

#### International Symposium on Child Poverty and Development

20-22 November 2012 Beijing, China







# Child-sensitive social protection – International experience Table of Contents

- 1. Child-sensitive social protection International experience
  Michael Samson, Economic Policy Research Institute, South Africa
- 2. The South African Child Support Grant impact assessment: Evidence from a survey of children, adolescents and their households
  - Thabani Buthelezi, Department of Social Development, South Africa Selywn Jehoma, Department of Social Development, South Africa George Laryea-Adjei, UNICEF South Africa
- 3. Experiences on children's nutrition and Development learnt from practices of China Foundation for Poverty Alleviation
  Liu Wenkui, China Foundation for Poverty Alleviation

# Child-sensitive social protection – International experience Table of Contents

- 4. Chile and Policies to Overcome Poverty
  Cristián Callejas, Department of Social Development, Chile
- 5. Child-sensitive social protection: the Case of Thailand Pattama Teanravisitsagool, Office of National Economic and Social Development Board, Thailand
- 6. Family assistance policies and welfare reform Peter Whiteford, Crawford School of Public Policy, Australian National University





UNICEF China – Government of China
South-South Cooperation Symposium on Child Poverty
20–22 November 2012
Beijing, China

Michael Samson
msamson@epri.org.za
Economic Policy Research Institute
Cape Town, South Africa

Economic Policy Research Institute

Child-sensitive social protection international experience



### Overview

1.

 Social protection as a tool for reducing child poverty and addressing social vulnerability

2.

 Overview of child transfers, conditional cash transfers, household-targeted but child-focused social protection measures

**3.** 

Community-level interventions

4.

• Specific measures for supporting families with young children – effective social protection at that critical phase of development



### Part 1

1.

 Social protection as a tool for reducing child poverty and addressing social vulnerability

2.

 Overview of child transfers, conditional cash transfers, household-targeted but child-focused social protection measures

3

Community-level interventions

4.

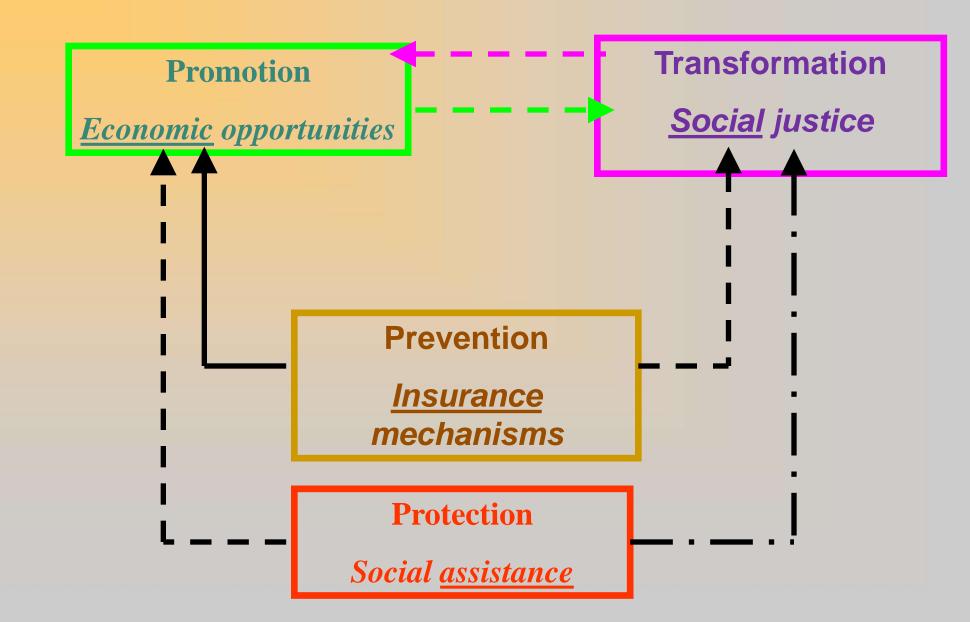
• Specific measures for supporting families with young children – effective social protection at that critical phase of development



### What is social protection?

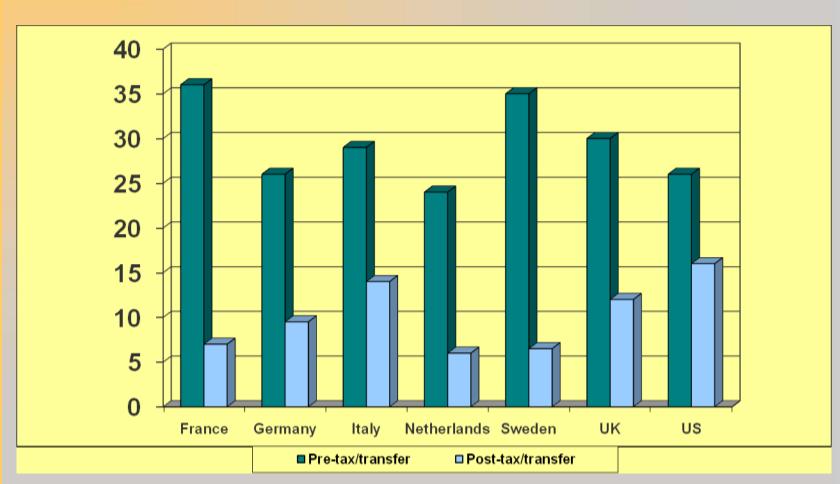
UNICEF defines social protection
as the set of public and private
policies and programmes
aimed at preventing, reducing and eliminating
economic and social vulnerabilities
to poverty and deprivation.

#### **Transformative Social Protection**





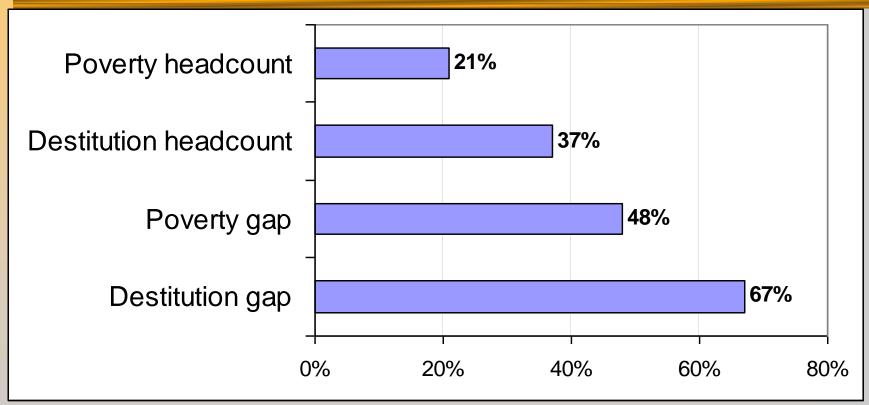
#### Social protection reduces poverty in highincome countries



SOURCE: UNDESA, OECD AND ILO



South Africa's social protection system substantially reduces the poverty and destitution that disproportionally affects children



**SOURCE: STATISTICS SOUTH AFRICA AND EPRI** 

Brazil: poverty headcount reduction of 18% from social pension (Barrientos, 2005) Mexico: poverty gap reduction of 20% from Oportunidades (Fiszbein&Schady 2009)



#### Part 2

**1**.

 Social protection as a tool for reducing child poverty and addressing social vulnerability

2.

 Overview of child transfers, conditional cash transfers, household-targeted but child-focused social protection measures

3

Community-level interventions

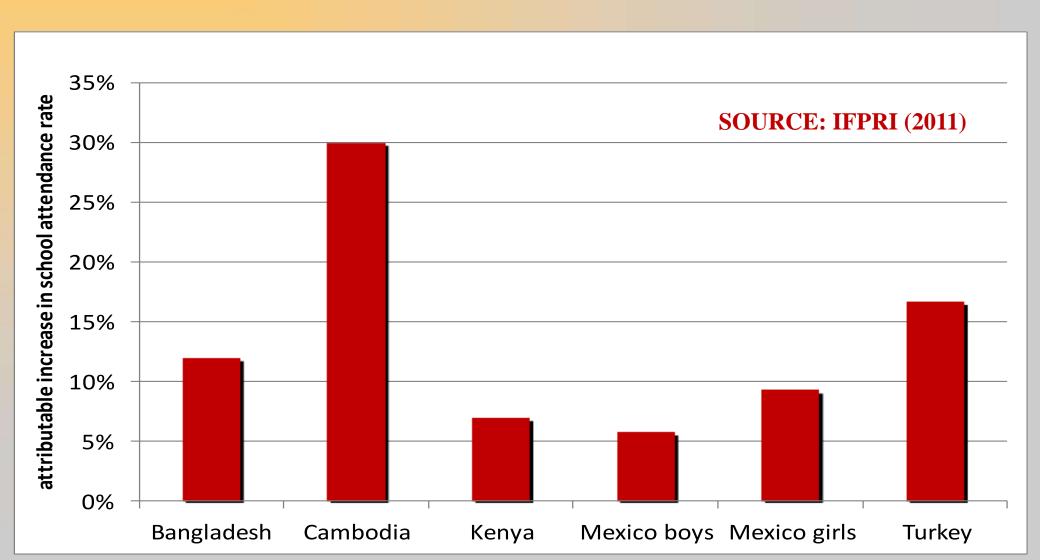
4.

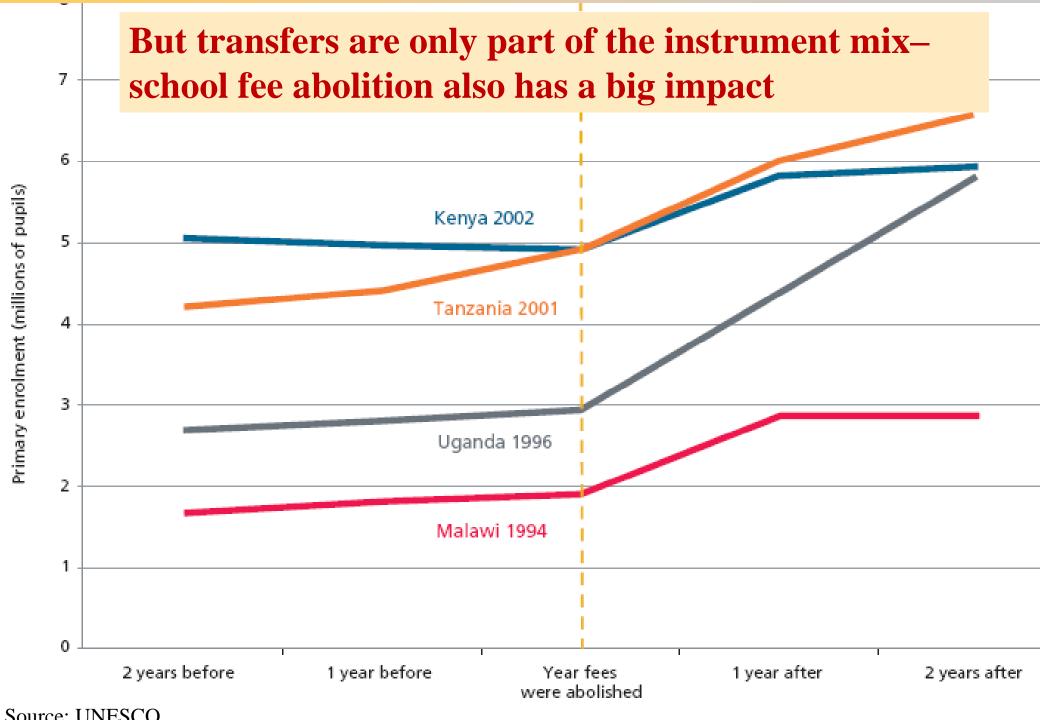
• Specific measures for supporting families with young children – effective social protection at that critical phase of development

### An overview of child transfers unconditional and conditional

Element:	Unconditional	Conditional	
Benefits (poverty reduction)	Yes	Yes	
Improved service delivery	Maybe	Maybe	
Developmental awareness	Maybe	Maybe	
Monitoring	Maybe	Maybe	
Penalties	No	Yes	

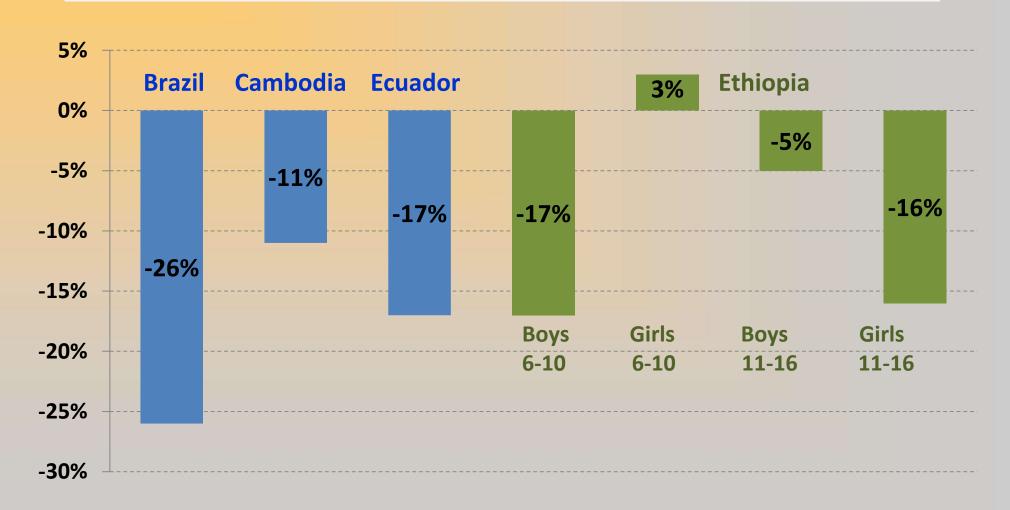
Evidence from these programs around the world demonstrates increases in secondary school attendance (and a range of other educational outcomes)







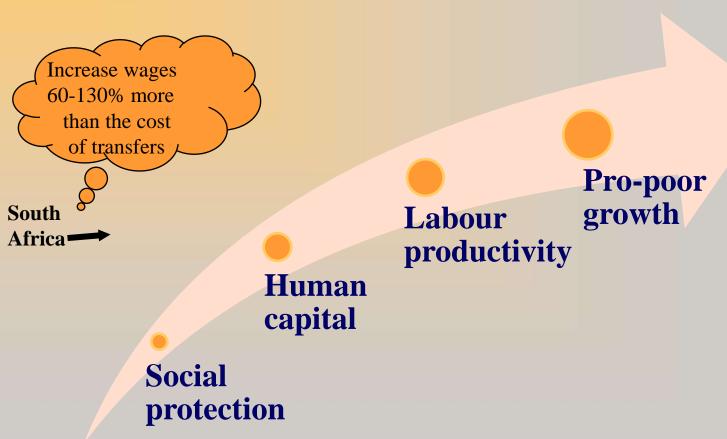
#### Social protection reduces child labour



Source: DFID 2011



# Human capital development promotes pro-poor growth





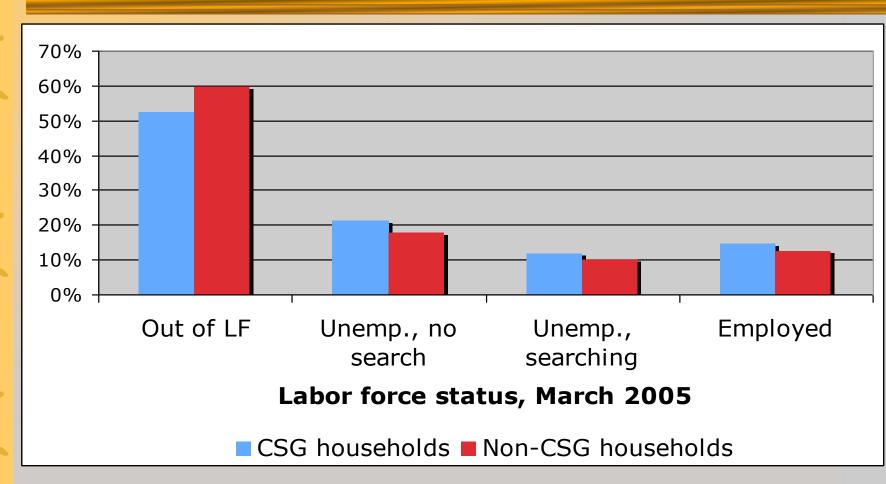
### Social protection promotes better risk management and encourages investment





### Social protection improves labour market participation and employment

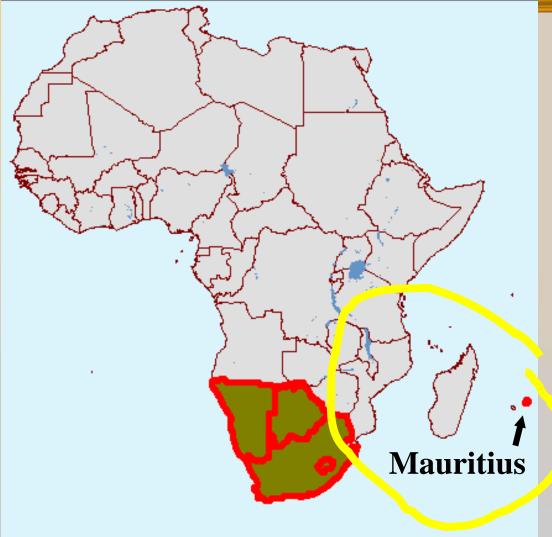
n = 3462



n = 1795



# Social protection reinforces social cohesion, facilitating economic policies that promote pro-poor growth



#### **Mauritius**

- \* A half-century ago had a poverty profile similar to any African country
- \* Today, the lowest poverty rates on the Continent, and some of the highest growth rates over the past several decades
- Social protection enabled a restructuring of the economy onto an export-led high growth path



#### Part 3

. 1.  Social protection as a tool for reducing child poverty and addressing social vulnerability

2.

 Overview of child transfers, conditional cash transfers, household-targeted but child-focused social protection measures

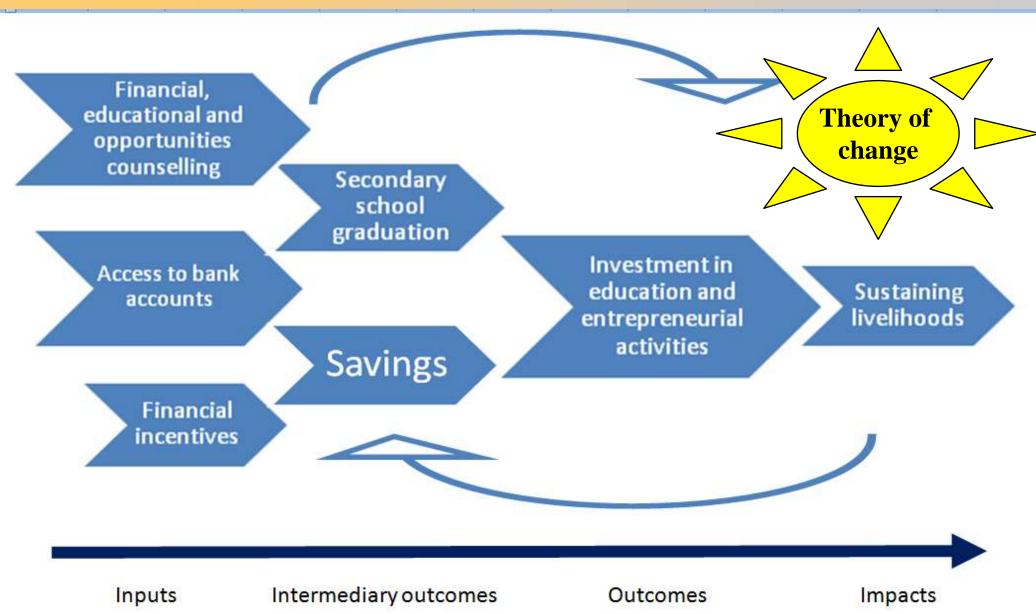
**3.** 

Community-level interventions

4

• Specific measures for supporting families with young children – effective social protection at that critical phase of development

### Community-level activities to strengthen the developmental impact of South Africa's Child Support Grant





### Part 4

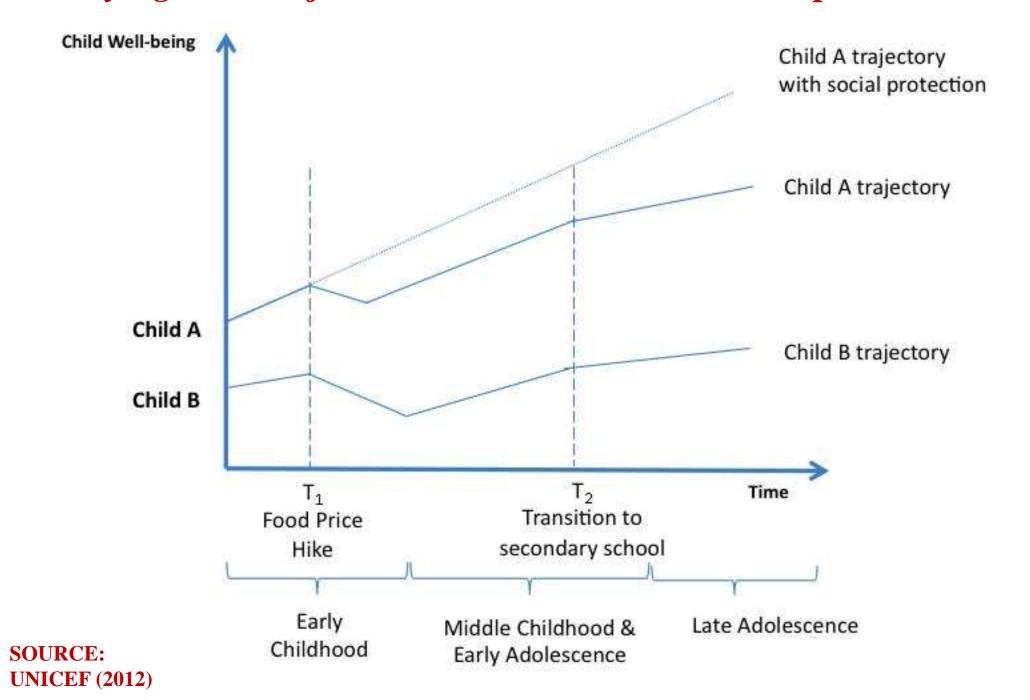
 Social protection as a tool for reducing child poverty and addressing social vulnerability

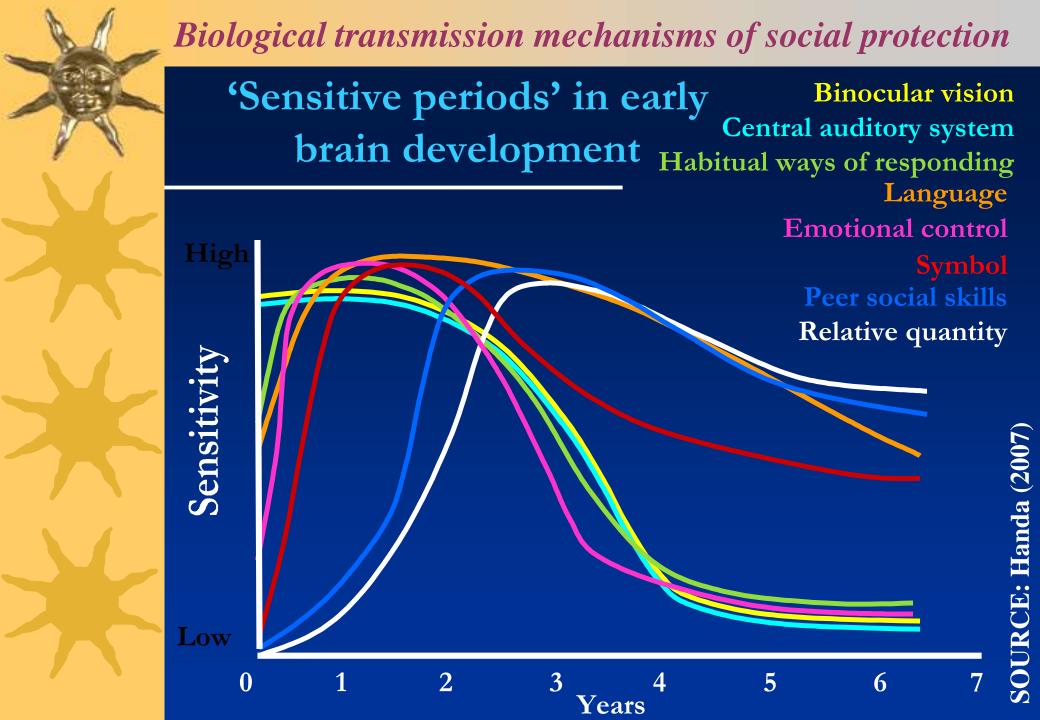
 Overview of child transfers, conditional cash transfers, household-targeted but child-focused social protection measures

• Community-level interventions

• Specific measures for supporting families with young children – effective social protection at that critical phase of development

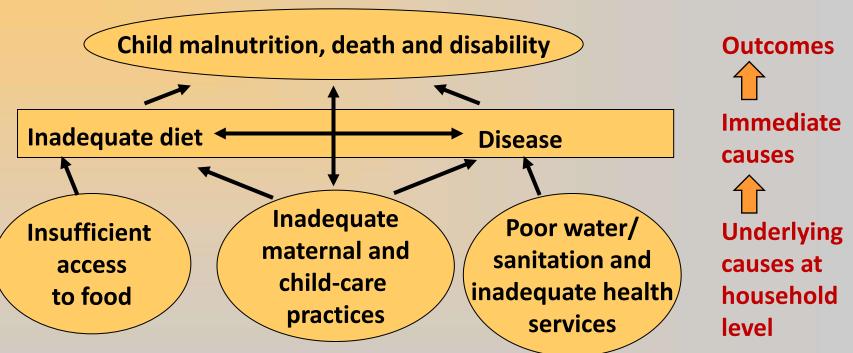
#### varying chua irajeciories wun ana wunoui sociai proieciion





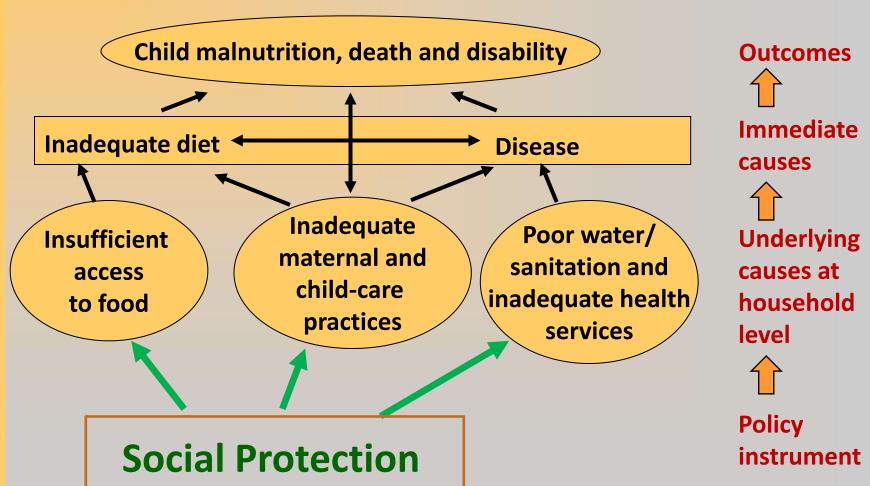


#### **Causes of Child Malnutrition**





## Causes of Child Malnutrition and how Social Protection tackles it

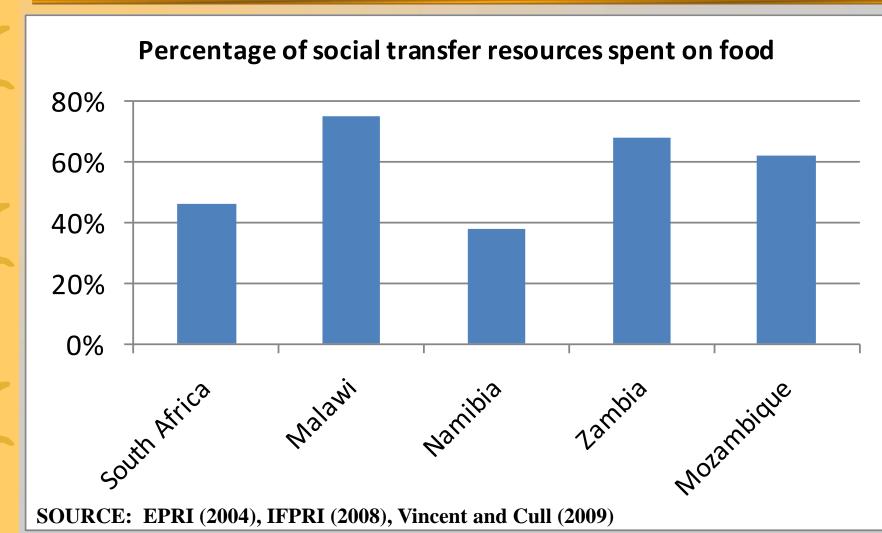


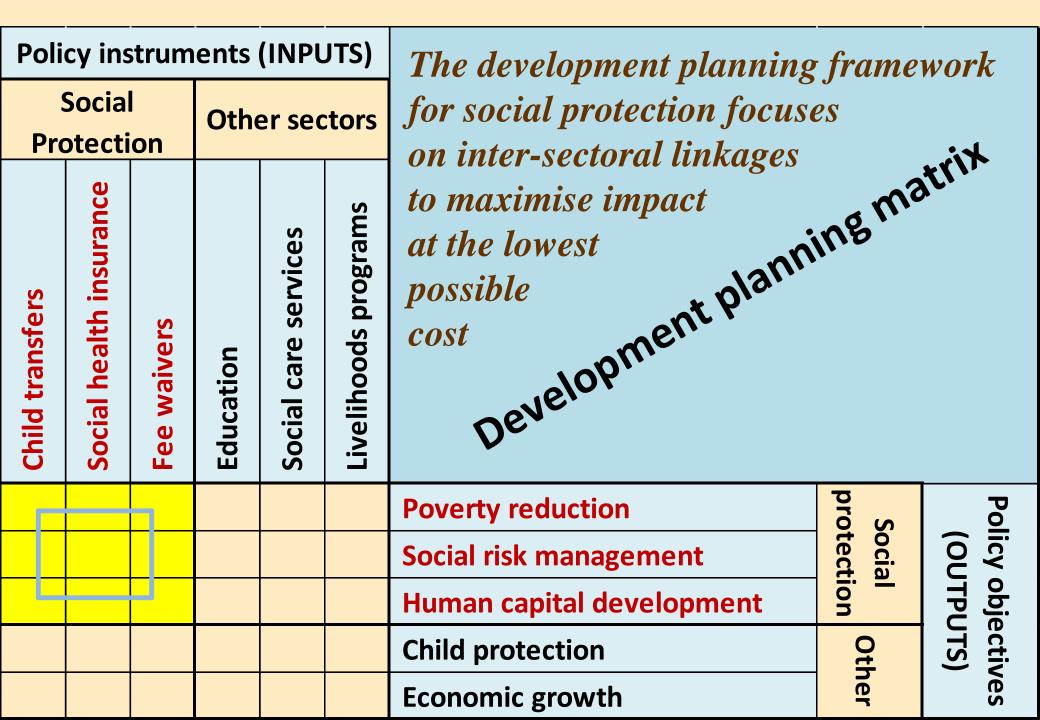
Adapted from The State of the World's Children 1998

and Hoddinott (2012)



## Most social cash transfers buy predominantly food







### Summary

• Social protection's main impact is to effectively reduce poverty and vulnerability, and much of the evidence documents significant *equitable child outcomes* along many dimensions.

• But social protection also generate a wide range of developmental impacts—in terms of human capital development and economic opportunities.

• These impacts promote inclusive social and economic development, reinforced by social protection's impacts on economic resilience, social cohesion and support for key policy measures promoting pro-poor growth.

1

**3.** 







# The South African Child Support Grant Impact Assessment Evidence from a survey of children, adolescents and their households

Thabani Buthelezi, Dept of Social Development Selywn Jehoma, Dept of Social Development George Laryea-Adjei, UNICEF South Africa

> 20-22 Nov 2012 Beijing





#### **Background**

- As South Africa we are honoured ...
- Country population 51m (Census 2011)
- Child population 19m (37% of total population) (Census 2011)
- GDP per capita PPP USD 11,035 (IMF 2011)
- Significant features: largest economy in Africa, sustained GDP growth 3-4.5% since 2001, large HIV burden, apartheid legacy including skill deficit, high unemployment, poverty, high inequality
- Poverty elimination and inequality reduction the central goal of National Development Plan





#### Constitution of South Africa

"everyone has the right to have access to social security including, if they are unable to support themselves and their dependents, appropriate social assistance" S.27 (1) (c)

The Constitution of the Republic of South Africa

"state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights" S.27(2)





### Targeted support for deprived children and poor households has increased

#### **Social Assistance programmes:**

- Old Age Pension
- Child Support Grant
- Foster Child Grant
- Disability Grant
- Care Dependency Grant
- War Veterans Grant
- Grant in aid

#### Additional targeted services:

- Free health care for children
- No-fee schools
- School nutrition programme
- Subsidised water for poorest
- Etc.

### **SOCIAL GRANT STATISTICS MARCH 2010 – MARCH 2012**

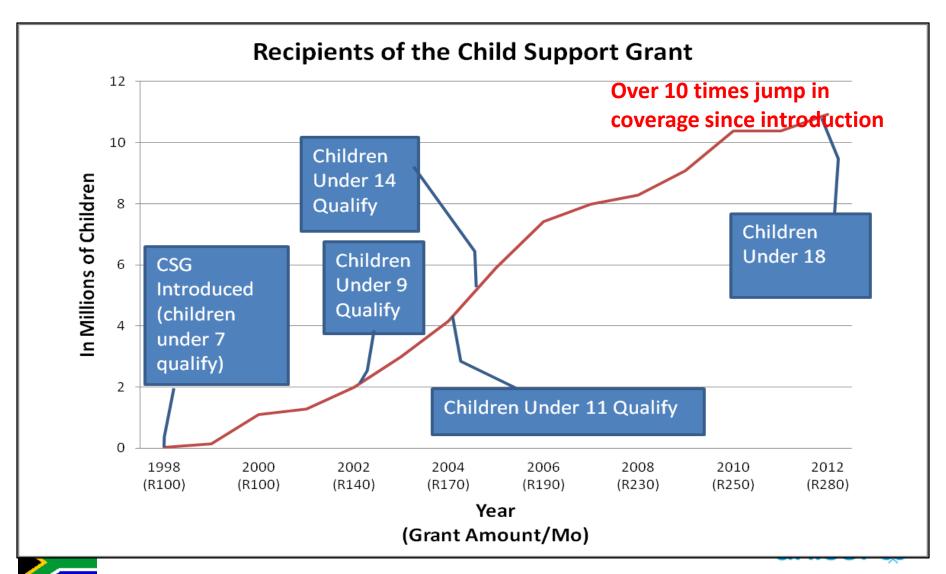
Grant Type	31 March 2010		31 March 2011		31 March 2012		
	Beneficiaries	Children	Beneficiaries	Children	Beneficiaries	Children	
Older Persons	2 533 104		2 677 976		2 750 857		
War Veterans	1 241		958		753		
Permanent Disability	1 031 888		988 593		1 198 131		
Temporary Disability	230 198		211 329				
Foster Child	334 930	495 497	332 475	512 977		536 747	
Care Dependency	108 744	110 762	110 207	112 325		114 993	
Child Support	5 418 980	9 465 952	5 733 650	10 396 805		10 927 731	
Grant-in-Aid	52 696		58 285		66 493		
National Total	9 711 781	10 072 211	10 113 473	11 022 107		11 579 471	
Number of Grants		13 921 338		14 900 963		15,529,212	



#### Design of the CSG benefit

- Total expenditure on social grants is at 3,4% of GDP
- Child Support Grant has been introduced in 1997 to a targeted group of children under the age of 7 years at a value of R100 (\$12)/ month
- Conditions were means testing, prove of early child inoculations and administrative requirements
- Prove of inoculations dropped
- Age of eligibility increased to 12 years in 2003 and then to 14 years in 2006/07 and
- Then to 18 years in 2010 with soft conditions of school attendance
- Value is R280 today which is \$35

#### **Evolution of the Child Support Grant**



# CSG Impact Evaluation 2010-2011: Questions

- 1. How has the receipt of the CSG from birth affected the well-being of children and their families?
- 2. How has the extension of the CSG to older children enhanced their well-being, including reducing their exposure to risky behaviours (sexual activity, pregnancy, alcohol use, drug use, criminal activity and gang membership)





#### **CSG Evaluation Samples**

- 10 year old children who enrolled in CSG either:
  - a) between 0 and 18 months or
  - b) between 5 and 9 years
- Adolescents between ages 15 and 17 years
  - Including those who met other CSG eligibility criteria but turned 17 by Dec. 31, 2009 and will not receive CSG
- 5 provinces: Eastern Cape, Gauteng, KwaZulu-Natal, Limpopo, and the Western Cape
  - Variability in programme rollout and eligibility criteria and timing and length of CSG enrolment among eligible children allow for analysis of child/household impacts associated with differing dosages of CSG receipt (and early vs. late enrolment) as well as no grant receipt (among adolescents)





# Multi-dimensional impacts of the Child Support Grant

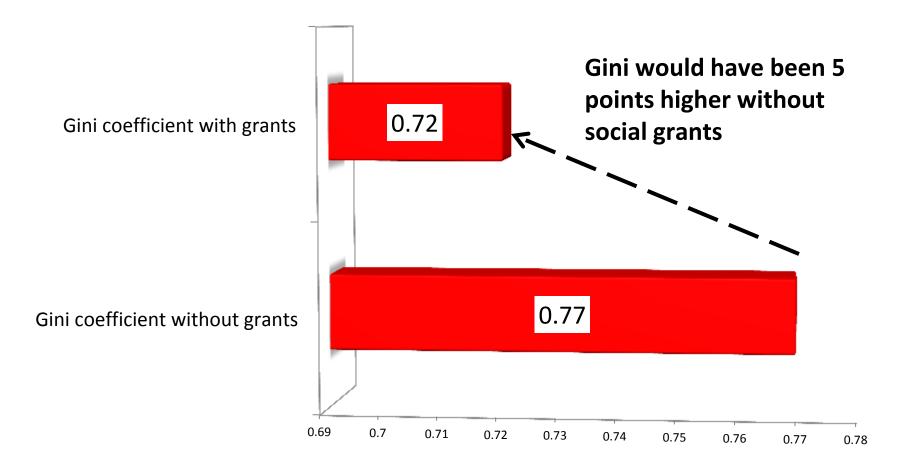


The case for the CSG involves a Wide-ranging Spectrum of Social and Economic impacts, which start with reducing the poverty that disproportionately affects children and their households.





## Some studies had already suggested: inequality will be worse without social grants or state interventions



## **Effects of CSG on poverty: (R251)**

	Impacts					
	Poor Households (millions)	Household Poverty Rate	Anual household monetary poverty gap (Billions)	Poverty Gap (Percent of GDP)		
Without CSG	2.6	19.6	19.2	1.1%		
With CSG	2.0	15.1	12.0	0.7%		
% Reduction	<b>V</b> 23.1%	<b>V</b> 23.1%	<b>7</b> 37.5%	<b>7</b> 37.5%		





#### Impact on young children's Nutrition and Growth

- The propensity score matching approach divided the sample into two groups: (1) children who received the CSG in the first two years of life; and (2) children who only first received the CSG when they were two years of age or older.
- The study assessed access and use of preventative health and nutrition care; anthropometry; and access to pre-schools.
- Early receipt of the CSG increases the likelihood that a child's growth is monitored by 7.7 percentage points, statistically significant at the 10 percent level.
- For children whose mothers have more than eight grades of schooling, early receipt increases Height-for-Age Z-score by 0.19 standard deviations. This is a large impact and it is statistically significant at the 5 percent level.





#### Findings for young children's schooling

- Children who were enrolled in the CSG at birth completed a statistically significant 0.14 more grades of schooling than children who were enrolled at age six.
- Early enrollment raises scores on a test of arithmetic by 6.0 percent.
- Early enrollment has positive impacts on many dimensions of girls' schooling and learning.
  - Earlier enrollment in the CSG improved girls' grade attainment by a quarter grade compared to enrollment in the CSG at age six.
     This is a large impact given that most children in the sample had only completed four grades of schooling.
  - The pathway through which this occurs is the reduction in delayed entry. Early receipt of the CSG reduces delayed school entry of girls by 26.5 percent.
  - Girls who were enrolled early obtain higher marks on tests of mathematical ability and reading.





#### Addressing historical legacies of disadvantage

- For children whose mothers have less than eight grades of schooling, early enrollment raises grade attainment by 0.38 grades, a 10.2% increase.
- The CSG has no impact on grade attainment on children whose mothers have 8+ grades of schooling.
- These results suggest that the CSG is playing a compensatory role
  in narrowing the gap between children whose mothers have not
  completed primary school and mothers with at least some
  secondary education.
- For children enrolled at age six, the difference between predicted grade attainments is 0.41 (3.70 v 4.11). But for children enrolled at birth, the difference is negligible, 0.06 grades.
- We observe this effect because early receipt of CSG reduces the likelihood that children from these disadvantaged background are less likely to enroll late.





# Summary for young children's outcome on health

- Children enrolled in early life are less likely to have experienced illness, and most significantly:
  - Boys who were enrolled early in the CSG had a lower predicted likelihood of being ill, 21.2 percent compared to 30.3 percent for boys enrolled later.
  - Children enrolled at birth and with mothers with eight or more grades of schooling have a predicted likelihood of being ill of 19.6 percent, 8.5 percentage points lower than comparable children enrolled at age six. This suggests mothers' education complements the CSG in terms of promoting child health outcomes.





#### CSG impacts on adolescent absences from school

PSM Estimation: Comparison of	No. of	Ave. days abse	ent from school	T-C difference		
treatment subgroups	obs.*	Treatment	Comparison	(impact)	Std. Error	T-ratio
Group 3 vs. 0: current vs. no CSG in household; never received for adolescent						
All adolescents	197	1.23	3.44	-2.22	1.05	-2.11
Males	89	1.45	5.29	-3.85	2.36	-1.63
Females	106	1.12	1.10	0.03	0.64	0.04
Groups 1, 2, 3 vs. 0 & 4: current vs. no CSG in household, irrespective of past receipt, who the receives CSG						
All adolescents	861	1.92	4.18	-2.26	1.42	-1.60
Males	387	2.29	9.34	-7.05	3.35	-2.10
Females†	398	1.72	2.54	-0.82	0.70	-1.08
*On the common support						
†83 cases were excluded (not on common support)						

Adolescent males were absent ~4 days fewer if in a household currently receiving the CSG (even though the grant was never received for the adolescent), compared to adolescent males in households with no CSG receipt ever.

Males in households currently receiving the CSG were absent approximately 7 days fewer than males in households not receiving the CSG.

# CSG impacts on probability adolescents never had sex

PSM Estimation of Impact of CSG on Adolescent Sexual Activity (Outcome: Never Had Sex)							
All adolescents	N	Common support N	Treated	Comparison	T-C difference (impact)	Std. Error	T- ratio
Group 1 vs. 0	767	369	0.887	0.717	0.170*	0.098	1.73
Group 3 vs. 0	299	284	0.771	0.644	0.127	0.059	2.15
Group 2 vs. 4	295	281	0.842	0.678	0.164	0.066	2.49
Groups 1, 2, 3	1231	1195	0.854	0.694	0.160	0.060	2.66
vs. 0, 4							
Females only							
Group 1 vs. 0	273	127	0.927	0.949	-0.022*	0.115	-0.19
Group 3 vs. 0	167	157	0.753	0.728	0.025	0.085	0.29
Group 2 vs. 4	157	134	0.857	0.684	0.174	0.095	1.83
Groups 1, 2, 3 vs. 0, 4	675	641	0.871	0.714	0.157	0.072	2.18

<sup>\*</sup>After-matching balancing tests reject that an acceptable level of balance was attained.

#### Results of CSG impacts on adolescents

- Results for adolescents suggest the importance of both early receipt of the CSG by children and receipt of the CSG in the household at the time of adolescence
  - Early CSG receipt appears important in protecting adolescents against (or reducing engagement in) sexual intercourse, alcohol use, drug use and criminal activity and in reducing early pregnancy and work outside the home
  - Household CSG receipt in adolescents' teenage years important in reducing absences from school (particularly for males) as well as reducing engagement in the above risky behaviours





#### **Economic Growth Opportunities**

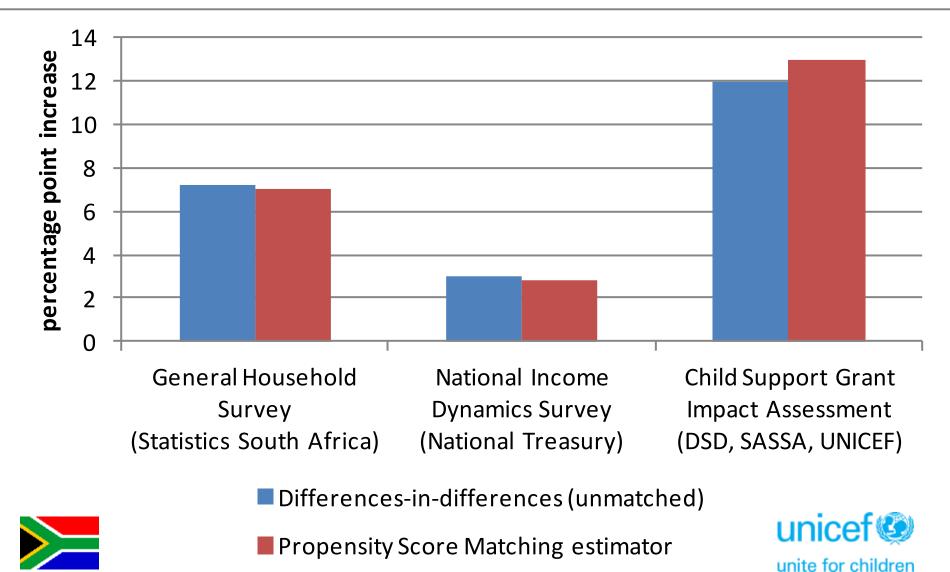
The Child Support Grant Allows Recipients to:

- Save for the future: "We can save the money in the bank to pay for my university education."
- Build an asset base: "The truth is if you have someone who helps you financially, you can manage to take this money and invest it for the child... you can save... By 18 years it will be more money that can help the child."
- Gain access to job prospects: "Sometimes if my husband wants to go look for a job I give him R50 or R70 for transport."





# Receipt of the CSG has a statistically significant (at 99% level) and attributable impact on youth employment (age 25-39) according to 3 independent studies with different data sets



#### Summary

- The Child Support Grant's main impact is to effectively reduce poverty and vulnerability, and much of the evidence documents significant equitable child outcomes along many dimensions.
- But the Child Support Grant also generate a wide range of developmental impacts—in terms of human capital development and economic opportunities, that help to break the inter-generational transmission of poverty.
- These impacts promote inclusive social and economic development, reinforced by the Child Support Grant's impacts on economic resilience, social cohesion and support for key policy measures promoting pro-poor growth, facilitating the progressive realization of rights to social security (and more broadly social protection).





#### Some policy implications

- Ensuring the broadest access to the CSG, will provide the greatest social and economic impacts. This requires addressing means test issues
- The CSG represents a substantial contribution to the household resources of the poorest in South Africa.
   Ensuring the real purchasing power of the grant is maintained (and increased) represents a significant investment in pro-poor and inclusive economic growth.
- Linking financial inclusion initiatives and other developmental services to the CSG will further promote economic opportunities for the youth.





## A success story for Africa

- Even without conditions attached to their social assistance the evidence suggests:
  - South Africa is a model for rest of continent and beyond on progressive social policies
  - Success story has paved the way for consideration of a renewed agenda for children





# Experiences on Children's Nutrition and Development Learnt from Practices of China Foundation for Poverty Alleviation

WenKui Liu Secretary General November, 2012



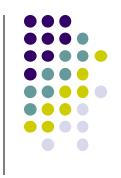


### Contents



1. Introduction of China Foundation of Poverty Alleviation

 Children Nutrition Improvement Program of China Foundation of Poverty Alleviation



# 1. Introduction of China Foundation of Poverty Alleviation

2012.1.6

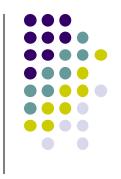


#### Introduction

Founded on March 13, 1989

- (1) Value of funds raised and materials collected: ¥5.472 billion;
- (2)Poverty alleviation programs: more than 200;
- (3)Poverty-stricken population benefited: 13.1041 million;
- (4)5A-Level foundation (the highest rank) rated by Ministry of Civil Affairs in 2008

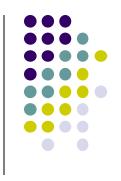
#### Mission



- To help poor people in the poor communities to enhance their capacity of self-development
- Improve production conditions and quality of public services

## Project types

- Education projects
- Health projects
- Livelihood and development projects
- Emergency relief and reconstruction projects



# 2. Children Nutrition Improvement Program of China Foundation of Poverty Alleviation

2012.1.6



# School Feeding Program

#### Child nutrition around the world

As the latest report on starvation by UN shows, between 2010 and 2012, up to 0.87 billion (one in eight) people are suffering chronic malnutrition.

The majority of global hungry people (0.852 billion) are living in developing countries, account for 15% of their total population. There are also 16 million people in developed countries that are suffering from malnutrition.





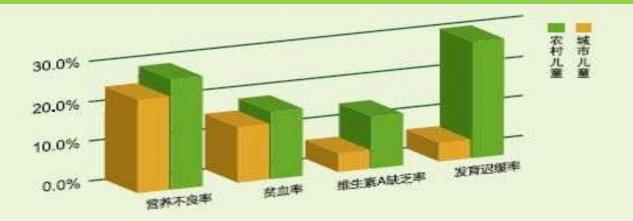


#### Child nutrition in poverty-stricken areas in China



The average height of children from rural areas is 4-5 centimeters shorter those from urban areas, and the average weight is 3.5-4.5 kg lighter.

Delayed development rate of children from rural areas is 29.3%, five times more than that of those from urban areas. Rural children's insufficiency rate of Vitamin A is 13.2%, 3.5 times more than that of urban children.



- Children in Chinese rural areas mainly eat rice and vegetables, suffering from insufficiency of protein and micronutrients, serious malnutrition and high incidence of iron-deficiency anemia.
- Reference:
  Research Report on
  Nutrition and Health
  Status of Chinese
  School-aged Children
  and Teenagers
  compiled by
  Institution of Nutrition
  and Food Safety

#### Diets of children in poverty-stricken areas in China











## **School Feeding Program**



In the spirit of improving children's malnutrition in poverty-stricken areas in China, the China Foundation of Poverty Alleviation, together with the UN World Food Program (WFP) and China Division of Yum! Brands, Inc, launched "Donate One-Yuan, Show Love, and Deliver Nutrition" activities in 2008. Advertised in more than 4,000 restaurants of Yum! Brands such as KFC and Pizza Hunt, these activities, as a part of WFP's "World Hunger Relief Week" worldwide, were to encourage the whole society to pay attention to children's nutrition status in poverty-stricken areas. In addition, Yum! Brands, Wal-Mart, Suning Electronics, Auchan, Tencent and other companies participated in these activities by organizing charity events. In September, 2011, the China Foundation of Poverty Alleviation, cooperating with Tencent Charity, launched "Deliver Hope—Deliver Nutrition for Children in Poverty" monthly donation project. There were more than 126,000 enthusiastic netizens participating in it. Based on these, there comes the school feeding program.

## (1) Operating modality



#### Sichuan Province

- · Additional meals: milk + bread
- Take turns to provide bread with 15 flavors and milk every day
- Cost (freight included):
- ¥3.9 (¥1.3 + ¥2.6)
- ¥4.15 (¥1.45 + ¥2.7)
- Time: 2008-2010



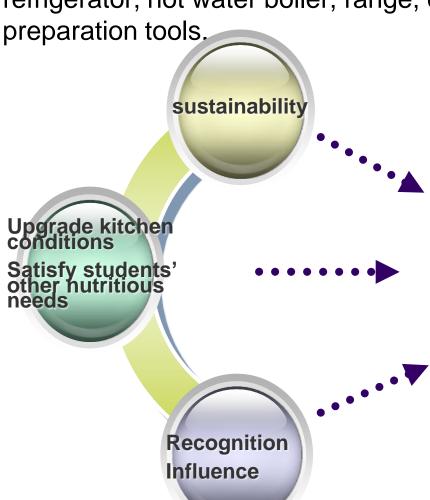
#### Yunnan Province

- Additional meals: milk + eggs (marinated eggs)
- Cost (freight included):
- $\cdot$  Y2.28 (Y1.5 + Y0.78)
- $\cdot$  Y2.59 (Y1.7 + Y0.89)
- · Help to build a proper kichen
- Time: 2010-now



#### **Proper Kitchen**

A "Proper Kitchen" includes a stove, rice cooker, antiseptic cabinets, refrigerator, hot water boiler, range, counter and other food



2012.1.6



## (2) Steps





# (3) Project investment



- Since 2008, the School Feeding Program has raised more than RMB 70 million, with expenditure of RMB 50 million.
- The project has already reached 239 schools in 23 counties/districts in 13 prefectures/cities of Sichuan and Yunnan. It has provided 65,000 poor children more than 12 million nutritious meals.
- It has also provided 100 schools with proper kitchens

# (4) Project results





Evaluator	China CDC	Evaluation time	March and December, 2011			
Methodology	Randomized control trial					
Site	Yunnan Province Baoshan city Changning County Mingde PS	Control	Laochang PS			
Results	Through provision of eggs, milk and kitchen equipment, children's nutritional and development status was improved, with malnutrition and anemia decreasing and general health status improved.					

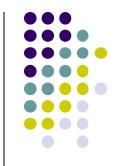






# Nutrition Assistance Program for Infants in Poverty

#### Infant and child malnutrition



On 14 May 2012, the Copenhagen Consensus issued a list of 16 of the world's development challenges and solutions. Among them:

1: Reduce pre-school aged children's malnutrition, via complementary food, micronutrient supplements, diarrhea control and reduction.

Experts believe that infant and child malnutrition is one of the greatest development risks to the fetus and up to the age of 2 years old. Child Malnutrition influences cognitive development.

Malnutrition is not only a health issue, it is also a societal issue.

#### The issue of child malnutrition

In China, the issue of child malnutrition displays a rural and urban divide. In rural areas, especially in poor rural areas, the malnutrition issue is serious. Rural children's rate of underweight and developmental delay is three to four times that in urban areas. In poor rural areas, it is twice that in average rural areas. In 2010, 20% of children under the age of 5 had developmental delays.

Improvements in rural children's nutritional status is not stable because it is vulnerable and subject to changes in economic conditions and other sudden incidents.

The anemia issue among children under the age of 2 is serious. In 2010, the anemia rate of children aged 6 to 12 months was as high as 28.2% and at 20.5% for children aged 13 to 24 months.

The data shows that anemia is more serious about children aged 6 to 24 months. Development delays among rural children begins its peak at around 12 months.

【 Research Report on Nutrition and Health Status of Chinese Children Aged 0-6 (2012), Ministry of Health】



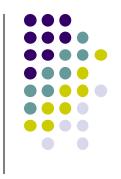


#### **Program Description**

- 1. Free nutrition packages are provided for infants between 6 to 24 months old (one package per day);
- 2. Educational trainings on health issues for county-, town-,and village-level health center for women and children; instruction on scientific feedings for feeders;
  - 3. customized nutritious recipe according to local food materials.

Intervention target	Intervention goals
6-24 months old infants and pregnant women	prevent malnutrition
Main infant feeders	Raise the awareness of scientific feeding, and provide feeding instruction
Primary level medical workers	Learn more professional knowledge and enhance capacity for education and advocacy

## **Project Development**



#### Why use the nutrition package

1, what is nutrition package

High nutrients fortified food

GB/T 22570-2008 (released in 2008, carried out in March 2009)

# (2) Evaluation of Project Results



- 1. After a six month comprehensive intervention targeted at children aged 6 to 24 months at project sites, clear intervention results were obtained as evidenced by the following:
- (1) Anemia dropped from 42.06% to 26.13%.
- (2) Gains were experienced in height and weight.
- (3) Decreases were experienced in incidence rate in last 2 weeks of respiratory infections and diarrhea.

2. Parental knowledge of child nutrition increased.

#### Results

Diet and nutrition is the material foundation for human capital and social-economic development

- malnutrition can reduce
- body height by 3-4 cm
- IQ by 10~15 pts
- labor power by 2 ~9%

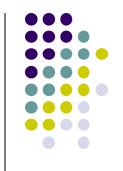
# Diet and nutrition is the material foundation human capital and social-economic development

- In China, 30% of under 5 mortalities are related to malnutrition
- •22% of obesity, 14% of coronary heart disease and 15% of hypertension come from stunting





 The economic loss from malnutrition is extremely severe, accounting for 4% of GDP



Caring about child nutrition and development, not as a health issue but also a social issue, takes the joint efforts of all sectors of society. This is how we create a better environment for the growth and development of children. Let is join hands for a better tomorrow!



## Thank you!



# South-South Cooperation Symposium on Child Poverty

Ministry of Social Development



Gobierno de Chile





## Chile Today



- **Population 16.572.475**
- Growth around 5%.
- One of the three OCDE countries that decreased its unemployment rate between 2007 and 2012
- Chile produces more than 25 minerals being the principal producer in the world in 3 of them



## Chile Today



- Per capita income US\$ 19.000 measured according to power purchansing parity.
- 14,4% of the population below the poverty line.
- 2,8% below the extreme poverty line.
- 30.000 families still live in camps.
- 12.000 are homeless.

## Chile Today



- 8.8° (Richter scale) Earthquake of February
  27, 2010
- 525 deaths, 500,000 lost homes and 2 million left homeless.
- Immediately followed by a tsunami
- One of the six strongest recorded in world history.



#### Chile towards the future



- Be the first developed country in Latin America at the end of the decade.
- End extreme poverty in the next four years.
- End the camps by the end of the decade.
- Finish Reconstruction

## New Ministry of Social Development



Our mission is to contribute to the design and implementation of policies, plans and programs on social development, especially those aimed at eradicating poverty and providing social protection to vulnerable individuals or groups, promoting social mobility and integration.



## Policies for Poverty Reduction



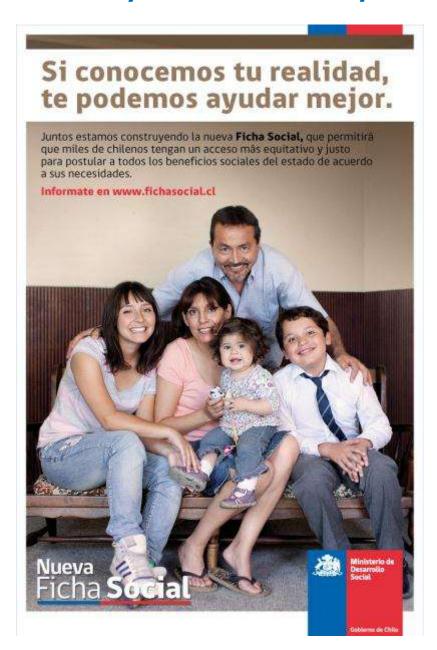




- Solidary Chile
- Department of Alleviation for the Homeless
- Ethical Family
   Income



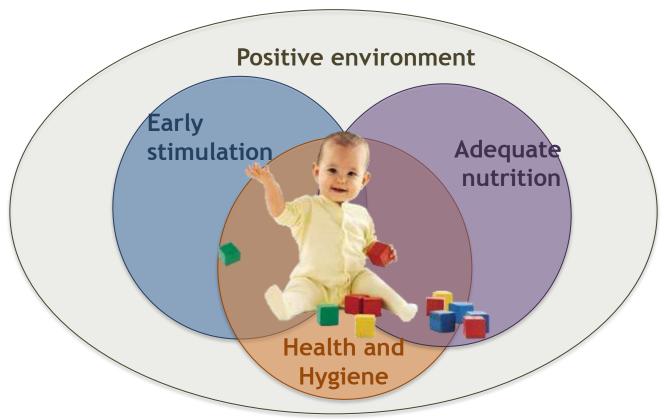
## Policy of Poverty Reduction



- Social Protection Record
- Social Integrated
   Information System
- Chile Grows with You

## Child Poverty: Chile Grows with You

Child development is multidimensional. Intervention must happen in a timely way and in a pertinent manner regarding the particular needs of each child. Intersectoral policies allow to accompany the way throughout the life cycles of children, promote resources, and simultaneously impact the growth related factors.





## Child Poverty: Chile Grows with You

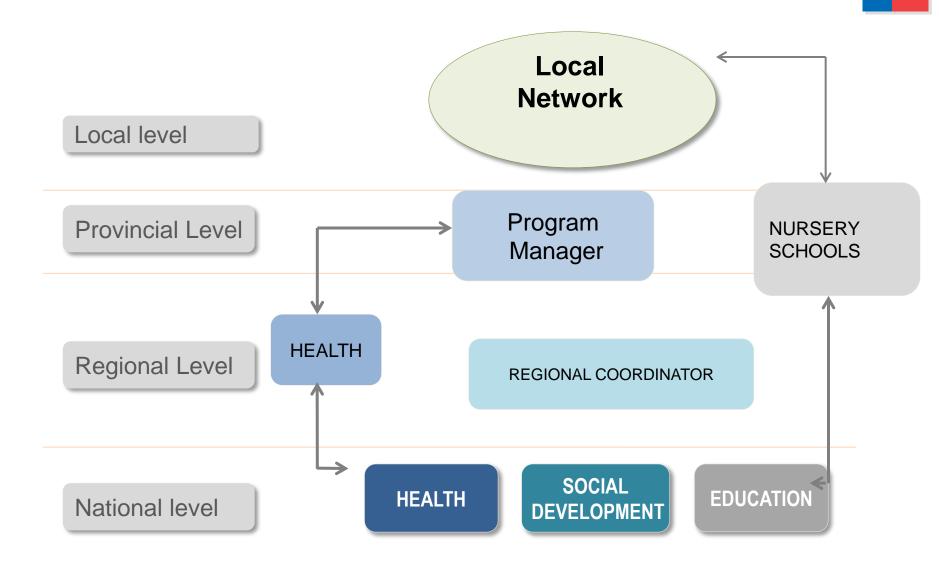


•It is a system that allows to balance out child development opportunities preventing the structural causes of poverty and contributing to social mobility.

•Children are integrated as of their mother's first pregnancy check up in the public health system, and are accompanied and supported throughout their development path until they enter the school system.

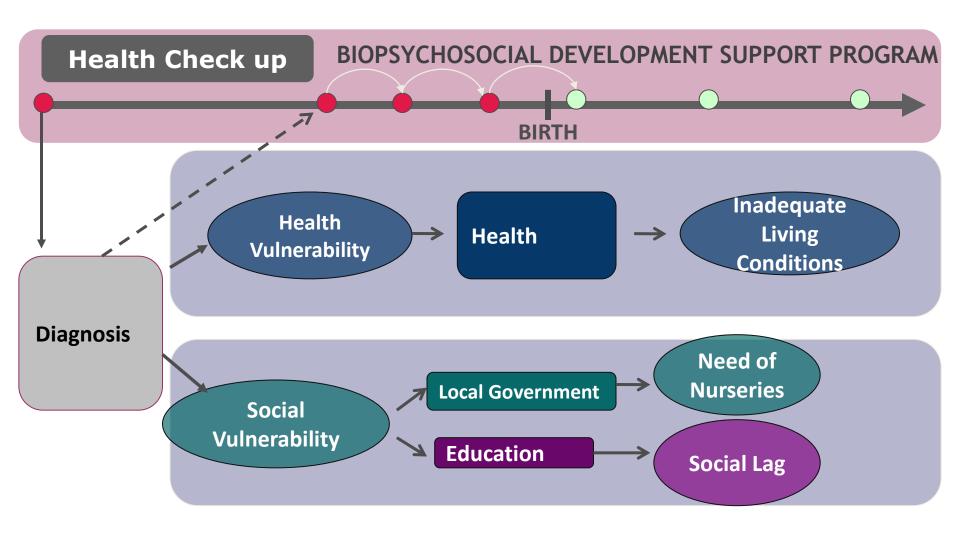
•It establishes guarantees of access to technical support, nurseries, kindergartens, and Solidary Chile to those most vulnerable families.

## Support Structure



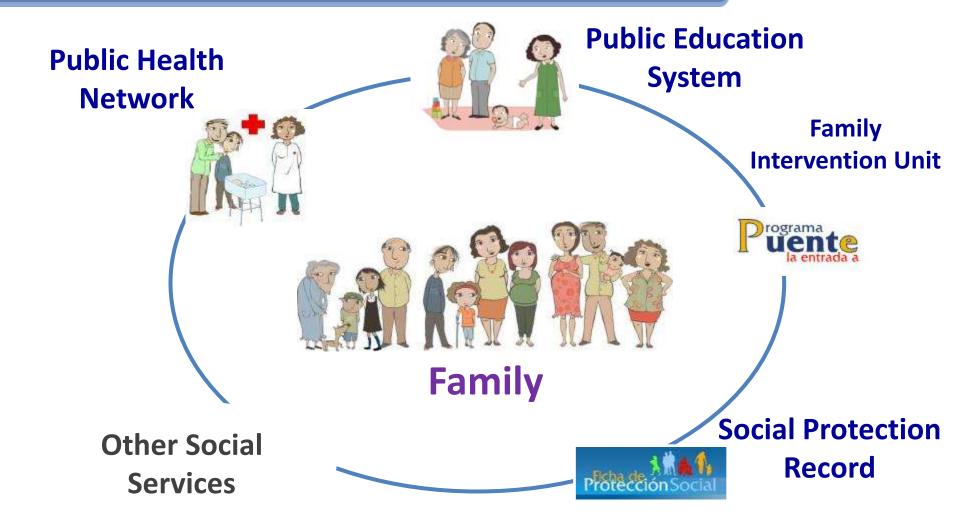


#### Personalized Development Support





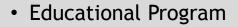
## Chile Grows With You is an integrated service network



#### **Chile Grows With You Local Network**



#### **Support and Assistance Offered**



- Pregnant Mother Process Accompanying Program.
- Newborn Support Program

All Chilean Children 100%

Children in the Public Health System - 81%

- Free and Quality Day Care Centers and Nursery Schools.
- Home visits by Health Teams.
- Family subsidies.
- Program of Integral Service to Disabled Children.
- Technical aids for disabled children.
- Finally, priority access to the offer of public programs



**Vulnerable** 

#### Pregnant Mother Process Accompanying Program

















#### Gestation

Strengthening of prenatal development through workshops for the parents

#### **Birth**

**Personalized** assistance during labor.

## 0 to 4 years of age

Integral assistance for the hospitalized child in neonatology or pediatrics.

Strengthening of the integral development of the child

Assistance to vulnerable children by a multidisciplinar y social and health team.

#### **Primary Assistance**

- **A.** Strengthening of prenatal care
- B. Health Plan Development

**C.** Education of the pregant mother and her partner

#### Hospital

A. Personalized **Assistance During** Labor

B. Personalized **Assistance Post** Labor

A. Integral Assistance to Newborn in neonathology

**B.** Integral Assistance to Newborn in pediatrics

#### **Primary Assistance**

Strengthening of the integral development of the child

B. Educational intervention in parents to help them in the upbringing.

A. **Strengthening** of the integral development of the disabled and vulnerable child





















## Chilean International Cooperation

- Agency of International Cooperation of Chile
- Trilateral Cooperation
- Incorporate the Private Sector
- Climate Change
- Renewable/Efficient Energy
- Disaster Prevention



### Forms of International Cooperation

- Technical Assistance Missions
- Internships
- Follow-up workshops and monitoring of projects
- Regional and International courses
- Volunteers
- Donations of supplies and materials
- Scholarships for foreign human resource training in Chile



# Contribution to overcoming poverty in Latin America and Caribbean

- Diversity in Early Childhood
- Chile Schools Program
- Support Centers for Early Childhood Quality Inclusive Preschool Education Model in Haiti.



# Contribution to overcoming poverty in Latin America and Caribbean

- Strengthening, building, and implementation of the Social Protection System Saso Pyahu.
- Care improvement program for families housing institutionalized children and adolescents.
- Strengthening of the Departmental Early Intervention
   Services of the Republic of Paraguay "Ñangareko Ñepyru"



### Thank you

# Cristián Callejas R. ccallejas@desarrollosocial.cl



Gobierno de Chile



# CHILD SENSITIVE SOCIAL PROTECTION: THE CASE OF THAILAND

Pattama Teanravisitsagool, Ph.D.

Senior Adviser

Office of National Economic and Social Development Board Beijing, November 20-22, 2012

South-South Cooperation Symposium on Child Poverty

## **Talking Points**

- Social protection system in Thailand: Big picture
- Child Sensitive Social Protection in Thailand: Current System
- Child poverty in Thailand: Current situation and Challenges ahead
- Some proposals to increase effectiveness of child poverty reduction strategies

### Social Protection System in Thailand by types, age groups and professionals

		Working –age group							
	Children, Youth and Family	Civil Servants	Private school Teachers	Formal workers	Informal workers	Elderly	People with disability	Legal migrant workers	
	Free 15 years of education (9 years compulsory)		Free skill	development program		Funeral arrangement	Living allowance for HIV infected	Free	
1. Social services	Student loan for undergraduate education	Эс	ob searching	/ Job generating progra	am	Monthly living allowances (universal basis)	Monthly allowance (all disability)	compulsory education (15 years)	
	Free milk/Lunch project Free health care for children/spouses /parents of civil servants								
	Health care under 3 systems (Civil Servant Medical Benefit Scheme (CSMBS), Social Security Scheme (SSS), and Universal Coverage Scheme (U (coverage o f 7%, 13%, 80% of total population)								
2. Social Insurance	Child allowance (Social security pension fund)			Social Insurance Fund (injury or sickness/disability	Extension of social insurance to cover	Old age pension (insured person			
	Benefits extended for children and spouses		1	/death/maternity/ unemployment insurance)	informal workers (voluntary basis)	under SSS)			
		Government Pension Fund (GPF)		Compensation Fund		Government Pension Fund			
				Provident Fund	Farm income guarantee/crop pledging schemes, micro credits				
		2		Employee Welfare Fund	The second contract of	Provident and	T.		
			Teacher Assistance Fund			Provident and Pension Fund for teachers in private schools			
	National Saving Fund (Pending: to be in effect)				National sa	ving fund		20	
	100			Community Welfare Fun		e Fund (pending)			
	Cash transfer	T		,	700	Cash t	ansfer	Cash transfer	
3. Social assistance	Emergency shelters/Foster homes					Emergenc	y shelters	Emergency shelters	
	Assistance for home care					Assistance fo	or home care		
	Care provided in institutions					Care provided	in institutions		
					Arable	land ownership/acces	sibility Housing		
	Promoting Corporate Social Responsibility								
4. Social Safety Net	Strengthening Family , Community , Civic Society, and Local								
	Strengthening and Promoting social equality								
	Promotion and development of social welfare personnels								

### **Universal Health Care in Thailand**

### **Formal Sector:**

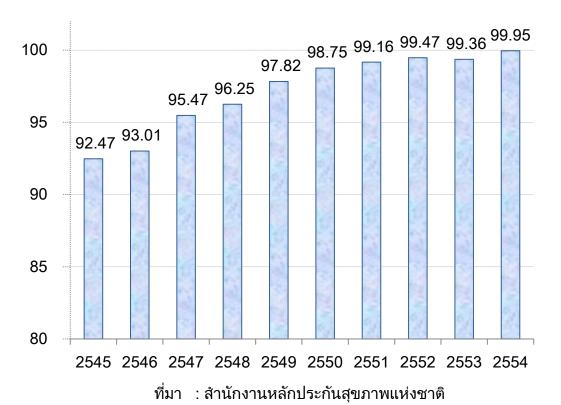
- 1. Government officials with family (CSMBS): Financed from budget, covering 5 million (8%)
- 2. Private employee (SSS): It is a benefits scheme, which is financed from the contribution of employee, employer and the government, each paying 1.5% of the salary, covering 9 million (16%)

## **Informal Sector**

### (UC scheme):

- Those who work in the agricultural sector or be self-employed are not yet covered by CSMBS and SSS.
- Financed from budget, covering. 47 million (75%)

# Health Care Coverage (% of total population)



### Some challenges

- Liquidity of hospitals because of capitation paying is not sufficient for cost of beneficiary.
- Quality of services
- Burden of fiscal, so it is controversial regarding how to manage this program.

### Some messages/thoughts

- Social Protection System in Thailand has been much developed considering from the perspectives of different groups in Thai society who are being covered. Social protection being provided have been in line with the concepts of promotion, transformation, provision, and prevention.
- Thailand has made remarkable progress in education and health care services. Since 2009, free education for 15 years--starting from preschool—has been provided. This is beyond the 9 years legally compulsory education and enrolment rates have been on a rise.
- In terms of healthcare, we may distinguish into formal sector and informal sector.
- The system has been designed and put in place to prevent, manage, and overcome situations that adversely affect people's <u>well being</u> from birth to death.
- However, informal workers remain a challenge for the social protection scheme in Thailand as they are being covered only by limited schemes and options.
- Various Special Funds have been established to serve some specific purposes.
- Most of these schemes are primarily supply side driven.

### Note

Currently, 99.95 percent of population was covered in 2011—comprising 75.28% under the UCS, 15.91% under SSS, 7.8% under CSMBS, and others for the rest.

Formal sector includes government officials with family under the CSMBS scheme which is financed from government budget covering about 5 million people or about 8%. The other group of formal sector is private employees who are under Social Security Scheme (SSS). This is a benefits scheme, which is financed from the contribution of employee, employer and the government, each paying 1.5% of the salary covering 9 million (about 16%)

Informal sector Those who work in an informal sector are under UCS such as those who work in agricultural sector or be self-employed. The UCS is financed from budget, covering approximately 47 million or 75%

## Child poverty remain a challenge in a context of low birth rate and higher proportion of elderly

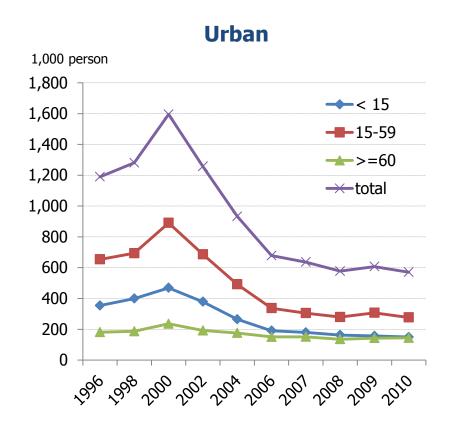
### Poverty by Age groups: Almost 1 million children lived in poor families

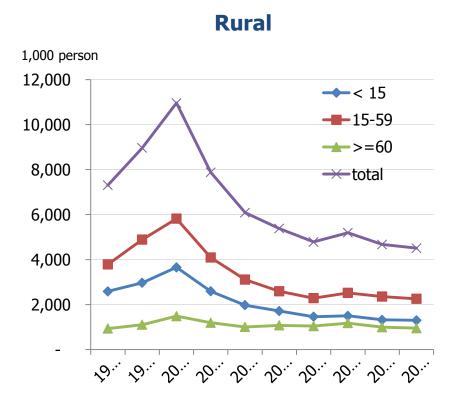
Area	Age groups	Poverty ratio (%)				Poverty headcount (in Thousand person)					
		2007	2008	2009	2010	2011	2007	2008	2009	2010	2011
Municipal/ Urban	Children (<15yrs)	5.01	4.43	4.24	3.72	4.37	179.9	162.6	156.8	149.6	165.6
	Working ages (15-59 yr olds)	2.35	2.11	2.25	1.84	2.25	305	279.1	307.1	276.6	341.6
	Elderly (60 yr olds and up)	6.39	5.26	5.09	4.6	3.36	151	135.7	142.9	144.5	116.7
	Total	3.36	2.96	3.01	2.57	2.78	635.9	577.4	606.8	570.7	623.8
Rural area	Children (<15yrs)	12.71	13.4	12.3	12.74	8.67	1,458.40	1,499.10	1,320.90	1,299.20	832.9
	Working ages (15-59 yr olds)	8.54	9.29	8.65	8.61	5.61	2,285.20	2,520.20	2,355.80	2,257.30	1,474.20
	Elderly (60 yr olds and up)	15.63	17.5	14.52	13.8	8.98	1,042.20	1,175.20	995.3	949.5	673.1
	Total	10.66	11.54	10.42	10.41	6.87	4,785.80	5,194.50	4,672.10	4,506.00	2,980.30
Kingdom	Children (<15yrs)	10.87	11.18	10.24	10.19	7.45	1,638.30	1,661.70	1,477.70	1,448.80	998.6
	Working ages (15-59 yr olds)	6.52	6.94	6.51	6.14	4.38	2,590.20	2,799.30	2,662.90	2,533.80	1,815.80
	Elderly (60 yr olds and up)	13.21	14.1	11.78	10.92	7.2	1,193.30	1,310.90	1,138.20	1,094.00	789.8
	Total	8.49	8.95	8.12	7.75	5.48	5,421.70	5,771.90	5,278.80	5,076.70	3,604.10



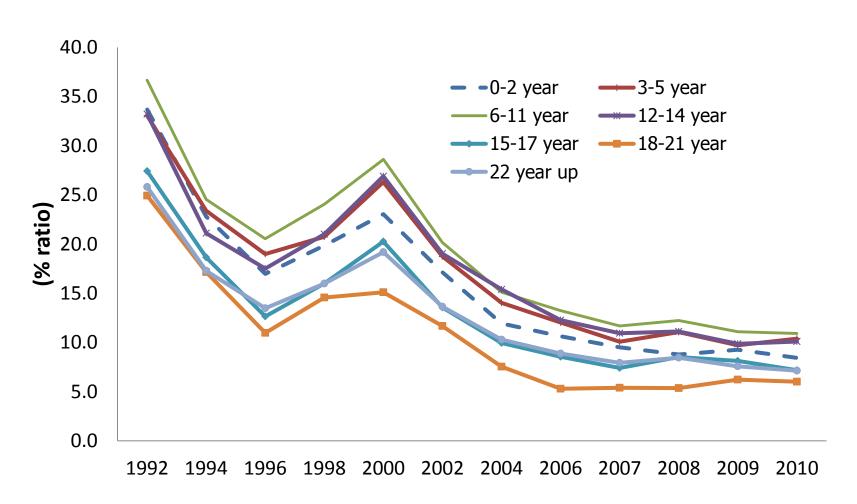
Households with children and elderly are poorer than those with members of working age.

## Children in rural area are 8.7 times more likely to be poor than those in urban area.



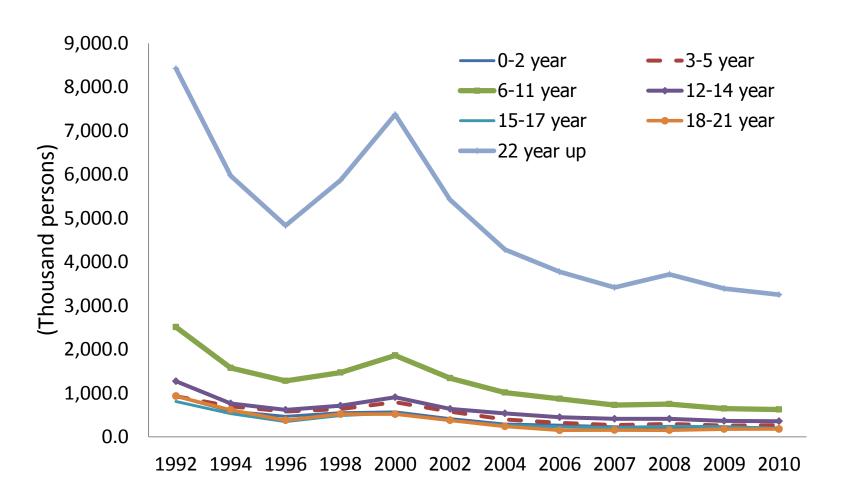


## Poverty ratio (expenditure side) classified by age groups, 1992 - 2010



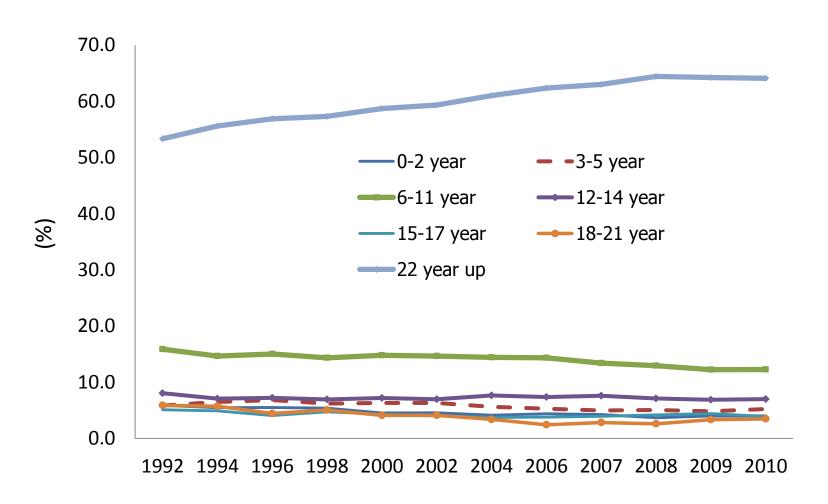
Source: The National Statistic Office

## Number of Poverty (expenditure side) classified by age groups, 1992 - 2010



Source: The National Statistic Office

## Structure of Poverty classified by age groups, 1992 - 2010



Source: The National Statistic Office

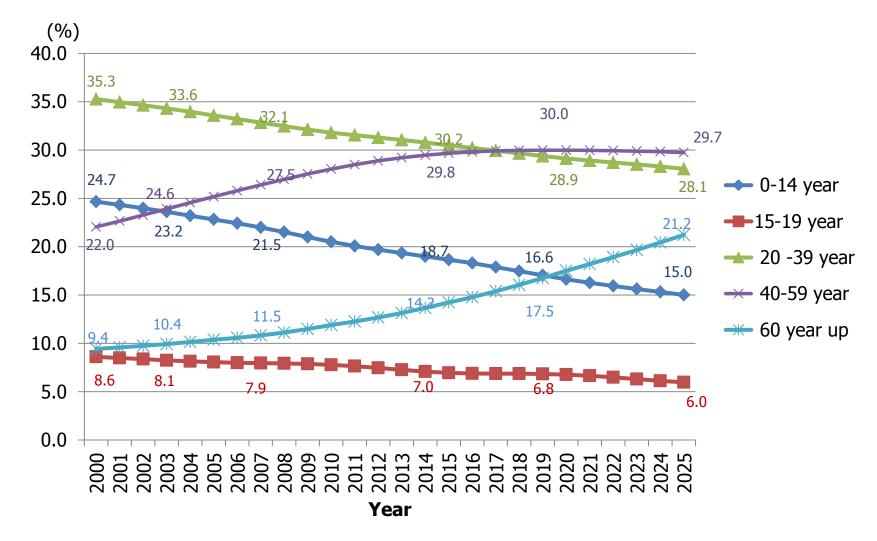
# Gross Enrollment Rates by educational level during 2008-2010: lower in the lower income groups especially at a higher level

Proportion of children who did not enroll in each age group: much lower opportunity to study at the higher levels

Age	2008			2009	2010		
(year)	poor	Non- poor	poor	Non- poor	poor	Non- poor	
6-11	1.50	0.53	1.31	0.56	3.22	0.75	
12-14	7.96	2.42	8.67	2.40	7.00	2.66	
15-17	34.31	20.53	38.65	18.56	41.09	17.85	
18-21	84.82	55.36	80.47	55.11	84.35	57.32	

especially at a higher level							
	Lowest	Highest Income					
Education	Income						
	(Decile 1)	(Decile 10)					
2008							
Pre-primary	85.56	96.09					
Primary school	102.13	105.16					
Secondary school	78.67	90.13					
High school / Vocational							
certificate	41.08	110.52					
High vocational							
/Bachelor	1.01	88.31					
	2009						
Pre-primary	93.60	104.74					
Primary school	98.21	108.80					
Secondary school	78.57	93.32					
High school / Vocational							
certificate	51.21	99.05					
High vocational							
/Bachelor	0.77	85.88					
2010							
Pre-primary	82.57	105.41					
Primary school	98.67	102.52					
Secondary school	70.16	100.12					
High school / Vocational							
certificate	53.30	98.05					
High vocational							
/Bachelor	1.32	90.40					

### Population projection: Lower proportion of children in the future



### Some thoughts and challenges going forward

- Existing gaps/disparities especially between children of parents working in formal and informal sector (such as cash subsidy)
- Difference in quality of health care and education services
- There still problems of drop out and low enrollment rate of poor children in higher education—supporting poor children to pursue higher education especially in vocational school
- Considering a context of lower birth rate and other social problems (such as teenage pregnancy, multi-nutrition, lower IQ and EQ, violence, etc.), despite a low number of children, muti-dimensional poverty/deprivation remain a challenge for human capital development in Thailand

## Some proposals in upgrading SP in Thailand as it moves forward

 Considering a possibility of providing social transfers in kinds and in cash: UNICEF and NESDB collaboration

Based on the Thailand's context and international experiences we have yet to design the model for social transfer.

 Integrating of the current system by putting children at the center of the scheme and based on the concept of human capital development

#### Social service

#### Private/Community

e.g. CSR, Community groups

#### Social assistance

e.g. youth, elderly, women, disables, disadvantages,

victims

#### Social insurance

e.g. labor force, govt officials, Private employees,

#### Labor

Social Insurance fund
Compensation fund
Reservation fund

#### Labor

Revolving fund (saving and small loan purpose)

Labor development fund

Supported fund for assisting labor to work abroad

#### Social Insurance

#### **Government Officers**

Pension fund (for government officers)

Reservation fund (for government employee)

#### Thais

Private teachers fund BAAC Taweesuk fund RMF

National saving fund

### Social Welfare System in Thailand

#### Education

Free education fee (age of 15)
Free education fee for

disabilities
Student loan (1996)

#### Health

Government health care system
Social insurance
Universal health insurance

Social Service

#### Housin

Urban Housing scheme
Community housing scheme

#### Facilitator

Disabilities facilitators e.g. footpath toilet special walkway for elderly and disparities etc.









# Family assistance policies and welfare reform

Peter Whiteford
Crawford School of Public Policy, Australian National University, peter.whiteford@anu.edu.au

Presentation for
International Symposium on Child Poverty and Development
20-22 November, 2012
Beijing, China

### **Outline**

- Perspectives on child poverty
  - The ways in which poverty is measured affects analysis of policy approaches and policy effectiveness
- Defining and measuring family assistance
- North-South and South-South lessons?
  - OECD countries
  - Vanuatu
- Conclusions and issues

### Why is child poverty important?

#### Intergenerational transmission of disadvantage

- Countries with greater inequality at a point in time appear also to have greater transmission of economic status.
- Income mobility is lower at the bottom and top of the earnings distribution (i.e. children inherit poverty and wealth).
- Childhood poverty appears to be a route through which disadvantage is transmitted between generations, so tackling it needs to be a priority.
- Childhood poverty is strongly associated with lower educational attainment, which is one of the main predictors of poverty in later life.

## Child poverty: some debates

- Is poverty relative or absolute? That is, does being poor mean that your income is not enough to buy the necessities of life, or does being poor mean that you are some distance from the mainstream, and living below some fraction of the median income of your society?
- What about the duration of poverty is it a temporary experience or a long-term experience?
- Is poverty a problem of behaviour people not taking responsibility for their actions, or is it a problem of social structures – lack of opportunities and failure of education systems, for example? Or is it a mixture of both?
- Does this apply to children?
- What is the best solution to poverty more work effort or more redistribution to the poor, or both?
- What is the most appropriate mix of targeted and universal approaches in public policy?

## How can poverty be measured?

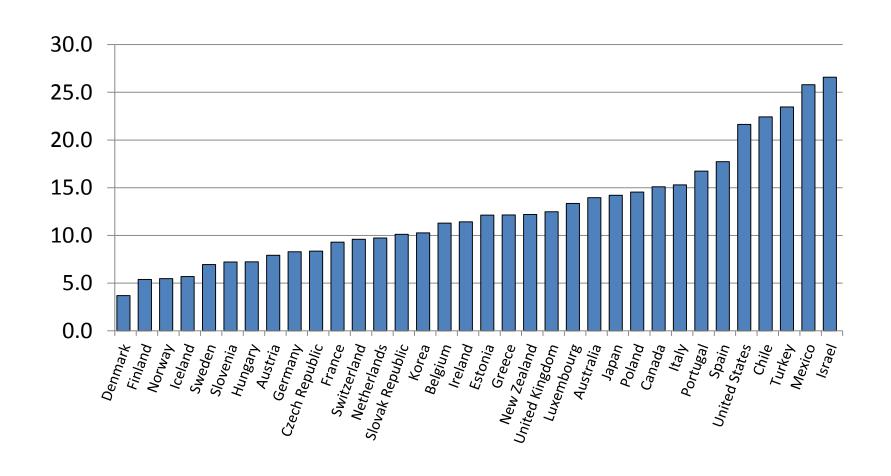
- Poverty in the developing world is typically measured using absolute lines, which aim to have the same real value at different dates and places. Virtually all developing countries use such lines and, at the global level, the World Bank's "\$1-a-day" line is an absolute line, aiming to have the same purchasing power in different countries and at different dates.
- The more common practice in OECD and EU countries is to use "strongly relative poverty lines," which are set at a constant proportion—typically 40-60%—of the (date and country specific) mean or median income. (USA and Canada use official measures that appear closer to absolute than relative concept, but ...)
- "Weakly relative" poverty line based on observations that national poverty lines do rise with mean consumption per capita, but by less than 1 to 1, and only above critical consumption level.
- The UNICEF Global Study attempts to operationalise the definition of poverty which has been agreed for policy purposes by the governments of 117 countries at the 1995 World Social Summit i.e. "a condition characterised by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. It depends not only on income but also on access to social services."

# Listening to the voices of children and adults in disadvantaged circumstances

- Much poverty research has been dominated by income studies of poverty, but there is an emerging consensus that to understand fully the causes, outcomes and dynamic nature of poverty, as well as policies that make a difference, it is essential to understand the lived experience of poverty and to hear the voices of people, including children, who are living in economically disadvantaged circumstances.
- There is a growing body of international research which recognizes that children in disadvantaged circumstances have agency, and that researchers should listen and attend to the voices of children and young people (as well as adults) in circumstances of disadvantage and potential exclusion in order to bring their "voices and experiences to the very centre of the political stage. (Ridge and Saunders, 2009)
- This can lead to the formulation of more coherent, informed policies for children and their families across a wide range of areas, including poverty reduction, employment, education, social assistance and health.

### Child poverty is lowest in Nordic countries

% of children in relative poverty, 2008



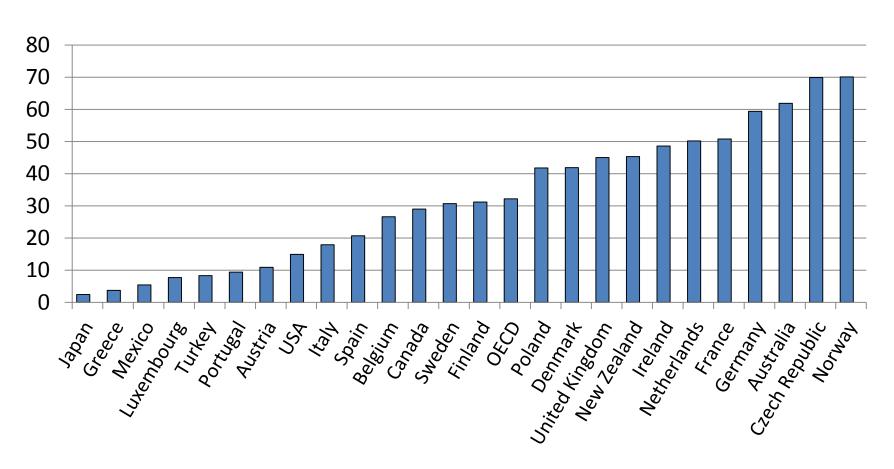
# Most poor children in OECD countries live in working families with two parents, but jobless families, especially lone parents, remain the most disadvantaged

- On average across OECD countries, only 15% of poor children live in jobless lone parent households.
- This ranges from around 2% in Greece, Italy, Japan, Mexico and Spain to around 35% in Australia, the Czech Republic, Norway and the United Kingdom.
- Fewer than one in ten poor children in the United States live in these households, even though they have been a major focus of the poverty debate.

- But poverty risks are everywhere highest for non-employed lone parents.
- The excess risk averages 6.3 to 1 in OECD countries – that is, jobless lone parents are only 2.4% of all households with children but 15.3% of poor households with children.
- This excess risk is lowest in Greece, Turkey and Mexico (around 2 to 1) and highest in Denmark and Sweden (more than 10 to 1).
- On average, jobless lone parents have disposable incomes that are only 45% of those of all families with children (Jobless couples are at 54%), and these ratios have fallen since the 1980s.

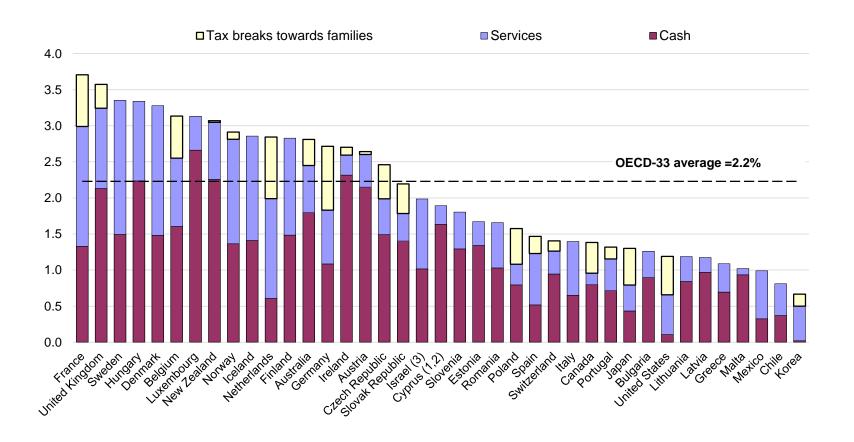
# In work poverty is high in some countries, joblessness in others

Jobless households as percentage of all poor households with children



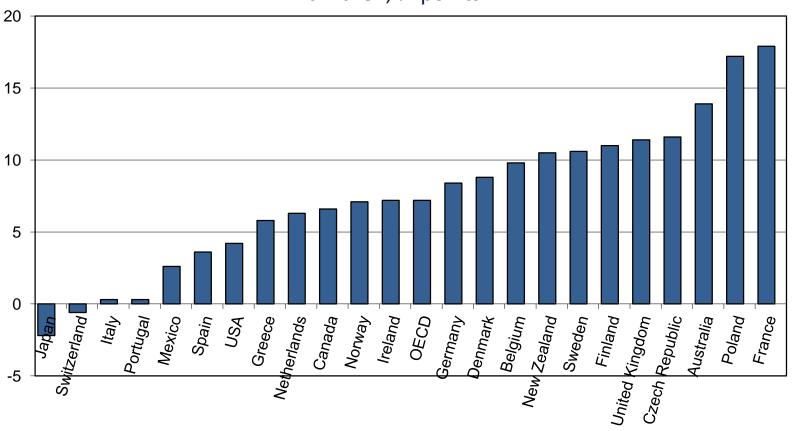
# Public spending on family benefits in cash, services and tax measures

% of GDP, 2007



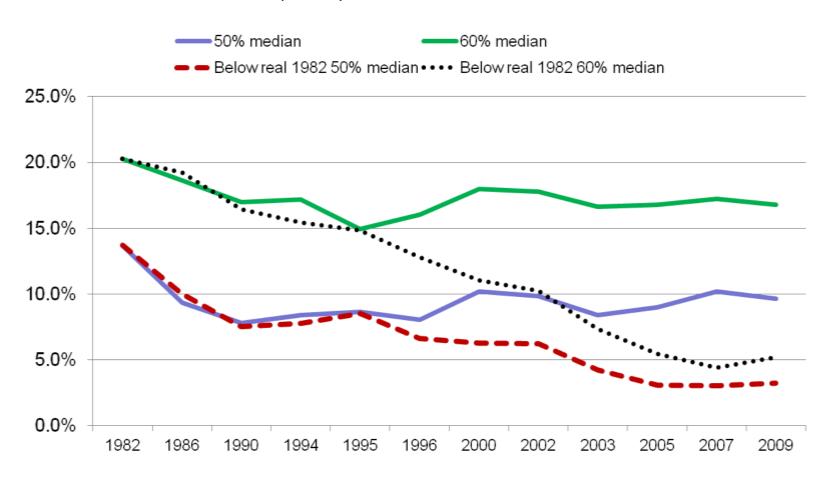
# Some countries reduce child poverty significantly - others not

Difference between market and disposable income poverty for families with children, % points



# How poverty is measured affects assessment of trends and policy effectiveness

Trends in child poverty in Australia, 1982 to 2009-10



# Educational attainment and disadvantage are strongly linked

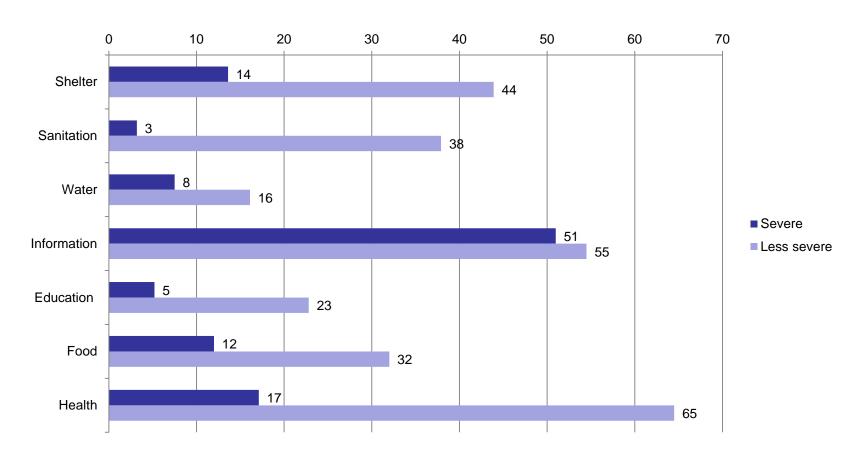
- In all OECD countries, the level of educational attainment is one of the strongest predictors of economic and social outcomes over the life course.
  - In Australia, 90% of 20-24 year olds attained year 12 when both their parents had done the same compared to 68% of those where neither parent finished school.
  - Among 25-34 year olds 82% of those who finished year 12 were employed compared to 69% of those who didn't.
  - Of those adults in the highest income quintile, 70% had finished year 12, 30% not.
  - Adults who finished year 12 are 6 times more likely to be in professional occupations; persons who haven't finished year 12 are twice as likely to be labourers.
  - 40% of long-term jobless parents did not finish year 10.
  - Disability and poor health are strongly correlated with lower levels of educational attainment

# Problems facing the most disadvantaged in Australia

- Prevalence of anxiety and depression, generally poor health and poverty reduced employability and job readiness.
- Basic skills and qualifications. Low levels of formal education, and literacy and language barriers. Experiences of school (especially for those with language and literacy problems) often make them reluctant to engage in further training and education. Children with very high incidence of being labelled as having learning difficulties. Failure at school encourages negative self-image of being unable to succeed in formal, class room based instruction.
- Poor access to computers and the Internet and a lack of basic IT and internet skills, particularly among older people. Cost of training and further education prohibitive.
- Employer discrimination on the basis of sex, age, parenthood, ethnic background and home location present further barriers to employment.
- Transport a common problem, with public transport being inadequate, particularly outside normal working hours, for shift workers. Many households had no one with a driver's licence or no (driveable) cars. Journey to work times made employment outside the area difficult for parents and people with disabilities.
- Crime and safety can be serious problems. Families did not want their children to travel to and from school unescorted, or remain at home alone, and this applied to children of all ages. It also reduced families' willingness to be in public spaces, such as parks and shopping centres, or to walk to local services.

### **Child deprivation in Vanuatu**

Percent of children (in relevant age cohort) that are severely or less severely deprived



### **Correlates of deprivation in Vanuatu**

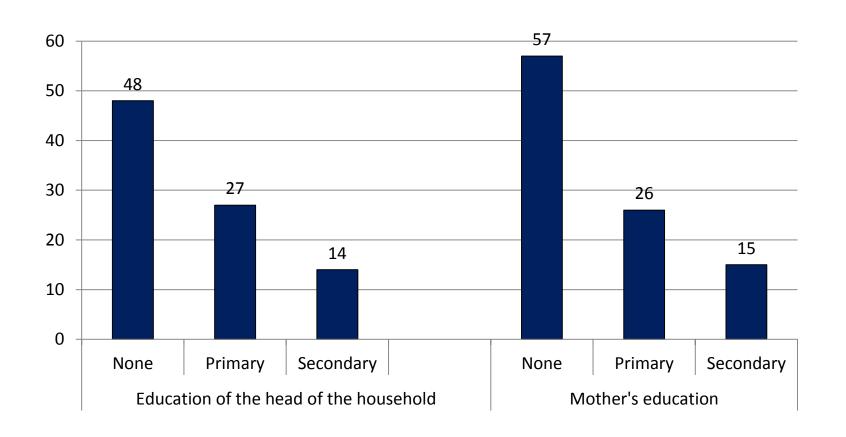
- Overall, 25.2% of children experience at least one severe deprivation; 5% experience two or more severe deprivations; 31% experience no deprivations at all;
- Deprivation does not differ significantly between boys and girls (24.8%: 25.5%);
- Gender of household head is not significant (25.1%:25.3%)
- Children aged less than 3 years are a little more likely to experience deprivation (30%);
- Larger households (>7 members) also a little more likely to experience deprivation (27.6%);
- Households also with a person over 70 years more likely to be deprived (32.6%);
- Three factors seem to be most important: location, education, and assets of household.

# Vanuatu – low expenditure poverty but high deprivation?

- In a participatory poverty and hardship assessment, poverty was defined as a state of "having nothing" (no gat samting), "being hopeless", and "struggling for survival", and was largely viewed as not existing in Vanuatu (ADB 2002).
- More than 3 in 4 children in the Democratic Republic of the Congo live on less than \$1.08 a day compared to 4% in Vanuatu – nearly 20 times greater.
- But nearly 12% of children in Vanuatu experience food deprivation compared to 25% in DRC - only twice as great.
- Food deprivation in Port Vila at 21% approaches that in the DRC.

# Children with severe deprivation by education, Vanuatu, 2007

Percent of children with at least 1 severe deprivation by education of head of household and mothers education



# Conclusions and issues - lessons from OECD countries

- All OECD countries with low child poverty combine low joblessness with effective redistribution policies. The best outcomes in terms of broader measures of wellbeing appear to be associated with significant investments in early childhood education and care.
- Some indication that helping parents work can be more effective at enhancing children's opportunities than cash transfers alone.
- Targeting to the poor can be effective, but needs to be complemented with "activation "of benefit recipients.
- To make the system supportive of mothers' employment, paid maternity/parental leave associated with prior employment and adequate and affordable child care are important.
- Getting good quality care in early childhood, pre-school and school is the essential tool for promoting intergenerational mobility (e.g. Heckman, 2006).
- Services to support low income families in making the transition to work are important, including intensive case management (e.g. building motivation, referrals to well-targeted jobs), and basic remedial or vocational training in relevant cases.
- Targeting intensive health, nutrition and care supports on particularly deprived households or areas is highly desirable.
- Better understanding of the dynamics of social exclusion and the transmission of disadvantage is particularly important.

## Conclusions and issues - lessons from Vanuatu

- Using multiple measures of poverty and deprivation provides important additional information – no single approach is preferred.
- Low education of the household head and of the mother is strongly associated with risks of poverty and deprivation.
- To improve health outcomes it is important to improve education outcomes.
- Child poverty and wellbeing has a very strong regional dimension - why do some provinces fare better than others?