

Children and social protection in the Middle East and North Africa

A mapping exercise

Rachel Marcus and Paola Perezniето
with Erin Cullen and Nicola Jones

Working Paper 335

Results of ODI research presented
in preliminary form for discussion
and critical comment

Working Paper 335

**Children and social protection in the
Middle East and North Africa**

A mapping exercise

**Rachel Marcus and Paola Perezniето
with Erin Cullen and Nicola Jones**

October 2011

Overseas Development Institute
111 Westminster Bridge Road
London SE1 7JD
www.odi.org.uk

* Disclaimer: The views presented in this paper are those of the author(s) and do not necessarily represent the views of ODI or UNICEF.

Acknowledgements

We would like to thank Roberto Benes and Louisa Lippi from the UNICEF Middle East and North Africa Regional Office for their comments and support during the research process. We would like to express our appreciation to UNICEF country offices in the MENA region whose inputs contributed to the realisation of this piece of work. We also thank Jennifer Yablonski, Leonardo Menchini and Rebecca Holmes for their valuable comments to this paper.

ISBN 978 1 907288 48 7
Working Paper (Print) ISSN 1759 2909
ODI Working Papers (Online) ISSN 1759 2917

© Overseas Development Institute 2011

Readers are encouraged to quote or reproduce material from ODI Working Papers for their own publications, as long as they are not being sold commercially. As copyright holder, ODI requests due acknowledgement and a copy of the publication.

Contents

Acronyms	iv
Executive summary	v
1. Introduction	1
1.1 Background to the mapping exercise	1
1.2 Conceptual framework	1
1.3 Methodology and quality of information available	4
1.4 Context	5
2. Descriptive overview	13
2.1 Mandates and visions in relation to social protection	13
2.2 Main social protection instruments used	14
2.3 Main actors	25
2.4 Targeting	28
2.5 Evidence base and monitoring and evaluation	31
3. Child sensitivity and equity of social protection in MENA	32
3.1 How child-sensitive is social protection?	32
3.2 How equitable is social protection provision?	35
3.3 Effectiveness of social protection and its contribution to meeting the MDGs	38
4. Main challenges to more child-sensitive social protection programming	40
4.1 The political context	40
4.2 Financial issues	41
4.3 Fragmentation	42
4.4 Knowledge of entitlements and ability to access them	43
4.5 Addressing targeting issues	43
4.6 Institutional capacity	43
5. Conclusions and recommendations	44
5.1 Conclusions	44
5.2 Recommendations	45
References	48
Annex: Stakeholder interviews	52

Tables and boxes

Table 1: Main types of social protection	3
Table 2: Cost of providing social safety nets in selected MENA countries (% of GDP)	11
Table 3: Main cash transfer programmes in the MENA region	17
Table 4: Summary – social protection programmes focused on children in MENA	25
Table 5: New social protection commitments in the MENA region in 2011	41
Box 1: Fiscal space for social protection in oil-rich countries	12
Box 2: Targeting methods	29
Box 3: Politicised social protection provision	40

Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
BRAC	Building Resources Across Communities
CPRC	Chronic Poverty Research Centre
CSO	Civil Society Organisation
DFID	UK Department for International Development
DPPR	Development Plan for Poverty Reduction
ESCWA	UN Economic and Social Commission for Western Asia
EU	European Union
FGM/C	Female Genital Mutilation/Cutting
GCC	Gulf Cooperation Council
GDP	Gross Domestic Product
GNP	Gross National Product
GoA	Government of Algeria
GoE	Government of Egypt
GoY	Government of Yemen
HH	Household
HIV	Human Immunodeficiency Virus
HPI	Human Poverty Index
IDP	Internally Displaced Person
IDS	Institute of Development Studies
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
IMF	International Monetary Fund
IOCC	International Orthodox Christian Committee
IPEC	International Programme on the Elimination of Child Labour (ILO)
IRIN	Integrated Regional Information Network
ISSA	International Social Security Association
MDG	Millennium Development Goal
MENA	Middle East and North Africa
MIC	Middle-income Country
NCCM	National Council on Childhood and Motherhood
NGO	Non-governmental Organisation
OECD	Organisation for Economic Co-operation and Development
OPM	Oxford Policy Management
OPT	Occupied Palestinian Territory
OVC	Orphans and Vulnerable Children
PPP	Purchasing Power Parity
SSA	US Social Security Administration
UAE	United Arab Emirates
UNDAF	UN Development Assistance Framework
UNDP	UN Development Programme
UNESCO	UN Educational, Scientific and Cultural Organization
UNFPA	UN Population Fund
UNHCR	UN High Commissioner for Refugees
UNICEF	UN Children's Fund
UNRISD	UN Research Institute for Social Development
UNRWA	UN Relief and Works Agency
US	United States
WFP	World Food Programme
WHO	World Health Organization

Executive summary

This paper was commissioned by the UN Children’s Fund’s (UNICEF’s) regional office in the Middle East and North Africa (MENA). UNICEF’s rationale for engagement in social protection is grounded in its commitment to human rights, and recognition of the contribution social protection can make to realising the rights of all children, and particularly the most vulnerable and disadvantaged. This essentially desk-based exercise maps key social protection initiatives and stakeholders at national level in the MENA region, with a specific focus on child-sensitive social protection.

The conceptual framework for this mapping draws on two main strands of thinking about social protection. First, it adopts Devereux and Sabates-Wheeler’s (2004) transformative framework, which classifies approaches to social protection as *protective* (to protect people from acute poverty and deprivation); *preventative* (to avert deprivation); *promotive* (to enhance income and capabilities so people are less vulnerable to risks); and *transformative* (to reduce vulnerability by improving the structural position of disadvantaged groups). The second strand of thinking informing the conceptual framework is the Joint Statement on Advancing Child-sensitive Social Protection (DFID et al., 2009), according to which child-sensitive social protection consists of policies that address ‘the inherent social disadvantages, risks and vulnerabilities children may be born into, as well as those acquired later in childhood,’ and is intended to tackle the underlying causes as well as the symptoms of vulnerability. Children’s experience of risk, vulnerability and deprivation is shaped by four broad characteristics of childhood poverty and vulnerability, to which child-sensitive social protection should respond (Jones, 2009): multidimensionality; changes over the course of childhood; relational nature; and voicelessness. The study also takes into account the link between child protection and social protection, given opportunities for synergies between social welfare and social protection programmes, to address children’s vulnerabilities in a more integrated way.

For this study, seven countries were selected for more detailed analysis¹ and another twelve for the production of country factsheets.² This report is based largely on an analysis of documentation available through desk review complemented by regional- and country-level interviews with development agencies and government and non-governmental organisation (NGO) staff for the detailed analysis. Much of the information is descriptive: few evaluations are available; in addition, government policy documents and provision on the ground often entail a significant disjuncture.

The MENA region has relatively low levels of absolute poverty but a significant proportion of the population lives close to the poverty line, indicating the importance of effective social protection programming. Falling oil prices, the recent global crisis, high water stress and high levels of food importation, vulnerability to climate change and explosive demographic pressures in some countries exacerbate this situation. There is an overall lack of formal employment opportunities for youth and levels of migration are high. The political context has also contributed to vulnerability in many countries, and patriarchal patterns of kinship, legalised discrimination, social subordination and ingrained male dominance leave women and girls in particular economically and socially vulnerable, in law, labour markets, decision making and education.

The situation varies by country but children are typically overrepresented among the poor in the region, and in some lower-middle and middle-income countries, child malnutrition rates are high. The infant and under-five mortality rates for the region as a whole have declined but remain significantly higher in the poorest countries. Meanwhile, the MENA has the lowest regional average proportion of children accessing preschool after sub-Saharan Africa, with significant disparities between rural and urban areas and between poor and non-poor children. Gender disparities are low at primary level in most countries but are more significant at secondary school in much of the region. Education disparities are

1 Algeria, Egypt, Jordan, Lebanon, Morocco, Occupied Palestinian Territory (OPT), Yemen.

2 Bahrain, Djibouti, Iran, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Emirates (UAE).

also found with respect to refugee and migrant children. There are still high numbers of children engaged in child labour and subject to early marriage. Female genital mutilation/cutting (FGM/C) rates are also high in some countries. Additionally, children displaced during emergencies and conflict face increased exposure to violence, exploitation and abuse, particularly when they are separated from their families.

Patterns of social protection provision in the region today broadly reflect a mix of Islamic tradition and a French legacy of social security systems, with differences in levels of political commitment, fiscal space and levels of development. All countries in the region are home to a range of social protection initiatives, and in each country there is a complex jigsaw of different interventions, as well as different modalities for their provision. Some of these have a specific child focus (e.g. food for education programmes, scholarships, cash transfers targeted at orphans, shelters for abandoned children or street children). Others are targeted at low-income families such that disadvantaged children are a key beneficiary group (e.g. Jordan, Tunisia), while others aim to address broader poverty and vulnerability (targeted and untargeted) and can benefit children through benefits to households where children live, if intra-household dynamics are favourable to all children in the household (girls, boys, children with disabilities, etc.). Children are also benefiting from geographically focused interventions, such as social funds for development, which can include social protection components such as school meal and cash transfer programmes and food assistance in areas and for sections of the population that are severely food-insecure (e.g. OPT, Yemen). Children are also benefiting from generalised subsidies, such as food and energy subsidies (e.g. Egypt, Yemen), although, because these are regressive, the impact on poorer children is smaller than it would be if expenditure were refocused.

The evidence base for analysing the scope and effectiveness of social protection for children in the region is variable. Only in a few countries (e.g. Egypt, Jordan, Morocco, Yemen), benefit incidence analysis of some of the major social protection programmes has been conducted or is in the pipeline, meaning there is – or will soon be – a clear picture of how far different income quintiles are benefiting from particular programmes. There is some gender-disaggregated information, and some analysis of geographical inequalities in provision and uptake. Existing information currently suggests that in general, existing social protection mechanisms could be improved to better target inequalities. However, no age-disaggregated analysis could be found for any of the main general (e.g. food and energy subsidies) or poverty-targeted programmes (e.g. cash transfers). Nor was it available for many of the child-focused programmes.

With regard to child-focused social protection programmes, supporting children's access to education is the most common child-specific area of intervention in the region, and is an area where social protection activities are making a clear contribution to improving access and retention. Better targeting of social protection to households with poorer children and in marginalised localities could contribute to further close the gaps in education inequities.

Programmes promoting the nutritional well-being of children under five and pregnant and lactating women are also common, through a combination of food assistance, supplementation and fortification programmes and nutritional education.

Children's access to health care appears to be one area where the contribution of social protection is more limited. Although many countries in the region have employment-based health insurance, this tends not to cover poorer children, whose parents are typically outside the formal labour force. In parallel, most countries provide health care that is officially free at the point of access, or where consultation charges are low. However, most governments in the region spend heavily on subsidising hospital care, reducing funding available for primary and secondary health care.

A wide range of child protection initiatives exist in the region, aiming to address such diverse problems as child labour, female genital mutilation/cutting (FGM/C), violence against children and child

abandonment. With a few exceptions (e.g. cash transfers targeted at orphans living with relatives and incentives for child workers to attend school), there is relatively little integration between child protection systems and social protection systems.

Barriers and challenges to more effective and child-sensitive social protection are particularly difficult to assess in a desk study. This report outlines some frequently mentioned problems, including financial barriers, fragmentation of provision, local-level difficulties in obtaining the correct documentation to obtain benefits and citizens' lack of knowledge of their entitlements. In the time available, this study could only scratch the surface of issues of the political economy of social protection and the broader political context. Understanding the challenges in each country is a critical component of any plan to support more effective and child-sensitive social protection.

Some recommendations in relation to how governments and multilateral agencies can help strengthen child-sensitive social protection in the region are as follows:

- **Gender- and age-disaggregated data** should be generated systematically to enable a more refined and child- and gender-sensitive analysis of child-focused and broader programmes and more effective design in relation to existing vulnerabilities. Focusing on programmes that support access to health care should be one area of priority.
- Multilateral agencies, including UNICEF, the World Bank and the ILO, can play a key role in helping develop capacity for **more tailored and effective social protection programmes for vulnerable urban children**. Pilot projects could make a particular contribution here.
- **Design of social protection should more systematically foster synergies and complementarities with basic social services and child protection**. This includes, for example, linking nutrition support programmes with health checks for young children to address different sources of malnutrition.
- Strengthening child-sensitive social protection requires a **closer analysis of how a protective environment for children and access to child protection interventions can be enhanced** through social protection.
- Improving **communication and dissemination** of existing social protection measures, particularly among more isolated communities, could improve effectiveness. Lessons from the region and beyond should be documented and disseminated as promising practices.
- It is important to demonstrate to governments the value of continuing to invest in well-designed social protection, to guarantee the availability of **fiscal space** to this sector.
- Continuing to generate **evidence about the specificities of child poverty and vulnerability** is crucial to an evidence base to inform better child-sensitive responses, particularly through detailed country-level studies, rigorously evaluated pilot projects and the promotion of information sharing across the region.
- UN agencies working in each country – particularly UNICEF – which have different institutional contacts with government agencies can play an important role strengthening **interagency communication** to better support governments, while ensuring that new social protection design supported by different agencies is child-sensitive.

1. Introduction

1.1 Background to the mapping exercise

The UN Children’s Fund’s (UNICEF’s) rationale for engagement in social protection is grounded in its commitment to human rights, and a recognition of the contribution social protection can make to realising the rights of all children, and particularly the most vulnerable and disadvantaged (UNICEF, 2011). Articles 26 and 27 on the UN Convention on the Rights of the Child, for example, underline the responsibilities of all signatory countries to provide social security, including social insurance, as well as guaranteeing every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development. With this backdrop, this essentially desk-based exercise is aimed at mapping key social protection initiatives and stakeholders at national level in the Middle East and North Africa (MENA) region, with a specific focus on child-sensitive social protection – looking at whether social protection initiatives are having an impact on the most vulnerable children.

1.2 Conceptual framework

Social protection is most commonly conceptualised as a set of interventions that aim to reduce and eliminate poverty, vulnerability and risk. Such interventions may be carried out by the state, by non-governmental actors (civil society or religious organisations), by the private sector or through community initiatives and individuals. UNICEF has adopted a working definition of social protection that focuses more specifically on children by focusing on public and private policies and programmes aimed at reducing and eliminating the economic and social vulnerabilities of children, women and families, in order to ensure their rights to a decent standard of living and essential services (UNICEF, 2011). In order to ensure alignment, this study adopts UNICEF’s definition.

The conceptual framework for this mapping exercise draws on two main strands of thinking about social protection. It adopts Devereux and Sabates-Wheeler’s (2004) transformative framework to analyse the main types of social protection provision in MENA region and the extent to which it addresses the main risks and deprivations children face. This framework classifies approaches to social protection as protective, preventative, promotive and transformative. *Protective* social protection is intended to protect people from acute poverty and deprivation; *preventative* social protection to avert deprivation; *promotive* social protection to enhance income and capabilities so people are less vulnerable to risks; and *transformative* social protection to reduce vulnerability by improving the structural position of disadvantaged groups. Table 1 applies this framework to provide examples of some of the main social protection instruments, focusing on those that this review identifies as being implemented in MENA.

The second strand of thinking informing the conceptual framework for this study is the Joint Statement on Advancing Child-sensitive Social Protection, developed by a group of agencies including UNICEF to build greater consensus on this topic (DFID et al., 2009). According to this statement, child-sensitive social protection consists of policies that address ‘the inherent social disadvantages, risks and vulnerabilities children may be born into, as well as those acquired later in childhood,’ and is intended to tackle the underlying causes as well as the symptoms of vulnerability (UNICEF, 2011). These extend beyond economic, environmental and life-cycle dimensions to include social risks, such as gender-based vulnerabilities. In addition to sharing many of the sources of vulnerability facing their families and communities, children face age-specific vulnerabilities which differ from those of adults or have more serious consequences, such as increased vulnerability to malnutrition, disease and abuse (ibid). Vulnerabilities are likely to be experienced differently depending on individuals’ stage in the life course (infant, child, youth, adult, aged), their social positioning (gender, ethnicity, class) and their

geographical location (e.g. urban, rural), among other factors. Some of these factors exacerbate the depth of vulnerability.

Jones's (2009) framework for child-sensitive social protection suggests that children's experience of risk, vulnerability and deprivation is shaped by four broad characteristics of childhood poverty and vulnerability:

- **Multidimensionality:** There are multiple (income and non-income) dimensions to human beings' experiences of vulnerability, for example those linked to gender, geographic location, ethnicity, etc. In the case of children, these vulnerabilities are exacerbated by risks to their survival (e.g. illness, nutrition), development (e.g. education), protection (e.g. abuse and neglect) and participation in decisions that affect their lives.
- **Changes over the course of childhood:** These affect vulnerabilities and coping capacities (e.g. young infants have much lower capacities than teenagers to cope with shocks without adult care and support).
- **Relational nature:** Given the dependence of children on the care, support and protection of adults, especially in the earlier parts of childhood, their individual vulnerabilities are often compounded by the vulnerabilities and risks experienced by their caregivers (because of their gender, ethnicity, spatial location, etc.).
- **Voicelessness:** Although marginalised groups often lack voice and opportunities for participation in society, children are particularly voiceless because of legal and cultural systems that reinforce their marginalisation (Jones and Sumner, 2007).

Child-sensitive social protection therefore should respond to these different dimensions of children's vulnerability. In Section 2, we operationalise this conceptual framework to analyse the child sensitivity of the social protection programmes mapped in this study.

Table 1: Main types of social protection

Aim of social protection	Type of social protection	Definition	Examples of general household-level measures	Examples of specific measures for children
Protection	<p>Social assistance: to relieve poverty and help households cope with life-cycle contingencies.</p>	<p>Typically involves regular, predictable transfers from governments and non-governmental entities to individuals or households.</p>	<p>Cash transfers, social transfers, social pensions, health fee waivers, lifeline utility tariffs, food and energy subsidies, subsidised housing.</p>	<p>Child/ family allowances, pregnancy/ birth grants, grants for orphans, scholarships, cash transfers with child-related conditionalities, school fee waivers, subsidised child care, food aid, school feeding, micronutrient supplementation, residential care for abused children/ those separated from families.</p>
	<p>Social support and care services: human resource-intensive support that helps identify and respond to vulnerability and deprivation, particularly at child and household level.</p>	<p>Services help to reduce social vulnerability and exclusion, strengthen resilience and capacity to cope and overcome shocks and strains and link children, women and families to existing programmes and services.</p>	<p>Home-based care.</p>	<p>Family-based care, family support services.</p>
Prevention	<p>Social insurance: to mitigate people's exposure to the risks and consequences of livelihood, health, life-cycle and other shocks.</p>	<p>Typically takes the form of subsidised risk-pooling mechanisms, with potential contribution payment exemptions for the poor.</p>	<p>Social health insurance, disaster insurance, unemployment insurance, sickness benefits, contributory old-age pensions.</p>	<p>Maternity benefits-based, social health insurance with specific provisions for children.</p>
Promotion	<p>Livelihood enhancement: to enhance incomes and capabilities.</p>	<p>Normally involves transfer of assets to disadvantaged groups, and/or efforts to increase their employment opportunities.</p>	<p>Employment guarantee/ public works programmes, active labour market programmes, productive transfers (such as fertilisers, tools or seeds for agriculture), microfinance and small business promotion services for disadvantaged groups.</p>	<p>Youth employment promotion.</p>
Transformation	<p>Changes and reforms in legalisation and the regulatory framework to protect socially vulnerable groups: measures to protect people against social risks which include discrimination and abuse.</p>	<p>Promote the legal and policy framework to foster equity and reduce vulnerabilities linked to different forms of inequity.</p>	<p>Equal rights/social justice legislation, affirmative action policies, asset protection.</p>	<p>Legislation and its implementation to prevent and child abuse (e.g. violence, trafficking, early child marriage, female genital mutilation/cutting, etc.), affirmative action measures (e.g. scholarships for girls or children of ethnic minorities or indigenous communities) to redress past patterns of discrimination, targeted measures to promote access to services and well-being of disadvantaged children (e.g. street children, child workers, trafficked children).</p>

Reflecting UNICEF's emphasis on equity, this analysis looks particularly at interventions intended to improve the well-being of the most disadvantaged children. This is particularly relevant in the case of middle-income countries (MICs) in the MENA region, which experience high levels of income and social inequality and which also, despite the progress of important segments of the population, the most disadvantaged and marginalised groups may experience levels of child poverty, educational underachievement, malnutrition and exclusion that are similar to those in poorer countries. Additionally, in many MICs in MENA, a significant share of the population is employed in the informal sector, which makes provision of social protection programmes more complex (UNICEF, 2011). As such, the role of social protection in ensuring the most vulnerable are not left behind is critical, and so the focus of this analysis is on instruments that provide primarily for the security of better-off members of society (e.g. social security) only from the perspective of their current or potential contribution to the well-being of the most disadvantaged.

1.2.1 Relationship between social protection and child protection

An important conceptual clarification for the purpose of this mapping relates to the link between child and social protection. UNICEF defines child protection as 'preventing and responding to violence, exploitation and abuse and unnecessary separation from family' (UNICEF, 2011). Social protection helps to build a protective environment for children by 'reducing the socio-economic barriers to child protection' (ibid) through policies that contribute to economic security, ensure access to basic social services and contribute to preventing violence and exploitation. In other words, one of the aims of child-sensitive social protection is to understand and reduce the socioeconomic barriers to child protection as a necessary component in addressing the violation of children's rights.

As part of a stronger social protection system, there are opportunities and a number of possible entry points for strengthening linkages between social protection and child protection so as to address children's vulnerabilities in a more integrated way. Such opportunities include, for example, linking cash transfer beneficiaries to complementary supportive programmes, including preventative and responsive social welfare services (e.g. measures to tackle harmful forms of child labour or human trafficking), where necessary (Jones and Holmes, 2010). This analysis therefore includes some child protection initiatives that can be seen as part of a social protection system.

1.3 Methodology and quality of information available

This report is one of the most recent mapping exercises on social protection in the MENA region and is the first on child-sensitive social protection.³ It is based largely on an analysis of documentation available through desk review (internet searching⁴ and documentation provided by UNICEF's country offices in the region). The majority of the material analysed was in English or French.⁵ The exercise also drew on regional-level interviews with the UN Development Programme (UNDP), the UN Relief and Works Agency (UNRWA), the International Labour Organization (ILO) and the World Bank, and on interviews in selected countries with UNICEF social policy or child protection advisors, World Bank country office staff, government agency officials and representatives of non-governmental organisations (NGOs). Much of the information on social protection obtained, particularly that sourced from government websites or charitable foundations (particularly those in the Gulf countries), is

³ The World Bank undertook a mapping of social protection initiatives in MENA in 2000 (Tzannatos, 2000), and its social protection study, currently underway, will provide more information on social protection provision in the region (see World Bank, 2010a). ILO (2009a) also provides an overview of legislation relevant to social protection in the region, and some details of social insurance and assistance programmes.

⁴ Including key word searches for social protection, for social security, by types of social protection instrument, by country and through government, non-government and multilateral agencies working on social protection. The internet search was done mostly in English but resources in French and Arabic were also included.

⁵ Some key Arabic-language documents were used, and much of the information on government programmes and charitable foundations in Gulf States is sourced from Arabic-language websites.

descriptive: few evaluations of programmes are available. In countries with a stronger donor presence, there is relatively more research or analysis to draw on, some of it based on analysis of household surveys or qualitative research. These are typically undertaken or supported by the World Bank, and sometimes UNDP. More recently, UNICEF has started supporting country-level social protection mapping studies, some of which – for example in Jordan – were already available to use for this study.

This regional overview provides as comprehensive a review of trends in MENA as possible within the timeframe planned for the study, but seven countries were selected for more detailed analysis: Algeria, Egypt, Jordan, Lebanon, Morocco, the Occupied Palestinian Territory (OPT) and Yemen. The choice of countries reflected availability of information, UNICEF engagement with social protection in each country and a desire to cover a range of contexts (upper and lower middle income, different geographical contexts) and to include some countries affected by conflict. Short case studies were developed drawing on documentary review, discussions with UNICEF staff and telephone interviews with key stakeholders to complement the analysis.⁶ For the other 12 countries,⁷ the analysis relies exclusively on secondary sources and was synthesised in the form of ‘fact sheets’.

As some of the case studies indicate, there is a significant disjuncture between statements contained in government policy documents on the one hand and the reality of provision on the ground on the other. This is something a desk study can only touch on: further investigation in each country is needed to clarify the details of provision and implementation. This mapping aims only to identify entry points and challenges for social protection in the range of diverse countries in this region.

1.4 Context

The MENA region is diverse, with forms of vulnerability and levels of social protection varying substantially between different countries. This section presents a brief overview of some aspects of poverty and vulnerability that social protection instruments are intended to help address. Many countries in the region have a long history of social protection, deriving largely from Islamic charitable provisions. Countries colonised by France developed social security systems similar to those in France, and these continued working after independence (e.g. Algeria). Post-independence governments instituted social insurance provisions, food subsidies and, subsequently, social assistance programmes. As the poorer countries of the region instituted adjustment programmes in the 1980s and 1990s, social funds (e.g. Egypt), and in some cases cash transfer programmes, were set up to alleviate poverty. In parallel, assistance to refugees, internally displaced persons (IDPs) and poor people facing hunger and food insecurity led to food- and nutrition-based assistance programmes. Social protection systems and programmes have been evolving in the region since then.

The focus of this mapping is formal social protection interventions. However, throughout the region – particularly in the poorer countries – kin-based social protection plays a vital role, although this type of support has eroded as a result of the social and economic disintegration of many households. For example, in Yemen, there is evidence that poor and middle-income households’ ability to support one another declined during the recent crises (Hossain et al., 2010). Furthermore, there is evidence from Lebanon that, in poor urban households, even before the crisis, reciprocity and social support were constrained for many families, affecting children’s access to both practical-material and social-emotional support (Makhoul, 2003). Discussing informal social protection further is beyond the scope of this report, however.

⁶ These case studies aimed to provide a general overview of social protection trends per country rather than an in-depth description of each country context. Country case studies were therefore planned to be short (5-10 page case studies and a maximum of 5 key stakeholder interviews per country).

⁷ Bahrain, Djibouti, Iran, Iraq, Kuwait, Oman, Qatar, Saudi Arabia, Sudan, Syria, Tunisia and the United Arab Emirates (UAE).

1.4.1 Sources of vulnerability

To understand the poverty and vulnerability facing children in MENA, it is important first to understand the broader context in which children live and, in particular, the family/household vulnerabilities that affect children and youth. As such, this section provides a contextual overview of poverty and vulnerability in the region to underpin the mapping of child-sensitive social protection.

A number of interrelated factors create high levels of vulnerability and poverty in the region. While levels of absolute poverty in MENA are relatively low (about 5%), vulnerability to poverty is high. In 2005, 17% of MENA's population lived on \$2 per day (purchasing power parity (PPP)), and a sizable share lived on between \$2 and \$2.50 per day (Reinikka, 2010). Furthermore, in the lower-middle-income countries of the region, the extreme poverty rate was 32.5% and higher between 2000 and 2005 than in the 1990s (UNDP, 2009). While there is a clear pattern of poverty rates being higher in rural areas than in urban areas in the region, data in some countries has shown more complex patterns where pockets of high poverty coexist with low poverty in both urban and rural areas and within geographic regions (Iqbal, 2006). However, in some countries the number of poor living in urban areas has surpassed that of rural poor. In Jordan for example in 2006, about 19% of the rural population and 12% of the urban population were poor; still given the concentration of the population in urban areas, around 75% of all poor Jordanians live in urban areas (World Bank, 2009a)

Lower-middle-income Arab countries exhibit the highest incidence of human poverty in the region, with an average Human Poverty Index (HPI) of 35%, compared with a 12% average in high-income countries (ibid). This means that a significant proportion of the population lives close to the poverty line and thus is vulnerable to falling into poverty, indicating the importance of effective social protection that not only prevents them from falling but also helps reduce their vulnerability. In fact, as a result of the global economic crisis, it is expected that approximately 2.6 million more people may fall into poverty in the region by 2011, with nearly half of those in Egypt (Yemtsov and Iqbal, 2009). However, limited availability of survey data on household incomes and expenditures, a constant problem in the region, makes it difficult, for example, to monitor changes, such as assessing the impact of the crisis on the poor (Reinikka, 2010).

At the macro level, in recent years net oil exporters have been particularly vulnerable to the effects of falling oil prices, and to the broader effects of financial crisis, as their economies are most closely integrated with the global financial system. Meanwhile, net oil importers have been affected by the effects of the crisis on trade, remittances and foreign direct investment (FDI) (Reinikka, 2010). Patterns of growth that have prioritised extractive industries and invested insufficiently in job creation have led to high levels of unemployment, particularly among young people. Periods of high oil prices in the early 2000s enabled oil exporters to build up significant reserves, some of which have been used to finance social protection (Reinikka, 2010; UNDP, 2009), as in Algeria from 2006 onwards (People's Democratic Republic of Algeria, 2006). However, the dependence of many countries on oil exports exposes them to fluctuations in oil prices, which means the resources available for public spending are unpredictable over the medium term.

The agro-climatic context contributes substantially to vulnerability. The MENA region suffers the highest level of water stress in the world. This undermines agriculture and is one reason for the high level of food importation and thus vulnerability to rising world food prices. Indeed, at the macro level, the region is the world's most food import-dependent, with a ratio of total exports to food imports below the international average – it imports 50% of regional food consumption (IFPRI, 2010). The region's food trade deficit will further rise owing to increasing food demand and challenges on the supply side (IFPRI, 2010). These challenges include climate change, which is likely to exacerbate water shortage and lead to higher temperatures, and also to high levels of population movement, which could put further stress on food production, urban infrastructure and livelihoods (UNDP, 2009).

In this context, demographic pressures are particularly explosive, although they vary widely across the region. In Iraq, OPT and Yemen, women give birth to an average of five children each; in Iran, Lebanon, Morocco, Tunisia, Turkey and the UAE, the corresponding figure is 2.5 children (Assad and Roudi-Fahimi, 2007). In Upper Egypt, differences in dependency ratios resulting from the large number of children are one of the most important factors underlying greater poverty as compared with other Egyptian regions (World Bank, 2010c).

The region as a whole is experiencing a youth bulge:⁸ there are over 100 million young people between the ages of 15 and 29 in MENA, representing the largest youth cohort in the history of the region. At the same time, a decline in birth rates over the past 30 years means there may be a demographic window of opportunity, with the large youth cohort potentially enabling countries to reap a 'demographic dividend' by capitalising on educated young people's energy and decreasing dependency ratios, if sufficient productive work can be created. This demographic window will stay open for at least 10 years for the MENA region; for Iraq, the West Bank and Gaza and Yemen the window will remain open beyond 2050 (World Bank, 2007c).

However, while today's young men and women are more educated than previous generations, educational quality is often poor. Furthermore, the region has the highest rates of youth unemployment in the world (Assad and Roudi-Fahimi, 2007). At 20-25%, the rate is nearly double the global rate (UNDP, 2009), and vary from 46% in Algeria to a low of 6.3% in the UAE.⁹ Many unemployed youth wait for two to three years for their first position, with young women often facing the most daunting prospects in securing a job (Dhillon and Yousef, 2008). This lack of employment opportunities also prevents young people accessing credit and housing and achieving financial independence, and delays marriage formation and the transition to adult life (ibid). Additionally, many young people join the large informal sector to make a living. This unemployment dynamic presents a critical challenge to reaping the benefits from the demographic dividend.

A further aspect of the demographic context is high levels of migration. The region as a whole has a net brain drain of educated youth to Organisation for Economic Co-operation and Development (OECD) countries. This is particularly severe in some MICs, such as the Maghreb countries, Iran and Lebanon (World Bank, 2007c). Lower-middle-income countries such as Egypt have in recent years exported up to 10% of the population as labour migrants (ibid). As a result, remittances are a significant source of income and foreign exchange for the region. Officially registered remittances to MENA amounted to \$13 billion in 2005, although this is likely to be an underestimate, since an estimated half of all remittances flow through unofficial channels (ibid). In Yemen, remittances from inside and outside the country significantly outweigh the value of formal transfers. In Morocco, remittances make an important contribution to poverty reduction (Bensaid and Ibourk, 2008). There is also substantial migration from sub-Saharan Africa to North Africa, much of it people in transit and attempting to migrate to elsewhere.

Further, a striking feature of the MENA region is the number of refugees and migrants. The integration of numerous refugees, asylum seekers and migrant workers varies substantially from country to country and often by particular refugee group, with many living in marginalised conditions and lacking sufficient access to social services and support.

Even before the popular revolts that broke out in the region in January 2011, the political context contributed to vulnerability.¹⁰ Political regimes that have allowed limited scope for protest – with many of them dealing with dissent repressively – have often institutionalised the vulnerability of socially excluded and poor groups (UNDP, 2009). In many countries of the region, conflict, either ongoing or

⁸ A period when the youth cohort is particularly large. This is a unique development opportunity, but can exacerbate pressures on employment opportunities and lead to poverty and social unrest.

⁹ Arab Labour Office data for 2005/06.

¹⁰ The research for this report was conducted before the wave of protest that broke out in 2011. The implications of these protests for social protection in the region are discussed in Section 4.1.

recent, has led to enormous loss of life, disrupted social capital and destroyed infrastructure. Conflicts have resulted in 7.5 million refugees (the majority of whom live in Jordan, OPT and Syria) and 9.8 million IDPs (with the majority in Iraq, Lebanon, Somalia, Sudan, Syria and Yemen) (ibid), often without access to basic services and with very limited sources of livelihood. Food prices are rising as a consequence of disrupted trade. People dependent on external aid (such as Palestinian refugees dependent on UNRWA supplies) are particularly vulnerable to the disruption of supply lines, as has been the case in Syria, for example (IRIN, 2011a). Clearly, the nature of protests and public responses to them has varied considerably across the region.

A number of socio-cultural factors also contribute to vulnerability. In particular, patriarchal patterns of kinship, legalised discrimination, social subordination and ingrained male dominance (UNDP, 2009) leave women and girls economically and socially vulnerable, in law, labour markets, decision making and education. The region has one of the lowest rates of female labour force participation in the world (28%), despite a falling gender gap in secondary enrolment, which remains significant only in Djibouti, Iraq, Morocco and Yemen (ibid), where poverty, insecurity and early marriage nevertheless undermine girls' education and contribute to low female primary school completion rates as well as disparities at secondary level (World Bank, 2008). Despite a drop in early marriage, the problem persists in Yemen (19% of women under 19 are married), the West Bank and Gaza (12% of women aged 15-19 are married at 14 or younger) and Iraq (23% of women are married before the age of 18) (World Bank, 2009b). Cultural acceptance of certain forms of violence in some countries (including female genital mutilation/cutting (FGM/C), gender-based violence, violence against children) contributes to this social vulnerability. Other forms of social vulnerability include discrimination against migrant and refugees, as Section 3.2 explores further.

1.4.2 Profile of child vulnerability in the region

In order to understand the type of child-sensitive social protection responses that are necessary throughout the MENA region, this section briefly outlines some of the main forms of child ill-being that present a challenge to the achievement of equitable outcomes for children. Although social protection instruments alone cannot address all of these challenges, synergies between social protection and other policies and programmes – including those relating to the improved provision of basic services for children – can enhance the contribution social protection can make to improving child well-being.

Income poverty: As explained above, a significant share of the population is either under the poverty line or close above it. Children are typically overrepresented among the poor, with several living in each poor household. For example, nearly half of Egypt's under 18 year olds live on less than \$2 a day¹¹ – which means there is a greater proportion of children living on less than \$2 a day than the share in the overall population. As such, income poverty impacts children directly and is manifested in restrictions in their access to goods and services, as well as in household dynamics and challenges throughout their life course.

Malnutrition: MENA is the only region where the proportion of undernourished people has increased over the past decade (IFPRI, 2010), even before the global crisis. In some lower-middle and middle-income countries, child malnutrition rates are high. For example, eight MENA countries (Djibouti, Egypt, Iraq, Kuwait, Libya, Morocco, Syria and Yemen) face high rates of child malnutrition, as defined by a rate of stunting and/or underweight of at least 20%, with 58% of under fives stunted in Yemen in 2009.¹² In some countries (e.g. Egypt), there has been a rise in child malnutrition in recent years: 29% of children under five were stunted in 2008,¹³ which may be related to rising food prices since 2007.

11 www.unicef.org/egypt/media_6169.html.

12 www.unicef.org/infobycountry/yemen_statistics.html.

13 www.unicef.org/infobycountry/egypt_statistics.html.

Health: The under-five mortality rate for the region as a whole declined from 79 to 46 per 1,000 live births between 1990 and 2007, a rate of 3.2%, insufficient to meet the Millennium Development Goal (MDG) target.¹⁴ It remains significantly higher in the poorest countries: Djibouti, Sudan and Yemen (UNDP, 2009). Similarly, infant mortality rates range from fewer than 7 per 1,000 live births in the UAE¹⁵ to more than 51 in Yemen in 2009¹⁶ and 75 in Djibouti.¹⁷ Meanwhile, although malaria has been eliminated in most of the region, it remains a significant problem in Djibouti, Sudan and Yemen, which also have the highest burden of HIV/AIDS and tuberculosis (ibid).

Education: Van Ravens and Aggio (2006), in World Bank (2010a), estimate that only 16% of young children in MENA have access to preschool, the lowest regional average after that of sub-Saharan Africa, where the figure is 12%. Although aggregate primary school enrolment rates in much of the region are high (e.g. 96% for the urban poor in Algeria, 100% for the urban non-poor in Iran (ibid)), in some countries they are significantly lower (e.g. the gross primary enrolment ratio in Djibouti is 43 for boys and 40 for girls;¹⁸ in Sudan it is 78 and 70, respectively;¹⁹ and in Yemen it is 94 and 76).²⁰ Furthermore, there are significant disparities between rural and urban areas and between poor and non-poor children. For example, in Egypt, the percentage of poor children in school is 7% lower at elementary level than that of better-off children, 12% lower at intermediate level and 24% lower at secondary level (UNDP, 2009). Although gender disparities are low at primary level in most countries (with some exceptions, such as Yemen), they are more significant at secondary school in much of the region. This said, gender disparities in education across the region have declined in recent years (World Bank, 2009b). Education disparities are also found with respect to some specific groups of children, such as refugee, migrant and IDP children.

About 9 million children – nearly 5 million aged 6-10 and another 4 million aged 11-15 – were out of school in 1995. By 2015, these numbers are projected to increase to 7.5 million and 5.6 million, respectively, for a potential total of more than 13 million children and youth who are of school age and who will not be in school (World Bank, 2009b).

Child protection: MENA saw 10% of children aged 5-14 engaged in child labour (i.e. work harmful to their education or well-being) in 2008.²¹ Early marriage, particularly for girls is still common: while most countries in the region have laws on the minimum age for marriage for females, ranging from age 13 in Iran to age 20 in Tunisia, some families take advantage of religious laws that condone an earlier marriage age, and arrange for their daughters to marry in religious wedding ceremonies, postponing official registration until the bride reaches the legal age. Such practices further disadvantage child brides, leaving them with no legal basis to receive inheritance, alimony or child support if the husband dies prematurely or abandons his underage bride (Population Reference Bureau, 2010).²² The UN Population Fund (UNFPA) estimates that FGM/C rates are around 93% (Djibouti), 95.8% (Egypt), 90% (Sudan) and 22.6% (Yemen) (in UNDP, 2009). Rates have declined in some countries, such as Egypt, where criminal penalties have been introduced and where vigorous public education campaigns have taken place. Additionally, children displaced during emergencies and conflict face increased exposure to violence, exploitation and abuse, particularly when they are separated from their families (Save the Children Sweden, 2011).

14 www.childinfo.org/mortality_progress.html.

15 www.unicef.org/infobycountry/uae_statistics.html.

16 www.unicef.org/infobycountry/yemen_statistics.html.

17 www.unicef.org/infobycountry/djibouti_statistics.html.

18 www.unicef.org/infobycountry/djibouti_statistics.html.

19 www.unicef.org/infobycountry/sudan_statistics.html.

20 www.unicef.org/infobycountry/yemen_statistics.html.

21 www.childinfo.org/labour.html.

22 www.prb.org/Articles/2010/menachildmarriage.aspx.

1.4.3 Social protection context

Patterns of social protection provision in the region today broadly reflect a mix of Islamic tradition and a French legacy of social security systems, with differences in levels of political commitment, fiscal space and levels of development. Conflict-affected countries, those hosting significant refugee populations and those with food insecurity problems share some common approaches regardless of income level. The large informal sector has an important influence on the type of social protection mechanisms used: MENA's informal sector is estimated at 25% of regional gross national product (GNP), similar to the global average, and plays a major and increasing role in providing first-time jobs to low-skilled workers, particularly youth (Dhillon et al., 2007). As such, outside the high-income Gulf Cooperation Council (GCC) countries, formal sector-based social security systems do not provide for a large share of the population. This means there is a need for different types of social protection instruments that are better tailored to ensure they can reach different population groups.

Typically, in the lower-middle-income countries (Djibouti, Sudan and Yemen), formal social security provisions are limited to a small section of the population: the formal sector workforce – generally the civil service, army and police. The large share of the population working in the informal sector is partially covered by broad or blanket programmes (such as food and energy subsidies) or targeted programmes (e.g. social transfers, food assistance and public works programmes) aimed at specific population groups.

In the other MICs, the social security system generally covers a higher proportion of the population (approximately 30-40%) and includes different services, ranging from health insurance to family benefits, depending on the country. These countries have additional mechanisms providing some coverage to informal sector workers and social assistance for disadvantaged groups. However, Abdel Samad and Zeidan (2008, in UNDP, 2009) identify the following shortcomings with regard to social protection provision in MICs in the region: incomplete protection against risks; unequal treatment of individuals; limited coverage of the population; low level of benefits; relatively costly and inefficient administration; and unsustainable financing.

The richest countries, the GCC countries, have established 'fairly wide and deep formal social safety nets without necessarily crowding out traditional arrangements that preceded the discovery of oil' (UNDP, 2009). These provide special support for widows, the divorced, the sick, the elderly, unmarried and unemployed young women, families of prisoners and students. Oman has a comprehensive social protection system that includes free universal medical care for its citizens,²³ free education (Committee on the Rights of the Child, 2006) and housing loans (Oman News Agency, 2009). The Public Authority for Social Insurance oversees private sector pensions for the elderly, orphans, the injured, persons with disabilities and survivors, as well as marriage and death grants and maternity and sick leave (US SSA, 2008). Additionally, women are entitled to 6.5 weeks of paid maternity leave through the social security system. However, in some of the countries in the region, state-supported social protection systems do not cover non-citizens, including migrants and refugees – who are often among the poorest and most vulnerable. Some faith-based organisation and NGO programmes provide some social protection coverage to these vulnerable groups, which would otherwise be excluded.

1.4.4 Fiscal space

According to a new set of data compiled from individual World Bank country reports covering 87 developing and transition countries during 1996-2006 (Weigand and Grosh, 2008, in World Bank, 2010a), the MENA region spends the most on social safety nets (2.2% of gross domestic product (GDP) on average), followed by Europe and Central Asia (1.7% on average) and Latin America and the Caribbean (1.3%). In addition to social safety nets, and as discussed above, countries have social security and social insurance mechanisms to which they allocate budgetary resources – depending on

²³ www.moh.gov.om/nv_menu.php?fNm=reports/devofhelt.htm.

their size in each country – although social safety nets are a significant share of social protection spending. Although not all forms of safety nets (which include various kinds of social assistance and social insurance) exist in every country, and there have been significant changes in composition over time, most MENA countries rely heavily on food and energy price subsidies. Evidence suggests these subsidies are very expensive, are not cost effective and have a relatively small impact on the poor (Fatouh, 2010). This implies that, although a relatively large share of the government’s budget finances subsidies, which is measured as spending on social protection, this spending is not reaching the poor or most vulnerable efficiently, with a large share of resources for subsidies being regressive, resulting in the bulk of benefits accruing to households in high-income groups. Meanwhile, many of these subsidies have become entrenched in institutional barriers that make it difficult to abolish them (ibid), and also represent a way for governments to show their capacity to respond rapidly in the wake of shocks, as happened during the energy and food crisis in 2007-2009. The World Bank analysis indicates that, if spending on safety nets were computed excluding subsidies, the level of social protection spending (as well as the number of people covered by these safety nets) in the region would fall significantly.

Table 2: Cost of providing social safety nets in selected MENA countries (% of GDP)

Country	Year	Energy subsidies	Food subsidies	Direct transfers
Algeria	1998		0.0	1.5
	2008			
Egypt	1995		1.7	0.3
	2008	7.6	1.8	0.9
Iran	1995		2.9	1.2
	2006	17.5		
Jordan	1995		0.0	1.0
	2007	0.1	1.7	0.6
Lebanon	1995		N/A	0.9
Morocco	1997		1.7	0.1
	2009	0.7	1.0	2.1
Syria	2008	12.0		
Tunisia	1995		1.7	1.0
	2001			2.3
	2008		1.5	
Yemen	1998		3.6	0.2
	2008	11.0	N/A	0.6
West Bank and Gaza	2005			1.8

Source: World Bank (2010a).

As Table 2 shows, including subsidies, public spending on social safety nets constitutes a significant share of GDP. In terms of spending, then, food and energy subsidies are the major social safety net in MENA. They are a particularly large part of the economy in Egypt, Iran, Syria and Yemen, where they are equivalent to the country’s spending on health and education (World Bank, 2010a). As a result of new analyses on the regressive nature of subsidies, there is a trend for countries to seek more cost-effective social protection interventions, particularly moving toward more targeted approaches or universal transfers to vulnerable groups. Nevertheless, as examined in Section 4, to quell popular unrest in the first half of 2011, many governments in the regions have again turned to subsidies as the ‘quick fix’.

Since the onset of the global crisis, spending on social safety nets in MENA has increased significantly, from 10.1% of total expenditure before the crisis to 11.9% during the crisis and 12.5% afterwards (4.16%, 4.44%, and 4.59% of GDP correspondingly) (Prasad and Gerecke, 2010). For example, in Egypt, eligibility for subsidised food rations, which had been restricted in preceding years, was extended significantly. In 2008, people born after 1989 became eligible, increasing the proportion of the population reached to 68% (World Bank, 2010b). In Yemen, the value of cash transfers and the number of people eligible increased in 2008 to protect vulnerable households from the effects of food price rises (World Bank, 2009c).

Reinikka (2010) warns that, although expansionary fiscal policy played an important role in protecting well-being in certain MENA countries during the crisis, in some countries, including Egypt, Jordan, Lebanon and Yemen, fiscal space is limited. Significant fiscal cuts, particularly in oil importers, will be needed in the coming years, which may put expanded social protection programmes at risk. Concerns about fiscal sustainability may affect government and donor attitudes to the expansion of cash transfer programmes in some countries (e.g. Djibouti, Sudan and Yemen) and mean a preference for instruments perceived as making more direct contributions to economic development, such as enhancing infrastructure and education.²⁴ In some countries, such as Oman and, to some extent, Algeria, governments have benefited from a favourable economic position to sustain generous social protection programmes, to which an important share of the budget is allocated. Nevertheless, as a more systematic and evidence-based move towards effective instruments for social protection is sought, it will be important to preserve as much as possible the overall fiscal space that governments allocate to social protection, while improving the use of resources so social protection can become a better instrument to address inequities and contribute to poverty reduction and human development.

Box 1: Fiscal space for social protection in oil-rich countries

The favourable price of oil in the past few years, alongside increased oil production and export capacity, has increased oil revenues for oil exporters in the region. Recent projections by the World Bank estimate that the fiscal balance in oil-exporting countries will improve (as a percentage of GDP) from 2011. This will continue to generate fiscal space, which countries can allocate to diverse priorities, including social protection spending. However, recent research by the UN Research Institute for Social Development (UNRISD, 2008) proposes that the challenge for mineral-rich countries in prioritising social sectors is not purely a financial one, but rather a political and social one, in the sense that those who can influence policymaking need to become interested in the pursuit of social policies that are effective for development, including social protection. In this regard, one of the objectives of public policies for managing oil wealth should be how to distribute oil rents among citizens. This has two dimensions: distribution (or redistribution) in the short term and distribution across generations, particularly as oil reserves diminish.

Examples exist in the region, indicating that creating fiscal space for social protection is a viable option, although their scale depends on the size of oil revenues and the different policy choices. Kuwait saves a share of oil receipts in the form of a sovereign wealth fund – the Reserve Fund for Future Generations. This was created in 1976 from a transfer of 50% of the General Reserve Fund, which manages all oil receipts; 10% of all state revenue (highly dependent on oil) is also transferred across on an annual basis, and all investment income is reinvested abroad to create a non-oil-based source of revenue for the future. In the short and medium term, the Kuwaiti government has eight channels through which it distributes rents into the wider economy: domestic public investment, land purchases, public transfer payments, subsidies, public employment, intervention in the private sector, the regulation of Kuwait's FDI environment and, finally, investment abroad. Public transfer payments – particularly pensions and social security – as well as subsidies, are among the highest items of government spending: domestic transfers, which include pensions and social security, account for 50% of total government expenditure (El-Katiri et al., 2011). Although some analyses have pointed to the distortionary effects of subsidies, public transfers – which started as targeted in the 1950s but have become universal over time – are seen as having contributed positively to better living standards and higher equity in Kuwait, with Kuwaiti nationals benefiting more than non-nationals.

Source: El-Katiri et al. (2011); UNRISD (2008); World Bank (2011).

24 Interview, Wilfried Engelke, World Bank Sana'a, 13/11/2010.

2. Descriptive overview

2.1 Mandates and visions in relation to social protection

While the vision of social protection in many countries in the region may continue on the same path set out in the past two to three years, countries that have faced greater changes in government as a result of the popular uprisings in the first half of 2011 may be delineating new social protection priorities. Section 4 analyses some of these. This section presents an overview of the mandates and vision of social protection in the region, based on information to the end of 2010. Several countries profess a commitment to enhanced social protection, either explicitly expressed or discernable in broader commitments to social equity and human development. For example:

- In Yemen, expanding social protection is one of several general orientations of the government's MDG-based Development Plan for Poverty Reduction (DPPR) 2011-2015 (GoY, 2011), currently under development (and following on the 2006-2010 version).²⁵ Social protection is one of the four priorities of the Public Investment Programme, which is intended to finance implementation of the DPPR. Yemen's Strategic Vision 2025 dwells on the importance of building human capital, raising standards of living and integrating values of social justice, freedom and equity (ESCWA, 2009).
- Palestine's Reform and Development Plan (2008-2010) emphasises the importance of 'ensuring that the poorest and most vulnerable in society receive a basic level of assistance' and identifies 'a range of services to provide immediate and direct poverty alleviation, including cash transfers, food aid and complementary activities to encourage self-reliance' (ESCWA, 2009).
- Egypt's strategic objectives, expressed in its Vision, Objectives and Action Policies (GoE, 2009), are 1) maintaining high growth and employment rates; 2) achieving high standards of integrated human development; 3) developing infrastructure for citizens and improving living standards; and 4) securing higher levels of social justice and combating poverty.
- Syria's 10th Five-year Development Plan highlights a pro-poor approach in social development, with specific mention of increasing economic opportunities for the poor in least-developed regions (particularly northern governorates). Similar emphasis is placed on the need to increase social protection and expand the coverage of social safety nets among poor segments of the population (ESCWA, 2009).
- In Algeria, the 2009 Government's Plan of Action for the Implementation of the President's Programme presents a vision of social protection which includes social security and national solidarity (the latter encapsulates most social assistance). With regard to 'national solidarity', the plan defines its aim as promoting the dignity of beneficiaries while ensuring rigorous management of resources – including through the implementation of a national register of beneficiaries. Groups targeted by national solidarity include 1) the poor and extremely poor, through social assistance mechanisms already in place; 2) marginalised rural households, by improving their income-generating potential; 3) people with disabilities to foster their social integration; 4) the elderly and the chronically poor living in poverty; 5) women and children facing social challenges; and 6) vulnerable youth (GoA, 2009).
- The richer countries of the region express commitments to social safety nets (Kuwait), ensuring economic growth benefits all sections of society (Bahrain), the promotion of human development among all citizens and the need to improve social security (Oman and Saudi Arabia) (ESCWA, 2009).

²⁵ Given current changes in the government, this plan might change.

In most countries, national strategy documents indicate a lead role for government. One such case is Jordan, where the most wide-ranging policy document – the 2006-2015 National Agenda – includes a comprehensive social protection strategy that encompasses social assistance and social insurance and highlights a range of issues for the government’s future engagement as the main social protection provider (Blank, 2010). In other countries, social protection objectives are not articulated in important policy documents. However, several countries, including the Gulf countries and Palestine, also envisage a significant role for the private sector to provide social protection in partnership with the government (ESCWA, 2009). Section 2.3 discusses this further.

An analysis of social policy carried out by the UN Economic and Social Commission for Western Asia (ESCWA) found several countries in the region make explicit commitments to religiously inspired values (e.g. Kuwait, Oman, Qatar, Saudi Arabia, Sudan, the UAE and Yemen), and to formulating strategies that reflect Arab cultural values (e.g. Jordan and Palestine) (ESCWA, 2009).

While generally it seems the commitments and objectives in the initiatives/programmes mapped for this study are not simply empty expressions of goodwill, and there are significant budgetary resources to the sector, in some cases there are gaps between commitments on paper and the social protection priorities that receive most budgetary resources, which are not necessarily the most effective or pro-poor. For instance, in Morocco, while there are many interventions targeting different vulnerable groups, these remain insufficient to address key vulnerabilities; further, many programmes are not based on sound targeting and thus do not necessarily reach the most vulnerable. More importantly, there is no policy framework underpinning social protection interventions to articulate the vision, values, resources and targeting criteria for social protection. So although a significant share of the budget is channelled to the social sector in Morocco, these resources are not optimally targeted to benefit the poor. As a result, the World Bank has recently undertaken an analysis of social protection and targeting in the country, with the aim of improving effectiveness in the use of social protection resources.

2.2 Main social protection instruments used

This section maps the main most salient types of social protection instruments utilised in 19 countries in the region to address poverty and vulnerability. While it is not exhaustive, it provides useful information about the types of interventions in place. It also explores some essential aspects of social protection, such as targeting, universal access and programme implementation. More details about specific programmes and policies can be found in the appendices.

2.2.1 Protective social protection: social assistance

Cash transfers: Most countries have some form of cash transfers for low-income households. Not all of these are systematic, and rather may be complementary to other programmes, and their scale is generally limited. Some are family allowances, that is, paid to households with children (e.g. Algeria’s ‘Allocation Forfitaire de Solidarite’ targeting the poorest and most vulnerable reaches approximately 670,000 households) or targeted to particular groups (e.g. orphans, persons with disabilities, widows and low-income families, e.g. Algeria, Yemen). Some provisions are limited to a certain number of children per family (four in Egypt for recipients of the children’s pension, three in Tunisia), which implies that families with a greater number of children – often those with greater vulnerabilities – will benefit less relative to their number of children, but this is a design element aimed at avoiding stimulating rising fertility. In Syria, the National Social Aid Fund is designed to provide cash assistance to the country’s poorest groups, in particular those unable to work, such as widows with children (Ferguson, 2010). It is operational as of February 2011, providing a cash transfer to 420,000 families.

There are also annual cash payments in Tunisia (by the Tunisian Union for Social Solidarity) to support children in school and university students from low-income households. These are paid to the family without strict conditionalities, using a form of community-based targeting (see Section 2.4), although with very vague criteria and means of verification. ‘Instructions’ are provided to local governments about the characteristics beneficiaries should have, without any objective means of verifying compliance. In Algeria, cash support is provided to individuals living with disabilities – particularly children. A total of 823,460 people received a disability grant in 2006 (People’s Democratic Republic of Algeria, 2009). Similarly, a school grant targeted at school-going children in need has been in place since the 2000/01 school year, increasing from D2,000-3,000 (\$27-41) since 2008 (Ministry of National Education, 2011) Some countries also provide marriage grants for low-income young people (e.g. Oman and Saudi Arabia).

In Morocco, a conditional cash transfer pilot – the Tayssir Programme – got underway in the final semester of 2007, covering 53,288 households and 93,536 primary pupils, in poor regions with high school dropout rates. The monthly allowance increases with progress through school, starting from \$8 for each child in Grades 1 and 2 and increasing to \$13 for children in Grades 5 and 6.²⁶ The government has already expanded this programme, to cover an additional group of 109,908 households and 206,434 primary pupils. Although a detailed evaluation will take place in 2011, results from the baseline and initial qualitative assessments show the programme reaches those most in need and has contributed favourably to school enrolment (World Bank, 2010d).

In Jordan, there are two main targeted cash transfer programmes: the National Aid Fund and the Zakat Fund.²⁷ The National Aid Fund, an autonomous institution under the auspices of the Ministry of Social Development, targets the poor in various categories (women with young children, orphans, the elderly, persons with disabilities, families headed by divorced or abandoned women, households where the main breadwinner is in prison). It provides cash support with minimum benefits equal to JD40/person/month (71% of the adult equivalent poverty line) up to a maximum of JD180/family/month for a family of five or more persons. It has approximately 205,900 beneficiaries. Beneficiary families are automatically eligible for free government health insurance. The Zakat Fund provides cash assistance to poor persons of all ages, but with a particular focus on orphans. Benefits are equal to JD30/month (53% of the adult equivalent poverty line) plus JD5/person with no upper limit on the number of beneficiaries. It benefits 12,000 families. However, it has been found that, even with its increased cover, only 28% of National Aid Fund beneficiaries are children, despite the fact that 57% of the poor are children (Blank, 2010).

Although there is a growing trend to support cash transfer programmes in the region, some of these are poorly targeted and very leaky, and thus benefit better-off people – on occasions even more than the poor (as in Yemen) (see Section 3.2). In several countries in the region (e.g. Lebanon, OPT, Yemen), proxy means tests have been developed or refined in order to improve poverty targeting. These have generally been based on detailed household poverty surveys and surveys of current recipients. It is not yet clear how far this has increased the share of resources poorer households receive.

United Nations Relief and Works Agency (UNRWA) also provides a cash transfer to Palestinian refugees in Jordan, Lebanon, OPT and Syria, focusing on the poorest, and has recently introduced proxy means testing to improve targeting and minimise leakage, as programme analyses had shown that a number of recipients currently benefiting from the programme were not poor (from 10% in Lebanon to 1% in Gaza).

Conditional cash transfers are starting to be introduced in the region. There have been some efforts to pilot them in Egypt – in Ain-el-Sira (a poor urban area of Cairo) and in poor villages in five governorates

26 www.povertyactionlab.org/evaluation/conditional-cash-transfers-education-morocco.

27 *Zakat* is a contribution required by Islam for charity paid according to wealth.

in Upper Egypt. In 2005, Iraq also piloted a conditional cash transfer programme, with benefits conditional on children's school attendance. Morocco's cash transfer, Tayssir, discussed above, is also conditional on children's school attendance. In Jordan, existing cash transfer programmes implemented by the National Aid Fund are conditional on participation in training and employment programmes and compliance with child vaccination and school attendance requirements, although conditionalities are not strictly enforced, partly given capacity constraints to monitor them.

There are also some cash transfer programmes specifically aimed at addressing the situation of groups of particularly vulnerable children. In Djibouti, UNICEF is supporting a government-implemented programme for 700 orphans and vulnerable children (OVC) consisting of a social package which includes school kits, tutoring, vocational training and a conditional cash transfer. In the UAE, a government- and UNICEF-supported programme provides \$1,000 grants to support the education and rehabilitation of former child camel jockeys.

Table 3 presents a summary of information of the most relevant cash transfer programmes in the region. More details can be found in Appendices 2 and 3.

Some of the cash transfer interventions in the region – for example those in Tunisia and Yemen and some in Egypt – are not standalone programmes but rather part of a set of social assistance interventions that can include, for example, food transfers, subsidised access to health services, etc. External evaluations of these programmes are either not systematically carried out or not publically available. Nor is there evidence that information from evaluations is used consistently to improve their design. Only in some cases can assessments of some of these interventions (by the World Bank, for example) be obtained. Evidence in these suggests poor targeting and leakage to beneficiaries who do not meet programme inclusion criteria. Such is the case of Yemen's Social Welfare Fund, where some analyses indicate transfers reached only 4% of the poor population, whereas 47% of benefits were absorbed by non-poor people in 2006 (World Bank, 2007a).

In the case of newer programmes, however, particularly those being developed with donor technical assistance, such as from the World Bank in Morocco's Tayssir Programme, or financial support, such as from the European Union (EU) in UNRWA's Social Safety Net Programme, evaluations are factored into programme design and are to be conducted periodically to inform programme improvement. For example, in the case of UNRWA's Social Safety Net Programme, results from a 2005 evaluation by the EU, the programme's main donor, has resulted in a redesign of the programme's targeting mechanism to improve cost effectiveness and reduce leakage.²⁸

²⁸ Interview, Amy Schmidt, UNRWA, 7/1/2011.

Table 3: Main cash transfer programmes in the MENA region

Country	Programme	Objectives	Managing institutions	Population targeted	Size of the benefit	Number of beneficiaries
Algeria	Allowance for persons with disabilities	Provide a safety net to persons with disabilities	Ministry of Labour, Employment and Social Security	Adults and children with disabilities.	D4,000/month (approx. USD 55 per month)*	164,384 in 2007
Algeria	Allowance for school children	Incentive for school attendance, especially the poor.	Ministry of Labour, Employment and Social Security	Primary-school children, particularly those from poor households.	D3,000/year (approx. USD 41 per year)	3 million
Egypt	Social solidarity pension (unconditional)	In principle to reduce poverty but evidence of leakage indicates only 15% of targeted population is poor.	Ministry of Social Solidarity	People aged 65+, widows, divorcees and their children, unmarried women over 50, families of people imprisoned for over 3 years/means testing and categorical. Presence of children in a household is one of the targeting criteria.	Maximum monthly value of pension LE85 (approx. USD 14.50)	Between 1.1 and 1.8 million
Egypt	School allowance	Increase school enrolment.	Ministry of Social Solidarity	Children in households receiving social solidarity pension/ means testing.	LE40/month (up from LE20 in 2008). (approx. USD 6.70, up from USD 3.35)	600,000
Egypt	Monthly cash assistance for pregnant women and those with children under 2 (unconditional)	Improve maternal health.	Ministry of Social Solidarity	Pregnant women not receiving other assistance/means testing and categorical.	LE70/month from 3rd month of pregnancy till child is 2 years old (approx. USD 11.75)	N/A
Egypt	Child pensions	Improve well-being of marginalised children.	Ministry of Social Solidarity.	Orphans and children of divorced parents/means testing and categorical.	LE41/month to max of LE131 for 4 children (UNICEF, 2010b) (between USD 6.87 and USD 22)	In 2008, 87,685 children
Egypt	Pilot conditional cash transfers	Reduce income poverty.	Ministry of Social Solidarity	Low-income households /means testing and geographical.	N/A	200 households in Ain-el-Sira, 3500 in Upper Egypt
Jordan	National Aid Fund	Contribute to reducing income poverty.	Ministry of Social Development	Poor in various categories (women with young children, orphans, the elderly, persons with disabilities, families headed by divorced or abandoned women, households where the main breadwinner is in prison).	JD40/person/ month (71% of adult equivalent poverty line) to max of JD 180/family/month for family of 5 or more (between USD 56 and USD 253)	205,900

Jordan	Zakat Fund	Contribute to reducing income poverty.	Zakat Fund	Poor persons of all ages, but with particular focus on orphans.	JD30/households/ month (53% of adult equivalent poverty line) plus JD 5/person, no upper limit on number of beneficiaries (USD 42 per household)	12,000 families
Morocco	Pilot conditional cash transfer programme (Tayssir Programme)	Increase school enrolment of the poorest children.	Association Marocaine pour l'Appui Scolaire with Ministry of Education and various agencies	Pilot phase: 140 rural communes in 5 regions: Souss-Massa-Draa, Marrakech-Tensift-El Haouz, Meknes-Tafilalet, Tadla Azilal and Orientale. All children in primary schools in those areas. It has been expanded.	Monthly allowance increases through school, starting at \$8/child in Grades 1 and 2 to \$13/child in Grades 5 and 6	Pilot targeted at 1,255 schools, 53,288 households and 95,536 primary pupils
Syria	Social Aid Fund	Social welfare fund meant to provide cash assistance to the nation's poorest populations.	Self-managed	The poorest, in particular those unable to work, such as widows with children.	N/A	Operational as of February 2011 for 420,000 families
Tunisia	Financial assistance to poor families, persons with disabilities unable to work	Reduce income poverty.	Ministry of Social Affairs, Solidarity and Tunisians Abroad	Low-income families, persons with disabilities, the elderly, children, the unemployed.	N/A	124,000 families in 2008
Yemen	Social Welfare Fund	Mitigate vulnerability.	Ministry of Labour and Social Affairs	Persons with disabilities, orphans, women outside family support networks, low-income families (considered permanently eligible), families of prisoners, persons with temporary disabilities (considered temporarily eligible) with very low or no income. 75% of beneficiaries permanent, absorbing 80% of budget.	YR1,000-2,000/ family/month; average poverty gap for poor person is YR1,431 (World Bank, 2007a). Only 4% of the poor. 47% benefits to non-poor in 2006. (approximately USD 4.5-USD 9)	1 million beneficiaries in 2006 (estimated to cover 8.4% of population and 13% of the poor)
Lebanon, Syria, Jordan, Gaza and West Bank	Social safety net programme	Social assistance to poor and vulnerable Palestinian refugees.	UNRWA	Used to be categorically tested but now means-tested (using proxy means test). Targeting Palestinian refugee households below national poverty line (size depends on budget).	Average \$40/HH/ quarter (usually with food transfer). Amount determined based on HH level of poverty and how much is needed to bring them above 'abject poverty' line	Approximately 300,000 Palestinian refugees in 2009

* Approximate exchange rate to the dollar as per July 2011.

Nutrition and food security support programmes: School feeding and rations programmes are common in countries with chronic or large-scale food insecurity (e.g. Djibouti, OPT, Yemen). These are sometimes partially or substantially financed by the World Food Programme (WFP), although they are fully state-supported in other countries (e.g. Algeria). In countries with high gender inequities in school attendance (e.g. Djibouti and Yemen and Iran's programmes for Afghan and Iranian refugees), rations are targeted to girls attending school. These are effectively operating as a conditional transfer, since girls have to attend school 80% of the time in order to receive them. In Egypt (where school feeding programmes are not gender-specific), WFP has worked with the government to ensure school meals and snacks are fortified, that is, to increase their nutritional value as well as their value as an incentive for school attendance.²⁹ In Algeria, the school meal programme is ambitious, as it is seen as a mechanism to promote universal primary education. The country's education policy plans for coverage of this programme to reach 90% of children attending primary school by 2014. In 2011, the number of beneficiaries was 2,967,597, that is 78.70% of the total number of primary school children (Ministry of National Education, 2011).

Many countries also run targeted nutritional support programmes. For example, in Egypt, there is a programme of vitamin A supplementation for infants and distribution of iron supplements to pregnant women, adolescents and school children. In Djibouti, nutritional support programmes are targeted to OVC and people living with HIV and tuberculosis.

There are also targeted nutrition support programmes to improve the situation of certain groups of vulnerable children. For instance, WFP's food for education programme in Egypt, part of which is targeted at child labourers, and CHF International's programme in Yemen, which has focused on making education more inclusive and also providing school supplies and uniforms.³⁰

In food-insecure countries, for example Djibouti, Yemen and some parts of OPT, food and cash for work programmes are part of the repertoire of social protection. In Egypt, too, there are food for assets programmes, targeting the poorest and most food-insecure communities, such as Bedouins and farmers in marginal areas.³¹ Donations of food are also common elements of informal and civil society social protection programmes. See Section 2.3.1.

Food subsidies have been important social protection instruments in the region in the past, although several countries, such as Tunisia, have reduced their scope considerably (World Bank, 2010a). Egypt has a large-scale food subsidy, which has substantial leakage to the non-poor (83%) but at the same time lifted 9% of people out of poverty in 2008/09 (ibid). From the 1970s to the mid-2000s, the government restricted eligibility for food subsidies in order to reduce their fiscal burden. However, following the food price rises starting in 2007, eligibility was extended significantly, with people born after 1989 becoming eligible to receive subsidised food (World Bank, 2010b). This food subsidy comprises a universal subsidy on *baladi* bread and means-tested food rations (cooking oil, flour and sugar), which are available to two-thirds of the population (World Bank, 2010b). The fact that child malnutrition rose in Egypt between 2005 and 2008 (World Bank, 2010b), however, suggests the food subsidy has not been fully effective in protecting children's nutritional well-being in a context of rising food prices. See Section 3.2 for further discussion of leakages.

Algeria also has an important basic food (including cereals and mils) and energy subsidy aimed at helping households maintain their purchasing power, particularly relevant during the rise in food prices. Although some multilateral agencies, such as the International Monetary Fund (IMF), have made comments (IMF, 2009) on the need to reign in expenditure on these subsidies, no analysis was found of their cost effectiveness or identifying significant leakages, as in the case of other similar programmes (People's Democratic Republic of Algeria, 2006).

29 Interview, Abdallah Alwardat, WFP Cairo, 15/12/2010.

30 Interview, Roberta Contin, CHF International, Sana'a, 4/12/2010.

31 Interview, Abdallah Alwardat, WFP Cairo, 15/12/2010.

Reforming Iraq's Public Distribution System, which provides food and non-food assistance to the majority of Iraqi households and receives the bulk of social security spending, into a more effective safety net for the most vulnerable is one of the priorities of its current poverty reduction strategy and new national development plan: there are substantial leakages and concerns about inefficiencies, corruption and distortion of commodity markets. Around 78% of the population does not access the system regularly, and many displaced people have been unable to register in their new residences: 32% of displaced people have no access to the system and 51% did not access it regularly in 2006 (UN, 2010).

Commodity subsidies: Many countries in the region currently subsidise consumption of energy (particularly petrol, diesel and liquefied petroleum gas) and other utilities. Oman, for example, has universal utility subsidies, and Iran and Syria provide significant energy subsidies, although these latter are targeted. These tend to be highly regressive – for example, in 2008, 75% of Morocco's diesel and petroleum subsidy accrued to the top quintile, whereas only 1% accrued to the poorest (World Bank, 2010a). Overall, energy subsidies cost between 7% and 10% of GDP (ibid). In Yemen, for example, they accounted for 11% of GDP and 30% of government expenditure in 2008. There are plans to reform the petroleum subsidy, which costs 10% of GDP at present, and to use the funds released to expand more targeted forms of social protection (World Bank, 2007a). Egypt, too, is in the process of reforming its energy subsidies. These reforms are intended to finance alternative, mainly cash transfer, programmes, which can be better targeted at poorer people.

Education subsidies and waivers: Most countries in the region invest significantly in education, and provide free education, at least for part of the basic education cycle and, in the richer countries (Iran, Oman, Saudi Arabia, Tunisia, UAE), up to the end of compulsory or secondary schooling. In the poorer countries, the period of free education is quite limited – for example, Yemen abolished fees for Grades 1-6 for girls and 1-3 for boys in 2006. Meanwhile, free education is not necessarily free in practice: students are expected to contribute to school funds, pay for books, uniform, transport, etc. In Yemen, urban schools in particular charge for school funds and opening and closing ceremonies.³² Morocco's Tayssir Programme, targeted to children in the poorest rural and urban localities, aims to offset some of the related schooling costs (uniforms, books and others) that poor children have to pay.

In Egypt, although education is both free and compulsory, there are both hidden and explicit costs. For example, students are asked to contribute to parents' councils and activities, and to pay admission and examination fees. In addition, students pay for group studies at school and textbooks (ILO, 2009b). There is an education allowance of LE40 per month (USD 6.70) and a fee waiver for these additional fees for children in households receiving social solidarity pensions. However, given that data on the uptake and reach of these allowances are not available, it is unclear how effective they are in securing access to education.

Some countries provide free education for specified disadvantaged groups. For example, according to Sudan's 2008 Child Act, education is free for children with disabilities, orphans and poor children, as well as for 6-13 year olds. It is not clear, however, how accessible education is for these groups, or how far the provisions of the Child Act are enforced in practice. In Algeria, children who are deaf or blind have access to special education in 35 schools for the deaf and 16 schools for the blind. These institutes are managed by the Ministry of National Solidarity, with support from the Ministry of National Education. Through an inter-ministerial mechanism to support the integration of children with mild disabilities into normal schools, the number of children enrolled increased from 302 in 2002 to 1,033 in 2007 (People's Democratic Republic of Algeria, 2008). Similarly, in Yemen, children with disabilities have the right to education at a school near where they live, although parents are often reluctant to send children with disabilities to school.³³ In Djibouti, there are book distributions for disadvantaged children, but uniforms are not subsidised.

³² Interview, Mohamed Ali Bile, UNICEF Sana'a, 4/12/2010.

³³ Interview, Mohamed Ali Bile, UNICEF Sana'a, 4/12/2010.

In the region as a whole, only 16% of children attend preschool (World Bank, 2010a), with exceptions – typically the highest-income countries, such as Kuwait, where preschool is free for 4-6 year olds and uptake is high (around 77% of the population). Increasing uptake of preschool education is a priority for many countries (e.g. Egypt, Jordan, Lebanon, Morocco, Saudi Arabia, Syria, UAE) as a means of increasing children’s school readiness and subsequent attainment. However, many children are effectively excluded, as services are unaffordable for children of disadvantaged groups. There are explicit initiatives to address inequities in access to preschool in some countries. For example, Egypt’s Early Childhood Development Enhancement Project aims to increase coverage, particularly among the poorest children and those with disabilities, and to reduce gender inequalities in preschool enrolment (GoE, 2010). Similarly, Morocco has promoted community-based early child development centres with lower prices to improve access by poorer families (UNICEF, 2008).

Subsidised access to health care: Arrangements for accessing health care vary significantly across the region and comprise a mixture of social health insurance, taxation-funded provision and private health insurance, with significant differences in the levels of coverage of different groups of citizens and the levels of co-payment expected. Social health insurance is explored in the next section. In addition to this, several countries in the region have subsidised or free health systems. For example, Oman and Saudi Arabia provide free health care for all their citizens, which is particularly positive for children, given their health care needs during the first few years of their lives. In Algeria, Egypt, Jordan, Morocco and Syria, health care is free at government facilities, and in Syria public servants may have the costs of private treatment reimbursed. In Tunisia, by contrast, co-payment is required by everyone, except groups eligible for free or subsidised health cards: low-income households, people with disabilities who are unable to work and elderly people. These health fee waivers have contributed to the progress on health access in these countries.

Social support and care services: Residential institutions are an important part of social protection for children in many countries. In Iran, they aim to provide shelter to orphans and child beggars and in Lebanon to ‘needy’ children, which includes children of low-income families – for example those too poor to pay for school fees – and children with disabilities. Lebanon thus has one of the highest rates of institutionalisation in the world (Jawad, 2009; Thomas and Lakkis, 2003). Egypt has a network of mother and child care centres at governorate level, caring for abandoned children (Committee on the Rights of the Child, 2010a). In Morocco, the Entraide Nationale, a government agency in charge of coordinating social assistance, manages a number of ‘social protection’ centres where children from extremely poor households, orphans and children with disabilities are taken care of, including through provision of food and access to school. There is little provision for non-orphan vulnerable children in some countries. In other countries (e.g. Morocco, Egypt), NGOs provide temporary or long-term shelters for street and working children.

2.2.2 Preventative social protection: social insurance

Social security: Contributing to social security funds normally entitles members to retirement pensions and to health insurance and survivors’ pensions for various groups, including widows, divorced women, persons with disabilities and unmarried young women (Algeria, Saudi Arabia, UAE). In most countries, there is no unemployment insurance: exceptions are Algeria and Bahrain, and Iran has unemployment allowances (ILO, 2009a).

As noted in Section 1.3 above, the level of social insurance coverage varies according to the country’s income level. While international social security standards have provided key guidance for governments and social partners in the region, and while there is extensive social insurance coverage in the richest MENA countries, only a few countries have ratified any of the up-to-date conventions (ILO, 2009a).³⁴ In the lower-middle-income countries of the region, social insurance coverage is very limited.

³⁴ The Social Security (Minimum Standards) Convention, 1952 (No. 102), which contains the essential principles and standards for social security, has been ratified by only two Arab countries, the Libyan Arab Jamahiriya and Mauritania – which are not part of this study. The Equality of Treatment (Social Security) Convention, 1962 (No. 118), which is relevant to ensuring the rights of migrant workers, has been ratified by Egypt, Iraq, Jordan, the Libyan Arab Jamahiriya, Mauritania, the Syrian Arab

In Sudan, for example, only 12.6% of the population was covered by the National Social Insurance Fund in 2004 (WHO, 2006), and in Iraq around 15% of the population is covered by two separate social security funds (World Bank, 2005). It is, with some exceptions, only in the upper-middle-income countries that formal social security provision reaches beyond a very small proportion of the population (essentially the civil service and the military) and applies more generally to the formal sector workforce outside civil service and the military (e.g. about one-third of the population are covered by national social security schemes in Algeria, Iran, Lebanon and Morocco). In Tunisia, 90% of formal and informal sector workers, including agricultural workers and self-employed people, are covered, and the government is aiming for 97% coverage in 2011 (ISSA, 2008). These are mostly contributory, for the formal sector and include government subsidies for informal workers. In the richest countries of the region, such as UAE and Kuwait, there is universal social security coverage, which is largely contributory but includes important government subsidies.

The extent to which social security schemes provide for dependants – namely, spouses and children – varies and, other than information on eligibility for survivor benefits,³⁵ there is little available on this. However, this is important aspect of how children benefit from social security, and should be articulated more clearly by social security funds. Although benefits accruing to parents are likely to be positive for the household to enable them to cope with shocks, children might not always benefit directly from this coverage. For example, maternity leave provisions, an important social security benefit that is confined to the formal sector, vary substantially from country to country, and the variation is not related simply to the country's wealth.

Health insurance: In many countries in the region, access to health care is insurance-based, using a variety of approaches – social health insurance, private health insurance and community health insurance. Coverage varies from near universal social health insurance for citizens (though not migrant workers) in GCC countries, to the small public sector in the poorer countries of the region, as in Sudan, where contributory social security-based health insurance is available to only 8% of the population (75% of whom are government staff).

In Lebanon, about half the population's access to health care is funded by various public sector social insurance schemes and by private insurance (which covered only 9.7% of the population in 2007). The Ministry of Health provides hospitalisation and health insurance safety nets for individuals who are not otherwise insured. However, beneficiaries are treated on a case-by-case basis and have to negotiate treatment before receiving services. Coverage does not include primary care, medical examinations or consultations (El Masri, 2007), meaning almost half the population has insufficient access to health care.

In Morocco, the government is promoting different types of social health insurance systems to increase access to health services for the poorest population groups. As part of the introduction of compulsory health insurance (*Assurance Maladie Obligatoire*), and recognising the limited penetration of traditional mutual health systems in rural areas (until recently only 2% of the rural population were reached), there has been promotion of community health insurance systems (*mutuelles communautaires*) (UNICEF, 2008). However, the reach of these systems is still limited. Another mechanism currently being piloted to extend health services to the poorest is the *Régime d'Assistance Maladie aux Economiquement Démunis*. This aims to subsidise health care costs for households in the poorest quintiles (up to 28% of the population when fully operational), although it will only cover the cost of some medicines. These mechanisms are relevant to promote the health of children and reduce the possibility of health-related shocks to households that can trigger poverty and vulnerability for all household members.

Republic and Tunisia. More recently, renewed interest in international social security standards has informed the shape of Decent Work Country Programmes in the region (ILO, 2009a).

³⁵ In Egypt, these are available to sons under 21, unmarried daughters, dependent unmarried sisters, widows, disabled widowers, parents and divorcees if their marriage lasted at least 20 years (UNICEF, 2010b).

In Egypt at the time of research, there were plans for greater cost recovery in government facilities and to extend social health insurance provisions to uncovered groups. This will involve charging parents for children's coverage. Children attending a formal educational establishment are covered through their place of education, and the amounts charged are calculated as a proportion of educational fees. As such, the charges for children's health insurance coverage are expected to be up to a maximum of 10-20% of school fees, and university students will be charged a similar fee (ILO, 2009b).³⁶ (Abandoned children are to be exempt from insurance charges: Committee on the Rights of the Child, 2010a.) While the poorest people's subscriptions will be subsidised, many working class and lower-middle-income households may struggle to meet the proposed social health insurance costs (Leila, 2010).

2.2.3 Promotional social protection: livelihood promotion

Social funds for development are common in the low- and lower-middle-income countries of the region (e.g. Djibouti, Egypt, Yemen). Not all components of social funds are considered social protection, as they tend to combine employment generation through cash for work, infrastructure development, microfinance and small business support and, in some cases, provision of running costs as well as infrastructure for social services. However, in addition to cash for work and some types of microfinance support programmes for the poor (which under some classifications are considered social protection), some social funds, such as Yemen's, finance support services for groups with special needs, including people with disabilities, orphans, child labourers, children in conflict with the law, street children and children of women prisoners.³⁷

In an evaluation of the effects of Egypt's social fund, Abou-Ali et al. (2009) found that microfinance provision had been particularly effective and pro-poor. Tunisia's National Solidarity Fund has a similar programme, although this is more employment-focused, providing short-term employment to improve infrastructure in disadvantaged areas and financial and other support for micro entrepreneurs.

Outside social funds, several countries in the region have broader entrepreneurship development programmes (e.g. Algeria, Syria) and training programmes (e.g. Yemen's National Productive Families Programme). No information could be found concerning the effectiveness of these programmes.

Productive assets and training: There are several asset transfer, subsidised loans and training programmes to promote unemployment and to strengthen livelihoods options for the poor. Some examples are as follows. Oman and Saudi Arabia both have microfinance programmes to help unemployed young people start up businesses, as part of the Ministry of Social Development's programming. In Saudi Arabia, government programmes aim to assist women to develop home-based employment.³⁸ In Sudan, agricultural inputs funded by the Zakat Fund are available for farmers, and the Sudanese Women's General Union supports the Free Loan Project Fund for poor women and the Expanding Women's Wallet Project, which aims to assist poor women in running small-scale income-generating projects.

Temporary employment and cash for work/food for work programmes: Public works programmes are generally defined as public labour-intensive infrastructure development initiatives which provide cash- or food-based payments. Such programmes have a number of potential technical and political attributes: they provide income transfers to the poor through employment, they are often designed to smooth income, particularly during 'slack' or 'hungry' periods of the year, and they often build community infrastructure (Holmes and Jones, 2011). Cash and food for work programmes are increasingly being used in the region (World Bank, 2010a). For example, Egypt has recently passed a law to require able-bodied cash transfer recipients to take part in employment and asset-building programmes.³⁹

³⁶ Abandoned children are to be exempt from insurance charges (Committee on the Rights of the Child, 2010a).

³⁷ www.sfd-yemen.org/sngs.htm.

³⁸ Loans are provided by the Abdul Lateef Jamal company (see Saudi Arabia Factsheet, Annex 2).

³⁹ Interview, Ibtissam El-Gaafarawi, Advisor to Ministry of Social Solidarity, 13/12/2010.

In addition to the food and cash for work programmes noted under the nutrition and food security section, some countries have temporary employment programmes that form part of their social safety nets. For example, Yemen has a public works programme that provides employment, principally in rural areas and mainly to unskilled workers. Over the period 2001-2005, about two-thirds of the employees were women (GoY et al., 2007).

These types of programmes need to be better understood in terms of the population they target (males, females or both), the type of work they entail and, importantly, whether there are provisions to discourage the participation of children or whether, when women are employed, child care facilities are provided to avoid indirect negative impacts on children, such as their being left at home or being taken to – sometimes dangerous – work sites.

Youth employment: This is one area where social protection systems in the region appear to be making less of a contribution, although given the size of the unemployed youth population they are among the most needed. Only a few examples of youth training or enterprise development programmes were identified, such as that run by Initiative National pour le Développement Social in Djibouti and the Adolescent Girls Initiative by the World Bank in Jordan. Algeria also has employment promotion programmes for youth. Programmes that contribute towards the completion of secondary education by children from all sections of society (e.g. making education free up to the end of secondary school, as in Iran) are contributing indirectly towards this goal. Other active labour market programmes are summarised in Angel-Urdinola et al. (2010).

One other employment promotion measure identified in this review is low-interest government loans to low-income working mothers in Tunisia to enable them to pay nursery fees. This is a potentially favourable mechanism to promote female employment.

2.2.4 Transformative social protection: promoting social equity

Child rights legislation: Child rights legislation is an important form of transformative social protection, since it is intended to foster equity, reduce children's vulnerabilities and enhance their overall position in society. All countries in the region have ratified the UN Convention on the Rights of the Child, although many with reservations, where provisions conflict with Shari'a Law (e.g. Iran, UAE) or family codes (Personal Status Laws in Lebanon, for example). It tends to be in the areas of marriage, citizenship rights and violence that laws in the region under-protect children.

Some countries (e.g. Egypt, Yemen) have recently revised laws to provide greater legal protection to children, and they are currently being implemented. For example, Egypt's 2008 Child Law has removed a number of laws that discriminated against certain children (e.g. those with a foreign-born father) and has for the first time criminalised some practices injurious to child well-being, such as FGM/C (UNICEF, 2010b). It also sets 18 as the minimum age for marriage. In Yemen, the recent Child Rights Law has increased the penalties for child trafficking and for selling children to be trafficked. In contrast, a coalition of conservative interests overturned efforts to pass a law setting a minimum marriage age of 18 (UNICEF, 2010c). Minimum ages for employment vary from 14 (Lebanon) to 16 (Tunisia). In some countries in the region, the age of criminal responsibility is very low (7 in Lebanon, 10 in Yemen).

Examples of direct synergies between social protection and child protection programmes are rare. One exception is the targeting of the extension of Yemen's Social Welfare Fund in 2009 to provinces with high levels of child trafficking, which had a clear aim of addressing the poverty related triggers of trafficking. In many countries in the region, there are programmes for specific socially excluded or disadvantaged groups, including refugees and persons with disabilities. Section 3.2 discusses these.

2.2.5 Summary

In summary, as might be expected in a diverse middle-income region, there are many programmes addressing, or with the potential to address, children's vulnerabilities and deprivations. Table 4 below

summarises the main interventions mapped, focusing on different aspects of children’s well-being – either directly or indirectly through their impact on households – rather than by type of intervention.

Table 4: Summary – social protection programmes focused on children in MENA

Aim of programme	How commonly addressed in interventions reviewed	Examples
Reduction in household income poverty, child and maternal nutrition	Common	Cash transfers for low-income households (Algeria); poor pregnant women (Egypt); micronutrients for infants (Egypt); food subsidies (Morocco)
Access to basic services	Common	Free education (Gulf countries); free primary and secondary health care (Algeria, UNRWA facilities for Palestinian refugees); financial support to OVC (Oman; Saudi Arabia); school feeding schemes (Algeria, Egypt, Lebanon, OPT, Yemen); conditional cash transfers (Morocco)
Supporting families’ child care role	Rarely directly but some contribute indirectly	Cash transfers (most countries); subsidised child care (Tunisia)
Reducing child labour	Relatively rare	Conditional food transfers (Egypt); cash grant to support ex-child jockeys (UAE)
Increasing access to income or employment	Common	Microfinance; training (Oman, Saudi Arabia); microenterprise support (Egypt)
Preparing adolescents for future livelihood	Relatively rare	Free secondary school; microfinance; training (Iran)
Preventing and responding to abuse and exploitation	Insufficient information	Laws (Egypt, Yemen); institutional structures (Egypt, Lebanon); helplines (Egypt)
Addressing gender inequality	Common	Food for education (of girls) (WFP Yemen); laws on child marriage and FGM/C (Egypt)

Section 3 examines how child-sensitive, how equitable and how effective social protection is for children in MENA. First, we provide further description of aspects of social protection in MENA: the main actors involved, approaches to targeting and the extent to which social protection policy in the region is evidence-based.

2.3 Main actors

2.3.1 Government

In most countries of the region, government plays the key role in social protection: governments finance the majority of social insurance, social assistance and livelihood-enhancing programmes and actively pursue transformative legislation. As discussed above, sources of funding and levels of financing for social protection in the region vary. While high-income countries fully fund large-scale social protection interventions – for example in the Gulf states – in MICs these are less ambitious, while still relying substantially on government budgets, for example in Algeria, Jordan and Morocco. Some of the lower income countries still have significant involvement in planning and implementation of social protection programmes, although these rely on partial funding from donors. This is the case, for example, in Djibouti’s social protection programme for OVC, which is led by the Ministry of Social Affairs but receives funding and technical support from UNICEF.

2.3.2 Multilateral agencies: donors and the UN

Donors – particularly the World Bank – play an important role in social protection in the region. This role has two different dimensions: technical support and funding (usually through loans, although on occasions it can be through grants). World Bank-financed loans have been used successfully to start pilot social protection programmes or to scale pilots up into larger interventions (such as cash transfers in Egypt and Morocco); these loans are within governments’ debt ceilings. Other types of donor funding have included, for example, the emergency boosting of cash transfer systems during the recent food crisis (e.g. Yemen’s Social Welfare Fund) and specific programmes in less-developed countries in the region.

One of the most important roles of donors in the region is providing technical support to the design of social protection interventions, targeting analysis and programme reforms. Country analysis and technical support have covered a wide range of issues, in particular reform of cash transfers (e.g. Morocco, OPT, Yemen) and assessment of food and energy subsidies. The World Bank and the EU have been particularly involved in this type of technical support.

The role of UN agencies in social protection planning and interventions varies significantly across countries and between agencies. Some programmes for specific groups are often supported substantially by the UN, often through donor financing. For example, in Egypt and Yemen, support for refugees is provided by the UN High Commissioner for Refugees (UNHCR) and (in Yemen) WFP, with some NGOs also funding programmes from their own resources as well as implementing them. UNRWA is the main provider of social services to Palestinians in Jordan, Lebanon and Syria, through its own resources in addition to support from the EU.

The ILO provides technical and analytical support to countries on social security, employment-related provisioning and health financing reforms. The ILO's International Programme on the Elimination of Child Labour (IPEC) works in the region, working jointly with governments in programmes in four countries: Egypt, Jordan, Lebanon and Yemen. It provides technical support to governments to adopt and implement an explicit child labour policy and to directly withdraw children from child labour in line with the objective of reaching an end to the worst forms of child labour by the year 2016.⁴⁰ IPEC has also supported specific programmes: for example, in 2007 it supported Jordan to carry out a Child Labour Survey to generate evidence as a basis for decision making. In Lebanon, it has supported research and specific studies on child labour.

UNICEF's crosscutting engagement and natural niche working with vulnerable populations, such as women and children, and its greater focus on equity have given it an important role in some of the countries in the region, particularly as social protection is prioritised in new cycles of the UN Development Assistance Framework (UNDAF). This is the case, for example, in Algeria. However, the role of other UN agencies is more influential; this is the case of UNDP and UNFPA, which are engaged more actively in supporting governments with social protection plans in countries such as Iraq and Syria. Most of the support from these three agencies is in the form of technical assistance for strategy development and planning (including research). In some of the poorer countries, UNICEF has served as a donor, for example Djibouti, where it is helping finance a programme for OVCs.

Importantly, a number of regional actors are active in carrying out research and developing evidence to be better able to provide technical support to governments on aspects of social protection they focus on. Such is the case of ILO, the World Bank and UNICEF, which will release an analysis of safety nets in the region in mid-2011,⁴¹ and ESCWA, which is also in the process of a detailed social protection mapping in the region, to include profiles and a synthesis report.⁴²

Interagency coordination has so far been limited, given that donors have been working on different and specific issues with governments. However, the growing interest of multilateral agencies in the social protection agenda, as well as the demand from several country governments to develop more efficient and effective social protection systems, has led to some joint government–donor–UN forums for the exchange of ideas and discussion of plans for social protection reform, for example in Jordan, although this is still not a systematised coordination process, including within UNDAF.

2.3.3 Provisions by NGOs and religious organisations

NGOs: There are numerous NGO and charitable programmes in most countries in the MENA region. Most of these are small-scale, serving defined targeted groups in a limited locality. Supporting children is a significant focus, although clearly not all their work focuses on social protection.

⁴⁰ www.ilo.org/ipec/Regionsandcountries/Arabstates/lang-en/index.htm

⁴² The synthesis report is planned for release in July 2011. For more information, contact yahya3@un.org.

For example, an estimated 18% of all Egyptian NGOs (2,926 in 2005) worked with children (UNICEF, 2010b). Among those that work on social protection, interventions include distribution of cash assistance to poor families; provision of education grants to vulnerable groups, such as low-income families and orphans; or provision of ‘social care’ – primarily residential care and shelters. In Morocco, Entraide National provides funding to NGOs working in the strategic areas it supports, which include protection of street children and orphans and promotion of girls’ education by providing scholarships or mentoring support.

While many NGO programmes are small-scale and only supplement governmental provision, in some of the less-developed and most heavily conflict-affected countries, NGOs play a major developmental and social protection role. In Southern Sudan, the years of conflict have created vast humanitarian needs, and NGOs play an important role in the provision of social services and the effort to work towards development and improved social well-being. For example, Building Resources Across Communities (BRAC) has provided micro loans to 14,500 people, enrolled 1,500 children in school (58% of whom were girls), provided 7,000 households with preventative health services and supported 2,500 farmers.

In Lebanon, unusually among upper-middle-income countries, social service and social welfare provision is principally state-financed but is provided by NGOs or the private sector. This reflects the specificities of the political situation in Lebanon, where 15 years of civil war have undermined the capacity of the state to provide services, and a political accommodation that allows state resources to be directed to the country’s different confessional groups by means of private sector and NGO provision. For example, in 2006, only about 5 out of 160 hospitals were government-run, and about 10% of Lebanon’s approximately 453 registered health care clinics were officially run by public agencies (Nem’eh, 2006). Some of this provision is politicised or provided principally or only to members of certain religious groups, with the boundaries often somewhat blurred between the two. Hezbollah provision in Lebanon is provided principally in Shi’ite areas, reflecting its origins among the Shi’ite community and the fact that this group forms its main political base, as well as the fact that this population is one of the poorest (Cammatt and Issar, 2010). NGOs also play a significant role in supporting Palestinians in Lebanon.

Civil society organisations (CSOs) are active not only in the area of implementation. In some countries, CSOs also play an advocacy role in relation to social protection. For example, in Egypt, NGOs have been active in advocating for the educational rights of children with disabilities (Committee on the Rights of the Child, 2010a).

There are, however, a number of gaps in both government and NGO child protection activities. For example, certain NGO programmes in Egypt exclude various groups of children. For example, shelters for street children often exclude children over 14; many take in children only during the day and cannot care for children with disabilities or illnesses. The accessibility of night shelters for girls is further reduced by an absence of female night staff (Committee on the Rights of the Child, 2010b). In addition, child labour programmes tend to work with specific groups of child labourers (for example camel jockeys), with many clearly disadvantaged groups of working children left out.⁴³ This reflects insufficient resources to support all working children directly but also a gap in effective social protection provision for the most vulnerable children.

Religious organisations: This assistance is mostly relatively small-scale, and follows the main patterns of NGO provision discussed above. For instance, initiatives taken by religious leaders in Alexandria (Egypt) include provision of small grants to enable young people to get married and directing well-off people to poorer people to whom they can provide charitable support (Ragab, 2008). Some religious leaders have started their own NGOs and raise issues of social protection and social responsibility in their talks at mosques. In Syria, International Orthodox Christian Charities (IOCC) provides educational scholarships and supplies for disadvantaged children, both Syrian and refugees (IOCC, 2007).

⁴³ Interview, Roberta Contin, CHF International Sana’a, 4/12/2010.

In some parts of the region, religious-political organisations are the main providers of social protection. In south Lebanon, Hezbollah is the main provider of social services and social protection. Very little information about Hamas social welfare provision in Gaza could be found, but it is known that this is another important religious-political provider of social services. In Iran, itself a theocratic state, a religiously inspired NGO, Emdad, is effectively a para-statal organisation, financed by public funds to deliver welfare services to the public (Jawad and Yakut-Cakar, 2010).

In addition to religious organisations, several countries in the region (Jordan, Syria, Yemen) have Zakat Funds, based on donations by Muslims in these countries and in other wealthier countries, which help to fund many social assistance programmes. For example, in Yemen, the institutionalised *zakat* system currently contributes approximately 0.5% of GDP to social spending. Approximately 30% of the funds raised are used to help finance the social fund for development, 20% goes to governorates' budgets and 50% is distributed to needy people. A similar system is in place, held by the Ministry of Endowment, with funds contributed for the upkeep of mosques.⁴⁴ Among Shi'a communities in parts of the region, contributions known as *khums* (a one-off payment of one-fifth of one's income) play an important role in financing faith-based organisations' provision (Jawad and Yakut-Cakar, 2010). In Jordan, the Zakat Fund accounts for 11% of cash transfers in the country. However, the Zakat Fund has inadequate targeting mechanisms, which results in significant leakage among the non-poor. A total of 29% of Zakat beneficiaries are from the poorest quintile but the majority are not poor. In fact, a large share of Zakat transfers goes to households in the wealthiest quintile (25%) (Blank, 2010).

2.4 Targeting

2.4.1 Targeting approaches

There are three main types of approaches to eligibility for social protection programmes in MENA, with many programmes using a combination of all three approaches:

1. Income-based targeting;
2. Categorical targeting;
3. Geographical targeting.

Compared with other regions, MENA has also had a larger complement of universal programmes, such as many food and energy subsidies. This may reflect the additional fiscal space that has been available to oil-exporting countries of the region as compared with other middle-income regions.

Historically, a combination of categorical and income-based targeting has been the most common approach throughout the region. This may reflect an aspiration towards social security as the principal social protection mechanism, with complementary provision of social assistance to specified groups who are uncovered by employment-based social insurance schemes and who are seen as needy and deserving of support.

Income-based targeting: Different social protection programmes have different targeting approaches, depending on their objective. Cash transfers, which are intended to relieve poverty, have long been means-tested, through different mechanisms. For example, Yemen's Social Welfare Fund has employed a combination of income and categorical criteria for receipt of cash transfers. UNRWA, which had been using community-based targeting with unclear criteria for its 'safety net' and 'emergency' programmes, is now moving to proxy means testing to minimise leakage.⁴⁵ WFP food security assistance is based on an assessment of households' food and poverty gaps, with the most food-insecure households prioritised for assistance, as in OPT and Yemen⁴⁶ (UNRWA et al., 2010). In countries that have phased

⁴⁴ Interview, Abdulkudos Al-Marwari, UNICEF Sana'a, 2/11/2010.

⁴⁵ Interview, Amy Schmidt, UNRWA, 1/7/2011.

⁴⁶ Email communication, Samuel Clegdon, WFP Sana'a, 24/11/2010.

out food subsidies, eligibility for these has gradually been restricted, leaving only the poorest groups eligible; otherwise, self-targeting has been ensured, by subsidising only goods perceived as inferior (World Bank, 2010a). One significant development in the region is the adoption of proxy means tests as the main targeting system for cash and other transfers (e.g. Lebanon, Morocco, OPT). This is intended to improve the focusing of resources on poorer households and to reduce leakage.

Box 2: Targeting methods

Targeting is characterised by four stages:

1. A set of policy decisions about who is to be supported through transfer programmes;
2. The design and implementation of mechanisms to ensure that support is provided to those intended, with minimal errors of inclusion and exclusion;
3. The processes of identifying those people, and of keeping such lists up to date; and
4. Ensuring that intended beneficiaries understand their entitlements.

In practice, a number of targeting methods are usually combined to achieve maximum effectiveness. Common targeting methods include:

Income-based targeting

Individual/household assessment, which involves direct assessment, household by household or individual by individual, to determine whether an applicant is eligible for the programme. This is usually done using a means test or poverty indicator-based instruments. This method is the most technical and labour-intensive and therefore requires a great deal of institutional capacity. Among the types of household assessments, there are different types of mechanisms which vary in degree of consistency and therefore require different degrees of administrative and institutional capacity to carry out.

Verifiable means tests collect (nearly) complete information on a household's income and/or wealth and verifies the information collected against independent sources such as pay stubs or income and property tax records. This requires the existence of such verifiable records in the target population, as well as the administrative capacity to process this information and to continually update it in a timely fashion. For these reasons, verified means tests are extremely rare in developing countries, where the poorest households receive income from a range of sources and formal recordkeeping is non-existent.

Simple means test: This test requires no independent verification of income and is relatively common. A visit to the household by a programme social worker may help to verify in a qualitative/visible way if the standard of living, which reflects income or wealth, is more or less consistent with the figures reported. These types of simple means tests are used for both direct transfer programmes and for fee waiver programmes, with or without the visit to the household.

Proxy means tests are increasingly being utilised, although they are still relatively rare. These tests denote a system that generates a score for applicant households based on fairly easy-to-observe characteristics of the household, such as location and quality of the dwelling, ownership of durable goods, demographic structure of the household and level of education and, possibly, occupation of adult members. The indicators used in calculating the score and their weights are derived from statistical analysis of data from detailed household surveys, which are too costly to be carried out for all applicants to large programmes.

Community based-targeting uses a group of community members or a community leader whose principal functions in the community are not related to the transfer programme to decide who in the community should benefit and who should not.

Categorical/geographical targeting

Involves the definition of categories, all members of which are eligible to receive benefits. It involves defining eligibility in terms of individual or household characteristics that are fairly easy to observe, hard to falsify and correlated with poverty. Categories commonly used include age (children, the elderly, youth); geography (or poverty mapping); gender; single parenthood, orphanhood and ethnicity.

Self-selection programmes

Here, access to programmes may be unrestricted, so that they may appear untargeted, but the design makes the programme attractive only to the poorest (for example, the transfer is given to those participating in some form of hard labour, the transfer is in the form of a lower quality product or the administrative cost of getting registered to receive it is too high), who are likely to have lower private participation costs than the better-off.

Source: Coady et al. (2002); Farrington et al. (2007).

Categorical targeting: There are clear commonalities across the region in terms of the groups being identified as needy, with the following groups identified as vulnerable and deserving of support in most countries:

- Divorced or widowed women, unmarried daughters of a deceased breadwinner, other female-headed households and families of prisoners (e.g. Morocco, Syria);
- OVC (Egypt, Sudan, Djibouti through cash transfers; Lebanon, principally through residential care) and, to a lesser extent, street and/or working children;
- Persons with disabilities (e.g. Algeria, Jordan)
- Refugees (although state provisions for refugees are limited).

On the one hand, categorical targeting directs resources to disadvantaged groups. However, the identification of vulnerable groups is not based on current analysis of vulnerability but on historically developed categories. This means that some groups (e.g. female-headed households) may be over-supported in relation to their poverty and vulnerability but also, more problematically, can exclude others. For example, families that are male-headed but poor, with breadwinners working in agriculture or the informal sector (often falling outside the purview of the social insurance system), are frequently not considered needy or deserving. Jawad (2009) highlights this problem in Lebanon, for example.

Geographical targeting: As pockets of poverty exist in many of the region's countries, where the population is usually more vulnerable and has less access to infrastructure, basic services and opportunities, geographical targeting has been used to reach a greater number of individuals – including children – who might have a similar poverty status. Morocco's geographic targeting of the National Initiative for Human Development Support Project to the poorest urban and rural localities has served as a basis for improving targeting of several social protection programmes, including school meals to children living in poverty and the Tayssir Programme, to ensure maximum coverage of the poor.

Social funds for development, established in many countries as a response to adjustment in the 1990s, are one of the main instruments using geographical targeting (e.g. Djibouti, Egypt, Tunisia, Yemen). Food assistance programmes (including food for education) also use an element of geographical targeting, usually in combination with a proxy means test.

Self-targeting: Public works and/or temporary employment programmes are usually self-targeting, based on the assumption that only those who really need the salary will be willing to take on the hard manual labour they typically entail, but this is not always the case. In Yemen, for example, beneficiaries are decided through community meetings rather than self-selection (World Bank, 2007a).

Untargeted programmes: Food and energy subsidies – some of the most important instruments in the region – are either universal or subject to very limited targeting. There have been some shifts recently from universal to targeted subsidies, such as in Syria, which might result in a reduction of overall spending on social protection, although its poverty focus and impact could simultaneously be improved. By contrast, there are moves in some countries, such as Egypt, to universalise other forms of social protection, such as health insurance, and to extend social security to informal sector work.

Other approaches: Recently, some programmes have used child well-being indicators as targeting criteria. For example, WFP-funded school feeding schemes in Yemen are targeted to areas where rates of child malnutrition are high. Also in Yemen, World Bank assistance to increase coverage of the Social Welfare Fund to include 41,000 additional poor families will be targeted to provinces which (among other criteria) have high rates of child trafficking to Saudi Arabia (World Bank, 2010c).

2.4.2 Effectiveness of targeting

While targeted approaches have been relatively effective in reaching relevant groups of children, the exclusion of certain groups of children from eligibility for social protection (e.g. children of migrants,

children of male-headed households not covered by formal social security) and limited provision for others (e.g. children in geographically disadvantaged areas) means there are significant limitations to a categorical approach. The degree of leakage of means-tested programmes has in the past meant that income-based targeting has been ineffective in protecting the poorest children. This leakage reflects limited administrative capacity to target effectively, and patterns of patronage that have meant that deliberate inclusion and exclusion errors have been high. Recent developments towards more transparent (yet technically more complex) proxy means testing may help reduce these problems. Geographical targeting has generally been quite effective in directing resources to children in disadvantaged areas. However, this needs to be employed in combination with other approaches in areas where the profile of disadvantaged is more mixed (i.e. where disadvantaged households and children are less geographically concentrated)..

2.5 Evidence base and monitoring and evaluation

Many programmes in the region are longstanding and have evolved over their operation time: a brief desk-based study like this cannot probe the kinds of information used in setting them up sufficiently. It is clear that, in several countries, donor technical assistance has played an important role in developing the evidence base that underlies programme reforms. For example, in Morocco, the World Bank, in collaboration with the Jameel Poverty Action Lab of the Massachusetts Institute of Technology and its partner NGO, Innovations for Poverty Action, supported the design of the Tayssir Programme and is financing its impact evaluation to ensure good evidence is generated. As the programme scales up, information from this evaluation will be used to inform the programme's development. In Yemen, EU and World Bank benefit incidence analysis of the main cash transfer programme, the Social Welfare Fund, and technical assistance to the poverty survey that led to the revision of the proxy means test were instrumental in developing better poverty targeting. EU and World Bank assistance has been provided for similar reforms in Lebanon. World Bank-supported analysis of the impacts of reforming food and energy subsidies in Egypt is feeding into debates about the reform of these systems and the redeployment of resources to better-targeted cash transfers.

More recently developed programmes, such as social funds for development and programmes of assistance targeted to particular groups, such as WFP's food safety nets and food for education programmes (e.g. in Egypt and Yemen), draw on detailed situation analyses and identification of disadvantaged groups. The design of social funds (as with conditional cash transfers) has included a significant evaluation component. Thus, more evaluation-based evidence is often available for these programmes than for other forms of social protection.

New programmes are being evaluated, or there are plans to evaluate them in several countries. For example, in Egypt, systematic evaluations of the Ain-el-Sira and Upper Egypt conditional cash transfer programmes have been planned from the start. Similarly, the effectiveness of the forthcoming reform to the cash transfer system (which will require low-income able-bodied recipients to be engaged in programmes supporting productive activities) will be evaluated after approximately three years of operation.⁴⁷ In Jordan, the government is planning an assessment of the National Aid Fund and the Zakat Fund, based on detailed analysis of its targeting mechanism and management process, in order to generate robust evidence for its redesign.

Additionally, the World Bank is currently carrying out a regional review that will focus on the main vulnerabilities facing households in MENA countries; available policy options to make social safety nets more effective; and the political economy of social safety net reform in the region (see World Bank, 2010a). The study aims to document and assess programmes' effectiveness in meeting the major risks and emerging vulnerability challenges facing the population in the region, and to identify policy options to address identified weaknesses. It will provide useful consolidated knowledge with the potential to improve the design of social protection interventions in the region.

⁴⁷ Interview, Ibtissam El-Gaafarawi, Advisor to Ministry of Social Solidarity, 13/12/2010.

3. Child sensitivity and equity of social protection in MENA

3.1 How child-sensitive is social protection?

Returning to the framework outlined in Section 1.1, child-sensitive social protection,

- Responds to the many different deprivations and risks children face;
- Addresses the different vulnerabilities children face at different ages;
- Supports families and caregivers to care for and nurture their children; and
- Takes children’s perspectives into account.

For each of the main types of social protection (protective, preventative, promotive and transformative), we consider how far some of the interventions mapped meet these criteria and to what extent provision across the region contributes to achieving child-sensitive social protection. Not all child-sensitive social protection interventions need to be child-specific. In fact, many social protection interventions work primarily at the household level, and their child sensitivity is analysed with respect to how programme design ensures that benefits reach children. For example, a food for work programme for poor households would need to be designed in a way that responds to the nutritional needs of children, not only to the taste of adults, even when the programme is targeted at the household level. In this sense, the impact of more general measures on the specific risks and deprivations facing children can be enhanced either through core programme design (e.g. through the choice of target group or type of benefit) or through strategic linkages with complementary services and programmes that can benefit children.

Analysis of the child-sensitivity of social protection is hampered by the lack of age-disaggregated data. As discussed in Section 3.2., there is limited benefit incidence analysis of most social protection measures in the region; such benefit incidence analysis as exists is not age-disaggregated. However, some narrative evaluations comment on ways that children have been affected by specific provisions. One difficulty with a desk-based mapping study covering 19 countries is that it is impossible to assess the significance of social protection provision on the ground. Thus, even where provision is, on paper, extensive, it is unclear whether implementation matches this description and how effectively it is protecting child well-being in practice.

3.1.1 Protective: social assistance

As the discussion in Section 2.1 indicates, there are a number of child-focused cash transfers. These are principally unconditional, but some child-focused conditional transfers have also been introduced. These are generally received by the household head or the caregiver but have the objective of contributing to aspects of child well-being. In some cases, this is achieved through conditions linked to attendance to school or at health checks (so complementarities with some basic services); in others, it is linked to sensitisation on the programme being aimed at children. Other child-specific provisions include school fee/contribution waivers, scholarships and food and nutritional transfers, such as take-home rations and school meals. Taken together with general cash transfers, usually means-tested, these provisions contribute to addressing the multiple deprivations children face, many of which are related to income poverty. There is a strong link between social assistance and access to basic social services to children, although this is less the case in terms of access to child protection services. Efforts are also being made by social assistance programmes in some countries – but not all – to meet the needs of the most vulnerable children. Other measures, such as food and energy subsidies, also contribute to reducing child deprivation by reducing household deprivations. However, given the different intra-household dynamics and the lack of age- and gender-disaggregated impact evaluation of subsidies, it is not possible to assess their effectiveness as social protection tools for children in MENA. Lastly, there is no evidence to indicate children’s active participation (other than as recipients) in the development or assessment of social assistance measures.

3.1.2 Preventative: social insurance

Social security provisions in the GCC countries are based principally on citizenship and in the others on a combination of citizenship and employment – in other words they are available only to citizens employed in the formal sector. How far and for how long provisions extend to the employee's family vary from country to country and sometimes between social security funds within countries. Some provisions for dependants that rely on the employment status of the main beneficiary do not provide reliable protection for children during contingencies and cannot be considered child-sensitive. The exclusion of non-citizens from some of these social security schemes despite their employment status also has negative implications for children as dependants. On the other hand, social security provisions in the GCC countries, Egypt and others do provide widows', survivors' and orphans pensions, which help families care for their children and are, in this sense, child-sensitive.

Social insurance which aims to make health care more accessible and affordable to the poorest is a particularly child-sensitive measure, in two ways: directly, as it enables poor families to seek adequate health care for their children; and indirectly, as it minimises health-related shocks that can affect household family and economic well-being negatively.

3.1.3 Promotive: livelihood enhancement

Little evidence was found in this review to assess the child-sensitivity of general livelihood promotion measures, such as asset transfer programmes, temporary employment or public works or microfinance programmes for the poorest. In some cases, however, such as Tunisia's National Solidarity Fund, part of the infrastructure built through its public works scheme includes schools and health facilities in deprived neighbourhoods. Although there is some indication in the literature that these mechanisms help reduce poverty and vulnerability and promote improved livelihoods of income earners in the short and medium term – and can therefore be associated with improved household well-being – an analysis of their impact on different household members is necessary to learn whether benefits are accruing to children. There is currently insufficient data in the MENA region to undertake such analysis. For example, analyses of public works programmes in Asia (such as the Mahatma Gandhi National Rural Employment Guarantee Act in India), show increased child labour and reduced care and nurture for children when mothers are employed without adequate child care support (Perezniето, 2009). This suggests careful design and implementation is necessary to ensure that benefits to households impact on all household members.

As noted in Section 2.3, despite the challenge across the region for children transitioning to adolescence of widespread youth unemployment, there are insufficient effective and widespread initiatives to enhance the skills of adolescents and youth to better equip them for the job market, as well as inadequate programmes – public, private and mixed – to offer young people opportunities adapted to their varying skill levels. Such opportunities are particularly necessary for young women who – despite great achievements in female tertiary school enrolment – face worse unemployment rates than males.⁴⁸

3.1.4 Transformative: social equity measures

As noted in Section 2.2, most countries have enacted child rights legislation aiming to improve the structural position of children. Many have also enacted legislation on key issues where gender inequality and child rights intersect, such as on child trafficking, FGM/C and child marriage. Some countries (e.g. Egypt) have also removed legislative provisions that discriminate against certain social groups – for example children of foreign fathers. These changes can be considered both transformative and child-sensitive. This review did not find sufficient information to assess how common such child-sensitive legislation is.

48 www.brookings.edu/articles/2010/06_middle_east_youth.aspx.

3.1.5 Responsiveness to multiple deprivations of children

Social protection provisions in all countries have made significant inroads into addressing a range of deprivations facing children, such as income poverty, malnutrition, access to education and health care. Only in the better-off countries does social protection approach a comprehensive package, however. As the country case studies and Section 3.2 indicate, many children in MICs and lower-middle-income countries are deprived in relation to many of dimensions – in particular, under-five malnutrition and completion of education up to secondary level. While cash transfers and school feeding aim to reduce these deprivations, as discussed above issues related to scale, coverage, leakage and financing often limit their effectiveness. While most countries have some provision for the particular deprivations certain vulnerable groups of children face, this coverage is patchy and some groups (e.g. children of migrants) are particularly underserved. See Section 3.2 for further discussion.

3.1.6 Ability to address deprivations children face at different ages

The degree of support that social protection systems in MENA provide to children of different ages varies considerably, as with responsiveness to multiple deprivations, based largely on the country's wealth and political commitment to social protection. Overall, it is probably the middle age group (primary and lower secondary school children) who are best served, since provisions to promote access to education are fairly widespread, although many of these programmes are school-based, with support not available to out-of-school children, who are generally the poorest and most marginalised.

For younger cohorts of children, free health services or fee waivers, which are common, are particularly relevant given the higher morbidity of this age group. Early child development has limited reach, and is generally available only to those who can afford it, excluding the majority of young children. Only the best-off GCC countries provide universal access to such programmes, for example Kuwait. However, some other countries (e.g. Egypt, Lebanon) have programmes intended to increase disadvantaged children's participation in early childhood development. Several countries support living standards in families with young children, for example through pregnancy grants for low-income mothers (Egypt), or to improve nutritional well-being through provision of supplements (Egypt) and rations (Yemen).

Any measures that enhance household purchasing power, such as food and energy subsidies, general cash transfers and employment creation programmes, have the potential to improve young children's access to nutritious food and thus to reduce one of the major deprivations facing young children – malnutrition. The high rates of under-five malnutrition flagged in Section 1.3.3, however, suggest social protection could be making more of a contribution to addressing this specific deprivation of young children. The leakiness of some of the larger-scale programmes (e.g. generalised food and energy subsidies) to the non-poor suggests these measures are not the most effective in protecting child well-being. In addition, some of the subsidised foods may not be the most appropriate or nutritious for infants.

Meanwhile, while social protection mechanisms such as grants, free transport and accommodation near secondary schools in more isolated areas, as well as the provision of fee waivers, have supported secondary school enrolment for adolescents in a situation of vulnerability, there are still limitations to the transitional opportunities being generated for them post-secondary school. As discussed above, there are relatively few examples of programmes supporting older adolescents' and young people's transition to work.

3.1.7 Supportiveness of families

Across the interventions mapped, very few directly support parents in their child care role. One exception is subsidised nursery fees for low-income Tunisian families with a working mother. The other is free preschool education, which is provided for four to six year olds in many of the Gulf countries. As noted above, several countries, including Egypt, are aiming to extend early childhood education, with a focus on the most disadvantaged children. As well as benefiting children developmentally, this can enable parents and other carers to engage in paid work.

Maternity leave, breastfeeding leave and pay provisions vary widely across the region, and in any case apply only to women working in the formal sector. Meanwhile, none of the countries reviewed provides paid maternity leave for more than three months or breastfeeding leave for six months (the minimum period of exclusive breastfeeding as recommended by the World Health Organization (WHO)). This is despite many countries having strategies to increase breastfeeding rates, as one of the factors identified as contributing to high levels of child malnutrition in the region is the low level of exclusive breastfeeding.

3.1.8 Responsiveness to children's perspectives

There was no information in the literature about children providing their opinions in relation to the development or implementation of social protection policies or programmes, and it is unlikely that obtaining feedback from children has been part of the process in any of the countries. The responsiveness of social protection to children's perspectives and needs is nevertheless an important element of child sensitivity.

3.2 How equitable is social protection provision?

At a global level, gains made towards realising the MDGs are based largely on improvements in national averages. A growing concern, however, is that this progress can conceal broad and even widening disparities in poverty and children's development among regions and within countries (UNICEF, 2010e). There is evidence to suggest that well-designed social protection can help in achieving greater equity by channelling resources to disadvantaged poor areas and expanding access for vulnerable populations who are excluded from services (UNICEF, 2010a). This section looks at the extent to which social protection programmes in the region are addressing various dimensions of equity to narrow existing gaps and reach the most vulnerable. The analysis is limited by the lack of benefit incidence analysis of most of the social protection instruments in the region, as well as of disaggregated data on the situation of the most vulnerable or particularly disadvantaged.

The equity of social protection coverage varies by instrument; by the level of development of the social protection system in a particular country and the institutional arrangements for provision; and by processes of social exclusion which undermine access. In the richest countries, inequities tend to arise from legalised or informal discrimination (e.g. against refugees or those without citizenship rights, such as migrants – who might be among the most marginalised and poor). In MICs and low-income countries, both processes of social exclusion and discrimination and institutional arrangements and capacity affect the equity of access. For example, in Yemen, in geographically remote areas, access to social protection is limited by long distances to relevant government offices, understaffing of these offices and forms of social exclusion that limit the access of ethnic minorities and of refugees.

3.2.1 Ethnic and cultural minorities

In some countries, minority groups have limited access to services and/ or are poorer. They have greater need of social protection but often face difficulties in obtaining it. In some cases, this is because of limited provision in the areas where they live. In Djibouti, for example, many nomadic Afar children have no access to health care or education. In (north) Sudan, the latest national development plan aims for 99% of nomadic children to be engaged in education by 2015. In Syria, the government has provided mobile schools for 1,100 Bedouin children. In Yemen, education enrolment is substantially lower for the Al Akram ethnic group. This may reflect both processes of exclusion and self-exclusion from Yemeni schools.

3.2.2 Refugees/asylum seekers, migrant workers and those without citizenship rights

Refugees, migrants and asylum are numerous in the MENA region, Their integration varies substantially from country to country and often by particular refugee group. The status of Palestinian refugees, in particular, often differs somewhat from that of other refugee groups, reflecting the long-standing nature of their displacement.

Palestinian refugees: Legal protection, entitlements and programmes available to Palestinian refugees vary considerably, making children of Palestinian descent among the most vulnerable in the region, with limited access to services. In Lebanon, Palestinian refugees are denied the right to own property or to work in 77 areas of employment. Among those living in the most precarious conditions are the ‘non-ID Palestinians’, who fled Jordan to Lebanon in the 1970s without identification and are thus significantly marginalised. They are also not eligible to use Lebanese government-funded services and thus rely on UNRWA and NGO provision (UNRWA, 2008). In Jordan, ex-Gazans (120,000) do not have the same entitlements as refugees from the West Bank. They do not have full citizenship rights and thus their situation is more precarious. UNRWA is the main provider of basic services, food and cash transfers for this population.⁴⁹ By contrast, in Iraq, Palestinian refugees are the only group of non-citizens with access to the Public Distribution System.

Sahrawis refugees: The government of Algeria highlights the need to provide support to this population, particularly children, within the framework of international agreements on refugees. As such, the government and the UN system have invested in social assistance to these refugees by providing free access to health, education and public services and direct social programmes in education, health and nutrition support, among others.⁵⁰

Other refugees: UNHCR and NGOs provide much of the assistance to refugees, including education and health care; there is very little provision by governments. In addition to financial barriers, refugees often face difficulties obtaining the papers that would enable them to access public provisions – this is particularly the case for those living outside camps. Frequently, as in Syria, refugees (in this case Iraqis) are not permitted to work, but children are eligible to attend public schools. However, most Iraqi refugees cannot afford the costs of books, uniforms and other supplies, although education is itself free. UNHCR has provided Iraqi families with support for uniforms, but opportunity costs for children to attend school instead of working remain high. To respond to this situation, UNCHR has recently started replacing the provision of school supplies with cash grants, to encourage children to stay at school. So far, this has reached approximately 10,000 families.⁵¹ The Syrian government has been providing health care and support to disabled Iraqi refugees, although this has placed some strain on resources. International NGO programmes with Iraqi refugees in Syria, running since 2008, have provided cash and in-kind support to Iraqi refugee families, with a focus on vulnerable children and women, including vocational training for girls, community centres and remedial education. This support is time-bound and externally funded.

In countries with ongoing conflicts or returning refugees, UNHCR provides services that are intended to improve the economic security and access to entitlements of displaced people. For example, in Iraq it runs a substantial reintegration programme for returned refugees, including assistance in transferring ration cards and helping clarify custody of children. In Sudan, it provides a range of services and transfers, including food and in-kind assistance, health and nutrition support, education and vocational training. Some livelihood assistance, such as livestock loans, is targeted to female-headed households.

Migrants: In most countries, undocumented migrants and in some cases legal migrants have very limited access to public services, including social protection, although NGOs and charitable foundations address this gap to some extent. In Kuwait, for example, although children of irregular migrants are not eligible to use state education services, the charitable foundation of the Ministry of Endowment provides for their health and education. In the UAE, both nationals and non-nationals are eligible for support from charitable foundations, such as the Mohamed Al Rashid Bin Maktoum Charitable and Humanitarian Establishment and the Zayed bin Sultan al Nahayam Charitable and Humanitarian Establishment. In Egypt, until 2004 refugee children from countries other than Sudan

⁴⁹ Interview, Amy Schmidt, UNRWA, 1/7/2011.

⁵⁰ Information provided by Amel Allahoum, UNICEF 2/8/2011.

⁵¹ Information provided by UNICEF Syria country office, December 2010.

could not access public education; this was changed in 2004 so that, in principle, they have the right to attend public schools.

Citizenship-based inequalities: One common area of inequality is citizenship rights, and thus access to social protection, of children of foreign fathers. In Lebanon, for example, such children are not entitled to citizenship and thus to most social protection provision (Makhoul, 2003). In some other countries with a similar legal position, for example Oman, many social services are available to such families.

3.2.3 Gender

Recognising the significant gender inequalities in school enrolment, attendance and dropout, many government- and donor-funded programmes aim to boost girls' enrolment and, in particular, attendance at school. In Algeria, Egypt, Morocco, Sudan and Yemen, programmes aim to retain more girls in school through provision of food rations; in Yemen, these are conditional on 80% attendance at school. An evaluation of Yemen's programme, which is financed by WFP, found that it had increased girls' school attendance by four times over 2003-2006 (World Bank, 2007a).

A number of women-focused initiatives directly or indirectly improve children's well-being. In Syria, for example, the General Women's Union facilitates development projects for women and children, such as child care centres, kindergartens and vocational training and income-generating centres for women. There are some women-specific loan programmes (Egypt, Saudi Arabia, Sudan) and training programmes (Sudan, Yemen). In Jordan, the World Bank-financed Adolescent Girls Initiative aims to promote girls' preparation for entry into the labour force or as micro entrepreneurs. In several countries, including Algeria and Morocco, single, divorced or widowed women are eligible for social welfare transfers, reflecting their economic vulnerability in a patriarchal context. Some recently enacted laws, such as those criminalising FGM/C and child marriage in Egypt and child trafficking in Yemen, address gender inequalities. However, some countries, such as Yemen, have rejected anti-child marriage laws – missing an opportunity to provide a greater degree of social protection to girls.

3.2.4 Disability

People with disabilities are recognised as a social group in need of support services. General support programmes include assistance (e.g. Algeria, Oman) and provision of prosthetic devices, wheelchairs, etc. (e.g. Lebanon). There are also specific programmes for children, such as community-based rehabilitation (Oman). For neither general nor child-focused programmes is there sufficient evidence to assess how far these are combating the social exclusion and disadvantage facing children with disabilities.

Several countries guarantee children with disabilities access to education. For example, Tunisian law guarantees equal access in either mainstream or specialised schools; in Egypt, integrated education is now part of the national education strategy (Committee on the Rights of the Child, 2010a). Yemeni law gives children with disabilities the right to free education in a suitable school near where they live. Barriers to uptake of this provision include parental scepticism of the value of education, particularly but not exclusively for children with disabilities, and fears that they may face discrimination.⁵²

Oman has a programme of home visits for children with disabilities. There are three specialist centres for the education of children who have difficulties seeing, hearing or speaking, and 300 schools with integrated provision for children with special needs. In Jordan, the Ministry of Awqaf and Islamic Affairs and the Ministry of Social Development, through the Disabilities Directorate, have programmes for the care and protection of persons with disabilities, including child care institutions and centres for diagnostics and rehabilitation (Blank, 2010). In Algeria, there are a number of specialised schools for children with severe disabilities, and there is work across ministries (particularly of education and social welfare) to foster inclusive access to children with milder forms of disability. Further, as part of

⁵² Interview, Mohamed Ali Bile, UNICEF Yemen, 4/12/ 2010.

the set of social assistance programmes since 1994, there is a cash allowance for poor families with children with disabilities, to enable them to better support the special needs of their children.

3.3 Effectiveness of social protection and its contribution to meeting the MDGs

Social protection programmes in the region have been an important tool to reach some of the poorest and vulnerable groups, improve gender outcomes and increase their ability to access basic services and improved welfare status. Although there has been no specific analysis of how social protection instruments have contributed to meeting the MDGs in the region, looking at progress on some MDGs in light of some of the achievements of social protection interventions can give us a sense of their contribution.

MDG 1 aims to eliminate extreme poverty and hunger by 2015. Targets to measure progress towards this goal include a reduction by half of the proportion of people living under \$1.25 per day, attainment of full and productive employment for all men and women and a reduction by half of the proportion of the population suffering from hunger. Countries in the MENA region are on track with respect to halving the proportion of people living below \$1.25 a day (although average progress masks the number of people who still live under national poverty lines). Social assistance programmes in the form of cash transfers and subsidies have contributed to reducing the number of poor (World Bank, 2010), as has the pace of economic growth in some countries in the region. Food fortification programmes may increase the nutritional impact of food transfers, such as school meals programmes, as in Egypt. However, many countries lag behind the target (UN and Arab League of Nations, 2010), despite the widespread existence of food subsidies in many countries (e.g. Egypt, Morocco and Yemen, as indicated above), which suggests such subsidies may not be the most appropriate social protection interventions to achieve these goals.

According to a recent MDG progress report by the UN and the League of Arab Nations (2010), most countries in the region have made good progress toward achieving MDG 2 (achieving universal primary education). Progress can be linked to the expansion of free primary education in some countries, fee waivers and scholarships for the poor in others, provision of educational services for vulnerable children (such as by UNRWA for Palestinian children) and cash transfer programmes (such as the Tayssir Programme in Morocco) aimed at increasing access of children in poor areas.

There have been significant strides to improve gender inequality (MDG 3), with sub-regions on track to achieve the target of gender parity in enrolment at primary level by 2015. However, the 2010 UN Educational, Scientific and Cultural Organization (UNESCO) Global Monitoring Report indicates that, in 2006, more than 60% of primary school-aged children not enrolled in school in the region were girls, and that 53% of them are expected never to enrol, compared with 39% of out-of-school boys. Nevertheless, the region has recently witnessed a surge in efforts by governments, NGOs and CSOs to tackle all forms of discrimination against women and to invest in policies and programmes favourable to women – such as promotion of employment opportunities for women, for example – on a large scale (UN and League of Arab Nations, 2010). While on the aggregate the region has seen improvement in its net enrolment rates, on gender parity in primary schooling and in the literacy rate of young adults aged 15-24 (UNESCO, 2010), some countries, such as Iraq, Lebanon, Oman and OPT, have seen a decline in performance with regard to educational attainment (UN and League of Arab Nations, 2010). Social protection measures with specific attention to promoting girls education – such as higher cash transfers for secondary attendance for girls, as in some of the conditional cash transfer programmes in Latin America (e.g. *Oportunidades* in Mexico) – can contribute to reduce this gap.

With respect to the MDG 4 (lowering child mortality), under-five mortality has been declining steadily in the MENA region – from 83 per 1,000 live births in 1990 to 52 per 1,000 live births in 2008, a 37% reduction in 18 years. However, it is very unlikely that the region as a whole will achieve this target by 2015. Sub-regional variations exist both in the level of the under-five mortality rate and in progress towards reducing it, with less-developed countries in the region performing worse (UN and League of

Arab Nations, 2010). Still, while some of the progress achieved in the reduction of child mortality can be linked to the increase in health infrastructure and services, an important dimension is also the affordability of these services in many countries in the region, which is linked to social protection measures such as fee waivers or subsidised social health insurance for vulnerable groups. For example, in Egypt, provision of free health insurance to abandoned children in government child care centres led to a reduction in mortality rates among such children from 8.8% in 2000 to 3.5% in 2008 (Committee on the Rights of the Child, 2010a). Less-developed countries in the region (e.g. Sudan and Yemen) thus need to step up efforts to improve access to health services, particularly for the poorest.

Overall, MENA is progressing more slowly than it should be towards achieving MDG 5 on maternal mortality. This is attributed largely to persistent gender inequalities and unhelpful social practices in some of the countries in the region. While the Gulf countries have low maternal mortality rates and are on track to meet the target, the less-developed countries of the region indicate a worsening situation and are unlikely to do so (UN and Arab League of Nations, 2010). Progress on these last two MDGs is related strongly to access to health services, which is why social protection programmes that improve access to health care, particularly for the poorest, have a significant impact here.

4. Main challenges to more child-sensitive social protection programming

Below, we briefly discuss some of the major challenges to the continuation and further development of child-sensitive social protection in the region.

4.1 The political context

Even before the current wave of protests, proposed social protection reforms in some countries were controversial, if they restricted entitlements or shifted part of the cost of financing onto beneficiaries. For example, there were protests about the proposed introduction of social health insurance in Egypt, which would extend coverage (but also contributions) in the period leading up to the revolution (Leila, 2010). There were also demands for employment opportunities, particularly from youth, in countries such as Algeria and Morocco.

Box 3: Politicised social protection provision

In addition to politicised provision of social protection by governments as a way to gain support, in several countries in the region political parties have their own charitable/humanitarian funds and distribute these to reward supporters and buy support. For example, Hossain et al. (2010) found many poor Yemenis complained of not receiving cash assistance at Ramadan because their political affiliation was ‘wrong.’ Similarly, Palestinian refugees in Lebanon complained that only with *wasta* (political connections) could one receive humanitarian assistance from political parties (Abu Sharar, 2009). This is likely to happen with more marginalised groups throughout the region and is a potentially important source of leakage of social protection mechanisms. Similarly, some individuals may combine humanitarian or religious charitable giving with furthering their political aspirations. As GoE (2010) warns, “there are countless “good” philanthropists willing to feed, clothe, educate, medicate, and train the poor. But these efforts are not sustainable and do not add up to a developmental leap. The fear is that such efforts could merge into a contest for popular support and that social protection becomes everyone’s ticket to the ballot box rather than part of a long-term national policy to eradicate poverty and underdevelopment.”

Since the research for this report was carried out in late 2010, the sustained wave of popular protests has substantially changed the political context for social protection programmes in the region. It is clear that even in Tunisia and Egypt, where the revolutions were both relatively rapid and peaceful, political transitions have created some new vulnerabilities, particularly for households whose livelihoods have been disrupted. In countries where conflict or large-scale repression of protesters has broken out, important humanitarian needs have emerged. These include access to food, water and medicines in some areas and for certain groups, where supply lines have been disrupted (e.g. UNRWA provision to Palestinian refugees in Syria⁵³ and internally displaced populations with pressing basic needs. The widespread violence in some countries is also likely to have led to psychosocial problems for children who have lost family members or witnessed violence. A desk study such as this cannot assess how far these needs are being met.

More positively, political changes may – in some cases – help reduce vulnerability. For example, the transitional government of Egypt has agreed to open the Rafah border crossing to Gaza, which may help boost Gaza’s economy (IRIN, 2011b). Governments in Morocco and Jordan have announced important governance and political reforms, while continuing to plan economic reforms to address popular demands. The Economist (2011) suggests that increasing social protection provision has been a common response of governments attempting to head off popular pressures for reform or regime change. Table 5 outlines new social protection commitments announced in 2011, although there is still insufficient information to ascertain to what extent these have been implemented.

53 <http://unispal.un.org/UNISPAL.NSF/o/E880660D0649CF2D852578920068B24D>.

Table 5: New social protection commitments in the MENA region in 2011

Social protection responses to protests	Examples
Increased spending on cash transfer programmes	Yemen, Syria, Algeria, Jordan, Sudan, Tunisia
One-off cash payments , often linked to stopping participation in protests	Promised in Bahrain
Subsidies and tariffs Increase in food and/or energy subsidies Reduction of import tariffs on food Cancellation of plans for subsidy cuts /new food subsidies Increase in housing subsidies	Syria, Algeria, Jordan, Tunisia Algeria, Syria Egypt Bahrain, Kuwait Saudi Arabia
Measures to reduce youth unemployment 3-year interest-free loans and tax breaks for young entrepreneurs Fund to increase job opportunities for recent graduates	Algeria Yemen
Fee waivers for university students due to graduate this year	Yemen
General poverty reduction/employment promotion measures Wage increases for (some) public sector employees; social security tax concessions for businesses to encourage job creation Plans for minimum wage, unemployment insurance and labour-intensive growth strategy Personal income tax cuts Increased minimum wage	Algeria, Syria, Jordan, Oman Algeria Egypt Yemen, Oman

Sources: Al Jazeera (2011); IRIN (2011a); (2011b); The Economist (2011).

While some of these social protection responses are aimed at tackling economic vulnerabilities, they have been announced as a form of political compromise rather than based on evidence as to their effectiveness. This is particularly clear in the case of subsidies, which, as mentioned above, have been found to be regressive and inadequate to address the needs of the most vulnerable, while they have been one of the most common responses, as they are visible and easier to implement than other more effective forms of social protection. Further, as Table 5 indicates, some of the temporary social protection programmes have been designed to appease protesters rather than address underpinning vulnerabilities. They may therefore have limited purchase to address the challenges currently facing the most vulnerable, including children. A risk with this short-term strategy is that governments will create new entitlements that are later difficult to eliminate, taking up resources and government capacity which could otherwise be utilised for implementing more effective and sustainable forms of social protection. This suggests that an important role for multilateral agencies, including UNICEF, is to continue to advocate for an equity focus and an evidence-based approach to social protection provision.

4.2 Financial issues

As discussed above, governments' ability to finance social protection varies, particularly given multiple demands for funding in low- and lower-middle-income countries. With many basic services still not reaching disadvantaged areas and groups and other important investment needs, resources are stretched, which may reduce governments' commitment to social protection. This is despite international evidence showing that well-designed interventions can be cost-effective and instrumental in reducing poverty and vulnerability.

Although MENA spends more on social protection than other middle-income regions, the problem is one of ineffectiveness (significant leakages in spending and resources not reaching the poor) and system inefficiency, given inadequate human resources and limited structural capacity in some contexts. Much spending is consumed by regressive food and energy subsidies, particularly in Egypt, Iran, Jordan, Syria and Yemen, as we have seen, although some countries are trying to limit these subsidies, by moving towards more targeted interventions, including conditional cash transfers. Potentially this shift, if politically feasible and adequately targeted, could increase the proportion of social protection resources vulnerable children receive. In such cases, it will be important to preserve the fiscal space governments currently allocate to social protection, with improved use of resources to increase the reach of interventions to the poorest and most vulnerable populations.

Allocations to social protection during the global economic crisis increased but, as the urgency of the crisis appears to be receding, some programmes of particular benefit to children are particularly vulnerable to financial shortfalls. These are principally donor-funded programmes such as WFP's school feeding and dry rations. Funding for WFP's school feeding operations in Iraq was curtailed drastically in 2010. In Yemen, WFP food-based safety nets – such as food for education – faced a budgetary shortfall of 45%,⁵⁴ meaning only about one-sixth of planned food distribution to school girls and their families could take place.

Some of the new commitments announced in 2011 have significant cost implications. For example, planned public sector wage increases in Jordan and Syria would cost 0.4-0.8% of GDP, while increases in social assistance spending typically cost an additional 0.5% of GDP (The Economist, 2011). These costs are affordable for GCC countries, but may pose a strain on net oil-importing countries and those where growth has slowed during periods of unrest and political uncertainty (ibid). There is also a risk that cash transfers and other subsidies may be allocated on a partisan basis, to reward government supporters or punish opponents, which may undermine their social protection efficacy (Booth and Sheffer, 2011).

4.3 Fragmentation

UNICEF's report on child poverty and disparities in Egypt concludes that, 'A multitude of social policy programmes exist to aid children and their families; however, many have yet to reach national coverage and have not prevented the increase in child poverty' (UNICEF, 2010b). As the discussion above, this problem is present in many other countries in the region, which also have multiple, fragmented programmes to address varying needs of vulnerable population groups – including children – without a coordinated vision of development, which articulates and fosters synergies across those programmes. There is fragmentation between different programmes and actors, with programmes sometimes targeting overlapping population groups. Cash transfers are particularly fragmented: for example, Egypt has seven different government-provided cash transfer programmes and Jordan has two major social assistance funds that have been found to have overlapping objectives and target populations. Consolidating these could significantly increase their value and their contribution to protecting vulnerable children. The recently consolidated Palestinian National Cash Transfer Programme could provide lessons for other countries in the region. An important step in improving efficiency and coordination would be the development of single national registers in countries in the region, to enable the identification and control of information for target populations, ensuring that programme implementation is streamlined, reducing duplication and enabling scale up or graduation from programmes according to regularly updated information about beneficiaries.

In Lebanon, fragmentation reflects social (sectarian) divides rather than the historical administrative evolution of social protection programmes, such that there are different, mainly non-state providers of different forms of social protection for different communities and in different areas. Similarly, the lack of eligibility of refugees and those without citizenship rights for formal social protection means these gaps are filled, to a different degree, for different groups, by different organisations.

Fragmentation of programmes undermines their effectiveness, by splitting funding between different programmes and increasing the administrative burden associated with them. It also undermines the equity of provision, with different programmes available to different groups, reflecting not need but the availability of funds and legal or customary restrictions.

⁵⁴ www.wfp.org/countries/Yemen/Operations.

4.4 Knowledge of entitlements and ability to access them

Although many social protection programmes in the region generate entitlements for vulnerable populations, for example fee exemptions and subsidised services, potential users have insufficient knowledge of these, leading to sub-utilisation. For example, in Egypt, while poor people are exempt from co-payment at health facilities, and 84% of facilities offer such exemptions, 97% of people surveyed were unaware of this (World Bank, 2010a).

Some children's access to social protection is undermined by difficulties in obtaining national identity cards which are generally needed to access government transfers or official documentation of refugee status. These difficulties arise as a result of the costs of obtaining documents (travel, fees) and the complexity of procedures required to secure them.

4.5 Addressing targeting issues

As discussed above, improving the targeting of social protection programmes could increase their effectiveness for disadvantaged children. The move towards improved poverty targeting by more robust targeting techniques, including proxy means tests, has the potential to significantly reduce the leakiness of cash and food transfers. An overhaul of categorical targeting, based on up-to-date analysis of vulnerability and poverty dynamics, would also help increase the effectiveness of social protection for children in MENA. However, reforms that restrict eligibility for provisions for many who now consider them entitlements are controversial and may be politically infeasible in the current climate.

4.6 Institutional capacity

Extending child-sensitive social protection in the MENA region will require an increase in institutional capacity, both to deliver existing programmes and to address the barriers to children's uptake of social protection services. In remote rural areas or disadvantaged regions in particular, in some countries there is insufficient capacity to process applications for benefits, leaving poor households underserved. For example, in Yemen in 2007, the ratio of Social Welfare Fund clients to staff in Hodeidah province (poor and remote from Sana'a) was 1106:1, as compared with 295:1 in Sana'a. Furthermore, some Social Welfare Fund branches were so understaffed as to contribute to a number of inefficiencies, including weak targeting (World Bank, 2007a). Lessons from other countries, such as Morocco, which have developed strategies to reach more underdeveloped areas, could serve as useful examples.

The shift towards poverty-based targeting has required and continues to require substantial capacity building in poverty analysis and identifying beneficiaries. For example, in the Ain-el-Sira pilot conditional cash transfer programme (in a poor area of Cairo), it took approximately two months to train social workers to implement the programme.⁵⁵

55 Interview, Ibtissam El-Gaafarawi, Advisor to Ministry of Social Solidarity, 13/12/2010.

5. Conclusions and recommendations

5.1 Conclusions

All countries in the region are home to a range of social protection initiatives, and in each country there is a complex jigsaw of different interventions, as well as different modalities for their provision. Some of these have a specific child focus (e.g. food for education programmes, scholarships, cash transfers targeted at orphans, shelters for abandoned children or street children). Others are targeted at low-income families such that disadvantaged children are a key beneficiary group (e.g. cash transfers for low-income families in Jordan and Tunisia), while others aim to address broader poverty and vulnerability (targeted and untargeted) and can benefit children through benefits to households where children live, if intra-household dynamics are favourable to all children in the household (girls, boys, children with disabilities, etc.). Children are also benefiting from geographically focused interventions, such as social funds for development, which can include social protection components such as school meal and cash transfer programmes and food assistance in areas and for sections of the population that are severely food-insecure (e.g. WFP programmes in Yemen and UNRWA and WFP programmes in OPT). Children are also benefiting from generalised subsidies, such as food and energy subsidies (e.g. Egypt, Yemen), although, because these are regressive, the impact on poorer children is smaller than it would be if expenditure were refocused.

The evidence base for analysing the scope and effectiveness of social protection in the region for children is variable. In several countries (e.g. Egypt, Jordan, Morocco, Tunisia and Yemen), benefit incidence analysis of some of the major social protection programmes has been conducted or is in the pipeline, meaning there is – or will soon be – a clear picture of how far different income quintiles are benefiting from particular programmes. There is some gender-disaggregated information, and some analysis of geographical inequalities in provision and uptake.

No age-disaggregated analysis could be found for any of the main general (e.g. food and energy subsidies) or poverty-targeted programmes (e.g. cash transfers). Nor was it available for many of the child-focused programmes. Thus, it is not clear from the evidence reviewed whether incentives to stay in school are more effective for children of certain age groups than others, or of different gender, for example.

Turning to child-focused programmes, supporting children's access to education is the most common child-specific area of intervention in the region. Although in the poorer countries of the region, and among particular disadvantaged groups (e.g. refugees, nomadic children), there are problems of access (and persistent gender inequalities in some countries, e.g. Yemen), education is one of the areas where social protection activities are making a clear contribution to improving access and retention.

Programmes promoting the nutritional well-being of children under five and pregnant and lactating women are also common, through a combination of food assistance, supplementation and fortification programmes and nutritional education, still social protection measures targeted to the poorest households could make an important contribution to reducing child malnutrition, if accompanied by adequate nutritional education and other complementary services.

Children's access to health care appears to be one area where the contribution of social protection is more limited. Although many countries in the region have employment-based health insurance, this tends not to cover poorer children, whose parents are typically outside the formal labour force. In parallel, most countries provide health care that is officially free at the point of access, or where consultation charges are low. Typically, problems of quality mean these free services tend to be the preserve of the poor, but they are not necessarily very effective in securing children's right to health. Additionally, most governments in the region spend heavily on subsidising hospital care, reducing

funding available for primary and secondary health care. Community health insurance, as piloted in Morocco, is so far still small scale. It should be stressed that information on the role of social protection in health systems in the region has been harder to find than for other sectoral areas. Thus, our conclusions concerning the contribution of social protection to children's access to health care are tentative.

A wide range of child protection initiatives exist in the region, aiming to address such diverse problems as child labour, FGM/C, violence against children and child abandonment. With a few exceptions (e.g. cash transfers targeted at orphans living with relatives and incentives for child workers to attend school), there is relatively little integration between child protection systems and social protection systems. Despite the existence of important synergies between child protection and social protection, this is an area that deserves deeper analysis. Because of its specific nature and very limited evidence in MENA, this relation was not addressed by the present study.

Barriers and challenges to more effective and child-sensitive social protection are particularly difficult to assess in a desk study. This report has outlined some frequently mentioned problems, including financial barriers, fragmentation of provision, local-level difficulties in obtaining the correct documentation to obtain benefits and citizens' lack of knowledge of their entitlements. In the time available, this study could only scratch the surface of issues of the political economy of social protection and the broader political context. Understanding these in each country is a critical component of any plan to support more effective and child-sensitive social protection.

5.2 Recommendations

Based on the findings of this mapping, some recommendations are presented in relation to how governments and multilateral agencies can contribute to strengthening child-sensitive social protection in the region:

Child and adolescent focused recommendations

- Although some countries have made progress in generating more evidence about the design, reach and impact of some social protection programmes, **gender- and age-disaggregated data are still largely unavailable, making it difficult to analyse their impact on different cohorts of children or on girls and boys.** This type of information should be generated systematically to enable a more refined and child- and gender-sensitive analysis of child-focused and broader programmes. As such, generating evidence about the specificities of child poverty and vulnerability is crucial to have an evidence base to inform more effectively designed child-sensitive social protection responses. Given the relative lack of information identified on the contribution of social protection in MENA to realising children's right to health, focusing some of this analysis on programmes that support access to health care should be one area of priority.
- Many of the children who remain unreached by social protection live in marginalised and isolated rural areas, to which geographically targeted programmes – which are implemented successfully in some countries in the region – could be expanded. However, **there is limited information about child-sensitive social protection programmes addressing the needs of deprived children in urban areas.** While blanket programmes such as food and energy subsidies have a particular impact on urban populations, evidence indicating they can be regressive and not the most appropriate to reach the most vulnerable suggests that better social protection design is needed in particular to address vulnerable children in urban contexts. **UNICEF and other multilateral agencies and NGOs can play a key role in helping develop capacity for more tailored and effective social protection programmes for vulnerable urban children. Pilot projects could make a particular contribution here.**
- Considering the multidimensionality of child vulnerability, **design of social protection should more systematically foster synergies and complementarities with basic social services and child protection.** This includes, for example, linking nutrition support programmes with health checks for young children to address different sources of malnutrition.

- Information generated through this mapping also indicates there is relatively little integration between child protection interventions and social protection systems. Strengthening child-sensitive social protection requires a closer analysis of how a protective environment for children and access to child protection interventions can be enhanced through social protection.
- Improving communication and dissemination of existing social protection measures, particularly among more isolated communities that might not be accessing entitlements, could improve the effectiveness of social protection for children in MENA.
- **There is a need to strengthen evidence of child-sensitive social protection**, which can be done through the support of detailed country-level studies, rigorously evaluated pilot projects and the promotion of information sharing across the region, with a particular focus on the impact (current or potential) of social protection of children.
- Given the high rates of youth unemployment in the region, social protection interventions can be used as part of a strategy to reduce this phenomenon. Although high unemployment is partly a result from structural economic problems in the region and slow economic growth, other triggers of the problem include the gap between the types of work available and young people's skills, as well as labour market inequalities among women. Some of these problems can be addressed by well designed social protection interventions, such as public works programmes for youth linked to strategic training in areas for which there is likely to be future opportunities or affirmative action programmes to secure a minimum number of employment positions for well-qualified young women. These can be implemented in partnership with private sector companies to avoid over-reliance on government funding and implementation capacity.

General recommendations

- Given that some of the countries in the region have made significant headway in implementing successful social protection mechanisms, including some with positive impacts on children, lessons should be documented and disseminated as promising practices. **Multinational agencies can have an important role in supporting knowledge generation and information sharing.**
- As countries seek to balance their budgets and seek more efficient ways of allocating resources – including to social protection – it will be important to use evidence to demonstrate to governments the value of continuing to invest in well-designed social protection, in order to guarantee the fiscal space available to this sector. In oil-exporting countries, this includes exploring ways to **ensure some resources are guaranteed to social protection to promote distribution of oil wealth among the most vulnerable.**
- Evaluation of social protection programmes is currently lacking in the region. As social protection policy continues to develop, it is essential to introduce monitoring and evaluation systems for social protection programmes that can generate evidence about the adequacy of their design and their impact. To complement evaluations, benefit-incidence analysis of programmes should be used as a tool to understand what population groups are being reached by interventions to ensure that social protection benefits the most vulnerable.
- This mapping identified gaps in interagency coordination at the national and regional level, with different agencies doing relevant work on specific areas of social protection with limited knowledge of what others are doing and the dearth of a strategy to promote interagency coordination to support better results. **There is a need for a multilateral agency to take a leadership role in each country to strengthen this communication to better support governments. In this context, it is important to maintain social protection as a central item in the United Nations Country Team's discussions, as well as a priority for the regional UN Development Group agenda. UNICEF should systematically ensure that new social protection design supported by different agencies is child-sensitive.**
- Regional actors, including multilateral agencies, can also play a role in **disseminating information on social protection from other MICs** (such as Latin America, Central and Eastern Europe/the Commonwealth of Independent States and East Asia) to share promising practices with country governments.

- Given that the region has a significant share of the population living just above the poverty line (the 'near poor') the greater shift toward means tested targeted programmes can leave out much of this population, who is nevertheless vulnerable to falling into poverty during shocks or periods of economic hardship. Preventative social protection, such as subsidised social insurance, can play a role in mitigating the impact of endogenous shocks to households. When shocks are systemic – for example, a rise in the price of basic food - having good data on where the population in different income deciles is found and effective means testing mechanisms in place, can facilitate the expansion of targeted safety nets to those likely to fall below the poverty line.
- While a move away from universal subsidies is starting to be supported by governments in some countries – generally backed by evidence about them being regressive and inefficient, the entitlements that they have created will be difficult to break and will require strong political commitment to push for reforms in social protection instruments. It is however important to highlight that until a well functioning social protection system exists, governments should not dismantle food subsidies as they may be the main form of support for the poor. Constructing social protection systems takes time and although efficient forms of social protection are necessary and need to be promoted, they are not always able to provide a rapid response that reduces vulnerability in the very short term. More solid evidence about the relative benefits of other forms of social protection to target the poor and vulnerable should be made available to decision makers, while sensitisation campaigns that provide information about the need for change will be important measures to foster political support. Since some segments of the population will be negatively affected by the change in social protection – mainly those currently benefitting from subsidies but who would be left out of poverty-targeted interventions – they are likely to generate a strong voice of opposition to the change. As such, the rationale for promoting more equitable outcomes amongst the population should be well articulated by political leaders and public communication to minimise adverse political reactions from improving social protection design.

References

- Abu Sharar, S. (2009) 'Community Perspectives on Protection: A Knowledge, Attitudes and Practices Analysis of Palestinian Communities in Southern Lebanon.' Beirut: DRC.
- Abou-Ali, H., El-Azony, H., El-Laithy, H., Haughton, J. and Khandker, S.R. (2009) 'Evaluating the Impact of Egyptian Social Fund for Development Programs.' Policy Research Working Paper 4993. Washington, DC: World Bank.
- Al Jazeera (2011) 'Middle East Rulers Make Concessions.' 12 February.
- American University of Beirut and UNRWA (2010) 'Socio-Economic Survey of Palestinian Refugees in Lebanon.' Beirut: American University of Beirut and UNRWA.
- Angel-Urdinola, D., Semlali, A. and Brodmann, S. (2010) 'Non-Public Provision of Active Labor Market Programs in Arab-Mediterranean Countries: An Inventory of Youth Programs.' Discussion Paper 1005. Washington, DC: World Bank.
- Assad, R. and Roudi-Fahimi, F. (2007) *Youth in the Middle East and North Africa: Demographic Opportunity or Challenge?* Washington, DC: Population Reference Bureau.
- Bensaid, M. and Ibourk, A. (2008) 'Impact Social des Transferts de Fonds des Marocains Résident à l'Étranger: Une Revue De Littérature.' Working Paper. New York: Division of Policy and Practice, UNICEF.
- Blank, L. (2010) 'Social Protection Review.' Amman: The Hashemite Kingdom of Jordan.
- Blank, L. and Handa, S. (2008) 'Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF.' New York: UNICEF.
- Booth, R. and Sheffer, J. (2011) 'Bahrain Regime Accused of Harassing UK-based Students.' *The Guardian*, 15 April.
- Bundy, B., Burbano, C., Grosh, M., Gelli, A., Jukes, M. and Drake, L. (2009) *Rethinking School Feeding: Social Safety Nets, Child Development, and the Education Sector*. Washington, DC: World Bank and WFP.
- Coady, D., Grosh, M. and Hoddinott, J. (2002) *The Targeting of Transfers in Developing Countries: Review of Experience and Lessons*. Washington, DC: World Bank.
- Cammett, M. and Issar, S. (2010) 'Bricks and Mortar Clientelism: Sectarianism and the Logics of Welfare Allocation in Lebanon.' *World Politics* 62(3): 381-421.
- Committee on the Rights of the Child (2006) 'Consideration of Reports Submitted by States Parties under Article 44 of the Convention. Concluding Observations: Oman (CRC/C/OMN/CO/2).' 43rd Session, 29 September.
- Committee on the Rights of the Child (2009) 'Consideration of Reports Submitted by States Parties Under Article 44 of the Convention: Concluding Observations.' Doha, 14 October.
- Committee on the Rights of the Child (2010a) 'Consideration of Reports Submitted by States Parties under Article 44 of the Convention. Third and Fourth Periodic Reports of States Parties Due in 2007. Egypt, CRC/C/EGY/3-4.' Geneva: Committee on the Rights of the Child.
- Committee on the Rights of the Child (2010b) 'Consideration of Reports Submitted by States Parties under Article 12 (1) of the Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography. Initial Reports of States Parties Due in 2004, Egypt, CRC/C/OPSC/EGY/1.' Geneva: Committee on the Rights of the Child.
- CPRC (2008) *Chronic Poverty Report 2008-9*. Manchester: CPRC.
- Devereux, S. and Sabates-Wheeler, R. (2004) 'Transformative Social Protection.' Working Paper 232. Brighton: IDS.
- DFID (2010) 'Evaluation of DFID Country Programmes: Yemen, Evaluation Report EV706.' London: DFID.
- DFID, HAI, Hope & Homes for Children, IDS, ILO, ODI, Save the Children UK, UNDP, UNICEF and World Bank (2009) 'Joint Statement on Advancing Child Sensitive Social Protection.'
- Dhillon, N. and Yousef, T. (2009) *Generation in Waiting: The Unfulfilled Promise of Young People in the Middle East*. Washington, DC: Brookings Institution.
- Dhillon, N., Moser, C. and Yousef, T. (2007) 'Economic Exclusion in the Middle East.' Top Ten Global Economic Challenges: An Assessment of Global Risks and Priorities. Global Economy and Development. Washington, DC: Brookings Institution.

- ESCWA (2009) 'Integrated Social Policy Visions And Strategies in the ESCWA Region.' Report III. Beirut: ESCWA.
- El-Katiri, L., Fattouh, B. and Segal, P. (2011) 'Anatomy of an Oil-based Welfare State: Rent Distribution in Kuwait.' Paper 13. Kuwait: Kuwait Programme on Development, Governance and Globalisation in the Gulf States.
- El Masri, S. (2007) 'Gaps and Efforts in Social Protection, Lebanon.' www.socialwatch.org/node/11031.
- Farrington, J., Sharp, K. and Sjoblom, D. (2007) 'Targeting Approaches to Cash Transfers: Comparisons across Cambodia, India and Ethiopia.' London: ODI.
- Fatouh, B. (2010) 'Energy Subsidies in the Middle East: Issues and Implications.' Conference on Increasing the Momentum of Fossil Fuel Subsidy Reform. Geneva, 14 October.
- Ferguson, R. (2010) 'Assessing the Poor.' *Syria Today*.
- GoA (2009) 'Plan d'Action du Gouvernement pour la Mise en Œuvre du Programme du Président de la République.' Algiers: GoA.
- GoE (2009) 'The Egyptian Government: Vision, Objectives and Action Policies.' Cairo: GoE.
- GoE (2010) *Situation Analysis*. Cairo: GoE.
- GoY (2011) 'Development Plan for Poverty Reduction 2011-2015.' Sana'a; GoY.
- GoY, UNDP and World Bank (2007) 'Yemen Poverty Assessment.' Volume I, Main Report. Sana'a: GoY, UNDP and World Bank.
- Holmes, R. and Braunholtz-Speight, T. (2009) 'Strengthening Social Protection for Children in West and Central Africa'. London: ODI and UNICEF WCARO.
- Holmes, R. and Jones, N. (2009) 'Child Sensitive Social Protection in West and Central Africa: Opportunities and Challenges.' Synthesis Report. London: ODI and UNICEF WCARO.
- Holmes, R. and Jones, N. (2010) 'Gender, Politics and Social Protection. Why Social Protection is "Gender Blind."' Briefing Paper 62. London: ODI.
- Holmes, R. and Jones, N. (2011) 'Public Works Programmes in Developing Countries: Reducing Gendered Disparities in Economic Opportunities?' Conference Paper. London: ODI.
- Hossain, N., Fillaili, R., Lubaale, G., Mulumbi, M. Rashid, M. and Tadros, M. (2010) 'The Social Impacts of Crisis. Findings from Community Level Research in Five Developing Countries.' Brighton: IDS.
- IFPRI (2010) 'Strategy in the Middle East and North Africa Region.' Washington, DC: IFPRI.
- ILO (2009a) 'Building Adequate Social Protection Systems and Protecting People in the Arab Region.' Arab Employment Forum. Beirut, 19-21 October.
- ILO (2009b) 'ILO Considerations on the Social Health Insurance Reform Project in Egypt.' ILO/RB/ARE/R.15. Geneva: ILO.
- IMF (2009) 'Algeria: 2010 Article IV Consultation—Staff Report; Public Information Notice on the Executive Board Discussion; and Statement by the Executive Director for Algeria.' Washington, DC: IMF.
- IOCC (2007) 'Providing Education to Disadvantaged School Children.' <http://reliefweb.int/node/240373>
- Iqbal, F. (2006) 'Sustaining Gains in Poverty Reduction and Human Development in MENA'. Washington, D.C.: The World Bank
- IRIN (2011a) 'In Brief: Violence Hurting Palestinians in Syria.' 11 May.
- IRIN (2011b) 'Egypt: Jury out on Promise to Open Rafah.' 13 May.
- ISSA (2008) 'Tunisia: Reform of the Health Insurance System.' www.issa.int/News-Events/News2/Tunisia-Reform-of-the-health-insurance-system.
- Jawad, R. (2009) 'Religion and Social Welfare in the Lebanon: Treating the Causes or Symptoms of Poverty?' *Journal of Social Policy* 38(1): 141-156.
- Jawad, R. and Yakut-Cakar, B. (2010) 'Religion and Social Policy in the Middle East: The (Re)Constitution of an Old-New Partnership.' *Social Policy and Administration* 44(6) 658-672.
- Jones, N. (2009) 'Promoting Synergies between Child Protection and Social Protection in West and Central Africa.' Briefing Paper. London: UNICEF WCARO and ODI.
- Jones, N. and Holmes, R. (2010) 'Tackling Child Vulnerabilities through Social Protection: Lessons from West and Central Africa.' Background Note. London: ODI.
- Jones, N. and Sumner, A. (2007) 'Does Mixed Methods Research Matter to Understanding Childhood Wellbeing?' Working Paper 40. Bath: WeD.

- Kattaa, M. and Hussein, S.A.C. (2010) 'Women's Access to Social Protection in Syria.' *European Journal of Social Sciences* 13(4).
- Kingdom of Morocco and ILO (2007) 'Étude sur le Préscolaire Communautaire Etat Actuel et Stratégie de Développement.' Rabat: Kingdom of Morocco and SECAENF, ILO.
- Leila, R. (2010), 'State of Health.' *Al Ahram Weekly* 983, 28 January-3 February.
- Makhoul, J. (2003) 'An Ethnographic Study of the Consequences of Social and Structural Forces on Children: The Case of Two Low-Income Beirut Suburbs.' *Environment and Urbanization* 15(42): 249-259.
- Ministry of National Education (2011) 'Étude sur l'État des Lieux des Systèmes de Protection Sociale selon les Principes d'un Protection Sociale Attentive aux Enfants.' Algiers: Ministry of National Education.
- Morris, T. (2010) 'Urban Somali Refugees in Yemen.' *Forced Migration Review* 34: 36-38.
- Ne'meh, A. (2006) 'Slipping through the Cracks: Social Safety Nets in Lebanon.' The Lebanon Report 3. Beirut: Lebanese Centre for Policy Studies.
- NCCM, American University in Cairo Social Research Center and UNICEF (2006) 'Towards Policies for Child Protection A Field Study to Assess Child Abuse in Deprived Communities in Cairo and Alexandria.' Draft.
- Oman News Agency (2009) 'Housing Bank/Loans.' 14 April.
- OPM (2010) 'Situation Analysis of Children and Women In Egypt: Making Systems Work for All Children and Women in Egypt.' Draft. Cairo: UNICEF.
- Papodopoulous, H. (2005) 'Active Citizenship and Gendered Social Entitlements (ACGEN). Women and Social Safety Nets in Lebanon.' Background Paper, mimeo.
- People's Democratic Republic of Algeria (2006) 'Pacte National Economique et Social.' Algiers: People's Democratic Republic of Algeria.
- People's Democratic Republic of Algeria (2008) 'Plan National d'Action pour les Enfants: 2008-2015.' Algiers: People's Democratic Republic of Algeria.
- People's Democratic Republic of Algeria (2009) 'Troisième et Quatrième Rapports Périodiques sur la Mise en Oeuvre de la Convention des Nations Unies sur les Droits de l'Enfant.' Future CRC/C/DZA/3 & 4. 18 May.
- Pereznioto, P. (2009) 'Feasibility Study on Child Focused Social Protection in South Asia.' Report for Save the Children Finland, South Asia Regional Office.
- Prasad, N. and Gerecke, M. (2010) 'Social Security Spending in Times of Crisis.' *Global Social Policy* 10(2): 218-247.
- Ragab, A. (2008) 'External Assessment of Role of Religious Leaders in Child Protection Program in Alexandria: Religious Leaders as Advocates for the Welfare of Children.' Cairo: Al Azhar University and UNICEF.
- Reinikka, R. (2010) 'The Financial Crisis, Recovery, and Long-term Growth in the Middle East and North Africa.' In Canuto, O. and M. Giugale (eds.) (2010) *The Day After Tomorrow. A Handbook on the Future of Economic Policy in the Developing World*. Washington, DC: World Bank.
- Save the Children Sweden (2011) 'Enhancing Protection of Refugee and Migrant Rights in the Middle East and North Africa Region.' The Child Protection Initiative, Save the Children Sweden.
- Sultanate of Oman (2003) Oman Labor Law. www.directory-oman.com/labourlaw.htm.
- The Economist (2011) 'Throwing Money at the Street.' Arab Economies: 10 March.
- Thomas, E. and Lakkis, S., (2003) 'Disability and Livelihoods in Lebanon.' CPRC Conference. Manchester, 9 April.
- Tzannatos, Z. (2000) 'Social Protection in the Middle East and North Africa: A Review.' World Bank Mediterranean Development Forum. Cairo, 5-8 March.
- UN (2010) 'United Nations Development Assistance Framework for Iraq 2011-2014.' Baghdad: UN.
- UN and League of Arab Nations (2010) 'The Third Arab Report on the Millennium Development Goals 2010 and the Impact of the Global Economic Crises.' New York: UN.
- UNDP (2009) *Arab Human Development Report 2009. Challenges to Human Security in the Arab Countries*. New York: UNDP.
- UNESCO (2010) *2010 Global Monitoring Report*. Paris: UNESCO.
- UNICEF (2007) *Global Study on Child Poverty and Disparities 2007-2008*. New York: Division of Policy and Planning, Global Policy Section, UNICEF.

- UNICEF (2008) 'Mutuelles Communautaires: Une Initiative d'Appui à la Couverture Médicale de Base.' Rabat: UNICEF and Government of Morocco.
- UNICEF (2010a) 'Social Protection: Accelerating the MDGs with Equity.' Social and Economic Policy Working Brief: UNICEF Policy and Practice. New York: UNICEF.
- UNICEF (2010b) *Child Poverty and Disparities in Egypt. Building the Social Infrastructure for Egypt's Future.* Cairo: UNICEF.
- UNICEF (2010c) *Stolen Childhood. A Study of Child Poverty and Disparities in Yemen.* Sana'a: UNICEF.
- UNICEF (2010d) 'FGM.' Updated brochure. 24 August. Cairo: UNICEF.
- UNICEF (2010e) 'Narrowing the Gaps to Meet the Goals.' New York: UNICEF.
- UNICEF (2011) 'Programme Guidance on Social Protection for Children.' Final draft for consultation, New York: Division of Policy and Planning, Global Policy Section, UNICEF.
- UNRISD (2008) 'Conference News: Social Policy in Mineral Rich Countries.' Report of UNRISD Workshop. Geneva, April.
- UNRWA (2008) 'Needs Assessment. Palestine Refugees in Lebanon.' Beirut: UNRWA Lebanon Field Office.
- UNRWA, UNICEF and WFP (2010) 'Food Security and Nutrition Survey of Herding Communities in Area C.' Joint UNRWA–UNICEF–WFP Household Survey,
- US SSA (2008) 'Social Security Programs throughout the World: Asia and the Pacific, 2008: Oman.' www.ssa.gov/policy/docs/progdsc/ssptw/2008-2009/asia/oman.pdf.
- Weigand, C. and Grosh, M. (2008) 'Levels and Patterns of Safety Net Spending in Developing and Transition Countries.' Social Protection Discussion Paper 0817. Washington, DC: World Bank.
- WHO (2006) 'Health System Profile – Sudan.' Geneva: WHO.
- World Bank (2002) 'Reducing Vulnerability and Increasing Opportunity.' Orientations in Development Series. Washington, DC: World Bank.
- World Bank (2005) 'Pensions in Iraq: Issues, General Guidelines for Reform and Potential Fiscal Implications.' Policy Note. Washington, DC: World Bank.
- World Bank (2007a) 'Yemen: An Integrated Approach to Social Sectors towards a Social Protection Strategy.' Phase I Report. Washington, DC: World Bank.
- World Bank (2007b) 'Arab Republic of Egypt, A Poverty Assessment Update.' Volume I: Main Report 39885 – EGT. Washington, DC: World Bank.
- World Bank (2007c) 'Youth. An Undervalued Asset: Towards a New Agenda in the Middle East and North Africa. Progress, Challenges and Way Forward.' Washington, DC: World Bank.
- World Bank (2008) *The Road Not Travelled. Education Reform in the Middle East and North Africa, MENA Development Report.* Washington, DC: World Bank.
- World Bank (2009a) 'Hashemite Kingdom of Jordan: Poverty Update', Washington, DC
- World Bank (2009b) *The Status and Progress of Women in the Middle East and North Africa.* Washington, DC: World Bank.
- World Bank (2009c) 'European Union Food Crisis Rapid Response Facility under the Global Food Crisis Response Program in the Amount of Euro 17.5 million to the Republic of Yemen for the Emergency Social Safety Net Enhancement Project.' Report 50330. Washington, DC: World Bank.
- World Bank (2010a) 'Solidarity and Productivity in a Changing World: How Well Can the Social Safety Nets of the Middle East and North Africa Region Adapt?' Concept Note. Washington, DC: World Bank.
- World Bank (2010b) 'Egypt's Food Subsidies: Benefit Incidence and Leakages.' Washington, DC: World Bank.
- World Bank (2010c) *Poor Places, Thriving People. How the Middle East and North Africa Can Rise above Spatial Disparities.* Washington, DC: World Bank.
- World Bank (2010d); Morocco: Conditional Cash Transfers and Education.' Brief. Washington, DC: World Bank.
- World Bank (2011) 'Regional Economic Update: MENA: Facing Challenges and Opportunities.' Washington, DC: Middle East and North Africa Region, World Bank.
- Yemtsov, R. and Iqbal. R. (2009) 'The Impact of the Global Economic Crisis on Poverty in MENA.' Washington, DC: World Bank.

Annex: Stakeholder interviews

Regional Interviews

Name / Position	Institution	Date
Amy Schmidt, M& E officer	UNRWA	01/07/2011
Christina Behrendt	Social Security Specialist, Geneva (formerly of ILO Beirut office)	22/10/2010
Joana Silva, Economist and Social Protection Specialist	World Bank	18/10/2011
Maha Yahya, Regional Advisor, Social Policy Section,	Economic and Social Commission for Western Asia (ESCWA)	21/01/2011

Country Interviews

Country	Name / Position	Institution	Date
Algeria	Amel Allahoum, Social Policy Specialist	UNICEF	08/12//2011
	Bachir Boulahbel, Expert on Social Sector / social protection	Consultant	01/12/2010
Egypt	Dennis Arends, Chief Social Policy, Monitoring and Evaluation	UNICEF	08/11/2010
	Abdallah Alwardat,	WFP	15/12/2010
	Ibtissam El Gaifarawi, Advisor	Ministry of Social Solidarity	13/12/2010
Jordan	Maha Homsy, ECD and Child Protection Specialist	UNICEF	02/12/2011
	Mohammed Meqdady, Advisor	National Council for Family Affairs	13/01/2011
Lebanon	Vera Gavrilova, Deputy Representative	UNICEF	12/11/2010 and 19/01/2011
	Manal Fouad, IMF Country Economist	IMF	13/01/2011
Morocco	Hicham Ait Mansour, Chief, Social Policy, Monitoring and Evaluation	UNICEF	06/12/2010
	Abdessalam Benabbou, Chef de division de secteurs sociaux	Ministry of Economy and Finance	22/11/2010
	Nadine Poupart, Human Development Coordinator for Morocco and Sr. Economist	World Bank	11/01/2010
	Bahia Omari, Chargée de Mission auprès du Premier Ministre	Ministry of Economic and General Affairs	12/02/2010
	Mohamed Talbi, Director General	Entraide Nationale	02/12/2010

Yemen	Abdulkudos Al-Marwari, Senior Social Policy Specialist,	UNICEF	02/11/2010
	Yukako Sato, Samuel Clegdon, and other Country office staff	WFP	13/11/201
	Wilfried Engelke	World Bank	
	Roberta Contin, Director	CHF International	4/12/2010
	Mohamed Ali Bile, Chief of Education,	UNICEF	4/12/2010



Overseas Development Institute
111 Westminster Bridge Road
London SE1 7JD
UK

Tel: +44 (0)20 7922 0300
Fax: +44 (0)20 7922 0399
Email: publications@odi.org.uk
Website: www.odi.org.uk

ISBN 978 1 907288 48 7
Working Paper (Print) ISSN 1759 2909
ODI Working Papers (Online) ISSN 1759 2917