



EXECUTIVE SUMMARY

Overview of Non-contributory Social Protection Programmes in the Middle East and North Africa (MENA) Region Through a Child and Equity Lens

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International Policy Centre for Inclusive Growth (IPC-IG)

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All programme profiles presented in this publication will be made available on the socialprotection.org platform. Our intention is to keep the information updated, thus any suggestions and/or corrections are welcome. Please contact Anna Carolina Machado (anna.machado@ipc-undp.org) or Charlotte Bilo (charlotte.bilo@ipc-undp.org) if you wish to update, rectify or add any information about the programmes.

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Full Report available at: <<https://goo.gl/QfmKwK>>.

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The Overview of Non-contributory Social Protection Programmes in the Middle East and North Africa (MENA) Region through a Child and Equity Lens is the first of a series of four knowledge products about non-contributory social protection in the MENA region that are being produced by a partnership between the International Policy Centre for Inclusive Growth (IPC-IG) and UNICEF Middle East and North Africa Regional Office (MENARO).

The report consists in the analysis of an inventory of non-contributory social protection programmes. It is based on an extensive review of official government documents and websites, reports and relevant documents produced by international organisations, and academic papers. All documents used in this inventory are listed in the references section. UNICEF Country Offices in the region have helped validate and update programme-level information and have provided some contextual information that has contributed to the overall analysis as well as to the country-specific profiles included in the report.

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EXECUTIVE SUMMARY

Through the definition of the targets of the Sustainable Development Goals (SDGs), countries have acknowledged the importance of social protection for poverty reduction. Namely, target 1.3 of SDG 1, “End poverty in all its forms everywhere,” calls for the implementation of nationally appropriate social protection systems and measures for all to achieve substantial coverage of poor and vulnerable populations, including children, by 2030. By including child-specific indicators and targets, SDG 1 urges countries to place children at the centre of poverty reduction efforts and reinforces the need to assess the child-sensitivity of policies, incentivising countries to produce child-disaggregated and child-specific data on both poverty and social protection coverage.

Children in developing countries are more than twice as likely as adults to live in extremely poor households. They account for half of the estimated 767 million people living in extreme poverty worldwide, even though they only represent around a third of the population (UNICEF and World Bank 2016). Moreover, children’s experience of poverty differs from that of adults: not only they are more vulnerable to malnutrition, disease and abuse, they are also more dependent on others for support.

An ever-growing body of research has documented the importance of making social protection programmes more responsive to the specific needs of children. In fact, social protection policies do not necessarily have to target children to benefit them. For example, children can benefit from social protection by having a pensioner in their family. In addition, the design of social protection policies can foster synergies with other basic social services in the areas of health, nutrition and education, helping to achieve other SDGs and to fight multiple dimensions of deprivation faced by children.

This study provides a closer look at child-sensitive non-contributory social protection in the Middle East and North Africa (MENA) region, where child poverty remains a critical concern. A recent study in 11 Arab countries has shown that an estimated one in four children suffers from acute multidimensional poverty, meaning that they are deprived of their basic rights in two or more of the following dimensions: decent housing, health care, safe water, sanitation, nutrition, basic education and information (LAS, UN ESCWA, UNICEF, and OPHI 2017).

Social protection in the MENA region is traditionally characterised by a reliance on universal food, fuel and utility subsidies and on contributory insurance schemes. However, there is growing consensus that non-targeted subsidies disproportionately favour the wealthy and have little effect on poverty reduction. While social insurance systems are in place for those in the civil service and in formal employment, they provide only limited protection for workers outside the formal labour market.

The non-contributory social protection schemes often target particularly vulnerable groups such as those who have lost the capacity to work due to old age and/or disability, or families that have lost their breadwinner or do not have one (e.g. orphans, widows, divorced women, or even women who are single after a certain age), resulting in low coverage of poor and vulnerable working families with children. Moreover, little is known about the proportion of children covered by programmes. This information, however, is crucial for enhancing the child-sensitivity of social protection systems, so that they may reach all vulnerable children and respond to their age-specific needs.

In a context of growing budgetary deficits and fiscal consolidation, countries such as Tunisia, Morocco, Egypt, Iran, Jordan, Yemen and Saudi Arabia are phasing out or reducing food and energy subsidies and reallocating some of the accrued savings to targeted cash transfer programmes. Such reforms can, in principle, offer a good opportunity to invest in children, with the introduction of missing child-sensitive components in social protection systems, which can have positive impacts on several dimensions of children’s well-being, including health, education and nutrition.

Against this background, this report provides an overview of the non-contributory social protection programmes currently implemented in the MENA region and a preliminary estimation of the proportion of children covered by these programmes, which in turn may help countries to report on SDG 1.3 and assess their own policies.

In total, more than 100 non-contributory social protection programmes were mapped and classified in the following categories: cash and in-kind transfers (conditional and unconditional); school feeding programmes; public works programmes (cash-for-work—CFW); educational fee waivers; housing benefits; programmes facilitating access to health (non-contributory health insurance and health care benefits); and food and energy subsidies.

The study is divided into two main parts: the first part consists of a brief synopsis of child poverty and non-contributory social protection in the MENA region (Chapter 1), a regional overview of the main features of the non-contributory social protection programmes (Chapter 2), and an estimation of the proportion of children covered by these programmes, when data on the number of beneficiaries are available (Chapter 3). The second part contains 20 separate country profiles, summarising each country's socio-economic context and the national social protection systems in place. Each country profile is followed by a table containing key information about each individual programme, including target groups, targeting mechanisms, coverage numbers when available, and child-sensitive programme design features.

MAIN FINDINGS

Key design features of programmes in the region

Unconditional cash transfer (UCT) programmes are by far the most prevalent **type of non-contributory social protection** in the region (63). They are followed by unconditional in-kind transfers (23), mostly in the form of food distribution programmes. Food and fuel subsidies were the third most common type of programme (17). Conditional cash transfer (CCT) programmes and school feeding programmes follow next (15 and 13, respectively). The latter targets school-age children by design, but even the former also tends to cover them extensively, as many of the CCT programme have school enrolment/attendance conditionalities. A significant number of countries also provide non-contributory health insurance (13) and health care benefits (12), as well as housing benefits (12) for the poor. CFW programmes (8) and educational fee waivers (9) were found in only a few countries.

Categorical targeting is the most prevalent **targeting mechanism** (111) among the mapped programmes. It is commonly used to identify families without a male breadwinner or whose adult members—particularly the head of the household—are unable to work, including elderly people, those with disabilities and widows. Means-testing (73 in total) is often used in addition to categorical targeting to identify poor households with family members belonging to eligible categories. Fewer programmes were mapped that use proxy means test (PMT) approaches to select beneficiaries (15), although more recent programmes are moving in this direction.

Programmes often target more than one **population group**. Most programmes target poor households (99), while children are the second most prevalent target group (42). People with disabilities and women were found to be the third most common target group (35 each), followed by orphans (27).

Child-sensitive design features

The report also investigates whether the mapped programmes have any child-sensitive features in their design. It does so by looking at potential synergies the programmes may have with the health, nutrition or education sectors. In addition, programmes explicitly targeting children through at least one of its components, and those whose benefit

levels increase with the number of children or household members were also classified as child-sensitive. Features considered in this exercise are not mutually exclusive, and some programmes were classified under more than one category. At least one programme in each country and more than half of the programmes mapped (81) present at least one child-sensitive design feature.

Programmes targeting children

About half of all the programmes targeting children, children with disabilities and/or orphans (68 in total) are cash transfer schemes (35). When looking at the target age group, it becomes clear that almost half the schemes targeting children (29) are for **school-age children only**, which generally includes all school feeding and educational fee waiver programmes, as well as cash transfers that are conditional on school attendance or enrolment. **Very few** programmes (10) explicitly **target pre-school-age children**.

Education

Social protection programmes can enhance children's access to education by directly incentivising school attendance, through school feeding programmes or educational fee waivers, or by making the transfers conditional on school attendance. It was found that all countries except four (Bahrain, Iraq, Libya and Syria) have a non-contributory social protection programme classified as supporting access to education (37 in total). School feeding programmes tend to be the largest programmes, usually targeting all children enrolled in public schools, except for some countries (such as Morocco and Sudan) which use geographical targeting to select regions with higher poverty levels or lower educational indicators. Educational fee waivers usually target a smaller group, such as children from disadvantaged households, and are relevant in countries where the State does not provide education free of charge at all grades.

Nutrition

Non-contributory social protection programmes can help tackle children's malnutrition by improving the consumption levels of households through cash-based transfers or direct food transfers. Most of the 20 programmes identified as being linked to nutrition are school feeding programmes, and five are in-kind transfers providing specific food items for children. Although more than half of all countries have at least one programme supporting children's access to nutrition, most of these programmes are for **children attending school** and exclude those who are out of school and those of pre-school age. As evidence shows that children under 5 are particularly vulnerable to malnutrition (see LAS, UN ESCWA, UNICEF, and OPHI 2017), a lack of social protection programmes covering this age group means that there is still significant room to improve linkages between social protection programmes and nutrition interventions.

Health

Among the programmes mapped in this report, non-contributory health insurance and health care benefits are the most prevalent in contributing to improving the health status of children. The mapping focused on the identification of programmes that have an explicit component related to child health, including insurance, but also cash-based programmes that incentivise immunisation or regular health check-ups through conditionalities. In total, 8 of the 20 countries were found to have programmes explicitly supporting children's access to health (11 in total). Although health is one of the dimensions in which children in many of the countries in the region still face high levels of deprivation (see LAS, UN ESCWA, UNICEF, and OPHI 2017), access to health services appears to be one area in which the contribution of social protection programmes remains smaller compared to other areas.

Programmes whose benefit levels increase with the size of the household

While the benefit levels of cash transfer schemes vary significantly across programmes and countries, it can be observed that they often increase according to the size of the household and, to a lesser extent, according to the age or school grade of the children. In comparison to programmes that pay a fixed amount of benefit per household, they are framed as child-sensitive in this mapping, as they take into account higher expenditure levels of larger families (and of older children). In 17 countries, cash transfer programmes were identified in which benefits are either paid per child or the benefit level increases according to the size of the household (34 in total)—a prevalent feature among countries in the Gulf region.

Proportion of children covered by social protection programmes in the MENA region

Assessing the benefit incidence of social protection programmes is still an incipient practice in the MENA region, and few—if any—assessments consider the coverage of children of different age groups (van Diesen 2017). Administrative data on programme coverage—particularly the coverage of children of different ages—are rarely readily available for this type of analysis.

Yet the report puts forward a methodology based on the comparison between the actual or estimated number of children covered by a particular programme and the number of poor children in the country. The result of this exercise shows that programmes are often not large enough to reach all vulnerable children. Even if programmes were perfectly targeted, most of them would not cover even half of the country's poor children. This result holds for estimates of both multidimensional and monetary child poverty.

In general, non-cash schemes targeting school-age children (especially school feeding programmes and in-kind provision of school supplies) have larger coverage levels than other types of schemes, such as cash transfer programmes. In many countries, the coexistence of several small-scale programmes (as is the case in Jordan and Iran, among others) implies a greater challenge in terms of ensuring that all children can have access to the benefits than just expanding the coverage of existing social protection schemes, disregarding unnecessary overlapping or overlooking the need to ensure that complementary programmes implemented by different agencies reach the same vulnerable child. Here integrated and single registries are an essential step towards the consolidation of administrative data on existing social protection schemes.

Recommendations

Based on the findings of this study and the literature reviewed, the following recommendations show how governments as well as researchers and those involved in policy advocacy can contribute to strengthening non-contributory social protection in MENA and making it more child-sensitive.

- **Collect and make available data disaggregated by gender and age** on all programme beneficiaries through comprehensive household surveys as well as administrative databases and integrated single registries.
- **Undertake regular child poverty studies** to better understand childhood deprivation and vulnerability.
- **Strengthen the evidence base of child-sensitive social protection** through in-depth and mixed-methods programme evaluations and assessments, especially regarding the impact of social protection on children and on the different dimensions of child poverty. In addition, it is important to **share evidence from these programme evaluations and innovative implementation experiences** across the region.

- **Rethink targeting mechanisms:** more rigorous target analysis is needed to better understand how current targeting mechanisms can be improved to better reach vulnerable children without generating unjustifiable exclusion errors.
- **Universal child allowances** should be discussed as a policy option, as they help strengthen a rights-based approach to social protection. Universal benefits for families with children could be made affordable and equitable, especially when combined with progressive tax systems and in the context of subsidy reforms that call for a larger compensation base to maintain social and political stability as opposed to narrow targeting.
- **Expand existing systems.** Given that programmes in the region are frequently not large enough to reach all multidimensionally poor children, there is a strong need to expand them—particularly child/family allowances—to reach all vulnerable children, especially those under 6 years old, who comprise the age group most deprived of specific social protection programmes.
- **Increase the fiscal space for social protection,** depending on the country context, by, for example, phasing out inequitable subsidies, increasing tax revenues through a progressive system and improving revenues from other sources such as zakat.
- **Invest in human capital and basic services, such as health, education and housing.** Investing in **social protection alone will not be enough** to achieve social transformation.
- **Link existing social protection programmes to nutrition, health and education.** More schemes linked to nutrition for lactating women and pre-school-age children should be promoted. Similarly, enhancing programmes related to child and maternal health and promoting equal access to and incentives for the completion of primary and secondary education should remain at the centre of governments' policy agendas to ensure equitable childhood development.
- **Collaborate and share information** across the different agencies involved, not only at different ministries and levels of government but also with international agencies promoting social protection in the country.
- **Build shock-responsive measures** and create comprehensive and resilient systems that can respond effectively in times of crisis.
- **Improve assistance for migrant children and refugees.** Children are particularly affected by displacement, as national social protection systems are frequently not open or prepared to attend to the fulfilment of foreign children's rights to social protection.
- **The consolidation of a child-sensitive social protection system is possible, and demands a change of perspective.** The recent social spending reforms undertaken in countries in MENA offer a crucial opportunity for countries to enhance their systems and make them better prepared to meet the specific needs of children throughout the different stages of their life.



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