

NEW YORK UNIVERSITY

CENTER ON INTERNATIONAL COOPERATION

**The Laboratory of Development
The Impact of Social Policies on Children in Latin
America and the Caribbean**

David Steven and Alejandra Kubitschek Bujones

May 2014

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The world faces old and new security challenges that are more complex than our multilateral and national institutions are currently capable of managing. International cooperation is ever more necessary in meeting these challenges. The NYU Center on International Cooperation (CIC) works to enhance international responses to conflict, insecurity, and scarcity through applied research and direct engagement with multilateral institutions and the wider policy community.

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Introduction

In October 2013, Ambassadors from the Group of Latin American and Caribbean Countries in the United Nations (GRULAC), their key negotiators from respective capitals, civil society representatives, and UN System agencies from the region held a retreat on the Post-2015 Agenda.

The Center on International Cooperation submitted two reports as background and stimulus for this retreat:

- *What Happens Now? Taking the Post-2015 Agenda to the Next Stage* provides an overview of the post-2015 process and discusses the road map for negotiating a final agreement.¹
- *A Laboratory for Sustainable Development? Latin America, the Caribbean, and the Post-2015 Development Agenda* discusses the challenges facing the region between 2015 and 2030 and how these might be addressed by a new global development framework.²

“Latin America and the Caribbean is distinguished by the range of policies that it has developed to respond to both the opportunities and risks of contemporary globalization,” we wrote in the second paper. “From efforts to increase macroeconomic stability and major programs of economic reform, through innovative investments in social welfare and protection, to fresh approaches to compensating those providing environmental goods and services, the region has been at the forefront of developing new economic, social, and environmental policies.”

This new paper has been prepared at the request of UNICEF in Latin America and the Caribbean. Once again, we explore the concept of Latin America and the Caribbean as a *laboratory for development*, but our focus is on progress made in meeting the region’s obligations under the Convention on the Rights of the Child, the policies that have supported this progress, and the lessons that can be drawn for children’s future prospects.

The paper has three sections. The first is based on a review of socioeconomic data for the region, drawing on existing official data sources. It presents key indicators that are

relevant to the welfare of children, both directly (education, health, etc.) and indirectly (demography, growth, etc.). Our aim is to provide an overview of regional trends that have led to positive outcomes for children and to identify countries that have made especially fast progress.

The paper’s second section explores major policies that have had an impact on children’s lives. This is not a formal evaluation of these policies, although, where possible, we draw on evidence presented in existing systematic reviews of the effectiveness of social and economic interventions.³ Our objective is to provide an overview of the diversity of policies that have helped to deliver progress for children, in order to broaden the debate on what works and why.

Finally, we turned to the major challenges that the region must confront if it is to continue improving the lives of children. Tomorrow’s challenges will require a new generation of social programs. We do not attempt to provide a comprehensive picture of these programs, but to identify areas where there is an urgent need for action to close the gap between business-as-usual and the region’s aspirations for 2030.

Acknowledgements

We would like to acknowledge the support of Monroe Elizabeth Lacerte, who performed much of the data gathering and organization for this report.

One: Results for Children

On 20 November 1989, the Convention on the Rights of the Child was adopted by the UN General Assembly and entered into force a year later.⁴ It has been ratified by all the world's countries, apart from the United States of America and Somalia, with Haiti's ratification in 1995 ensuring universal support from Latin America and the Caribbean.

The Convention sets out rights for all those under the age of 18, regardless of ethnicity, religion, gender, social origin, or any other marker of status.⁵ It obliges governments to implement policies that deliver these rights in full where possible and, in all cases, "to the maximum extent of their available resources and, where needed, within the framework of international cooperation."⁶

The Convention was followed by the World Summit for Children, which includes goals for a reduction in child, infant and maternal mortality, an improvement in nutrition and universal access to water and sanitation, access to and completion of primary education, and "protection of children in especially difficult circumstances, particularly in situations of armed conflict."⁷ These goals were important antecedents of the MDGs that were agreed ten years later in New York.⁸

According to UNICEF, the Convention is "the most complete statement of children's rights ever produced."⁹ We do not attempt to review progress against all the rights it provides children. Instead, we focus on some important socioeconomic rights (the right to an adequate standard of living, to adequate nutritious foods, to the highest attainable standard of health, and to education), alongside birth registration, which provides children with a legal identity, and the right to be protected from all forms of violence. We also provide an overview of demographic shifts in the number and distribution of children to whom the Convention applies.

Demography

In 1990, 445 million people lived in Latin America and the Caribbean and the region's population was still growing fast, with a further increase of 185 million people predicted

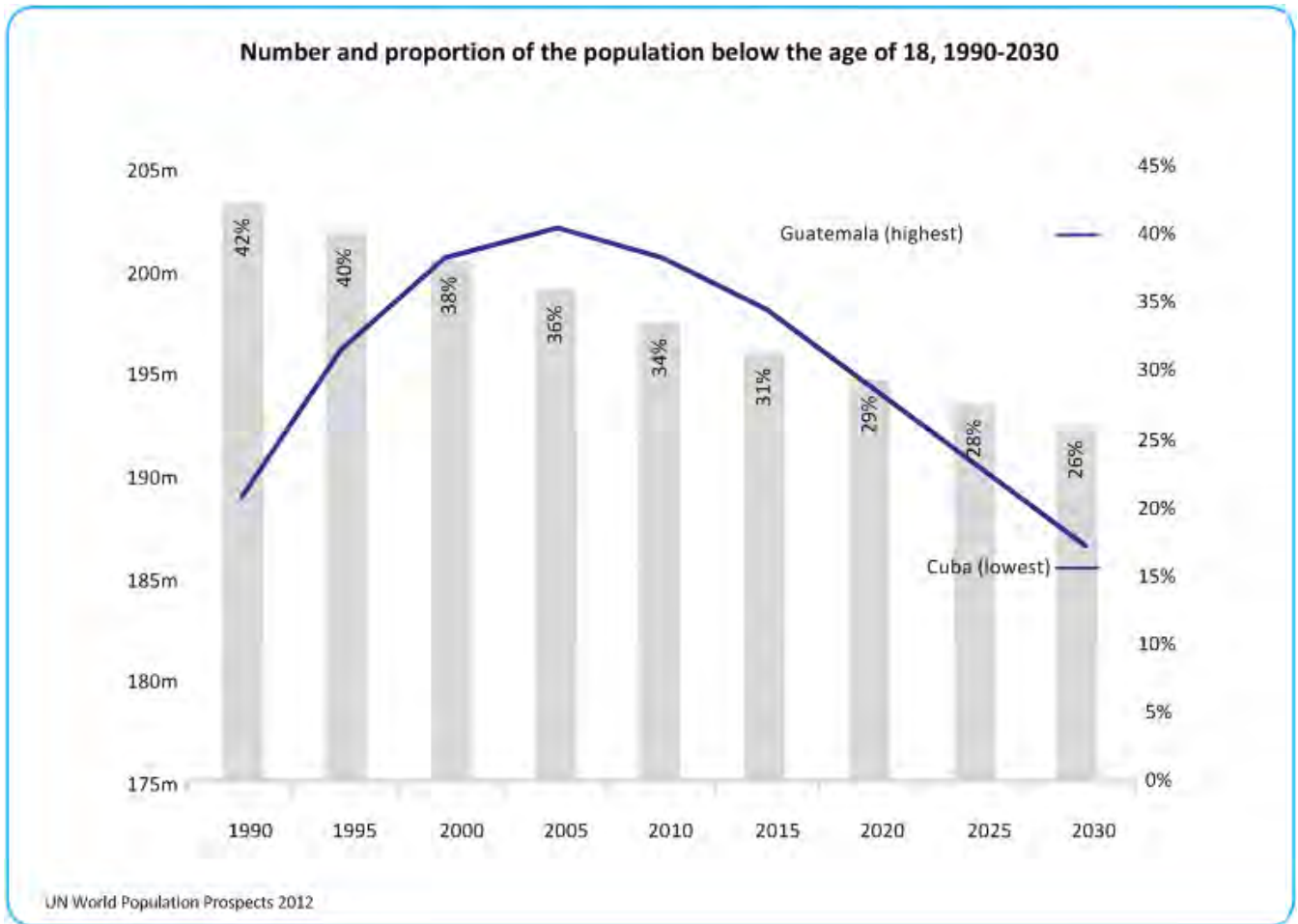
by 2015.¹⁰ But family size has fallen rapidly, with women having an average of only slightly over two children each, and the demographic transition is advanced in most countries.

Aging has been rapid. In 1990, more than half of the region's population was below the age of 22 years. The median age will be 29 years in 2015 and is projected to be 34 years in 2030. There is considerable diversity, however. Four countries are already older than the United States or will be so by 2030, while eight countries will still have a median age of below 30 years in 2030, with half of the citizens of Guatemala, the region's youngest country, below the age of 23.

The region's changing demography has important implications for its children:

- *Latin America and the Caribbean has reached 'peak child.'* The population below the age of 18 peaked in 2005 and is now falling (see figure 1). In 2030, the region will have fewer children than in 1990. As a result, 25 countries will have to provide services to a stable or falling number of children. Only six countries will see substantial growth in the number of children who need to be cared for and educated.
- *Fewer children will have more adults to support them.* The proportion of working-age adults in the population is increasing rapidly. In 1990, we estimate that there were 1.11 adults aged 18-64 years for every child or old person. This will have increased to 1.56 adults per dependent in 2015 and will reach 1.63 adults per dependent in 2030, with societies composed of smaller families and larger workforces (and more taxpayers to fund public services).
- *These demographic changes are advantageous.* A growing proportion of working-age adults offers the region's countries the opportunity to collect a demographic dividend if they can generate sufficient productive jobs and implement other policies that favor growth and savings. Countries have an opportunity to invest more in offering fewer children a better start in life, preparing them to become productive and active citizens.

Figure 1



- *Some countries are swimming against a demographic tide.* Very young countries, such as Guatemala, Honduras and Haiti, will need to plan effectively (and make the most of limited resources) if they are to meet the needs of rising numbers of children with limited resources. Others, such as Cuba, Chile and Bahamas, are already aging very rapidly, potentially leading to sluggish growth at a time when growing numbers of old people must be cared for. For them, youth is an increasingly scarce resource.

Legal Identity

Desmond Tutu has described a birth certificate as “a small paper but [one that] actually establishes who you are and gives access to the rights and the privileges, and the obligations, of citizenship.”¹¹ Among the advantages of birth registration are the ability to prove nationality and

age, access social services, and, as an adult, gain formal employment, enter into contracts, and vote.¹²

According to the Convention, children “shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and as far as possible, the right to know and be cared for by his or her parents.” Children also have the right to preserve this legal identity and to receive assistance from their government if it is threatened.

While data availability is poor (no data for 14 countries and old data for many others), the region has made significant progress in this area:

- *More children are now registered at birth.* In 1999-2004, 82% of children in the region were registered.¹³ Data from 2005 to 2012 shows this has now risen to 92%.¹⁴

Figure 2



Nine countries have achieved universal or near-universal birth registration (at least 95% of children registered), while another nine have elements of an effective registration system in place (80-95% registered).

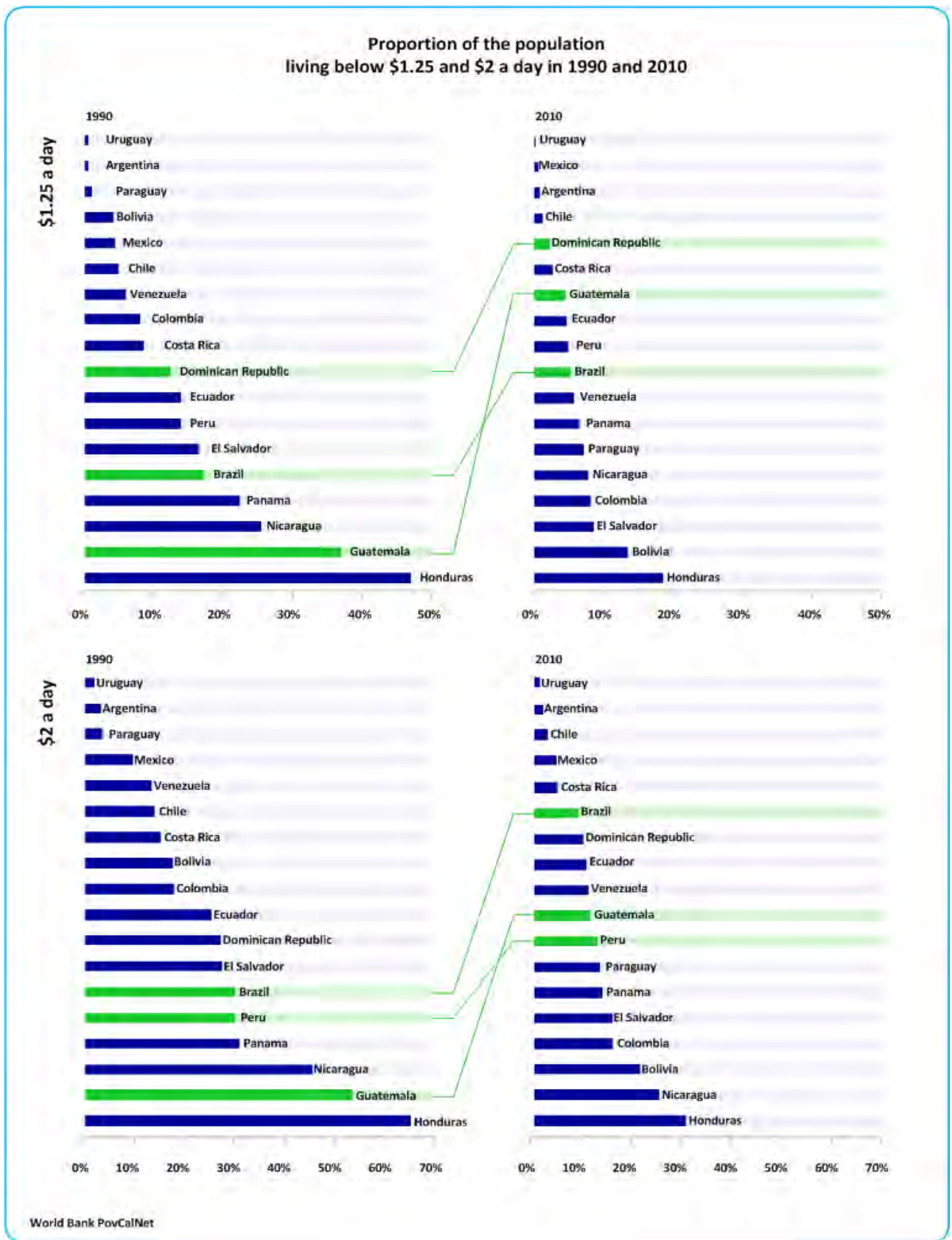
- *Some of the region's poorer countries have invested in birth registration.* Of countries with GDP per capita of less than half the regional average (\$4,788), El Salvador, Guatemala and Belize register at least 95% of children (see green dots in figure 2), while Honduras, Guyana, Nicaragua and Haiti register at least 80% (see shaded area in figure 2).
- *The poorest children are most likely to be left unregistered.* Of 12 countries that provide a socioeconomic breakdown of registration data, three show an extremely pronounced difference in registration between children from rich and poor families (more

than a 20 percentage point difference in registration between the richest and poorest wealth quintile), while two have a broadly equitable distribution (less than a 2 percentage point difference between the upper and lower wealth quintiles).

Living Standards

The Convention guarantees a range of economic rights to children. Children have the right to “a standard of living adequate for the child’s physical, mental, spiritual, moral and social development.” Governments are responsible for helping parents provide their children with the resources they need, offering where necessary “material assistance and support programmes, particularly with regard to nutrition, clothing and housing.”

Figure 3



Since 1990:

The regional economy has grown strongly, especially between 2000 and 2008. In real terms, GDP per capita increased from \$2,629 in 1990 to \$9,575 in 2012.¹⁵ In the 1990s, growth in GDP per capita averaged 5% per year, but this increased to 6.7% in the 2000s. Eight countries have seen per capita GDP grow more than five-fold between 1990 and 2012, while growth in Nicaragua enjoyed a more than seven-fold and Suriname a more than nine-fold increase.

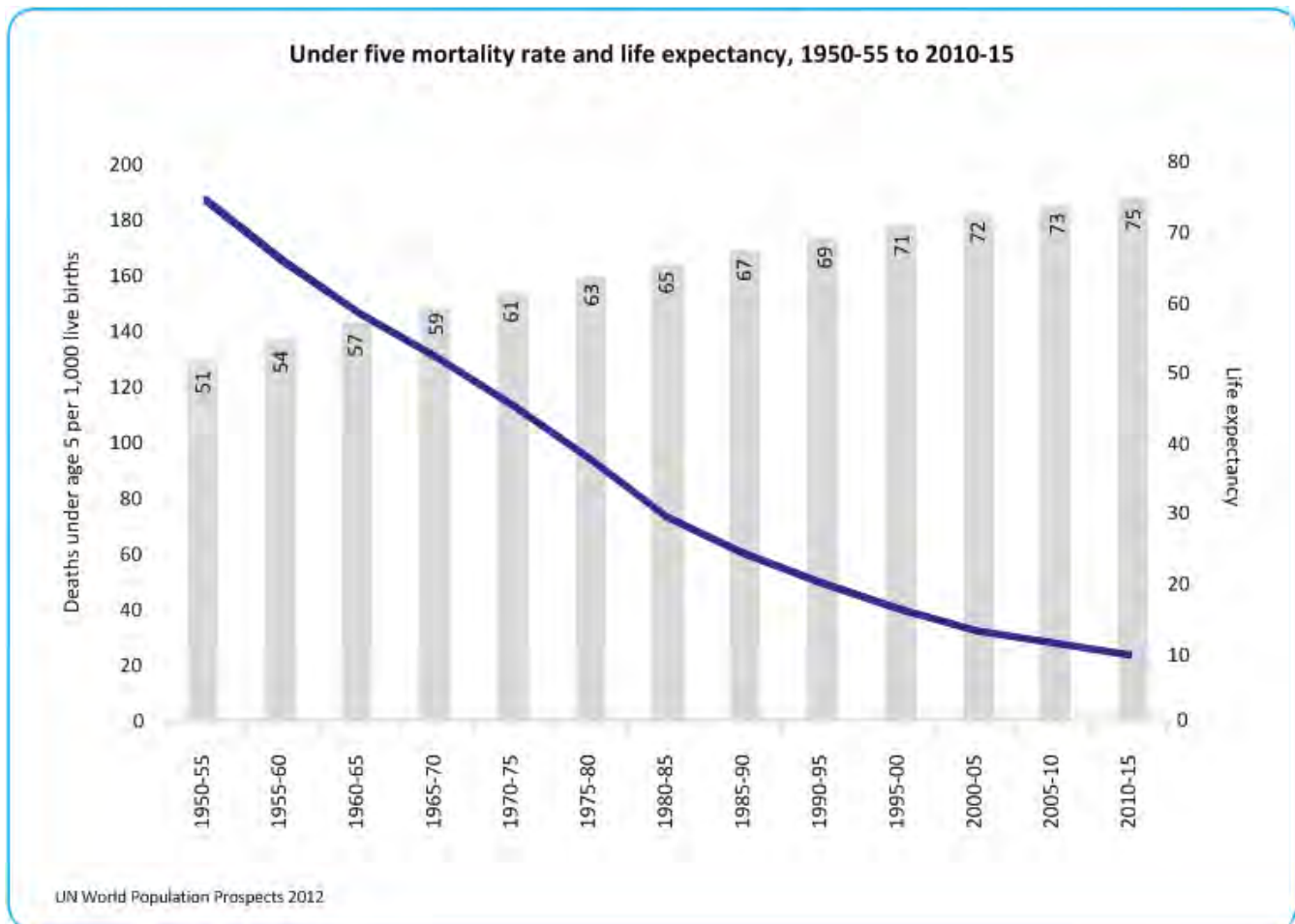
There have been steep falls in poverty. In 1990, 12.2% of the population was living on less than \$1.25 a day and 21.7% of the population on less than \$2. By 2010, this had fallen to 5.5% (\$1.25) and 10.0% (\$2) - see figure 3.¹⁶ Strong economic growth had fed through to the poorest people, accounting for more than two thirds of the region's poverty reduction between 2003 and 2012.¹⁷

Falling inequality has been good for the poorest. Incomes have grown faster for the bottom 40% of the population (5% annual increase between 2003 and 2012 in real terms) than the population as a whole (3.3% annual increase).¹⁸ The World Bank estimates that a third of the region's poverty reduction can be accounted for by a more equitable distribution of growth.¹⁹

Some countries have reduced poverty especially quickly. Guatemala, Honduras, Nicaragua, and Panama have made the fastest progress in reducing \$1.25/poverty (more than a 15 percentage point reduction), while Guatemala, Honduras, Brazil, Nicaragua, Peru, Dominican Republic and Panama exceeded a 15 percentage point reduction in \$2 per day poverty.

Poverty data is often weak. We do not have recent data for 11 countries (more than 5 years old), while six of these have

Figure 4



not produced data in a decade. Three countries, including some of the region's poorest, have only ever completed a single poverty survey (e.g. Haiti). The Caribbean in particular often lacks reliable and consistent data.

More children are living in middle class households. Latin America's middle class grew annually at 6.7 % between 2003-2009, from slightly above 100 million people to more than 150 million, or a third of the population.²⁰ This increase contrasts with the lagging performance of the 1990s – a 'lost decade' for the middle class where growth was flat.²¹ Many middle class families are not secure, however, with 38% vulnerable to falling back into poverty.²²

Health, Nutrition and Education

The Convention recognizes that health, nutrition and education are central to the "survival and development" of a child. Children have the right to "the highest attainable standard of health," to "the provision of adequate and nutritious foods and clean drinking-water," and to free and compulsory primary education, secondary education that is available for all, and higher education that is accessible based on merit.

Health standards have improved dramatically:

- *Very substantial gains in life expectancy were made before 1990.* A child born in the region in 1950 could expect to live for just over 50 years, more than 13 years less than in rich countries. By 1990, this had increased to 69 years and is now nearly 75 years, just three years below the West's life expectancy (see figure 4). Guatemala, Nicaragua, Haiti, Peru and Bolivia have seen the greatest improvements in life expectancy (in that order), while Nicaragua, Peru, Brazil, Ecuador, and Colombia have seen the greatest improvements relative to other countries in the region (again, in that order).
- *Children have made the greatest health gains.* In 1950, nearly one in five boys and one in six girls died before their fifth birthday. This had fallen to around one in twenty for both sexes by 1990 and to just over one in fifty today, although children in Latin America and the Caribbean are still more than three times more likely

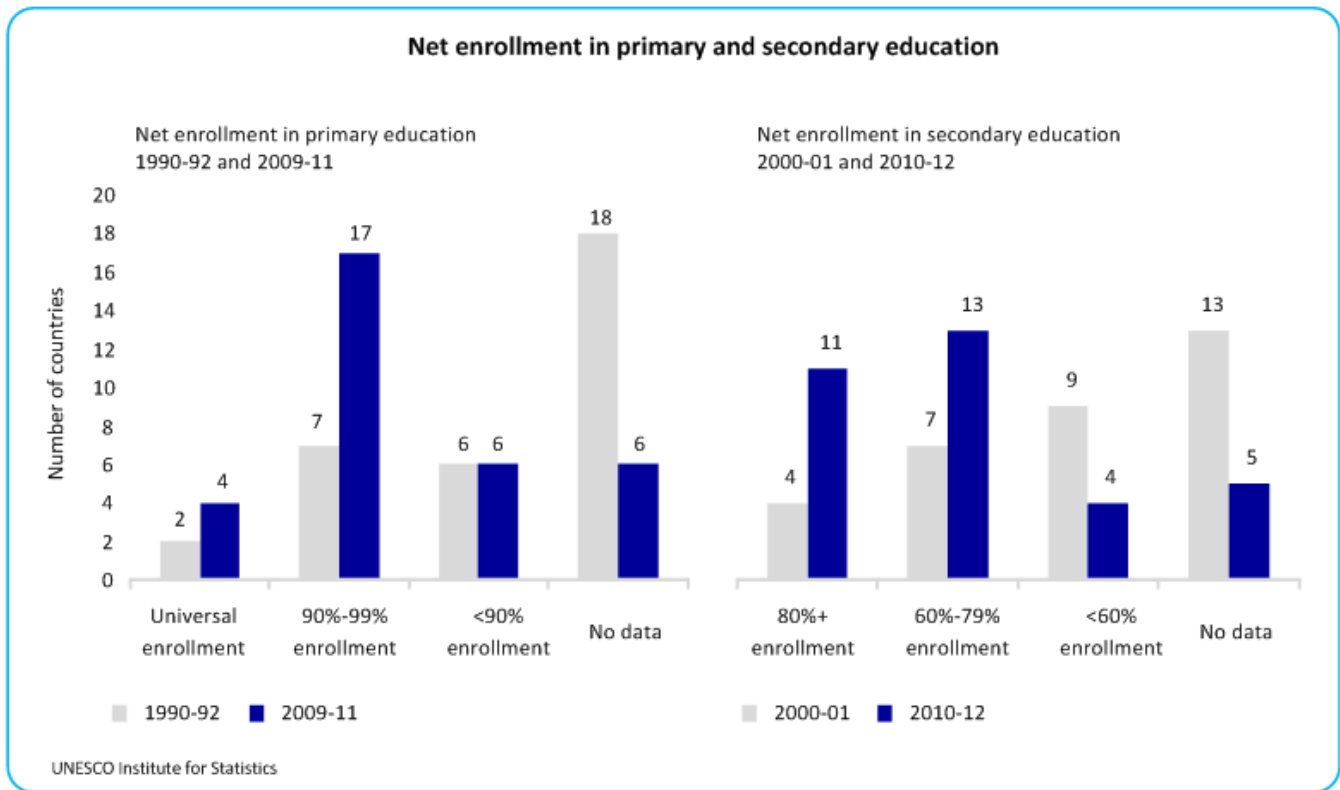
to die early than in developed countries. Adolescents have also seen health improvements, with adolescent fertility nearly halving between 1990 and 2011.

- *Progress has been especially impressive in some countries.* Cuba's under five mortality is the lowest in the region and is below the average for developed countries. Peru, Brazil, El Salvador, Uruguay, and Saint Kitts and Nevis have made the most substantial gains in the region on this indicator, while Brazil, El Salvador, Peru, Mexico, and Saint Kitts and Nevis have significantly improved their position relative to other countries, with Brazil moving from 27th in the region in 1990 to 9th in 2012.
- *Public investment has supported these improvements.* Public health expenditure on health doubled as a proportion of GDP between 1990 and 2010, reaching 3.8% of GDP. Another 3.8% of GDP is spent from private sources.²³ However, these levels remain below those of the OECD countries, which spend 7.4% of GDP in public money and 4.7% in private money on health, and more than six times as much as Latin America and the Caribbean on a per capita basis. Public expenditure on health is above 5% of GDP in nine countries, and is 9.7% of GDP in Cuba and 7.4% in Costa Rica. Ecuador and Trinidad and Tobago more than doubled health expenditure as a percentage of GDP between 2000 and 2010.

A lack of food leads to an elevated risk of mortality for children, with one study finding that more than half of all deaths in young children can be attributed to under-nutrition.²⁴ Poor nutrition in a child's early years (and while it is in utero) also has a serious, and often irreversible, impact on cognitive development, damaging educational and career potential.²⁵

- *Levels of under-nutrition have shrunk significantly.* In 1990/92, 14.7% of people in the region were estimated to have not had enough food to maintain an active and healthy life. This had fallen to 7.9% in 2011/2013. Seven countries now have malnutrition levels below 5%, while Nicaragua, Peru, Guyana and the Dominican Republic have seen malnutrition levels fall by more than 15 percentage points.

Figure 5



- *Children are more likely to receive the food they need to grow properly.* In 1989-1992, 15% of children under the age of five were stunted. This had fallen to 8.3% in 2008-2012. Brazil, Jamaica, Honduras, and Haiti made the fastest improvements. In Brazil, one in five children were stunted at the beginning of the period, compared to one in fifty today.

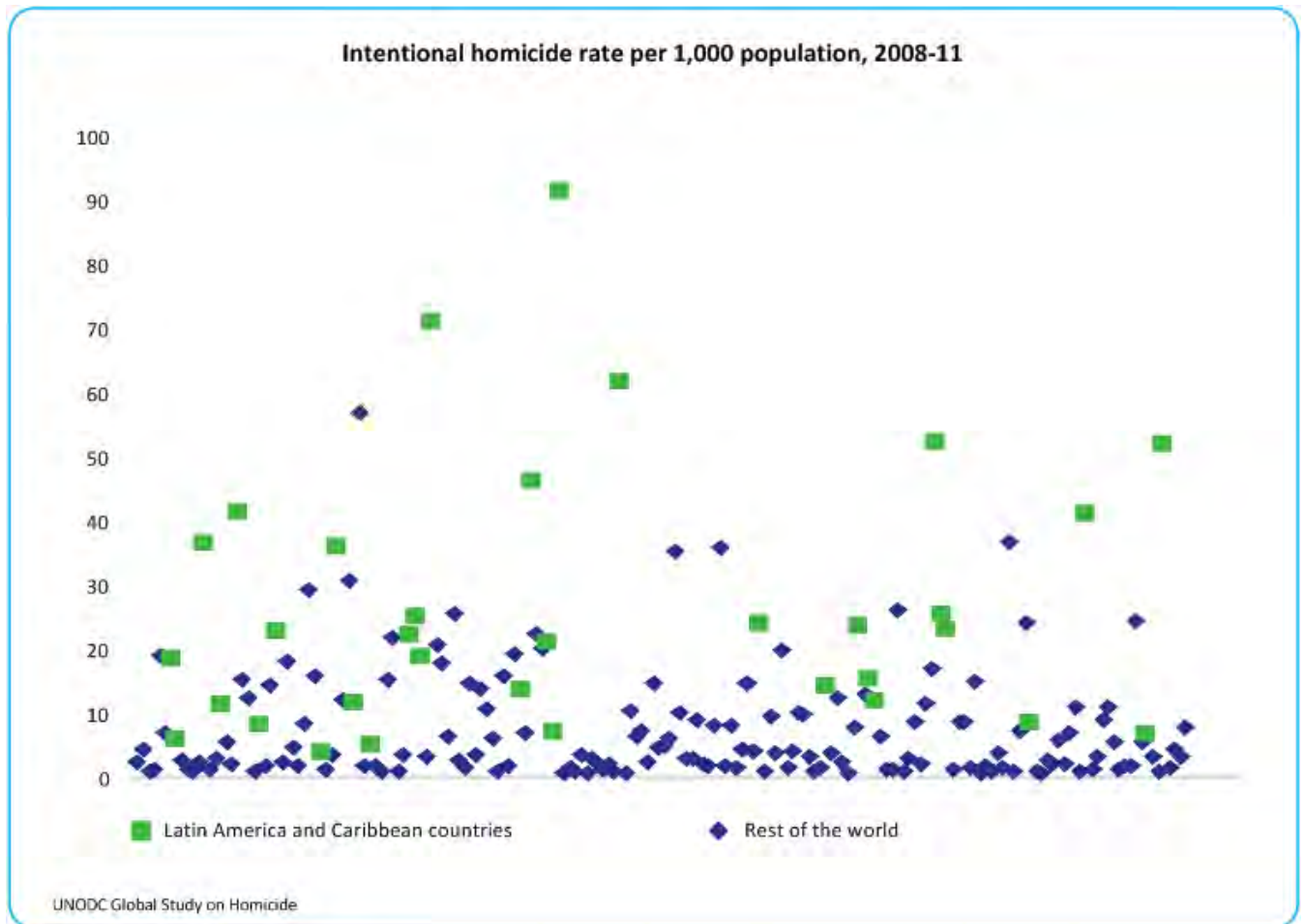
Educational provision has begun to move towards the standards set by the Convention:

- *The region is close to achieving universal access to primary education.* In 1990, net enrollment in primary education was 88%. It now stands at 95% (see figure 5). Four countries have achieved universal primary education (net enrollment exceeds 99%). However, in six countries, less than 90% of children go to primary school. Drop-out rates are also high, with 17% of children dropping out before the final grade.²⁶
- *Demand for secondary education has grown fast.* 94% of children in the region live in countries where lower

secondary education is compulsory and transition rates from primary to secondary education are relatively high at 88-100%.²⁷ Gross enrollment at lower secondary is now 102% (a reflection of the number of children repeating years), while at upper secondary it increased from 62% in 1999 to 75% ten years later. At lower secondary level, Antigua and Barbuda, Costa Rica, and Ecuador have made the greatest improvements in access between 1999 and 2009, while Venezuela has made the biggest strides at upper secondary level.

- *Educational provision favors girls in some countries.* In 12 countries, female primary enrollment is higher than for boys, while the reverse is true in 18 countries. In secondary education, however, girls are favored in 26 countries and boys in just two. Women also outperform men at higher education, with 9.1% of women aged 25 to 29 having completed five years at this level, compared to 7.4% of men.
- *As with health, public investment has increased rapidly.* Public expenditure on education more than doubled as

Figure 6



a proportion of GDP between 1990 and 2010, and has now reached 4.9%.²⁸ This is not far below the level of OECD countries (5.6%).

Violence and Children

Every child's inherent right to life is enshrined in Article 6 of the Convention, reflecting Article 3 of the Universal Declaration of Human Rights ("everyone has the right to life, liberty and security of person").²⁹ Governments are enjoined to "ensure to the maximum extent the survival and development of the child."

As discussed above, rising life expectancy demonstrates that children in Latin America and the Caribbean have a greater chance of enjoying a long life than they did in 1990. Progress on education, healthcare, and other social indicators has also increased the quality of life for many

children, as has increased wealth in the households in which they live.

But what about deliberate attempts to deprive children of their right to life? Or of a failure to provide them with protection from "all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" (Article 19), from armed conflict (Article 38), or from the impact that violence can have on their parents' ability to support their development (Article 27)?

- *Latin American and Caribbean countries are relatively peaceful.* Interstate war has declined in the region and, while seven countries experience some form of internal violent conflict, there were just 211 deaths in battle in 2011 compared to 2,425 in 1990.³⁰ There were 30 coups in Latin America in the 1970s and 1980s, but only three

since then.³¹ None of the region's countries are among the world's top ten for military expenditure, and only three are in the top thirty.³²

- *Levels of violence, however, remain high.* There were 63,504 homicides in the region in 1995, but this increased to 110,693 in 2011, with Central America and the Caribbean the only two global sub-regions that have seen an increase in their homicide rates during that period (see figure 6). The global average homicide rate is 6.9 per 100,000. Six countries in the region are below this average: Chile, Suriname, Cuba, Argentina, Uruguay, and Antigua and Barbuda. Rates in 19 countries are at least double the global average, while eight countries are more than five times and two more than ten times this level.
- *Data on violence against children is relatively sparse.* Robust, international data sources do not exist for crime and other forms of violence experienced by children, nor is there reliable data for sexual abuse. Seven countries provide data for violent discipline (psychological aggression or physical punishment for children aged 2 to 14 years), with rates varying from 67-89%.

A Quarter Century of Progress

Overall, these – and related – trends have led to a marked decline in the deprivation experienced by children since 1990. The region's value for the Human Development Index, which is skewed towards the needs of children through its education and life expectancy at birth components, demonstrates the extent of the progress that has been made.³³ At 0.741, the region has the highest HDI of any region in the world apart from Europe and Central Asia.

One Caribbean and two Latin American countries are classified as having very high human development (Barbados, Chile, and Argentina) and 19 as high human development, while 10 fall into the medium category, and just 1 into the low category. Three countries have seen their HDI value increase by more than 1% annually since 2000: Nicaragua, Venezuela, and Cuba.

Child deprivation, however, is far from being ended. A recent UNICEF study explored a number of indicators of deprivation – food and nutrition, clothing and shelter, education and schooling, access to health, and nurture and care – and found that 18% of the region's children suffered a severe deprivation of at least one of these needs, while 45% suffered a moderate deprivation. We return to this 'unfinished business' in the third section of this report.

Two: Policies for Progress

In order to review policies that have contributed to improved welfare for children in Latin American and Caribbean countries, we have used where possible systematic reviews whose sole purpose is to demonstrate the effectiveness of social and economic programs.³⁴ Each review assesses a large number of studies of impact across multiple countries, providing us with an overview of what has been shown to work. Where necessary, we have supplemented this with other studies, where possible choosing those that are comparative in nature.

Legal Identity

In the previous section, we focused on birth registration as an essential contribution to establishing a child's right to an identity. Although only patchy data is available, the region has made progress towards universal birth registration, including in poorer countries with limited resources.

Obstacles to birth registration include a lack of access to health services where registration will often take place; inflexible and outdated registration systems, as well as deadlines and associated fines and other sanctions; and structural obstacles to the registration of disadvantaged groups for reasons including ethnicity, indigenous status, disability, and migrant status.³⁵ Rural children are considerably less likely to be registered than those from urban areas.

There are relatively few systematic studies of initiatives that aim to improve birth registration systems, despite the fact that recent years have seen significant innovation in this area. Technology is increasing the need for registration (as more government services rely on electronic proof of identity), creating new incentives for parents to register their children (where registration is tied to social transfer and protection programs, or as the reach of health systems increases), and offering new ways for registration systems to become more accurate and effective (as biometric and computerized systems become available).

A review by the Center for Global Development focuses on the role of biometrics in building robust identification systems.³⁶ 34 cases are reviewed from Latin America and the Caribbean, of which 18 are classified as 'foundational' in their aim to provide an official legal identity, rather than to provide a particular service such as health care, social transfers, financial services, or the right to vote. The region has leadership in this area. "Nearly all Central and South American countries have incorporated biometrics into national population databases of one kind or another," it notes, with systems tending to enjoy high levels of public confidence (in Peru, the *Registro Nacional de Identificación y Estado Civil* is reported to be more trusted than the Catholic Church).

Key lessons from the region's experience include the need to:

- *Take a strategic approach* – integrating new registration systems into a broader development strategy and supporting them through public information campaigns, as demonstrated by Ecuador's *Dirección General de Registro Civil, Identificación y Cedulación*.
- *Increase incentives for registration* – parents are more likely to value registration if it opens up access to other services for their children (as in the Dominican Republic where the *Cedula de Identidad y Electoral* allowed access to social transfers using a smartcard).
- *Manage implementation challenges* – Peru set up an autonomous agency (*Registro Nacional de Identificación y Estado Civil*) to avoid bureaucratic obstacles, Brazil has delegated registry services to private entities, while the Dominican Republic has actively encouraged interagency cooperation (through a Social Council and Central Electoral Council).
- *Respond to new types of risk* – especially to privacy given increased reliance on government-held databases and to excluded persons, given the potential for new systems to increase discrimination against undocumented nationals (the latter issue has been especially contentious in the Dominican Republic).³⁷

- *Increase regional cooperation and lesson learning* – such as through the Inter-American Program for Universal Civil Registry and the 'Right to Identity' which is working in a number of areas including increasing interoperability between systems used in different Caribbean countries, supporting registration campaigns in border areas and support for refugees, and tackling the lack of data on the effectiveness of registration systems.³⁸

Living Standards

The living standards of children in Latin America and the Caribbean will critically be influenced by the pace and distribution of growth in their parents, especially in poorer households which have marked consumption deficits, and among insecure middle class families that are at risk from an economic reversal.

Alongside macroeconomic policies to secure growth (beyond the scope of this paper), cash transfers, social assistance programs, and the provision of education and health services have the greatest potential to increase the standard of living of the region's children. Since the turn of the century, an increase in expenditure on these programs has had a significant impact on child welfare, although the resultant increase in taxation (from 16% of GDP in 2000 to 20% a decade later) has often been regressive – consumption taxes impose a substantial burden on the poor.³⁹

The region is regarded as a leader in the design and implementation of cash transfer programs and the evidence suggests their impact has been broadly positive. Based on five systematic reviews covering 39 evaluations, we have reviewed evidence for the impact of programs in 17 countries. Programs vary in set-up, design, target, scope, administrative procedures and legal framework, with the most expensive costing 0.8% of GDP (Mexico's *PROGRESA/Oportunidades*) and the broadest (Brazil's *Bolsa Familia*) covering a quarter of the population in 2012.⁴⁰ In terms of long-term impact on children, the most important design decisions are:

- *How tightly the program is targeted.* Over 90% of the benefits from Peru's *Juntos* program go to the poorest 40% of the population, with the poorest receiving over 80% of the benefits in Uruguay, Brazil and Mexico. In Bolivia, where poverty is not a criteria for eligibility, 58% of benefits go to the poorest 40%. Most programs tie benefits to young children, with some also including pregnant mothers (e.g. Mexico).
- *The extent and nature of conditions imposed.* Unconditional cash transfer programs that target families are relatively rare in the region, although Ecuador's *Bono Desarrollo de Humano* has conditions that are not enforced. School attendance is the most common condition. Other conditions include accessing healthcare for children (e.g. *PATH*, Jamaica) or attendance of training courses for parents (*Red de Protección Social* in Nicaragua).
- *The nature of the benefits.* While most programs include a cash element, in-kind transfers are common, including provision of healthcare (for children, but also often for their mothers) and nutrition. In Chile, the *Solidario* program benefits are structured to decrease over time, while families are assigned a social worker who aims to help them escape from poverty. *Bolsa Familia* (Brazil) offers an increased benefit to keep adolescent girls in school.

The impact of these programs has been extensively studied and a number of high-quality impact evaluations have been completed. While not all studies find a positive impact, many detect significant changes over both short and longer timescales,⁴¹ in protecting child welfare during a crisis,⁴² in improving their welfare through targeting their mothers,⁴³ and in delivering lasting cognitive and health benefits if delivered early in a child's life.⁴⁴ Effective targeting and conditionality appears to increase gains in education and remove barriers to school attainment (particularly of girls) by addressing household economic constraints.⁴⁵ Specific impacts were seen in the following areas:

- *Education.* Increased enrollment in school (Ecuador), including for girls (Mexico), reduced dropouts and increased re-enrollment in out-of-school children (Honduras). Increased time in school (Colombia, Costa Rica, Mexico, Nicaragua).
- *Nutrition.* Significant increases in expenditure on food and the quantity and quality of diets (Brazil, Mexico, Nicaragua).
- *Health.* Increased use of healthcare services by children (Jamaica, Mexico, Nicaragua) and in health outcomes, both cognitive (Jamaica, Colombia) and non-cognitive, such as reduced stunting (Mexico).
- *Rights.* Decline in child labor and/or time spent on domestic work (Brazil, Colombia, Mexico, Nicaragua). Greater resources for girls (Nicaragua) and for women, leading to a willingness to spend more on schooling (Bolivia).

Debate continues over the design of programs, in particular how to maximize cost effectiveness given limited resources, which package of benefits to offer, how to ensure those most in need receive the greatest benefit, and how to sustain impacts over time. Evidence to demonstrate impact on learning outcomes remains limited, with only a small improvement in test scores detected.⁴⁶ On the whole, the evidence supports the contention that cash transfers have made an important contribution to improving child welfare and living standards in Latin America and the Caribbean. It also demonstrates the importance of the right to social security set out in Article 26 of the Convention and the need for benefits that are tailored to “the resources and circumstances of the child and persons having responsibility for maintenance of the child.”

Health, Nutrition and Education

Over the past ten years, the region has seen a series of attempts to rationalize, expand, and invest in its segmented and fragmented health systems, as countries move towards universal health coverage.⁴⁷ This requires a particular focus on the needs of young children, given

the nature and urgency of their health needs, and on disadvantaged populations, with 30% of the region’s population deterred from seeking health care due to cost.⁴⁸ 11 countries now have universal coverage from the public sector and another 11 have at least 70% coverage, in many cases through programs that are part of a broader approach to social protection.⁴⁹

In 2013, the World Bank published a systematic review of universal coverage schemes across the world, which included evidence for the impact of these schemes in Argentina (increased access to healthcare for 1 million pregnant women and young children), Colombia (increase in access to preventive and curative services for children, with the greatest impact on the rural poor, and improved resilience to health shocks), Mexico (increased access to prenatal care and reduced health expenditures), and Nicaragua (a switch from private to public health care). Evidence was more limited to demonstrate that these reforms improved the health of children, although birth weight increased and child mortality decreased in Argentina, and self-reporting of health status improved in Brazil.

A second review explored the impact of primary care on health outcomes, with evidence from Costa Rica, Cuba, Brazil, Bolivia, and Mexico, where recent attempts to expand access to primary care in the region have delivered impressive results, especially in rural areas.⁵⁰ In terms of impact, the reviewers note that standards of child health in Cuba match those in the developed world, that Costa Rica has child mortality below that of wealthier neighbors, and that a 13% fall in infant mortality in Brazil coincided with an expansion of primary health coverage from 14% to 60% of the eligible population.

As already discussed, nutrition initiatives also form part of a broader suite of social protection interventions in many of the region’s countries. Many programs focus on the first three years of life, given that stunting is especially difficult to reverse after 36 months of age, or in improving the diets of pregnant mothers. School feeding interventions, meanwhile, integrate nutrition and education outcomes by providing breakfast to children in low-income households.

In a review of 12 evaluations of nutrition programs across four countries, specific impacts were seen in the following areas:

- *Nutritional supplements had the largest effect on weight during the first six to nine months of life* (Colombia, Guatemala, Jamaica). These interventions had a positive effect in improving micronutrient status whether or not they were accompanied by nutrition education in low-income families.
- *School feeding programs benefited children.* There was a significant impact on school enrollment and attendance and positive, but less clear, results for cognitive development and overall nutritional development (Jamaica, Peru).
- *Nutrition interventions need broader support.* A model based on interventions in 36 countries, including four in Latin America and the Caribbean, concluded that a well-designed program could reduce stunting by 36%, but the elimination of stunting also required long-term measures to reduce poverty, improve education, tackle ill-health, and empower women.⁵¹

For education, we looked at four systematic reviews that covered 16 programs across nine countries covering areas such as preschool development (Chile, Uruguay, Colombia, Jamaica, Costa Rica),⁵² scholarship, voucher programs and fee reductions (Argentina, Chile, Colombia),⁵³ information technology (Dominican Republic, Colombia),⁵⁴ support for parents' associations (Mexico),⁵⁵ and development of school infrastructure (Bolivia).⁵⁶ A further review covered the financing of education reform (Brazil) and school decentralization programs in Argentina, Mexico, Nicaragua and El Salvador.⁵⁷

- *Preschooling works.* It has a significant impact on future education attendance and also appears to improve cognitive performance and social skills. Improvements in the quality of preschooling further increases these impacts when compared to a control group.

- *Scholarship, voucher and fee programs only work if well designed.* The most effective programs lead to significant increases in school attendance and performance. In some cases, however, voucher programs have led to increases in household expenditure in education, while efforts to target scholarships to disadvantaged groups have proved challenging (due to the lack of clear-cut definition of 'indigenous descent', for example). Vouchers have proved more effective in urban than rural areas, due to differences in the strength of the private school market.⁵⁸
- *System-wide reforms have a mixed track record.* While some decentralization models have improved performance (increased enrollment and attendance, reduced dropout rates and teacher absenteeism), this is predicated on local capacity, with other decentralization efforts having limited or negative impacts. There are relatively few studies of broader efforts to reform education systems or of systematic initiatives to improve learning outcomes.
- *Technology opens up new potential.* Language and math test scores improved for students participating in distance education programs via television and radio, and improved access to education in remote areas (Nicaragua, Mexico), demonstrating the potential for innovation using appropriate technologies. Moreover, test scores for indigenous students were comparably higher in participant schools (Mexico).

Regional education improvements include significant advancements in reducing the gender education gap (see data in previous section). While these improvements represent a regional success, data on patterns of school attendance (e.g. Bolivia, Peru and Guatemala) suggest that in some instances indigenous girls do not attend school at the same rates as their non-indigenous peers.⁵⁹ Additionally, translating girls' education into female economic empowerment remains a significant regional challenge — the gender income gap, while narrowing, remains wide.⁶⁰

Violence and Children

In contrast to policies implemented to provide legal identity, enhance living standards, and improve health, nutrition and education, we have a much more limited understanding of 'what works' to reduce violence against children.

A number of frameworks have been developed in recent years that are intended to address this deficit. The World Report on Violence and Health (2010) argues that the prevention of violence should be tackled using the same tools, and with similar resources, as other serious public health problems.⁶¹ The World Development Report (2011) underlines that development will be fragile or non-existent in societies that are gripped by high levels of violence.⁶² It sets out the need for actions to build the institutions that enhance citizen security and create the economic opportunities needed to break cycles of violence. It also argues for the need for high-profile measures that create confidence in the short-term, given that institutional transformation takes a generation at least, and for urgent international action to reduce the external stresses that fuel violence.

In 2006, the case for a concerted campaign to reduce violence against children was set out in a report from an independent expert appointed by the UN Secretary-General.⁶³ It called for every country to create and implement a strategy to prevent violence, based on enhanced legal protection for children, and for concerted efforts to meet the needs of child survivors of violence and reintegrating young perpetrators of violence into society. Specific recommendations were made for tackling violence against children in the home and family, in educational settings, in care and justice systems, in the workplace, and in the broader community. In 2013, the Global Survey on Violence Against Children found that governments had taken some steps to implement these recommendations, but that few had a comprehensive well-resourced violence-reduction strategy in place, that legislation was poorly enforced, and the needs of the most vulnerable, girls in particular, were not being met.⁶⁴ A regional mapping has also been completed of South American responses to the 2006 recommendations.⁶⁵

Levels of violence against children remain high in most Latin American and Caribbean countries, with 12% of homicide victims reported to be younger than the age of 12,⁶⁶ and extremely serious levels of violence against children in the home, at school, and – for child laborers – at work.⁶⁷ In addition, between 70-80% of the children victims of sexual abuse in the region are girls, in 50% of the cases the perpetrators live with the victims, and in 75% they have a direct relationship with the victim.⁶⁸ While reliable data is not readily available, an older study estimates nearly 2 million children in Latin America are sexually exploited yearly.⁶⁹ This has encouraged many countries to explore new approaches to confronting the problem. For example:

- In *Colombia*, programs such as *Vive Colombia*, *Viaja por Ella* and *Desarrollo, Seguridad y Paz (DESPA)* have tackled the illicit drugs trade, confronted widespread use of guns, improved justice institutions, and rebuilt confidence that normal activities, such as travel, are safe to engage in.⁷⁰ A coalition of NGOs, meanwhile, has been formed to tackle the involvement of young people in armed conflict in the country.⁷¹
- In *Jamaica*, interventions such as the *Peace Management Initiative* and the *Child Resiliency Programme* have confronted social norms that support violence and provided support to at-risk adolescents by providing them with life and educational skills, while helping strengthen their families.⁷²
- In *Nicaragua*, programs such as *Mi Familia* and *Comisaria de la Mujer* have tackled domestic violence, aiming to provide women with the psychological, social and legal support they need when they are victims of violence, while providing shelter for them and their children.⁷³
- In *Bolivia*, the *Escuela Amiga* initiative has brought together national, departmental and municipal authorities, along with families and civil society, to promote a shared management approach to combating violence against children within the education system.⁷⁴ The aim is to create a protective environment within schools for all children.

There are few systematic reviews that provide a comparative perspective on the impact of these and similar initiatives, and few programs have been rigorously evaluated. Among those reviews that have been completed, a recent World Vision study assessed child protection systems in ten countries in the region.⁷⁵ It found that legal protections have increased, while broader socioeconomic interventions have helped make children more resilient to violence and informal actors have strengthened the social safety net. However, legal frameworks are poorly implemented and there is a lack of state capacity for, and public spending on, child protection. The home and schools remained sites of violence for many children, rather than offering them a place of sanctuary. In the Dominican Republic, *Juntas Locales de Protección y Restitución de Derechos* (Local Committees for Protection and Restitution of Rights) provides an example of this balance of strengths and weaknesses. On the one hand, the new committees appear effective in promoting children's rights (violent offenses are more likely to be reported to the police) but, on the other, only 6% of committees are operating effectively.⁷⁶

In terms of perpetrators of violence, a review of interventions to reduce gang violence is underway, but is yet to be completed.⁷⁷ It will look for evidence of reduced gang activity and a resulting decrease in levels of crime and violence, and will draw heavily on examples from the region. Its focus includes interventions targeting *affected communities* (such as the Gang Resistance Education and Training [GREAT] program in Belize, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, and Panama⁷⁸); *at-risk individuals* (such as the *Por Mi Barrio* outreach centers in Honduras⁷⁹); and rehabilitation of current *gang members* (such as the *Medellin Program* in Guatemala which offers long term employment to those who withdraw from gangs⁸⁰). In addition, Latin America has made significant improvements in the development of specialized juvenile justice systems that seek to reintegrate into society children and adolescents who are criminal offenders utilizing the Convention and other human rights based frameworks as a basis for policy interventions. UNICEF identifies best practice within the region including: improved legal defense of adolescents (Chile), youth sensitive criminal courts (Nicaragua), decentralization of

sentences to the municipality/ community level (Brazil), rehabilitation center (Panama).⁸¹

Overall we see:

- *High levels of innovation*, as countries react to a problem that is having extremely damaging impacts on its citizens, with children suffering the worst impacts.
- *Strong engagement by subnational actors*, especially in cities where levels of violence are high but there is also a willingness to experiment.
- *Potential for breakthrough initiatives to emerge*, if models can be proven to be effective in the same way that pioneering social transfer programs demonstrated their worth in the 1990s.

Three: Delivery Beyond 2015

In *A Laboratory for Sustainable Development? Latin America, the Caribbean, and the Post-2015 Development Agenda*, we argued that the region's innovative policies and models offered a robust platform both for the next phase of the region's development and for it to influence the shape of a development framework to replace the Millennium Development Goals.

In this paper, we have applied a similar perspective to the progress Latin American and Caribbean countries have made in changing the lives of children, setting out indicators that show the scale, pace and distribution of the improvement, while highlighting some of the social policies that have played a role in delivering the goals of the Convention on the Rights of the Child.

As the Convention passes its 25th anniversary, Latin American and Caribbean countries face a new generation of challenges if they are to continue to deliver to their children. In the first quarter century, progress has been marked, but it has also been uneven, both within and between countries. There is much work left to be done. Nor will *more of the same* suffice. Today's parents are more prosperous and more demanding of their children's future. The global environment is increasingly competitive, while a lack of global sustainability is creating risks that could define the lives of children born today, many of whom can still expect to be alive in 2100.

So what are the major challenges for the next 25 years of the Convention (and for 2015-2030, the period that will be covered by new global development goals)? In order to meet their obligation to provide all children with their rights "without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, color, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status," governments must:

1. Ride the demographic wave

Most countries understand the need to collect a 'demographic dividend' as growing numbers of young people enter the workforce, but a fall in the number or proportion of children in the population is equally important. It is a signal to switch focus to the quality of services, creating a virtuous circle between smaller families and the increasingly effective development of a child's potential. Governments need to react swiftly to shifting patterns of demand at all stages of a child's life, while focusing on outcomes that substantially improve these lives in ways that are relevant to the 21st century. Higher levels of investment will be needed, along with an institutional transformation and much higher levels of professional expertise if the region is to maximize its children's potential. The transition to adulthood will also become increasingly critical if investment in children is to lead to stronger economies and societies.

2. Generate the evidence needed to underpin change

Preparing this paper, we have once again been struck by how patchy data are for understanding patterns of human development and how seldom we have sufficient disaggregated detail to understand variations by geography, gender, ethnicity, and disability. Evaluation is still the exception not the rule for programs into which large sums of money are invested. As a result, policymakers are often flying blind when making decisions that will have an impact on children's lives for decades to come. There have been improvements, of course. We have highlighted the role of biometrics in providing children with legal identity, making precise targeting of disadvantaged groups possible. We have also drawn on systematic reviews of the impact of social policy interventions, which themselves demonstrate governments are becoming more serious about evidence-based decision making. As technology makes data cheaper and easier to collect and analyze, it is time for a push to create the evidence needed to underpin delivery to children, as well as the systems to allow policymakers to make effective use of this evidence and the safeguards that will protect privacy and manage other risks.

3. Leave no one behind

Despite economic gains, Latin America and the Caribbean still have large numbers of people living in poverty. On a business-as-usual trajectory, poverty will persist towards 2030 and beyond, with one set of scenarios projecting that between 17 and 34 million people will still be living under \$1.25 in 2030, and 36 to 69 million people under \$2 a day.⁸² Deprivation is entrenched in rural areas (nearly three times the poverty rate of urban areas) and among indigenous and other disadvantaged groups (poverty rates up to seven times higher than the rest of the population).⁸³ Being a child is itself a determinant of poverty, with children under 15 twice as likely to be living in extreme poverty as older people.⁸⁴ There is no room for complacency on extreme poverty, nor can the insecurity of many families living just above the poverty line be ignored, including in rapidly expanding urban areas where infrastructure is fragile and costs of living are both high and volatile. Targeted action is needed to accelerate delivery to the most disadvantaged communities, and to the most disadvantaged children within more prosperous communities, with a recognition that the 'last poor' usually face the highest barriers to an escape from poverty.

4. Create broad-based prosperity

Many Latin American and Caribbean countries have experienced strong growth in recent years, but there has been limited convergence with the United States and the strongest Asian economies have enjoyed faster growth that is less dominated by commodity exports.⁸⁵ The region remains the world's most unequal region and, while overall regional inequality has fallen slightly over the past 20 years, inequality has still increased in a third of countries.⁸⁶ Social programs have helped tackle inequality, but have been paid for by taxation that has itself often been regressive.⁸⁷ According to the IMF, differences in the redistribution from tax and spending now account for two thirds of the inequality between Latin America and the advanced economies.⁸⁸ The region therefore needs to sustain growth, but also

to ensure that growth benefits a significantly greater proportion of the region's children. Policies that target non-income indicators of inequality will be especially important, including enhanced health and education access for poorer families and continued improvements to social protection programs. Given the investment that will be needed in quality services for children over the coming decades, progressive taxation will be essential if the burden of paying for this expansion is not to fall on the families of children who most need assistance. Attention will also be needed to a new generation of problems that are associated with broader availability of consumer goods, in particular obesity which has become a major public health challenge.

5. Build world class education systems

While access to education has improved, no country in the region is yet able to offer all of its children access to world class education, with learning outcomes significantly below levels seen in Western countries and in many Asian countries. As a result, many young people enter the labor force without the skills they need to compete in global market,⁸⁹ with both skilled and unskilled job vacancies taking longer to fill than anywhere else in the world.⁹⁰ Expansion in primary education, meanwhile, fuels greater demand for secondary schooling, which in turn creates more students eager to enter universities and colleges. Parents are themselves more educated and are less likely to tolerate their children spending years of their lives learning little. The region has some examples of achieving rapid improvements in education quality. The Brazilian state of Minas Gerais, for example, managed to achieve a 76% improvement in the number of 8 year-old children reading at the expected level in just four years through a program that involved 2,500 schools.⁹¹ Much greater political commitment will be needed, however, if experiments such as this are to form the basis of a revolution in education quality in the region.

6. Tackling insecurity

Policymakers in Latin American and Caribbean countries need to do more to increase the resilience of their families to economic, social and environmental shocks. The ‘long crisis’ of globalization has seen a series of economic crises stretch across the world, while rapid changes in commodity markets have created new patterns of vulnerability for both resource-rich and import-dependent countries. According to the IPCC, climate change is already having impacts on human health in Latin America, and poses a growing threat to coastal populations, fish stocks, and food security.⁹² The small island states of the Caribbean are recognized as having extremely high levels of climate vulnerability.⁹³ Equally urgently, violence is a binding constraint to the development of a very large number of communities in the region and, in some cases, to a better future for entire countries. Violence against children must be reduced substantially, as must high levels of youth participation in crime and conflict, through a combination of national action and a reduction in international stresses. It is also time to address directly the serious and long-lasting physical, psychological, economic and social harm that violence in childhood has *already* caused the current generation.

Children force us to think about a long-term future. A government that begins to build a world-class secondary education system *today* is making an investment in a generation of children that will be entering the most productive years of their careers in 2039, when the Convention reaches its 50th anniversary.

Over the past 25 years, and especially in recent years, many countries in Latin America and the Caribbean have, indeed, been prepared to invest in the future. While the region’s track record is *far* from perfect, the ‘laboratory of development’ has paid dividends for its children. National governments, subnational actors (mayors in particular), the private sector, and civil society have all played a role in helping families build better lives for their children, with

the international community helping facilitate change and spread best practice.

There is still much to be done, however, which is why it is time for a new commitment to innovation, experimentation, *and* delivery at scale in order to fulfill more of the promises made in the Convention on the Rights of the Child.

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