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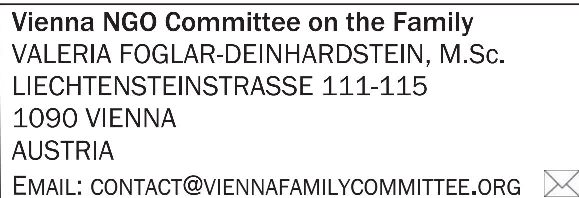

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Dear readers of "Families International",

In this 131st issue of the Committee's Quarterly Bulletin, you will find a wide range of familiy related texts that could be interesting to you or your organisation.

First , we have included an article from UNICEF on the age prioritization of nutrition interventios for child survival. Furthermore, you can find a report from the World Bank dealing with the topic of social protection.

Also included is a text from a member organization of the Vienna NGO Committee on the Family. The text from Make Mothers Matter (MMM) deals with activities to ptomote mothers' role an rights.

As always, Families International No.131 is rounded off with a list of recent and upcoming events.

Sincerely,

Christin Kohler M.A.
Executive Editor

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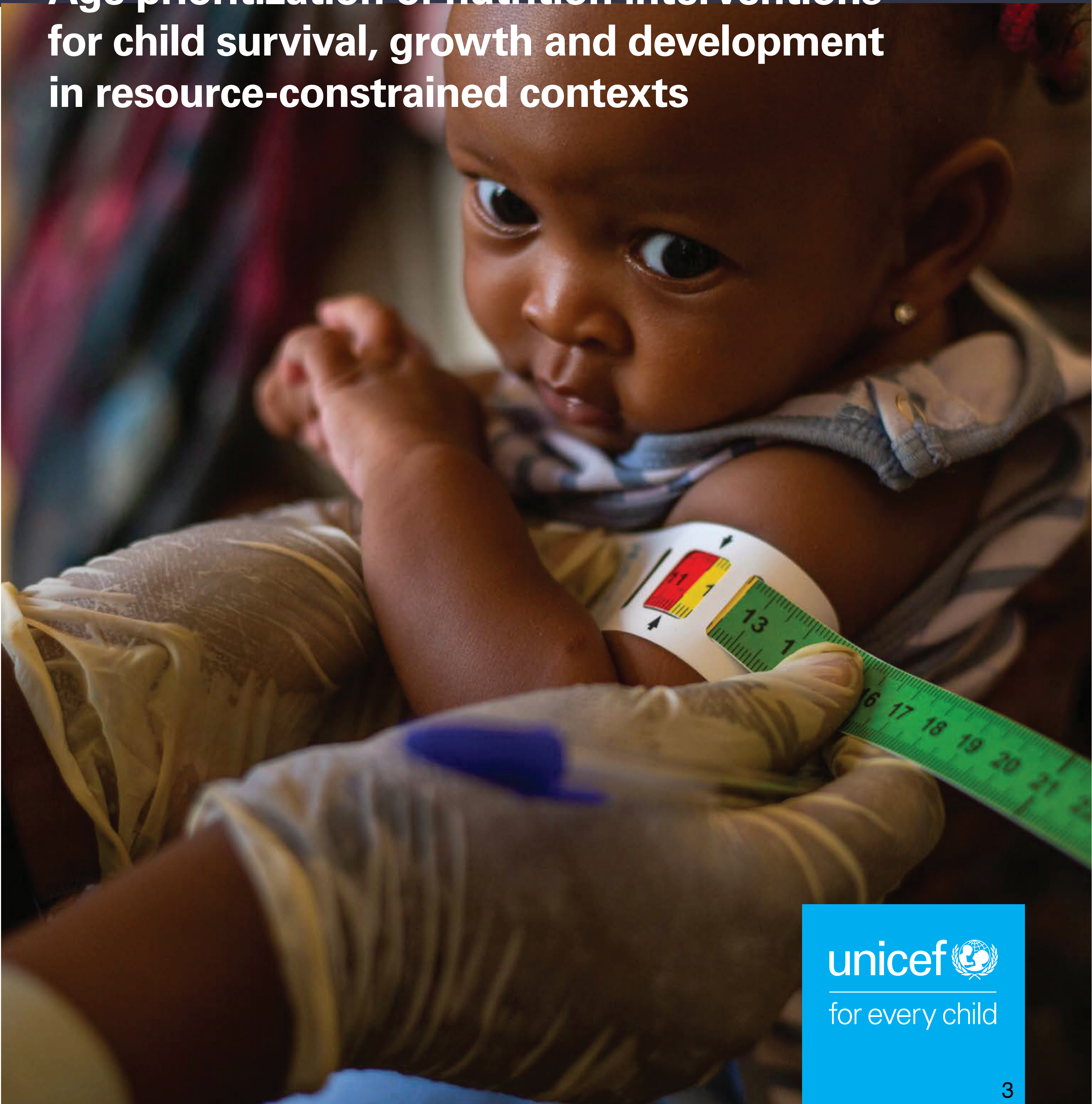
NGO FAMILIES INTERNATIONAL

From Unicef

BRIEF GUIDANCE NOTE

Age prioritization of nutrition interventions for child survival, growth and development in resource-constrained contexts



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BRIEF GUIDANCE NOTE

Age prioritization of nutrition interventions for child survival, growth and development in resource-constrained contexts

KEY MESSAGES

- ***Despite significant global declines in child mortality and malnutrition, many children still die from preventable causes, including undernutrition; these deaths are concentrated in the first two years of life.***
- ***Maternal and child nutrition programmes contribute to reducing child mortality significantly, but sometimes lack the resources and data needed to optimize population level impact.***
- ***Age prioritization is the deliberate dedication of resources to optimize coverage of nutrition interventions and actions among the youngest children who bear the highest risk and burden of malnutrition, morbidity and mortality.***
- ***Age prioritization enables preventive nutrition programmes to increase population level impact on child survival, growth and development for available resources.***
- ***Prioritizing the youngest children in contexts of resource scarcity is justifiable; however, programmes may consider other relevant risk factors when prioritizing delivery.***
- ***Age prioritization should be accompanied by coverage monitoring to ascertain whether programmes have increased their reach in prioritized population groups.***

Key issue: prioritizing delivery by age when resources are scarce

To prevent malnutrition in early childhood, nutrition programmes reach children with key evidence-based nutrition interventions that give every child the best chance to survive and thrive. In the last two decades, the scale-up of these programmes has contributed to reduce child mortality by half and child malnutrition by one-third. Despite these substantial declines, globally, just under 5 million children still die every year, mostly due to preventable causes. Undernutrition is the attributable cause of an estimated 45 per cent of all deaths in children under 5 years of age,[1] and the burden of child mortality is highly inequitable. Almost 2 million child deaths occur annually in the 47 countries that the United Nations describes as 'least developed'.[2] Far too many children are still missing out on the benefits of preventive and life-saving nutrition interventions.

Preventive and therapeutic child nutrition programmes address all forms of malnutrition and avert deaths in children. However, their coverage in low- and middle-income countries is often suboptimal and inequitable. This is sometimes due to lack of sufficient resources needed to achieve optimal coverage everywhere. In some countries, particularly those depending on external donor support, funding is unreliable, unsustainable, and declining. In many contexts, there are no or few reliable data to show where exactly to find the children at highest risk. When resources are limited and relevant data are scarce, nutrition preventive programmes must seek to optimize child survival, growth and development by prioritizing children or population groups most in need of nutrition interventions.

What is age prioritization?

Preventive programmes and policies aim to maximizing health and nutrition outcomes across the population rather than for the individual child. Since the epidemiology of mortality and malnutrition suggests that risks are more significant early in life, preventive programmes have traditionally focused on the youngest children. Five years has usually been the cut-off age after which interventions are deemed insufficiently beneficial to justify the costs. That does not mean that the risk of poor health and nutrition outcomes is zero after age 5 years, but rather that preventive interventions are more cost effective in children under 5 years of age.

When financial and human resources do not allow all children under 5 years to be reached, programmes can narrow the age range further and prioritize children under, for example 2 years of age.[3,4,5] This is because risks are higher in children under 2 years then in older children.

Age prioritization is the deliberate dedication of resources to optimize coverage of nutrition interventions and actions in the youngest children (i.e., those under 2 years of age), in contexts where resources are scarce. It enables programmes to focus attention and resources on the children that benefit the most, and thereby optimize desired survival, nutrition and development outcomes without increasing costs.

The brief focuses on three key areas in nutrition programming (micronutrient supplementation, home-based food fortification, and the early detection and treatment of children with severe wasting) and three interventions (vitamin A supplementation, small quantity lipid-nutrient supplements and multiple micronutrient powders, and community outreach for the early prevention, detection and treatment of child wasting).

What does the evidence say?

Research shows that deaths in children younger than 5 years of age are concentrated in the first two years of life. Studies have found an excess of mortality in the first month of life (neonatal mortality) and that most of the remaining under-five mortality happens during the period from 6 months to 23 months of age.[6 7] Neonatal deaths make up 43 per cent of all under-five deaths, while as many as 39 per cent of under-five deaths (i.e., more than two-thirds of post-neonatal deaths) occur in the period from 1 month to 23 months of age. Only 18.5 per cent of deaths were at 2 years of age or older. No country had more deaths in children over age 2 than in children under the age of 2 years.

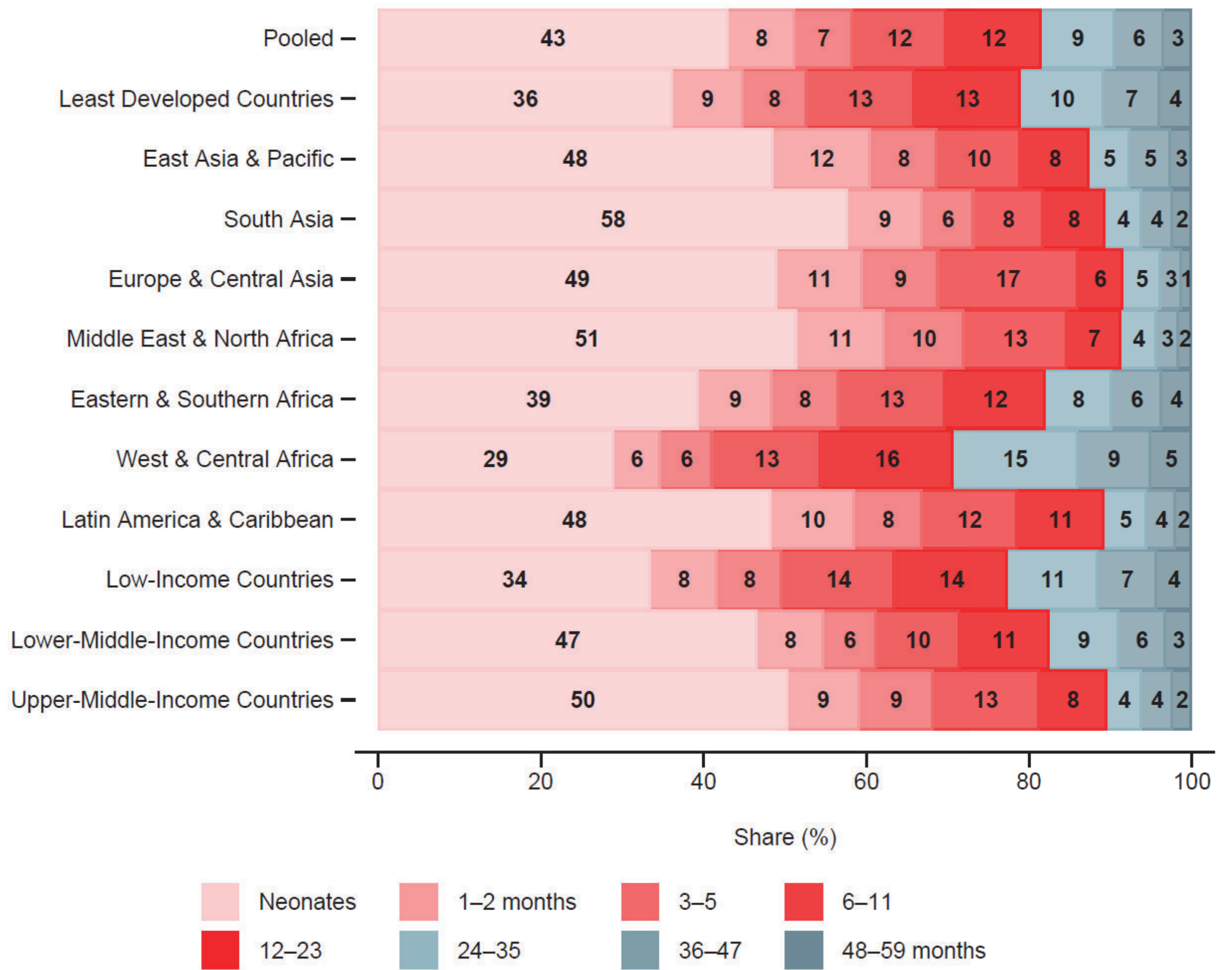
Other nutritional risks are also concentrated in the first two years of life, including impaired growth. Child stunting (low height-for-age) is an indicator of impeded physical growth due to undernutrition and infections, which also increases the risk of mortality, morbidity, and cognitive delays. A recent study of the relationship between stunting prevalence and age in children aged 0–59 months in 94 low- and middle-income countries found higher stunting prevalence among younger children. Stunting prevalence increases from birth until around age 28 months, after which it decreases.[8] Child wasting (low weight-for-height) is also more common among children under 2 years of age, affecting 14 per cent of children under 2 versus 9 per cent of children 2–4 years of age.[9] While the first 2 years of life are the period of greatest risk for child mortality and impaired growth, they are also a period of rapid growth and neurodevelopment, and where interventions to prevent malnutrition and ensure optimal child development have the greatest opportunity for impact. This suggests that in settings where resources are limited, prioritizing nutrition programmes in the first two years of life will save more children's lives and support a wide range of positive child nutrition and development outcomes.

The research also shows that while age is an important risk factor for undernutrition and mortality, it is not the only one. Children from poor and rural households continue to face inequalities in access to diets, services and practices that make them more vulnerable to malnutrition. Indeed, in the analysis the highest mortality and prevalence of both stunting and wasting at any age was found among children from poorer households. This means that, in addition to age prioritization, programmes should also consider complementary factors that put children at risk according to context – such as poverty.

Is age prioritization ethically justified?

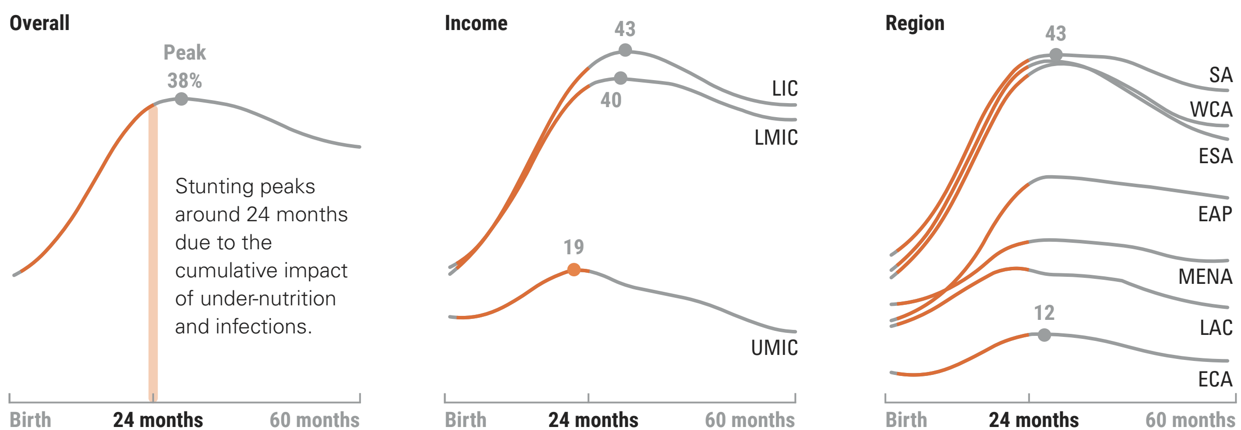
Ethical considerations surrounding age prioritization are complex and require unpacking. Every child has a right to adequate nutrition – and to the survival and development that result from the fulfilment of that right. But when resources are insufficient to reach all children under 5 years of age to the same extent, it is equitable to allocate resources so that children who are most at risk – i.e., those who have the greatest need for preventive and therapeutic services – are given priority. This means that age prioritization can be justified when used to optimize survival, nutrition and development outcomes for the greatest number of children from the resources available. Evidence suggests that many nutrition programmes that do not age prioritize (i.e., attempt to cover all children under 5 years of age) are not effective in reaching high-risk children. For example, coverage of vitamin A supplementation is significantly higher in children already consuming diets rich in vitamin A than in those

Figure 1: distribution of mortality in children under 5 years of age, by age



Karlsson, O., Kim, R., Hasman, A., & Subramanian, S. V. (2022). Age Distribution of All-Cause Mortality Among Children Younger Than 5 Years in Low- and Middle-Income Countries. *JAMA Network Open, 5*(5), e2212692-e2212692

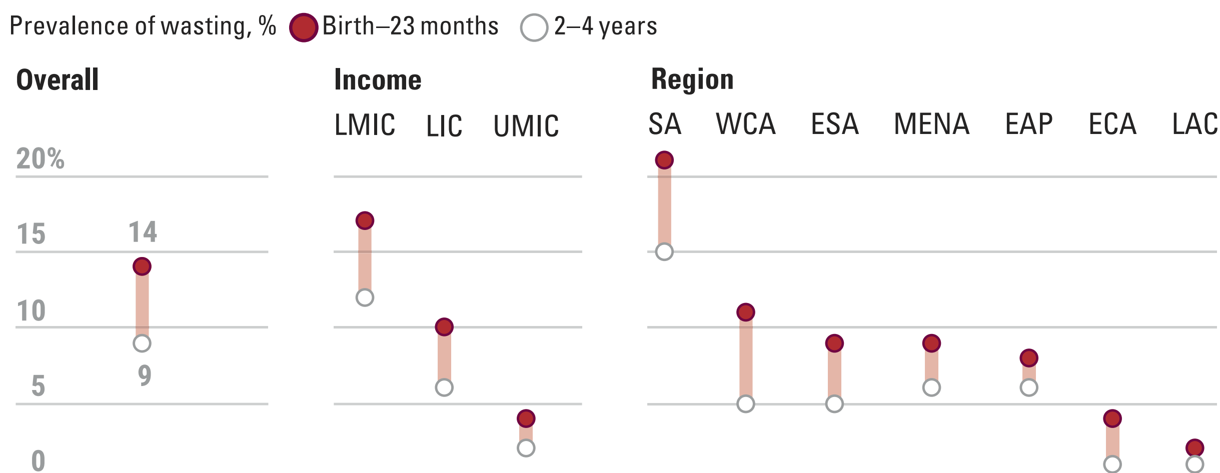
Figure 2. Relationship between stunting and age



EAP: East Asia and Pacific; ECA: Europe and Central Asia; ESA: Eastern and Southern Africa; LAC: Latin America and Caribbean; LIC: low-income country; LMIC: lower-middle-income country; MENA: Middle East and North Africa; SA: South Asia; UMIC: upper-middle-income country; WCA: West and Central Africa.

Modified from: Karlsson, O., Kim, R., Moloney, G. M., Hasman, A., & Subramanian, S. V. (2023). Patterns in child stunting by age: A cross-sectional study of 94 low- and middle-income countries. *Maternal & Child Nutrition,* e13537.

Figure 3. Wasting prevalence across UNICEF regions



EAP: East Asia and Pacific; ECA: Europe and Central Asia; ESA: Eastern and Southern Africa; LAC: Latin America and Caribbean; LIC: low-income country; LMIC: lower-middle-income country; MENA: Middle East and North Africa; SA: South Asia; UMIC: upper-middle-income country; WCA: West and Central Africa.

Modified from: Karlsson, O., Kim, R., Guerrero, S., Hasman, A., & Subramanian, S. V. (2022). Child wasting before and after age two years: A cross-sectional study of 94 countries. *EClinicalMedicine, 46,* 101353.

not getting sufficient vitamin A.[10] In most places we typically do not have the required data at the individual or community level needed to identify high-risk children. Until we have data to assess risk at the community or individual level, age prioritization can be the most logical public health nutrition option.

What are the implications for programme design?

Prioritizing the youngest children is an effective and justifiable strategy for optimizing reductions in malnutrition and mortality in contexts where resources are scarce. Ideally, early childhood nutrition programmes should aim to reach all children under 5 years of age. However, when resources are scarce one way to optimize outcomes is to scale up coverage of proven nutrition interventions in children under 2 years of age. This rationale should be clearly communicated to programme managers and frontline workers to ensure effective implementation.

Some resource constrained programmes may choose to completely stop delivery of services to children over 2 years of age and re-direct resources to children under two years of age. However, for other programs it may be beneficial to take a phased approach, whereby some areas (e.g., districts) focus on children under 2 years of age, while other areas continue delivery to children under 5 years. Comparison of districts will show if prioritizing the youngest children has increased coverage, equity and population level impact in child survival, growth and development.

Because age is not the only important risk factor for undernutrition and mortality, programmes can also consider other indicators of deprivation – such as poverty levels, disparities between young children living in rural and urban areas, exposure to conflict and other humanitarian crises, and other measures of disadvantage and vulnerability – when delivering interventions. This may mean going beyond the 2-year cutoff in some disadvantaged communities.

A decision to prioritize interventions based on age will depend on the context, the type of intervention and the delivery platform. The following sections interpret the evidence and programme implications of age prioritization for three child nutrition programmes: vitamin A supplementation (VAS); home fortification with small quantity lipid-based nutrient supplements (SQ-LNS) and multiple micronutrient powders (MNPs); and the early detection and treatment of child wasting.

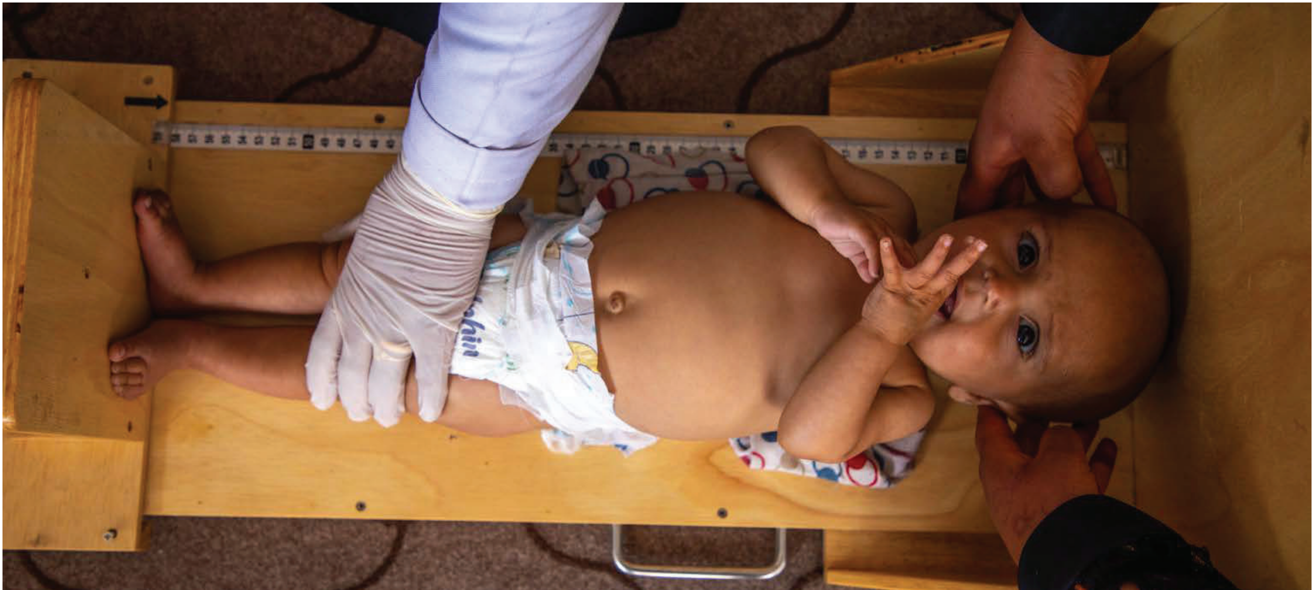
Can vitamin A supplementation be age-prioritized?

Since the 2000s, countries have delivered supplements to millions of children either through routine health services, including facility-based and community outreach, or via mass campaigns. Following initial steady progress, global coverage of VAS has declined and stalled since 2016, hovering around 60 per cent.[11]

VAS has been shown to reduce all-cause mortality by 12 per cent in children affected by vitamin A deficiency,[12] and the World Health Organization recommends VAS for children aged 6–59 months every 4–6 months where vitamin A deficiency is a prevalent problem.[13] Most VAS programmes collect coverage data for the 6–11-month and 12–59-month age groups only. While the cost of a vitamin A supplement is only about 2 US cents, programme costs, including the cost of supply chains, and health workers' time for delivery and demand generation, can be significant. Delivery relies on facility and community health and nutrition workers who have limited capacity and usually several other programmes to deliver. Human and financial resources for delivery are therefore often limited. Biochemical data on vitamin A deficiency are rarely available, making it impossible to target high-risk populations and geographical areas. With resource and data limitations in many countries, there will in some cases be a strong case for age prioritization of VAS to ensure universal coverage of the youngest children, and thereby optimized impact of vitamin A supplementation on survival.

Can home-based food fortification using SQ-LNS or MNPs be age-prioritized?

Globally, almost half of all children aged 6–23 months (48 per cent) are not fed the minimum recommended number of meals each day, and more than two-thirds (71 per cent) are not fed the minimally diverse diets they need to grow and develop to their full potential. Poor infant and young child feeding practices lead to micronutrient deficiencies, which have detrimental effects on survival, growth and development.



SQ-LNS and MNPs are nutritional supplements that have the potential to fill these gaps, in contexts where diets are likely to be low in multiple micronutrients. SQ-LNS are effective in reducing the risk of all-cause child mortality by up to 27 per cent.[14 15] There is emerging evidence that the benefits of SQ-LNS are greatest between the ages of 6 and 11 months;[16] as such, UNICEF advises prioritizing this younger age group in contexts where access to nutritious diets is severely constrained. Although the effects of MNPs on mortality have not been established,[17] there is some evidence to suggest that MNPs contribute to improved growth[18] and there is strong evidence that MNPs prevent anaemia and iron deficiency in children aged 6–23 months.[19]

In many contexts, coverage of SQL-NS and MNPs is low due to inadequate supply, limited capacity to distribute among health facilities and community health workers, etc. In such contexts, prioritizing children under 2 years of age, and potentially children under 1 year of age, for SQ-LNS and MNPs has the potential to optimize survival and development in contexts where resources are limited.

Can early detection and treatment of child wasting be age-prioritized?

Globally, an estimated 13.7 million children suffer from severe wasting.[20] Wasting is strongly associated with increased mortality[21] and impaired growth and development. The prevalence of child wasting is highest among children under 2 years of age, and most wasting-related child mortality is also concentrated among children under 2 years of age. However, once a child is wasted, the individual risk of death is comparable in children under 2 years of age and between 2 and 5 years of age. [22] This means that once diagnosed, all children with severe wasting, regardless of age, must receive timely and quality therapeutic treatment and care.

In resource-constrained contexts, it may be advisable to prioritize children under 2 years of age for the early detection of child wasting, as most cases of severe wasting and mortality risk associated with severe wasting are concentrated in this age group. Screening is done in community outreach sessions by measuring either the child's mid-upper arm circumference or height-and-weight. Prioritizing children under 2 years of age for this intervention will optimize programme cost-effectiveness because more children under 2 years with severe wasting – who have highest risk of mortality and malnutrition – will be identified as wasted and referred to treatment services. However, programmes should assess whether this approach is effective in identifying more children with severe wasting and ultimately results in more children in need receiving life-saving treatment and care.

Recommendations and guiding principles for age prioritization

1. Where resources are limited and coverage is suboptimal, nutrition programmes should do a comprehensive review of coverage and equity. Where there is scope to reach more children under 2 years of age, explicit prioritization of this age-group should be considered, regardless of coverage in children between 2 and 5 years.
2. A decision to limit delivery to children under 2 years of age should be accompanied by an appraisal of opportunities to optimize reach in this age group, e.g., training of community-based health and nutrition workers on the benefits of prioritizing children under 2 years of age; and targeted communication and support to caregivers with children under 2 years of age.
3. A communication strategy should be developed to convey the rationale and implications of age prioritization to programme managers and community workers.
4. If not already available, age-disaggregated coverage data collection should be introduced into administrative data systems to generate coverage estimates for children under 2 years, to enable programmers to track progress.
5. Alongside age, programmes should consider data on other risk factors, for example poverty, and expand delivery beyond 2 years of age in the most disadvantaged communities. Programmes should document and evaluate the policies and programmes aimed at prioritizing children under 2 years of age, in order to enable adjustments and optimize nutrition impact on child survival, growth and development.

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NGO FAMILIES INTERNATIONAL

Public Disclosure Authorized

From the World Bank

Photo by: Andrea Borgarello

July 2024

GIL TOP POLICY LESSONS ON SOCIAL PROTECTION

Women are often overrepresented among the poorest and the most vulnerable. Due to various factors limiting their opportunities, including care responsibilities and gender norms, many either remain outside the workforce or engage in informal employment within precarious sectors lacking crucial safeguards. Even during relatively stable times, they teeter on the edge of economic insecurity, and when confronted with shocks like a pandemic or climate hazard, their already precarious jobs become even more susceptible to disappearance, leaving women in a vulnerable reality without adequate coping mechanisms.

This underscores the importance of putting women at the center of social protection programs, which have the potential to effectively alleviate poverty. Ensuring that social protection systems have a targeted approach for women could help them navigate through unexpected crises and setbacks, secure employment opportunities and enhance their overall productivity and well-being. This does not only have the power to alleviate women out of poverty, but also potentially their families, communities, and broader societies.

The Africa Gender Innovation Lab (GIL) has been generating rigorous evidence to understand what works, and what does not, in supporting women with social protection interventions. This brief provides an overview of these key research findings from Sub-Saharan Africa, highlighting insights and design considerations from social protection programs that have demonstrated positive outcomes for women while also deriving conclusions from programs that don't work.

ABOUT THE AFRICA GENDER INNOVATION LAB

The Africa Gender Innovation Lab (GIL) conducts impact evaluations of development interventions in Sub-Saharan Africa, seeking to generate evidence on how to close gender gaps in earnings, productivity, assets, and agency. The GIL team is currently working on over 80 impact evaluations in more than 30 countries in Africa with the aim of building an evidence base with lessons for the region.

The impact objective of GIL is increasing take-up of effective policies by governments, development organizations, and the private sector to address the underlying causes of gender inequality in Africa, particularly in terms of women's economic and social empowerment. The Lab aims to do this by producing and delivering a new body of evidence and developing a compelling narrative, geared towards policymakers, on what works and what does not work in promoting gender equality.

Public Disclosure Authorized

Niger Adaptive Social Protection Program Components

MULTI-FACETED ECONOMIC INCLUSION PROGRAMS

Economic inclusion programs that offer the most economically disadvantaged women bundled package of interventions can yield large economic gains for women and their households. An important feature of these programs is that they can tackle the multiple constraints often faced by the most vulnerable women. Typically, these packages pair the provision of productive assets, financial stipends, healthcare support, promotion of savings, and life skills and entrepreneurship training, among others.

In the Sahel region, the Sahel Adaptive Social Protection Program (ASP) managed by the World Bank has been accompanying governments' efforts to address chronic poverty and food insecurity by leveraging cash transfers to strengthen people's resilience to shocks. A multi-country impact evaluation led by the World Bank's Social Protection Global Practice, DIME, the Africa Gender Innovation Lab, Innovations for Poverty Action, and partner researchers, studied the impact of an economic inclusion program. The evaluation tested different combinations of the following components: ***core components*** which were included in all packages tested (except for the control group) and consisted of i) coaching and group formation ii) savings groups iii) micro-entrepreneurship training iv) access to markets; the ***capital component*** which was a v) one-time cash injection; and ***psychosocial components*** that included vi) community sensitization on aspirations and social and gender norms vii) life skills training. In most cases, women were the direct recipients of the cash transfer and beneficiaries of the accompanying measures.

In **Niger**, the evaluation compared the impact of three packages for women who were already receiving monthly cash transfers through a national cash transfer program implemented by the Government of Niger. These packages were the full package which included core, capital, and psychosocial components; the capital-only package which adds a lump sum cash grant of 80,000 XOF (US$127 (US$311 in 2016 PPP)) to core components and excludes the psychosocial components; and the psychosocial package which excludes the cash boost and included the psychosocial components listed above. Overall, the study[1] found that all three treatments generated large impacts on annual business revenues as

1 *Bossuroy, T., Goldstein, M., Karimou, B. et al. Tackling psychosocial and capital constraints to alleviate poverty. Nature 605, 291–297 (2022). https://doi.org/10.1038/s41586-022-04647-8*

well as household consumption and food security, and helped households diversify their economic activities. The program was particularly cost-effective when integrating the psychosocial interventions, with impacts exceeding the costs 18 months post-intervention. In terms of implementation, national safety net program's staff oversaw the delivery of the intervention by training institutes, actively leading the implementation of key components. These findings demonstrate that economic inclusion programs can be delivered effectively through existing government systems and that, when integrating psychosocial interventions, they lead to high benefit-cost ratios.

In **Mauritania**, the findings show that only the full package had a significant impact on consumption, suggesting that the combination of all interventions was required to lift households out of extreme poverty. In highly insecure, conflict-affected, northern **Burkina Faso**, the interventions enhanced savings but had limited impact on other outcomes, partly due to the environment which was not conducive to investment. In **Senegal**, only the packages that included a cash grant—the full package and the capital-only package, not the psychosocial one—had a positive impact. This suggests that the capital constraints were more binding for this relatively more educated, urban, youth population than the psychosocial constraints.

In **Nigeria**, the economic inclusion package of the Nigeria National Social Safety Net Program (NASSP) finds similar encouraging impacts.[2] The package combined cash transfers, savings groups, a capital injection, life skills and business skills training, and regular mentoring and coaching. Recent findings from the impact evaluation of NASSP reveal that the multi-faceted economic inclusion program which simultaneously addresses psychosocial, skills and capital constraints, significantly increases household earnings, decreases food insecurity, and boosts women's economic empowerment and well-being.

BOX 1: APPROACHES IN NIGER AND ZAMBIA – KEY DIFFERENCES

Compared to Niger where the psychosocial component was effective, the human capital arm had a limited impact in the Zambia study, where the training content was similar to the Niger psychosocial package. Trainer and implementation quality may explain the contrast. The trainers in Zambia were community-based volunteer facilitators who had varying levels of literacy, received training nearly equivalent in duration to what they were expected to deliver, had minimal incentives and resources, and lacked significant teaching experience. In addition, the human capital arm was not layered on the cash transfer program unlike in Niger. While complex, the SWL is more limited than other multi-faceted "graduation" packages: it lasts 8-10 months instead of up to 24 months, focuses on grants rather than livestock or other productive assets, and includes group mentoring rather than individual.

In **Zambia**, the Girls Education and Women's Empowerment and Livelihood Project (GEWEL)'s Supporting Women's Livelihoods (SWL) initiative, implemented by Zambia's Ministry of Community Development and Social Services, targeted poor women in rural areas. They were provided with a bundled "big push" package comprising: (i) a 21-session life and business skills training; (ii) a productive grant equivalent to US$225; (iii) support to form savings groups; and (iv) six months of group mentoring. The study[3] randomly assigned rural communities to one of three variations of the SWL program or a control group: the "full package" which included all four activities listed above; a "human capital" bundle which included only the skills training and mentorship; and a "financial capital" bundle which included only the grant and savings groups support. This nationwide livelihood program implemented in rural areas

2 *Publication forthcoming.*

3 *Botea, Ioana and Brudevold-Newman, Andrew and Goldstein, Markus and Low, Corinne and Roberts, Gareth, Supporting Women's Livelihoods at Scale: Evidence from a Nationwide Multi-Faceted Program (August 2023). NBER Working Paper No. w31625*

with over 75,000 female beneficiaries across 51 districts in all 10 Zambian provinces yielded large impacts across a wide range of welfare outcomes, including increases in consumption, food security, assets, household income, and mental health. However, the study shows that effects were entirely driven by the asset transfer portion of the bundled intervention, with the human capital activities having limited stand-alone impacts and no marginal impacts when implemented as part of the full bundle (also discussed in Box 1).

PUBLIC WORKS PROGRAMS (PWP)

Labor-intensive public works programs, which are government-initiated and funded initiatives designed to create temporary employment opportunities and stimulate economic growth through the construction, maintenance, or improvement of public infrastructure and facilities, could lead to enhanced women's economic outcomes in fragile contexts. In the **Central African Republic,** GIL's impact evaluation as part of the World Bank Londö Project[4] helped uncover positive impacts of the public works on economic activity. In the pilot, each worker receives a wage of about $3 for each day of the 40-day contract period. In addition, each worker receives a bicycle, roughly valued at about $60, which he or she can keep after successful completion of 40-day contract period. The results showed that having temporary jobs resulted in short-term increases in monthly earnings, the number of days worked, and productive asset ownership of participating men and women. These effects were sustained even after the program and took place through different channels. Men intensified agricultural production and diversified into small manufacture activities, while women diversified into small trade activities. The program also had a positive impact on the mobility of male beneficiaries but did not have the same effect on women. This discrepancy in outcomes appears to be linked, in part, to significant gender disparities in bicycle-riding skills among program participants.

In the **Democratic Republic of Congo**, an Africa GIL study[5] showed that PWPs in fragile states improve participants' livelihoods and women seem to leverage most of these benefits. The Social Response to the Ebola Crisis Program in DRC, implemented by the DRC Social Fund as part of the World Bank DRC Eastern Recovery Project took place in health zones affected by Ebola, with the goal of improving the public infrastructure by addressing the needs of the communities and the public health teams. The program targeted poor and vulnerable men and women over 18 years of age and offered 60 days for a period of 3 consecutive months. By leveraging the random selection of participants through public lotteries and conducting a follow-up phone survey 3 to 6 months after the completion of the public works, the study estimated the program's effects on a wide range of economic and social outcomes. Economic outcomes included economic activity, income, savings, and food security. Social outcomes included intra-household decision-making, participation in household chores, gender norms, and social cohesion. The analysis shows that beneficiaries are more likely to be engaged in income generating activities and generate higher incomes and savings and the effects are stronger for women. Although there is an impact of PWP on social outcomes, it is not as clear as the one on economic outcomes.

4 *Alik Lagrange, Arthur; Buehren, Niklas; Goldstein,Markus P.; Hoogeveen,Johannes G.. Can Public Works Enhance Welfare in Fragile Economies: The Londo Program in the Central African Republic (English). Gender Innovation Lab Washington, D.C.: World Bank Group.*

5 *Publication: Gendered Impacts of Public Works in Fragile States: The Case of an Ebola Crisis Response Program in DRC by Diana Lopez-Avila and Niklas Buehren is forthcoming.*

Photo: © Stephan Gladieu / World Bank

BOX 2: PUBLIC WORKS PROGRAMS AND CHILDCARE PROVISION

Labor-intensive public works programs can incorporate childcare components to ensure the safety of children who accompany their mothers to work sites while also creating new paid work opportunities for public works beneficiaries as childcare providers.

In **Burkina Faso,** the Government's Youth Employment and Skills Development Project included a Labor-Intensive Public Works (LIPW) component with mobile crèches to enable mothers to participate. These crèches were mobile and positioned near work sites, allowing children to stay close to their mothers. Selected project beneficiaries were also trained to provide childcare to their own and other beneficiaries' children during public works sessions. A **study** by GIL found that providing mobile crèches at public work sites tripled childcare usage for children up to 6 years old. This access not only improved children's motor skills but also enhanced mothers' labor participation, psychological well-being, financial resilience, and savings.

In **Ethiopia,** a childcare intervention was added to the LIPW component of the Productive Safety Net Program (PSNP), implemented by the Government of Ethiopia's Ministry of Agriculture and funded by IDA and other donors. Childcare providers were selected among PSNP beneficiaries and rotated to provide childcare during public works sessions in a central local government facility. An **impact evaluation** conducted by AFRGIL found very high usage of these childcare services. Three quarters of the PSNP households selected to take part in this intervention attended the training for caregivers, while 75 percent of the children attended the childcare centers. However, the pilot and evaluation were subsequently suspended due to the conflict in Northern Ethiopia.

More information on these pilots and other implementation modalities can be found in this **case study**.

PROGRAM DESIGN CONSIDERATIONS IN SOCIAL PROTECTION PROGRAMMING

Providing the cash transfer directly into a woman's account could provide safer and more secure access, more control over use, offer a gateway to savings and other mechanisms, and increase a woman's bargaining power. Digital accounts, in particular, could contribute to increasing women's access to and control over the household's financial resources.

Helping women entrepreneurs keep their business income separate from household demands through secure saving mechanisms could have a positive impact on women's productive activities while also ensuring women's privacy. For example, in Tanzania and Indonesia, GIL promoted the expansion of mobile savings accounts among women microentrepreneurs and provided them with business related training.[6] In both countries, the training enhanced the impact of promoting mobile savings. The mobile savings interventions also led to an increase in women's intra-household decision making power vis-à-vis their husbands.

Offering chunkier transfers can lower the overall cost of delivering cash, possibly freeing up resources to increase the number of beneficiaries and widen the impact of such programs. The Africa GIL led an impact evaluation[7] of a cash transfer program in Northern Nigeria to test whether the frequency of cash transfers matters for rural women. The evaluation found that quarterly transfers cost half as much to administer as monthly ones and had similar positive impacts on consumption, investment, women's labor force participation, and other outcomes.

Complementary interventions aim to address norms and intra-household dynamics that influence the intended program impact on women. In Niger ASP, the full community, including elders, economic and traditional leaders, as well as program beneficiaries and their husbands (or other family members), are invited to attend a video screening and a community discussion. Program staff project a short video, filmed in local languages, that depicts the story of a couple that overcomes household and personal constraints and develops economic activities, with support from family and the larger community. As a result, they become more economically resilient. After the screening, trained facilitators guide a public discussion on social norms, aspirations, and community values.

Psychosocial and life skills training are particularly important for women. Standalone business and vocational training interventions have had a mixed impact on building women's agency. Data from 17 Sub-Saharan African countries, analyzed in a recent Africa GIL review,[8] revealed that socio-emotional skills, especially interpersonal skills, are linked to higher earnings, particularly for women. Many social protection programs increasingly incorporate psychosocial and life skills

6 *Bastian,Gautam Gustav; Bianchi,Iacopo; Buvinic,Mayra Lourdes; Goldstein,Markus P.; Jaluka,Tanvi; Knowles,James C.; Montalvao Machado,Joao H. C.; Kartaadipoetra,Firman Witoelar. Are Mobile Savings the Silver Bullet to Help Women Grow Their Businesses (English). Gender Innovation Lab,Issue 29 Washington, D.C. : World Bank Group.*

7 *Bastian,Gautam Gustav; Goldstein,Markus P.; Papineni,Sreelakshmi. Are cash transfers better chunky or smooth : evidence from an impact evaluation of a cash transfer program in northern Nigeria (English). Gender innovation lab policy brief,no. 21 Washington, D.C. : World Bank Group.*

8 *Ajayi,Kehinde; Das,Smita; Delavallade,Clara Anne; Ketema,Tigist Assefa; Rouanet,Lea Marie. Gender Differences in Socio-Emotional Skills and Economic Outcomes : New Evidence from 17 African Countries (English). Policy Research working paper ; no. WPS 10197 Washington, D.C. : World Bank Group.*

trainings. These interventions also tend to have higher participation when they address specific constraints faced by women in their delivery, such as childcare responsibilities, transportation barriers, or lower literacy rates.

Social protection programs could play a critical role in climate resilience and adaptation by providing support mechanisms that help individuals and communities manage the risks associated with climate change. Although the impacts of climate change vary across regional contexts, women's disadvantaged positions heighten their vulnerability and reduce their adaptive capacity. A productive safety net approach that supports livelihood diversification and skills development, like the Sahel ASP example previously discussed, can also enhance adaptive capacity and reduce risks for households and local economies.

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From Member Organisations of the Vienna NGOCommittee on the Family

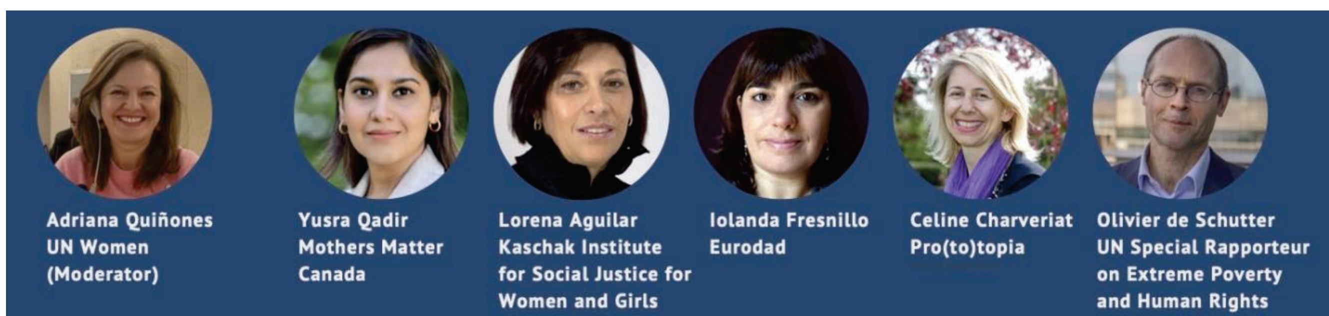
MMM ACTIVITIES TO PROMOTE MOTHERS' ROLE AND RIGHTS

August 2024

MMM HLPF Side-Event: Mothers, Unpaid Care Work and Global Crises – Connecting the Dots

Feminist economists have long established the linkages between unpaid care work and women's specific vulnerability to poverty, especially those of mothers. The disproportionate impact that the multiple and mutually reinforcing global crises have on women and girls is also increasingly recognised. Climate change; armed conflicts affecting all regions of the world and resulting migration; inflation and the cost-of-living crisis; the deepening debt crisis and resulting austerity measures; the ageing population and looming care crisis: all of these tend to increase, directly or indirectly, the unpaid domestic and care work that is mostly done by women and girls, thereby exacerbating pre-existing gender inequalities.

However, while the COVID-19 pandemic put the spotlight on care and how essential it is for sustaining our families, communities, society and the economy, the interlinkages between unpaid care work and all those crises are less visible and often ignored by decision-makers.



The virtual side-event of Make Mothers Matter (MMM) brought together experts and practitioners from different backgrounds to shed light on these links and the role of women as 'shock absorbers' during crises, in particular climate change and the debt crisis. The pattern is more or less always the same: through their unpaid care and domestic work, they compensate for crisis-induced disruptions in the provision of public services (e.g. health, schools, water…) and in resource availability (e.g. income, social benefits, food…) – a fact which remains generally ignored when addressing these crises.

The event also discussed how pre-existing policies and practices in recognising, redistributing and supporting care work can enhance women's resilience, and it examined possible solutions and how taking a 'care lens' to policy-making in responding to crises could help redress or at least mitigate their impacts on women's unpaid care work. The last speakers took a step back and questioned our current economic and social systems, in particular 'growthism' and short-termism, which are at the root of many of these crises. They called for more caring societies, and a systemic transformation of our economy so that that it first serves the sustainability of life and the well-being of people and the planet – with care and human rights at the centre.

Watch the recording on the MMM YouTube Channel.

An overview of the event with key take-aways and other resources are available in MMM's look-back article.

Read also MMM's HLPF written statement on Addressing Crises through the Care Lens.

Make Mothers Matter (MMM) – Paris, France
Contact: mmmi@makemothersmatter.org – makemothersmatter.org

MMM @ ILC112: A New Social Contract Cannot Ignore Care

Make Mothers Matter contributed to the discussion on the International Labour Organisation Director General's report calling for a new social contract.

MMM's key messages:

- MMM fully agrees that a new social contract is urgently needed, but it requires bold structural transformations.
- A new social contract must be embedded into systemic transformations, beginning with the economy. It is time to redefine what MMM calls development and progress, move away from the GDP growth narrative, and repurpose our economic systems and policy-making, so that the economy first serves the long-term well-being of people and the planet, and supports the work of caring for one another and for our natural environment. MMM urgently needs an economy that is in the service of life and sustainable and inclusive well-being for all – the basis of social justice.
- A new social contract must support a more equitable distribution of unpaid care and domestic work, first between men and women, but also across society. Women have long shouldered the majority of both paid and unpaid care work. The resulting costs in terms of lost income and opportunities all too often translate into poverty, especially in old age. Care should be a collective responsibility, with every stakeholder, including the private sector taking its share of responsibility and costs. A paradigm shift is therefore also needed in the world of work – from families, mothers in particular, adapting to companies to companies adapting to families and the realities of care.
- A new social contract must ensure access to and the provision of essential services and universal access to social protection and call for an urgent implementation of social protection floors worldwide. This is particularly important for women who are mothers, who suffer from specific discriminations and challenges – a 'motherhood penalty', which is at the root of social and economic injustice for many.

In summary, MMM called for a new social contract that kickstarts a care society as promoted by the Buenos Aires Commitment, where the value of care work, whether paid or unpaid, is recognised as valuable and essential work, adequately supported and fairly distributed as per the principle of co-responsibility.

Read MMM's full statement here.

MMM @ HRC56: The Distinct Challenges Faced by Widowed Mothers Must Be Addressed

MMM was invited to contribute to a side-event organised by Widows Rights International on the margins of the 56th Human Rights Council to discuss the unique challenges faced by widowed mothers.

Widowed mothers face a dual challenge: coping with the loss of a spouse or partner and finding themselves suddenly bearing the responsibilities of parenthood alone. Understanding their specific struggles and hardships as both widows and lone mothers is crucial for providing the support they need.

They face emotional and psychological challenges and financial hardships, but also other less obvious issues like social stigmatisation and administrative hurdles.

Emotional and psychological challenges

Widowed mothers must first not only navigate their own grief but also support their children's emotional needs – a dual burden, which can be overwhelming. As a result, widowed mothers face an increased risk of

depression, anxiety and loneliness. The stress of single parenting and financial pressures can exacerbate mental health problems.

Financial hardships

The death of a spouse often means the loss of a primary or secondary income, leading to financial instability and insecurity, or even poverty.

We know that mothers who are alone face particular deficits both in terms of time and money, and a higher risk of poverty compared to two-parent families. In a patriarchal society, divorce, separation and widowhood are among the key factors that can leave women economically worse off, especially when they have children to care for, and even more so if they have been caring full time for their children. As the US feminist Gloria Steinem once said, “if women have young children, most are only one man away from welfare.”

In addition, around the world, cultural practices and legal barriers can mean that widows are cut off from social protection or unable to inherit money or property from their spouse or partner. For example, research in Malawi shows that when a man dies, the property he leaves behind may be ‘grabbed’ and/or its use rights may be disputed by his wider family, leaving the widow and her children without any property and forcing her to leave her marital village and place of residence.

As lone mothers, widowed mothers also face employment challenges. Like any mother, they face specific discriminations and barriers in accessing the labour market, in wages and career development; but this so-called ‘motherhood penalty’ is exacerbated for lone mothers. Balancing work and childcare can be difficult for any mother; but it is a real challenge for lone mothers, who cannot share the care with a partner or spouse. A lone mother often needs a flexible and part-time job, especially when she has young children under her full responsibility – which means less income.

Other challenges

Widowed mothers can face social stigma and isolation both as widows and as lone mothers, more so in certain cultural and religious contexts. Community support may dwindle after the initial mourning period. Without a partner, widowed mothers may lack a support system to help with childcare and household responsibilities.

Lastly, a migrant widowed mother and her children can face specific legal and administrative hurdles, which include access to social benefits or health services, or even their right to remain in the country.

Widowed mothers also have specific strengths

In spite of all these challenges, widowed mothers often develop remarkable resilience, adapting to new roles and responsibilities with determination and strength: they are often willing to stand and fight for the sake of their children. They can then serve as powerful role models for their children, demonstrating perseverance, independence, and the ability to overcome adversity.

Many widowed mothers have also become active in their communities, seeking out and creating support networks for themselves and others in similar situations.

MMM’s call for action

In addition to all the laws and policies that can be implemented to support unpaid care work in general, and to address more specifically the challenges of parenting/mothering alone, key measures and policies to support widowed mothers include:

- Offering accessible mental health resources and services, including counselling and support groups specifically for widowed parents

- Ensuring that heritage laws and practices do not financially deprive widows, especially when they have childcare responsibilities
- Establishing community centres and programmes that offer childcare, social activities, and support networks – Mother Centres in particular, as promoted by MMM's associate member MINE, can be a great source of support and resources for any mother, but particularly for lone mothers, including those who are widows.

However, what is needed most is to give visibility to the situation of both lone mothers and widows through data. 2015 estimates by the Loomba Foundation put the global number of widows at 258 million – not accounting for those who have remarried. But just like for lone mothers, there are no reliable statistics on widows. In most countries, household surveys provide no information on the status of the single person heading a household beyond the fact that it is a male- or female-headed household. In addition, those statistics do not tell the whole story: widows or lone mothers often live in extended family households, which contributes to their invisibility.

Only when we have reliable statistics on motherhood and widowhood can we really assess the magnitude of the issues and address their challenges – especially when these intersect, which is the case for widowed mothers.

Read MMM's full statement here.

Every Mother Should Have Access to the Long-Term Care She Needs and Deserves

In a timely joint statement, Make Mothers Matter, along with 16 European NGOs, has urged EU policy-makers to prioritise long-term care in the upcoming 2024–2029 legislature. This call comes as the Belgian presidency of the EU focuses on strengthening the European Pillar of Social Rights, with a specific emphasis on Principle 18 – the **right to long-term care**.

The urgency for action

The statement highlights several critical issues plaguing long-term care across Europe, including:

- **Underinvestment**: Insufficient funding for long-term care services
- **Inadequate social protection:** Lack of comprehensive support systems for both care recipients and providers
- **Limited person-centred care:** A deficit of services that prioritise individual needs and preferences
- **Staff shortages:** A growing need for qualified personnel in the long-term care sector.

These issues put pressure on a system already struggling to meet the growing demand for quality care. In the joint statement, the contributing NGOs have formed a united front to persevere in improving this situation and ultimately, the quality of the long-term care experience within Europe.

Recommendations and demands

The joint statement proposes several key actions to address these challenges, including the establishment of a **European Long-Term Care Platform**. This platform would foster collaboration between national authorities,

civil society organisations (like MMM), care providers, and social partners. By facilitating dialogue and information sharing, it would promote effective implementation of the EU's Long-Term Care Strategy.

The statement also calls for the implementation of the Council Recommendation on access to affordable high-quality long-term care (2022) meaning that Member States need to develop and **submit ambitious national plans** by June 2024, focusing on affordability, accessibility and quality of care.

And finally, it addresses the need for **transformational investments**. These aim to shift the approach to long-term care funding, viewing it as an investment in Europe's social and economic well-being, not just a cost.

Long-term care: demands specific to mothers

In addition to the common demands set out in the joint statement, MMM – on behalf of the mothers it represents – asks for long-term care-related measures that address in a comprehensive way the particular challenges and disadvantages encountered by mothers.

As outlined in a separate policy paper, MMM believes that it is imperative to draw attention to the **long-term care demands of women in relation to the gender pension gap**. One of the primary reasons for this inequality is the time that women spend on unpaid labour activities such as care. This time is not yet recognised nor recalculated in terms of pension benefits and is a source of economic and social injustice, impacting not only the economic and financial situation of mothers and their families, but also their mental and physical health.

Therefore, MMM advocates for a better protection of mothers in order to prevent negative consequences later in life and also with respect to their long-term care options. As a solution, MMM urges the EU to:

- Implement a **care credit system** that awards pension credits for time taken to fulfill care activities at different stages of a mother's life and to recognise and value unpaid care work in a broader sense
- Conduct a reform of the **survivor's pensions systems** to address rising divorce rates in order to reduce the social exclusion of older women and their dependency on their (ex-)husband's pensions
- The promotion of **intergenerational co-housing** that responds to the wish of a person-centred alternative solution in old age. Studies demonstrate that it helps lower housing costs, prevents feelings of loneliness or isolation, allows older women to remain active and in good mental and physical health
- **Revalue part-time work** in pension calculations, increase the availability and access to retirement savings plans, with a focus on predominantly female sectors, and incentivise women to actively engage in the latter.

Read MMM's full policy paper on long-term care.

The La Hulpe Declaration: A Positive Step towards Social Justice in the EU

MMM welcomes the recent adoption of the La Hulpe Declaration under the Belgian presidency. This inter-institutional document aims at shaping the EU's future social agenda for the period 2024–2029. The signatories of the Declaration are the European Parliament, the European Commission, and the Council of the EU.

The Declaration reaffirms the European Pillar of Social Rights (EPSR) as the compass for EU policy-making, recommits the EU to meeting the headline Porto Targets and prioritises a 2025 revision of the Action Plan for the EPSR.

This commitment is key to the European Pillar of Social Rights (EPSR) and its Action Plan that have been serving as a **compass for tangible policy and legislative measures** in the areas of common employment, skills

and social challenges, and working and living conditions in the European Union. It is therefore crucial that they continue to play an important role in the years to come.

As a member of the Social Platform, MMM was invited to provide input to the drafting of this Declaration and is pleased with the general commitment of the EU institutions and Member States to the social rights agenda.

While Make Mothers Matter welcomes the La Hulpe Declaration as it represents a positive step forward following the Porto Social Summit[1], MMM believes it fails to present more ambitious ideas for societal transformation. Over the past three years, poverty has not decreased, and issues such as energy poverty, financial strain, housing insecurity and severe material deprivation that strongly affect mothers and their families, have only worsened.

The EU's commitment to enhancing the well-being of all individuals within a society that prioritises alleviating poverty, addressing social exclusion and combating discrimination, should be paramount. However, the current emphasis on competitiveness, productivity and industrial policies in framing social policy is troubling.

MMM acknowledges the La Hulpe Declaration's call for "***continued action to tackle gender segregation and to close the gender employment, pay, pension and care gaps and for necessary measures to eliminate gender stereotypes***". And for "***determined action to combat all forms of violence against women and domestic violence and harmful gender stereotypes***". This addresses some of MMM's areas of activity within the EU, such as gender equality, work-life balance and flexible working conditions, the gendered care gap, the adaptation of skills in the workplace, and the pay and pension gaps.

MMM welcomes the renewed pledge to **fostering work-life balance** and committing to the Barcelona targets on **high-quality, accessible and affordable childcare** as part of a vital addition for women's labour market participation. But MMM also calls for the support of other varied offers of **childcare options that meet** the **different needs of different families.** MMM recommends 'family-centred' solutions (such as Leihomas or "borrow a grandmother", childminders or other community-based alternatives), as they allow parents to choose from a variety of options based on their current and unique needs.

The topic of **maternal and child mental health** is a growing concern and a focus for MMM, which would have appreciated more emphasis, and calls for action within the Comprehensive Approach to Mental Health, especially on supporting the mental health of all persons starting from the very beginning, i.e from pregnancy onwards.

Since **long-term care** was absent from the Declaration, together with other civil society organisations, MMM published a joint statement on this topic, asking for a more robust and person-centred long-term care system across Europe and the establishment of a dedicated EU platform.

MMM believes that Europe urgently requires a revised action plan with innovative proposals to ensure ongoing social progress that leaves no one behind, that cares for its carers and puts social justice at the forefront of all its policies.

Access the full article here.

Compiled by Irina Pálffy-Daun-Seiler, MMM Representative to the United Nations in Vienna, with input from Valérie Bichelmeier, Vice-President and Head of MMM UN Delegation, and Johanna Schima, Vice-President and Head of MMM European Delegation.

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[1] *One of the main messages of the Social Summit in Porto on 7 May 2021: "The social dimension of the EU is absolutely key to ensure that the double transition our societies need is fair and inclusive, leaving no one behind."*

Recent & Upcoming Events

September

12.-13.: ICFS 2024: 18. International Conference on Family Studies (Amsterdam, Netherlands)

https://waset.org/family-studies-conference-in-september-2024-in-amsterdam

12.-13.: ICBCF 2024: 18. International Conference on Bullying, Cyberbullying and Family (Rome, Italy)

https://waset.org/bullying-cyberbullying-and-family-conference-in-september-2024-in-rome

19.-20.: ICFSC 2024: 18. International Conference on Family Studies and Community (London, United Kingdom)

https://waset.org/family-studies-and-community-conference-in-september-2024-in-london

October

28.-29.: ICFSC 2024: 18. International Conference on Family Studies and Community (Osaka, Japan)

https://waset.org/family-studies-and-community-conference-in-october-2024-in-osaka

November

07.-08.: ICIFL 2024: 18. International Conference on International Family Law (Dubai, United Arab Emirates)

https://waset.org/international-family-law-conference-in-november-2024-in-dubai

18.-19.: ICFN 2024: 18. International Conference on Family Nursing (Reykjavik, Iceland)

https://waset.org/family-nursing-conference-in-november-2024-in-reykjavik

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