's rights directly or indirectly, and investments in effective social protection programmes also contribute to the realization of these rights.

Cash transfers are associated with increases in children's attendance in school and at health facilities. Although intra-household dynamics play a role, a number of studies indicate that households do invest at least some disposable income in children's health and education.³⁰ The tables below provide a sample of other documented positive health and education effects from conditional and unconditional schemes. A fuller list of documented outcomes is shown in Annex 1.

Cash transfers can provide the income necessary to pay for costs associated with health care, such as fees for services as well as costs associated with transportation to health facilities, lost income for time away from work, and other indirect costs. Cash transfers have helped households overcome these barriers and resulted in an increase in the use of key public health services, particularly health monitoring and preventive health services.³¹

Box 3 Social protection as a tool to fulfil additional country obligations under the CRC

Social protection, when understood and implemented in an integrated and systemic approach, contributes not only to the rights of children to social security and an adequate standard of living, but also towards the realization of a host of other rights to which they are entitled to under the Convention. These include, but are not limited to, the right to freedom from discrimination (**Article 2**), the right to protection and care (**Article 3**), the right to life (**Article 6(1)**), the right to survival and development (**Article 6(2)**), the right to birth registration (**Article 7**), the right to parental care (**Article 9**), the rights of parents and legal guardians to childcare services (**Article 18**), the right to freedom from violence, exploitation, neglect or negligent treatment (**Article 19(1)**), the establishment of social programmes to support abused and neglected children (**Article 19(2)**), the rights of children with disabilities to a full and decent life, special care and assistance and the fullest possible social integration and development (**Article 23**), the right to the highest attainable standard of health (**Article 24**), and the right to education (**Article 28**).

The concept of 'child well-being' covers physical, cognitive and social-emotional aspects of a child's current situation (being) and development (becoming).³² Based on the recognition of children's rights and their indivisibility, it enables a multifaceted and comprehensive view of the situation of children.³³ In this sense, rights inform and are the basis of conceptions of child well-being. The indices and frameworks used to assess children's well-being vary depending on the country, region and approach, with some incorporating explicitly rights-based approaches and others emphasizing the need to consult with children to define key elements of their well-being. However, all recognize that no available single indicator, even the commonly cited incidence of child income poverty, adequately reflects the actual situation of children in a given context.

Impacts of cash transfers on child health behaviour

Country	Social transfer programme	Result
Bolivia (Plurinational State of)	BONOSOL	165% increase in food consumption
Jamaica	Programme of Advancement Through Health and Education	38% increase in preventive health-care visits for children aged 0–6
Peru	Juntos	30% increase in number of immunized children

Impacts of cash transfers on child health outcomes

Country	Social transfer programme	Result
Brazil	Bolsa Familia	Children 26% more likely to have normal height-for-age
Columbia	Familias en Acción	Reduced probability of stunting by 6.9 percentage points; 0.58 kg increase in newborn's weight in urban areas; reduction in diarrhoea incidence of 10.5 percentage points for children under 2
Mexico	Progresa	8% average reduction in infant mortality, with up to 17% in rural areas; 70% of households with improved nutrition; 12% lower incidence of illness among children under 5; stunting reduction of 7.3 percentage points; average 1 cm/year increase in height; reduction in anaemia by 25.5% in children aged 12–48 months

Impacts of cash transfers on educational behaviour and outcomes

Country	Social transfer programme	Result
China	Conditional Cash Transfer experiment in northwestern China	Dropout rate of junior high school students reduced by 50%
Nicaragua	Red de Protección Social	Net increase in enrolment by 12.8 percentage points, and 25 percentage points for the extreme poor; 20 percentage point increase in school attendance
Turkey	Conditional Cash Transfer (Education)	Increase in secondary school enrolment for girls by 10.7 percentage points; 16.7 percentage point increase in enrolment in rural areas, with 22.8 percentage point increase for rural boys

Source: UNICEF, *SPSF*, Annex B; Mideros, Andrés; Gassmann, Franziska and Mohnen, Pierre; *Estimation of Rates of Return of Social Protection Instruments in Cambodia: A case for non-contributory social transfers*, Maastricht Graduate School of Governance, Maastricht, October 2012; Barrientos, Armando and DeJong, Jocelyn; *Child Poverty and Cash Transfers*, CHIP report No. 4, Childhood Poverty Research and Policy Centre, London, 2004; Adato, M., and Bassett, L.; 'Social Protection to Support Vulnerable Children and Families: The potential of cash transfers to protect education, health and nutrition', *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV*, vol. 21, no. S1, August 2009, pp. 60–75; Rees, Nicholas; Chai, Jingqing and Anthony, David; *Right in Principle and in Practice: A review of the social and economic returns to investing in children*, Social and Economic Policy Working Paper, United Nations Children's Fund Division of Policy and Strategy, New York, June 2012.

As a result, children's health outcomes have been shown to improve. For instance, South Africa's Child Support Grant, an unconditional cash transfer programme, was shown to improve early childhood nutrition as measured by height-for-age.³⁵ Evaluations of the Red de Protección Social programme in Nicaragua recorded a decrease in the prevalence of underweight children from 15.3 per cent to 10.4 per cent over two years.³⁶ A conditional cash transfer pilot programme in Bangladesh also had a significant impact on the incidence of wasting of children aged 10–22 months when the programme started.³⁷ More generous family policies are also associated with lower infant mortality.³⁸ In-kind transfers such as school feeding programmes can also have a measurable impact on child nutrition and health. In a school feeding programme in Africa, the impacts went beyond the direct recipients of the feeding to include additional nutritional benefits for younger siblings of schoolchildren.³⁹

Families receiving cash transfers are more able to afford the fees associated with schooling, especially in secondary school, as illustrated in Turkey (in the table above). In-kind transfers can also have a positive impact on children's school attendance. A study of six school feeding interventions implemented in five countries found that they positively affected school attendance, with increases of 6 to 20 percentage points.⁴⁰ During Indonesia's financial crisis, a scholarship programme was also shown to have helped families keep their children in school.⁴¹

In the area of HIV/AIDS, cash transfers have the potential to benefit children and their families across the spectrum of HIV prevention, treatment, care and support.⁴² Transfers can play a role in HIV prevention by addressing factors that place children at risk of infection, such as school dropout and migration. A recent impact evaluation in a high-prevalence district in Africa found that the introduction of a cash transfer had a measureable impact on the behaviour and HIV infection rates of teenage girls.⁴³

Social transfers can have impacts on other outcomes for children as well. Although there are often evidentiary gaps, and although this area requires further research and documentation, qualitative literature provides evidence of an association between poverty and child protection risk factors.⁴⁴

Children face multiple and overlapping vulnerabilities and risks of abuse, violence, exploitation and neglect.⁴⁵

For instance, a study in the United Kingdom on the links between poverty and child protection outcomes demonstrated that adolescents who have experienced persistent poverty at least once during their lifetime were more likely to have come from a separated family, had a higher likelihood of low self-esteem, were more likely to show psychological distress and, if they were girls, faced higher risks of early childbearing.⁴⁶ Similarly, a meta-study of research in OECD countries reported a strong correlation between living in a low-income household and experiencing violence and abuse. The stresses associated with living in poverty adversely affect parents' capacities to provide care, which can lead to harmful disciplinary practices and child neglect.⁴⁷ Social transfers, by increasing household income, can affect these outcomes as well.



Box 4 Spotlight on success: Mexico's pioneering Oportunidades programme

One of the most celebrated and pioneering conditional cash transfer programmes is Oportunidades in Mexico (formerly known as Progresa). The programme provides cash transfers to families with children aged 0–5, conditional on children's immunization and parents' attendance at well-baby clinics where their children's nutritional status is monitored. At the same time, parents receive nutritional supplements for their children and information about child health. The programme also reaches out to other family members, providing yearly physical check-ups and meetings where health, hygiene and nutritional issues are discussed.

A number of studies of this programme have found extremely positive impacts on both child and family health and well-being. For instance, children aged 0–35 months who were part of the programme experienced 39.5 per cent less illness than their counterparts in a control group. They also grew on average 1 cm more than the control group, and the effects of the programme appear to be cumulative, with the greater length of time the children stay in the programme associated with increasingly positive health outcomes.

Source: Committee on the Social Determinants of Health, *Closing the Gap in a Generation: Health equity through action on the social determinants of health – Final report of the Commission on the Social Determinants of Health*, World Health Organization, Geneva, 2008, <www.who.int/social_determinants/thecommission/finalreport/en/index.html>, accessed 21 April 2013.



Increases in household income may also reduce child vulnerability by freeing parents to spend time with their children. A qualitative evaluation of Mexico's Progresa/Oportunidades programme noted that some mothers in recipient households were able to exercise a preference to reduce market work in order to spend more time with their children, particularly infants. Similar findings were noted in an impact evaluation of Colombia's Familias en Acción, where some mothers deliberately reduced their labour hours in order to be with their young children.⁴⁸ Social transfer programmes that require check-ups for expectant mothers also often require birth registration for newborn babies. An evaluation of Familias en Acción found that 97.3 per cent of participant children had birth certificates, as compared with 91.7 per cent of non-participant children.⁴⁹

Social transfers can also prevent family separation, by stopping parents from having to migrate to other areas to search for employment, leaving children in the care of family members or in informal fostering arrangements that can lead to child neglect, deprivation and other problems.⁵⁰ The guarantee of income also reduces the burden on children to contribute to household income, enabling them to participate in school.⁵¹ For instance, in Ecuador, child labour was reduced by 17 per cent in households participating in Bono de Desarrollo Humano.⁵²

There is increasing interest in the role of cash transfers and other social protection measures as part of an integrated strategy to prevent and respond to climate change and disasters.⁵³ Programmes in South Asia have begun to integrate social protection with disaster risk reduction. In India, the Maharashtra Employment Guarantee Scheme was created in response to a major drought, and climate change, disaster risk reduction and social protection have been combined in the Productive Safety Net Programme, where cash and food transfers aim to alleviate household vulnerability to seasonal food insecurity. During the 2008–2009 humanitarian crisis, the majority of the programme's beneficiaries avoided having to sell off household assets to survive.⁵⁴

In developed economies, social programmes that target disadvantaged adolescent students, especially those from ethnic and linguistic minorities, have had documented positive impacts on children's rights and achievements, especially in education. The Quantum Opportunity Program in the United States offered disadvantaged minority students counselling and

financial incentives to engage in activities aimed at improving social and market skills. Two years after programme completion, around one third more participant students had graduated from high school (or obtained a diploma equivalent) than non-participants.⁵⁵

The use of outreach to encourage access to health, education and other services has demonstrated strong outcomes in a number of developing countries. The Matlab Maternal Child Health and Family Planning project in Bangladesh delivered services in a set of intervention districts through a mixture of government facilities and mobile workers, supported by fieldworkers from NGOs. Over the period 1982–1996, child mortality fell by over 40 per cent among the poorest quintile of the intervention group.⁵⁶ Programmes that focus on improving access to school or health by providing free health services or insurance also have key impacts on child rights. Egypt's School Health Insurance Programme improved the attendance of children in the poorest quintile, and Indonesia's health card scheme also appears to have had an especially pronounced impact on use of health services among the poor.⁵⁷ Further examples are highlighted in the table below.

c) Integrated interventions that span multiple sectors

The effectiveness of cash transfers, conditional or not, in reducing poverty and improving specific outcomes for children significantly increases when combined with social protection programmes to facilitate access to services and provide social care and support. Cash transfers can address the economic and social vulnerabilities of women and children in a holistic and sustainable way only if they are linked with critical services.⁵⁸ Similarly, the impacts of all social protection interventions have been shown to multiply and improve if interventions are integrated across other social sectors as well, especially child protection, health, early childhood development and education.

Strengthening linkages between social protection and other social sectors can help address multiple determinants of complex social problems. As the most vulnerable children face multiple deprivations with interrelated and mutually reinforcing drivers, realizing child rights and improving child well-being outcomes requires an integrated approach.⁵⁹ When social protection interventions and programmes are linked and integrated both within themselves (cash

and services) and with other social sectors, the increased efficiency saves resources, and services are more holistic and work better to address the root causes of poverty and exclusion in a multifaceted way, leading to more sustainable outcomes.

Multi-sectoral interventions can take various forms and involve different actors and institutional structures. For instance, they can combine social care services to address a number of vulnerabilities at one time, integrate social work and social service delivery with the delivery of benefits and social assistance, integrate social services and benefits with health initiatives, or develop a systemic initiative such as a single unified database with information about recipients of benefits and services across sectors. Perhaps the most well-known and successful example of an integrated and comprehensive social protection system was Chile Solidario (now Ingreso Etico Familiar), which combined income transfers with various social services and programmes through institutionalized referrals. Family counsellors also helped provide beneficiaries with access to complementary services and programmes, removing administrative hurdles that often exclude the poorest.⁶⁰

Social protection programmes such as those in Chile and other Latin American countries have arguably been so successful because many of the initiatives are complementary and integrated. In other countries, including Kazakhstan and Ukraine, smaller-scale integrated interventions such as placing social workers in maternity wards have helped stop vulnerable mothers from relinquishing and institutionalizing their infants, by providing support and care and facilitating access to services and benefits.⁶¹

1.3) Making the case for social protection for children

Although social protection can have significant impacts on children’s rights, it is not, and should not, be directed solely towards families and children. Human beings face vulnerabilities and may be in need of protection and support at different stages of their lives. Why, then, should policymakers prioritize investment in social protection interventions that take special consideration of children’s unique opportunities and vulnerabilities?

Impact of outreach and social services on child outcomes

Country	Programme	Result
Cambodia	Home-based care and food support programme	Length of time of girls in households with HIV/AIDS missing school cut in half; girls in households with orphans/vulnerable children missed 1.2 years of school instead of 5.9
St. Lucia	Roving Caregivers Programme (home-based care to at-risk children)	Significant positive impact on cognitive development of children including motor skills, visual reception and language development

Impact of health subsidies/insurance on health behaviours and outcomes

Country	Programme	Result
Afghanistan	User-fee ban for Basic Package of Health Services	Utilization of basic health services increased by 400% after fee removal
Bangladesh	Operations research project, vouchers for maternal health services among poor, pregnant women	Institutional deliveries increased from 2% to 18%; utilization of antenatal care increased from 42% to 89%
Peru	Seguro Integral de Salud (social health insurance)	Women affiliated with SIS 26.9% more likely to be attended at Ministry of Health facilities for birth

Source: UNICEF, SPSF, Annex B.

All 193 States parties to the CRC have an obligation, as duty bearers, to realize the rights inscribed in that document. Social protection provides a way to realize multiple rights with a single intervention or set of interventions. There are very strong moral arguments in favour of social protection for children. Children are more vulnerable to poverty and deprivation in many aspects of their lives, such as nutrition, health and education, but often lack the abilities to take actions that affect their current well-being and also have long-term benefits. Duty bearers have a legal obligation to facilitate children's positive development to the maximum extent.

Childhood is when all human beings have the most opportunities to set the direction for the rest of their lives. Governments and all institutions committed to equality under the Convention have the duty to ensure that, to the greatest degree possible, each child is accorded equal opportunities for success regardless of birth status or life circumstances. It is only through investment in children that they will be able to develop the capacities to build better adult

lives for themselves. Ultimately, as will be shown shortly, it is in states' economic and political interests to invest in social protection that addresses children's specific needs.

a) Economic arguments for investing in social protection for children

Economic returns from social protection

Globally, social protection is no longer seen solely as a cost to the economy but as a source of resilience, growth and productivity. For instance, the World Economic Forum in 2012 advocated a new approach to growth that highlights the importance of employment and social protection. It emphasizes that growth, employment and social protection are parts of a virtuous circle, where "high-quality jobs and decent incomes generate sustainable demand; and social protection systems provide a safety net against growing labour market risks, giving citizens the confidence to consume and businesses to invest."⁶² The World Bank also states that greater equality, which can be enhanced through social protection, can itself lead to higher growth.⁶³

The EU and the OECD have adopted the idea of 'social investment', and the term 'social investment state' has been coined as an alternative to 'welfare state'.⁶⁴ This conceptual shift reorients the role of the State from providing compensation to individuals in hardship, to investing in human capital to encourage social development and economic growth in the present and future.

Although a full discussion of social protection's impact on economic growth is beyond the scope of this report, a few main points can be highlighted. Social protection, and in particular social transfers, directly affect households' disposable income and consumption, and can contribute to creating an enabling financial environment for poor and vulnerable households and excluded communities. Income supplementation or replacement increases resilience to shocks by making it possible for families to accumulate savings. Developing household assets can give families a cushion to cope with risks and opens new opportunities for life choices and better quality of life.

Social transfers can also facilitate access to credit by poorer members of society⁶⁵ and help them obtain better lending terms. For example, in Brazil, the Previdencia Rural social pension programme allows



beneficiaries to access loans from banks by showing their pension enrolment cards.⁶⁶ By providing households with an income floor, social transfers can also encourage investment in riskier activities that have higher returns, helping these households attain higher income trajectories.⁶⁷

In times of financial crises, having a social protection system in place enables governments to compensate for lost household income during periods of unemployment or erratic wages. Households do not have to borrow or sell assets to meet consumption needs.⁶⁸ Social protection can also stimulate local markets and maintain demand, even in times of economic crisis. By stabilizing demand, cash transfers mitigate the worst effects of economic adjustment and crisis and support long-term growth, as in the cases of Argentina, Indonesia and Mexico.⁶⁹ This is especially important in light of the recent global economic, food and fuel crises, which many countries, especially in Europe and Central Asia, have had difficulty recovering from. In such situations, being able to 'do more with less' is crucial.

The dependable spending power created by social transfers supports the development of local markets and local economic activity.⁷⁰ Increased demand can, in turn, trigger a supply response by local producers. In remote rural areas of South Africa, cash transfers have stabilized the demand for food, reduced market risk for producers and traders, and supported local agricultural production.⁷¹ In Mexico the multiplier effects of cash transfers on the local economy have been observed to be 1.5–2.6 times the amount transferred.⁷²

Social protection can also stimulate economic growth by making it possible for women to participate in the economy, society and community on an equal footing with men. The presence of children can interrupt, reduce or curtail mothers' involvement in paid work.⁷³ Investments in affordable childcare allow more women and men to contribute to the economy, as parents and caretakers are unburdened from the responsibilities of caring for young children.

Recent analysis has shown that higher female employment has a positive impact on macroeconomic growth and, conversely, that gender-related differences in women's employment and income have a negative effect.⁷⁴ This has become a subject of strong interest in Western European countries in recent decades, and all countries there have

numerous social protection provisions, such as childcare benefits or flexible working hours policies, to help carers, and especially female carers, re-enter the labour market.

Economic benefits of realizing children's rights

Investment in children's rights realization is a priority that cannot be understated for countries interested in maximizing their economic and social growth, improving their standing in the world and enhancing their reputation and prosperity. When investing in social protection for children, states work towards realizing all rights for all children, and harness all of the positive economic benefits associated with rights realization.

Childhood, especially early childhood, is a critical window in each human's life, when physical, cognitive and psychological developments occur at an accelerated rate. As such, it provides an opportunity to influence a person's potential development, enhance her or his quality of life and form human capital. This window can be seen as either an opportunity or a threat – an opportunity to positively influence children so they may realize the highest level of human development, but also a threat in that losses in development potential during this period have multiple, compounding effects, and are often more difficult and costly to reverse later on.⁷⁵

From this perspective, investment in children takes on strategic significance for states that wish to equip their citizens to respond and adapt to global economic change, and to enhance individual and national economic competitiveness.⁷⁶ This approach looks at current needs and also towards the future, in the sense that children are not only rights holders in the present, but also future productive members of society.

For instance, social protection programmes can improve children's access to health care, which improves child health outcomes and vastly increases a child's future productive abilities. Not just an abstract conception of social justice, health equity has a concrete influence on sustained economic growth, as healthier children grow up to be healthier adults, with higher labour productivity and increased intellectual capacities. Over time, this leads to higher permanent incomes, savings and national investment.⁷⁷ Research conducted in recent years has documented the causal impact of health on wages and productivity.⁷⁸

Early childhood education and development are two of the areas with the greatest proliferation of evidence on future outcomes and earning potential, and social protection programmes that facilitate access to these services contribute to these positive outcomes. Children's cognitive and non-cognitive abilities, both shaped early in life, are the major determinants of the economic returns on education. Investments in early childhood development and education reduce the need for remedial education for poorly educated workforces, crisis interventions for distressed individuals and families, and justice facilities for criminals who have been marginalized by society.⁷⁹

Children's access to primary and secondary education, which can be further facilitated by social protection programmes, also has an enormous impact on future productivity. The longer children stay in school, the better their outcomes in a number of areas, including vocational attainment. Some studies estimate that each year of schooling increases a person's wage earnings by 7–11 per cent;⁸⁰ others estimate the private rate of return of one additional year of schooling as 10 per cent.⁸¹ Both Colombia and Turkey took out loans from the World Bank to finance conditional cash transfer programmes, having calculated that this was a cost-efficient way to ensure that poor and vulnerable households did not withdraw children from school, which would have reduced national levels of human capital and labour productivity.⁸² Investment in girls' education in particular has a host of benefits, including enabling women to participate in the labour market and contribute to productivity and economic growth as well as the social and cultural life of their society.

A lack of investment in child rights realization is associated with a number of short- and long-term economic costs to countries. For instance, children who grow up poor and do not receive adequate nutrition lose potential. The World Bank highlights that underinvestment in child nutrition slows economic growth.⁸³ Wage losses due to child malnutrition have been found to be substantial: in India, these losses are estimated at around \$2.3 billion, or 4 per cent of annual GDP.⁸⁴

Underinvestment in children creates a 'vicious circle', as it strongly increases the likelihood that the next generation will replicate existing social inequalities and poverty conditions, resulting in 'poverty traps'.⁸⁵ Poverty, and especially extended poverty throughout

early childhood, is associated with recurrent poverty throughout the life cycle, including when children become parents themselves. Low household income, especially in early childhood, affects the quality of children's home environment and childcare, which influences cognitive development and behavioural outcomes.⁸⁶ In addition, while poverty itself does not cause children and youth to engage in criminal behaviour, there are strong associations between socio-economic disadvantage and rates of crime and antisocial behaviour. Those growing up in deprived areas also have a much greater chance of being victims of crime, and there is a strong association between having experienced crime as a victim and becoming an offender.⁸⁷

Poverty traps cost the state dearly. One study estimates that the cost of child poverty in the United Kingdom is at least £25 billion per year, as public spending to deal with the fallout of child poverty is about £12 billion, 60 per cent of which goes to social services, education and criminal justice, while the annual cost of below-average employment rates and earnings levels of adults who grew up in poverty is about £13 billion.⁸⁸ Another study estimates that, in the United States, the total aggregate costs of conditions associated with childhood poverty, including costs associated with crime, amount to around US\$500 billion per year, or 4 per cent of GDP.⁸⁹

b) Political and social arguments for social protection for children

It is in states' political and social interests to invest in social protection for children. Social protection generally has been postulated to contribute to increased social cohesion and the reduction of conflict,⁹⁰ and social transfers can be a social contract that binds a government to its citizens. Crime rates and social conflicts are highly correlated with unemployment, income inequality and poverty, and social protection is thought to reduce insecurity and mitigate the need to resort to extra-legal or illegal methods of generating income.⁹¹ Social transfers have contributed to reducing tensions after a conflict and been used as a preventive strategy to avoid conflict, promoting national stability in post-reunification Germany,⁹² calming civil unrest in India⁹³ and fostering peace-building and social inclusion in Nepal.⁹⁴

Investing in social protection in the form of social care and support programmes, effective family policies, and early childhood intervention programmes has

been shown to reduce the risk of future criminal behaviour, resulting in lower costs to the criminal justice system.^{95, 96} Social protection programmes may also have an impact on voting behaviour,⁹⁷ although the use of social protection programmes to garner votes at election times deviates from the original purpose of social protection (to reduce poverty and provide a minimum living standard) and may lead to populist policies.

Investment in social protection can help fulfil political aspirations related to membership in various regional organizations. For EU Accession and Pre-Accession countries, a number of aspects of the *acquis communautaire* concern social protection. For instance, candidate countries are requested to provide information on indicators developed by the Social Protection Committee of the EU; information on social inclusion, such as policy responses to the vulnerability of groups like children; as well as data and policies concerning numerous child rights areas. EU cooperation with countries under the European Neighbourhood Policy also frequently includes programmes to improve social protection, inclusion and poverty reduction. For countries that receive EU funding under a variety of instruments (Instrument for Pre-Accession, European Neighbourhood Policy Instrument, Development Cooperation Instrument), social protection and inclusion as well as investment in children are all areas of past and ongoing cooperation.

Conclusion

Investment in child-sensitive social protection is an imperative for countries that wish to realize the rights of all children with equity. As a cross-cutting and integrated set of interventions, child-sensitive social protection has the ability to address multidimensional and interlinked vulnerabilities faced by children that hinder the realization of their rights. There is ample global evidence that, if properly designed and implemented, social protection interventions can help to reduce child poverty as well as contribute to the realization of other child rights.

Reducing child poverty and related social and economic vulnerabilities requires the development of integrated strategies that combine prevention and support, and seek to realize the rights of all children while having specific regard for the most vulnerable. For instance, social transfers and support services can enable children and their families, particularly those

with low incomes, to access health care, especially preventive care services, and facilitate access to early childhood education and primary and secondary education. They can also help adolescents engage in job training and skills development programmes, help increase resilience in the face of disasters and climate change, enable access to HIV/AIDS prevention and treatment programmes, support families to decrease family separation and prevent the institutionalization of children, avert youth delinquency and enable disenfranchised youth to increase their opportunities for rehabilitation and reintegration into society.

Each child has a right to a decent standard of living and opportunities to realize her or his development potential. All children, starting with the most deprived, face better chances in life as a result of child-sensitive social protection. Beyond the benefits for children themselves, this chapter has also documented that such investment is essential for countries to achieve strong and sustainable economic growth, improve social cohesion and political stability, and reduce poverty. Social protection increases resilience and protects against the impacts of crises, price volatility and economic downturns. Failing to invest in social protection and programmes to realize children's rights weakens the population's and the state's abilities to withstand future crises, while investment in such programmes can increase a state's confidence in its ability to resist or recover from future negative events. Investment in social protection for children is cost-effective and will provide strong returns for any state.



THE SITUATION OF CHILDREN IN CENTRAL AND EASTERN EUROPE, THE CAUCASUS AND CENTRAL ASIA



KEY MESSAGES

- Since the turn of the twenty-first century, the countries of Central and Eastern Europe, the Caucasus and Central Asia have increased their per capita GDPs and improved standards of living, while continuing their economic, social and political transformations. The food, fuel and financial crises of the late 2000s hit them hard, though unevenly. Recent social and political turmoil, as well as population movements in the region, have been affecting increasing numbers of children.
- Significant changes in the demographic profile of the region affect the ability of countries to generate the resources needed to finance shared well-being over the coming decades. Investing in children as well as properly managing migration fluxes are key strategies for building human capital, and for sustaining future economic and social development in the region.
- Overall, children's lives have improved in the past decade and a half: child poverty is down, and more children are enjoying their rights. On average, children are more likely to survive to see their fifth birthday, and less likely to be born with HIV. Vulnerable children are less likely to be consigned to residential institutions. Children are starting to learn earlier, and are better prepared for school. They have better access to schools, and those schools are more inclusive. And those children who come into conflict with the law are less likely to end up in jail.
- In 2015, however, 2 million children of primary school age and 12 million of secondary school age are out of school, and around 1.3 million live deprived of parental care. In all countries, children are more likely to be poor and experience deeper poverty than the general population. Some children are more likely to be poor than others, and their poverty tends to be deeper.
- Not all children have shared equally in this progress. Disparities in rights realization affect the most vulnerable groups of children the most, and result in multidimensional and interlinked deprivations. Children with disabilities, children of migrant workers, children from ethnic and linguistic minorities (Roma children in particular), children living in rural areas, children in conflict with the law, and children living in institutions all face more significant barriers to the realization of their rights than children on average in their countries, and as a result, are disproportionately affected by rights violations. Material poverty, social exclusion and discrimination represent the main barriers to the full enjoyment of their human rights.

With the report's conceptual framework set out, this chapter will turn to a discussion of the state of children in Central and Eastern Europe, the Caucasus and Central Asia, and the evolving and diverse contexts that have contributed to changes in children's standard of living. It will focus on the situation of children in terms of the realization of their rights according to the CRC, organized along 10 thematic groupings.

The 10 thematic groupings have been selected because UNICEF has identified large gaps in rights realization between different groups of children in these areas, and achieving impact at scale in the region will take significant work. They are also the areas where UNICEF has established strong partnerships with the region's countries, and where UNICEF considers it feasible to achieve substantial results for children in the near term. The selection of the 10 areas is not intended to reflect their importance vis-à-vis other areas of child rights; governments, civil society, UNICEF and other organizations still have much work to do to realize the child rights not discussed here.

2.1) An overview of Central and Eastern Europe, the Caucasus and Central Asia

Central and Eastern Europe, the Caucasus and Central Asia have witnessed two decades of rapid change and transformation since the collapse of the Soviet Union and the former Yugoslavia and the transition to capitalist economic systems. Virtually every aspect of these countries' societies and economic, social and political landscapes has changed, to varying degrees. Such changes have unearthed and in some cases exacerbated a range of problems that were previously hidden or suppressed by political regimes, including inter-ethnic tensions, socio-economic stratification, and disparities between and within countries. A series of upheavals and crises have marked the transition period – from economic shocks, ethnic warfare and civil unrest to food and fuel crises and, most recently, the global and European financial crisis and the conflict in Ukraine.

a) The political environment

Relative stability, as compared with previous decades, has marked the political situation in the countries of Central and Eastern Europe, the Caucasus and Central Asia in the past decade and a half. The end of ethnic warfare in the Balkans and the process of accession of a number of countries to the EU has motivated

states to make major changes in governance and electoral processes, and played a stabilizing role in terms of resolving ethnic tensions while encouraging a renewed emphasis on developing justice systems and the rule of law. Because many countries in the region aspire to join the EU, it exerts considerable geopolitical influence, especially in the Balkans and to a lesser extent the Caucasus and Western CIS. Turkey and the Russian Federation also significantly influence regional geopolitics, as demonstrated by the conflict in Ukraine, and wield considerable political and economic power, including in connecting the region with the broader world.

All countries in the region have democratized to some degree, with positive effects but differences in the extent of the consolidation of democracy.⁹⁸ At the same time, varying degrees of political and social instability in some countries have affected the lives of some of the region's children and families in multiple ways. Tensions have erupted into political unrest at times in some Central Asian States, for example following elections. Long-standing tensions also continue in regions such as Nagorno-Karabakh, Transnistria, Abkhazia and South Ossetia.

More recently, conflict has destabilized Ukraine and contributes to significant tensions between Ukraine and Russia as well as in the broader European neighbourhood. Protracted warfare in Ukraine is likely to negatively influence security and stability in the region.

Turkey has also been heavily affected by the conflict in the Syrian Arab Republic, which has brought over 1.7 million refugees into its territory.⁹⁹ In 2014, Turkey also witnessed an unprecedented increase in asylum applications from Afghans, Iraqis and Iranians, bringing the total number of refugees and asylum-seekers in Turkey in 2015 to nearly 1.9 million.¹⁰⁰ Syrian refugees have also fled to a number of other countries, including Armenia and Bulgaria. As the present report is being edited and finalized (October 2015), Europe is facing a refugee and migrant crisis of unprecedented scope and scale since the Second World War. Children on the move in Europe have increased by 80 per cent compared with 2014 – many escaping conflicts in Afghanistan, Iraq and the Syrian Arab Republic.¹⁰¹ A total of 133,000 children sought asylum in the EU between January and July 2015 – an average of 19,000 children every month;¹⁰² one in every four asylum seekers in Europe is a child.



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b) The economic and social situation

After the collapse of the Soviet Union and Yugoslavia and the end of centrally planned economic management, economic depression hit virtually all countries in the region to varying degrees. Numerous studies, reports and analyses have documented the patterns of economic transition in the decade following the collapses, and will not be replicated here.¹⁰³ As countries continued rebuilding and restructuring their economies after a decade of change and uncertainty, the entire region entered a period of strong economic growth. With the Russian Federation's economic recovery after 1998, rising oil prices, accelerated integration with the higher-income countries of the EU, and general global economic stability, virtually every country saw a significant rise in both average incomes and real wages in the 2000s.¹⁰⁴

Countries in the region have followed different economic models, largely determined by their geographic position, natural resources endowments or by choice, and their success in achieving economic growth has varied. In Central and Eastern Europe and the Baltics, foreign direct investment and export-led growth resulted in economic and social progress

closely correlated with performance in international markets. Countries in South-Eastern Europe such as Albania, Bosnia and Herzegovina, and Kosovo (UNSCR 1244) have aspired to follow growth strategies led by foreign direct investment and exports, but have relied more on a combination of remittances and official development assistance (ODA), using development financing received after the post-conflict reconstruction assistance of the 1990s and 2000s, or bank credits and portfolio investments once ODA started declining.

Resource-led growth was observed in oil and energy producer countries including Azerbaijan, Kazakhstan, the Russian Federation, Turkmenistan and Uzbekistan and the oil reseller country Belarus (although prior to 2012, Belarus financed its large deficits primarily through foreign borrowing). In such countries, the state does not simply enable or influence growth patterns, but also interferes with economic actors and has substantial control or ownership of key sectors such as energy and banking. The 2014 fall in global oil prices has reduced growth prospects for these countries, but it is too early to assess any potential impact on national economies and populations. Oil- and gas-dependent countries, including Armenia, Georgia, Kyrgyzstan,

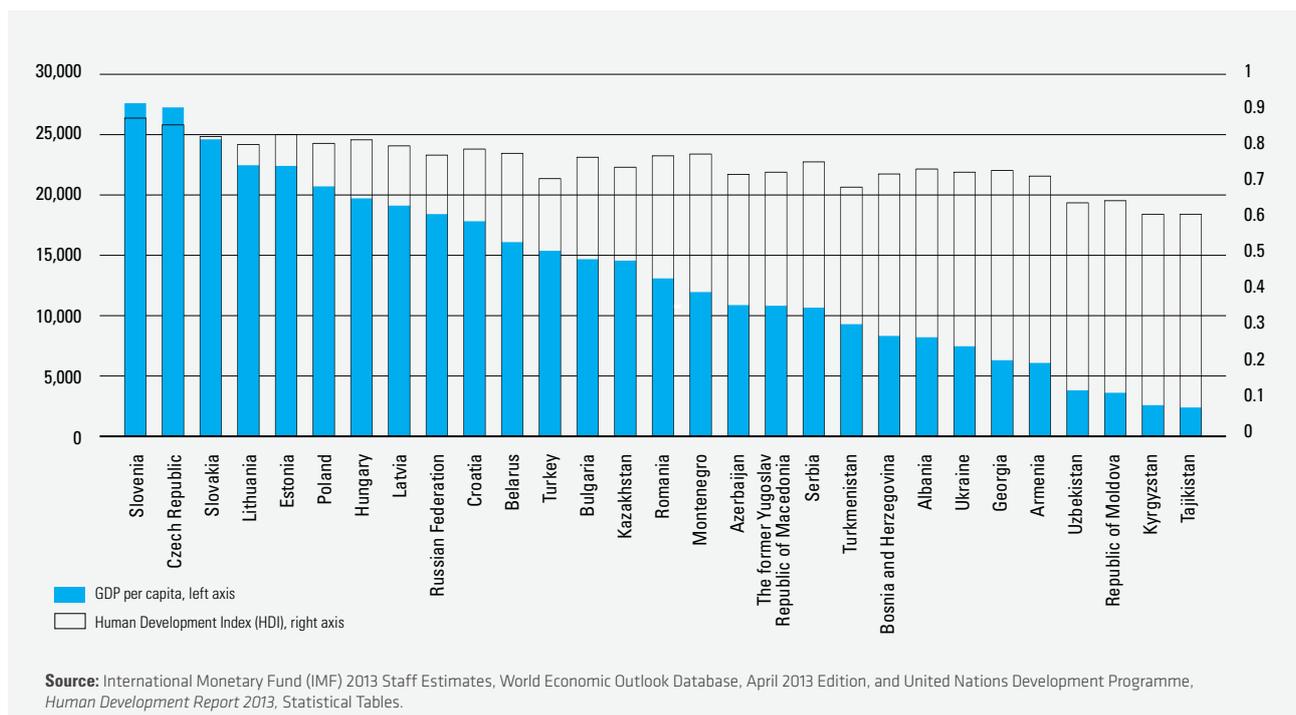
the Republic of Moldova and Tajikistan, rely heavily on remittances received from migrant workers and on ODA.¹⁰⁵ Structural and governance reforms boosted growth in some of these countries by making them more efficient and helping to develop their private sectors, but growth is now slowing as the effects of these reforms wane.

While migrant workers' remittances constitute a significant source of income for the families left in the home countries, their impacts on economic growth appear to be neutral.¹⁰⁶ Nevertheless, they provide an important complement to income generated in the country. The majority of migrants to the Russian Federation come from Central and Eastern Europe, the Caucasus and Central Asia, and most migrants to the EU come from the Western Balkans and CIS.¹⁰⁷ Remittances to non-OECD-member countries in the region increased nearly eightfold from 2000 to 2008, with the sharpest increases in Armenia, Kyrgyzstan, the Republic of Moldova, Romania, Tajikistan and Ukraine, although they have since declined in Romania. Some 21 per cent of Armenia's economy, 12 per cent of Georgia's, 31.5 per cent of Kyrgyzstan's, 25 per cent of the Republic of Moldova's, 42 per cent of Tajikistan's, 5.5 per cent of Ukraine's, 4.5 per cent of Lithuania's, 2.5 per cent of Azerbaijan's and 12 per cent of Uzbekistan's, rely on remittances.¹⁰⁸

The food, fuel and financial crises in the late 2000s uncovered significant economic vulnerabilities, though their impacts on countries in the region varied. Central and Eastern Europe, the Baltics and the Balkans, with closer economic and banking linkages to the EU, were particularly affected by the sharp decline in economic growth and subsequent subdued growth prospects in Europe, and they continue to be vulnerable as a result of the Eurozone crisis. Countries whose economies were highly internally regulated and not heavily integrated into international financial markets at the start of the crises (Azerbaijan, Turkmenistan and Uzbekistan) were not affected as deeply as some the more economically open countries.¹⁰⁹

Because migrants generally work in economic sectors susceptible to business and economic fluctuations, many of their home countries experienced a temporary decline in remittances, which happened again in 2014 with migrants from the Caucasus and CIS countries. Stagnation in the Russian economy as a result of the crisis in Ukraine and the sanctions imposed as a result, along with the drop in oil prices in 2013–2014, also reduced remittances to these countries.^{110, 111} The decline in Russia's economic performance hampered growth in the CIS countries as well, and continued economic difficulties could reduce remittances in the region by

Figure 1 GDP per capita (PPP) and Human Development Index



12.7 per cent in 2015, potentially destabilizing the socio-economic situation in migrant workers' home countries.¹¹²

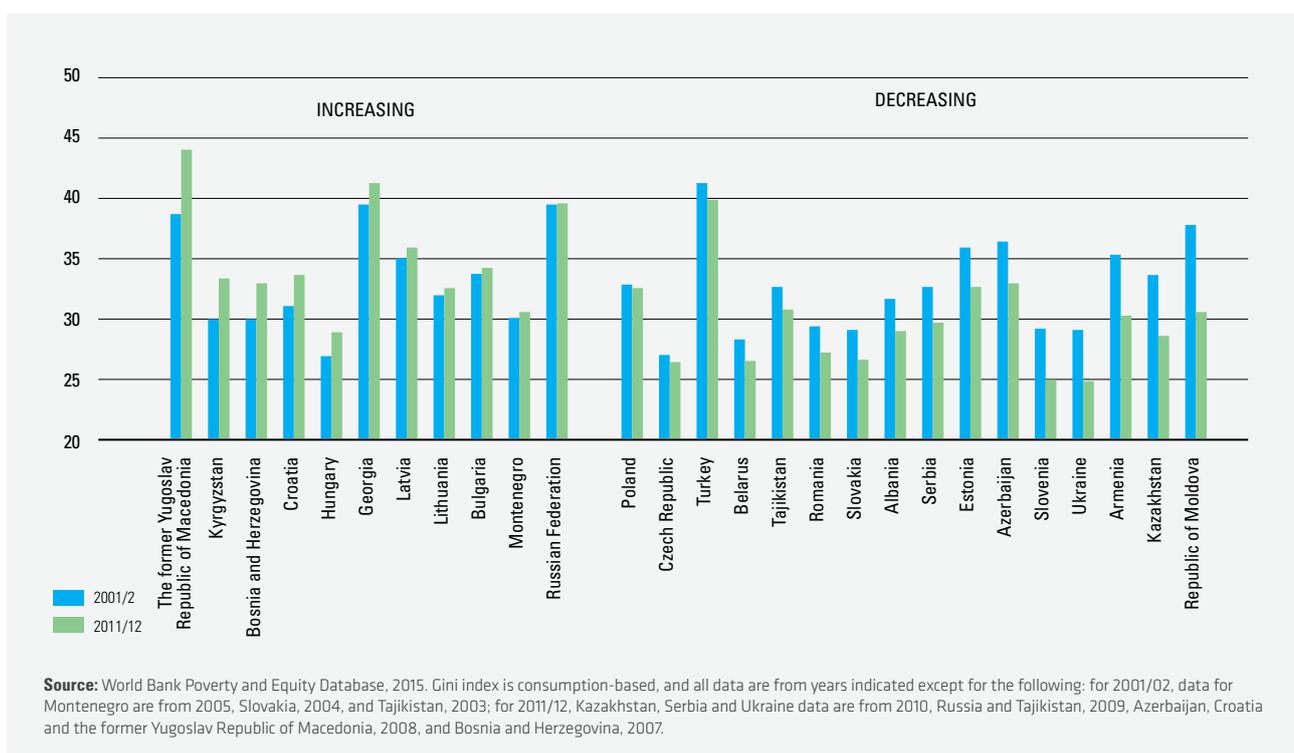
The ongoing problems plaguing the Eurozone, and especially Greece, have significantly depreciated the value of the Euro. According to World Bank, regional GDP growth fell from 5.5 per cent in 2011 to 3 per cent in 2012,¹¹³ and stabilized at 3.4 per cent in 2013.¹¹⁴ Growth dropped further to 2.4 per cent in 2014 and is only expected to rebound to 2.0 per cent in 2015.¹¹⁵ Yet, the region as a whole remains vulnerable to outside shocks and the economic deterioration of Europe, the Russian Federation and the United States. The risks are higher for undiversified economies and highly dependent oil and gas importers. The economies of poorest countries, such as Kyrgyzstan and Tajikistan, remain extremely vulnerable and are more exposed to risks associated with natural hazards. The growing anti-migrant sentiment in Russia, coupled with the effects of the ruble's depreciation on the domestic economy, may jeopardize the regularity of crucial remittances. It is not yet clear, at the time of editing and finalizing this report (October 2015), what the impact of the newly created Eurasian Economic Union will be on the member states and region-wide. The Union, created in 2014 and currently including the Republic of Armenia, the Republic of Belarus, the Republic of Kazakhstan,

Kyrgyzstan and the Russian Federation, aims to provide for free movement of goods, services, capital and labour, through regional economic integration.¹¹⁶

Even where there has been stable growth, development has not necessarily been inclusive. As economists and policymakers have become increasingly aware, economic growth such as the region experienced in the 2000s does not have equal effects across societies. Overall increases in per capita GDP may not reduce poverty for everyone or lessen socio-economic inequalities.¹¹⁷ In this region, they have not necessarily translated into broadly shared improvements in material well-being, as measured by the Human Development Index (HDI). While all countries in the region have improved basic development indicators, progress has been uneven, even as some countries such as Albania, Georgia and Serbia performed relatively well in terms of HDI ranking compared with their GDP per capita.

Beyond GDP, the extent of inequality in income distribution affects human development and poverty reduction. Gini coefficients – which measure inequality – have increased in a number of countries, such as Bosnia and Herzegovina, Croatia, the former Yugoslav Republic of Macedonia, Georgia, Hungary, Lithuania and Kyrgyzstan, even though overall poverty

Figure 2 Gini coefficients, change over time



decreased until the financial crisis (Figure 2). Only eight countries have recorded significant decreases in Gini coefficients, narrowing the gaps between the richest and poorer segments of the population.

Overall, between 1999 and 2006 some 55 million people in the region rose out of absolute poverty.¹¹⁸ However, indicators that rely on national averages often mask major inequalities. GDP growth certainly improved the lives of some, but not all – in particular because it did not come with jobs for everyone. Although overall employment levels have risen, the economic restructuring and positive growth in recent years have not created enough jobs.

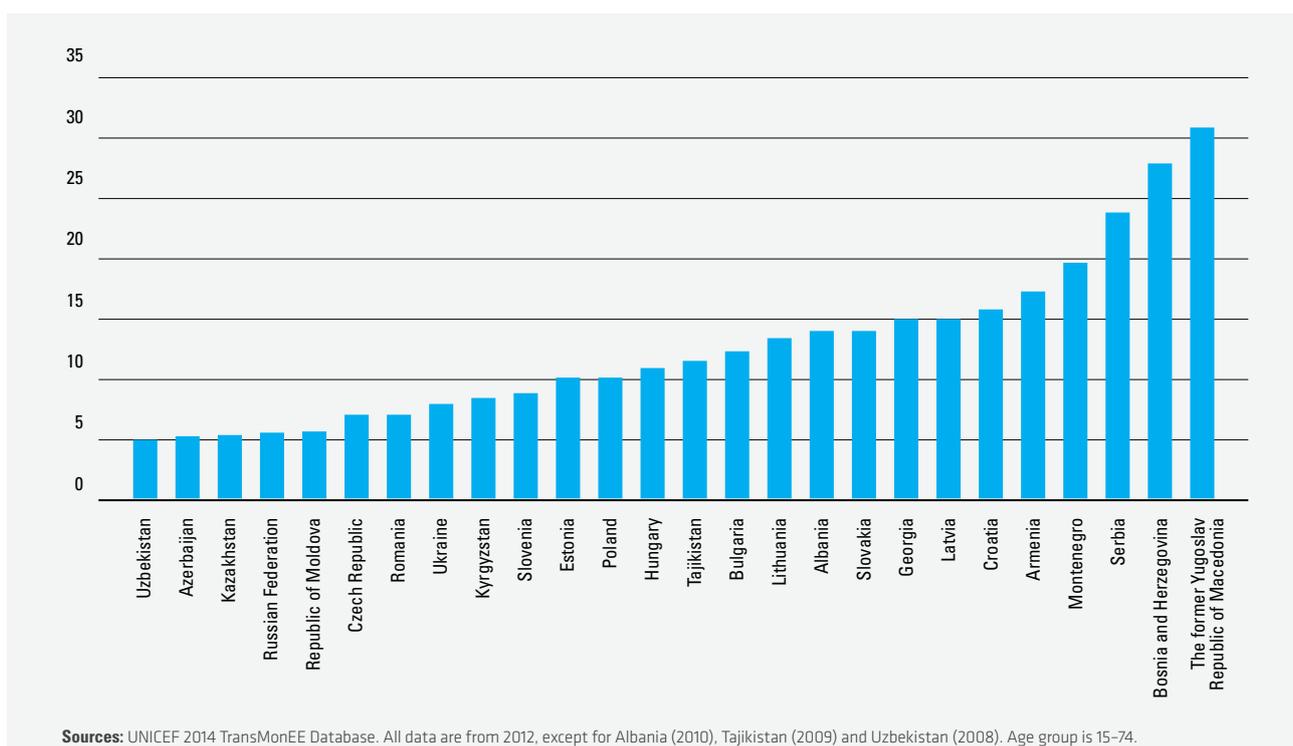
Many low-skill workers have only been able to find jobs in the informal sectors, which have lower wages and significantly less job security.¹¹⁹ Employment in the informal sector perpetuates social exclusion; workers cannot contribute any of their wages to social insurance programmes that they could benefit from later on in life. The work often pays little, or may be lucrative but illegal.¹²⁰ The informal sector now employs a significant proportion of the working population in this region – which is also reflected in the fact that a majority of those living below the poverty line in the region are in fact employed.¹²¹ According to the ILO, in 2012, 26 per cent of Armenia’s workers lived below

their country’s poverty line. The proportion stood at 18 per cent in Georgia and 33 per cent in Kyrgyzstan.¹²²

Unemployment and underemployment have risen significantly in the region since the 2008 financial crisis, when registered unemployment rose 20 per cent within one year to reach 12.2 million by the end of 2009.¹²³ Since 2010, the job situation has improved slowly in Europe and Central Asia, and only one fifth of the countries reduced their unemployment rates by more than 1 percentage point from 2010 to 2013.¹²⁴ The situation is particularly bad in the Eurozone countries, 10 out of the 17 of which have seen their unemployment rates rise. Many who had climbed out of poverty as a result of growth in the early 2000s fell back into it. The crisis has reinforced socio-economic stratification within countries, reproducing and exacerbating structural inequalities.¹²⁵

In some countries, particularly in the Balkans and Eastern Europe, social and economic inequalities are also strongly tied to ethnic and linguistic identity. While tensions between majority ethnic groups have eased since the 1990s, the Roma,¹²⁶ Ashkali and Egyptian populations continue to experience widespread discrimination. Prejudice and institutionalized discrimination marginalizes these groups and excludes them from mainstream society. An EU Fundamental Rights Survey of seven

Figure 3 Unemployment rate 2012 (average per cent of labour force, age group 15–74)



Box 5 Roma populations

The Council of Europe estimates that there are 10 to 12 million Roma and Travellers in their member states,¹²⁸ which include all of the EU and all countries in this region with the exception of the five Central Asian states, Belarus and the territory of Kosovo (UNSCR 1244). Roma populations are present in almost every state in this region, and in 2010 made up 7–11 per cent of the population in Bulgaria, Hungary, Romania, Serbia (excluding Kosovo (UNSCR 1244)) and Slovakia.¹²⁹

The age structure of Roma populations living in Roma settlements is very different from that of non-Roma populations. Much of the Roma population is very young, because birth rates are higher and life expectancy lower than national averages. In almost every state, Roma people are subject to discrimination, in many cases for centuries. Persistently negative images of Roma people have perpetuated negative stereotypes, and as a result Roma and Travellers are forced – or choose – to isolate themselves.¹³⁰

As a result of this discrimination, Roma people face unequal and uneven access to employment, education, health care and housing. For instance, in Central and Southeast Europe in 2011, around 90 per cent of the Roma population lived below national poverty lines, less than one third participated in paid employment, and 45 per cent lived in households lacking one or more basic amenities.¹³¹ Roma individuals are continuously denied many of their most fundamental rights and are often seen as 'other' within their own countries.



member states in 2008 reported that 47 per cent of Roma respondents had experienced ethnically based discrimination in some area of their lives within the preceding 12 months.¹²⁷ Other groups in other areas of the region, such as itinerant minorities in Central Asia, face similar patterns of social exclusion. With limited opportunities and ongoing discrimination, minority groups experience disproportionate poverty and vulnerability in this region.

Economic instability seems to have hit these groups very hard. For instance, although governments do not generally collect data disaggregated by ethnicity, data from a survey in Bulgaria indicated that labour market adjustments during the crisis, whether in terms of layoffs, reduced salaries or fewer working hours, affected 45 per cent of the Roma population, as compared with only 34 per cent of the majority population.¹³²

Economic migration can make inequalities worse. Studies in the Russian Federation and Tajikistan have demonstrated that migration often negatively affects children and women, whether they are left behind or brought along to destination countries.¹³³ Although households receiving remittances frequently report improvements in their financial situations,¹³⁴ children affected by migration face numerous risks and barriers to accessing basic services, such as birth registration, education, health care, housing and social protection, and family separation and loss of carers may cause psychological trauma.¹³⁵ In recent years more women have been migrating with their children, who in their new countries are often left without care, in poor housing conditions and without access to education. Depending on their country of origin, migrants may face discrimination based on ethnicity or language.¹³⁶

Significant changes in the demographic profile of the region affect the ability to generate the resources needed to finance shared well-being. When fewer people work (especially in the formal sector), it is harder for families, communities and the state to meet the needs of those who cannot support themselves, such as children and older generations.

Fertility rates in most of the region have been declining for some time. The populations of the EU, the Balkans, the Western CIS and the Caucasus are nearly certain to decline in the future.¹³⁷ These populations are on the whole rapidly aging, and the percentage below age 20, currently around 25 per cent, is expected to continue to drop.¹³⁸ Fertility rates are still high among Roma populations, meaning that they are younger.

The Central Asian countries also have much younger populations, with significantly higher levels of fertility. As the demographic transition proceeds, fertility rates should eventually fall, but because over one third of the population is currently under the age of 15, the decrease will likely be somewhat slow.¹³⁹

2.2) An overview of children's rights in Central and Eastern Europe, the Caucasus and Central Asia

a) A child's right to adequate living standards

All children have a right to an adequate standard of living to promote their physical, mental, spiritual, moral and social development, and poverty is perhaps the most telling indicator of a child's standard of living. Poverty reduction is the primary goal of social protection and especially social transfers, which aim to improve recipients' material living conditions. In this region, child poverty is still a significant issue. Certain groups of children consistently experience poverty, and in some cases very deep poverty.

Poverty rates for the general population in this region declined in the 2000s. Using the World Bank's standard of \$3.10 a day to define income poverty, between 2002 and 2012 the number of people in the region experiencing it declined by more than half, to around 30 million.¹⁴⁰ According to nationally defined poverty lines, poverty rates also declined continuously until 2007. The onset of the food, fuel and financial crises beginning in 2007 slowed or slightly reversed progress on poverty reduction in some countries. From 2008 to 2009 overall poverty actually increased in Armenia, Bulgaria, Croatia, the former Yugoslav Republic of Macedonia, Montenegro and Serbia. In the Republic of Moldova, it continued to increase in rural areas, while in Kazakhstan it continued to fall, though at a reduced rate of decline.¹⁴¹ Poverty rates according to national and international poverty lines continued to increase or stagnated in most countries in the region until at least 2011.¹⁴²

When the household poverty rate falls, the child poverty rate does not necessarily fall along with it – but in this region it did, both in absolute numbers of children affected and as a percentage of all children.¹⁴³ Across the region, child poverty rates still remain higher than general poverty rates, sometimes substantially so (Figures 5 and 6).

Figure 4 Poverty headcount ratio at \$1.90 and \$3.10 per day 2011 PPP (per cent of total population)

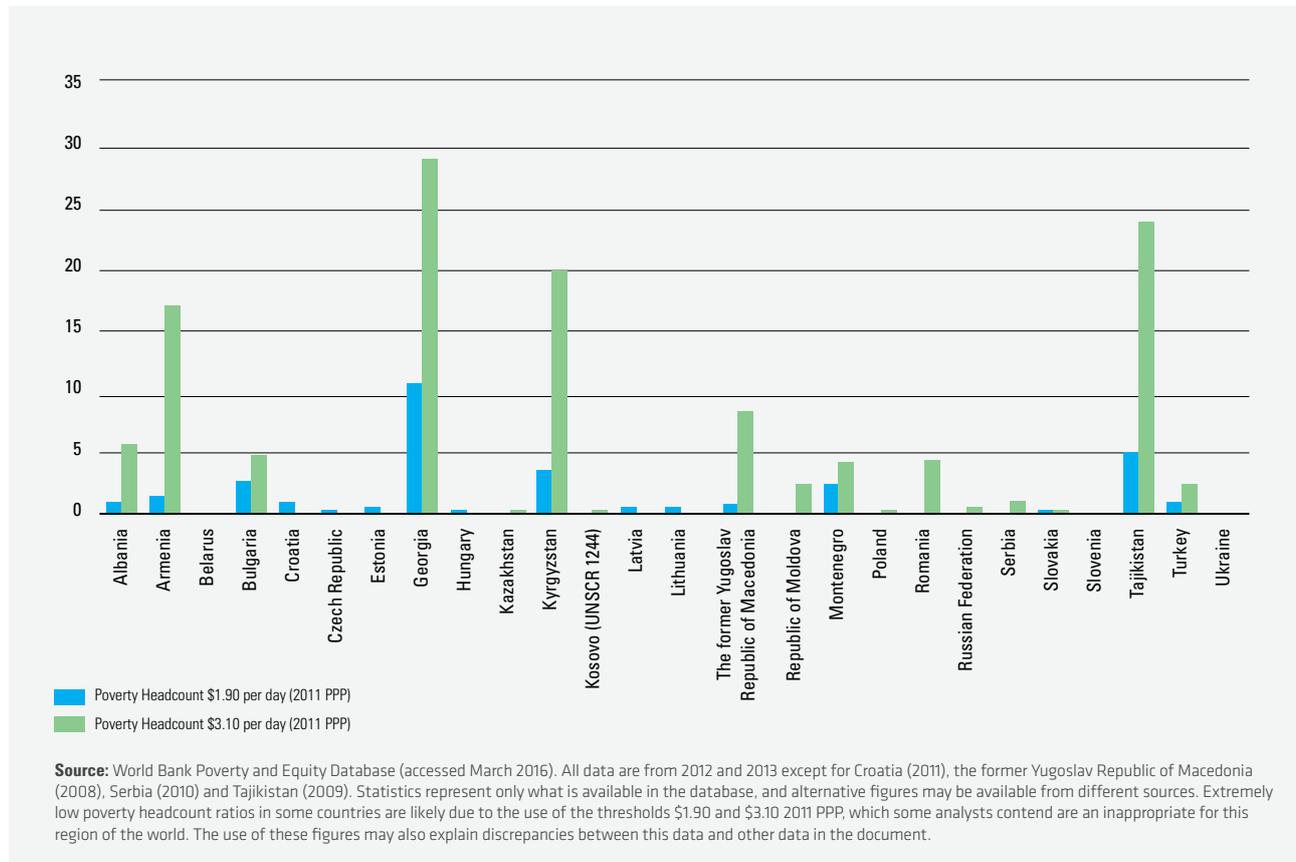
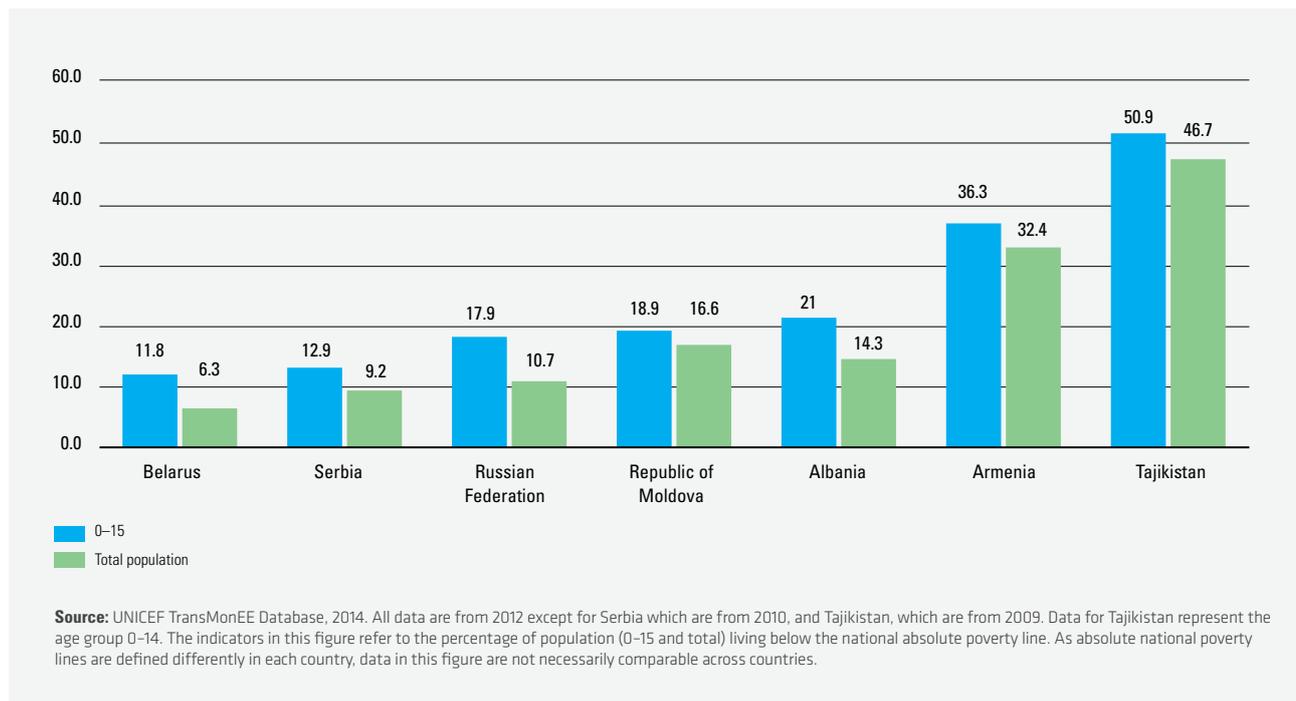


Figure 5 Absolute poverty rate for age group 0–15, and absolute poverty rate for total population (national absolute poverty lines)



Despite improvements in the Caucasus, large numbers of children there still live in extreme poverty or are vulnerable to it, and Central Asia has high levels of child poverty as well.¹⁴⁴

Children continue to experience higher poverty rates compared with the general population because they are more vulnerable to poverty than adults, and because existing social protection systems have not focused enough on children's needs – a phenomenon that is not unique to this region. Families with children are more likely to be poor than those without, for instance because of the costs associated with having children, loss of income if a parent must stay home to provide childcare, and charges for services such as education and health care for children.¹⁴⁵

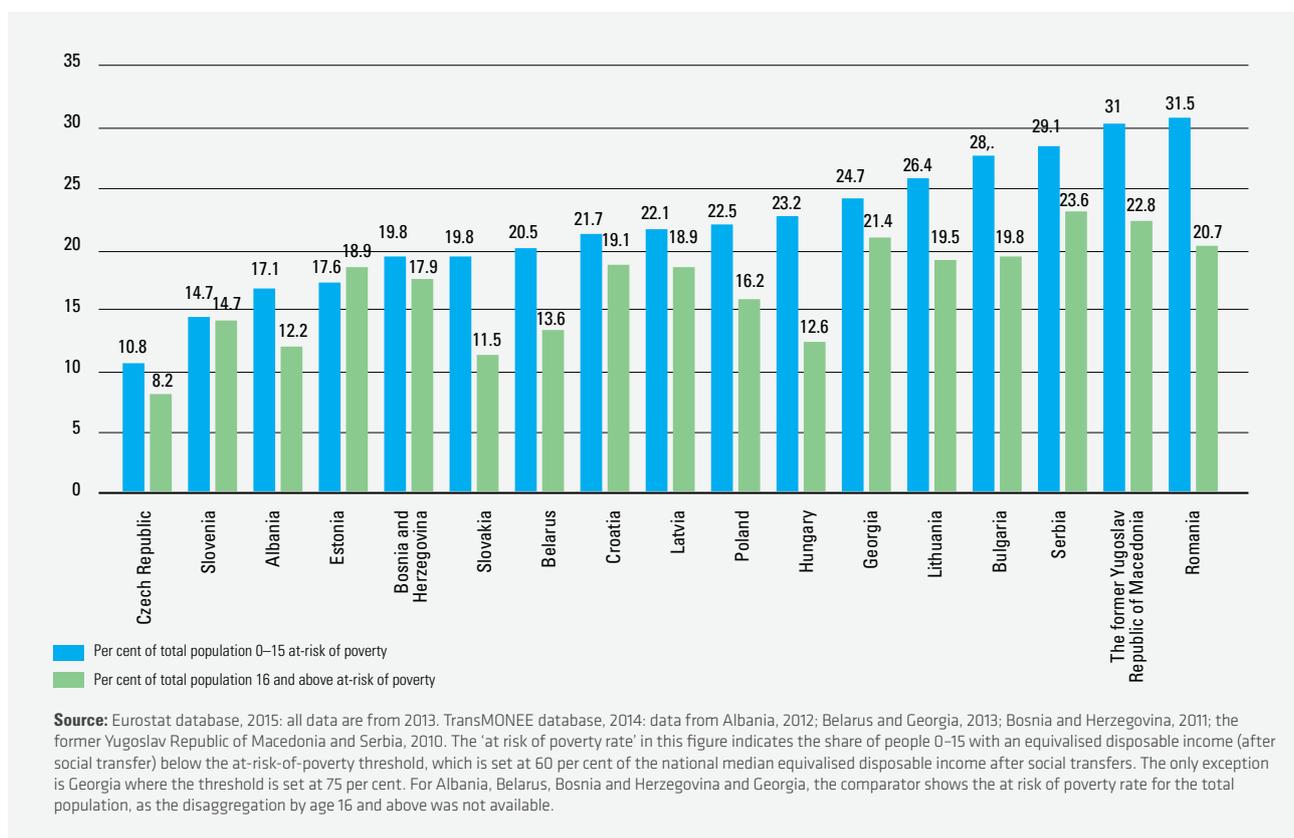
Statistics on poverty gaps in the region also reflect children's greater vulnerability to poverty. Slovakia and Latvia, for instance, have comparatively small poverty gaps for the general population using the international poverty lines set at \$1.90 and \$3.10 2011 PPP, but when at risk of poverty gaps for children are measured, children's vulnerability to deeper poverty becomes clearer. While the magnitude and depth of children's

poverty continue to differ substantially both across the region and between countries, making it difficult to generalize,¹⁴⁶ it is clear that in all countries children are more likely to be poor and experience deeper poverty than the general population.

While children are over-represented among those in both poverty and extreme poverty, some are more likely to be poor than others, and their poverty tends to be deeper. A number of factors increase a child's vulnerability to poverty and deprivation. For instance, children with disabilities are at a higher risk of poverty across countries. Children from larger families, from households headed by a single parent or where the head has a low level of education, and those residing in rural areas also have an increased likelihood of poverty.¹⁴⁷ Again, this is not unique to this region.

Figure 9 highlights the differences, sometimes substantial, between child poverty rates in urban and rural areas. Disparities between income levels, access to education and other services persist between urban and rural areas, with cities generally having higher incomes per capita and greater access to services such as education, which are positively correlated with

Figure 6 At risk of poverty rate (per cent of total population 0–15 and 16 and above)



higher incomes. Populations in rural areas demonstrate consistently higher levels of poverty, both in terms of headcount rate and also in the depth of poverty,¹⁴⁸ and in countries such as Kyrgyzstan, Tajikistan and Uzbekistan three out of four poor people live in rural areas.¹⁴⁹

This region has seen increasing levels of urbanization in recent years – and within cities, overall averages can mask major disparities. Children in urban areas often have strikingly unequal incomes and access to services. When incomes and levels of access

Figure 7 Poverty gap at \$1.90 and \$3.10 per day 2011 PPP (per cent)

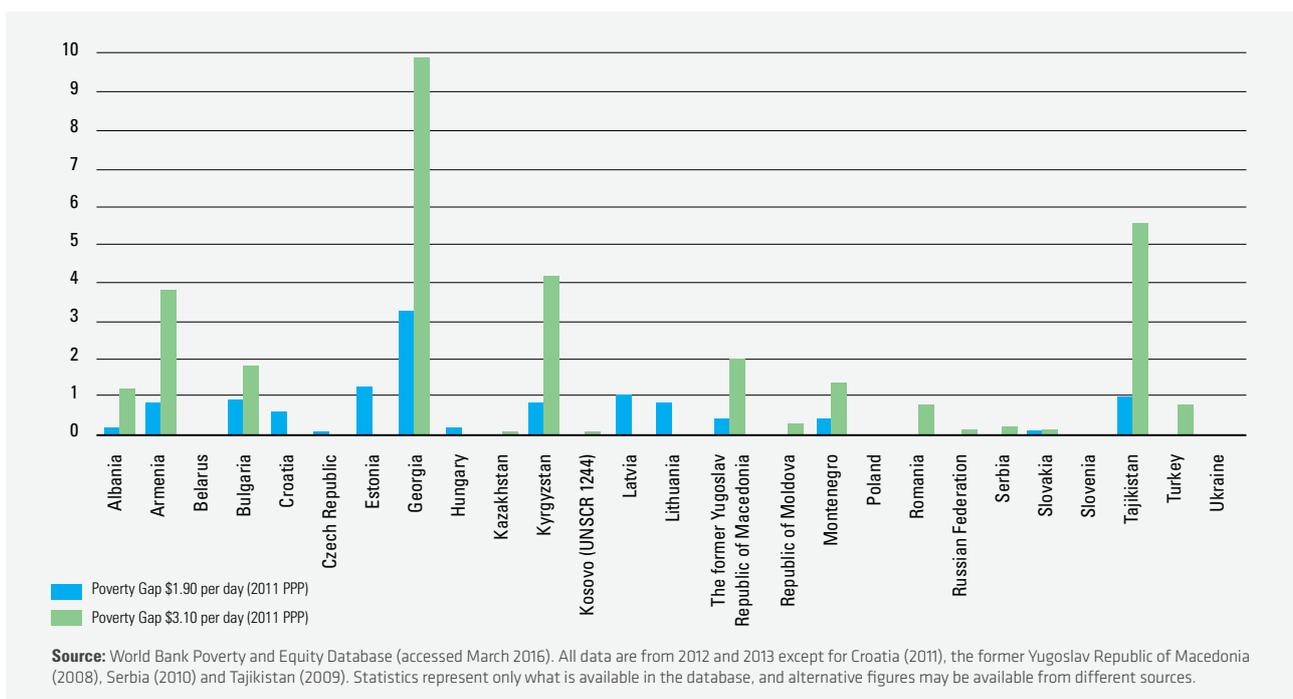
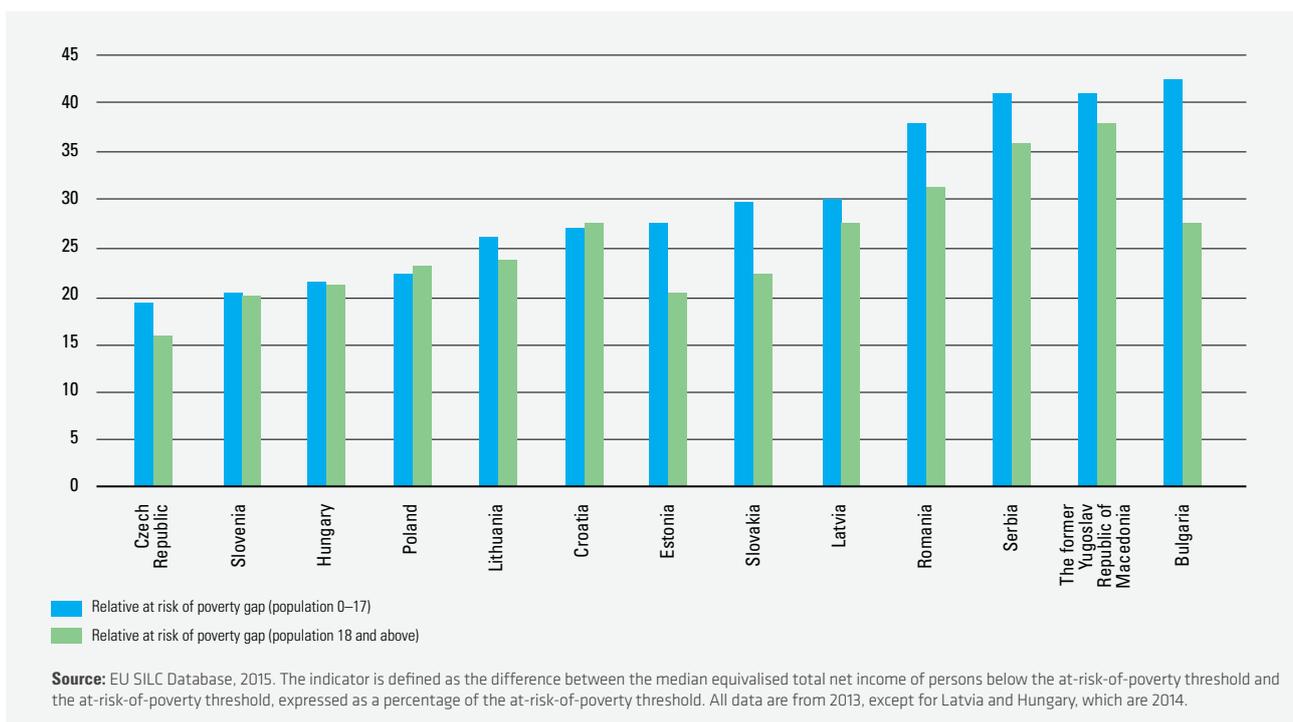


Figure 8 Relative median at risk of poverty gap (for population 0–17, and 18 and above)



are high on average, children living in informal urban settlements and impoverished neighbourhoods can be overlooked in resource allocation and distribution.¹⁵⁰

Roma populations suffer disproportionately from poverty and generally remain one of the poorest groups in the region. Results from a United Nations Development Programme (UNDP), World Bank and European Commission survey in 2011¹⁵¹ found that between 70 per cent and 90 per cent of the Roma households surveyed experienced severe material deprivation.¹⁵² In Ukraine, a survey reported that 60 per cent of Roma households could barely make ends meet, and had to skip certain basic requirements to get by on a regular basis.¹⁵³ Given the data on the share of families with children living in extreme poverty, and the estimated number of children as a share of the total Roma population, a Roma child is twice as likely to grow up in poverty as a child from the majority population.

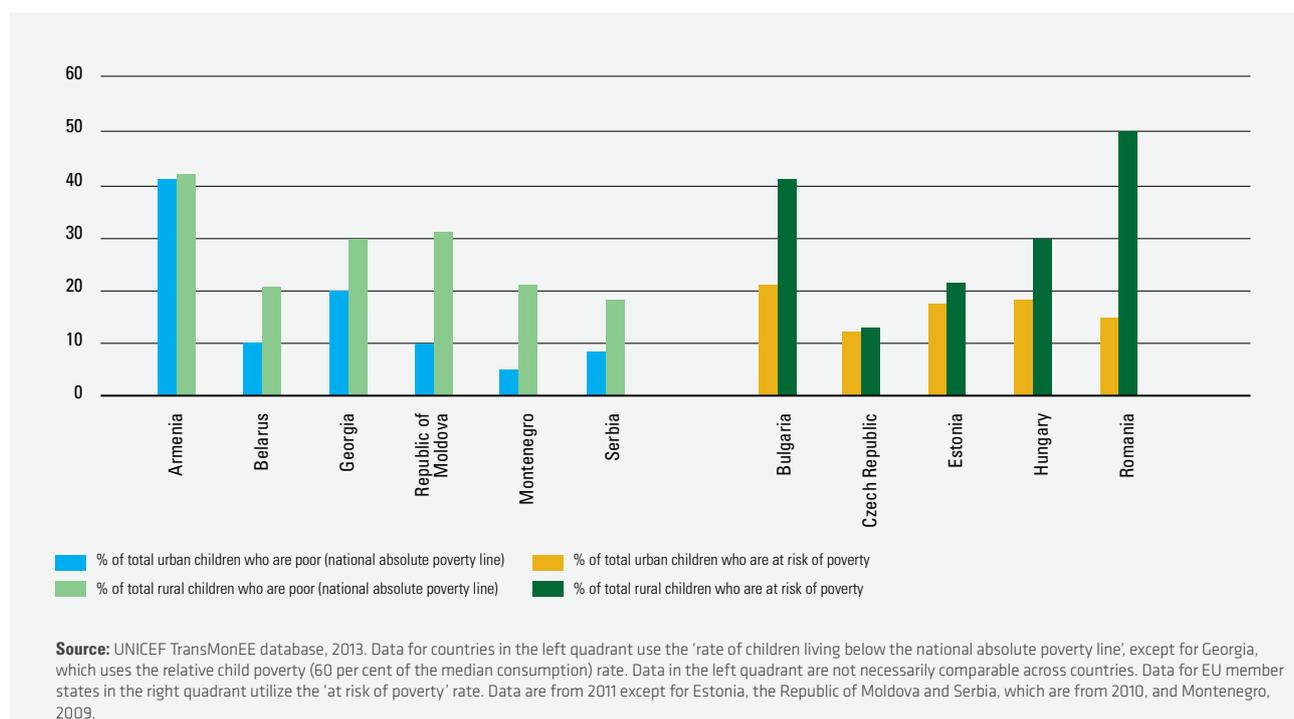
b) A young child's right to comprehensive well-being

Every child has the right to survive, thrive and develop to her or his full potential. Early childhood is a critical period of life, and the multiple deprivations poor families face – such as poor housing conditions; not enough income for nutrition, health care and many

other essential goods and services; and low levels of education – severely constrain parents' ability to provide for their children and compromise young children's well-being. Social protection can help parents provide care for their young children in a holistic way.

An intricate interplay of biological, environmental and social risks and protective factors mediates children's early development,¹⁵⁵ and the consequences can last a lifetime. Supporting young children's development and growth to their full potential requires investment in a number of areas, including access to health, parenting support and learning interventions. Indicators of young child and family well-being confirm that many children in the region will not achieve their potential, particularly children with developmental difficulties and delays, Roma children, and children from poor families. In the fourth round of UNICEF's Multiple Indicator Cluster Surveys (MICS4) in Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia and Serbia, the Early Childhood Development Index, a 10-item index designed to assess whether children aged 35 months to 59 months are developmentally on track in the literacy-numeracy, physical, social-emotional and learning domains, placed children from Roma settlements in these countries respectively 12, 21 and 6 percentage points lower than their counterparts nationally.¹⁵⁶

Figure 9 Child poverty in urban and rural areas (using absolute poverty and at risk of poverty rates)





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Virtually all pregnant women and young families in the region come into contact with the health care system through antenatal, perinatal, post-partum and newborn/young child services,¹⁵⁷ but they find limited support and outreach outside of health facilities – especially if they live in rural areas or are migrants. Not all – or even most – vulnerable families receive parenting education or social support programmes, and few childcare services are available that enable women to work and supplement family income. A disastrous result of social protection shortfalls is the placement of children under the age of 3 into large-scale residential care, despite the known detrimental effects to their well-being. Parents need adequate income to provide holistic and effective care for their young children.

Almost all countries in the region have maintained home visiting systems that in past decades constituted part of the safety net for families and children. Despite a number of challenges, the home visiting systems offer great opportunities to link families, especially in remote areas and isolated communities, to services, support and social protection programmes.

c) A child's right to health

Every child has the right to the highest attainable standard of health and access to health-care services. While the region as a whole has registered strong reductions in child and infant mortality in the past decades, there are striking differences between subregions and population groups.

For instance, the Czech Republic and Slovenia now rank among countries with the lowest child mortality in the world, while the Caucasus and Central Asia have some of the highest levels, despite recent improvements.¹⁵⁸ The latest data show that Turkmenistan ranks among the 50 countries in the world with the highest under-five mortality rate, with Tajikistan and Uzbekistan not far behind.¹⁵⁹ Under-five mortality continues to be stratified by wealth quintile, and in some countries rates are 50–100 per cent higher among families in the poorest quintile as compared with the richest.¹⁶⁰ Additional inequalities exist by gender, level of maternal education, urban/rural residence, and ethnic or language group, with Roma children having consistently higher mortality rates. Rates are higher for boys than girls in most countries of the region.¹⁶¹

Immunization coverage rates in the countries of Central and Eastern Europe, the Caucasus and Central Asia have been historically high, which has contributed to reducing child mortality rates. But data again reveal discrepancies and inequities by country, geographical area and socio-economic determinants. Among the nine countries that fall below the regional average, Ukraine is at particular risk, with several years of sustained low immunization coverage of around 50 per cent.¹⁶²

Malnutrition remains an important determinant of infant and under-five mortality, growth and cognitive development. National nutrition surveys show that stunting rates have remained high in a number of countries in this region, with Turkmenistan at 28 per cent, Azerbaijan and Tajikistan at 27 per cent, Albania at 23 per cent and Armenia at 21 per cent, and there are significant disparities by region and by subgroups of children within countries.¹⁶³ Children in the poorest quintile are almost three times as likely to be underweight or stunted than children in the richest quintile, and Roma children are also significantly disadvantaged as compared with the rest of the population on every indicator of nutritional status except overweight.¹⁶⁴

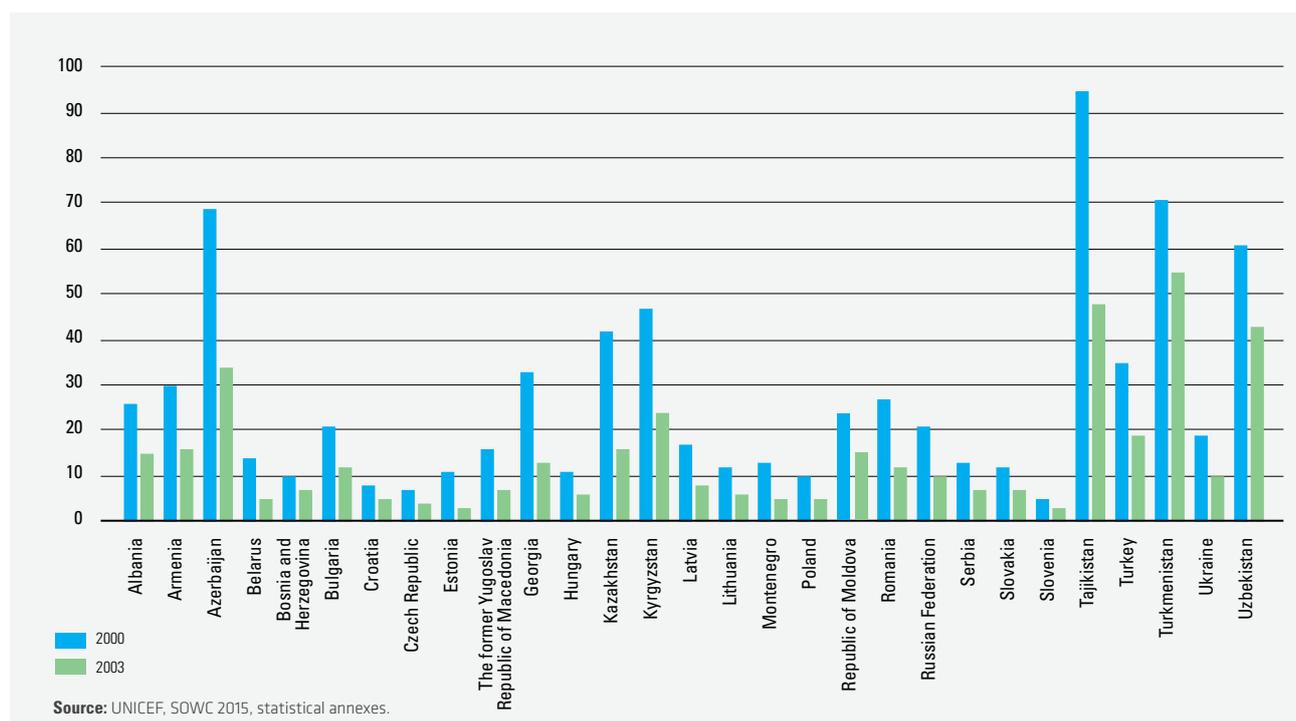
The financial crisis has negatively influenced families' health-seeking behaviour, making them less likely to use health care and receive medical attention. Affordability of medical care has been identified as a serious problem in countries such as Albania, Georgia, Kyrgyzstan and Tajikistan.¹⁶⁵ Roma people, especially those living in informal and isolated settlements, have an especially hard time getting health-care services. Children living in settlements are reported to have very limited access to even primary care in Bulgaria, as few physicians work in the settlements, and residents find it hard to travel outside the settlements to see other health-care providers.¹⁶⁶

d) A child's right to early learning

Children have the right to education that promotes the fullest development of their abilities. Their educational success is significantly influenced by exposure to stimulating environments and learning activities before they enter the formal primary school system. Participation in early childhood education and development programmes is therefore key to giving children the greatest chance to succeed.

A recent tendency in this region has been to enrol 5–7-year-olds in pre-primary programmes. In Albania, Grade Zero has existed since 2009, and in 2010 Kyrgyzstan instituted an intensive pre-

Figure 10 Under-five mortality rates (per 1,000 live births)



primary programme. In most cases, pre-primary classes are fully integrated into the school system, and teaching standards are improving, as countries such as Azerbaijan, the former Yugoslav Republic of Macedonia, and the Republic of Moldova have developed or adopted child centred curricula.¹⁶⁷

Enrolment in early childhood education in the region is patchy, because it is not compulsory and programmes are few and unevenly distributed. Across the region, including in EU member states, availability of childcare and preschool institutions has consistently been a problem, as investments in infrastructure, especially in rural areas, have not kept up with increasing demand.¹⁶⁸ In Central Asia the problem is particularly acute. In Uzbekistan, coverage levels of kindergartens range from highs of 56 per cent in Tashkent City to lows of 11 per cent in Surkhandarya Province,¹⁶⁹ and in Tajikistan, only 10 per cent of demand for kindergartens is currently satisfied.¹⁷⁰ Belarus, with preschool enrolment rates of 83 per cent among children aged 3–6, is the only country that appears to be adequately meeting demand. Approximately 1.6 million children of pre-primary school age are out of school region-wide.

Children from the lowest income quintiles, children living in rural areas, children of migrant workers, children in institutions, children with disabilities and children belonging to ethnic and linguistic minorities,

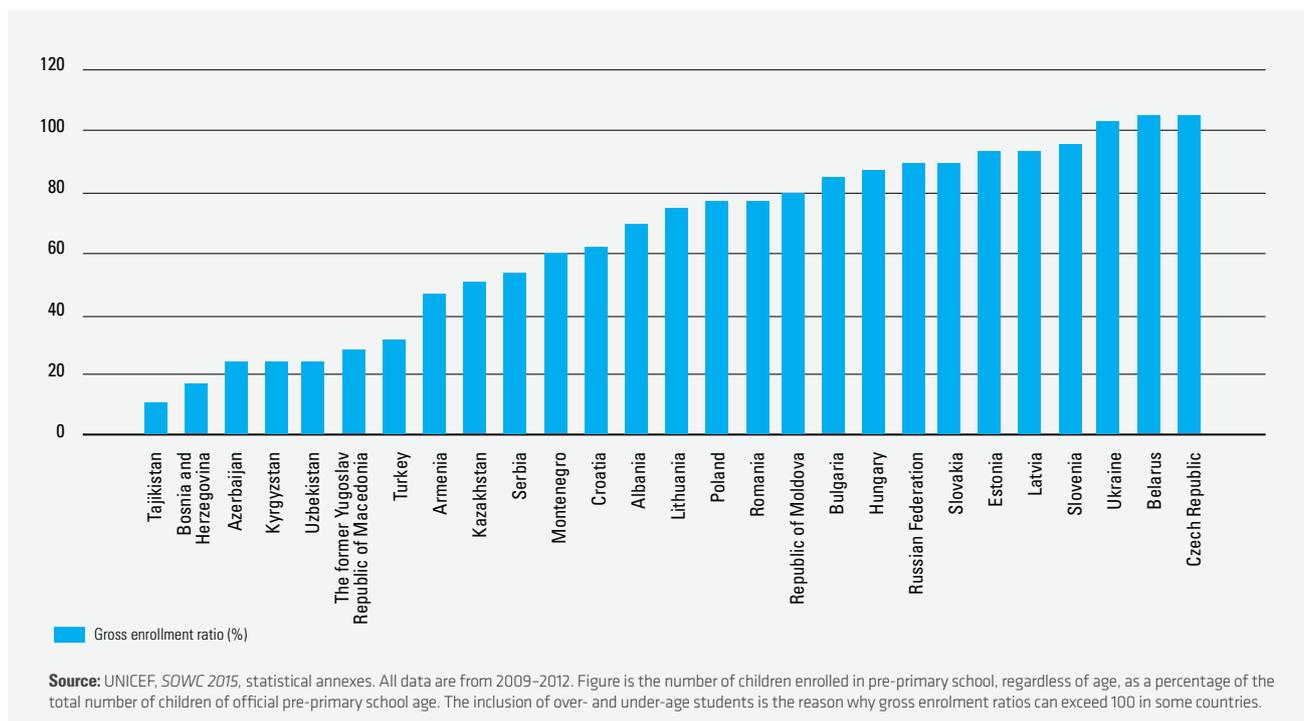
like Roma children, continue to be disproportionately excluded from preschool. In Armenia, only 35 per cent of children with disabilities residing with their families attended kindergarten, with that number dropping to 12 per cent for children with disabilities in orphanages.¹⁷¹ Girls are also less likely than boys to be enrolled in most countries, although in Armenia boys are significantly less likely to attend than girls.¹⁷² Lacking a targeted and inclusive approach, early childhood education programmes often build school readiness among the more privileged, widening the gap between them and more marginalized children.

e) A child's right to inclusive quality education

All children and adolescents have the right to quality and accessible education at both the primary and secondary levels. Although national enrolment rates are high in this region, 2.5 million children of primary school age are still out of school, and at the secondary level an estimated 12 million adolescents are not in school.¹⁷³ Many more children, perhaps millions, from the most marginalized communities are excluded from national data collection procedures and thus invisible in national indicators on education.

Major equity gaps in education between particular groups of children and their peers from majority populations exist in enrolment, attendance, completion and learning rates. For example, a substantial portion

Figure 11 Gross enrolment ratio in pre-primary school (average male/female)



of the estimated 5.1 million children with disabilities in the region are likely to be out of school; in Armenia, a full 72 per cent of children with disabilities residing in orphanages do not attend school.¹⁷⁴ Children most likely to be out of school are adolescents; children affected by gender discrimination; children from ethnic minorities, especially Roma children; children from the poorest households; children with disabilities; children in conflict with the law; and working children.¹⁷⁵

General assessments of the accessibility of education indicate that both the formal and informal costs of education have continued to rise in this region, making access even harder for children from marginalized groups, and especially the lowest wealth quintiles. Payments given to teachers on top of regular school fees for textbooks, meals and other expenses have increased, with one EU study going so far as to say that in Ukraine, "access to high-quality education depends on the family income."¹⁷⁶ Learning outcomes across the region are worryingly low, with about half of 15-year-olds failing to master basic reading and mathematics skills, according to the Programme for International Student Assessment 2009 learning assessment.¹⁷⁷ For marginalized children, learning outcomes are even lower, with severe equity gaps across the region.

Another ongoing problem in the region is that groups such as Roma students and children with disabilities

are too often placed in schools that are inappropriate for their learning abilities, or in segregated schools that isolate them from mainstream education. These students often have more limited opportunities for further education, and such segregation reinforces their stigmatization and prevents them from participating fully in building inclusive, multicultural societies.

f) A child's right to a supportive and caring family environment

Every child has the right to a family environment, unless remaining in that environment would be contrary to her or his best interests, as well as the right to the protection and care necessary for well-being. Many children in the region are unable to grow up within their families. Around 1.3 million grow up in formal care, with half in residential care institutions that risk harming their health, development and future life chances.¹⁷⁸ While there are large differences across the region, some countries show consistently high levels of children in formal institutional care,¹⁷⁹ and the flow of children into formal care continues to increase.

With growing awareness of the damaging effects of institutional care, foster care has gradually emerged as a viable alternative, in some countries more than others.¹⁸⁰ Substantial positive progress in placing fewer children in residential care can be noted in Azerbaijan,



Belarus, Bulgaria, Georgia, the Russian Federation, the Republic of Moldova, Romania and Serbia, and many of these countries have made holistic reforms and developed new services.

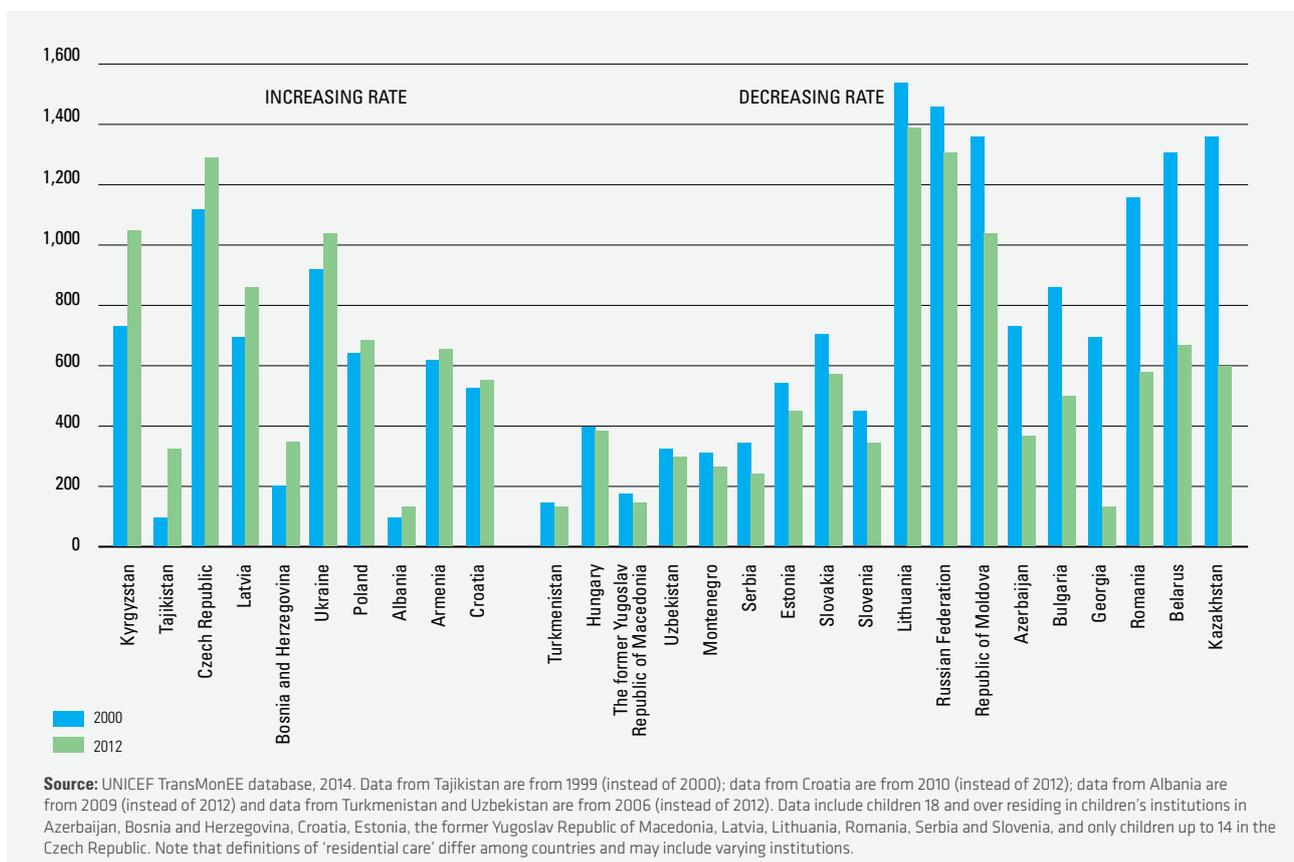
Ongoing reforms of childcare systems have so far produced less measurable results for the most vulnerable children. Children with disabilities have benefited the least from reforms,¹⁸¹ and children with severe disabilities often live in residential care institutions of the poorest quality and where violence and abuse are common. In Serbia and the Czech Republic in 2012, for instance, children with disabilities were over-represented among children left without parental care.¹⁸² Around 35 per cent of children with disabilities are institutionalized in the region as a whole,¹⁸³ with particularly high levels in the western CIS.¹⁸⁴ In some countries, the proportion of children with disabilities in the total number of children in residential care may be as high as 60 per cent.¹⁸⁵

Most countries have paid little attention to preventing children under the age of 3 from entering large-scale residential care. As the chart above demonstrates,

Bosnia and Herzegovina, the Czech Republic, Kyrgyzstan, Latvia and Ukraine have actually seen children institutionalized at alarmingly higher rates in recent years. Children in rural areas and Roma children are also seriously over-represented in institutional care in the region, with one recent study showing that Roma children represent over 60 per cent of children in institutions in Bulgaria, while Roma individuals make up less than 10 per cent of the total population. In Slovakia, those figures are over 80 per cent and less than 10 per cent, respectively.¹⁸⁶

A child's right to a family environment also includes protection from violence and negative disciplinary techniques. A very large proportion of children in the region are subjected to violent discipline by parents and caregivers as well as other authority figures. Over 70 per cent of children aged 2–14 report having experienced physically or psychologically violent discipline in Albania, Armenia, Azerbaijan, the Republic of Moldova and Tajikistan, and over 60 per cent have in Belarus, the former Yugoslav Republic of Macedonia, Georgia, Montenegro, Serbia and Ukraine.¹⁸⁷

Figure 12 Rate of children in residential care (per 100,000 population aged 0–17)



g) A child's right to access justice

All children have the right to access justice that is appropriate to their age, respects their sense of dignity and worth, and aims to promote their ability to assume a constructive role in society. Justice for children goes beyond juvenile justice (children in conflict with the law) to include all children going through any type of justice system as victims or witnesses, or for other reasons such as care, custody or protection (children in contact with the law). Generally, juvenile justice policies and practices in the region continue to reflect mainly punitive and discriminatory mindsets. Justice systems in this region do not sufficiently focus on preventive aspects such as social and community support, or linking juvenile justice services with rehabilitative and socially oriented efforts to reintegrate children into society and stop cycles of exclusion and criminality.

In the majority of cases, detention remains the norm for juveniles and minors accused of committing crimes in both the pre-trial and sentencing periods.¹⁸⁸ Children of ethnic minorities, adolescent boys, lower-income groups and families in difficult circumstances are over-represented in juvenile justice systems, and even more so in detention. Alternatives to detention are poorly developed, and support for reintegration is limited. Violence against juveniles in police and detention facilities is common – sometimes amounting to torture – and access to rights is often denied. Children are often housed in the same facilities and even cells as adult offenders,¹⁸⁹ making them more vulnerable to abuse and negative influences. The majority of countries lack specialized facilities for girls.

Children need access to the justice system (civil, administrative and criminal) to be able to protect their rights, including the right to redress when denied social protection benefits and services – but access to justice rarely takes children into account.¹⁹⁰ Procedures in most justice systems in the region are not sensitive to children's needs,¹⁹¹ and many professionals – police, prosecutors, judges, lawyers, social workers and health staff – have not been trained on how to understand and talk with children, much less respect and protect their rights. Some countries, such as the Republic of Moldova, have recently embarked on positive practices; after it adopted probation and mediation services, the number of children in detention fell by 38 per cent from 2003 to 2011.¹⁹² In general, though, the region still has major steps to take to ensure justice systems take the needs of children into account.

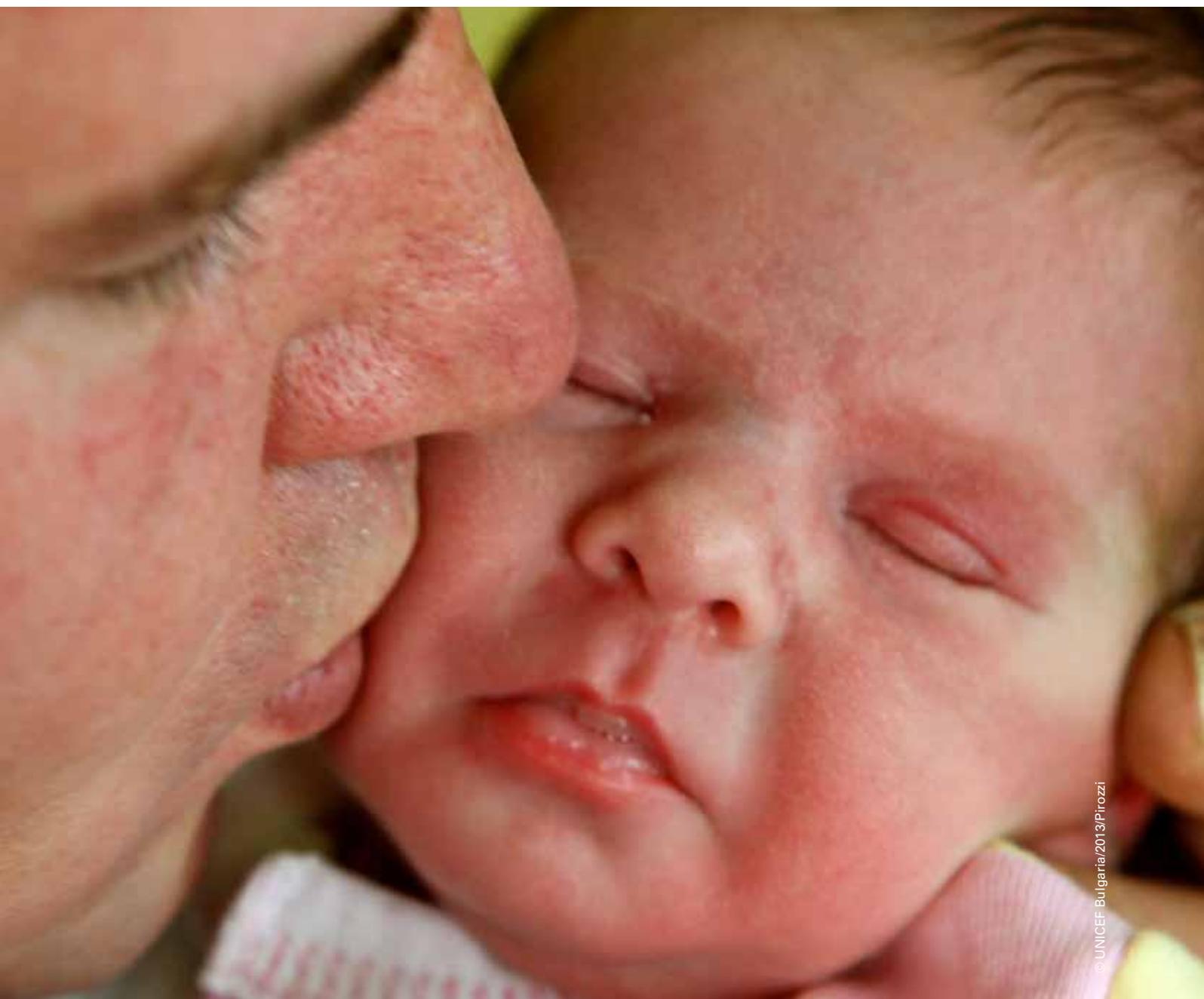
h) A child's right to be born free of HIV

HIV and AIDS threaten a number of children's rights, including the right to survival and development and the right to the highest attainable standard of health. The HIV/AIDS epidemic in Central and Eastern Europe, the Caucasus and Central Asia is one of the fastest growing in the world. In some parts of the Russian Federation, HIV infection rates rose up to 700 per cent from 2006 to 2010.¹⁹³ Women now account for almost half of newly reported HIV infections in this region. Uzbekistan registered 24,539 infections in 2012, with a rising proportion among women.¹⁹⁴



Although there has been progress in preventing mother-to-child transmission, more infections among women mean that the absolute number of children born to HIV-positive mothers is increasing.¹⁹⁵ Children living and working on the streets show extremely high rates of HIV, and the epidemic has been driven by injection-drug-related and sexual transmission among socially excluded young people. HIV prevalence was close to 40 per cent among 15–19-year-old street youth in St. Petersburg, and almost 30 per cent in Odessa, Ukraine.¹⁹⁶

Adolescents have a harder time getting the services they need than adults, facing more barriers to prevention, care and treatment. In the Republic of Moldova only 14 per cent of adolescents who use drugs have access to HIV testing, compared with nearly 50 per cent of adult drug users.¹⁹⁷ Available data suggest that most children lack comprehensive knowledge of HIV/AIDS, and poverty and social exclusion continue to drive some to adopt lifestyles that place them at high risk of contracting the virus.



While poverty and exclusion can place children at higher risk of contracting HIV/AIDS, children and families affected by HIV/AIDS are also at higher risk of social exclusion and poverty. Those affected by HIV/AIDS are often unable to work (or are prevented from working due to discrimination), need help to care for children, and need anti-retroviral medicines), which can be extremely expensive. Children born to HIV-positive parents are more likely to be abandoned or placed in institutions by overwhelmed families, especially those facing the double burden of HIV/AIDS and financial hardship.¹⁹⁸ HIV transmission only further excludes and marginalizes those who are already socially marginalized, and also impoverishes families and children.¹⁹⁹ Stigma and discrimination against people living with HIV, including children, are still rampant in this region, and they hamper progress in prevention, care and support.

i) A child's right to protection from the risks of disasters

Natural and human-made disasters touch virtually every area of children's lives, putting them at significant risk and threatening their rights. Children typically represent 50–60 per cent of those affected by disaster. They may be killed or injured in a disaster; are vulnerable to malnutrition and the effects of problems with water and sanitation, including water-borne diseases; and may be separated from their families, which puts them at greater risk of trafficking, exploitation and abuse.²⁰⁰ In the disaster recovery phase and in the medium term, parents may take children out of school to help the family make up for lost income, and lost income or damaged infrastructure may make it hard to get to health-care facilities.²⁰¹

Central Asia and the South Caucasus, in particular, are highly vulnerable to disasters. Natural events such as earthquakes, floods, landslides, droughts and extreme weather conditions occur frequently in this region, with strong effects on children that are amplified by poverty, ethnic tensions, inequitable gender relations and other factors.²⁰² Flash floods in Tajikistan in May 2010 caused at least 40 deaths and left thousands homeless and 70,000 without access to clean drinking water. In Kazakhstan, floods in Almaty Oblast in 2010 killed 45 people and completely destroyed three villages.²⁰³

Disaster risk reduction aims to help populations cope better with crises, adapt in threatening situations, and recover from disasters and shocks faster. With

proper advice and preparation, children and their families can become powerful agents of response to disasters. Social protection systems should include components that help make vulnerable families more resilient – something that is still largely missing in this region, as in other parts of the world.

Governments have developed some disaster preparedness programmes in partnership with other organizations. Some of these target children's preparedness by teaching safe responses to humanitarian situations and instituting drills on how to react during a disaster. Still, children remain vulnerable to broader impacts of disasters, such as lost household income and assets, homelessness and extreme poverty.

j) An adolescent's right to a second chance

Adolescence can be a volatile time for many children, but it is also a critical time, when children make decisions that define the trajectory of the rest of their lives.

In Central and Eastern Europe, the Caucasus and Central Asia, the figures on out-of-school children begin to climb in the last year of primary education and continue to rise through the transition between lower and upper secondary school. Dropout rates increase significantly after lower secondary education and through upper, although there are large differences between countries.²⁰⁴ It is also at this stage of life that gender imbalances begin to appear in some countries as well; for instance, in Tajikistan by age 17 only 48 per cent of girls go to school, compared with 91 per cent in the primary school cycle.²⁰⁵ Gender disparities are also more pronounced among Roma adolescents; for example, in Bosnia and Herzegovina net attendance ratios for secondary school stand at 36.2 for Roma boys compared with 17.4 for Roma girls at age 16, and in the former Yugoslav Republic of Macedonia, at 43.5 for Roma boys versus 34.7 for Roma girls at the same age.²⁰⁶

Research indicates that adolescents most at risk of leaving school early are adolescents from the poorest income brackets, adolescents from ethnic and linguistic minority groups, adolescents with low achievement rates in school, adolescents who are over-age or have repeated at least one grade, adolescents who did not attend one year of pre-primary education, adolescents who are expected to adhere to traditional gender roles (mainly girls in Azerbaijan, Tajikistan, Turkey), and adolescents having

Figure 13 Secondary school net attendance ratio (adjusted), 2010–2014

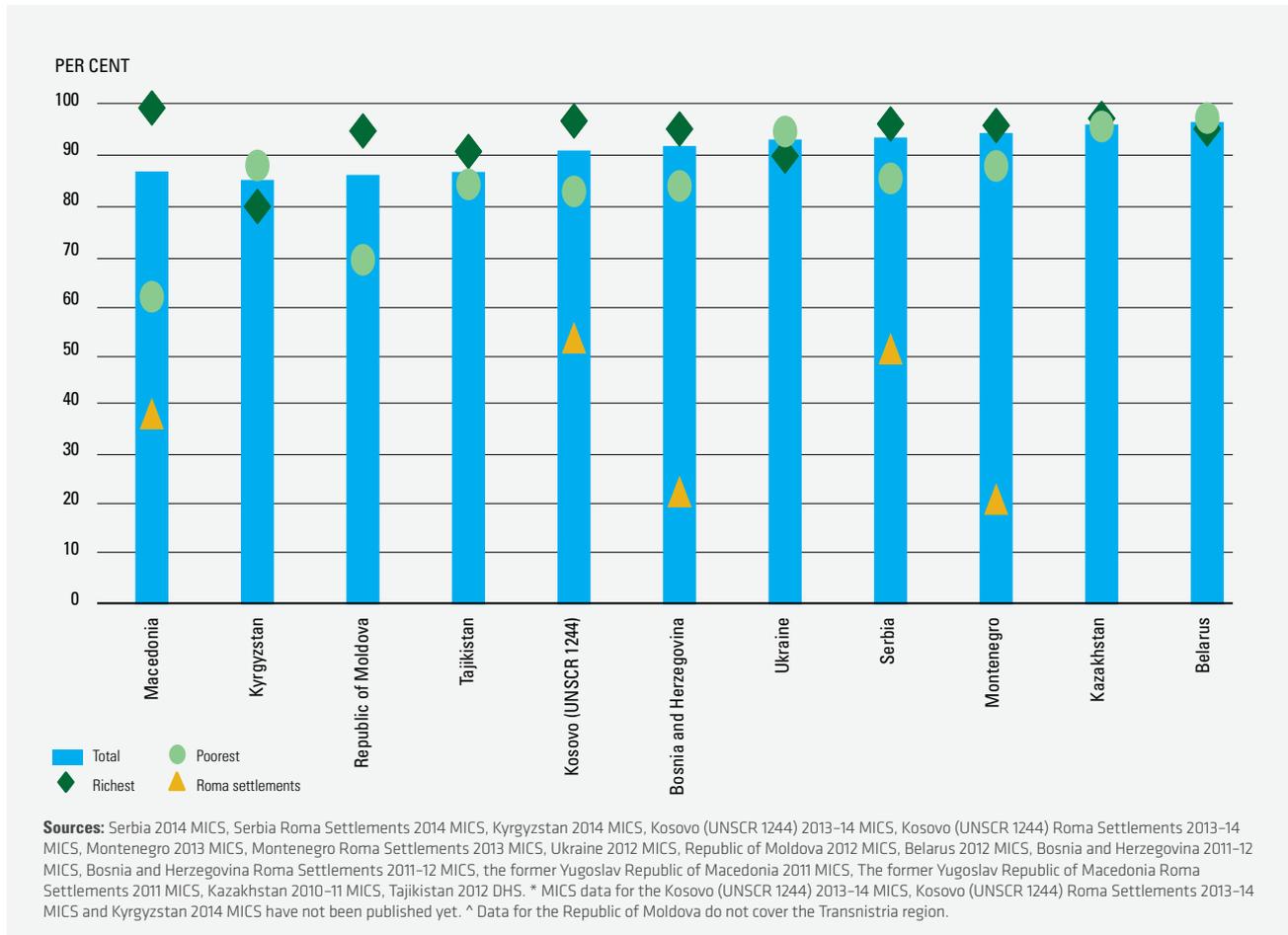
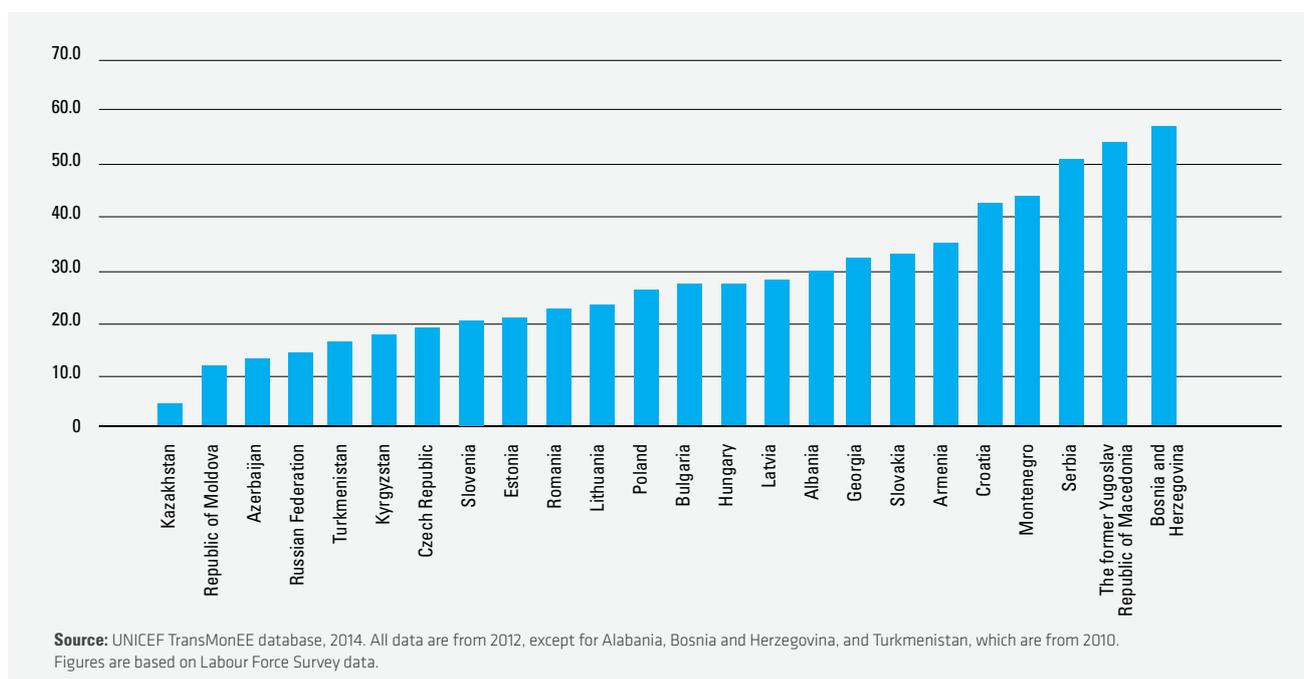


Figure 14 Youth unemployment rate (unemployed 15–24-year-olds in per cent of labour force of the same age)





negative experiences in school, possibly related to issues such as violence and exclusion.²⁰⁷ Data in Figure 13, from selected countries in the region, show disparities among adolescents in secondary school attendance, by wealth quintile and by ethnicity. Recognizing the importance of this issue, the EU has set a target for early school leaving within its EU 2020 strategy, which applies to all EU member states in this region.

The region is also facing the new or re-emerging phenomenon of high mortality rates among adolescents. Injuries, violence, substance abuse and death due to external causes, including transport accidents and suicide, have become major causes of morbidity and mortality among adolescents and young people. The region includes 9 out of the 12 countries in the world with the highest adolescent suicide rates.²⁰⁸

The economic crisis and lack of opportunities in this region have hit youth particularly hard. Youth unemployment rose by 3.2 percentage points in 2009, the highest of any developing region in the world, and the figure below shows that youth unemployment ranged from 4 per cent in Kazakhstan to well over 50 per cent in Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia from 2010 to 2012, with most countries' rates at over 20 per cent.

Lack of appropriate skills and a dearth of work opportunities are denying adolescents and youth a future of stable and productive work.²⁰⁹ Poor participation in the job market is generally related to poor participation by adolescents and young people in decision-making on other issues that affect their lives, including educational, political and social challenges, all of which are integral to their development.



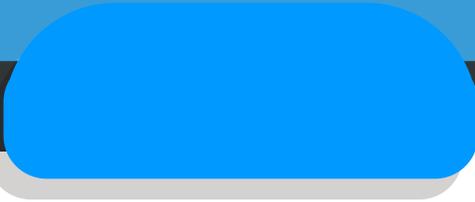
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enjoyment of their human rights. They experience complex and interlinked patterns of vulnerability and exclusion, as well as poverty that is transmitted across generations.

Countries in this region will only be able to maintain and improve their economic power and political influence, gain standing within the international community, and reap the benefits of graduation to middle-income status, if they increase investments in children, especially children who are poor and vulnerable. To fight child poverty and vulnerability, countries need to develop integrated strategies that combine prevention and support, and seek to enhance the rights of all children while paying specific attention to the most vulnerable. With such policies and investments – explored in more detail in the following chapters of this report – states in this region will fulfil their legal obligations under the CRC.

Conclusion

There has been significant progress for children in Central and Eastern Europe, the Caucasus and Central Asia over the past 20 years, across all 10 of the children's rights areas examined in this chapter. Nevertheless there is still a lot more to be done, and groups of vulnerable children across the region are being consistently left behind. Children with disabilities, children of migrant workers, children from ethnic and linguistic minorities (Roma children in particular), children living in rural areas, children in conflict with the law, and children living in institutions all face more significant barriers to the realization of their rights than all children on average in their countries, and as a result, are disproportionately affected by rights violations. For many of these children, material poverty, social exclusion and discrimination represent the main barriers to the full



HOW SOCIAL PROTECTION FOR CHILDREN IS PERFORMING IN THE REGION

3

KEY MESSAGES

- In recent years, governments in the region have put effort and investment into improving their social protection systems. But these systems are still unevenly developed across the region, with large differences in effectiveness and efficiency between countries.
- Social assistance programmes are reasonably well targeted to their intended populations, but their monetary value is generally low, limiting reductions in poverty and child poverty. Coverage is also low, meaning that social assistance programmes are still not reaching many of the poorest. In most countries examined in this analysis, social assistance is rarely well targeted to the poorest quintile, with high coverage and high adequacy at the same time, reflecting the trade-offs that countries and territories make between them. Those countries that focus too strongly on reducing targeting errors end up denying benefits to large proportions of those who need them most.
- There is a clear positive correlation between the impact of all social assistance in reducing the number of people living below the poverty line in the poorest quintile and the coverage of social assistance. Prioritizing the expansion of coverage and adequacy emerges as the best combination for countries to achieve significant reduction of poverty through social protection benefits.
- Spending on social assistance as a proportion of social protection is very low in the region, as is the proportion of spending on social assistance that goes to children and families. Countries that spend the most on social benefits for families tend to achieve the greatest reductions in child poverty.
- Social care and support services, and programmes to help children and families facilitate access to health, education, preschool and early childhood care services are limited and not reaching all populations. They will require significant scaling up to improve equity in access to critical services.

What is the impact of social protection systems on children in Central and Eastern Europe, the Caucasus and Central Asia, and how is this impact achieved? This analysis will use the lens of UNICEF's Social Protection Strategic Framework to assess the performance of social protection systems as well as the actual impact of social protection on families and children, to the extent possible. First, it will use

commonly accepted standards of programmatic assessment to examine the effectiveness and efficiency of social protection programmes, and then it will examine the impact of such programmes on poverty reduction in general, where possible zeroing in on the specific impact on children. The analysis will also begin to identify some of the major issues and barriers that are preventing social protection systems

in the region from effectively reaching the most vulnerable children.

The information used for the analysis has been obtained from a variety of sources, including UNICEF's TransMonEE database, Eurostat, the EU's Mutual Information System on Social Protection database, the World Bank and UNICEF publications, and a number of reports and sources from international organizations and governments. The analysis also used the World Bank's ASPIRE indicators. While every effort was made to obtain the most up-to-date, accurate data available, some of the information may be erroneous, outdated or incomplete, particularly for indicators that rely on national household survey data. Indicators from these sources are included to give a general idea of the sorts of impacts, large or small, that may arise from social transfers, and must be read with a degree of caution.

Organization of the analysis

The analysis of the performance of social protection systems in the region generally follows the structure of UNICEF's Social Protection Strategic Framework. This chapter focuses primarily on social transfers, social support and care services, and programmes to ensure access to social services, and does not

consider the fourth component of the strategic framework – legislation and policies to ensure equity and non-discrimination in access to services and employment/livelihoods – as a separate category.

While discrimination is a very important issue and legislation tackling it is an essential pre- or co-requisite to realizing equal rights and opportunities for all, legislative evaluation falls explicitly under the purview of the Committee on the Rights of the Child. The Committee, as part of its duties under the Convention, evaluates states' periodic submissions outlining their progress on implementing the Convention, including legislation on freedom from discrimination, social inclusion, the rights to social security and a basic standard of living, and a host of other social protection issues. This chapter therefore focuses on assessing programmatic facets of social protection, including benefits and services.²¹⁰

There is very limited comparable data detailing which social protection programmes are received specifically by children and by families with children. This chapter starts by analysing the performance of all social assistance benefits in an aggregated manner. The chapter then provides a few additional insights into one sub-category of social assistance – child or

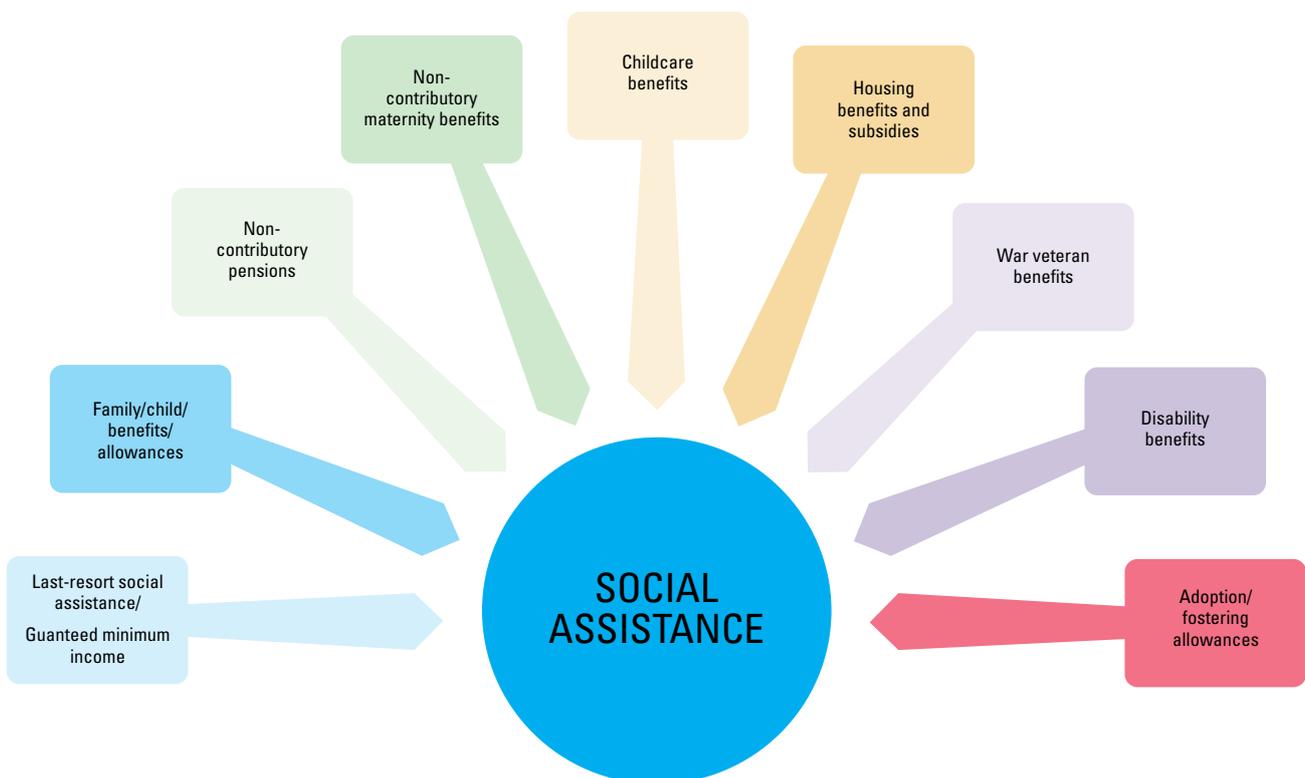


family benefits that are provided to families based on the presence of children, where such programmes exist and data are available. Childcare and maternity benefits are also discussed separately later in the chapter, under social support and care services.

The analysis does not address the effectiveness and impact of pensions on children. Some studies from other regions of the world, and even from countries included in this report, have indicated that pensions contribute meaningfully to child poverty reduction, especially due to their large monetary size. In this region, while pensions are also an important source of income for many, given high levels of public spending on pensions, there are not enough studies on the impact of pensions on children to support a comparative regional analysis. The analysis in this chapter does not explore the performance of social insurance and contributory cash transfer schemes either. The literature and data available in the region have not yet identified compelling evidence about the extent to which children and families with children benefit from such schemes, and particularly children and families who live below the poverty line. The impact of contributory schemes on children and families, and on child poverty reduction, in this region is an area for further in-depth research.

As families with children, especially larger families, are statistically over-represented in the poorest quintiles, it can be expected that they would need income supplementation. In principle, they are more likely to receive social assistance benefits in general and last-resort social assistance schemes in particular, as these are specifically geared towards alleviating poverty and improving material well-being. Many countries have also implemented cash transfers specifically directed towards families with children, and each country's main child and/or family benefits theoretically have the potential to significantly reduce child poverty. Simulations have shown that child benefits and allowances have the greatest potential to reduce child poverty rates and gaps, with even modest scaling-up leading to very high returns.²¹¹

As discussed in earlier chapters, social assistance refers to non-contributory, publically financed benefits and transfers, and can include last-resort social assistance, child benefits, non-contributory disability allowances and others. Not all transfers under the heading of 'social assistance' will be directed to or received by families, children, or people living in poverty. In considering social assistance as a whole, the proportion that goes to families and children may not be large – for instance, war veterans



*The above diagram is meant as an exemplar, and not an exhaustive list of benefits included in social assistance.

may receive a far greater proportion of social assistance. However, social assistance is included in this assessment because the poorest and/or most marginalized families and households are still likely to receive at least one transfer under the social assistance heading, and families with children often receive more than one.

Analysing social assistance in its entirety, and the main family/child benefits separately, can provide a sense of the aggregate effects of what the state provides, or aims to provide, for its citizens, and, more specifically, indicate the performance of specific benefits that go to families and children. Unfortunately, it is very difficult to track all aggregate expenditure that is solely directed towards children and families in this region, as states have many different kinds of transfers and income supplements, for which data are not always available. In addition, no two states will have exactly the same benefits in their social assistance schemes. In aggregating benefits into the category of social assistance, the analysis in this chapter might be comparing schemes that are different from each other, and might make generalizations, for comparison's sake, that may not be entirely appropriate. For instance, some overall social assistance aggregate figures may include information from universal schemes, while others may not.

Social assistance and child/family benefits are assessed according to the performance indicators of coverage, adequacy, benefit incidence and beneficiary incidence (which will be discussed shortly). Social assistance benefits available for children with disabilities will also be briefly reviewed, although information gaps preclude an analysis of their performance. The chapter will next consider whether and how these benefits are having an impact on children and families, in terms of how the overall child benefit package contributes to household income and reduces child poverty and general poverty rates and gaps. Finally, levels of spending on child and family oriented social assistance will be compared with spending on other types of social protection for some countries in the region.

The social transfers assessed only provide a limited picture of the impact and adequacy of overall social assistance on children. An analysis of the impact of a single benefit or even three benefits on children could not adequately depict their real situation, as it would not take into account other factors that may increase or

decrease a household's income, such as other benefits or tax breaks. The costs of childcare, education and health have an enormous impact that may offset government benefits granted to families, but assessments of social transfers do not capture these costs. This issue will be addressed later in this chapter.

The chapter closes with an examination of social support and care services in the region, discussing access to and availability of such services, and as far as possible their adequacy in providing support to vulnerable children and their families. It also discusses the extent to which services are integrated and linked to each other and across sectors. It provides a brief overview of programmes proven to help people from the lowest quintiles access other basic social services such as health, education and early childhood education. Where possible, it considers the overall impact of social protection on children.

3.1) Assessing social transfers

a) Indicators for assessing social transfers

The assessment of social transfers in Central and Eastern Europe, the Caucasus and Central Asia will use four main indicators: coverage, adequacy, benefit incidence and beneficiary incidence.

The first indicator used in this chapter is *coverage*, which refers to the proportion of the population (in the country and in the poorest quintile) who actually receive the transfers, and gives a sense of how many people in the country, and among those in need, are receiving transfers from the state.

The second indicator, *adequacy* (also known as generosity), is the percentage of post-transfer consumption of recipient households in the poorest quintile provided by the benefit. Measuring the adequacy of a transfer indicates the size of the benefit and its effect in alleviating material deprivation for beneficiaries in the poorest quintiles.

The third and fourth indicators, *benefit incidence* and *beneficiary incidence*, are used to measure the accuracy of targeting methodologies. In recent years, 'targeting' has come to refer to the way social transfer programmes identify beneficiaries and allocate transfers to them. Targeting methodologies can be broad – as in the case of universal benefits, where the intended recipient group is an entire population – or narrow, where the benefit is intended for a specific portion of a

population.²¹² 'Narrow targeting' methodologies include means-testing, proxy means-testing and, to some extent, also categorical or community-based targeting. The methodologies are designed to minimize both exclusion errors (the number of people or households entitled to a benefit who do not receive it) and inclusion errors (the number of people or households not entitled to a benefit who do receive it).

Evaluations of social transfers typically focus on the success of targeting methodologies of narrowly targeted social transfers. A study from the International Food Policy Research Institute has shown that a completely 'neutral' targeting methodology that assigns benefits in a randomized manner across all segments of the population should give each income decile approximately 10 per cent of the total amount.²¹³ The poorest income quintile would receive 20 per cent of the total.

In universal programmes that target the whole population rather than just the poorest people, completely accurate targeting means that the poorest 20 per cent of the population gets 20 per cent of the benefits. For narrowly targeted programmes aimed towards the poorest, the accuracy of the targeting

methodology should be measured in terms of the total amount of a benefit that reaches the poorest income quintile – and completely accurate targeting would mean that the poorest 20 per cent receives a large portion, if not 100 per cent, of the benefits. When targeting is considered as the amount of benefits reaching the intended population, narrowly targeted programmes are more prone to exclusion errors than universal programmes.

The vast majority of social transfer programmes examined in this report use 'narrow targeting' methodologies of means-testing or proxy-means testing, and the intended beneficiaries are the poorest quintile; universal programmes are few and far between. In this report benefit incidence refers to the percentage of total benefits received by the lowest income quintile. Beneficiary incidence measures the percentage of programme beneficiaries in the poorest quintile relative to the total number of beneficiaries in the population. These two indicators are especially suited for assessing programmes that are intended for the poorest quintiles only and are less relevant for assessing universal programmes; in the analysis, therefore, any universal transfers will be highlighted. The universal or neutral standard of 20

Box 6 What is the best way to reach the most vulnerable?

'Narrow targeting', as a method of allocating transfers, has demonstrated mixed results globally in terms of its ability to maximize the impact of investment and minimize inclusion errors, while simultaneously reaching the poorest and most excluded populations. Which targeting methods are most appropriate in different contexts remains an ongoing debate, and different targeting methods – whether means-testing, proxy means-testing, categorical or community-based – have different pitfalls.

For instance, targeting methods based on identifiable characteristics can in fact increase stigma and discrimination against the groups of people that they are supposed to help. UNICEF's experience in southern Africa demonstrated that explicitly targeting those living with HIV/AIDS increased stigma and sparked conflicts when poor people without AIDS did not receive cash benefits. Some targeting methods can lead to 'poor services for poor people' or – if a programme targets groups traditionally excluded based on identifiable characteristics like ethnicity – can undermine broad political support for it.

Effective 'narrow targeting' also requires significant amounts of information, especially when using means-testing (verifying a household's total monetary income and/or wealth) or proxy means-testing (assessing household poverty using indicators other than income, like ownership of cars or arable land). It often creates a heavy administrative burden. When targeting focuses on reducing inclusion errors, it often neglects exclusion errors, leaving out some of those most in need.

In UNICEF's global experience, 'narrow targeting' parameters are often not the best way to reach the poorest and most vulnerable people. But in countries lacking the fiscal space needed to provide a universal benefit, 'narrow targeting' can help reach those most in need. From an equity perspective, governments should take a cautious, case-by-case approach to 'narrow targeting'.

Source: UNICEF, *SPSF*, p. 29.

per cent accruing to the poorest quintile will serve as a helpful benchmark in comparing the benefit and beneficiary incidence performance of countries' narrowly targeted social transfer programmes.

b) Social assistance

In designing social transfer programmes, especially in conditions of fiscal austerity or limited fiscal resources, policymakers face dilemmas. Trade-offs almost inevitably affect design and implementation. To increase the number of beneficiaries, the adequacy of the transfers (the amount of monetary benefits) might have to be lowered. If amounts are not adequate to improve families' material circumstances, for instance in countries where the lowest income quintiles are very far below the poverty line, to increase transfer amounts it may be necessary to reduce the total numbers of people receiving the transfers (the coverage).

Similar trade-offs exist in targeting methodologies. Universal schemes may not be as effective in reducing

poverty in some circumstances, given that benefits are spread thinner to cover more people, but means-tested benefits run the risk of excluding many of the poorest even though benefit levels may be higher. Different countries' circumstances will necessitate different programme choices. Of the countries in the following analysis, all last-resort social assistance schemes are means- or proxy-means-tested, the child/family benefits of Belarus and Hungary are universal for children under 3, and Estonia's and one of Romania's child benefits are universal until the teenage years.

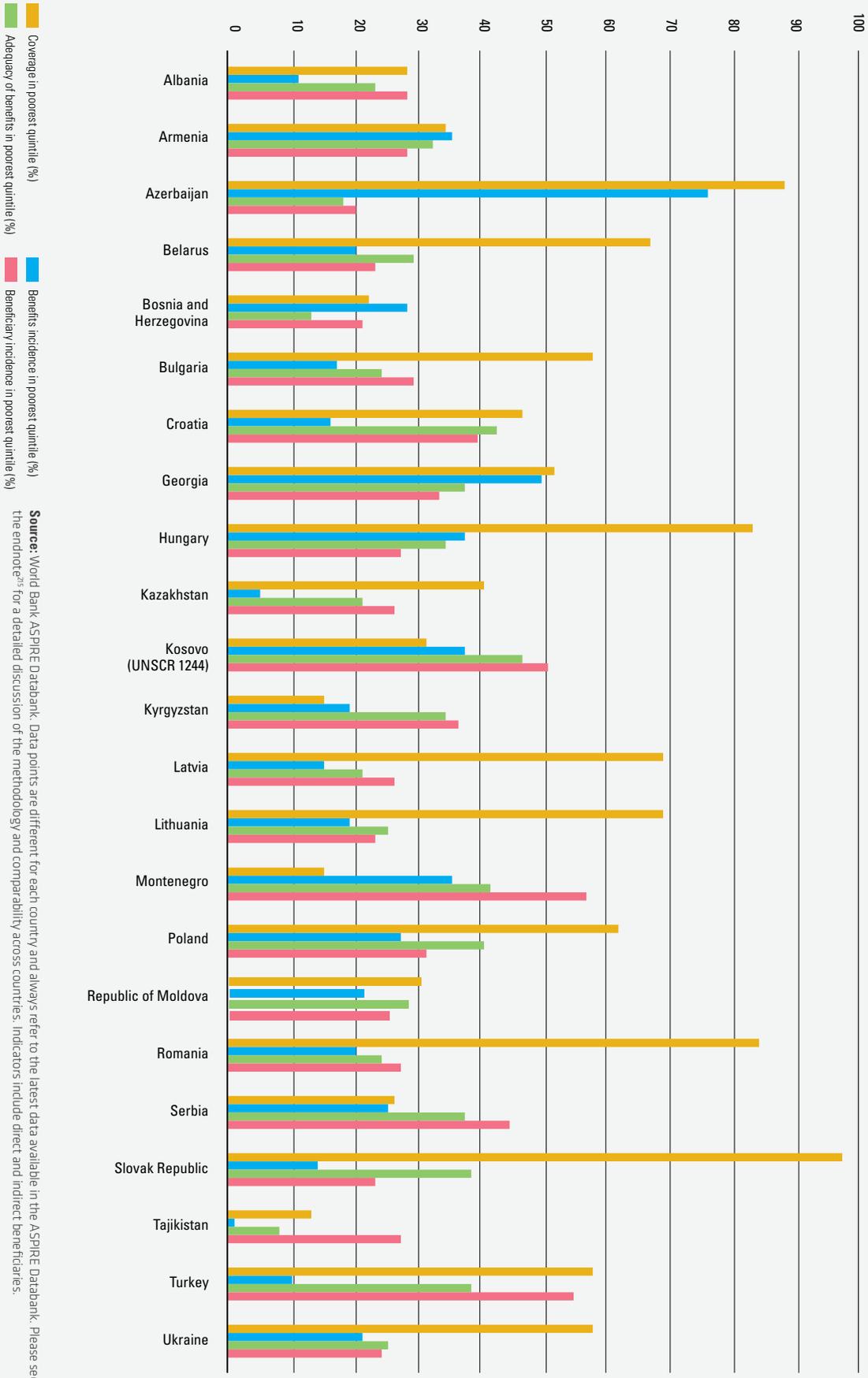
The coverage, adequacy, benefit and beneficiary incidence of all social assistance in Central and Eastern Europe, the Caucasus and Central Asia present striking variations between countries (Figure 15). In highly generalized terms, social assistance transfers in this region have higher benefit and beneficiaries incidence compared with what would happen using a 'neutral targeting' methodology, mentioned above. This means that they are reaching

Box 7 Coverage, adequacy, benefit incidence and beneficiary incidence: Clarifying concepts

COVERAGE	ADEQUACY	BENEFIT INCIDENCE	BENEFICIARY INCIDENCE
The proportion of the population in the poorest quintile who actually receive cash benefits.	The percentage of post-transfer consumption of recipient households in the poorest quintile provided by cash benefits.	The percentage of total cash benefits received by the lowest income quintile.	The percentage of programme beneficiaries in the poorest quintile relative to the total number of beneficiaries in the population.
Indicates how many people in need are included or excluded from social transfers. Is used to measure 'exclusion errors' (the number of people or households entitled to a benefit who do not receive it).	Compares amount of money transferred with average amounts of household consumption; indicates if benefit is big enough to relieve income-related deprivation.	Indicates how much of programme money/benefits is going to the poorest quintile of the population. Is used to measure 'inclusion errors' in 'narrowly targeted' programmes.	Indicates how many of the beneficiaries of cash benefits are in the poorest quintile. Is used to measure 'inclusion errors' in 'narrowly targeted' programmes.
Example: 45% of individuals in the poorest quintile live in a household where at least one member receives a cash transfer.	Example: The child benefit makes up 35% of household consumption in the poorest quintile (measured after the transfer has been made).	Example: 25% of all cash transfers are transferred to households in the poorest quintile.	Example: 60% of beneficiaries of a last-resort social assistance cash transfer live in the poorest quintile.

Source: UNICEF, SPSF, p. 29.

Figure 15 Social assistance indicators (poorest quintile)



Source: World Bank ASPRE Databank. Data points are different for each country and always refer to the latest data available in the ASPRE Databank. Please see the endnote²¹⁶ for a detailed discussion of the methodology and comparability across countries. Indicators include direct and indirect beneficiaries.



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the right people, those most in need. However, not all those in need are being reached by social assistance and substantial numbers of the poorest people are not receiving any type of income supplementation.

Coverage varies widely between 13 per cent in Tajikistan and 96 per cent in the Slovak Republic. Eleven countries and territories among those included in Figure 15 have coverage levels below 50 per cent, meaning that the majority of people in need are being excluded. Extremely low coverage levels (below 15 per cent) in Tajikistan and Kyrgyzstan are of particular concern, given the high percentage of the population living below the poverty line in these countries (see *Chapter 1*). Countries members of the EU, such as Latvia, Lithuania, Hungary, Romania and the Slovak Republic, perform better in terms of coverage, with rates above 60 per cent, together with Azerbaijan and Belarus. By comparison, Mexico's Progresa/Oportunidades programme covers 31 per cent of the poorest quintile, with the same percentage covered by Chile's Subsidio Único Familiar, while the United States' Temporary Assistance for Needy Families programme covers 52 per cent.²¹⁴

The adequacy of social assistance varies between 1 per cent (Tajikistan) and 75 per cent (Azerbaijan) of post-transfer consumption in the poorest quintile. Adequacy falls between 10 per cent and 40 per cent in most countries. Armenia, Georgia, Kosovo (UNSCR 1244) and Montenegro have rates between 35 per cent and 55 per cent. In 15 countries rates are below 15 per cent. Relatively low rates are particularly surprising in cases such as Croatia, Kazakhstan

and Turkey, considering the level of economic development of these countries.

Bearing in mind that adequacy rates are calculated based on all social assistance transfers – including non-contributory pensions and public works programmes – and not just those directed towards families and children, it is unlikely that the benefits received by families make a substantial difference to poor households or reduce the depth of their poverty. For comparison, in Colombia the Familias en Acción programme provides 30 per cent of post-transfer household consumption for recipients, Mexico's Progresa/Oportunidades provides 25 per cent, and both Jamaica's Programme of Advancement through Health and Education and Nicaragua's Red de Protección Social provide 20 per cent.

Benefit incidence of overall social assistance in the poorest quintile varies between 8 per cent in Tajikistan and 46 per cent in Kosovo (UNSCR 1244), with most countries and territories in Figure 15 falling between 20 per cent and 40 per cent, so that the poorest quintile gets a greater share of benefits than the 20 per cent that would accrue to them through neutral targeting. These rates are slightly lower compared with those observed in Latin American social assistance programmes; for instance, Mexico's Oportunidades has a benefit incidence of 58 per cent, and Chile's Subsidio Único Familiar has a rate of 66 per cent.²¹⁶

Beneficiary incidence displays a smaller variance than benefit incidence, from 20 per cent in Azerbaijan to 56 per cent in Montenegro, but largely follows a similar pattern. Most countries and territories included in Figure 15 fall between 20 per cent and 40 per cent, so that the number of beneficiaries in poorest quintile exceeds its share in the total population. Indeed, many countries in the region have worked hard to reduce inclusion errors in their social assistance programmes in recent years, in partnership with various international organizations.

When the two indicators are seen together, in around 14 countries beneficiary incidence is slightly higher than benefit incidence. This seems to indicate that the majority of social assistance systems in the region are able to reach more people from the poorest quintiles than from other quintiles, but the total amount of benefits received by people in the poorest quintile does not always follow the same proportion. Montenegro and Turkey are two examples of this discrepancy: for instance, while 54 per cent

of social assistance beneficiaries in Turkey are in the poorest quintile, they receive only 38 per cent of total social assistance benefits.

Almost every country examined in this analysis shows a substantial difference between the various indicators. Only in a few countries performance on all four indicators is relatively poor – for instance, in Albania, Bosnia and Herzegovina, the Republic of Moldova and Tajikistan. In most countries examined rarely is social assistance well targeted to the poorest quintile (as measured by benefit and beneficiary incidence), with high coverage and high adequacy at the same time, reflecting the trade-off that de facto countries and territories make between them.

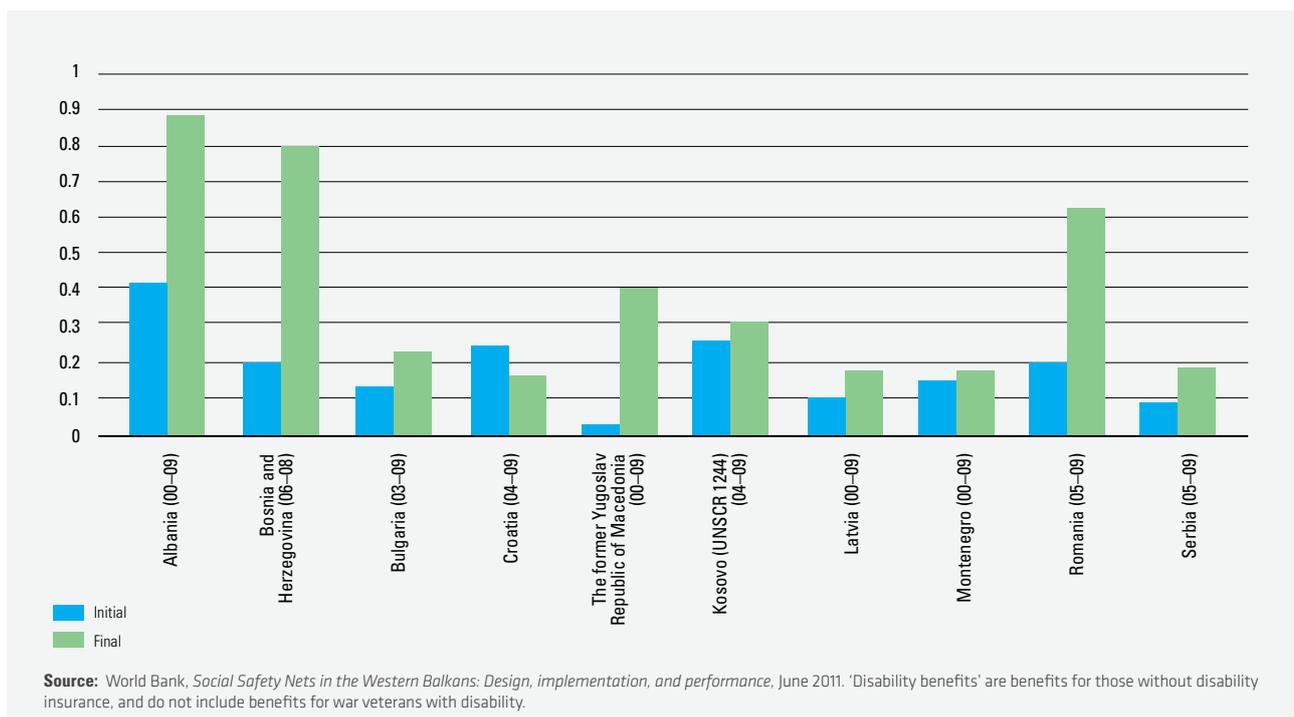
Georgia stands out as delivering relatively well on all four measures. The best performers in terms of coverage, such as Azerbaijan, Hungary, Romania and the Slovak Republic, do not perform well in terms of benefit and beneficiary incidence or adequacy. Azerbaijan is an exception, as it displays very high coverage and adequacy at the same time. Similarly, countries and territories with higher adequacy, such as Armenia, Kosovo (UNSCR 1244) and Montenegro, tend to have lower coverage. Some of these discrepancies may result from poor programme implementation or the nature of the programme

itself. But focusing too strongly on reducing inclusion errors, for instance in Kyrgyzstan, Kosovo (UNSCR 1244), Montenegro and Serbia, which display higher benefit and beneficiary incidence compared with coverage, may risk unintentionally denying benefits to large proportions of those who need them most.

c) Child and family benefits

There is almost no comparable data to assess the performance of the main child and/or family benefits in the region. Most countries present a mix of targeted and universal child and/or family benefits, and one-off payments such as birth grants, or payments for children up to a certain age (Annex 2). Among countries that have data, Armenia's and Serbia's main child/family benefits (both means-tested) appear to be well targeted to the poorest segments of the population; however, they do not reach all children and families in the poorest quintiles.²¹⁷ In the former Yugoslav Republic of Macedonia, the Child Allowance (means-tested) does not appear to perform well in terms of beneficiary incidence and coverage of the poorest children.²¹⁸ Coverage of the poorest is higher where child benefits are universal, such as in Romania, where 74 per cent of the poorest quintile are reached by the State Child Allowance, compared with 14 per cent for the Guaranteed Minimum Income (a cash transfer for poor households).²¹⁹

Figure 16 Changes in spending on disability benefits (per cent of GDP)



The adequacy of the main family and child benefits varies widely and measurement differences do not allow for cross-country comparisons. In countries where data are available,²²⁰ such as the former Yugoslav Republic of Macedonia, Romania and Serbia, the adequacy of the main family and child benefits is lower than the adequacy of last-resort/minimum income programmes, and significantly lower than adequacy of disability benefits and social pensions. In most countries, therefore, family and child benefits appear unlikely to make a serious difference in household consumption.

d) Social transfers for children with disabilities

Children with disabilities have received more attention in this region since the widespread ratification of the Convention on the Rights of Persons with Disabilities, increases in data availability, as well as pressure from the EU on pre-candidate and candidate countries for EU accession. These countries have increased their spending on disability benefits not related to conflict. Figure 16 shows the general upward trend in spending on disability benefits.

Disability benefits available in this region include payments for those caring for children with disabilities, supplements for training and rehabilitation, allowances for special care of a disabled child, or special monetary compensation for work lost while caring for a child with disability (although many of these are contributory). Some disability benefits are means-tested, but the majority are universal or categorical based on a medical diagnosis of disability. In addition, some countries have developed day-care centres specifically for children with disabilities, although these are by no means widely available.

The significant increases in spending on disability benefits in many countries should be read cautiously, as definitions of disability vary. In Bosnia and Herzegovina, civilian disability benefits are only granted to those with 90–100 per cent disability, meaning disabilities that are permanent, irreversible and require care by others.²²¹ Increases in spending may result from greater numbers of applicants, with no improvement in benefit quality or effectiveness. The lack of information on these benefits prevents a more thorough discussion in this report.

e) Impact of social assistance on household income, poverty and child poverty

This section will look at the net monetary value of selected countries' total 'child benefit packages',

which include all benefits directed towards children. It will consider whether social assistance is reducing poverty and child poverty – a crucial indicator of the effectiveness of social assistance, although data are often incomplete. Available data will be used to show the actual reductions in poverty rates among the poorest quintile achieved by all social assistance, and in the at risk of poverty rates or children before and after social transfers for countries where such data are available.²²² Finally, overall spending levels on social assistance for families and children by countries in this region will briefly be discussed.

Impact of the overall 'child benefit package' on household income

The 'model family' method estimates how much assistance a set of family typologies (hypothetical but based on real-life equivalents) would receive in a given country, at a specified earnings level.²²³ The analysis compares the overall 'child benefit package' (including tax benefits, income-based and non-income-based child benefits, housing benefits, childcare subsidies, education and health benefits, child support and other benefits like food stamps or social assistance) with the costs associated with having children, such as housing, childcare, social security contributions, education and health charges.

The resulting 'net income' demonstrates the actual impact that government transfers have for households with different numbers of children. One advantage of this method is that it takes into account other benefits beyond just family and child allowances, and in comparing expenditures on children with amounts of social assistance received, it also highlights whether social assistance actually enables families to pay for necessities associated with child rearing.²²⁴

Research done using this methodology in countries of the region²²⁵ compares the net income of a couple with two children with the net income of a couple with no children, both living on half average earnings. 'Net income' takes into account both the benefits provided by the state and the health, childcare and education costs (charges) of having two children at ages 2 years and 11 months, and 7 years. The net income of the couple with children is expressed as a proportion of the net incomes of a couple without children.

The net income of families with children exceeds the income of childless couples only in Belarus, Bulgaria, Serbia, Turkmenistan and Ukraine. Net incomes are almost equal in the Russian Federation and Turkey, and

in the other countries families with children are worse off than childless couples on the same earnings.²²⁶ The countries with the lowest net packages were Bosnia and Herzegovina, Kazakhstan and Kyrgyzstan, where relatively high costs of childcare, education and health care are matched by little or no assistance from the state.²²⁷ In some cases childcare costs alone almost completely deplete the resources provided by benefits. According to this analysis therefore, in many

countries in the region, the benefits provided by states to families with children are inadequate in offsetting the costs of having children.

Impact of social assistance on poverty in the poorest quintile

There is a clear correspondence between the impact of all social assistance in reducing the number of people living below the poverty line in the poorest

Figure 17 Poverty headcount reduction (per cent), all social assistance, poorest quintile

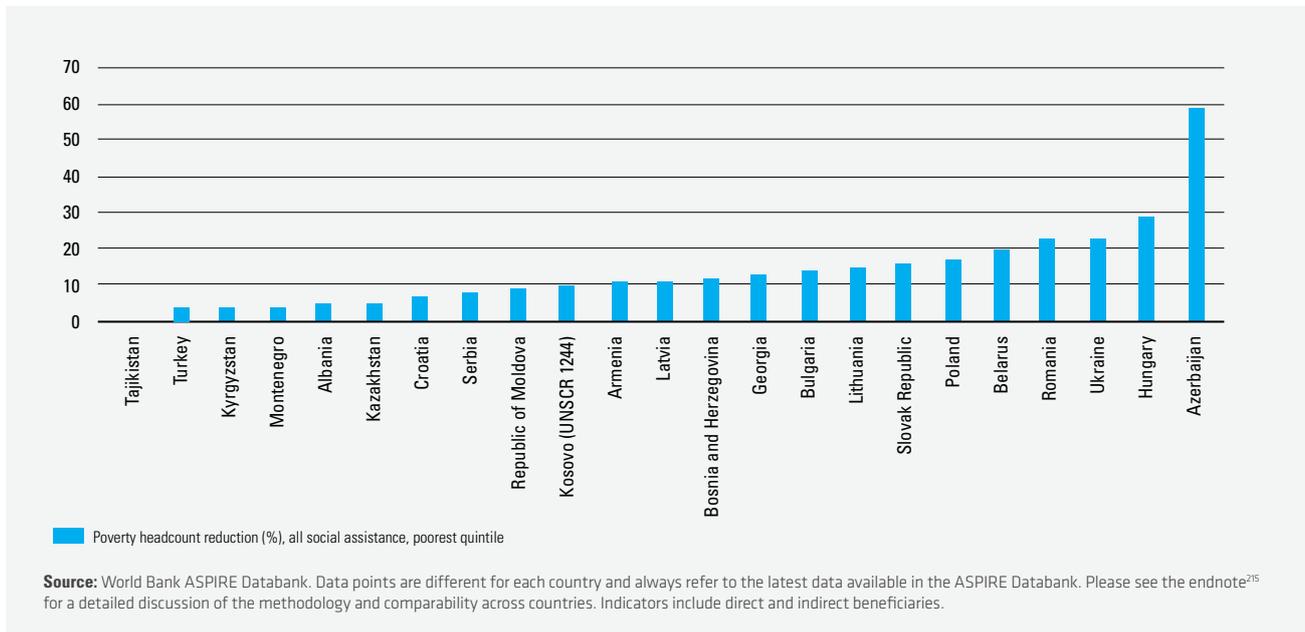
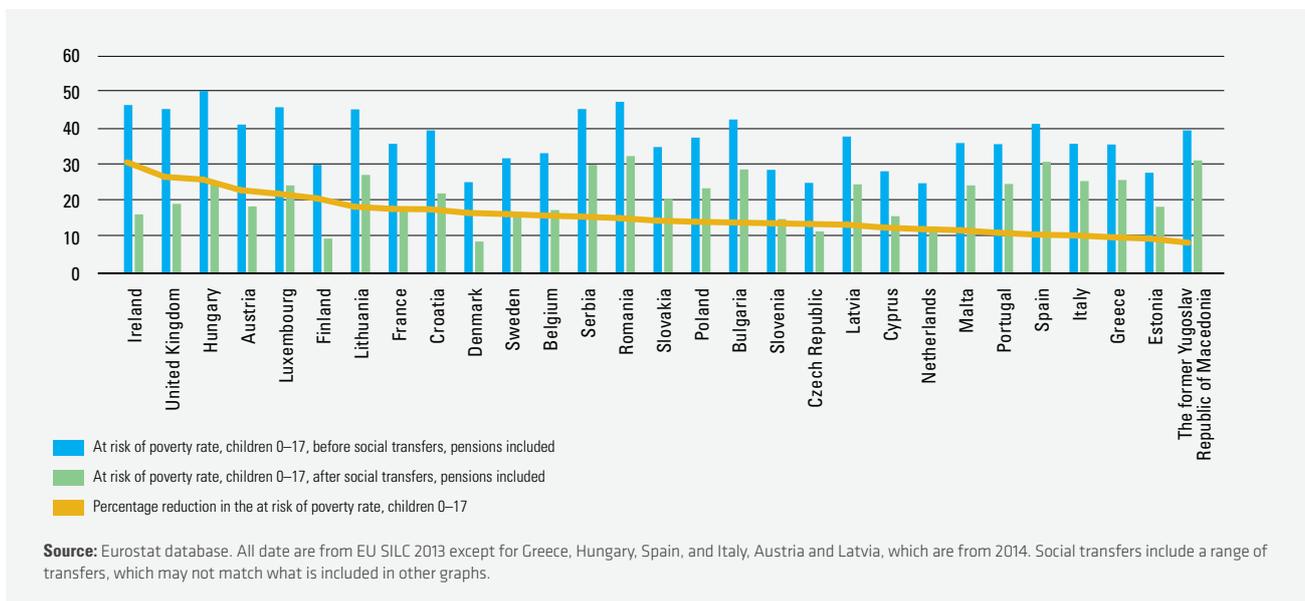


Figure 18 At risk of poverty rates for children 0–17 before and after transfers, ranked by per cent reduction



quintile (Figure 17) and the coverage of social assistance (Figure 15). Countries like Azerbaijan, Hungary, Ukraine and Romania, with higher coverage of social assistance in the poorest quintile perform significantly better at reducing poverty rates. Azerbaijan, with combined high coverage and high adequacy, is able to reduce poverty by 59 per cent in the poorest quintile – 30 percentage points more than the next best performing country, Hungary.

The results from comparing Figure 15 with Figure 17 speak to the importance of prioritizing the expansion of coverage and adequacy as the best combination for countries to achieve significant reduction of poverty through social protection benefits.

Impact of social assistance on child poverty reduction

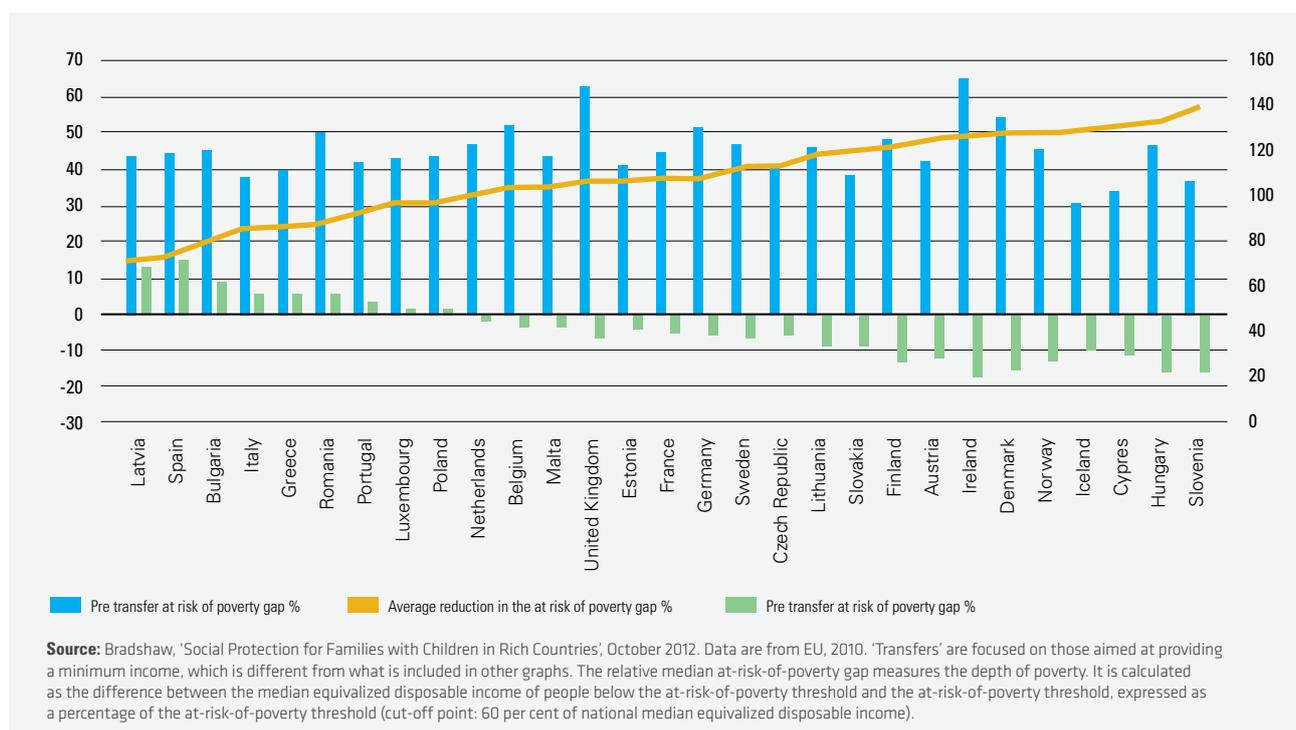
For countries included in this report where data are available, the reduction in the rate of children at risk of poverty after social assistance transfers ranges from around 8 per cent in the former Yugoslav Republic of Macedonia to around 25.5 per cent in Hungary, as shown in Figure 18. The figure includes for comparison other member states of the EU from Western and Central Europe, some of which have very strong track records in reducing child poverty through social

transfers. Most other countries from the region for which data are available in Figure 18 display rates of reduction between 20 and 10 per cent.

Figure 19 shows the reduction in the child poverty gap by social transfers in EU countries. Where gaps after transfers show negative values, the average incomes of households that were poor before benefits, have risen above the poverty line, the poverty gap has been closed, and the poverty rate has fallen as well.²²⁹ Hungary's social transfers significantly reduced the poverty gap, as did transfers in the Czech Republic, Estonia, Lithuania, Slovakia, and Slovenia. Countries that still have a positive poverty gap after transfers include Bulgaria, Latvia, Poland and Romania.

In countries where information on child poverty rates is difficult to obtain or not available, reductions in general poverty rates by social transfers can point to general trends in benefit adequacy. Social assistance in Belarus, the Republic of Moldova and Armenia reduced poverty rates by 1.7 per cent, 1 per cent and 1.4 per cent, respectively, in 2007.²³⁰ In Kazakhstan and Uzbekistan, social allowances are reported to have a larger impact, reducing poverty by approximately 12 per cent and 10 per

Figure 19 Relative median at risk of poverty gaps, for all households with children, before and after transfers, ranked by per cent reduction



cent, respectively.²³¹ Given children's vulnerability to poverty, it can be reasonably assumed that the impact on child poverty reduction was small as well, and that most children continue to live in poverty even after receiving social transfers.

Impact of social protection on gender inequality
The Asian Development Bank's Social Protection Index – which gauges the coverage and impact of social protection as a whole, as well as that of social assistance, social insurance and labour market programmes taken

Figure 20 Spending on social assistance (per cent of GDP)

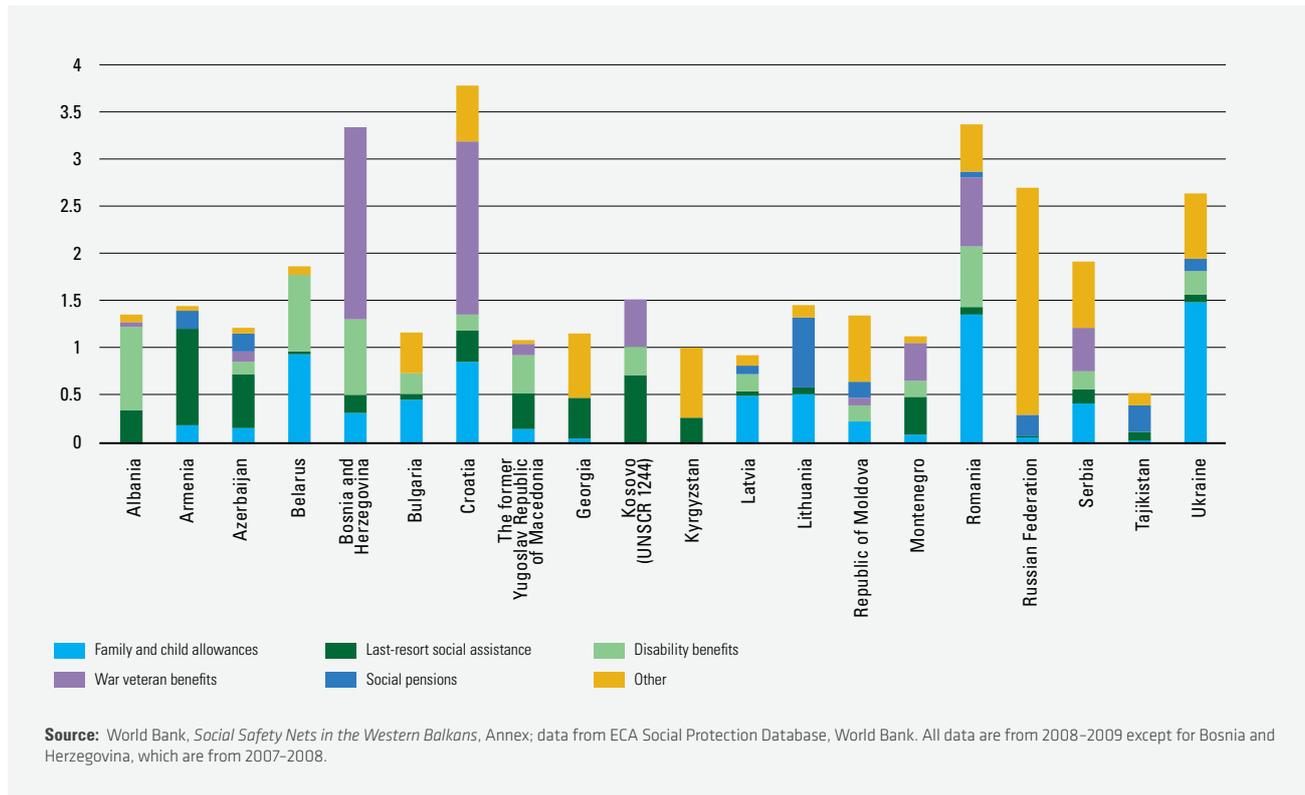
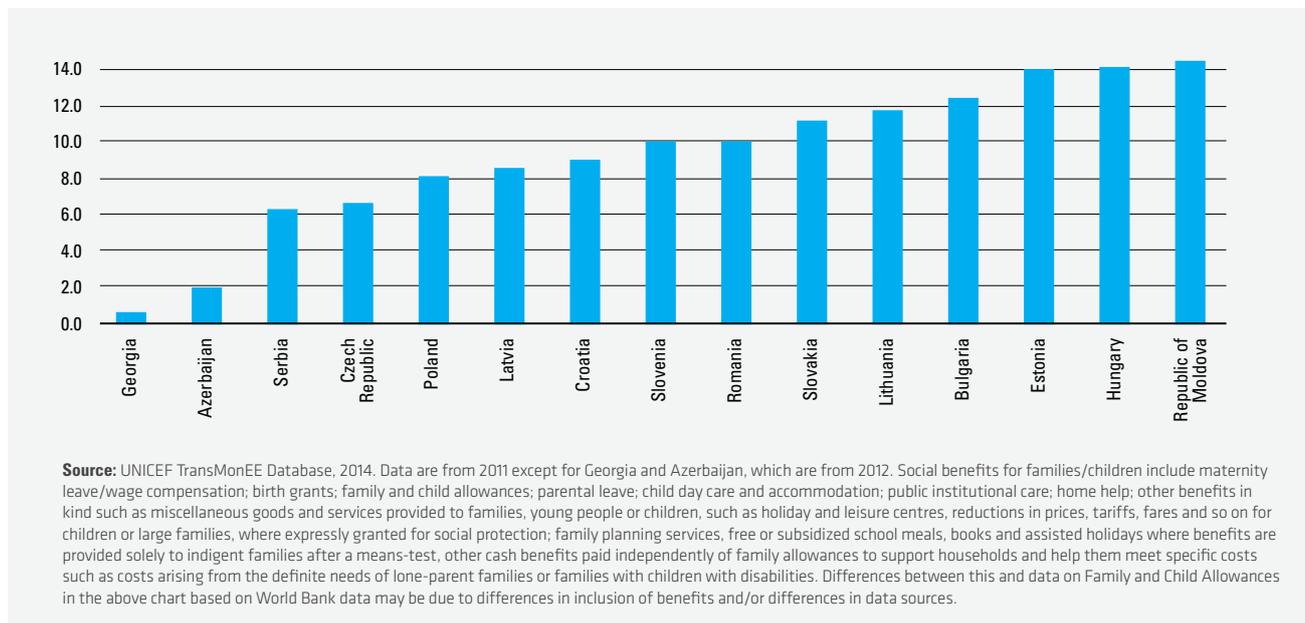


Figure 21 Spending on social benefits for families/children (per cent of total social protection spending)



individually – sought to assess the gender dimension of social protection. The most recent Index found that women in the Caucasus and Central Asia make up only 42 per cent of social protection beneficiaries, and are over-represented in social assistance and under-represented in social insurance as a result of their lower participation in the labour market.²³² The same study suggested that gender inequality would narrow only if policymakers made more social insurance benefits universal, while working to increase women's access to social assistance.²³³

Comparing outcomes with expenditures

Comparing the reduction in child poverty rates and gaps (Figures 18 and 19) with overall spending on social benefits for families (Figures 20 and 21) reveals that countries that spent the most on family benefits tended to achieve the greatest reductions in child poverty.

In many countries in the region, spending on child and family benefits and on last-resort social assistance programmes is lower than other social protection spending. And while the OECD's average spending on family and child benefits in 2011 was 2.6 per cent of GDP²³⁴ none of countries in Figure 20 reaches that benchmark – not even when spending for family and child benefits is combined with spending on last-resort social assistance. As Figures 18 and 21 show, Hungary stands out as one of the best performers, with reductions in the at risk of child poverty rate of over 20 per cent and very high levels of spending on family benefits as percentage of total social protection expenditure. Croatia, Estonia and Romania demonstrate similar correlations.

Many countries have reduced their spending on social assistance in the context of the crisis.²³⁵ These cutbacks threaten to worsen the impact of the crisis on the most vulnerable. Although they will take more time to become fully visible, the impacts of reduced spending on the well-being of the population are likely to continue to be felt in the coming years.

3.2) Assessing social support and care services

This section reviews the broad spectrum of non-cash support interventions essential to the functioning of social protection. Accountability for such functions can be shared with the administration of cash benefits in some countries, while in others it is



divided across various government ministries and social service providers. This section places the role of social support and care services in the context of the challenges faced by vulnerable populations, including particular groups of children, in areas such as health and education, to highlight the value such services can add.

The range of social support and care services for families and children covers the preventive, protective and remedial levels. The goal of such services is to help vulnerable individuals and families escape poverty and exclusion and live fuller and more satisfying lives,²³⁶ and to help realize children's rights, including the rights to health, a family environment, justice, early learning and school readiness, just to name a few. Social services oriented towards child protection often overlap with social protection, and in many cases the same people and institutions provide both kinds of services. This report focuses on services that address poverty and deprivation.

Ideally, countries should design and establish a continuum of services to address child and family vulnerabilities and strengthen families' capacities to provide quality care to their children and make the



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most of children's development potential.²³⁷ Social support systems require social workers and other individuals professionally trained to address multiple vulnerabilities, identify families at risk and offer them timely and effective support.²³⁸ Social support and care services complement social transfers, which by themselves cannot fully address many of the underlying and interlinked causes of family vulnerabilities.

a) Access to and availability of social support and care services

All countries in the region have some form of social support and care services. The scattered data available suggest that, other than in some EU member states, social support services, especially those for families and children, are generally underdeveloped.

The Western Balkans have the region's strongest tradition of centre-based social support and care services, with Centres for Social Work in place for many years.²³⁹ Other countries, such as Belarus, Kazakhstan, Ukraine and Uzbekistan, are actively attempting to scale up their social services, including family and youth programmes.²⁴⁰ The 30 Centres for Social Work in the former Yugoslav Republic of Macedonia

employ some 500 people, including social workers, psychologists, sociologists and lawyers. In Ukraine, 1,900 Centres of Social Services for Family, Children and Youth support single mothers and vulnerable children, and in Serbia 135 Centres for Social Work offer a range of social services and programmes.²⁴¹ In many of these countries, as in Serbia, Ukraine and the former Yugoslav Republic of Macedonia, these centres are often fragmented according to different professional responsibilities, focus on specialist tasks and do not offer a comprehensive assessment of children's vulnerabilities.²⁴²

Countries are working to keep families together and children out of institutions, but many do not invest enough in family support services, offering cash benefits alone. Interventions such as early detection, respite care or counselling to stop family separation and placement of children under age 3 in institutions are either non-existent or underdeveloped throughout much of the region. Without corresponding investments in social support and care services, cash transfers only provide a partial solution that does not address other underlying vulnerabilities that may lead families into poverty and material deprivation, such as discrimination, psychosocial issues, or mental health.

Although almost every country in the region now provides some sort of subsidy for children with disabilities, supporting them requires not only cash transfers but also measures such as affordable childcare, parental leave, inclusive after-school and home-care services, specialized care and community-based services.²⁴³ In Armenia, 97 per cent of surveyed children with disabilities received a disability pension (although 94 per cent were not satisfied with the amount), but only 20 per cent received social support from a government entity such as a territorial social services office.²⁴⁴

In Albania, there are not enough social work providers and services for poor rural families who have children with disabilities; where the families lack access to services (if services exist at all), children are more likely to be placed in institutions.²⁴⁵ A survey on access to benefits in Georgia identified that, out of 13 respondents with children with disabilities, 9 had an instance when their child needed a specific service

but was unable to obtain it.²⁴⁶ In Croatia, counselling services for children with disabilities and their families are available in major cities, but not in many municipalities.²⁴⁷ Essential services such as respite care are generally limited or unavailable to families who need them. Thanks to Belarus' Early Intervention Programme for children with special needs, between 2003 and 2008, 20 per cent more children under 8 years of age received appropriate care for their survival, growth and development.²⁴⁸

Care and support services for people living with HIV are also very limited throughout the region. Although cash transfers can reduce HIV vulnerability or risk by addressing structural risk factors such as poverty,²⁴⁹ they do not provide the kinds of support that families affected by HIV/AIDS often require. Some successful pilot initiatives have been undertaken in Ukraine, where integrated care centres for people affected by HIV include multidisciplinary teams and offer parental support on how to care for children with HIV, as well



as psychological, legal and social support.²⁵⁰ Belarus also has an Early Intervention Programme providing allowances to all families with children infected with HIV, and 50 per cent of HIV-positive children and women have access to community-based care and support in the five locations most affected by HIV.²⁵¹ Such programmes are still in initial stages, and most countries do not have them.

Underdeveloped social support and care services and lack of outreach by social workers means that the children and families left behind by migrant workers receive very little support when the primary breadwinner is away.²⁵² Internally displaced children are often excluded from social support and care services meant to relieve poverty and material deprivation.

Where social support and care services are underdeveloped, a number of major issues make it hard for people, especially the most vulnerable, to access social services. Unequal and limited access to social services remains a problem in the majority of countries outside of the EU (and even some within), with people living in rural areas at a significant disadvantage. In Belarus, urban areas have 100 per cent coverage by social services, while in rural areas coverage drops to 55 per cent,²⁵³ although mobile teams do exist to reach rural residents. In Bosnia and Herzegovina, enormous disparities in access to services between regions, often tied to ethnic identity, mean that the services one receives depend largely on where one lives.²⁵⁴ Tajikistan has only 10 providers of home-based services for children, all in only two regions.²⁵⁵ In these countries, coverage of medical rehabilitation is limited outside of the main cities as well.²⁵⁶ Social care and support services at the family or community levels play a particularly important role in diagnosing vulnerabilities and identifying and referring those most at risk – and with services unavailable in so much of the region, this role is going largely unfulfilled.

b) Adequacy of social support and care services

Although there is a wide range of social support and care services in Central and Eastern Europe, the Caucasus and Central Asia, this analysis focuses on those falling under the scope of social protection (as defined in Chapter 1), which, at the point of delivery, may overlap with other social services, such as health or child protection. It is outside the scope of this report to provide a full assessment of these social support and care services, as different services

have different standards of delivery and methods for evaluating quality. However, some remarks can be made to give a general impression of social service quality in this region and the role of social protection in this context.

Social support and care workers are frequently overwhelmed by large workloads and overly demanding expectations – for instance, in Albania a local social support office may only be staffed by one person, who is simultaneously the social administrator and secretary and fulfils other duties.²⁵⁷ Social workers report being underprepared for the jobs they take on, and note that training programmes in some countries are still very focused on theory, with graduates often unable or unwilling to deal with difficult, real-life situations.²⁵⁸

Access to social services is difficult for recipients, as those from rural areas often have to travel to regional centres to contact social support centres, and overnight trips are costly and result in loss of income. This problem is especially acute for children with disabilities and their families, who face extra barriers where infrastructure and transportation do not accommodate their needs.

Social support and care schemes in Central and Eastern Europe, the Caucasus and Central Asia – once again with the exception of most of the EU member states – are generally not well integrated with other existing social services, such as health or education outreach. Child protection and family planning services are largely absent from home visiting services in the region,²⁵⁹ even though social workers could help recipients of home visits get services and benefits to alleviate material deprivation. Providing different social care services together can help address children's multiple vulnerabilities; integrated services can identify vulnerable children, deliver treatment and provide advice, guidance and counselling to families.²⁶⁰

Social support and care services in the region rarely use the case management model of social work, which aims to integrate different services and benefits for children and their families, and are only beginning to use social workers to coordinate a comprehensive package of services – including outreach, legal and psychosocial counselling, risk assessment and referrals, in addition to deinstitutionalization of children and follow-up activities with families.²⁶¹ Countries are working to link existing social services to more comprehensive systems

of childcare provision. In Armenia, the Government has undertaken national reforms to institutionalize case management, and the Republic of Moldova has established a network of community ‘social assistants’ to support vulnerable children and intends to create a national system of integrated social services.²⁶²

Social support and care service programmes frequently do not have sufficient monitoring and evaluation requirements built into them, partly because social services are underdeveloped (or in early stage of development) and unstandardized. Proper evaluations and comparisons within countries and across the region are therefore difficult to make.²⁶³ In-depth assessment mechanisms are generally not built into programmes, and monitoring and evaluation do not connect programme outcomes with ultimate results for the child.

3.3) Assessing programmes that ensure access to health, education and other services for children

Social protection is expected to help populations access other social services – especially health, early childhood care, and education, including preschool – by addressing financial, administrative and information barriers. As there is little documentation of the impacts of programmes designed to facilitate access to social services in the region, anecdotal evidence and arguments are being used to make the case that facilitating access to services could encourage their uptake.

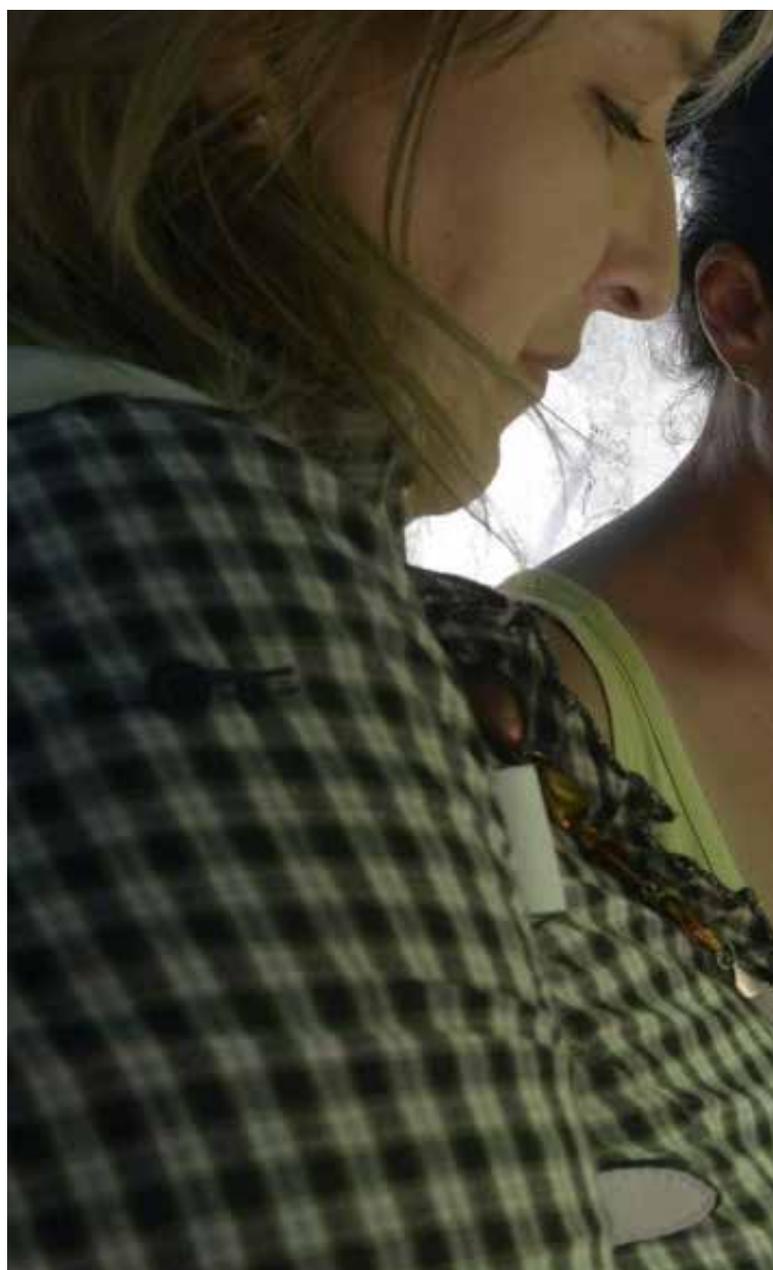
Subject to information availability, as well as the findings from Chapter 2, it appears that families from the poorest quintiles still face considerable barriers in accessing health, education, preschool and early childhood care services, and that existing programmes to facilitate access are limited and not reaching all populations. Equitable access will require investments to improve the supply and quality of services as well as reforms in each sector.

a) Birth registration

Children who were not registered at birth have a hard time getting services. Birth registration provides proof of identity and citizenship that is often required to access services. It can be considered as a ‘ticket’ to realizing children’s rights, including the rights to education, health, justice and a family environment, and it protects children from exploitation and neglect. In most countries in Central and Eastern Europe,

the Caucasus and Central Asia, overall rates of registration tend to be fairly high, reportedly at or near 100 per cent in a number of countries, including Belarus, Bulgaria and Ukraine.²⁶⁴ Other countries lag behind, especially in the Caucasus and Central Asia, with Tajikistan at 88 per cent; Azerbaijan, Kyrgyzstan and Turkey at 94 per cent; and Turkmenistan at 96 per cent (for children under the age of 1).²⁶⁵ Methods of collecting birth registration data can be unreliable, so data may not be accurate.

Averages mask disparities, and some groups of children within each country are less likely to be registered. Children from the poorest quintiles are less



often registered, with substantial disparities between the poorest and richest quintiles (for example, 92 per cent vs. 97 per cent in Azerbaijan, 94 per cent vs. 99 per cent in Montenegro, 89 per cent vs. 99 per cent in Turkey).²⁶⁶ Children from the lowest quintile are, on average, four times more likely to be unregistered than those in the richest quintile,²⁶⁷ and anecdotal reports and data suggest that the most marginalized children, such as children living on the streets, Roma children and children from other ethnic and linguistic minorities, are significantly less likely to be registered. The latest round of MICS surveys in Bosnia and Herzegovina show that 4.2 per cent of Roma children are not registered, although the national average is

stated to be 100 per cent.²⁶⁸ Children of internally displaced persons and refugees are highly unlikely to have been registered in their country of residence or in the area they have settled in, and children born in these circumstances may not have citizenship, making access to benefits and services even more difficult.

Surveys also point to supply side barriers to birth registration. Staff providing birth registration are often overworked and poorly trained, so they provide poorer quality services and are less able to reach out to the most vulnerable.²⁶⁹ Systems to access registration can be complicated and inefficient, so registering children takes significant time and



money. Birth registration facilities are rarely located in hospitals, even though most children are born there, and initiatives to register the most vulnerable remain very limited.

b) Access to health and protection against catastrophic health expenditures

Social protection programmes should enable children and their families to access health systems, by helping overcome financial or physical access barriers. Without medical insurance, the poorest often cannot afford health care, especially preventive care. Some state-subsidized health insurance schemes targeting poor and vulnerable groups, including children, have begun to emerge in the region. These include schemes providing children with free health care in countries such as Belarus, Croatia, Romania and Serbia, and free outpatient prescription drugs for children under 3 in Belarus. In Albania, health insurance covers 40–45 per cent of the population, and coverage is low among those with the poorest health indicators.²⁷⁰ Only 58 per cent of Roma people and 76 per cent of Egyptians (see Box) in Albania say they possess health cards, or use health services.²⁷¹ In the Republic of Moldova, the vast majority of the Roma population have no health insurance, largely because they lack identity documents.²⁷² In Bosnia and Herzegovina, coverage varies by canton, ranging from 63 to 93 per cent,²⁷³ and in Georgia a recent UNICEF study identified that only 48.4 per cent of the lowest quintile were covered by the Medical Assistance Programme (MAP) or MAP-like insurance.²⁷⁴

Health insurance schemes limit the health services they cover. Many universal health care systems do not cover secondary care or medicines. In the Republic of Moldova, children aged 0–5 years are insured by the state and eligible for subsidized medicines, but children between 5 and 18 do not receive subsidized medicine.²⁷⁵ Some health services require co-payments regardless of insurance, as in most of the countries in the Balkan area, where minimum administrative charges are required for consultations and services.²⁷⁶

There also do not seem to be any programmes addressing the root causes of informal costs, which are generally outside the scope of both state- and employer-subsidized health insurance, and even superficial monitoring of their presence and effects is lacking. In Tajikistan, a guaranteed benefit package may alleviate some of the pressure on vulnerable groups who were paying both formal and informal

costs, but informal costs are likely to remain, distorting the balance between state and personal expenditures.²⁷⁷ Addressing the issue of informal payments goes beyond the scope of social protection and will require significant investment by the health sector in infrastructure and salaries of health service providers, as well as in transparency and accountability mechanisms.

c) Access to education

It is hard to assess programmes aiming to help children access quality education, given little or unreliable information about private expenditure on education. In many countries parents must pay both informal and legitimate, formal fees for children's education – for school supplies, textbooks, transportation and other such items. Countries such as Turkey have programmes to reduce or eliminate legitimate payments for these items, but such programmes typically do not cover all expenses. School feeding programmes have shown potential to eliminate some of the costs of education, while encouraging parents to send their children to school and supplementing children's nutrition during learning hours. Only Albania, Hungary, Slovenia, Tajikistan and Turkey have some form of school feeding programme, and none have been evaluated to determine their impact on attendance and performance at school.

Access to education is particularly hard for children from ethnic and linguistic minorities and children with disabilities. In some areas, despite pressure from the EU and international organizations, ethnically separated schooling and segregation of Roma children and children with disabilities persist. Overcoming these barriers remains the primary responsibility of education policies. Some social protection programmes and initiatives addressing access, especially for Roma children and children with disabilities, lack rigorous impact evaluations.

One project in Bulgaria transports Roma students from remote settlements to mixed schools, in order to facilitate school desegregation,²⁷⁸ but parents' concerns about the safety of girls during the long commute to faraway schools have limited its success. Turkey has developed a set of comprehensive educational access programmes, including shelter and transportation assistance for primary and secondary school students, lunch support programmes for rural and remote areas, milk for all primary school students, and universal free textbooks for primary school.²⁷⁹ Montenegro and the

former Yugoslav Republic of Macedonia have also taken positive steps to include children in mainstream schooling. Many inclusive education projects are still in the pilot phase, and need to be scaled up to reach the majority of concerned children.

d) Access to early childhood care and early learning

Early childhood care and early learning services are expected to become more widely available as a result of ongoing reforms in the education and health sector, largely not under the explicit purview of social protection policies and institutions. Social protection can be expected to lower the financial barriers that families may encounter as users of early childhood education and care services. Outside the EU, many cannot afford preschool and childcare services, and in the region poor children are two times less likely to attend preschool programmes than rich children.²⁸⁰ Some non-EU countries provide parents with subsidies or discounts for pre-primary education, including Albania, Armenia (where parents still pay for the food component), Belarus, Bosnia and Herzegovina, Turkmenistan and Uzbekistan. Coverage is still very low.

Accessing preschool is especially difficult for children from ethnic and linguistic minorities and children with disabilities. A report by the World Bank and the European Commission indicated that preschool enrolment among Roma children was very low, only 24 per cent in Slovakia, 28 per cent in the Czech Republic, and 37 per cent in Romania. The gaps between general enrolment rates and those of Roma children are also striking.²⁸¹ Pilot projects to reach out to Roma communities exist; some use Roma mediators to inform parents and help them get their children access to preschool.²⁸² As in the case of education and health access programmes, these are not yet scaled up and not available in all countries.

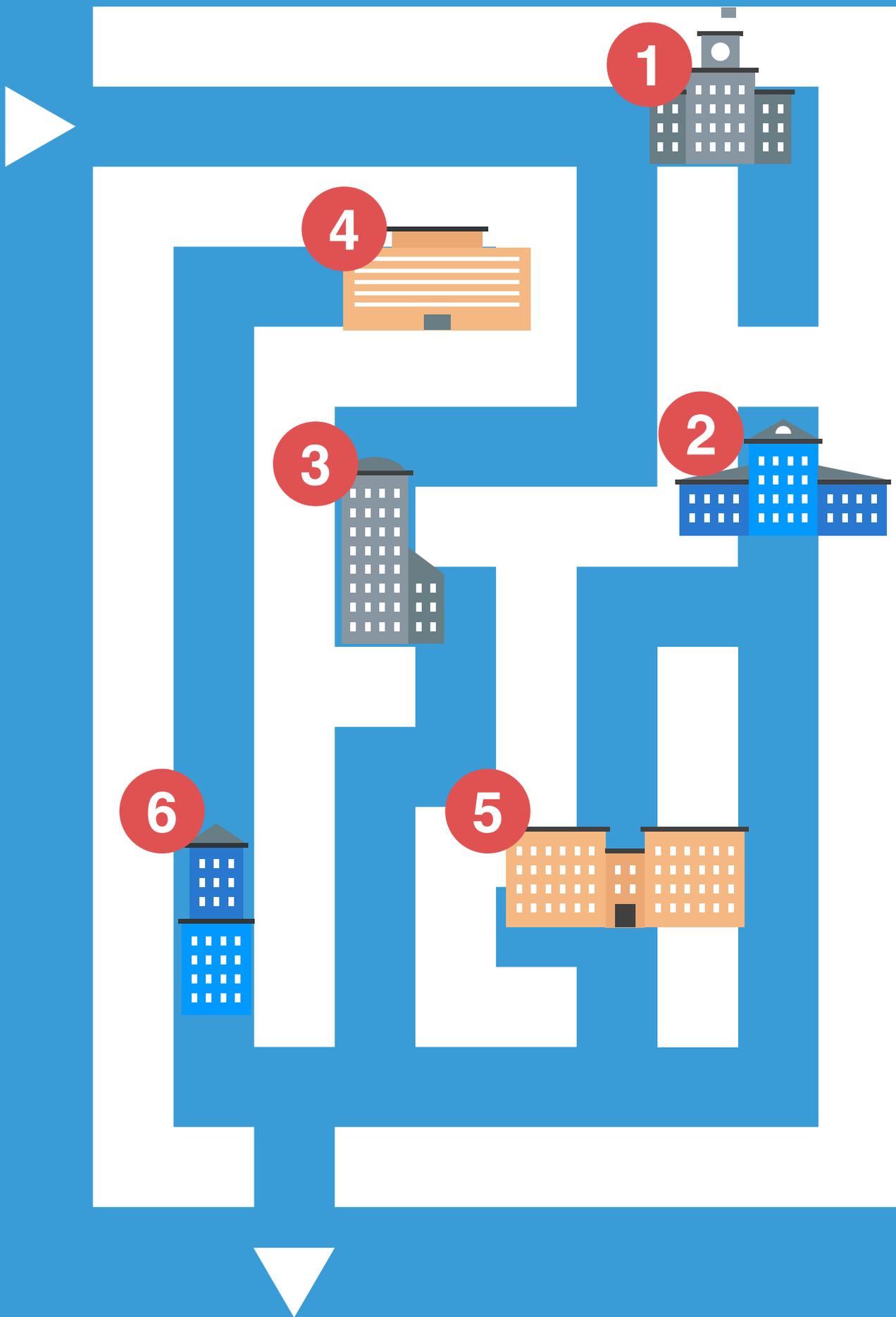
Conclusion

Countries across the region are reforming all facets of their social protection systems, and some are beginning to show positive results. These reforms still require significant investment to become truly effective for children. Benefits directed towards children and families in the region are usually too low in monetary value to have a meaningful impact on child and family poverty levels, and they are sometimes wiped out by high costs of child rearing.

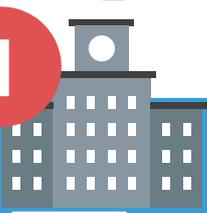
Although social transfers, and especially last-resort social assistance, perform reasonably well in terms of benefit incidence, coverage is extremely low. Thus, large numbers of the most vulnerable populations, including children, still do not receive the benefits they are entitled to. Focusing too much on reducing the inclusion of unintended beneficiaries, who may not need additional support, dramatically decreases the effectiveness of social protection programmes by excluding large numbers of people who live below minimum subsistence. A compounding problem is that levels of spending on child- and family oriented benefits within social assistance expenditure are very low.

Investments in social support and care services in the region are improving the diversity of services available and making them more comprehensive. Yet the scope and effectiveness of existing programmes are still limited, especially for the most vulnerable. The most marginalized groups face the greatest physical and financial barriers to access birth registration, health, education, and early childhood care and education. Social protection programmes to encourage and facilitate that access are limited, and require major scaling up.

Far too little is known about the impact of social protection, and especially social services, on children beyond their aggregate effects on families. Measuring the effectiveness and efficiency of social protection programmes will require significantly more investment in disaggregated data collection and analysis, as well as impact assessment studies of existing programmes.



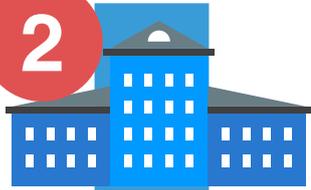
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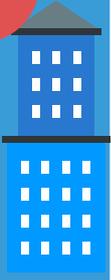
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6



WHAT STANDS BETWEEN THE REGION'S CHILDREN AND EFFECTIVE, EFFICIENT SOCIAL PROTECTION

4

KEY MESSAGES

- Bottlenecks and barriers hamper the improvement of social protection systems in the region and limit their positive impacts on children. The most vulnerable and marginalized children and their families face the strongest and most compounding barriers to making full use of social protection programmes.
- The amounts allocated to social protection in the region tend to be small, with much of the spending going to benefits that are not focused on children or families. Underinvestment in social protection for children in the region often results from lack of political will rather than insufficient fiscal space or resources.
- Prohibitive social norms and discrimination against the most vulnerable children and families, such as children with disabilities and children from ethnic minorities, and against recipients of social protection benefits and services in general prevent many from receiving, or even applying for, the benefits and services they are entitled to. Many potential beneficiaries are also not aware that benefits and services exist, or that they have a right to them.
- Social protection legislation and eligibility criteria designed to ensure that benefits only go to those who truly need them often end up excluding many of the most vulnerable. The levels of social benefits are set by law at too-low values, often not indexed to inflation and not linked to the poverty line.
- Programmes still tend to be designed in a 'silo' fashion, with social protection benefits and social support and care services not linked together or delivered holistically. This results in fragmented social protection initiatives that do not address multiple drivers of poverty and social exclusion at the same time, and generates duplications in coverage, and money and time waste.
- Widespread lack of data on the impact of social protection programmes on children in the region makes it difficult to monitor their implementation and assess their performance. Disaggregated data are scarce, so it is hard to pinpoint disparities, especially by ethnic identity or disability. Measuring the effectiveness and efficiency of social protection systems for children will require significantly more investment in disaggregated data collection, evaluation and analysis.
- Positive and promising practices are emerging in the region as governments increasingly take on these challenges and, with the help of partners, devise innovative solutions. Still, interventions that can be scaled up to achieve sustainable results for children are rare.

The problems facing social protection systems in Central and Eastern Europe, the Caucasus and Central Asia can be traced to a number of systemic characteristics common across most countries in the region. Although social protection systems have improved in past decades, and child rights and well-being have received increasing attention, certain bottlenecks and barriers prevent social protection in the region from unleashing its full potential to help realize rights for all children. This region has the advantage of its legacy of publicly provided social protection as a result of previous political regimes. Social protection systems in the region may not be functioning effectively, but they do exist in basic form and, importantly, in the public consciousness as well.

This chapter will outline the main bottlenecks that make social protection programmes in this region inefficient and ineffective. It will also point towards solutions, recognizing that the situation in these countries is not static and that some countries are already acknowledging and beginning to address some of the problems. Although many of the redress efforts are at an early stage, they represent a willingness and interest on the part of countries to strengthen the impact of their social protection systems on children.

The initiatives included in boxes as 'Promising Practices' were selected using the following criteria:

- They deal with at least one precise bottleneck or barrier;
- They illustrate practices that aim at reforming existing systems to strengthen social protection that addresses children's needs and contributes to the realization of their rights;
- They are largely driven by national governments, although with initial external support;
- They have tentatively yielded positive outcomes, or are deemed to have a potential for significant outcomes where they have not yet been subject to a formal evaluation; and
- They have sufficient information available on their nature and structure.

Pilot projects have been excluded, except in cases where they have been subject to an evaluation that yields lessons applicable for sustainable change.

Although the practices are highlighted individually, they are all part of a larger reform effort to improve or build social protection mechanisms in each country. Such mechanisms should be ultimately integrated within national systems and processes and foster synergies across all the relevant social sectors in order to have the strongest effect on children's rights.

4.1) Social and political norms

a) Political will

One of the most important prerequisites for effective and efficient social protection systems is political will. To effect the kinds of sustained changes that social protection reform requires, politicians need to commit to reduce poverty and reach the most vulnerable. With political will to improve policies and programmes, even countries with limited fiscal space can make changes that have strong impacts on the most vulnerable and marginalized (*see Chapter 1 and Annex 1 for examples*). Broad-based support is necessary to sustain momentum for change,²⁸³ so support for reforms cannot be limited to the government in power or used as a populist tactic to gain electoral support. Programmes in Brazil, Chile and Mexico succeeded partly because they continued even after their founding governments left office.

Governments' commitment to social protection varies in the region, with EU member states paying greater attention. The influence of Russia and its legacy in matters of social protection cannot be underestimated, given the region's political history and Russia's investment in developing universal programmes, and the exchanges of experience it fosters among former Soviet Bloc countries. Most governments in the region have yet to demonstrate their willingness to make social protection deliver better results for children.

Children need stronger voices and advocates for social protection that addresses their needs within governments and civil society, and politicians and society at large must hear arguments in favour of investing in social protection systems that make a difference for children. Sustained advocacy efforts will be required to secure more adequate funding to achieve adequate living standards and other child rights. As child-sensitive social protection is scaled up, countries will need to cooperate and share information to allow governments and professionals to interact and exchange ideas and positive practices

– which can boost political will to expand and improve programmes.

b) Discrimination and stigma

Social and cultural norms and beliefs hold a society together, but negative attitudes towards certain groups make it hard for members of those groups to access social benefits and services, and may make them less willing to try. Discrimination based on ethnic identity especially prevents families from accessing benefits and services; applications may be rejected based on ethnic identity and not true eligibility. At the local level, for instance in community organizations such as *mahallas*, discretion in allocation of benefits can lead to arbitrariness and discrimination.²⁸⁴ Some citizens of the former Yugoslav Republic of Macedonia have reported that those who administer child allowances discriminate based on both ethnicity and language.²⁸⁵ Others report that in Albania, state institutions have given incorrect information to Roma families so that they will not receive benefits.²⁸⁶ Such discrimination can prevent people from even trying to apply.

Children (and adults) with disabilities and their carers also experience discrimination when attempting to access social benefits and services, making families reluctant to try. Some respondents in Kazakhstan have reported aggressive attitudes towards parents seeking social assistance for children with disabilities.²⁸⁷ Although attitudes are slowly beginning to change, they tend to be negative, and many people still believe that children with disabilities belong in institutions.

Addressing stigma and discrimination can have both supply and demand aspects. Administrators' discriminatory attitudes may deter beneficiaries, who may also avoid applying because they fear discrimination. Ultimately, the state has the responsibility and the power to address both sides of the issue. Eliminating discrimination and changing mindsets is a slow process that requires sustained efforts on the part of policymakers, advocates and others. But effective campaigns are possible and have been demonstrated in the region, making it easier for all children to get the essential services they are entitled to, and contributing to the realization of their rights.

c) Misperceptions of social protection and people who receive it

In many regions in the world, many people are not aware that the benefits of social protection accrue not only to beneficiaries, but to society as a whole (as

elaborated in Chapter 2). Limited understanding and misinformation about the broader benefits of social protection can result in lingering negative attitudes and stigmatization towards people who receive social benefits. These can come from all sides of the political spectrum.

As a result of such attitudes, shame can deter people who are legally entitled to social benefits from applying. One study of low-income families in Uzbekistan found that, of the 31 per cent of households who felt that they needed social assistance but did not apply, 7 per cent did not do so because they were too ashamed.²⁸⁸ In Turkey, fear of stigmatization and labelling as 'needy' or 'miserable' is one of the main reasons that poor individuals do not access social assistance.²⁸⁹ Sometimes these attitudes come from social workers themselves, and in Romania some socially disadvantaged people have been discouraged from applying for benefits with the explanation that they were young, healthy and capable of earning a living if they wanted to.²⁹⁰

Tied into discriminatory attitudes is a prevailing view that social benefits are gifts or charitable acts, instead of tools for upholding the entitlement of all children to an adequate living standard. This view has powerful ideological roots²⁹¹ and can be observed in high- as well as low-income societies. It often coincides with the idea that people do not deserve the benefits they get, and in effect blames recipients for their situations. These views can end up denying children their rights to protection from poverty and other forms of deprivation. Countering them requires similar measures to combating discrimination, such as information campaigns, sustained efforts to change perceptions, and generating more evidence about how social benefits can be an investment in children and in shared prosperity.

4.2) Legislative and policy bottlenecks

a) Designing programmes and deciding who is eligible

Most countries in the region have national-level strategies and/or legislative frameworks on social protection and child rights. In this respect, this region is more advanced than many others in the world, which are at the very initial stages of policy and legislative development. Many countries have worked with international partners and other organizations to articulate social protection legislation, and policy-related problems typically arise at

the level of secondary legislation and regulations. The way programmes are designed can help – or hinder – children and families living in poverty in getting social assistance and services.

Means-testing mechanisms to minimize inclusion errors often exclude many of the most vulnerable.²⁹² Proxy means-testing – which determines eligibility based on secondary indicators of wealth, such as basic goods or quality of housing, rather than income – is often based on narrow eligibility criteria that exclude people in need of support.²⁹³ A household may become eligible for assistance²⁹⁴ only when its reserves are completely depleted, which in turn reduces its ability to protect its members, including children, in the event of further crises. Some countries include other social transfers as income in their means-testing for last-resort social assistance, meaning that households have to pick and choose which benefits they wish to receive, eliminating the cumulative effect of benefits designed to help reduce multiple vulnerabilities.²⁹⁵ Eligibility criteria are also generally oriented around the needs of adults rather than children.

A variety of ‘filters’ for establishing eligibility, such as having a permanent address or not receiving remittances, commonly exclude needy populations, as identified in a World Bank study on last-resort social benefits in the Western Balkans.²⁹⁶ Tajikistan’s main family benefit is administered through schools, so children who do not attend school (and who are statistically more likely to be poor) cannot get it.²⁹⁷

The requirement of a permanent address can exclude migrant workers and migrating populations such as the Roma population in Central and Eastern Europe, or nomadic populations in Central Asia. Where benefits are available in the absence of a breadwinner, procedures for the parent (often the mother) or extended family left behind to gain access to them are often difficult, and some countries, including Tajikistan, require a court ruling on a missing father before social allowances can be awarded.²⁹⁸

Internally displaced persons and refugees fail almost every eligibility test because of their resident status, lack of income verification, lack of permanent address, and failure to meet other requirements. In Kosovo (UNSCR 1244), a recent amendment to the Law on Social Assistance provides for social assistance for refugees and asylum seekers, an important and encouraging development.²⁹⁹ Georgia has benefits



specifically intended for internally displaced persons, and has debated harmonizing these with the means-tested social assistance benefits currently available for the entire population.³⁰⁰

Filters and criteria aimed at improving the adequacy of targeting methodologies tend to exclude people who are newly poor, having recently lost employment or just fallen below the poverty line. Filters and low-income thresholds make some benefits, such as last-resort social assistance, accessible only to people living in chronic, long-term poverty, disqualifying those who are transiently poor.³⁰¹ Other criteria also intentionally or unintentionally exclude the working poor. In Romania, any household in which someone is employed is disqualified from many social benefits, no matter the wage earned. Children from these households, despite living in poverty, are not eligible for support because their parents work.³⁰²

When cash transfers have conditions intended to enhance their impact on child well-being – for instance, school attendance or use of health services – the consequences can vary. A number of conditional programmes have shown positive results on child health and education outcomes, particularly in Latin American countries. But conditionalities



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can inadvertently penalize the very households and children they are designed to support. The poorest families may not be able to afford costs associated with school, like transport or uniforms, if the value of the conditional cash transfer is not enough to offset them. Since they cannot fulfil the conditions, they

lose critical income support and still face financial barriers to getting their children into school. Growing evidence that households receiving unconditional cash transfers do spend the money on children and child-related materials³⁰³ calls into question the value of conditionality. Evidence also shows that transfers

Box 8 Promising practices: Georgia's medical assistance programme increases health coverage for the most vulnerable

Georgia's Medical Assistance Programme (MAP) has helped cover some of the most vulnerable groups of people in Georgia. MAP was introduced as a form of social health insurance in 2006 to provide health-care services for people living in poverty.

Beneficiaries are selected based on either categorical or means-testing methods. Certain categories of people are eligible for free health assistance without means-testing, including internally displaced individuals, children in state care and older people living in residential institutions. For others, eligibility is assessed based on a 'welfare score' derived from a proxy means-test that was initially developed to identify recipients of the government's targeted social safety net programme.

Progressive evaluation studies show that the uptake of MAP, especially among the most vulnerable and poorest quintiles, is increasing over time. In 2011, 42 per cent of households in Georgia had at least one member with some kind of health insurance, and the overall percentage of people with health insurance increased from 23 per cent to 30 per cent, while the percentage of children with health insurance increased from 24 per cent to 28 per cent between 2009 and 2011. The increase is especially significant in the poorest quintile, with coverage rising from 21 per cent to 40 per cent.

Source: Babajanian and Holmes, 'Linkages between Social Protection', p. 26; UNICEF Georgia, *Reducing Child Poverty*, pp. 11–12.

targeted at women have a strong impact on the living standards of children, particularly girls.

The levels of social benefits as set by governments are of too low value to have large poverty mitigation effects in the majority of countries in the region. Benefit values in some of the Western Balkans, for instance, are not properly indexed to inflation.³⁰⁴ Benefit amounts are not necessarily legislated to make a real difference in peoples' lives, and may not be linked to national poverty lines or minimum income standards.³⁰⁵ Other benefits are capped at such low levels that increases in family size severely decrease per capita social assistance.

Although changes to these programmes will result in increased costs, examples from within this region and beyond it demonstrate that such changes are possible in every country. Belarus has recently changed the criteria for setting the value of its child allowance, now to be calculated according to average salaries in the country and not the Minimum Subsistence Budget, resulting in benefit amounts that better meet the needs of beneficiary families and children. Countries should re-evaluate programme requirements with an eye to equity to ensure that they do not exclude any of the most vulnerable, and that they suffice to guarantee children and their families a country's agreed-upon minimum living standards.

b) Putting policies into practice

Another bottleneck in the legislative and policy environment is the connection between legislation and its implementation. Secondary legislation is far less developed than primary legislation in the region, a stumbling block for putting legal acts and approved strategies and programmes into practice.³⁰⁶ Policies often lack adequate action plans and guidance on how to implement them. Underdeveloped guidelines and standards of social service provision mean that the quality of visits by social workers or other outreach professionals is often low. In many places comprehensive standards for social support and care services do not exist, and in others the standards are rigid and overly bureaucratic, and users, carers and civil society are rarely involved in their development.³⁰⁷ This can result in inefficiencies and delays in implementing programmes and delivering benefits and services.

Some of the problems related to putting policies into practice result from the weak capacities of some countries' institutions. National legislative intent is not always accompanied by investment in building the capacities of regional or local institutions to enact such legislation, which can be a problem especially for institutions that are not accustomed to working in tandem with other agencies on problems of a multidimensional nature. Regional and local

Box 9 Promising practices: Regional planning of social services in Bulgaria

The Bulgarian Government recently amended its Law on Social Assistance and accompanying Implementing Regulation, requiring regional administrations to develop and adopt regional strategies to develop social services over a period of five years, while involving municipalities, territorial structures of the Agency for Social Assistance, and all stakeholders in the process.

With UNICEF's assistance, regional operational teams and working groups including members of various levels of government and civil society were set up in 25 regions. These regional teams agreed on participatory methodologies by which to assess the situation in their regions, which involved convening additional teams at the municipal level. They collected data at the municipal and regional levels of government, and drew up both municipal and regional situation analyses that especially considered the most at-risk groups.

Each region then developed a strategy for social services based on these assessments. The strategies were submitted to all relevant stakeholders for review, and regional operational teams made final arrangements with municipalities regarding the envisaged services. The strategies were then rolled out in 26 out of 28 regions, in conjunction with necessary training and capacity building.

This provides an excellent example of how legislation can be operationalized in an inclusive and participatory way, involving cooperation between different levels of government to ensure accurate and participatory planning of social services, as well as a clear division of labour and allocation of responsibility in both the planning and operationalization of reforms.

Source: UNICEF Bulgaria, 'Regional Planning of Social Services', <<http://oldsite.unicef.bg/en/projects/view/regional-planning-of-social-services>>.

institutions often lack capacities to translate legislative prescription into functional and holistic processes with appropriate accountability mechanisms and division of labour. Clear guidelines are also needed on the roles of each actor in the implementation of social protection policies and services.

Albania has recently developed a comprehensive Working Protocol for Child Protection Workers, which sets out national standards for the roles and responsibilities of child protection workers, as well as giving detailed guidelines for using the case management model. Multidisciplinary teams have also been established to protect, assess and refer children at risk, and Child Protection Units are expected to act as coordination points linking families to social support offices.³⁰⁸

Numerous national and international NGOs are active in most countries in this region, and their involvement in service delivery is important for improving outreach, providing specialized services to vulnerable groups and enhancing service delivery.³⁰⁹ Given the diverse mandates and methodologies of NGOs, overarching guidelines are necessary to ensure that the work meets standards equally across a country. Azerbaijan has recently approved guidelines for NGOs implementing different services in the country,³¹⁰ and Hungary is implementing standards and a model of cooperation between governmental and non-governmental organizations in providing social care.³¹¹

c) Coordinating and integrating social protection for children

Legal standards and regulatory acts that address integration and coordination across sectors require general frameworks that prescribe divisions of labour by institution (ministries, specialized public agencies, NGOs, etc.) and by level of governance (central, regional, municipal, etc.); these then must be translated into service guidelines.³¹² Legislation itself may not be fragmented. In Ukraine there are 30 legal acts that define state policy in social protection, and 58 laws and over 120 regulatory acts define the different types of cash assistance and privileges.³¹³ Social protection programmes for children and families may be implemented without consideration of other initiatives that target and benefit the same population. Legislation may not specify which ministry has responsibility for which aspect of social protection and how institutions and actors are to coordinate and interact in overlapping programmes.

Programmes still tend to be designed in a 'silo' fashion, with social protection services and benefits not linked together or delivered holistically. Working groups assembled to oversee inter-sectoral cooperation are often not given the power or mandate to effectively cooperate. Bulgaria made attempts at inter-ministerial integration to avoid programmatic overlaps in the Strategies for Poverty Reduction and Roma Integration, but did not succeed because of ingrained departmental policies and programmes.³¹⁴ One positive example is the Government of Uzbekistan's Social Protection Inter-Agency Group, which offers an opportunity for the Government to work more formally together with United Nations agencies and technical experts to address critical social protection issues and encourage cross-sectoral cooperation.³¹⁵

Administrators of social benefits and social welfare providers are often not legally mandated to share information. This inhibits social services from addressing multiple, deeply rooted drivers of poverty and social exclusion at the same time, and results in fragmented social protection initiatives, duplications in coverage and other inefficiencies that cost money and time and decrease service quality. One positive example is the former Yugoslav Republic of Macedonia, which has instituted a single database that links employment agencies with Centres for Social Work and the Ministry of Labour and Social Policy. Having such comprehensive information will enable the future assessment of employment initiatives and their linkages with social protection, to determine which combination of policies can better help individuals and families sustainably exit poverty.

A first step towards establishing more multi-sectoral interventions and programmes would be to carry out policy analysis to identify the strengths and weaknesses of existing policies and programmes, conduct costing analyses and assessments of organizational and institutional capacities, and stakeholder analyses to determine political feasibility of more integrated multi-sectoral programmes.³¹⁶ This will help identify a better-rounded, multidimensional way of addressing child poverty and deprivation and realizing multiple child rights at the same time.



4.3) Budgeting bottlenecks

a) Planning for adequate spending on social protection for children

The majority of the countries in this region are in the process of reforming their systems of public finance management, and many are still in early stages. One major reform is the development of medium-term budgeting, which allocates spending within a multi-year framework, as opposed to on an annual basis only. Ideally, complementary actions need to be in place for medium-term budgeting to work. The central government defines multi-year expenditure ceilings for line ministries, and line ministries develop medium-term spending plans that fit within the established expenditure ceilings. These spending plans are based on government and sector strategies, and should identify the costs of different programmes, policies and activities within the ministry's area of responsibility.³¹⁷

In countries where this process is functional, social protection initiatives and programmes must be linked to medium-term expenditure frameworks and spending plans in order to ensure that expenditures will be consistent with the budget and to avoid

budget shortfalls resulting in irregularities in benefit payments and social service provision. In some cases public finance management reform efforts are at an early stage, and countries do not allocate a specific category for social protection in their medium-term expenditure frameworks. In other cases allocations are insufficient or not linked to programmatic plans and outcomes, with implications for the ability to implement programmes. Ensuring adequate budget planning and allocations for social protection programmes that have an impact on children will require negotiations between different ministries and with ministries of finance.

b) Budgeting for social protection programmes

As countries roll out new and more expansive social protection systems, in accordance with legislation and policy, they must consider both their human and financial costs. Countries' budgeting processes vary substantially in this region; however, in a number of them the process of budgeting programmes has not been sufficiently developed, resulting in lapses in the ability to operationalize legislation. In some cases guidelines for providing social protection benefits and services are developed by central governments, while budgeting and operationalization are left to local or regional governments that have no income planning mechanisms.³¹⁸

In other cases, the budgeting process exists but is not yet developed enough to make budgeting choices that are adequate to meet the needs of the population and of children in particular. In Tajikistan, as of 2010, the Ministry of Finance calculated its programme budget for the main cash benefit in the country, namely electricity and gas compensations, based on the previous year's expenditures and not on beneficiary information or the total number of people in need. Districts that deliver the cash benefits, however, do not work within the envelope allocated by the Ministry of Finance, and submit requests for payment every two months based on the numbers and size of benefits; sometimes, the Treasury cannot provide the necessary funding to the districts.³¹⁹ Although building capacity in programme budgeting will be a slow process, a first step is to ensure that budgeting is based on updated data sources and surveys that take into account the specific needs of children and their families.

c) Opening up fiscal space for social protection

Adequate budgeting for social protection requires sufficient allocation of fiscal resources. As already noted, the allocation of fiscal space to social

protection is partly a political choice; in a limited fiscal arena, policymakers must choose how much to allocate to social protection vis-à-vis other sectors, based on their own priorities and views of the needs of the country. In countries in Central and Eastern Europe, the Caucasus and Central Asia, overall spending on social protection varies, but levels of spending in Central Asia are generally low compared with international and EU standards (*for detailed information see Annex 2*).

Some countries with the political will to scale up social protection for children have been able to make important changes. In 2012 Belarus raised the benefit for children with disabilities from 65 per cent of the minimum subsistence budget to 100 per cent, and doubled the lump sum paid at the birth of a child.³²⁰ Other countries have the political will, but are constrained by limited overall fiscal resources, for example because they lack a sufficient and reliable tax base, have large informal economies or

Box 10 Models for reform: Solutions for opening up fiscal space

There are a number of options for how countries can open up fiscal space to provide social protection programmes for children in a variety of contexts. In the absence of strong economic growth, improving revenue collection, reallocating expenditure and increasing spending efficiency can all provide resources for social protection, *provided there is political will to do so*. Low- and middle-income countries have options that can open up the necessary space to finance social protection programmes for children.

- ▷ **Increasing revenue through general taxation and earmarked taxation:** The primary recommendation for opening up fiscal space for social protection is progressive taxation, with appropriate safeguards to prevent tax evasion. This has been the approach of most upper-middle-income countries, including Brazil, Russia, India, China and South Africa (BRICS). Tax-based financing has the advantage of ensuring the sustainability and legitimacy of social protection institutions, linking budgetary processes to societal policy priorities. In times of economic prosperity, surpluses in revenues can be invested in social protection and other social policies such as education and health. Countries such as Brazil, India and the Republic of Korea have implemented some sort of financial transaction tax, most commonly an ad valorem tax on share trades of 10–50 basis points. In addition, the Plurinational State of Bolivia and Brazil have levied single taxes, such as taxes on natural resources, to fund specific social protection programmes. In the Plurinational State of Bolivia since 2007, a tax on hydrocarbon sales contributes to funding social pensions. Norway and the state of Alaska in the United States have also earmarked taxes on hydrocarbons and other minerals to finance pensions and other social protection schemes.
- ▷ **Public expenditure management to reallocate resources from lower-priority areas to poverty reduction and social protection, or within social protection:** Mexico's Progresa programme was initially financed by making poverty reduction a national priority, and in South Africa government-funded social programmes were made possible by shifting priorities within the budget, including reducing defence spending by 48 per cent. Similar reductions in military spending were reallocated to social protection in Costa Rica and Thailand. Countries can also strongly consider reallocating funds from deficit-inducing pension schemes to social protection programmes that explicitly target and reach children.
- ▷ **Active debt management** can contribute to lower public debt and debt servicing. In Thailand, it freed fiscal resources, almost one third of which have been used to finance social programmes. Efficiency gains from current programmes that are working well and producing surpluses can be reallocated towards new programmes. Activities to proactively reduce corruption could result in significantly more funds becoming available for social protection initiatives.
- ▷ **Leverage other sources of funding for social protection:** Remittances from migrant workers help increase consumption and reduce poverty in migrants' countries of origin. Action to reduce transaction costs, which are estimated to average 9 per cent, can increase the net income transferred. Risk pooling and financial inclusion mechanisms among remittance recipients could also be stimulated to enhance the impact of remittance flows on community well-being and convert informal arrangements into formal schemes.

Source: Bachelet, Michelle, et al., *Social Protection Floor*, pp. 68–71 ; Global Basic Income Foundation, 'Growing Support for BI Worldwide', <www.globalincome.org/English/BI-worldwide.html#Alaska>, accessed 22 May 2013; UNRISD, *Combating Poverty and Inequality: Structural change, social policy and politics*, Geneva, 2010, p. 222.

have existing economic structures that are difficult to change quickly. In others still, fiscal space either exists or could be made available if political choices prioritized social protection programmes that have an impact on children.

Inter-ministerial cooperation and leadership at the highest level can also play a role, as governments may face serious resistance from different sectors that stand to lose money if it is reallocated towards social protection programmes that benefit children. In other cases, governments lack the capacities or mechanisms to transfer funds from one type of service or programme to another. The development of fiscal space is essential to provide higher-quality services to facilitate family and community-based care, decrease child poverty through social transfers and promote children's access to a host of other social services.

Countries can adopt a longer-term and holistic view of a social protection system in which policy and financing options are considered on the basis of longer-term projections of growth, demography, macroeconomic and employment policies. This allows for a more holistic view of the evolution of a social protection system with the potential to extend contributory methods among the working-age population, both directly protecting children as dependents and potentially reducing the need for direct cash assistance from the public budget.

d) Spending on social protection for children

Another often hidden issue is that the amounts allocated to social assistance (programmes that target families, children or people living in poverty) are small, even where the total fiscal space allocated to social protection may occupy a reasonable percentage of GDP (*for details see figures in Chapter 3*). In this region in particular, a very large percentage of social protection spending is allocated to benefits and services that are not child- or family focused. In considering how much of social protection expenditures will be allocated to family and child-related benefits and services, the costs of inaction and underinvestment in children should be included in any cost-benefit analyses (*see Chapter 1*).

Governments may also believe that scaling up social protection initiatives that specifically target children will require massive amounts of money, which has been shown not to be the case in a number of low- and medium-income countries globally,³²¹ as well as in some preliminary studies in this region. Where appropriate analysis and public expenditure reviews and tracking exist, options are almost always available to fund social assistance measures that reach children, and public finances may reveal flexibilities in spending allocation that policymakers may not have been aware of.

In some countries, the limited influence of children's interests in the political arena does not reflect their

Box 11 Policy and programme reform options: Child and parental benefits in the former Yugoslav Republic of Macedonia

A UNICEF report on social protection for children presents a proposal to merge the former Yugoslav Republic of Macedonia's two child-focused cash benefits, the Child Allowance and Parental Allowance, to create a new Child Protection Allowance. The merger is proposed as a way to counter inefficiencies in both programmes, and more specifically to contain overall costs, improve the accuracy of targeting methodologies and streamline administrative costs and procedures.

Simulations show that the proposed Child Protection Allowance can produce better results for the same or even lower expenditures. A Child Protection Allowance that targeted the poorer 50 per cent of households with three children or more and used an improved version of Child Allowance eligibility criteria for households with fewer children would be 27 per cent cheaper than separate and fully scaled-up Child Allowance and Parental Allowance. In this scenario, targeting of the poorest decile would go from 20 per cent to 41 per cent, and coverage from 18 per cent to 54 per cent.

UNICEF and the Government have now formed a joint technical working group to translate the recommendations into legislation. Such changes would increase the coverage and effectiveness of child-focused benefits in the former Yugoslav Republic of Macedonia at low added costs, possibly opening up fiscal space for improving the adequacy of the benefit or other social protection programmes.

Source: Carraro and Beazley, *Strengthening Social Protection for Children*, pp. 55–58.

rights and their importance to society.³²² As a result, in this region child poverty and social assistance targeted at children and families does not receive the attention and funding it deserves. Other groups, especially pensioners and war veterans, tend to have stronger lobbies and are more politically influential than children.³²³ This situation appears to be changing in some countries in the region, such as Kosovo (UNSCR 1244), which amended its social assistance scheme to introduce a new child benefit of €5 for all families receiving social assistance, benefiting 62,000 children beginning in October 2012.³²⁴ Belarus has also increased its spending on children and families in recent years.³²⁵

e) Funding social protection at the sub-national and local level

Fiscal space for social protection for children can be enhanced or hampered when the majority of resources funding social assistance programmes comes from sub-national or local levels of government. Local authorities are closer to the needs and actual situations of their constituents, and arguably can be better placed to understand the particulars of a local population. This was a key determining factor in the process of decentralization linked with democratic development in the region. However, local governments have limited institutional mechanisms to translate policy objectives into functional programmes with adequate budgeting.³²⁶ They frequently have more difficulty collecting revenue and maintaining fiscal resources than their national counterparts, leading to underfunding and budget shortfalls, unless the central government provides additional resources.³²⁷

Delegating funding to local or district-level agencies can also create disparities between communities and regions, as richer areas have greater spending power and there may be no automatic mechanism for redistribution across regions. Given Bosnia and Herzegovina's highly decentralized system of governance, child allowance benefits are 11.75–17.75 BAM (€6–9) per month in Zenica-Doboj Canton and 80–120 BAM (€40–61) in Brcko District, while others have no child benefits at all.³²⁸ Equalization strategies in countries such as Ukraine in principle help reduce inter-regional disparities in revenue collection capacity and funding for social programmes; these are further tools countries could use to fund and deliver social protection programmes more equitably to children in different geographic areas of the country.

Local financing can make revenue more unstable and variable across years, leaving communities with far fewer resources in times of extended financial instability. It can also lend itself to corruption and nepotism. In some areas of Central Asia, local financing without proper oversight creates incentives to withhold funds, because funds unspent after a year can be reallocated freely.³²⁹ Some authorities refuse to disburse funds until members of the community have realized other obligations unrelated to eligibility criteria or benefit applications. Better implementation of development programmes and service provision at a decentralized level requires an increased focus on scaling up local governments' capacities and resources, as well as improved oversight mechanisms.

4.4) Management and oversight bottlenecks

a) Monitoring and evaluating social protection programmes

A number of monitoring and evaluation issues can constrain or enhance the quality of social protection programmes and their ability to achieve their desired impact on children. Unfortunately, specific information on the status of monitoring and evaluation mechanisms in social protection is largely missing in the region, which limits the analysis that can be done in this report.

Weak accountability mechanisms at the national, regional and local levels are an important bottleneck. Sometimes it is not clear who is accountable for the outcomes of programmatic and larger policy interventions – or what exactly they are responsible for. Kyrgyzstan has unclear distribution of functions and authority between local governments and the central government in budgetary and administrative-territorial reform matters.³³⁰ At local levels, individuals and departments may have confused or overlapping areas of responsibility, without clearly defined roles, which makes it harder for local administrations and service users to hold specific people accountable.

Mechanisms to enforce accountability in the delivery of social protection for children are not always in place or may not be used on a regular basis. Regular reviews and programmatic evaluations may be absent. If programme objectives and chains of causality between programme interventions and results are unclear, it becomes harder to assess

programme performance, and that diminishes accountability. At the national and local levels, regular and standardized means may not exist to evaluate the success of programmes and to review and adjust their design. Local authorities may not be required to account for money spent or to connect spending with programmatic outcomes for children. Evaluations do not always feed into redress procedures.

If such requirements do exist, governments and agencies may not have the data collection and analytical capacity needed to assess programmes. Authorities at multiple levels of government often have limited capacities to collect, monitor and evaluate administrative data on social protection programmes. In the Western Balkans, data on rejected applicants are not digitized, so policymakers have no way to monitor and evaluate errors in implementation that lead to the exclusion of eligible children and families.³³¹ Programmes may not have established baselines or theories of change that connect actions

Box 12 Promising practices: Social protection indicators in Serbia

In 2011, Serbia adopted a new law on social welfare, and defined and agreed on a set of indicators to monitor its implementation. Previously, various institutions within the social protection system collected administrative data, without clear translation into indicators to feed into the policymaking process.

A series of consultations produced a portfolio of 46 core and secondary indicators, disaggregated by gender, age, ethnic identity and disability. The indicators will particularly help in understanding the number of children receiving formal care, services for children in municipalities, coverage of children by cash transfers, children's inclusion in the education system, and allocation of resources for children.

This initiative has resulted in additional plans for a Protocol of Cooperation and data transfer between the Institute for Social Protection and the Statistical Office, making the main social protection indicators accessible to users at the national and municipal levels. This represents a strong step forward in making data available and useable, to design more effective social protection programmes and policies.

Source: UNICEF, *Knowledge for Action Vol. 2*, pp. 69–71.

with outcomes for children and families.

A final crucial bottleneck is the lack of data availability at the impact level, and the lack of impact evaluations. Disaggregated data on children are scarce in this region, including by gender, language, disability status or ethnic identity. Not all countries systematically undertake household budget surveys, meaning that data are often outdated. Other population surveys conducted in the region (such as Demographic and Health Surveys or Multiple Indicator Cluster Surveys) are not linked to specific social protection programmes for children.

Some countries refuse to release the data they collect, so almost no indicators exist to measure the situation of child rights and child well-being. There is no common process for collecting consistent data on social protection that would allow for accurate comparisons across countries. The situation is better in countries where monitoring and evaluation systems are less donor-driven, and draw upon and strengthen the abilities of domestic institutions such as scientific research institutes to engage in them, as a regular part of programming and implementation (see Box 12).

b) Coordinating service delivery for children

At the level of service delivery, social protection programmes that have an impact on children may not be integrated or inter-sectoral in nature. A number of governments have begun to create intergovernmental and inter-sectoral committees on social protection to oversee service delivery. A few integrated projects have been piloted or implemented, although in the majority of countries in the region such programmes have not yet been scaled up.

In the former Yugoslav Republic of Macedonia, Montenegro and Serbia, applicants for last-resort social assistance are offered social services such as family counselling while their applications are reviewed.³³² Linking social protection with the health sector, countries such as Kazakhstan, Ukraine and Uzbekistan have begun placing social workers in health centres or maternity wards, and creating Healthy Baby Rooms in policlinics.³³³ Poor inter-sectoral cooperation between health, education and social care still hamper home visiting and social outreach. Protocols are outdated and impractical, and referral services weak or non-existent.

Some Centres for Social Work in countries of the



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region, while including multidisciplinary teams, are fragmented along professional lines and driven by rigid legislative categories and protocols. Most are also still missing a crucial aspect of integrated social services: a single database of beneficiaries of social benefits and services. Where such databases exist, they are not shared among ministries and agencies dealing with social protection, never mind unified among multiple sectors. The former

Yugoslav Republic of Macedonia established a unified database that is now functional and links together employment agencies, Centres for Social Work, and the Ministry of Labour and Social Policy. Armenia and the Republic of Moldova are creating similar databases, while Georgia and Kazakhstan are attempting to link different ministries' databases together.³³⁴

Some countries are also beginning to institutionalize

Box 13 Promising practices: Integrated and inclusive social protection for children in Bosnia and Herzegovina

The Social Protection and Inclusion System pilot programmes implemented in Bosnia and Herzegovina follow an inter-sectoral and integrated approach, combining interventions in the areas of social protection and child protection, education, health and children's participation. Twenty municipalities and districts in selected areas are piloting approaches aimed at improving referrals between different services that reach children. The programme also establishes Municipal Management Boards, comprising relevant local authorities, social institutions and professionals, to facilitate the work. The members jointly conduct situation analyses to better understand institutional competencies, roles and responsibilities, and challenges, including the potential for cooperation. A municipal database has been created to monitor the enrolment in the integrated programme of all children of eligible age.

The pilot programmes have formed vertical and horizontal partnerships between institutions by building project structures at various levels. As the Social Protection and Inclusion joint evaluation shows, the programmes have been remarkable in the extent of ownership and participation demonstrated by government counterparts at various levels. The programmes highlight the ability of governments to coordinate integrated and inter-sectoral social protection programmes even in highly complex and decentralized environments. The experience revealed challenges in achieving results at scale by moving from piloting to supporting systemic reforms in all regions of the country, and the need for further technical analysis and consensus building, including on matters of public institutions' accountabilities.

Source: UNICEF, *Knowledge for Action Vol. 2*, pp. 49–53.

the case management model of social services, which will help them develop individualized support and protection plans for children and families.³³⁵ Armenia has begun to institutionalize case management nationwide, and aims to develop mechanisms to assess and respond to poverty and vulnerabilities in a comprehensive way. Social workers acting as case managers will carry out a detailed assessment of short- and long-term needs, identify formal and informal mechanisms to support children and their families, and provide referrals to various services.³³⁶

Integrated social services are gradually becoming part of the institutional landscape of social protection in the region, or at least appearing on the horizon. Countries need to further develop and institutionalize the case management model and other integrated service mechanisms. This will enable children to access multiple services through fewer channels and, possibly, one main entry point, and it is likely to make the use of public funds and service delivery more efficient.

c) Enabling feedback from children and families

Feedback loops from beneficiaries of social protection benefits and services to programme administrators and policymakers serve as a crucial oversight mechanism. In most countries in the

region, participants in social services and recipients of benefits have limited opportunities to provide feedback on the quality of services received. Some programmes have complaints mechanisms or are planning to institute them in the near future, but these are sometimes not effective or widely accessible. For instance, in Kazakhstan, the 'Government Online' system provides a complaints mechanism, but uneven computer-based Internet access may make this venue inaccessible for the most deprived populations. Further, many respondents do not trust the effectiveness of complaints mechanisms, as there is often no way for complainants to receive a response. Another feedback loop is the ability of the general public and civil society organizations to access data on social protection. Where such data are collected, they are often not publically available.

Where procedures are in place, there may be insufficient political will or lack of clear accountabilities to follow up on complaints. Feedback and redress mechanisms need to be built more strongly into social protection programmes, and through each country's justice system, and they need to be adequately funded. When children's rights are violated, they and their families need to be able to easily claim redress.

d) Tackling corruption in administration and delivery of social protection

Every country contends with corruption to a greater or lesser degree, and in the countries of Central and Eastern Europe, the Caucasus and Central Asia, corruption represents a major bottleneck to the development of effective and efficient social protection for children. Although corruption and nepotism can be problems at all levels of government, in social protection they are easily seen at the local level. A number of studies have identified favouritism as a significant problem in countries such as Tajikistan,³³⁷ and especially where *mahallas* allocate and administer benefits, as in Uzbekistan. Nepotism and withholding of funds not only make social benefits less effective and limit coverage, but also discourage people from applying in the first place. They also weaken people's confidence in and support for social protection, especially social assistance.

Corruption is related to the type of system used to administer social benefits and services, with some more prone to it than others. In systems where a benefit is universal or categorical, there is less scope for corruption than in a means-tested or proxy means-tested one. When programmes aim to reach all



people who fall into a certain category, entitlements are clearer for the relevant population of potential beneficiaries and there is less room to distort or falsify criteria for eligibility, arbitrarily change levels of benefits, or request informal payments to ensure inclusion or access to services and benefits.

To reduce corruption overall, every country needs to make long-term investments and changes in governance and social norms. In the short term, increasing accountability requirements in social protection programmes and improving their procedures and complaints mechanisms can increase the impact on children, with minimum investment of resources. Addressing corruption in one sector can have demonstrable, concrete results – the best arguments for additional investments to address it more systematically at the governmental and societal levels.

4.5) Bottlenecks in access to adequate benefits and services

a) Physical access to social protection

One of the largest bottlenecks consistently identified across the entire region is public service availability and accessibility. In Central and Eastern Europe, the Caucasus and Central Asia, mountainous terrain and large geographical distances make many communities difficult to reach, and children and families find it hard – and have great distance to travel – to access social protection benefits and services. Some areas are simply not covered by these programmes, or infrastructure may be lacking or breaking down.³³⁸ Social service organizations and centres where people can apply for social benefits are usually located in towns or regional centres,³³⁹ and transportation facilities may be underdeveloped, making it hard and cumbersome to get from one place to another.

Some governments have made the issue a priority, and overall the situation in the region is improving. But children and families living in rural or remote areas still find it harder to access social protection benefits and services. Belarus has attempted to overcome these challenges by establishing special mobile teams that deliver complex social services by periodically visiting remote villages.

Social workers and administrators are not always proactive in finding households eligible for benefits or attempting to reach remote areas.³⁴⁰ Frequently,

social workers report being overburdened with work and too many clients, and lack the time and resources to expand provision. At the local level, incentives and requirements to ensure that social workers actively attempt to reach the most marginalized children may be lacking.

Children with disabilities and their families have to overcome extra physical and psychological barriers to reach and use social protection benefits and care and support services.³⁴² The problem is not limited to rural areas, as even those who live in urban areas may be discouraged by the lack of physical infrastructure, such as wheelchair-accessible public transportation, that would enable them to access services.³⁴³

Box 14 Promising practices: Roma health and community mediators

A number of countries in this region, such as Hungary, the former Yugoslav Republic of Macedonia, Romania and Ukraine have established Roma health and/or community mediator programmes that enable access and service delivery for Roma children and families in a number of social sectors.³⁴¹

The Roma Health Mediator programme in Serbia is one example. Currently, 75 mediators in 60 municipalities in Serbia have reached out to 120,000 Roma individuals to support them in accessing health services and link them to other services, including citizenship registration, birth registration, education and social benefits. The programme's detailed database of all beneficiaries helps target outreach and future interventions.

The Government of the Republic of Moldova, in partnership with UNICEF and other organizations, has also established a programme of Roma Community Mediators. Community Mediators perform a wide range of outreach activities to help bridge the gap between local authorities and Roma communities in both communication and access to social benefits and services. The mediators help families with children get social aid and benefits as well as education and health services, and take-up has been significantly higher in pilot localities. These programmes provide excellent examples of bringing services to the children who need them most.

Source: Babajanian and Holmes, 'Linkages between Social Protection', pp. 32–33; UNICEF Regional Office for CEE/CIS, *Moldova: Modelling Roma Community Mediators*.

b) Administrative requirements to get benefits and services

The administrative requirements of application procedures are a major barrier to take-up of social protection benefits, especially by the most vulnerable children and families. Rules and requirements for the administration of benefits are often complex, confusing potential beneficiaries and staff administering the benefits. This can lead to errors in applications, or exclusion errors because of unclear criteria for eligibility. Sometimes requirements are so complex that applicants simply give up, or go through what one social pedagogue described as “all circles of hell” to simply apply.³⁴⁴

Even where rules are clear, the actual procedures and documents required to access benefits may be overly burdensome or restrictive. Documents required to access social benefits can include birth certificates, passports, residence permits, employment certificates and marriage certificates. In the Western Balkans, applicants may be required to produce up to 27 official documents to apply for benefits, with separate application processes for multiple types of benefits in most countries, requiring multiple visits to Centres for Social Work.³⁴⁵

Some applicants may not have the required documents. The most vulnerable and deprived families are less likely to have registered their children at birth, a common requirement to access child benefits. Some countries in the region have enacted registration programmes or exemptions to make it easier for families to obtain birth certificates after a child is born, but the problem still persists in many areas. Georgia has attempted to introduce a ‘one-stop shop’ to help beneficiaries access its Targeted Social Assistance programme at the municipal services level, and has helped participants obtain documents, such as birth certificates, required to access both this and other health and social programmes.

Another way of reducing administrative costs would be to implement more categorical child-targeted benefits. Kazakhstan and Ukraine have a broad range of categorical benefits and have recently been phasing out means-tested benefits in favour of categorical benefits for children and carers.³⁴⁶ Initiatives like these can simplify administrative procedures, rationalize and even reduce costs, and make social protection more accessible to all children and their families.

c) Information and awareness about social protection

One of the largest contributors to lack of take-up of social protection benefits and social support and care services is that potential beneficiaries are not aware that the benefits and services exist or that they have a right to them.³⁴⁷ In Albania and Ukraine, families and social workers reported that they did not know or understand what services were available, or how to go about accessing them. Governments often do not sufficiently advertise or actively raise public awareness of social protection. In the former Yugoslav Republic of Macedonia, most people reported learning about child allowances from their extended family, friends or neighbours, not official outreach.³⁴⁸

Low awareness can result from language barriers, especially in the case of ethnic and linguistic minorities, or literacy levels. If information is only



Box 15 Promising practices: Information campaigns in Kyrgyzstan

The Government of Kyrgyzstan recently revised its means-tested Monthly Benefit cash transfer programme. The evaluation of the prior programme revealed that families were unclear about the procedures to access poverty-targeted cash transfers, free medicines and health services, and had limited knowledge about their social entitlements and where to obtain assistance if their rights to social assistance were violated.

In Batken District, the Government engaged in a comprehensive information campaign directed towards rural families. Leaflets were distributed to all households, and hundreds of posters are now on display that detail social benefit and assistance entitlements, enrolment procedures and contacts to channel complaints or make inquiries for more information. The intervention mobilized other community-level actors such as community-based organizations, village health committees and local radio outlets to disseminate information on how to access cash transfers.

Overall, the intervention in Batken covered nearly 23,500 people, representing nearly 5,450 families and over 9,000 children. One year after the start of the campaign, formal progress evaluations were ongoing, but anecdotal evidence gathered from participants in interactive radio programmes at the local Batken Radio 'Salam' seemed to confirm the positive impacts of these efforts. This provides an excellent example of the power of information to facilitate access to social protection for all.

Source: UNICEF, *Knowledge for Action Vol. 3*, pp. 43–45.



posted in the majority language, and in written form, this can exclude members of the population who have not mastered that language or are illiterate, and who are likely to need the assistance most. In other cases, people may be aware that benefits and services exist, but may mistakenly believe that they will not be eligible for them. This bottleneck is easily overcome through outreach initiatives and information campaigns to inform children and their families about the existence and eligibility requirements of services and benefits, so that they can access them promptly when in need.

4.6) Financial access bottlenecks

Application and service costs for social protection

Procedures to access cash benefits or social services may have fees or other costs associated with them that are prohibitive, especially for the poorest children and their families. Some benefits require applicants to obtain a number of documents, such as proof of citizenship, proof of unemployment or a birth certificate; procuring each may entail a fee. These can quickly add up to surpass the total value of the benefits and services.

Rural or remote families face costs associated with travelling to application centres, including transportation, food and incidental items, and boarding if an overnight stay is required. If they are employed, applicants can lose more than a day's income. Even a small cost can deter the poorest families from applying for benefits, and all these costs can add up to a substantial amount. If the value of the benefits themselves is low, the costs of application may not be worth it.

Social support and care services and preschool, health care and childcare services often are associated with formal or informal fees, which discourage take-up by the poorest children and families. Even if families can afford the fees, that may leave very little financial space for them to provide nutritious food and proper housing, let alone cope with unforeseen costs associated with crises. Reducing fees for any services that benefit children will require additional fiscal resources. In the interim, smaller, targeted fee reduction programmes could be introduced, aiming to facilitate access by the most marginalized. Administrative entities for different programmes could be consolidated to reduce administrative costs.

4.7) Service quality bottlenecks

Local capacities

National governments in this region have increasingly focused on improving the capacities of social workers and other professionals in the social spheres, and some are taking active steps to scale up the numbers of social workers and raise their educational requirements. The professionalization of social work is still a novelty in much of the region, although an incipient movement seeks to promote professional training of social workers and psychologists.³⁴⁹ Tertiary education programmes in social work have traditionally been underdeveloped, but they are gradually being built up, for instance through the recently introduced graduate and undergraduate social work programmes in state universities in Georgia.³⁵⁰

Most countries in the region still lack skilled professionals in the area of social support and care services, especially psychology and social work.³⁵¹ In Romania, the social worker positions within the social assistance services at the local level are often occupied by persons with no specialization.³⁵² Salaries are often extremely low; a reported 59 per cent of medical personnel in Belarus receive salaries below 150 Euros per month.³⁵³ In Ukraine, 1,350 people graduate annually from post-secondary institutions in the area of social work, but do not take up relevant posts because they feel unprepared for the realities of the job.³⁵⁴ Positive practices can be observed in Tajikistan, which recently established a State Institution on Training and Practical Unit for Social and Innovative Work to train social workers, and introduced service specifications and standards in planning and delivery of social support and care services.

At other times, gaps in the capacities of government institutions to realize their duties are not due to training issues; rather, government departments and ministries simply do not have sufficient funds to hire appropriate numbers of staff or provide staff with the tools they need to do their jobs. To eradicate this bottleneck, governments must invest in capacity building and training for social service workers and administrators and create adequate funding mechanisms.

Conclusion

The bottlenecks and barriers identified in this chapter are among the main reasons why social protection systems in Central and Eastern Europe, the Caucasus

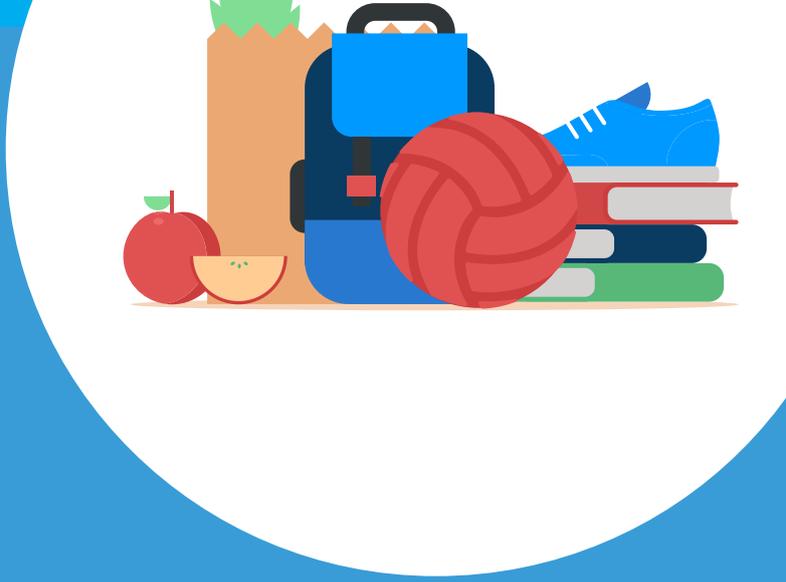
and Central Asia are not having the desired impacts on children. The poorest, most vulnerable and socially marginalized children always face the greatest and most compounding barriers. These make social protection programmes in the region less effective in reducing child poverty and supporting children and families to realize children's rights, including the rights to health, education and a supportive and caring family environment. This in turn makes it harder for countries to achieve strong economic growth in the short and long terms, impairs social cohesion and exacerbates social exclusion.

A number of positive practices are emerging throughout the region. Countries have recognized some of the main barriers to effective social protection for children and are enacting sometimes innovative solutions that could serve as useful inspiration to countries facing similar problems. Establishing high-quality and high-impact social protection systems is a gradual process that must be led by countries and tailored to each country's situation, and making systems sustainable requires substantial time and resources.

The question of how to 'fix' systems may be daunting given the many models of social protection systems present across the region and the world. Overcoming barriers related to social and cultural norms towards certain groups of children, improving coordination and integration among different services at the central and local levels, and investing in the professionalization of the social work and case management functions might take a long time. In the short and medium term, concrete and affordable interventions to rapidly improve the coverage and adequacy of existing social protection programmes for children and their families include:

- Simplifying administrative requirements;
- Promoting efficiency gains in existing programmes;
- Building the capacity of local governments;
- Instituting functioning appeals and complaints mechanisms for beneficiaries; and
- Developing outreach initiatives and information campaigns.

A number of general goals, objectives and principles can help orient countries' reform efforts in the right direction, towards gradually shaping truly child-sensitive social protection systems and realizing children's rights. It is to these that the next and final chapter of this report will turn.



AN AGENDA FOR ACTION

5

Policymakers need evidence-based policy analysis and options to effectively design and implement social protection policies that produce the greatest impact on children and their families. By bringing together information on the situation of children in the region of Central and Eastern Europe, the Caucasus and Central Asia and reviewing existing social protection policies and systems, this report can provide a useful starting point to devise suitable policy priorities for social protection reform in the future.

The great diversity of economic, social and political systems across the region calls for an approach that reflects each country's unique characteristics and the specific situation of its children. Contextualized solutions are needed, rather than blanket recommendations.

In all countries of the region, a number of cross-cutting issues highlighted throughout the report require urgent attention. Based on these common challenges, the present chapter will put forth a strategic direction to guide efforts to reform social protection for children, and highlight opportunities for concrete steps every country can take, in both the short and the longer term, to improve the impact of social protection on children and increase its contribution to the universal realization of other child rights.

5.1) Key findings of the report

This report has documented gaps between policy intents and current practices in social protection for children in the region. Global evidence has

demonstrated that investment in child-sensitive, integrated social protection systems can help realize children's rights, increase human capital and enhance countries' economic and social achievements. In Central and Eastern Europe, the Caucasus and Central Asia, a number of bottlenecks and barriers make it difficult for children and families to get social protection, and make social protection programmes themselves less effective and efficient to realize every child's right to adequate living standards and support the realization of other child rights.

Key lessons from global experiences summarized in this report include:

1. **Child-sensitive, integrated social protection systems can substantially help realize children's rights** and increase their well-being. Child-sensitive social protection helps **reduce gaps** between different groups of children in the equitable realization of their rights and **decreases the vulnerability of the most marginalized** children and their families.
2. **It is in states' interests to invest in child-sensitive social protection.** From rights-based, economic, political and social perspectives, the benefits of investment far outweigh the costs. Investments in all children at an early stage, including through social protection, will enhance states' abilities **to fulfil their aspirations for social and economic development.**

This report has identified the following key challenges and opportunities related to social protection for children in the region:



1. Children in Central and Eastern Europe, the Caucasus and Central Asia continue to experience violations of their rights as defined by the CRC. The **children experiencing the greatest and most protracted rights violations are consistently the most vulnerable**, including those in the poorest income quintiles, children with disabilities, children from ethnic and linguistic minorities, children from rural and remote areas, and children exposed to violence and at risk of engaging in harmful behaviours.
2. As currently structured and administered, **social protection in this region is not ensuring an adequate living standard for children** or relieving their deprivations and vulnerabilities, and often **fails to reach the most marginalized children and those most in need of assistance**.
3. **Cash benefits directed towards children and families living in poverty are usually too low in monetary value** to have a sustained impact on child and family poverty levels, and **large numbers of people** in the lowest quintiles **are still being excluded** from social assistance benefits.
4. **Social care and support services are underdeveloped and underfunded, and require significant investment** in order to fully develop in line with internationally recognized standards, and to reach the most marginalized children and families. **Programmes to help children and families access health, education, preschool and early childhood care services are limited and not reaching all** populations. They will require significant scaling up to improve equity in access to critical services.
5. **Levels of spending on child- and family oriented benefits within social assistance expenditure are still very low** across most of the region. Such underinvestment results, in many cases, from **lack of political will rather than insufficient fiscal space** or resources. Countries that spend the most tend to achieve the greatest reductions in child poverty. To scale up child-sensitive social protection in a meaningful way, countries will need to **reallocate fiscal resources to programmes directly benefiting children**.
6. **Prohibitive social norms and discrimination against the most vulnerable children and families, and against recipients of social protection** benefits and services in general prevent many from receiving, or even applying



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5.2) Agenda for action

How can countries prioritize action? The diversity of countries across the region makes the development of universally applicable and specific recommendations for social protection reform not only impossible but also inappropriate. Instead, this final section of the report seeks to highlight general directions for reform that are valid for all countries in the region, no matter the existing characteristics of their social protection systems, and to draw up a limited number of priority action points that have the potential to make social protection systems more effective, efficient and child-sensitive, and improve outcomes for children across the region.

Priorities have been chosen based on the review of the weaknesses in social protection throughout the region, and reflect what are deemed the biggest and most substantial bottlenecks and barriers to maximizing social protection's impact on the lives of children now and into the future. A mixture of short- and longer-term measures is proposed, covering actions that will make an immediate difference in meeting children's urgent needs, as well as actions that enable more systemic development and lay the groundwork for longer-term changes. The latter will transform social protection systems and have multiple compounding impacts on the realization of children's rights.

The following **key principles** guide the identification of priority actions, based on lessons learned globally and regionally:

- Anchor reforms of social protection programmes and systems in **nationally owned and led** objectives and strategies.
- Develop **holistic and systemic** reforms that align with other social and economic policies and related ongoing reforms and are **integrated across the different social sectors**.
- Give special consideration to **equity** and ensure that social protection **reaches the most vulnerable**.
- Aim towards **progressively achieving basic income security for all children, including health insurance, at least at a nationally defined minimum level**, through the appropriate combination of parental employment, full or partial contributory social insurance for families where

for, the benefits and services they are entitled to. **Many potential beneficiaries are also not aware** that benefits and services exist, or that they have a right to them.

7. **Programmes still tend to be designed in a 'silo' fashion**, with social protection benefits and social support and care services **not linked together or delivered holistically**. This results in fragmented social protection initiatives that do not address multiple drivers of poverty and social exclusion at the same time, and generates duplications in coverage, and money and time waste.
8. **Widespread lack of data and analysis on the impact of social protection programmes on children** in the region makes it difficult to monitor their implementation and assess their performance. **Disaggregated data are scarce**, so it is hard to pinpoint disparities, especially by ethnic identity or disability.
9. **A number of countries in the region have already taken very positive steps to develop or reform their social protection benefits and services**, which can be examined in more detail to determine impacts and can be documented and replicated by other countries in the region.

adult members work and can afford it, and non-contributory schemes, such as social assistance, for families where adult members are not able to work or are facing long-term poverty and deprivations.

- Recognize the **multidimensional drivers of poverty and deprivation** for children and families, which require **multidimensional solutions**, incorporating not only social transfers but social support and care services and programmes that facilitate access to early childhood care and learning, education, health and nutrition, and other services.
- Ensure **priority investments in programmes that deliver child poverty reduction** and that demonstrably contribute to the realization of child rights.

Implementation of the reforms should be progressive, first testing and evaluating models rather than immediately implementing programmes at a national scale. Models themselves should be designed based on an appropriate analysis of the initial situation; they should contain a clear theory of change that lays out how the interventions are expected to contribute to the intended changes for children, and have appropriate baselines and monitoring and evaluation mechanisms built into them.

If models are tested first and properly evaluated, each country can assess their relevance to their particular country context and the impacts to which they have contributed. Even then, how replicable the models will be at scale depends on the model design itself, namely, the extent to which it tackles underlying structural barriers in national systems and provides for national ownership of such changes. Only under these conditions can the transformation of the social protection system outlast donors' active support. Only after evaluations confirm that a model works can programmes be scaled up and/or shared within and outside of the country and the region. Ensuring sustainability means that social protection reform in some areas may be a slow process, especially where such reforms require significant changes in mindsets of providers or recipients. However, the returns on the investment over the longer term will be very significant.

a) Priority actions to reform social protection for children

The following priority policy actions are suggested to guide the reforms of social protection systems for children in Central and Eastern Europe, the Caucasus and Central Asia:

- **Prioritize the expansion of coverage of social assistance for families with children, and of child benefits**, with the ultimate goal of achieving basic income security for all children.
- **Review the value of social transfers** to ensure that they are directly tied to national poverty lines, average household consumption in the poorest quintile, or national minimum income. Adjust accordingly to **ensure adequacy of transfers**, especially for the most vulnerable children and families.
- **Allocate more fiscal resources to social protection** programmes that directly benefit children and protect fiscal space for such programmes, using the **most country-appropriate fiscal expansion strategies**, such as tax-based funding, reallocation of public resources and efficiency gains.
- **Scale up social support and care service provision** by investing further in the **numbers and capacities of social service providers** (particularly social workers and case managers) in accordance with internationally recognized standards of service provision.
- **Expand state-subsidized health insurance schemes targeting poor and vulnerable groups**, including children, and ensure they cover preventive and secondary care as well as medicines for pregnant women and children up to age 18.
- **Develop financing mechanisms to ensure access to affordable quality early childhood care and early learning services** for poor families with children.
- **Develop and/or refine secondary legislation** (by-laws, protocols, guidelines, etc.) on the implementation of social protection legislation, and **provide comprehensive training and support** to build the capacities of actors at all governance levels to operationalize programmes.

- **Develop overarching standards and protocols to better coordinate and integrate** the administration and provision of cash benefits and social support and care services at local levels, and better link these to the administration and provision of other services that benefit children, such as early childhood care and learning, education, health and nutrition and others.
- **Devise mechanisms to broaden access to information** by the general population, and by children, **about the availability of social protection** benefits and services, eligibility criteria, etc., as well as the outcomes of impact evaluations of social protection programmes.
- **Address discrimination towards families and children recipients of social protection** through legislative changes, comprehensive awareness campaigns, and training of service providers.
- **Ensure** that all social protection programmes establish **clear, regular and timely oversight mechanisms** for public interventions in social protection, **including accountabilities for monitoring and evaluation** of budgeting, service provision, administration and review of impacts on children and families, as well as data collection.
- **Collect data, disaggregated** by age, gender, ethnicity, language and disability status, **to assess the ultimate impact** of social protection programmes **on children**, adopt **child-sensitive indicators for programme monitoring** and include provisions to enable **programmatic evaluations and impact studies over time**.
- **Drive a research agenda on social protection for children in the region** with a focus on: analysis of changes in children's lives that can be plausibly linked to having accessed social protection benefits and social support and care services, documentation of the impact of integrated social protection systems and multi-sectoral interventions, development of cost-benefit analyses of the long-term benefits, and return on investment, of social protection for children, and documentation and sharing of good practices in social protection for children within and beyond the region.



b) Priority research in social protection for children

Reforms need to go hand in hand with better monitoring of the impact of social protection on children. The Sustainable Development Goals Indicators, still being discussed as this report is being edited for publication, will set the framework for globally monitoring progress on poverty reduction and access to social protection. In their latest iteration,³⁵⁵ indicators for monitoring Goal 1, Targets 1.1, 1.2 and 1.3 are likely to include:

- The proportion of the population below the international poverty line disaggregated by sex and age group and employment status (or proportion of employed people living below the international poverty line);
- The proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions;
- The percentage of the population covered by social protection floors/systems disaggregated by sex, and distinguishing children, unemployed, old age, people with disabilities, pregnant women/newborns, work injury victims, poor and vulnerable;
- The percentage of resources allocated by the government directly to poverty reduction programmes; and

- Spending on essential services (education, health and social protection) as percentage of total government spending.

If approved and adopted by all Member States of the United Nations, the set of proposed global indicators would enable countries in the region to measure changes related to several of the priority actions around social protection for children suggested in this report. Clearly, improvement in these indicators could not be tied to one singular cause, and could not be used to measure the success of a given programme. However, they could give a sense of progress on a number of fronts, and, importantly, about impacts on children, if well disaggregated by age. Box 16 provides a list of additional indicators to measure child-sensitive social protection to be considered at regional level – most of them are refined versions of the above draft proposed global indicators for the SDGs, with stronger focus on social support and care services to complement the support provided in cash.

Box 16 Additional indicators for child-sensitive social protection to be considered at regional level

1. Percentage of households with children receiving cash or other periodic income support.
2. Percentage of households with children living in poverty receiving cash or other periodic income support.
3. Percentage of households with a child with a disability receiving a disability benefit.
4. Percentage of eligible families and children accessing at least one social support and care service provided according to internationally agreed-upon quality standards.
5. Percentage of eligible families and children with disabilities accessing at least one social support and care service provided according to internationally agreed-upon quality standards.
6. Child poverty rates and gaps before and after cash transfers.
7. Public social protection expenditure on programmes targeting families with children as a percentage of GDP and as a proportion of total government expenditure on social protection.

- **Disaggregated data, regularly collected and analysed**, underlie all programmatic and policy choices, and are essential to improving social protection interventions and their impacts on children. **Scaling up data collection and analysis capacities in social protection within this region** is both an urgent priority for governments and development partners, and an ongoing requirement to progressively build up information, adapt policy decisions and evaluate impacts on children. Disaggregated data about children living in poverty and their access to and use of different social benefits and support and care services are needed to assess social protection and plan future strategies. Such data can be collected through Household Budget Surveys, Living Standards Measurement Surveys, Surveys of Income and Living Standards, other population surveys, and through administrative records.

It is important to use sound methodologies to collect, analyse and use disaggregated data in order to monitor outcomes for different groups of children, and especially for the most vulnerable children, by such criteria as socio-economic status, gender, age cohort, ethnicity, language, disability status and geographic location. International partners and civil society, such as academia, think tanks and reputable NGOs, may supplement national efforts in the short term, but ultimately such data should be collected and analysed on a regular basis by national stakeholders – governments, academia, civil society and others.

- **Design and carry out assessments of current social protection programmes, to examine their processes, outcomes and impacts on children.** As of now, evaluations of programmes across the region, including those conducted from a child-sensitive point of view, are sporadic and largely based on the specific interests of particular international partners or governments, instead of being a regular part of programming. Most programmes have not developed baselines from which to judge progress and impact for children. Research on the impacts of specific programmes on reducing child poverty and facilitating access to other social services is crucial not only to monitor the value for money of public expenditure on social protection, but also to ensure the long-term sustainability (especially political sustainability) of programmes. Conditional cash transfer and/or workfare

programmes in Latin America, the Caribbean and Ethiopia have used integrated monitoring and evaluation systems. Such systems can demonstrate that programmes are well implemented and are achieving their intended results,³⁵⁶ and determine which aspects of the programme are working and which procedures, training, staffing or other inputs should be changed.³⁵⁷ Governments and international partners in Central and Eastern Europe, the Caucasus and Central Asia region must take extra steps to fund thorough evaluations of social protection programmes, taking into account not only programmatic objectives, but also outcomes against larger goals such as poverty reduction and the universal realization of child rights. Several research and civil society institutions in this region have the ability to carry out some of the work involved, and could be mobilized more consistently.

- **Adopt child-sensitive indicators**, beyond the headline indicators above (Box 16), to determine the effectiveness and efficiency of social protection for children, especially over the medium to long term. Suitable indicators of progress must be chosen to measure not only programmatic success but also changes in children's lives that can be plausibly linked to having accessed social protection benefits and social support and care services. Indicators should monitor changes in living standards, poverty and its dynamics, vulnerability, resilience, and access to social services such as health and education.
- **Conduct multidimensional surveys to establish linkages between access to social protection and outcomes for individual children.** There are some strong methodological constraints in tracking the results of social protection interventions for children, beyond the simple measurement of receipt of cash benefits and access to social support and care services. Yet, the extent to which access to social protection generates concrete improvements in the material well-being of children and their caretakers, as well as positive multiplier effects across other areas of child well-being, will only be measurable over longer spans of time and with additional investments in data collection and analysis.

Complex and multidimensional surveys, such as those regularly used by governments in Latin America, combine information about individual access to social protection with information about access to other social programmes and services, together with individual child well-being

measurements (e.g., anthropometric data). Such data make it possible to link access to social protection with specific development outcomes for each individual child. These instruments also enable states to demonstrate concretely how their child-sensitive social protection programmes are having a positive impact on economic growth and social cohesion, which in turn could increase the general public's and tax-payers' buy-in for expenditure on child-sensitive social protection.

- **Conduct research on the presence and impact of integrated social protection systems and multi-sectoral interventions.** Both within this region and globally, there is limited information that explores what impact institutionalized linkages between social protection and other social and economic policies may have on children. Existing information is mostly descriptive in nature and has little detail on administrative or financial arrangements, or assessment of outcomes and impacts for children. Assessments of institutional capacities and ministry functioning could also shed light on institutional dynamics that promote or hinder synergies between different social policies.
- **Develop cost-benefit analyses of the long-term benefits, and return on investment, of social protection for children.** There are currently few such analyses in this region from researchers, international organizations or academics. Further studies are also needed on the economic and social losses associated with a failure to invest in social protection for children.
- **Conduct feasibility studies for the roll-out and scale-up of new social protection programmes.** Comparisons of possible alternative social protection programme and intervention designs are scarce, especially in this region, leaving governments somewhat lacking evidence to inform policy and programmatic decisions. There are currently very few (and mostly theoretical) comparative analyses that attempt to assess the overall costs of a particular social protection programme for children and evaluate its prospects for scaling up or modification. Experiences from outside the region can highlight the different costs associated with developing alternative programmes, and what specific changes to existing programmes will mean in terms of costs, benefits and ultimate impacts on children. Such studies will allow countries to adequately anticipate which social protection programmes

would suit their particular situation best in terms of fiscal, institutional, organizational and political sustainability and impact on children.

- **Document and share good practices in social protection for children within and beyond the region.** To establish a real pool of evidence on social protection for children and promote sharing, learning and cooperation across the region, methodologically sound accounts of practices that are having positive effects on children must be documented. Systematically documented impacts of policy and system reforms and innovations in social protection benefits and services could then be considered for replication by other countries in the region and beyond.

Cross-country studies from within and outside this region could further document governments' experiments with innovative domestic financing tools for social protection, and shed light on how countries have achieved sustainable increases in social protection spending for programmes that benefit children. With very limited documentation within the region so far, countries from Central and Eastern Europe, the Caucasus and Central Asia can begin to look at examples from other social protection systems in low- and middle-income countries outside the region for inspiration and guidance on how to make their own systems more effective for, and accountable to, children.

c) Institutional cooperation to promote social protection for children

Supporting the reform of social protection systems in Central and Eastern Europe, the Caucasus and Central Asia is a common element in the agendas of a number of major organizations and actors in the region, which opens up possibilities to accelerate progress specifically for children through inter-organizational collaboration and mutual learning. As noted in Chapter 1, UNICEF, the World Bank, the ILO and the EU have all recently released strategic frameworks for the development of social protection schemes. Governments and international organizations are exploring opportunities for coordination and collaboration, among themselves and with international and locally based NGOs, in line with the principles of the Paris Declaration on Aid Effectiveness.

Partnerships are essential to develop and strengthen social protection systems that make a difference for children. A number of partnerships already exist between international organizations in the area of

social protection – for example, the 2013 UNICEF-World Bank note on common ground in approaches to building social protection systems,³⁵⁸ and the ongoing collaboration between the ILO, WHO, UNICEF and other United Nations agencies in developing and promoting the Social Protection Floor Initiative. Similarly, the jointly developed UNICEF-ILO Social Protection Floor Costing Tool enables users to cost different social protection measures and helps assess the sustainability of increasing the scope and extent of social protection coverage.³⁵⁹

Collaboration between international organizations and the EU has also been fruitful in terms of prioritizing children in social protection reform. The EU's progress reports related to countries in the Western Balkans that are candidates for EU membership regularly mention the remaining challenges related to child poverty and social exclusion, and note the gaps in the social protection system. These reports help identify priority areas to which resources should be directed to support national reforms. The present report calls on governments and organizations to capitalize upon these partnerships, with a focus on maximizing synergies and common advocacy agendas, supporting integrated, sustainable and scalable interventions, and promoting learning and cooperation for knowledge sharing and capacity building at all levels.

Conclusion

Implementing this report's recommendations on social protection reform priorities – in matters of policy as well as further research and documentation of impacts on children – is expected to help countries in Central and Eastern Europe, the Caucasus and Central Asia make progress in the realization of each child's right to adequate living standards as well as of other child rights, such as the rights to a supportive and caring family environment, early learning, inclusive quality education, health and comprehensive well-being from the youngest age. By using social protection to reduce child poverty and lower financial, physical and social barriers that impede the realization of other child rights, policymakers will not only improve children's lives, but also bolster the long-term social and economic stability of their countries and the region as a whole. Countries in Central and Eastern Europe, the Caucasus and Central Asia cannot afford to miss these opportunities.

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if not common geographical and linguistic origins, at least a common socio-ethnic identity with the Dom people, who settled in the countries of the Middle East and Turkey, and the Lom people, who remained in the countries of the Caucasus; the Lyuli people (also known as Jughli, Multani, Luli, or *Mugat* or *Mughat*) are a subgroup of the Dom people living in Tajikistan, Uzbekistan and Kyrgyzstan. The situation of the Dom, Lom and Lyuli groups is not examined in this report for lack of evidence. In Western Europe, the Roma/Sinti/Kale may share aspects of lifestyle and social demands with the Yenish people, found in Switzerland and some neighbouring countries, and the Irish Travellers, but they do not have the same ethnic origin or the same language. Similarly, the Boyash people, whose language derives from Moeso-Romanian, and the Ashkali and Egyptian people, who speak Albanian, all present in the Balkans, are regarded or regard themselves as Roma, but they do not speak Romani and do not have the same North Indian origin. Based on the above, in this report, specific groups such as the Egyptians and the Ashkali people in the Balkans, or the Lyuli people in Central Asia, are referred to with their specific denomination, whenever relevant, and not with the term 'Roma'.

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ANNEX 1: SUMMARY OF EVIDENCE ON THE IMPACTS OF SOCIAL TRANSFERS ON CHILD RIGHTS

1. SOCIAL TRANSFERS AND HEALTH BEHAVIOUR

IMPACTS OF CASH TRANSFERS ON CHILD HEALTH BEHAVIOUR		
Country	Social Transfer Programme	Result
Bangladesh	Ultra Poor Programme	45–98% increase in immunization coverage
Bolivia (Plurinational State of)	BONOSOL	165% increase in food consumption
Brazil	Bolsa Familia (CCT)	12–15% increase in probability that child received all 7 vaccines required by age 6 months
Brazil	Bolsa Alimentacao	9% increase in dietary diversity
Colombia	Familias en Accion	Increased attendance at growth monitoring checkups by 22.8 percentage points for children under 2 and 33.2 percentage points for children 2–4; consumption of greater share of protein
Honduras	Programa de Asignacion Familiar (CCT)	Mean increase of 6.9% in coverage of first dose of diptheria, tetanus toxoids among children under 3; 15–21 percentage point increase in health check-ups; 12.7% increase in caloric intake
Jamaica	Programme of Advancement Through Health and Education (CCT)	38% increase in preventive health-care visits for children 0–6
Malawi	Mchinji Cash Transfer (Unconditional)	Consumed almost twice as many food groups than comparison households, and were more likely to eat higher quality foods;
Mexico	Oportunidades	18% increase in health visits
Mexico	Progresa	Households consumed 7.1% more calories than control households; number of clinic visits doubled; increase in growth monitoring visits for children under 2 by between 5.5 and 13.5 percentage points
Nicaragua	Red de Protección Social	Increase of 16.3 percentage points of children under 3 attending well-child visits; 6.9% increase in caloric consumption; consumption of more nutritional foods
Peru	Juntos	30% increase in number of immunized children
Zambia		Consumed more protein, fats, fruits and vegetables; reduced households eating one meal a day by 6 percentage points

2. SOCIAL TRANSFERS AND HEALTH OUTCOMES

IMPACTS OF CASH TRANSFERS ON CHILD HEALTH OUTCOMES		
Country	Social Transfer Programme	Result
Brazil	Bolsa Familia	Children 26% more likely to have normal height for age
Columbia	Familias en Acción	Reduced probability of stunting by 6.9 percentage points; 0.58 kg increase in newborn's weight in urban areas; reduction in diarrhoea incidence of 10.5 percentage points for children under 2
Malawi	Mchinji Cash Transfer (Unconditional)	Reduction of incidence of child illness by 12.5%; 11 percentage point reduction in underweight children
Malawi	Zomba Conditional Cash Transfer	Increase in school enrolment of 61.4% among the treatment group (receiving the transfer) compared with 17.2% among control group
Mexico	Progresa	8% average reduction in infant mortality, with up to 17% in rural areas; 70% of households with improved nutrition; reduction in illness among children under 5; increase in child weight; 12% lower incidence of illness of children under 5; stunting reduction of 7.3 percentage points; average 1 cm/year increase in height; reduction in anaemia by 25.5% in children 12–48 months
Mexico	Oportunidades	2% reduction in infant mortality; 4.6 percentage point reduction in low birthweight
Mexico	Programa de Apoyo Alimentario	Child beneficiaries (aged 3–4 years) grew on average 0.54 cm more than non-beneficiaries
Nicaragua	Red de Protección Social	5.5 percentage point reduction in stunting among children 0–5; 1.7x greater reduction in malnutrition
South Africa	Child Support Grant	Average height gain of 3.5 cm for recipient children

3. SOCIAL TRANSFERS AND EDUCATIONAL BEHAVIOUR/OUTCOMES

IMPACT OF CASH TRANSFERS ON EDUCATIONAL BEHAVIOUR AND OUTCOMES		
Country	Social Transfer Programme	Result
Bangladesh	Female Secondary School Assistance Programme	24 percentage point increase in certified pass rate
Brazil	Bolsa Escola	60% increase in school enrollment among poor children aged 10–15
Brazil	Bolsa Familia	20% reduction in one day absence incidence; 63% reduction in drop out incidence
Brazil	PETI	Levels of school attendance increased by 16 hours per week on average
Burkina Faso	Burkinabe Response to Improve Girl's Chances to Succeed (BRIGHT)	20% increase in school enrollment
Cambodia	Japan Fund for Poverty Reduction scholarship programme (CCT)	Increased enrollment and attendance by girls in schools by 30–43 percentage points

Country	Social Transfer Programme	Result
China	CCT experiment in north-western China	Drop out rate of junior high school students reduced by 50%
Colombia	Familias en Acción (CCT)	Increase in probability of high school completion by 4–8 percentage points
Costa Rica	Superemos	Increase in probability of attending school by 2.9–8.7% more than non-beneficiaries
Ecuador	Bono de Desarrollo	Increase in primary school enrolment by 9.8–12.8 percentage points; overall increase in school enrolment of 10%
Indonesia	Jaringan Pengaman Social scholarship programme	Lowered by 3.5 percentage points the probability of dropping out by secondary students who received the scholarship
Jamaica	Programme of Advancement Through Health and Education	School attendance increased by 0.5 day per month
Kenya	Kenya Cash Transfer for Orphans and Vulnerable Children (Unconditional)	7.8 percentage point increase in current enrolment of secondary school children over age 12
Malawi	Mchinji Cash Transfer	Increase in educational enrolment rate of 12 percentage points; percentage of children newly enrolled in school was 8.3% compared with 3.4% in comparison households
Mexico	Oportunidades	Increase in primary school enrolment of 1.07% for boys and 1.45% for girls; increased secondary school enrolment between 3.5% to 5.8% for boys and 7.2% to 9.3% for girls
Nicaragua	Red de Protección Social	Net increase in enrollment by 12.8 percentage points, and 25 percentage points for the extreme poor; 20 percentage point increase in school attendance
Pakistan	Pujab Programme	Increase in school enrolment of girls ages 11–14 of 11 percentage points; raised school attendance by 13% in urban sector and 5% in rural sector
Paraguay	Tekoporã Programme	Grade progression increased by 4 to 7 percentage points, due to children not dropping out
Turkey	Conditional Cash Transfer (Education)	Increase in secondary school enrolment for girls by 10.7 percentage points; 16.7% percentage point increase in enrolment in rural areas, with 22.8 percentage point increase for rural boys
Viet Nam	Hunger Eradication and Poverty Reduction Programme	Schooling rate 11 points higher (81 per cent) compared with that of non-beneficiaries
Zambia	Social Cash Transfer Scheme	Increase in enrolment of 10.4 percentage points for children aged 5–6

4. HEALTH INSURANCE AND HEALTH BEHAVIOUR AND OUTCOMES

IMPACT OF HEALTH SUBSIDIES/INSURANCE ON HEALTH BEHAVIOUR AND OUTCOMES		
Country	Social Transfer Programme	Result
Afghanistan	User-fee ban for Basic Package of Health Services	Utilization of basic health services increased by 400% after fee removal
Bangladesh	Operations research project, vouchers for maternal health services among poor, pregnant women	Institutional deliveries increased from 2% to 18%; utilization of antenatal care increased from 42% to 89%
Ghana	Social health insurance	Increase in utilization rates of outpatient services by 91% in 2006; inpatient utilization increase of 107% in 2008
Peru	Seguro Integral de Salud (social health insurance)	Women affiliated with Seguro Integral de Salud 26.9% more likely to be attended at Ministry of Health facilities for birth

5. OUTREACH AND SOCIAL SERVICES IMPACTS

IMPACT OF OUTREACH AND SOCIAL SERVICES ON OTHER CHILD OUTCOMES		
Country	Social Transfer Programme	Result
Cambodia	Home-based care and food support programme	Length of time of girls in households with HIV/AIDS missing school cut in half; girls in households with orphans/vulnerable children missed 1.2 years of school instead of 5.9
St. Lucia	Roving Caregivers Programme (home-based care to at-risk children)	Significant positive impact on cognitive development of children including motor skills, visual reception and language development
Zambia	Home-based care programme	Increase in number of patients able to access anti retroviral treatment and other HIV/AIDS and tuberculosis treatments

ANNEX 2: SYSTEMIC OVERVIEW OF SOCIAL PROTECTION IN THE REGION WITH SELECTED COMPARATOR COUNTRIES FROM WESTERN EUROPE

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Czech Republic	20	3.7	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity allowance - Birth grant - Allowance for fathers to encourage child care - Parental leave allowance until youngest child is 4 - Medical benefits <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant, means-tested - Child allowance, means-tested - Parental care allowance - Foster child allowance/foster parent allowance - Means-tested Guaranteed Minimum Income (GMI) schemes: - Allowance for living for person or family in case of insufficient income to ensure basic needs - Supplement for housing for needy families - Extraordinary Immediate Assistance - Tax credit for families with children
Hungary (World Bank)²	17	3.8	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Parental leave up to age 3 - Parental benefit - Childcare benefit <p>Non-contributory:</p> <ul style="list-style-type: none"> - Pregnancy and confinement benefit - Maternity benefit - Universal birth grant - Baby bond and one-off payment deposited in account inaccessible until age 18 - Universal family/child allowance for children under age 3; longer for twins or more than two children - Regular social allowance (GMI), means-tested - Childcare allowance - Childcare fee - Child rearing allowance - Child protection allowance (proxy means-tested) - Extraordinary child protection benefit - Complementary child protection benefit - Disability benefit - Foster parent allowance - Higher family allowance for single parents - Higher family allowance for disabled children - Family tax allowances for large families - Energy support - Some housing support

¹ SP = Social Protection; SA = Social Assistance

² World Bank below a country's name indicates that the numbers are approximations from the World Bank's analysis of its own Europe and Central Asia Social Protection database, taken from the publication "Social Safety nets in the Western Balkans: Design, Implementation, and Performance", Report No. 54396-ECA, June 2011. Data are from 2008–2009 unless otherwise indicated.

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - State health insurance for persons in material need - Free health care for students, parents with a child under 7 or two children under 15 or mothers on maternity leave - No inpatient hospital charges for children 	<ul style="list-style-type: none"> - Social counselling - Domiciliary and respite care - Personal assistance - Day and week care centres - Home stays for people with learning disabilities - Early intervention services - Shelters, halfway houses, hostels - Emergency assistance (including crisis beds) - Outreach programmes - Low-threshold services for children and minors - Services in contact centres for drug addicts 	<ul style="list-style-type: none"> - Act on Sickness Insurance - Act on Public Health Insurance - Act Assistance in Material Need - Act on Living and Subsistence Minimum 	<ul style="list-style-type: none"> - Family benefits organised centrally, Ministry of Labour and Social Affairs - Benefits paid by the Labour Office (Regional Branches, other contact places)
<ul style="list-style-type: none"> - Beneficiaries of social allowance entitled to health services - Free pre-school classes with regular healthcare checks. Free meals for low-income children - Partial financing of crèches and kindergartens - Kindergarten support for disadvantaged children - Transportation allowances for mobility-impaired - Free meals in all primary school classes - Sure Start programme for early education 	<ul style="list-style-type: none"> - Over 100 social service organizations - Primary child welfare services - Family assistance free of charge, including consultation, administration assistance and conflict resolution - Special assistance services available for people on social aid or with certain health conditions, e.g., counselling for young people 	<ul style="list-style-type: none"> - Benefits of Compulsory Health Insurance Act - Social Administration and Social Benefits Act - Act on the Protection of Families - National Strategy: Making Things Better for our Children 	<ul style="list-style-type: none"> - Regulated centrally, administered locally - Family benefits administered by Ministry of Social Affairs and Labour - Some other supplementary benefits paid by municipal governments - Administration and implementation done by Hungarian State Treasury and national health insurance fund

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Poland (World Bank)	15	1.5	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Childcare leave allowance - Medical benefits <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant - Parental leave, with additional time for disabled children, means-tested - Child birth lump-sum aid, for those eligible for family benefits - Family benefit, means-tested - Flat-rate childcare supplement - Supplement for single parents - Minimum income scheme - Disabled child care benefit and allowance - Training and rehab supplement for children with disabilities - Large family supplement (means-tested) - Education and rehabilitation supplement - Special Needs allowance to meet certain needs (e.g., school books, groceries, repair work, housing or heating costs) - Tax deductions per child - Preferential mortgage loans for families
Slovakia (World Bank)	11	2	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity leave - Parental leave - Health insurance <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant - Universal child benefit - Parental allowance up to age 3 (6 if disabled child) - Benefit for those in material need, means-tested - Those receiving benefit in material need can also receive: benefit for pregnant women, benefit for children up to one year, health-care allowance, protection allowance, housing benefit, benefit for child in compulsory education - One-off childcare benefit - Parental or child care benefit to cover costs of childcare if parents working - Childcare benefit for unemployed job seekers - Annual benefit for multiple births - Cash and in-kind disability benefits - Various foster care allowances and benefits - Tax bonus

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Social assistance covers health costs in case of need/ no insurance - Local authorities can make decision to allow free health care access to poor, uninsured people - Medical care allowance for children with disabilities - Commencement of school year supplement (means-tested) - Transportation/ boarding supplement for school children eligible for family allowance 	<ul style="list-style-type: none"> - Social Assistance Centres 	<ul style="list-style-type: none"> - Law on Social Insurance Cash Benefits in Cases of Sickness and Maternity - Law on Social Assistance - Family Act - Government Programme for Developing Education in Rural Areas - Law on Family Benefits 	<ul style="list-style-type: none"> - Ministry of Labour and Social Policy responsible, and administered by Community Social Policy Centres - Family/child allowances administered by local authorities that can increase benefits using their own resources - Birth grant funded by local governments - Benefits organized by central and local administrations in cooperation with NGOs, etc.
<ul style="list-style-type: none"> - Universal free health-care services - Monthly health incentive for families in material need to take children to health check-ups - State subsidy for kindergarten - Partial refund for transportation/boarding for school children - Free childcare for one year before Grade 1, for low-income families and meals provided 	<ul style="list-style-type: none"> - Psychologist advisory centres - Home nursing and home social-care services - Home care 	<ul style="list-style-type: none"> - Law on Social Insurance - Law on Social Services - Law on Health Insurance - Law on the Scope of Health Care Covered on the Basis of the Public Health Insurance and on Reimbursement of Services Related to Health Care - Law on Child Birth Allowance - Law on Subsistence Minimum - Law on Assistance in Material Need 	<ul style="list-style-type: none"> - Ministry of Labour, Social Affairs and Family, with local offices - Some local funding, including much of social services - Disability and home-care services locally and regionally administered - Benefits for those in material need centrally planned

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Slovenia (World Bank)	15	2.2	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity/paternity leave - Parental protection insurance - Unpaid parental leave - Compensation for part-time work for care of disabled child - Leave for sick childcare <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant - Child benefit, means-tested - Increase in child benefit for single parents - Parental allowance for one year after birth (for those not insured) - Parental leave - Financial Social Assistance, means-tested - Emergency Financial Social Assistance - Childcare allowance for children with special needs - Parental care for disabled child supplement - Large family allowance - Alimony fund - Rent subsidies for those in social risk/non-profit housing and young families - Tax allowances for families with children and those with children requiring special care
Estonia (World Bank)	10.8	1.8	<p>Contributory:</p> <ul style="list-style-type: none"> - Parental leave - Health insurance - Care allowance for child's sickness <p>Non-contributory:</p> <ul style="list-style-type: none"> - Maternity benefits - Birth grant - Adoption grant - Flat rate universal child benefit until 16 (19 if in school) - Parental benefit - Allowance for large families (7+ children) - Allowance for families with triplets - Subsistence benefit, means-tested - Childcare allowance for children under 3 (in some cases until 8), with supplement for under-1's - Single parent allowance - Foster care allowance - Disabled child allowance - Study allowance to disabled children - Allowance for children in foster care/guardianship - One-off payment for orphans leaving care - Conscript's child allowance - Some tax allowances for large families - Social housing programme

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Free health insurance and exemption from patient participation for those eligible for Financial Social Assistance - Free health insurance and prescriptions for children up to age 18 or in school - Preventive health programmes for Roma children - Means-tested subsidies for childcare/preschool fees - Exemption from preschool fees for families on social assistance - Free childcare for second and subsequent child (while more than one in preschool) - Free textbook funds - Subsidization of transport to school or free transportation - Subsidized school meals for deprived children - Scholarships for upper secondary and higher education - Free transport for children with special needs 	<ul style="list-style-type: none"> - Social Work Centres - Family Centres including family education, parental skills, programme for children's growth, periodically organized childcare, assisting in resolving family problems, as well as other activities - Centres for Social Work have programmes for Roma integration and support 	<ul style="list-style-type: none"> - Parental Care and Family Benefits Act - Health Care and Health Insurance Act - Financial Social Assistance Act - Exercise of Rights to Public Funds Act - National Programme for Children and Youth - National Programme for the Fight Against Poverty and Social Exclusion 	<ul style="list-style-type: none"> - Some financing from local governments - Administration of Financial Social Assistance done by local welfare centres
<ul style="list-style-type: none"> - Health and dental care free for children (and can be extended if studying) - Health care free for pregnant women and mothers until children 3 - Emergency care (accidents) universally free - State subsidized health insurance for unemployed who are actively looking for work 	<ul style="list-style-type: none"> - Social work centres 	<ul style="list-style-type: none"> - Health Insurance Act - Estonian Health Insurance Fund Act - Social Welfare Act - Labour Market Services and Benefits Act - Children and Families Strategy 2012–2020 	<ul style="list-style-type: none"> - Social Insurance Board under Ministry of Social Affairs administers benefits - Subsistence benefit organized and financed centrally, but eligibility determined by local governments - Local governments provide financing for means-tested and social housing as well as other benefits - Social services and means-tested benefits administered at local level

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Latvia (World Bank)	14	1.3	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity/paternity leave - Birth grant - Parental leave - Family allowance - Sick childcare benefit - Foster family allowance/benefit - Disabled child allowance - Adoption benefit - Legal guardian allowance <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant - Universal flat-rate family state benefit (children until age 15) - Childcare allowance for unemployed to age 2, with supplement for twins, etc. - GMI benefit, means-tested - Adoption allowance - Adopted childcare benefit - Legal guardian allowance - Legal guardian duties benefit - Foster family allowance and compensation - Disabled childcare allowance - Disabled child supplement - Special care benefit for disabled persons - Support for children with celiac disease - Housing benefit
Lithuania (World Bank)	10.5	1.8	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity/paternity benefits - Pregnancy grant - Childcare benefit - Medical benefits <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant - Universal child benefit - Cash social benefit, (GMI), means-tested - Social assistance pension for groups at social risk, e.g., multi-children families, disabled mothers and children - Basic pension to care for child up to age 3, upon expiry of maternity/paternity benefit - Reimbursement of some special care - Increased social allowance for children with disabilities - Conscript's child benefit - Guardianship benefit - Settlement grant (after guardianship) - Reimbursement for cost of house heating, hot water and drinking water, means-tested

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Universal health care - Low-income persons exempted from patient's payments for health 	<ul style="list-style-type: none"> - 26 family support and crisis centres set up by local authorities for children, parents, pregnant women and young mothers in need of specialized help 	<ul style="list-style-type: none"> - Law on State Social Insurance - Law on Maternity and Sickness Insurance - Law on State Benefits Payment during the Period 2009 to 2014 - Law on Social Services and Social Assistance - Law on State Social Allowances 	<ul style="list-style-type: none"> - Ministry of Welfare - Ministry for Children and Family Affairs - GMI scheme formulated centrally, implemented locally, and financed locally - Housing benefit financed and administrated municipally
<ul style="list-style-type: none"> - Reduction in preschool fees for single parents - Free primary health care (universal) 	<ul style="list-style-type: none"> - Social services including information, counselling, mediation and representation, social and cultural services, organization of transportation, provision of necessary clothes and footwear - Special social services granted in cases where general services insufficient, and include social attendance (complex assistance not requiring permanent attendance by specialists including assistance at home and temporary lodging) and social care (day care, short-term care and long-term care) - Day centres 	<ul style="list-style-type: none"> - Law on Sickness and Maternity Social Insurance - Law on Cash Social Assistance for Poor Residents - Law on State Social Assistance Benefits - Law on Benefits to Children - State Allowances to Families with Children Law 	<ul style="list-style-type: none"> - Ministry of Social Security and Labour makes regulations and municipalities provide and administer social services - Overseen by Social Services Monitoring Department - Cash social assistance paid by municipalities, based on targeted subsidies allocated by central government - Social assistance pension paid by municipal government - Social services funded through general taxation with some co-payments

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Bulgaria (World Bank)	11	1.6	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefits - Birth grant - Childcare benefits - Child allowances - Paid parental leave - Health insurance <p>Non-contributory:</p> <ul style="list-style-type: none"> - Lump sum pregnancy benefit for low-income women - Universal birth grant - Universal one-time twins allowance - Lump sum grant for mother-students, those with twins - Child benefit up to age 1 for low-income families - Child allowance, universal as of 2013, conditional on schooling (primary or secondary)³ - Family Allowances for children covering, nursery fees, school meals, the purchase of textbooks and other school supplies - Social Assistance (GMI): Monthly allowance, means-tested - Heating Allowance, means-tested - Housing subsidies for certain groups - Alternative caregiver benefit - Disability and survivor pensions - Disabled child benefit and other allowances - One-off payment for low-income, single parent and disabled child in 1st year primary education - Reimbursement for some employers for opening and maintaining jobs for mothers of children of up to 6 years of age - Scholarships for secondary education for some groups including those with disabilities and orphans
Croatia (World Bank)	13.5	3.4	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Birth grant - Some adoption benefits - Parental leave - Medical insurance <p>Non-contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Birth grant - Child allowance, means-tested - Permanent social assistance - Social assistance and care programme, means-tested and categorical - Personal disability allowance - Allowance for care and help of another person - Additional benefits can be granted by local/city governments - Scholarships for Roma students

³ See 'European Union: European Platform for Investing in Children: Bulgaria,' available at http://europa.eu/epic/countries/bulgaria/index_en.htm, accessed 15 August 2013.

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Health care free for children under 14 - Some health care free, e.g., children under 3 with certain disabilities/health issues, and for emergency health care 	<ul style="list-style-type: none"> - Various social services provided by municipalities including home visiting and centres for social rehabilitation/disabled people - Some mother and baby units - 'Family Centres for Children' project, where unemployed nurses, nursery and primary school teachers and women with social work experience run family centres for children aged 1 to 5 in their homes - 'Back to Work' initiative to train unemployed people to be carers for children under 3 - Centre for the Educational Integration of Children and School Children from Ethnic Minorities 	<ul style="list-style-type: none"> - Social Insurance Code - Law on Health Insurance - Law on Social Assistance - Regulation on the Implementation of the Law on Social Assistance - Family Allowances Act - Social Investment in Children Programme 	<ul style="list-style-type: none"> - National Social Security Institute administers some programmes including some contributory programmes, - State funds disability and survivors' pensions, some health care - Social Assistance Agency administers benefits for families and children, and Social Assistance, financed from state budget
<ul style="list-style-type: none"> - Funding for hospital care for pregnant women - Free health care for children - Some funding of childcare centres - Preschool funded by local authorities - Free school books for children who lost a parent in war 	<ul style="list-style-type: none"> - Centres for Social Welfare, administer benefits, support home care services, etc. - Over 80 Centres for Social Welfare, one in Zagreb is most developed, with integrated psychosocial supports and development for children - 18 Family Centres provide prevention, education, promotion, therapy and counselling, etc. - Crisis intervention teams for schools 	<ul style="list-style-type: none"> - Law on Child Allowance - Family Act - Social Welfare Act - Law on Maternal and Parental Benefits - Health Care Act 	<ul style="list-style-type: none"> - Central government responsibility with Ministry of Social Policy and Youth - Some decentralization of services and local governments also have discretionary ability to give other allowances

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Romania (World Bank)	13.4	2.9	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity leave - Child-raising leave and allowance - Nursery vouchers to support parents not entitled to parental leave <p>Non-contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Birth grant - Parental benefits, income-tested - Universal child state allowance - Care of sick child allowance - Foster care allowance - Family income supplement, means-tested, categorical on presence of children - Social assistance (SSN), income-tested - Emergency financial assistance - Child-raising indemnity as supplement to social assistance - Increase in family support allowance for single parents - Disabled child benefit - Allowance for children with HIV/AIDS - Bonus for insertion as alternative to child-raising leave/indemnity - Heating energy allowance, means-tested - Natural gas allowance, means-tested - Solid fuel or oil allowance, means-tested - Food staples - Social canteens
Albania (World Bank)	7.2	1.8	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefits for minimum 1 year - Birth grant - Survivor pension - Child supplement <p>Non-contributory:</p> <ul style="list-style-type: none"> - Ndihme Ekonomike (GMI) for low-income families (also entitles to electricity subsidies) - Caregiving allowance for children with disabilities and kinship foster care - Ndihme Ekonomike for adolescents and young people in the process of leaving care or out of care - Disabled allowance including child supplement - Electricity subsidy

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Free health care for recipients of social aid and children - Placement Allowance to supplement for childcare 	<ul style="list-style-type: none"> - Public Social Assistance Services at local level to monitor and analyse situation of children, identify and assess risk situations, prepare documentation for services and/or provisions to prevent separation - Day-care centres - Recovery and counselling centres - Child abandonment prevention services 	<ul style="list-style-type: none"> - Emergency Ordinance 70 on Social Protection Measures during the Cold Season - Law 416 on Guaranteed Minimum Income - Law Concerning the Reform in the Field of Social Assistance - National Strategy for the Promotion of Children's Rights - Street Children Initiative 	<ul style="list-style-type: none"> - Ministry of Labour, Family and Social Protection - Central government controls and finances social assistance scheme - County Agencies for Social Benefits and local government units administer benefits and social services - Administrative costs of some allowances provided partly by local budgets
<ul style="list-style-type: none"> - Government provides health care for those not insured and low-income families and children - Day care: For families and children with socio-economic problems, and children with limited abilities - Early childhood education subsidies given by some municipalities to poor children - Some free school meals 	<ul style="list-style-type: none"> - Centres for Social Work - Range of social services provided by Child Protection Units such as such as counselling, advocacy for access to cash benefits, access for poor and marginalized children to attend summer camps, provision of in-kind assistance to low-income families - Child Protection Units act as coordination points for linking families in social support offices - Social workers: Identify at-risk within communities - Multidisciplinary teams set up to assess, protect and refer children at risk - Social workers now in some health facilities and community centres 	<ul style="list-style-type: none"> - Strategy on Social Inclusion - Strategy on Social Protection - On Child Rights Protection - Act on Social Insurance in the Albania Republic - National Strategy for Integration and Development 2008–2013, Social Protection Sector Strategy - Social Inclusion Cross-Cutting Strategy 2007–2013 - Health insurance law 	<ul style="list-style-type: none"> - Central government responsibility with Ministry of Labour, Social Affairs and Equal Opportunities - Municipalities deliver social-care services and social assistance based on block grants from centre - State social services administers low-income family allowances - Social Insurance Institute administers contributory benefits - Social Insurance Institute (under Ministry of Finance) administers contributory benefits

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Bosnia and Herzegovina (World Bank) (2007)	12.5	3.7	<p>Contributory:</p> <p><i>Bosnia and Herzegovina:</i></p> <ul style="list-style-type: none"> - Maternity benefit, varies by canton - Health-care insurance - Child allowance <p><i>Republika Srpska:</i></p> <ul style="list-style-type: none"> - Maternity salary compensation - Maternity allowance - Birth grant - Compensation to care for disabled child <p>Non-contributory:</p> <p><i>Bosnia and Herzegovina:</i></p> <ul style="list-style-type: none"> - Scheme varies by canton - Maternity benefits and financial support for unemployed mothers - Birth grant - Infant food allowance - Children's allowances (CA) in Bosnia and Herzegovina, means-tested - Social Assistance Benefits, permanent or one-time, means-tested - Categorical allowances for children with disabilities/without parental care - Compensation for foster parents - Categorical benefits to victims of war - Survivor pension for families of war victims - Family benefit for civilian victims of war <p><i>Republika Srpska:</i></p> <ul style="list-style-type: none"> - Maternity benefit - Birth benefit: For birth of fourth child and up - Child benefit, means-tested - Social Assistance Benefit, means-tested - Civilian social assistance transfers - Electricity subsidies - Some housing assistance for needy families <p><i>Brcko District:</i></p> <ul style="list-style-type: none"> - Maternity salary compensation - Maternity Allowance - Birth grant - Social assistance to some needy families, means-tested - Child Allowances, for families in social need - Categorical children's allowances for children with disabilities, with disabled parents, single parents and orphans

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<p><i>Bosnia and Herzegovina:</i></p> <ul style="list-style-type: none"> - Free health care for families on social assistance - Health insurance not portable across entities or some cantons -Preschool subsidies <p><i>Republika Srpska:</i></p> <ul style="list-style-type: none"> - Free health care for children under 15 - Some municipal payments: For day care, preschool and preventive child health care 	<ul style="list-style-type: none"> - Centres for Social Work (also administer cash benefits) – 114 in Federation of Bosnia and Herzegovina, Department for Social Welfare in Health Centre in Brcko - Provide counselling for children, general social work and triage, protection and prevention, etc. - Integrated Early Childhood Development Centre, Novi Grad - School of Social Work at University of Banja Luka, Republika Srpska 	<ul style="list-style-type: none"> - Law on Social Welfare Bosnia and Herzegovina - Bosnia and Herzegovina Action Plan for Children 2002–2010 - Social Protection and Inclusion System project 	<ul style="list-style-type: none"> - In Federation of Bosnia and Herzegovina, responsibility with Labour and Social Protection Ministry, in RS with Ministry of Health and Social Protection, Department for Health and Other Services in Brcko - Very decentralized system, responsibilities shared between cantons and municipalities - In Bosnia and Herzegovina responsibility shared between cantons and municipalities - In Republika Srpska, responsibility for implementation with municipalities - Health Insurance Funds/ Institutes of Cantons - Most funding from central government - Eligibility requirements administered by Centres for Social Work

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
The former Yugoslav Republic of Macedonia (World Bank)	10.5	1.3	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Salary reimbursement for care of disabled child - Health insurance - Survivors' benefits, including orphan's pension <p>Non-contributory:</p> <ul style="list-style-type: none"> - Cash maternity benefit - Birth grant - Child Allowances, means-tested - Parental allowance for second and subsequent children, non-means-tested - Special child allowance, cash benefit for children with special needs, non-means-tested - Social Financial Assistance, means-tested - Permanent financial assistance, for people unable to work and materially insecure - Financial assistance for care from other person - Cash assistance for foster families - Cash transfers for children without parental care - Allowance for orphans age 18–26 - Allowance for care of disabled person - Social housing
Kosovo (UNSCR 1244)	3.8	1.5	<p>Contributory:</p> <p>Non-contributory:</p> <ul style="list-style-type: none"> - Last Resort Income Support, hybrid proxy-means and means-testing - Additional child benefit for recipients of last-resort income support - Categorical War Veteran Related Benefits - Disability pension for children - Electricity benefit
Montenegro (World Bank)	12.7	1.5	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit, 1 year <p>Non-contributory:</p> <ul style="list-style-type: none"> - Maternity benefits - Birth grant - Main scheme <i>Materijalno obezbedjenje porodice</i> (material support to poor families) (family cash benefit), means-tested - Other benefits for <i>Materijalno obezbedjenje porodice</i> (material support to poor families) families including caregiver's allowance - Child benefit scheme, means-tested for those receiving <i>Materijalno obezbedjenje porodice</i> (material support to poor families), categorical for orphans, or disabled children - One-time social assistance - Compensation for care of sick child - Some child care assistance for low-income families - External support for beneficiaries of <i>Materijalno obezbedjenje porodice</i> (material support to poor families) with need for chronic care - Disability benefit - Rest and recreation grant for children on <i>Materijalno obezbedjenje porodice</i> (material support to poor families)/in foster families - Survivors benefits - Electricity subsidies for various categories

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Free health care for families on social assistance - Medical benefits free for children under 14 	<ul style="list-style-type: none"> - 27 Centres for Social Work which also deal with social relief - 18 day-care centres for including for children with special needs - 2 day-care centres for drug users - 6 day-care centres for victims of family violence - 1 day-care centre for street children - School of Social Work, Skopje - 660 employed, but only 220 social workers 	<ul style="list-style-type: none"> - National Action Plan on Children's Rights 2006–2015 - Law on Child Protection - Law on Social Protection 	<ul style="list-style-type: none"> - Central government responsibility with Ministry of Labour and Social Policy
	<ul style="list-style-type: none"> - Centres for Social Work (also administer cash benefits) - School of Social Work in Pristina 	<ul style="list-style-type: none"> - Law on Family and Social Services 	<ul style="list-style-type: none"> - Central government responsibility with Ministry of Labour and Social Welfare - Decentralization occurring - Municipalities take responsibility for Centres for Social Work and social services
<ul style="list-style-type: none"> - Free health insurance for family cash benefit recipients, those with disabilities and in institutions/care - Free textbooks for children from families on <i>Materijalno obezbedjenje porodice</i> (material support to poor families) and children without parental care 	<ul style="list-style-type: none"> - Centres for Social Work (also administer <i>Materijalno obezbedjenje porodice</i> (material support to poor families)); 10 in country - Administer cash benefits, provide counselling, home visiting - In smaller areas are Services for Social Work 	<ul style="list-style-type: none"> - Strategy for Alleviation of Poverty - Law on Social and Child Protection - Family Law - Law on Veterans and Disability Protection 	<ul style="list-style-type: none"> - Ministry of Health, Labour and Social Welfare in charge, and Centres for Social Work implement/administer at local level - Divided between national, regional, municipal levels - Almost all non-contributory benefits financed from central government

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Serbia (World Bank)	15.5	2.1	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit 13 months, possibly to extend to 5 years for children with special needs - Special childcare leave - Health insurance - Survivor's pension <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant - Child benefits for first four children up to 18 or child with disabilities up to 26; means-tested - Main scheme <i>Materijalno obezbedjenje porodice</i> (material support to poor families) (family material support), means-tested - Foster parent allowance - Benefits for children of veterans - Other benefits allocated at local level to beneficiaries of social assistance - Allowance for the care and assistance of other people - Supported housing for youth who start living independently and the disabled - Survivors' benefits
Turkey (World Bank)	7.5	0.9	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefits - Nursing benefit - Survivor's pension <p>Non-contributory:</p> <ul style="list-style-type: none"> - CCTs for health and education, means-tested - In-kind social assistance, means-tested - Pregnancy grant for low-income citizens - Educational Material Assistance provides school supplies for low-income children - Universal free textbooks for primary school - Social and economic assistance for biological or guardian families so children at home and out of institutions - Disability wage for adults with disabled children, means-tested - Heating supports for some citizens - Housing supports (cash and in-kind) for some citizens - Social House project building social houses - Some food assistance, and public soup kitchens

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Health insurance for uninsured and vulnerable groups including children - Some local payments for school supplies - Nursery school fees paid for children from low-income families - Some funding of day care by local governments - Kindergarten allowance for orphans, foster children, disabled or low-income children - Subsidized transportation for disabled children 	<ul style="list-style-type: none"> - 135 Centres for Social Work (also administer <i>Materijalno obezbedjenje porodice</i> (material support to poor families)), provide social services including home visiting and counselling - 75 Roma health mediators - School of Social Work, Belgrade 	<ul style="list-style-type: none"> - Social Welfare Reform Strategy - Strategy for Improving Position of Persons with Disabilities - Law on Prevention of Discrimination against Persons with Disabilities - National Plan of Action for Children 2004 	<ul style="list-style-type: none"> - Department in Ministry of Labour and Social Policy deals with social welfare reform strategy and finances - Institute of Social Protection - Implementation shared between central and local levels - Residential care planned to be more regional - 120 local governments have social protection plans which draw on central funds - <i>Materijalno obezbedjenje porodice</i> (material support to poor families) administered by Centres for Social Work - Child benefit through Public Fund for Child Protection
<ul style="list-style-type: none"> - Universal health insurance for children - Buses for disabled students in special education - Assistancess for transport/shelter needs of primary and secondary school children - Lunch support programmes for rural/remote areas - School Milk Project, universal for Grades 1–5 	<ul style="list-style-type: none"> - Social Service Projects: community centres with low-cost social services - Supporting the Psychosocial Development of Children programme, including home visits by primary care units and family physicians to monitor and early detect children's issues and parenting abilities 		<ul style="list-style-type: none"> - Social assistance managed by Social Assistance Directorate General through its subsidiary foundations - Disability wage and others managed by Directorate General for Payments without Premium, under the Social Security Institution

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Belarus (World Bank)	10.5	2	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefits 126 days - Birth grant - Benefit for women who applied to health organization in first 12 weeks of pregnancy - Home-care allowance up to three years differentiated depending on the order of child birth and disability status - Child benefit age 3+ for certain categories of families - Care of sick child up to 14 days - Care of disabled child allowance - Benefit for HIV-infected children - Disabled child pension - Benefit for sanatorium treatment of disabled child - Unemployment benefit supplement in case of children - Survivor pension <p>Non-contributory:</p> <ul style="list-style-type: none"> - Maternity benefits - Birth grant - Monthly social benefit (means-tested) - Child benefit for children under 3 (universal) - Child allowance (means-tested, 3+ years) - Benefit for families on birth of 2+ children - Disabled child allowance - Allowance for children with HIV - Adoption allowance - Foster child allowance - Salary for foster parents - Free food for children 0–2 years old - One-time social benefit - Benefit for social rehabilitation equipment - Food coupons for the disabled - Allocation of foreign aid to persons whose income per capita below 60 per cent of subsistence income level - Tax benefits for families with children - Subsidized housing for families with many (three or more) children

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Theoretical universal access to health care (although informal payments common) - Free outpatient prescription drugs for children under 3 - Preschool is free and meals in preschool are subsidized minimally 40% by the state along income lines and depending on number of children, while children with disabilities pay nothing 	<ul style="list-style-type: none"> - Social-service centres, some services free, some charged - Support services for disabled including respite care for carers of children with disabilities - 146 Territorial Centres of Social Services for Population - 140 Social-pedagogic Centres and children's social shelters - 61 permanent social service facilities - 7 small-scale homes for old-aged and disabled in the countryside - 9 facilities for disabled children - 17,500 social workers - 143 centres of correctional and developmental education and rehabilitation for children with special needs covering all districts 	<ul style="list-style-type: none"> - On State Benefits for Families with Children - On Fundamental Principles of National Social Insurance - On State Targeted National Social Assistance - On Approval of the Regulations on Provision of Temporary Disability Benefits and Maternity Benefits - On Approval of the Regulations on Awarding and Payment of State Benefits for Families with Children - On Free Food for Children Aged 0–2 - On One-Time Payments to Families upon Birth of Two or More Children for Purchasing Articles of Prime Necessity for Kids 	<ul style="list-style-type: none"> - Social Security Fund managed by Ministry of labour and Social Protection - Social assistance provided by central budget and nationwide programmes provide guidelines - Implementation done at regional/local levels

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Republic of Moldova (World Bank)	9.8	1.3	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Birth grant - Care of sick child benefit - Child benefit (non-means-tested) - Childcare benefit (up to age 3) - Survivors' benefits - Health insurance <p>Non-contributory:</p> <ul style="list-style-type: none"> - Maternity benefits - Birth grant - Monthly childcare allowance to age 1.5 - Family allowances (means-tested, children 1.5–16 years) - Social aid for low-income families (Ajutor Social) - Material and humanitarian aid, means-tested - State social allocations for disabled, disabled children, disabled from childhood and children who have lost their breadwinner - Allowances for tutors, guardians or those who adopt children - Categorical targeted compensations including to disabled children, families of deceased Chernobyl victims, families with four or more children - Heating and utilities compensation - Wood and coal compensation - Survivors' benefits - Cold season benefits - Tax benefits for families with children

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Universal access to primary health care (although informal payments common) - Secondary health-care access exemptions for certain groups, and free for children, pregnant women, disabled - Children under 5 and pregnant women entitled to free medicines - Preschool either free or at symbolic fees based on family income - Compensations for transport for disabled children 	<ul style="list-style-type: none"> - Commissions for the Protection of Children at Risk - Domiciliary Care, including help to pay for some utilities, helping around the house and the household; assistance in personal hygiene activities; etc. - Feeding in Social Canteens for disabled persons, children under 18 from socially vulnerable families - Social Community Services, social assistance organized on local level - Community Centres for disabled children - Special Social Services for people who require rehabilitation or intensive treatment by skilled professionals - 27 day-care centres for children at risk - 10 maternal centres - 14 day-care centres for children with disabilities - Social assistants support vulnerable children, are 1 per every 5,000 citizens, and they cover all communities; refer children to different community services - Some mother and baby units in hospitals 	<ul style="list-style-type: none"> - On the National Social Insurance System - On the Republican and Local Social Security Funds - On Special Social Security for Certain Categories of People - Strategy on the Development of an Integrated System of Social Services 2008–2012 - Law on State Social Insurance Pensions - Law on the Public System of Social Insurance - Law on Social Assistance 	<ul style="list-style-type: none"> - Funding provided by Budget for State Social Insurance - Ministry of Labour Social Security and Family - Managed by Chamber of Social Insurance, State Treasury, and six Funds - 85% of funding from social insurance contributions from employers/ employees, rest from national budget - Social services funded by state and local authorities - Department of Social Assistance and Family Protection deals with child protection

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Russian Federation (World Bank)	9	2.5	<p>Contributory:</p> <ul style="list-style-type: none"> - Early pregnancy benefit if registered at medical institution - Birth grant - Adoption benefit - Childcare leave up to 1.5 years - Childcare benefit for mothers of children age 1.5–3 years <p>Non-contributory:</p> <ul style="list-style-type: none"> - Maternity Capital Funds for mothers with at least one child - Paid maternity leave - Birth grant - Adoption grant, larger for children with disabilities, those who adopt siblings and children over 7 years old - Paid childcare leave (monthly up to 1.5 years) - Monthly allowance for children from poor families (means-tested) - Social Support for Families with Children including birth grant, allowance for mothers registered at maternity centres, foster family grant, allowance for children of servicepersons, lump sum allowance for pregnant wives of servicepersons - Child benefit (means-tested) for single mothers, children of servicepersons - Food and cost of living compensation payments for children of student families and other vulnerable categories - Compensation payments for large families - Various benefits for disabled children or children of disabled parents - Tax benefits for families with children
Ukraine (World Bank)	21.5	2.5	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefits - Care of sick child benefit - Survivor's pension - Social insurance to care for sick children, pregnancy and childbirth <p>Non-contributory:</p> <ul style="list-style-type: none"> - Maternity benefits - Birth grant - Adoption allowance - Benefits for children under 3 - Family allowance, means-tested, 3–16 years - Guaranteed Minimum Income programme for low-income families, proxy means-tested - Child-raising allowance - Fostering allowance - Childcare benefits to single parents - Benefit for large families - Disabled child allowance - Assistance for children under care/guardianship - Housing and communal services/fuel subsidies - Categorical social privileges to various groups including children of war - Tax benefits for single mothers, parents with a disabled child and parents with three and more children, high school, university and post-graduate students

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Primary and secondary education free - Childcare/preschool mostly funded by state, with additional top-ups provided to families by government (preschool subsidies) - Theoretically free health care 	<ul style="list-style-type: none"> - Over 4,000 social institutions providing services - 1,648 social welfare institutions 		<ul style="list-style-type: none"> - Ministry of Public Health and Social Development - Programmatic funding varies from municipal to regional to central levels - Almost all social protection for families and children regionally legislated and funded, and regionally/locally administered
<ul style="list-style-type: none"> - Universal access to health (although informal payments common) - Preschool either free or at symbolic fees based on family income - Discounts for persons in need for medicine and transportation 	<ul style="list-style-type: none"> - 48 types of social service, including 19 social hostels, 15 mother and child social centres, 9 centres of socio-psychological rehabilitation for handicapped children and youth, 7 centres for HIV positive children and youth, 23 centres for social and psychological support - 743 Territorial Centres providing social services - 1900 Centres of Social Services for Family, Children and Youth - Network of specialized establishments attached to Centres, providing social assistance and other social services, including mobile social counselling centres in rural and highland areas - Some mother and baby units in hospitals - Integrated care services for HIV, tuberculosis and drug users which offer package of health and social care services 	<ul style="list-style-type: none"> - Law on Social Protection of Homeless People and Street Children - National Plan of Action for Children 2009–2016 - Common Decree by the Ministry for Family, Youth and Sports and Ministry of Health - Common Decree by Ministry of Family Youth and Sports and Ministry of Labour and Social Policy - Concept reform of the Social Services System - Law 'On social work with families, children and youth' - State Social Services' Strategy of Social Service Development for Family, Children and Youth in Ukraine 	<ul style="list-style-type: none"> - Overall coordination for social protection to Ministry of Social Policy - State Social Insurance Fund financed by employers, employees, state budget, financial penalties on enterprises, profits from deposits and charitable contributions of enterprises

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Armenia (World Bank)	6.5	1.7	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Childcare benefit (under 2) - Monthly child benefits - Caregiver allowance - Family care benefit: For temporary disability - Survivor's pension <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant - Childcare benefit for children under 2 - Poverty family benefit (proxy means-tested) - Remuneration for foster families - Disability basic pension - Orphan's pension - State support to graduates of orphanages
Azerbaijan (World Bank)	5.8	1	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Birth grant - Childcare benefit (until age 3) - In-kind benefits, e.g., sanatorium visits, health care <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant - Child allowance for low-income families with child under age 1 - Childcare allowance up to age 16, means-tested - Targeted Social Assistance (means-tested) - Allowance for children with limited health capacity under 18 - Allowance for guardians/trustees of children deprived of parental care - In-kind benefits for certain categories such as subsidies for health, education, housing, including for internally displaced persons - Loss of breadwinner allowance
Georgia (World Bank)	4.9	1.1	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Childcare benefit - Adoption leave - Needs-based medical benefits <p>Non-contributory:</p> <ul style="list-style-type: none"> - Maternity and childcare benefits including for adoptions - Adoption/fostering benefit - Targeted Social Assistance (proxy means-tested) - Reunification allowance for families taking in children from institutions - Categorical benefit for internally displaced persons - Disabled child pension - Various disability benefits - Utilities subsidies (categorical) - Categorical housing subsidies - Income tax waiver for some adopting parents

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Basic Benefit Package for primary health care services free of charge including health-care for children and socially vulnerable groups - Health care free for recipients of targeted benefits - State support to four day-care centres for children with disabilities/ psychosocial issues - Day care centres for socially vulnerable children and those with disabilities - Socially vulnerable children generally received reduced fee or free childcare if request submitted 	<ul style="list-style-type: none"> - Community-Based Guardianship and Trusteeship commissions - Children’s Rights Protection Departments in regional governors’ offices - Territorial Offices of the Social Service, have introduced pilot case management - Home-care services for disabled 	<ul style="list-style-type: none"> - Law on Social Assistance - Law on State Benefits - Strategy of Social Protection of Disabled Persons - Law on Mandatory social Insurance in Cases of Temporary Incapacity (Or Disability) (for maternity leave) - Law on Social Protection of Children Deprived of Parental Care - National Program on the Protection of Children’s Rights 	<ul style="list-style-type: none"> - Design, implementation and administration done by Ministry of Labour and Social Affairs - Main programmes financed by central budget
<ul style="list-style-type: none"> - Public health services free for children, students, invalids and pensioners, also some drugs free of charge - 100 drugs free of charge - Free medicines for some patients, e.g., those with HIV/ AIDS - Basic Benefit Package in preparation - Some in-kind health, education payment exemptions - Internally displaced persons exempt from some fees and charges, e.g., housing and university charges 		<ul style="list-style-type: none"> - On the Establishment of the State Social Protection Fund of the Azerbaijan Republic - On Social Insurance - On Targeted State Social Assistance 	<ul style="list-style-type: none"> - Design and supervision done by Ministry of Labour and Social Protection - Contributory benefits administered by State Social Protection Fund - Means-tested social assistance benefits administered by local branches of Ministry of Labour Health and Social Affairs (MoLHSA)
<ul style="list-style-type: none"> - Primary health care free for some children 0–5 and some pensioners - Free health insurance vouchers for low income families (Medical Assistance Programme) and children without parental care, in specialized schools and institutions - Rehabilitation services for children with defects of bones and joints - Day-care services for children from vulnerable families, disabled children - Recreation centres for poor children 	<ul style="list-style-type: none"> - Various services administered by Ministry of Labour, Health and Social Affairs including rehabilitation, day-care, recreation centres - Shelters: For children under 18 - Social workers: Including providing family mediation, prevention of institutionalization, etc. - Some mother and baby units in hospitals 	<ul style="list-style-type: none"> - On Social Assistance - On Monetization of Social Benefits - On Child Adoption and Foster Care 	<ul style="list-style-type: none"> - Design and supervision done by Ministry of Labour, Health and Social Affairs - Most financing from state budget - Social Service Agency responsible for administration of almost all benefits - 83% of social protection budget funded by central government - Social services for families with children and benefits for disabled funded by autonomous republics and territorial entities

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Kazakhstan	5.2	1.2	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Childcare allowance for one year - Medical benefits <p>Non-contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Birth grant - Infant allowance for unemployed women - Family/child allowance for poor families (means-tested) - Targeted Social Assistance, means-tested - Foster family allowance and salary - Special State Allowances, categorical transfers (e.g., disabled, mother with 4 or more children) - Cash transfers for single-parent families - Disabled child benefit - Other benefits for disabled children: Free accommodation, food, clothing, medical aid, books, soft inventory and equipment - Benefit for large families (4+ children) - Benefits for orphans or children without parental care - Benefits for foster children in institutions - Survivors benefit for children under 18, widowers/relatives taking care of children - Housing Allowances for recipients of Special State Allowances and low-income families
Kyrgyzstan (World Bank)	7	0.9	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Adoption benefit - Care of sick/disabled child allowance - Childcare allowance <p>Non-contributory:</p> <ul style="list-style-type: none"> - Maternity benefit for unemployed - Birth/young child allowances - Monthly Social Allowance, categorical transfer for vulnerable groups (including children) - Monthly Benefit (MALIF) (UMB) for poor households categorical on presence of children, means-tested - Universal orphan's pension - Cash benefits for disabled victims and families who lost breadwinners in 2010 conflict - Allowances for families of war veterans - Housing subsidies for low-income families - Heating allowances for low-income families - Electricity subsidies - Local administrations can provide housing subsidies, monetary compensations, monthly or quarterly allowances, food, solid fuel, and other assistance both in-kind and monetary

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Guaranteed free health-care scheme - Some free medicines provided for low-income families at local levels - Free school accommodation, medical aid, soft inventory and books for children from families with many children, those receiving Targeted Social Assistance, under guardianship - One-time nutrition, school and sports clothing provision for children from families receiving Targeted Social Assistance 	<ul style="list-style-type: none"> - Midwives/patronage nurses provide mother and baby visits - Gynaecologists/ paediatricians provide initial mother and baby visits - Children's policlinics in more densely populated areas; rural areas have policlinics which support home visits - Healthy Baby Rooms in each children's policlinic - Social workers in maternity wards - Home-based social support for children with disabilities - Social workers and psychologists present in all in-patient health centres - 'Social pedagogues' in schools, help identify and make contact with harder to reach families unlikely to approach services 	<ul style="list-style-type: none"> - Ministry of Labour and Social Protection Strategic Plan 2011–2015 - Law on Specialized Services - Children of Kazakhstan 2007–2011 	<ul style="list-style-type: none"> - Ministry of Labour and Social Protection - Targeted Social Assistance funded from local budgets - Social Allowances (except child allowance) paid from Republic budget - Special State Allowances financed from central budget - Housing Allowances financed from local budgets - Some administered at regional level (e.g., monthly allowances for low-income families) - Local budgets fund various other benefits for low-income families
<ul style="list-style-type: none"> - All children and welfare beneficiaries receive free medical insurance - Free medical services for pregnant women and after childbirth - All citizens receive free family General Practitioner services 	<ul style="list-style-type: none"> - Midwives/patronage nurses provide mother and baby visits - Gynaecologists/ paediatricians provide initial mother and baby visits - Social workers help families applying for social assistance to arrange birth registration of children - Social Commissions established at local level to support ID of eligible families for social benefits 	<ul style="list-style-type: none"> - Law on State Social Benefits - National Strategy on Social Protection Development 2012–2014 - Children's Code 	<ul style="list-style-type: none"> - Ministry of Labour and Social Protection - Monthly Social Allowance and Monthly Benefit financed from central budget - Monthly child benefits and most other benefits covered by state budget - Heating allowances provided by regional/local budgets

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Tajikistan (World Bank)	3.3	0.5	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Birth grant - Childcare allowance - Survivors benefits - Medical benefits <p>Non-contributory:</p> <ul style="list-style-type: none"> - Maternity benefit, means-tested - Compensation for Poor Families with Children, means-tested, conditional on school attendance - Orphan's pension - Disability pension - Child survivor's pension - Electricity and gas compensations for poor families, targeted and means-tested
Turkmenistan (2007)		0.6 (not including subsidies)	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefit - Child benefit (non-means-tested) - Sickness benefits <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant - Childcare benefit, universal for three years - State Support, means-tested social assistance for families - Disability Allowances for disabled children under 16 and those disabled since birth - Survivor Allowance for loss of breadwinner of family/orphans - Subsidies and privileges for gas, water, electricity and salt for population up to certain consumption limits - Subsidization of prices for nationally produced bread, flour, housing, national and international transport, phone charges - Income tax benefit for families with children

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Previously free health care but now dependent on unofficial private payments - Free school meal programme - Theoretically free education (informal payments exist) 	<ul style="list-style-type: none"> - Home-care services - Social welfare services in residential facilities and care institutions - Social welfare services in day-care centres 	<ul style="list-style-type: none"> - Law on Public Social Insurance - Law on Social Services - Law on State Social Standards - Law on Social Protection of Disabled - Decree 'On approval of the scope and procedures for provision of free social care services' (Ref. No.724) - Decree 'On Establishment of State Institution Training and Practical Unit for Social and Innovative Work' (Ref. No. 628) - Law No. 482 on State Social Procurement 	<ul style="list-style-type: none"> - Ministry of Labour and Social Protection - Ministry of Finance gives block grant to districts for compensations, includes benefits for war veterans, and one-time poor family compensation - At central level no separate budget for cash compensation for children - Electricity/gas subsidies financed by Republic budget and administered at sub-national levels - Compensation for Poor Families with Children also administered at local/regional levels through schools
<ul style="list-style-type: none"> - Theoretically free health care for all people, but costs for medicines and some surgeries - Free health care for low-income families on social assistance - Some further privileges for persons with disabilities including medical and dental care, etc. - Free primary schooling and no school-related costs 	<ul style="list-style-type: none"> - Social services for elderly and disabled - Network of Labour Exchange offices at local level to provide job search assistance and maintain register of people needing social benefits 	<ul style="list-style-type: none"> - Family Code of Turkmenistan - On Guarantees of Child Rights - Code on Social Security 	<ul style="list-style-type: none"> - Ministry of Labour and Social Protection created 2011 - Pension Fund established in 2012 to deal with provision of pensions and benefits - Regional/local departments of Pension Fund manage and implement social protection programmes - Benefits either paid through employer or banking system

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Uzbekistan	1.4	2	<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity benefits - Young child allowance - Family allowances - Dependent's supplement for unemployment insurance - Survivor's pension <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant - Child/Family allowances, means-tested, mix of income and proxy determinants - Maternal allowances for unemployed mothers with young children - Child benefit for single parents - Social aid to families in need, includes free winter clothing and footwear - Allowance for disabled children - Orphan/children without parental care allowance - Survivors pension - Subsidized vacations for children from poor families

EXAMPLES FROM HIGH-INCOME COUNTRIES

COUNTRY	EXPENDITURES (% GDP)		SOCIAL TRANSFERS
	SP ¹	SA	
Finland			<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity allowance/leave - Paternity leave - Parental leave - Care of sick child benefits - Child disability allowance - Survivors' benefits <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant - Adoption grant - Maternity benefits - Paternity allowance - Parental leave - Child allowance - Lone-parent child allowance supplement - Benefit for families with 3+ children - Social assistance - Child disability allowance - Child home-care allowance - Survivor's pension - Orphan's supplement, means-tested - Housing allowances to low-income households

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Families with 2+ children attending preschool get 30% discount on fees - School set for Grade 1 students - Low-income children may be exempted from preschool fees 	<ul style="list-style-type: none"> - Family and Children's Support Services, oversaw 1,106 cases in 2011 - Children's policlinics in more densely populated areas; in rural areas, rural policlinics have home visiting services - Midwives/patronage nurses provide mother and baby visits - Gynaecologists/paediatricians provide initial mother and baby visits - Are 108,000 home visiting nurses - Social work curriculum in three universities and Republican Centre for Social Adaptation of Children - Family and children's support services - Republican Centre for Social Adaptation of Children - Social work at three educational establishments - 600 enrolled in accredited social work programmes - Pilot of six family support teams 	<ul style="list-style-type: none"> - Family Code of Uzbekistan - Resolution No. 1112; family allowances - Resolution No. 434; family assistance - Law on Mahalla System - National Plan of Action on Child Well-being 	<ul style="list-style-type: none"> - Ministry of Labour and Social Policy has overall responsibility for social assistance and sets guidelines - Is a new Social Protection Inter-Agency Group to coordinate and plan - Coordination Council on Child Well Being - Ministry of Finance makes budgets for allocating benefits - In-kind benefits and child disability allowance financed from national budget - Community-based targeting done through local mahalla systems - Two targeted family benefits financed from local budgets

EXAMPLES FROM HIGH-INCOME COUNTRIES

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Universal health care - Public and private childcare subsidies based on income 		<ul style="list-style-type: none"> - Child Allowances Act - Act on Child Home Care Allowance - Child and Youth Policy Programme 	<ul style="list-style-type: none"> - Ministry of Social Affairs and Health - Municipal authorities meet total cost of child home-care allowance

COUNTRY	EXPENDITURES (% GDP)	SOCIAL TRANSFERS
France		<p>Contributory:</p> <ul style="list-style-type: none"> - Birth grant - Adoption grant - Maternity leave, some paternity leave - Parental allowance for childcare - Allowance for sick child - Allowance for disabled child - Survivor allowance, means-tested - Medical benefits <p>Non-contributory:</p> <ul style="list-style-type: none"> - Birth grant - Parental leave (1 year) - Adoption allowance - Means-tested infant childcare benefit (age 0–3) - Family benefit for those with 2+ children - Supplementary allowance for families with 3+ children (means-tested) - Child supplement if parents cease/reduce employment - Family support allowance for single parents - Single parent allowance for single mothers - Social minimum income scheme - Allowance for a sick child - Active solidarity income - Financial support for employing registered childminders - Education allowance for disabled children - Family housing benefit - Social housing benefit (means-tested) - Family backing allowance for orphans/abandoned children - Child supplementary benefit for those falling under income threshold of unemployment benefit - Tax benefits for families with children
United Kingdom		<p>Contributory:</p> <ul style="list-style-type: none"> - Maternity leave with pay - Paternity leave with pay - Unpaid parental leave - Medical benefits <p>Non-contributory:</p> <ul style="list-style-type: none"> - Health in Pregnancy payment - Sure Start Maternity Grant available to some low-income mothers - Maternity allowance - Paternity allowance - Adoption pay - Welfare foods programme - Child benefit - Social assistance - Employment and Support Allowance, for people with limited capability for work or a health condition - Working Tax Credit for working low-income families - Childcare Tax Credit - Family Tax Credit, for those in-work, means-tested - Housing benefits

PROGRAMMES FOR ACCESS	SOCIAL SUPPORT AND CARE SERVICES	MAIN LEGISLATION	FINANCING AND ADMINISTRATION
<ul style="list-style-type: none"> - Means-tested universal sickness insurance - Creche fees based on income - Free preschool education from age 3 - Back to school allowance, means-tested 	<ul style="list-style-type: none"> - Development of Family Centres - After-school and outdoor activity centres - Marital and family information and advice centres - Parental support and guidance centres - Family information points 	<ul style="list-style-type: none"> - Education Code - Law on Family Benefits - Law on Paternity Leave - Law on Maternity Insurance Reform - Law on rights and chances, equality, participation, and citizenship of handicapped persons 	<ul style="list-style-type: none"> - Ministry of Labour, Solidarity and the Civil Service and Ministry of Economy and Finance oversee social assistance - Ministry of Health, Youth Sports and Communities - National Family Allowances Fund coordinates and ensures financial equalization - Family Allowances paid by Local Family Allowance Funds - Family Department - Creches run by local authorities, parent associations and companies
<ul style="list-style-type: none"> - Universal health care - Free dental and prescriptions for those on means-tested benefits, pregnant women and children under 16 - Free early education for 15 hours a week, 38 weeks a year for all 3- and 4-year-olds 	<ul style="list-style-type: none"> - Sure Start Children's Centres provide family support, health care, advice and support for parents, outreach services, childcare and training and employment - Child Support Agency 	<ul style="list-style-type: none"> - Child Tax Credit and Tax Credits Act - Child Benefit Act - Social Security Contributions and Benefits Act 	<ul style="list-style-type: none"> - Her Majesty's Revenue and Customs administers child benefits and tax credits - Department for Work and Pensions - Department for Children, Schools and Families

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