12.

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

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12.1. A DERAILED TRACK IN CHILD POVERTY REDUCTION

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

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

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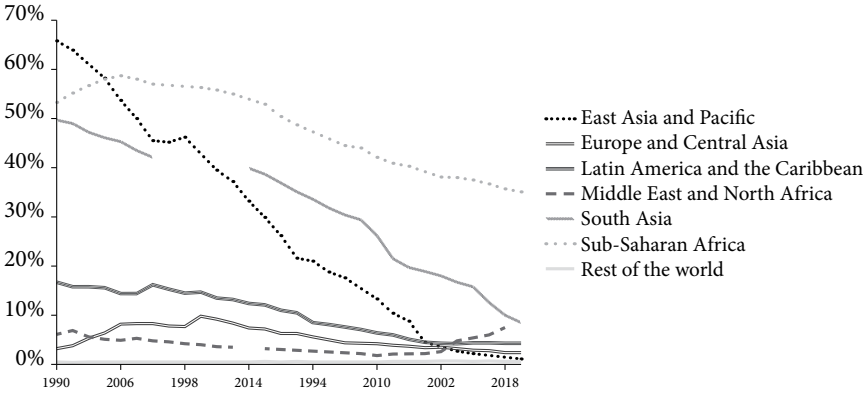
[28] China achieved significant results in poverty reduction., accounting for close to three-quarters of global poverty reduction since 1980 (World Bank et al., 2022; Gao et al., 2021).

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



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

Source: World Bank (2022).

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

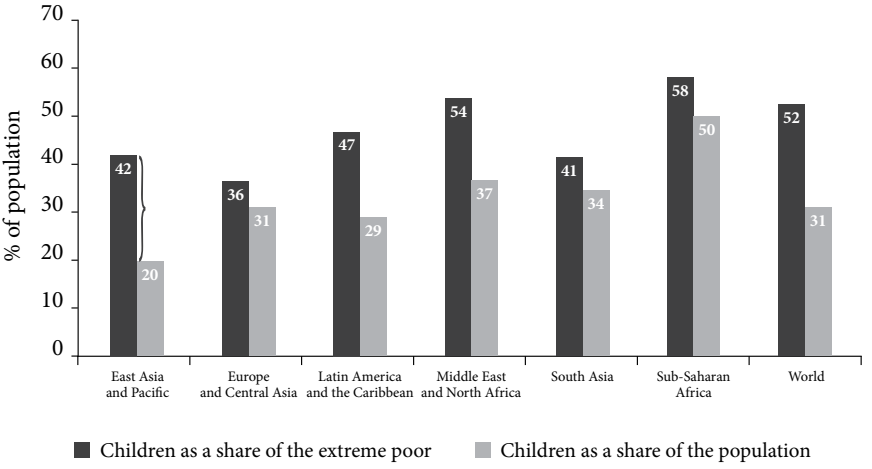
Containment measures, such as school closures and confinement, despite having reduced the speed of the infection rates, had severe impacts on children in terms of loss of education, lost income and psychological trauma. The larger economic crisis generated by the containment measures, the ensuing economic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

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

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

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

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



Source: World Bank (2022).

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

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

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

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

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

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

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

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

Box 12.1 Key principles that guide social protection directed to children

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

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

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

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

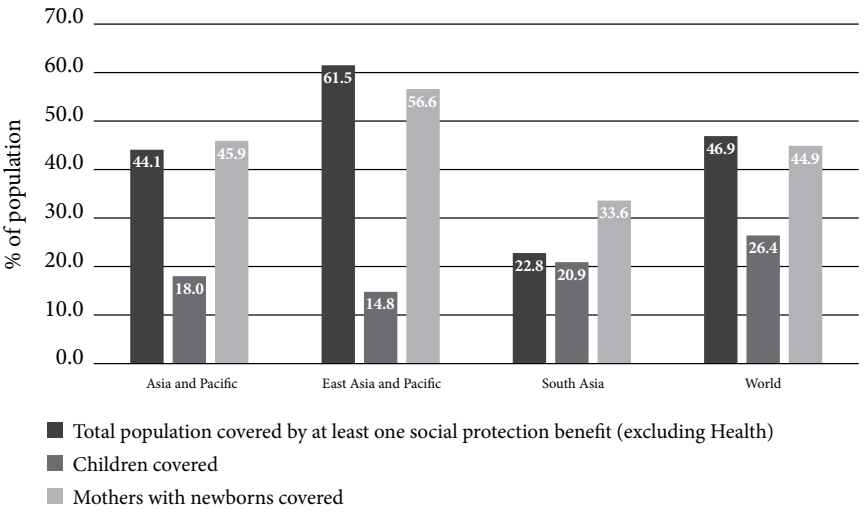
Source: UNICEF (2019a).

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

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

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

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

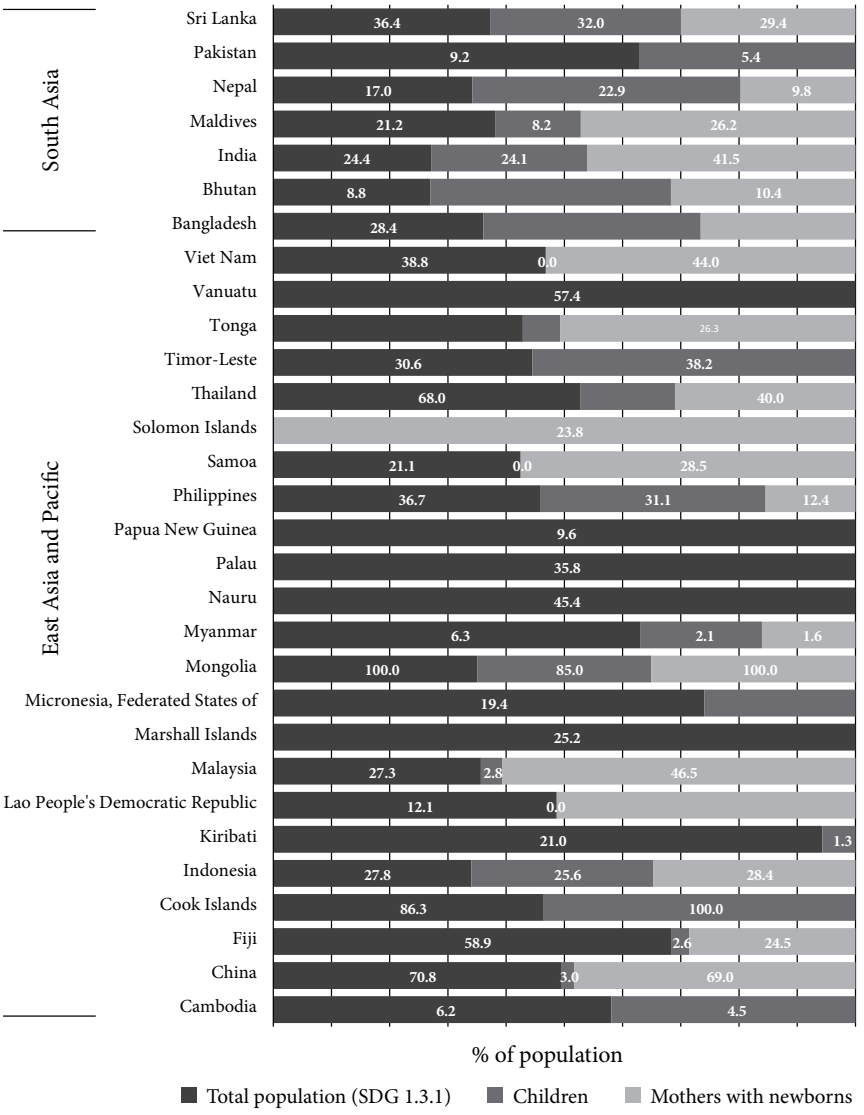


Note: The proportion of the population covered by at least one social protection cash benefit is the ratio of the population receiving cash benefits, excluding healthcare and sickness benefits, under at least one of the social protection functions (contributory or non-contributory) or actively contributing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

Source: International Labour Organization, World Social Protection Database.

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

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

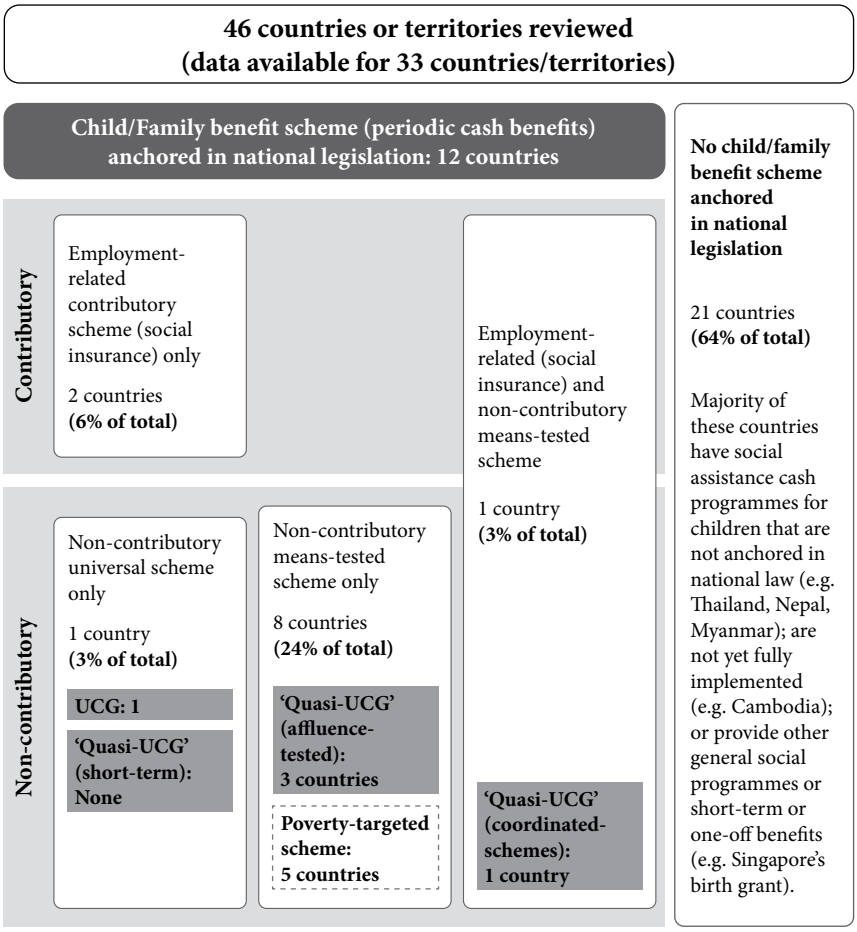


Note: disaggregated data not available for most Pacific countries –i.e., Vanuatu, PNG, Palau, Nauru, Marshall Islands. Total coverage for Solomon Islands not available.

Source: International Labour Organization, World Social Protection Database.

Existing child/family benefit schemes can be classified by some key categories, as shown in Figure 12.5. Many countries in the Asia and Pacific region have no data on social protection interventions (i.e., data is available only for 33 countries over 46 in Asia and Pacific). Nonetheless, there are a few interesting examples of child benefits across the region.

Figure 12.5 Different categories of child/family benefits in Asia and Pacific



Note: UCG=Universal Child Grant. The schemes are defined based on the attributes of the child/family allowances only, and do not include reference to other family-related benefits, such as birth grants or housing allowances.

Source: Authors, based on ILO and UNICEF (2019); ODI/UNICEF (2020).

In Southeast Asia, since Thailand's Child Support Grant landmark adoption in 2015, the scheme has undergone two expansions and is currently providing a THB 600 monthly cash grant to 2.3 million children under six from families with a per capita annual income below THB 100,000. It was first expanded to cover children aged 0–3 years in 2016, for a second time in 2019 to cover all children aged 0–6 years, and then again in 2020 used as a measure to channel COVID-19 relief – when provided an additional THB 3,000 to 1,394,756 beneficiaries (ILO et al., 2022). In South Asia, Nepal is the only country currently attempting to deliver a conventional child benefit targeting children aged 0–4 belonging to the Dalit caste[30], although it is universal in a few areas of the country. As a result, in 2020 it reached 22 per cent of young children although the Government of Nepal has plans to roll it out nationally (Kidd et al., 2021).

Anchored in national legislation as opposed to short-term or one-off benefits. Social protection schemes anchored to national legislation provide a legal basis for the entitlement of social protection, even if legal coverage does not automatically ensure that the population is effectively covered. An analysis of the different types of periodic child and family cash benefit programmes that specifically provide for children shows that more than two-thirds (22) of the 33 countries do not have any child or family allowance anchored in national legislation.[31] Programmes from Pacific countries such as Niue's Child Allowance but also Cook Islands' universal child benefit are frequently overlooked in official statistics despite being backed by enacted legislation.

Conditional as opposed to unconditional. In order to receive the benefit, social protection schemes can require beneficiaries to comply with specific conditionalities such as school attendance of children, or participation in specific training. Arguments that support conditionality are both conceptual and political. On the one hand, it is argued that conditionality can help overcome situations where households don't have a full understanding of the benefits of services, such as the returns to education. On the other hand, it may be easier to gain political support from policymakers and taxpayers if transfers are linked with specific responsibilities. However, conditionalities undermine the principle of social protection as entitlement, and they can further penalize and marginalize the most vulnerable populations. And finally, there is a growing literature challenging the effectiveness of conditionalities (Kidd, 2016). A different non-punitive modality, called "cash plus", integrating cash transfers with other components, like health insurance, livelihood training, or links to sexual and

[30] Dalits, also previously known as *untouchable*, is a name for people belonging to the lowest stratum of the castes in India and Nepal.

[31] A total of 46 Asia-Pacific countries are included in this analysis. While there are no data for 13 of all the countries/territories analyzed, almost half (9) of the countries in the Pacific (21) have no official data available. This analysis draws on a previous global stocktaking (ILO and UNICEF, 2019) and brings additional data sources to fill the gaps (pre-COVID status). Programmes anchored in national legislations usually provide the soundest form of provision, as they tend to be stable in terms of funding and institutional frameworks and provide legal entitlements to eligible individuals and households.

reproductive health services, can generate additional benefits for individuals as well as their households (Roelen et al., 2019). Thailand's Child Support Grant or Nepal's child grant are unconditional child benefits whereas Cambodia's Cash Transfer Programme for Pregnant Women and Children under Two includes health-related conditionalities. A recent process evaluation of the latter (MoSVY, 2021) found that as there is no recent data on the extent of utilisation of the 15 conditions that could serve as a baseline for the Programme, it is possible that the conditions have created a barrier for those in hard-to-reach populations, keeping them from enrolling in the Programme.

Contributory and non-contributory. In recent decades, the region has seen a significant expansion of non-contributory social protection schemes funded by national budget (tax-financed). Contributory schemes, such as social insurance require the beneficiaries to pay for their contributions to the scheme. Some countries, like Viet Nam are exploring the possibility to develop a combination of contributory and non-contributory child-benefits (ILO, 2019; ILO, 2021). Under this type of multi-tiered system, people under some specific characteristics, age for example, have a right to receive guaranteed cash support, while those who can and have contributed to the system earn entitlement to a higher level benefit (e.g., child and parental benefits or pensions), thereby guaranteeing income security to everyone while maintaining the incentive to contribute. Under this structure, caregivers who are not paying social insurance contributions in Viet Nam would receive an adequate, guaranteed child benefit financed through general taxation, but those workers who enrol in voluntary social security would be entitled to a higher rate contributory child benefit paid for by their contributions (ILO, 2021). It is argued that this difference in value preserves the incentive to join social insurance (Ibid).

Universal as opposed to narrowly targeted. Child benefits are designed to reach households with children. As such, they are categorical, paid to a specific subgroup of the population, based only on household composition and demographic criteria. Universal social protection schemes are cash or tax transfers made on a regular basis to children, independently of their socioeconomic or other characteristics (ODI/UNICEF, 2020). The universalistic approach is rooted in the human right to social protection but, may be perceived as too costly. For this reason, many countries may add specific targeting procedures to limit the benefit to a subset of household, for example the extremely poor, identified through a test of *means* that may include a combination of income and other assets. This is the case in the majority of family benefits in Southeast Asia such as Indonesia's Programme Keluarga Harapan (PKH) or the Pantawid Pamilyang Pilipino Program (4Ps) in the Philippines. Unfortunately, as a great deal of evidence has pointed out (AusAID, 2011; Kidd et al., 2017; Kidd et al., 2020), means tested targeting generates severe exclusion errors – about 44 per cent when 20 per cent of the population is covered and 57 per cent when 10 per cent of the population is covered (AusAID, 2011).

Some countries, like Nepal, use geographical targeting for child benefits, where a universal approach is implemented within a specific target area. The Cook Islands (see Box 12.2) is the only country in Asia and Pacific currently providing any form of universal child grant (UCG).[32] The other example in the region, Mongolia's Child Money Programme, is currently a means-tested quasi-universal child grant scheme (affluence-tested). Coverage has been oscillating since its modification in 2016, from the 85 per cent of children reached in 2017 to the 2 million from over 500,000 households (or 97 per cent of all children) reached in 2020, during the COVID-19 pandemic (UNICEF, 2021c).

Box 12.2 Universal Child Benefit in the Cook Islands

The Cook Islands has one of the most extensive formal social protection systems in the Pacific region. Recognition for the critical role of social protection interventions to social and economic development became evident as early as 1965, when some of its first social cash transfer programmes were introduced. Over the years, the number of programmes gradually expanded, so that today Cook Island's social welfare system comprises a range of non-contributory cash transfer benefits. The Government of Cook Islands also strengthened the legislative framework within which the social protection programmes operate.

The child benefit was already established in 1965 and further formalised through the Welfare Act in 1989. Initially, eligible children were those aged 0–6 years. In 2006, eligibility was further extended to 12 years of age. In 2017, children living with disabilities became eligible until the age of 16, at which point they become eligible for the infirmed programme. Either of the child's parents must be a Cook Island national or a permanent resident. Children returning to the Cook Islands from overseas after being absent from the country for more than a year are put on a three-month stand-down period prior to application. Benefits amount NZD 100 (USD64) per month per child. The benefit amount increased from NZD 66 (USD42) to NZD 100 on 1 July 2017. The benefit is paid in two instalments of NZD 50 every 1st and 16th of each month.

Source: IPC-IG (2019); UNICEF et al. (2020).

[32] UCGs are paid in cash (or as a tax transfer) to the primary caregiver for dependent children under 18 years of age. UCGs do not have behavioural conditions in terms of education or health service take-up. Usually, these programmes are fully financed from general taxation. Quasi-universal child grants (qUCGs) on the other hand, despite benefits being universal, they are short-term and age-limited, and either affluence-tested or poverty-targeted.

To reduce the exclusion of children from their flagship poverty alleviation programmes, some countries have adapted their targeting procedures. This is the case of the Philippines, where a modified version of its national conditional cash transfer, the 4Ps, was introduced to expand coverage to some specific categories such as indigenous peoples, homeless and families living in the street, and victims of natural and man-made disasters. The modified version of the 4Ps tackled the issue of the exclusion of these hard-to-reach populations from the National Household Targeting System or *Listahanan*, Philippines household targeting system.

Different combinations of social protection components exist in the region. Most countries in Asia and Pacific with a regular child/family allowance anchored in national legislation (eight countries), provide non-contributory means-tested (or *proxy* means-tested) benefits only. Except for Mongolia's Child Money Programme, the majority of such schemes cover only a small part of the population, and research has shown that some suffer from large exclusion errors. A recent example of institutionalization of this type of programmes through enactment of law is the 4Ps in the Philippines, a conditional cash transfer programme.[33]

In order to achieve universal coverage, there is the need to combine social insurance and tax-financed provision, also referred to as *coordinated mixed-scheme* quasi-UCG. Only a high-income country in the region, Japan, combines social insurance and non-contributory means-tested scheme to reach universal coverage. This approach can achieve progressivity and coverage equivalent to that achieved by universal child grants schemes.

Of the 11 countries in Asia and Pacific with data available on periodic child/family allowances anchored in national legislation, two countries (i.e., Thailand and Iran) have statutory provisions only for those who meet social insurance conditions. Acknowledging the fact that these provisions are unlikely to reach the most vulnerable children,[34] both countries have combined them with significant tax-financing for a quasi-universal child grant (Box 12.3).

[33] The 4Ps is a national permanent programme requiring regular appropriations from the state budget. The Republic Act No. 11310 or the Pantawid Pamilyang Pilipino Program Act was signed by the President on April 17th 2019, with the law made public on Wednesday, May 22.

[34] In the case of Thailand, for example, other employment-related schemes that also include child allowance are the Civil Service Benefits, State Enterprise Employee Benefits and Private Teachers' Aid Benefits (ILO et al., 2022).

Box 12.3 Thailand Child Support Grant

Thailand has moved (in seven years-time) from a poverty-targeted scheme towards a quasi-universal child grant. In September 2020, the National Child and Youth Committee approved extending the Child Support Grant to cover all children under six, with the decision now pending the cabinet's approval (UNICEF, 2020c) to benefit all 4.2 million children under six in Thailand (UNICEF, 2022b). The programme is however, not anchored in any legislation yet, with the related policy currently being a Cabinet Resolution.

Coverage of social protection programmes for children in Thailand, 2020

Programme	Age	Eligible Population	Number of beneficiaries	Coverage rate
Social Security Fund – Section 33 (formal workers)	0–6	4 490 078	1 040 892	23.2 per cent
Social Security Fund – Section 39 (ex-formal workers)	0–6	4 490 078	295 952	6.6 per cent
Child Support Grant	0–6	4 490 078	1 758 633	39.2 per cent
Total	0–14	10 721 801	3 095 477	28.9 per cent

Note: Total figures include other employment-related schemes with child allowances, however data on numbers of beneficiaries are not available.

Source: Thailand Social Protection Diagnostic Review (ILO et al., 2022).

Countries like Indonesia, Lao PDR, Bangladesh, India or small Pacific countries like Niue have put in place programmes specifically directed at children with a variety of features tailored to their socio-political and economic settings. Remarkably, most of these programmes are flagships under their respective national social protection strategies and policy frameworks such as in Myanmar (i.e., the Maternal and Child Cash Transfer, before 2021), Cambodia (i.e., the Family Package), Lao PDR (i.e., the Maternal and Early Childhood Grant) or Bangladesh (i.e., benefit for pregnant and lactating mothers). Their success and continuity in the long run will depend on the government's capacity to earmark, protect or increase expenditure for implementation and expansion.

In a few highly decentralized countries, local governments have leveraged their autonomy, local budget and fiscal space by developing decentralized universal child grants. Oftentimes, the approach of some of these local governments to child benefits diverge from that of the central government. In Indonesia for example, the bet by the Papua and Aceh provinces for a universal child benefit diverges from the national strategy, which mainly relies upon poverty-targeted and conditional cash transfers for children and pregnant women (e.g., PKH). The objective of the child grant is to reduce malnutrition in Aceh and to preserve the well-being of indigenous people in Papua.

12.3. REACHING THE MOST VULNERABLE: CHILDREN WITH DISABILITIES

Children with disabilities face some of the most severe vulnerabilities. Compared with other children, they are less likely to receive an education, less likely to be employed as adults, less likely to start their own families and participate in community events, and more likely to live in poverty (UNICEF, 2021d). In India for example, 75 per cent of five-year-old children with disabilities are out of school, as are 25 per cent of all disabled children aged between five and 19 years of age (Kidd et al, 2021). The fact that without an education people with disabilities are not only poorer but more in need of social protection suggests that the economic returns of additional schooling could be significant. In Nepal, for example, there is some evidence that the returns to education are higher for children with disabilities (UNICEF, 2021d). In China, one additional year of schooling for people with disabilities is estimated to lead to a wage increase of approximately five per cent in rural areas and eight per cent in urban areas (Ibid).

As shown in Box 12.4, families with children with disabilities can experience significant additional costs for health, education, transport, assistive devices and other items. In India, for example, families have between 20 to 58 per cent additional costs when someone in their household has a disability (Kidd et al, 2021). In addition, family members and caregivers likely experience reductions in incomes due to an inability to work resulting from the time they spend caring for their disabled children. In other cases, children with disabilities can be left without a career while family members are forced to leave the home to find work.

Box 12.4 Cost of raising children with disabilities in the Philippines

The cost of raising children with disabilities in the Philippines study found that:

- A child with disabilities needs an expenditure that is 40 to 80 per cent higher than other children without disabilities.
- Poverty rates are 50 per cent higher in households with children with disabilities.
- Only one out of five children with disabilities in the Philippines has a disability ID card.
- Households with a disability card spent almost three times more than those of other households.
- While the potential subsidy from the Government is for everyone who has a disability ID card, only relatively well-off households benefited from the concessions. 43 per cent of the subsidy was received by the richest quintile, while the poorest quintile received less than six per cent of the subsidy.

Source: UNICEF (2022c).

Despite the estimated large number of children with disabilities in the region, very few developing countries in East Asia and Pacific have social policies that integrate disability and care, especially childcare (Samman et al., 2016). Indeed, in many countries, benefits for people with disabilities are linked with those for the elderly, and children are explicitly excluded in some. Even when non-contributory disability benefits exist, the level is usually insufficient. This inadequacy means that persons with disabilities are often not able to cover their additional cost of living, particularly with respect to completing their education and finding and keeping full-time work (UNESCAP and ILO, 2021). This is consistent with findings from a recent study in the Philippines (UNICEF, 2022c), which shows that, depending on the severity of disability, a child with disabilities needs an expenditure that is 40 to 80 per cent higher than other children without disabilities (Box 12.4). After taking the extra costs into account, households with children with disabilities have poverty rates that are 50 per cent higher than those of other households with children (Ibid). At the same time, the support currently provided by the Disability Card and existing cash transfers only covers a fraction of these extra costs and it does not reach those most in need. This is consistent with findings from Thailand where issues around the adequacy of the Disability Grant and around the exclusion of eligible individuals, including children, from receiving the grant are currently being addressed by the Government.

In line with the Convention on the Rights of Persons with Disabilities (CRPD), inclusive social protection for adults and children with disabilities encompass all social protection schemes which persons with disabilities may be eligible for alongside other population groups, such as child grants or social assistance

benefits as well as disability benefits (both in cash and kind) and disability-specific community support and care services. Together, these measures provide income security as well as coverage of health care and disability-related costs across the life cycle in ways that promote participation, inclusion and gender equality. While children with disabilities would definitely gain from a universal child benefit, they also need access to a child disability benefit. Caregivers who have given up work should in turn receive a caregiver benefit to compensate for the loss of income.

A recent mapping of disability-inclusive social protection for children and young people across East Asia and Pacific (UNICEF, 2022d) provides a snapshot of the current situation in the region (Table 12.1).

Table 12.1 Snapshot of disability-inclusive social protection for children and young people in East Asia and Pacific

Existence of a disability benefit accessible to children and/or young people with disabilities and coverage of total population (per cent)	Ongoing developments to design a disability benefit and coverage of total population (per cent)	Relatively advanced social services or efforts to modernise services
Thailand (2.86%)	Cambodia (0.10%)	Thailand
Viet Nam (1.24%)	Lao PDR (n/a)	Malaysia
Malaysia (0.53%)		Mongolia
Indonesia (0.01%)		Indonesia
China (1.54%)		Philippines
Mongolia (1.29%)		Lao PDR
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Fiji (0.97%)		Fiji
Cook Islands (0.95%)		Timor-Leste
Niue (n/a)		
Kiribati (2.13%)		
Nauru (2.52%)		
Palau (1.43%)		
Tonga (1.86%)		
Tuvalu (1.19%)		
Tokelau (n/a)		
PNG (0.58%)		
Timor-Leste (0.67%)		

Note: Social insurance schemes for which eligibility is based on contributions are not considered. Across the region, there is no reliable disaggregated data on coverage of children by scheme. Coverage in PNG is estimated based on the population of New Ireland only. While there are limitations in the comparability of social services workforce standards, the mapping provides recommendations as to whether countries have relatively advanced social services systems or significant efforts are being made to modernise the system.

Source: UNICEF (2022d).

Across the 27 countries analyzed in East Asia and Pacific, 19 countries (70 per cent) provide disability-specific income support (22 schemes). Out of those, 14 schemes are not means-tested and have eligibility determined only by a disability assessment whereas 8 more are means-tested. Additionally, 6 countries (22 per cent) provide family benefits targeted based on vulnerability criteria, with features supporting children with disabilities (7 schemes). The Cook Islands, Malaysia, Mongolia, Tokelau and Viet Nam also provide income support to the caregiver of a person with a disability (19 per cent of countries in East Asia and Pacific). Disability-specific schemes are, however, limited in coverage relating to factors such as means testing, age eligibility, including only very severe forms of disability, and poor implementation (including disability assessment). These limitations affect the coverage of children too: 15 countries (55 per cent) provide disability benefits with coverage of children (0 to 17 years of age), whereas 18 countries (67 per cent) cover youth (15 to 24 years) with disabilities (UNICEF, 2022d).

Besides these disability-specific benefits, there are still a few countries with poverty targeted family benefits that include features supporting children with a disability, such as China's Dibao and Tekun, Cook Islands' Destitute Benefit, Fiji's Care and Protection Allowance, Indonesia's PKH, Thailand's Social Assistance, or Timor-Leste's *Bolsa da Mae*.

12.4. INVESTING IN HUMAN CAPITAL: INTEGRATING CHILD BENEFITS WITH CHILDCARE AND OTHER SOCIAL SERVICES

Family allowances and child benefits in East Asia and Pacific can be more effective in building human capital when combined with other family support policies such as parenting education (UNICEF, 2019c), childcare services, early childhood care and education (ECCE) and development (ECD) (Dugarova, 2016; Samson et al., 2016). Heavy and unequal care responsibilities affect livelihood strategies, employment outcomes, economic growth and sustainable poverty reduction. Before COVID-19, very few countries viewed childcare as a public good and provided a universal right to it, despite evidence showing that investing in young children by means of quality childcare leads to higher learning achievement, better health, greater employability and higher earnings (ILO, 2016). Such investment also pays higher economic returns in terms of increased tax revenues and reduced social spending.

Many countries in the Asia-Pacific region have exerted much effort to develop and implement ECCE policy and to increase investment and attention to ECD (Rao et al., 2010). Given limited public resources, most developing countries rely heavily on private provisioning for ECCE. In some countries, such as Bangladesh, non-governmental organizations play a key role while in other countries, such as

Indonesia, faith-based organisations like Al-Quran learning centres provide care for most children. While private provisioning can help rapidly expand access to ECCE, especially when supported by government funds, as in Thailand, it tends to reproduce and reinforce existing inequalities (Samman et al., 2016). In China, for example, after decades of falling enrolment due to economic reforms that pushed privatization, fewer than 10 per cent of rural children, compared to up to 99 per cent of urban children, have access to pre-primary programming (Ibid).

One key transmission mechanism from poverty to children's developmental outcomes is the quality of parental engagement and care. There is strong evidence (Britto et al., 2015) that parenting support programmes improve caregiver-child relationships, reduce child problem behaviour, and prevent physical and emotional violence against children. Interventions targeting early childhood tend to offer exceptional value-for-money. For example, an assessment of the Incredible Years intervention in the UK found that spending approximately £1,200 to deliver the group-based parenting intervention delivered savings of over £145,000 for the criminal justice system for those individuals with the highest conduct disorder over their lifetime as well as savings of around £5,000 per person from social welfare payments by the time a person was 30 years old (O'Neill et al., 2013).

Current social protection policies and frameworks in Asia and Pacific, while offering necessary income supports, largely assume that 'families will provide the care required' (Ong et al., 2016; Samman et al., 2016). Countries only offer care when it requires expertise unavailable within the household (such as health and education sector programming) or because of extreme dependency (for example, disability programming). Against this backdrop, a change of paradigm is needed whereby the uptake of parenting programmes is promoted among low-income families through supplementary monthly payments (as shown in Box 12.5) while working towards the progressive expansion of social protection schemes to all children living in poverty and at high risk of falling into poverty.

Box 12.5 Promoting the uptake of the Semarak Kasih Positive Parenting Programme among low-income families through supplementary monthly payments in Malaysia

The goal of the *Semarak Kasih* Positive Parenting Programme (*Semarak Kasih*) is to promote child wellbeing by helping parents develop the skills needed to establish positive relationships with their children while reducing the risk of violence against children at home and in their communities. By helping parents build a home of support for themselves and their children, the programme helps parents manage their children's behaviour whilst promoting healthy parent-child relationships. The course lasts 6 weeks for the core module and a further 4 weeks for the supplementary modules.

The *Semarak Kasih* is a group-based family strengthening programme for families with children ages 0 to 18. It is designed to be delivered concurrently to groups of 45 to 60 parents based on the age of their target child (0–23 months, 2-9 years, or 10–18 years). Consideration could be given to prioritizing roll-out in low-income urban communities while options for rolling-out to more remote rural communities are explored.

Uptake of *Semarak Kasih* among low-income families should be promoted through the provision of supplementary payments of RM 100 per month for all eligible parents/carers. These supplementary payments would compensate for time lost and travel costs and would be paid conditional on a minimum level of participation in the programme (e.g., 85 per cent).

Source: UNICEF (2020d).

The adoption of these proposals by countries in the region would mean supporting the realization of commitments under the International Convention on the Rights of the Child as well as the Sustainable Development Goals; reducing the number of households falling into poverty as well as the number of children exposed to levels of deprivation that undermine their long-term wellbeing; generating significant long-term returns on investment through increased lifelong productivity and reduced public expenditures on the health, criminal justice and social welfare; enabling winding down of COVID-19-specific assistance while also ensuring an adequate level of protection for vulnerable children and families in the post-COVID era; and increasing purchasing power among low-income households, thereby contributing to macro-economic recovery.

12.5. THE FINANCING CHALLENGE: LINKING DISASTER RISK FINANCING AND SHOCK RESPONSIVE SOCIAL PROTECTION

A strong and well-financed social protection system can enable governments to protect households and livelihoods, especially children, from the worst impacts of shocks and disasters.[35] This requires ensuring disaster financing is quickly and adequately released and channelled to social protection responses in times of crises. This requires ensuring disaster financing is quickly and adequately released and channelled to social protection responses in times of crises. National shock responsive social protection (SRSP) systems can support disaster risk management objectives promoting the use of cash before, during and after various shocks, including natural disasters, disease outbreak and economic crisis. Disaster risk financing (DRF) solutions and SRSP contribute to building a comprehensive approach to the resilience of the poorest and most vulnerable, including children. Social transfers contribute to the economic resilience of households, whereas pre-arranged predictable funding adds to the financial resilience of not only households but of whole communities.

Governments pay a significant portion of post-disaster response costs, and these expenditures can be seen as a contingent liability – an obligation that may or may not come due, depending on whether particular events occur. Social protection systems represent an increasingly important source of explicit contingent liability in the region. Quick post-shock assistance to vulnerable households with children is essential to protecting their welfare. Risk financing mechanisms can work together with established social protection systems to help reach the poorest and most vulnerable children rapidly following shocks.

Most countries in East Asia and Pacific have well-developed and institutionalised disaster risk management strategies and plans. Disaster risk management structures and coordination mechanisms vary in terms of degrees of decentralisation and devolution, but often include coordination arrangements with line ministries and across levels of government, including with social protection agencies. However, coordination challenges arise from both the allocation of roles and budgets: in most countries, many line agencies have their own disaster response programmes and budget allocations, which might seem like an effective strategy in the face of complex budgeting and disbursement rules, but it also clearly leads to duplication and overlap when disasters strike.

The main source of funding for disaster response appears to be domestic finance. There are significant differences in the development of dedicated DRF instruments across the region, but overall, there is reliance on risk retention instruments (contingency loans, and budgetary reserves and mechanisms) and international

[35] This section draws on 'East Asia and Pacific – Disaster Risk Financing and Social Protection. An Assessment of the Evidence on Pre-arranged Finance for Government Support in Disasters' (UNICEF, 2023).

assistance, with limited use of market-based risk transfer mechanisms. The Philippines has the most comprehensive system of the countries reviewed and is the only country that has successfully transferred disaster risks to insurance markets. The Southeast Asian Disaster Risk Insurance Facility (SEADRIF) aims to assist governments that wish to develop their financing strategies for disasters as well as develop risk pooling mechanisms but so far, its members (Myanmar, Lao PDR, and Cambodia) have yet to introduce such measures.

Current *ex-ante* DRF arrangements appear to provide inadequate fiscal capacity to deal with the costs of disasters when they happen. The gap in pre-arranged financing is often met through *ex-post* budgetary arrangements through mechanisms like supplementary budgets, reallocations, and borrowing, effectively relying on risk retention instruments to cover spending gaps. More importantly, the shortfall between budgeted funds for disaster response and actual spending has been increasing as the frequency and costs of disasters increase while budgeted allocations remain stable.

The use of 'pre-arranged' public finance management (PFM) regulations to manage disaster expenditures varies across the region, as does the timeliness of financing, partly due to such pre-established arrangements. When institutional and programmatic arrangements are not aligned with PFM rules, it hinders implementation of responses. In most countries, funding flows often follow disaster risk management institutional and legal structures, which means that they tend to be allocated in a decentralised and multisectoral manner (e.g., Viet Nam). On the other hand, in some countries like Indonesia, funding flows are centralised and restricted, even as institutional and operational arrangements for disaster response are not. There are trade-offs between expenditure control and speed of disbursement, with cumbersome rules often leading to the under-utilisation of (already insufficient) funds. At the same time, tracking disaster expenditures is a major challenge for all countries across the region, leading to a lack of transparency around the use of funds and raising serious concerns around efficiency.

Countries in the region had few or no experiences with SRSP before COVID-19, in part related to the limited scope of their social protection systems. In order to finance the responses to COVID-19, most countries had to put in place special regulations to enable large scale borrowing and significantly redirecting existing funds. Fiscal responses to COVID-19 in the region were mostly financed from contingency budgets, budget reallocations, domestic borrowing, international borrowing, and private donations (humanitarian flows were not included in the analysis). COVID-19 also led to flexibility in PFM rules. There are currently limited linkages between social protection and DRF strategies. However, social protection is part of the disaster response system in many countries, and in some social protection agencies receive budgetary allocations. In most countries, social protection does not appear to be linked to protocols for early action and disaster

response, except to the extent that social protection agencies are sometimes part of coordination mechanisms led by the disaster risk management agency.

COVID-19 has shown it is not impossible to rapidly respond through social protection even with limited pre-existing systems, but the scale of the response is unlikely to become a model for future responses to disasters caused by natural hazards. Regional efforts seem to be focused on the development of risk transfer instruments and risk pooling, though findings point to these instruments only being useful in as much as they are part of a comprehensive set of risk financing instruments that includes improvements on how risk retention instruments and PFM arrangements work. Humanitarian action and financing are important sources of DRF in the region; however, they are mostly *ad hoc* and unpredictable. The strengthening of social protection systems that COVID-19 has resulted in, should provide a stronger base for aligning with humanitarian systems. However, for humanitarian assistance to make use of social protection systems more effectively, humanitarian donors will need to overcome challenges in financing the building of social protection systems, as systems need to be in place before they can be used for shock response.

Policy recommendations can be clustered around five blocks that should conform the regional agenda for the coming years: (i) strengthening core social protection mechanisms, (ii) improving risk-informed PFM processes, (iii) working out SRSP design requirements, (iv) expanding the role of non-traditional stakeholders in DRF and (v) reducing the size of the risks to be transferred. Recommendations include:

- Ensure that building functioning SRSP systems is at the front and centre of the regional policy agenda.
- Countries will require alternative sources of financing that can support the development of core and SRSP systems in advance.
- Countries in the region are now in the process of developing risk financing strategies, as well as developing and operationalizing social protection roadmaps and policies. It is likely that COVID-19 will propel this effort forward. There is a need for 'alignment' between DRF mechanisms and social protection responses.
- Use the experience of COVID-19 as a springboard for improving risk financing of SRSP, but not as a model. The responses to COVID-19 were built on *ad hoc* legal and financial instruments, and pre-existing DRF instruments were not significantly utilized.
- Improve the efficiency and transparency of risk retention instruments, especially budgetary ones. There is a strong focus on risk transfers in the DRF agenda in the region, but countries mainly use risk retention instruments.
- Improve the flow of funds and PFM disaster arrangements in order to increase the utilization of funds.

- Focus on improving the availability of financing, flow arrangements and delivery systems at the local level, where the vast majority of shocks occur. Sub-national levels of government are essential in responding to both large and localized shocks.
- Think beyond expenditure and disbursement to understand risk-informed PFM. Countries in the region should start enhancing budget tagging and expenditure tracking mechanisms to assess and account for multi-sector investments – linked to prevention, disaster risk reduction, preparedness, response and recovery – including investments in SRSP.
- Explore options to develop risk financing instruments and mechanisms that suit the response needs of a social protection approach.
- Quantitative, probabilistic risk assessments should form the basis of risk prioritizations and the development of any SRSP strategy.
- Humanitarian innovations, such as anticipatory action, should be used to improve the risk analytics around disasters at a larger scale.
- Anticipatory action should be equally used to leverage additional pre-arranged financing, while linked to social protection.
- Use regional risk pools as an opportunity to facilitate regional policy dialogue and improve collaboration between participating countries and donors on risk reduction and management.
- Start by ensuring that where regional disaster risk financial products exist, they are 'attached' to a delivery programme.
- Risk financing instruments should include provisions to reduce risks in advance.

12.6. THE HUMAN FACE OF SOCIAL PROTECTION: INTEGRATING AND STRENGTHENING SOCIAL SERVICE WORKFORCE INTO SOCIAL PROTECTION SYSTEM

The expansion of social protection programmes requires not only the mobilization of additional funds, but also the expansion and development of a capable work force.[36] Integrated social protection approaches can multiply impact and reduce poverty, violence and social exclusion. This integration occurs where cash benefits, social care, child protection, family support, independent living services and other social services (such as youth work, prevention of gender-based violence and community development) all operate effectively together, both at policy level across different ministries and in practice at the local level (European Commission, 2015).

[36] This section draws on 'Social Service Workforce and Social Protection in East Asia – Integrating and strengthening social service workforce into social protection system' (Rogers et al., 2022).

'Cash plus' services or other models of combining cash with services such as information and training, or with other systems, have considerable benefits for child outcomes – depending on the level of intervention, the combination is sometimes configured as cash + care, or cash + care + protection (UNICEF, 2019a).

The social service workforce, including social protection administrators, is essential to providing the 'plus' part in such 'cash plus' programmes.[37] This includes monitoring conditionalities, providing direct advice and counselling or assessing needs and referring children and families to other, more specialised services. The social service workforce needs to be equipped with the necessary competencies and to be adequately supported to secure these outcomes for children and families.

The COVID-19 pandemic and government social protection responses to the shocks of the pandemic highlighted strengths and weaknesses in social protection systems. They also resulted in increased expenditure, and rapidly accelerated digitalisation, which both have important ramifications for the role and mandates of social workers and the wider social service workforce in social protection (UNESCAP and ILO, 2021).

Digitalization of payment can generate opportunities as well as negative effects. Social assistance payments in many countries of East Asia are already based on electronic payment systems, though these require the social protection administrators to meet beneficiaries at the time of assessment for eligibility and/or when monitoring the fulfilment of any conditions related to the cash transfer. During COVID-19, some countries introduced online application systems for additional assistance measures or implemented them automatically in the case of increased payment amounts, and this reduced the opportunities for contact between the social protection administrators and beneficiaries. Many respondents from several case studies (Rogers et al., 2022) have reported efficiency gains from digitalisation in terms of reduced administrative burden and ability to reach more people. However, there is recognition among some stakeholders that home visits and face-to-face meetings are nevertheless important to assess and check on the real situation of families. There is also recognition that many target beneficiaries do not have access to digital methods, so traditional methods of contacting and communicating with vulnerable people continue to be used, especially in remote areas, or for those who have no e-access for other reasons including poverty or disability, age or gender divides. The opportunities provided by online teaching methods for workforce capacity building have also been noted by several key informants.

[37] The social service workforce is defined as including a wide range of governmental and nongovernmental professionals and paraprofessionals and community level volunteers. They work with children, youth, adult women and men, older persons, families and communities, focusing on those with additional needs who are marginalised, in vulnerable situations or at risk, to protect and ensure their healthy development and well-being and the fulfilment of their rights.

Well-resourced and established social protection systems have been shown to be better able to respond to unexpected shocks and protect the most vulnerable (Ibid). The social service workforce played a key role in supporting access to additional COVID-19 social protection measures during the pandemic and countries with more established social service workforces were better able to expand social protection measures during the pandemic.

The pandemic, through the closure of schools and the heightened vulnerability of older persons, also revealed the critical importance of care work, which previously had often been invisible and undervalued. All societies and economies, whether rich or poor, are dependent on care workers to survive and thrive. COVID-19 brought to the fore the critical need to address this very gendered element of the economy, women generally being the main carers of children, older persons and persons with disabilities, hence the need to invest in a strong and comprehensive social protection system that is gender-responsive, recognises the value of care work, and addresses these needs (ASEAN and UNICEF, 2022).

Information provision, identification of beneficiaries or service users, intake or registration, referral, assessment, and monitoring are the main functions that are shared by the social service workforce with social protection functions applying a case management cycle. These functions are usually performed by social workers or case managers who have been trained in the specific needs of the target groups for these services. This is particularly relevant in social assistance programmes with conditionalities, for example, or where social assistance is combined with referrals to services such as maternal and child health. In some systems, the local health facility personnel or school system have responsibilities for monitoring attendance and participation.

Where the cash benefits are universal and are not poverty-targeted (such as the disability allowance in Thailand, not linked to employment, income or receipt of other benefits, or the Child Money programme in Mongolia, where the child's family only has to register in order to be eligible), the social service workforce functions are more focused on linking to other services and providing the added value of performing tasks relating to more complex goals such as social inclusion and child protection.

Ideally, an integrated social protection system can deploy social workers and a range of wider social service personnel. In reality, the social service workforce with social protection functions tends to be large in number with many part-time or volunteer non-professionals deployed, even in more established systems. Support to the development of a social protection system requires clarity of roles, responsibilities, mandates and functions at all levels and for all personnel in social welfare and social protection, as well systematic research that enables more accurate forecasting for a surge in the social workforce.

12.7. CONCLUSION: BRINGING CHILDHOOD BACK ON TRACK

There is a growing recognition that social protection is crucial for the well-being and development of children, as it can support their physical and emotional health, education, and overall life prospects. In East Asia and Pacific, a range of social protection programmes and initiatives have been implemented to support children, including cash transfers, social insurance schemes, health care services, and nutrition programmes. Despite these efforts nonetheless, many children in the region still face significant vulnerability. Poverty, inequality, and risk of social exclusion continue to be major issues, particularly for disadvantaged groups such as children with disabilities, indigenous children, and children living in rural areas.

Children, regardless of age, in all countries in the region are being affected by the socio-economic impacts of the current crisis and the harmful effects of this pandemic will not be distributed equally. They are expected to be most damaging for children in the poorest countries, and in the poorest neighbourhoods, and for those in already disadvantaged or vulnerable situations (United Nations, 2020). Social services for children such as education, health and child protection have been severely affected by the crisis, and social protection systems had to quickly expand albeit without the required long term financial and human resources support.

The global crisis unleashed by the COVID-19 pandemic has made clear the fundamental role that strong, universal, integrated and accessible social protection systems can play in protecting children and their caregivers from the negative effects of all sorts of crises. Cash transfers alone are not enough; we need complementary, comprehensive, accessible and affordable social services for all children.

The examples from the previous chapters of this book provide some hints about the future work in the area of social protection, so essential to improve the life of millions of children in East Asia and Pacific.

Adapting best practices to the local context

International experiences need to be tailored to each country's needs, taking into consideration the specific social, economic, cultural, and political conditions existing in a particular country, region or community. The design of social protection policy and programmes needs to be firmly rooted in the national context and integrate cash transfers with existing service delivery to achieve more sustainable outcomes. The local context shapes the needs and priority of a community. For example, a peri-urban community experiencing high levels of unemployment may have different needs than a rural community with a

strong agricultural sector. In addition, local context can influence the feasibility and sustainability of the programme. For example, a programme that works well in one community may not be feasible in another due to differences in infrastructure, political support, or other factors. Finally, the local context can also impact the way a programme is implemented and how it is received by the community members. For example, cultural differences may affect the way a programme is perceived and accepted by the community; understanding these differences can help technical specialists to ensure that the programme is designed and implemented in a culturally sensitive and respectful manner.

Adaptation to context, knowledge of the strengths and weaknesses of the existing social protection system, careful planning, and synchronization of efforts among local stakeholders are key for success. As exemplified by Uganda's GirlsEmpoweringGirls programme, incorporating international best practices into programme design should be preceded by a strong consultative process that collects and incorporates stakeholder perspectives to ensure a context-adapted solution to a context-sensitive problem.

Coordination

Multiple examples in this book highlight the importance of the collaboration and coordination between different ministries and government departments in the design, implementation, and monitoring of social protection programmes.

Effective social protection requires a coherent policy environment, close collaboration among stakeholders and flexibility to adapt. Embedding social protection schemes into existing government structures ensures greater sustainability of the programme. Engaging all concerned ministries collaboratively will be essential for the successful implementation of social protection schemes, but it will require a strong and capable coordinating body responsible for the scale-up of social protection, like in the case of Cambodia.

Intensive advocacy within and across ministries and departments is required to create awareness and clarity over functions and responsibilities. As shown by India's case, advocacy contributes to avoiding a siloed approach that can dilute the intent of the social protection programmes. Managers as well as front-line staff of each line ministry need to have a clear understanding of the different roles and functions of all the different players across institutions. Like in the case of Thailand, this will minimize incongruences in the implementation of interventions, overlapping and conflicts. Integrating programme management and coordination structures into existing government structures can strengthen the existing social protection systems through increased accountability and ownership, like in Uganda.

Ministerial coordination can help to ensure that social protection programmes are aligned with broader development goals and objectives. By working together,

different government agencies can ensure that social protection programmes contribute to the overall development of the country and address the root causes of poverty and inequality.

Financing

Financing is the cornerstone of social protection systems, as it determines the resources available to support and sustain the programmes over time. By ensuring that sufficient resources are available, social protection programmes can be more effective, equitable, efficient, and politically supported. Social protection financing policies will influence the level of equity and efficiency of programme interventions, defining their sustainability and their impact in the long term.

Identifying fiscal space for investing in social protection is a critical step towards building sustainable social protection systems. Stronger evidence-generation is still needed around: financing options and sources; affordability; the potential returns from investing in social protection programmes including cash transfers as well as strengthening social protection systems; and the political economy of decision-making around social protection investments.

Data and integrated information systems

Integrated management information systems (MIS) hold untapped potential for streamlining a programme's processes and for harmonizing processes across programmes. MIS can serve to better manage programme data, and potentially automate certain processes, thereby improving programme efficiency, transparency and accountability, also among implementers. The work done in India, Cambodia, China, and Uganda demonstrates the added value of systematically collecting and managing programme data to support the gathering of evidence and facilitate data-driven decision-making. Investing in timely and continuous data collection processes can help to ensure that programmes are implemented reliably while adequate support reaches the most vulnerable.

Integrated MIS can inform the optimal resource distribution of social assistance programmes, enhancing the efficient allocation of human and financial resources. Collecting data and analysing multidimensional deprivations of existing and potential beneficiaries is required to accurately target people in need, reducing exclusion and inclusion errors. An integrated MIS can demonstrate a rather comprehensive picture of the strengths and weaknesses of the current social assistance system, supporting policy adjustments so that the system is aligned with national plans and goals.

The COVID-19 crisis exposed the weaknesses of social protection systems around the world, but it also demonstrated the advantages of having invested in vital systems to support the identification of beneficiaries and the payment of benefits to vulnerable groups. A sound information system covering the

entire population in a given country allows, when required, the expansion of the coverage to near-poor groups, vulnerable groups as well as for risks not yet covered by the social assistance system, as shown in Cambodia during COVID-19. Strengthening beneficiary enrolment and monitoring via an integrated MIS, like in India, presents a viable opportunity to harness the potential of integrated delivery in the short to medium term.

Cash plus

Financial support alone, while useful, is insufficient to make a real difference. Cash plus initiatives combine cash transfers with complementary interventions and links to services, building linkages between social protection and other social welfare schemes while boosting their interactions. Some programmes for example, combine family benefits (cash transfers at the household level) with livelihoods, life skills, training and mentoring targeted to adolescents as well as a productive grant. Linkages to existing health and other services are also enhanced, leading to an improvement of adolescent reproductive health knowledge, mental health and gender equitable attitudes.

The critical role of implementation at decentralized level

To consolidate the existing social protection systems, governments need to continue building and strengthening their organizational capacity, particularly that of local government units. Unless national social protection strategies promote the integration of social assistance at all levels (from national to local), local governments might end up developing unharmonized, uncoordinated and overlapping social protection initiatives – from separate MIS to duplicated schemes.

Advocacy

A strong communication strategy is critical for directly responding to programme challenges on the ground. To be effective, it needs to be targeted to internal and external audiences across the various stakeholders. Communication is a key factor for programme success and can be also an indication of a strong, integrated system.

Social protection requires a consistent two-way communication with partners and the public, throughout the programme cycle: from design to implementation. Only through a strong communication strategy programme implementers stay informed and aware of the programme's progress, can identify challenges early on and respond to them quickly, avoiding the spread of misinformation while keeping key stakeholders and the public engaged. Furthermore, the ability to communicate efficiently across all levels of implementation in times of crisis can determine the success (or failure) of a programme.

A rights-based approach

There is growing evidence pointing out to universal and comprehensive social protection systems as a tool for economic growth. To maximize its potential, governments need to recognize social protection as an investment (i.e., in human capital, contributing to productivity growth, etc.) rather than a cost. A paradigm shift is therefore required to undertake the necessary policy reforms for the progressive realization of universal child benefits and to move towards a sound rights-based approach to social protection for all. Currently, the economic dimension of social protection is highly constrained by existing considerations over competing economic policy priorities coupled with arguments of limited fiscal space. In this context, civil society and other stakeholders working in the social protection sector have an important role to play in building commitment across the board for inclusive social protection as a human rights entitlement.

A system approach for shock response

The complementarity between routine and emergency social protection support needs to be further strengthened. Since beneficiaries of routine social assistance are highly vulnerable to the effects of covariate shocks, countries need to improve the modalities in which national social protection systems can respond during times of crisis. As illustrated by Viet Nam's case, it is in these times when a routine social transfer can become the only stable source of income for beneficiaries as families experiencing a shock are likely to incur additional costs, and prices may rise.

As evidence from the socio-economic impact of COVID-19 in the Philippines has shown, near-poor and even medium-income households can be dramatically affected by shocks, and therefore social protection measures should be updated to reduce exclusion errors from the emergency response.

Addressing uncertainties and risks is at the very heart of social protection policy. By pooling risks and resources, individuals are better prepared to survive and thrive even when risks materialise.

Build back better social protection systems

Resolving the inefficiencies and inadequacies that existed before the pandemic as well as of those schemes erected as a response, should be part of a "building back better" strategy with a focus on improving the efficacy and effectiveness of social protection systems in the long-term. The examples presented in this book provide some suggestions about the need for being proactive and systematic while preparing for and responding to shocks as well as paying attention to the building blocks, such as governance, institutional coordination, administrative structures and capacities. The COVID-19 pandemic has demonstrated, once

again, how a sustained political will can generate the necessary fiscal space to expand and improve the existing social protection systems.

Bringing childhood back on track is both an obligation to fulfil children's rights, and also an essential condition to allow countries to recover (UNICEF, 2022d). Without a daring vision of the future of social protection for children in the region we not only risk losing the hard-won developmental gains in recent years, we also risk losing the capacity of countries to grow in the future. Without the right investments, the shadow of COVID-19 may hang over countries for a generation or more to come.

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