

# Mapping of social protection measures for children affected by AIDS in Asia-Pacific

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## Research objective:

To gain a regional perspective of the extent to which children and households affected by HIV are being supported within existing national social protection frameworks in Asia-Pacific, the Economist Intelligence Unit, supported by UNICEF East Asia and the Pacific and South Asia regional offices, conducted a nine-country review across Bangladesh, Cambodia, China, Indonesia, Nepal, Pakistan, Papua New Guinea, Thailand and Vietnam, spanning from September to December 2010. A set of child- and HIV-focused criteria were used to examine existing policies and programmes, with the goal of understanding country examples around implementation, funding, coverage, mechanisms for monitoring and delivery, and national priorities.

## Literature Review:

As part of the review existing social protection measures in the region were examined. In Indonesia it was found that social insurance continues to dominate social protection, comprising over 70% of all social protection expenditure in Indonesia, while social assistance spending features significantly, with about a quarter of the social protection budget allocated to support and services to vulnerable groups, covering almost 100% of poor and children. However, HIV-affected families and children experienced additional economic burdens and reduced access to basic services. Annual household income was found to be lower, health expenditure was higher and the incidence of drop out among school-age children was also likely to be higher. For example, In HIV-affected households in Indonesia (seven provinces) 11.7% of the income came from social support while in unaffected households it was 5.2%. Healthcare expenditure by HIV-affected households in Indonesia was up to five times more than unaffected households, lowering spending on non-food consumption. School drop-out rate of 34.2% for boys, and 54.8% for girls in HIV affected households in Indonesia and 65.8% for boys, and 45.1% for girls in unaffected households.

## Methodology:

Guided by a child-sensitive social protection framework, analysts conducted an analytical review of available documentation, including reports, websites and policy documents to identify the key policies and programmes designed to meet the needs of children, with the intention of identifying a set of initiatives with the broadest coverage. The policies and programmes identified were then reviewed through a second, “HIV-sensitive” lens to understand the extent to which key social protection initiatives for all vulnerable children are able to address the needs of children affected by HIV. Without addressing the quality and impact of policy and programmes, a scoring key was applied to convey a sense of programmatic activity and the extent to which existing country initiatives account for children affected by HIV.

To represent perceived levels of programmatic and policy action across each social protection instrument and type of transfer, existing programmes and policies were examined against an HIV-sensitive criteria, and conferred a coding from “limited” to “extensive”. Countries with a “limited” ranking have few policy initiatives, and nascent programme activity. A “moderate” score reflects some policy initiatives, and some programme activity. Substantive policy framework and moderate



programme activity earned a “substantial” ranking. Programmes and policies were deemed to be “extensive” if the policy framework is comprehensive, and there is evidence of robust programme activity. Where programmes are “blended” and comprise aspects of two or more instruments, it is allocated to the most relevant category.

#### Indonesia Findings and Analysis:

Indonesia, for example, has established substantial social protection for children in the form of cash and food grants for at-risk children and antiretroviral treatments for mothers and children. However, other social services including the provision of healthcare, education, welfare, and work options for the chronically ill, and psychosocial support remain limited. They have had moderate success rolling out social insurance schemes such as with Jamkesmas, a nationally-run health insurance scheme for the poorest segment of society, though only around 17 percent of Indonesians are covered under this plan. Plans are in the works for reform. They have also had moderate success in policies legislation and regulation that provide protection for HIV affected children. Several national strategies and policies have been written that either do not have national authority or were not implemented. The National HIV and AIDS Strategy and Action Plan does not yet have recorded results.

#### Policy Implications and Recommendations:

Through universal or targeted programming, there are opportunities to extend social protection for children affected by HIV. Debates continue around the best approach to designing and delivering social protection for affected children. In a low-prevalence concentrated setting, approaches that identify target children affiliated with high-risk populations are valid. Yet, the stigmatising effect of an HIV-specific approach presents a case for targeting all vulnerable children and communities to develop the resilience of affected children. Although focus on coverage of HIV-affected household units with social protection measures is critical, the needs of children who survive outside of family care—orphans, street children, the institutionalised and children who may be economically active across large informal economies in the region—are not necessarily captured. Civil society continues to be a critical force in capturing affected children and those outside family care, however sub-national governments need to play a more active role: national governments are key drivers of the social protection agenda, with NGOs playing an active role in the development and delivery of programmes. Cash transfers are gaining traction in scope and scale conditional benefits are a relatively new concept in Asia and not as widely utilised. Yet, cash transfer (CT) programmes are increasingly perceived as an effective tool for poverty alleviation in the region. Indonesia’s Programme Keluarga Harapan (PKH) provides cash transfers contingent on health and education-related obligations such as complete immunisations for children and 85% school attendance for primary school age children. There is a strong body of international evidence demonstrating how cash transfers both conditional and unconditional have served as effective risk management mechanisms in the household, from preventing loss of savings to preventing the removal of children from school to earn income.

