

3<sup>rd</sup> Annual

# ADOLESCENT RESEARCH DAY

15<sup>th</sup> October 2018, Vientiane Lao PDR

**SOCIAL PROTECTION FOR ADOLESCENTS:  
removing their barriers towards a  
healthy and fulfilling life**



## What is the Adolescent Research Day?

The annual Adolescent Research Day (ARD) hosted in Lao PDR was established in 2016 under the Noi 2030 Framework as a joint initiative by the Lao Tropical Public Health Institute (LTPHI - former National Institute of Public Health), United Nations Population Fund (UNFPA) and Medical Committee Netherlands-Vietnam (MCNV). The ARD is held prior to the annual National Health Research Forum, as a one-day conference with a specific theme related to adolescents. It provides a platform for researchers, policy-makers and development partners in the Greater Mekong Subregion to unite, share existing research and collaborate on generating new evidence. The overall goal is to fill the data gap and build knowledge and evidence on adolescents aged 10-19 years for promoting evidence-based policies and comprehensive interventions that are vital to achieving the well-being of all adolescents in the region.



## Why do we need a specific day on adolescent research?

Generating quality evidence on adolescents is a crucial prerequisite to informing, monitoring and achieving the adolescent-specific and related targets of the Sustainable Development Goals (SDGs). Current scientific literature highlights an extensive data gap (at both a regional and global level) regarding evidence on adolescents, emphasizing the need for a distinct day dedicated to capacity strengthening, problem definition and creation of targeted research and programmatic alliances across borders and institutions. Each year the ARD identifies a theme focusing one or several interlinked SDGs that are the most relevant to adolescent development. The first ARD was organized in October 2016, focusing on SDG 3 (Good Health and Well-being) with the theme '*Transition to Adulthood: the importance of Adolescent Reproductive Health*'. The second ARD in 2017 focused on SDG 2 (End Hunger) with the theme '*Nutrition and Reproductive Health from a Life-Cycle Perspective – Closing the Adolescent Data Gap to Achieve Sustainable Development*'. This year's ARD will focus on SDG 1 (End Poverty with special emphasis on social protection and interlinked with health, education and employment), with the theme:

**"Social protection for adolescents – removing their barriers towards a healthy and fulfilling life".**



## Why is this day hosted in Lao PDR?

With the approaching LDC graduation, entering in the ASEAN Economic Community (AEC) and being home to one of the youngest populations in Asia, the Government of Lao PDR has committed to promote the development of youth, especially adolescent girls, in order to transform the youth bulge into a demographic dividend and achieve sustainable development. This is reflected in a number of existing and new policy documents such as the 8th National Socio-economic Development Plan (NSEDP), the Reproductive Health Policy, the National Population and Development Policy (NPDP) and the Youth Policy that is currently being drafted. The importance of evidence needed to boost this process has never been more apparent, therefore sharing experiences, building partnerships and creating a venue for scientific discussions continues to be necessary and relevant.





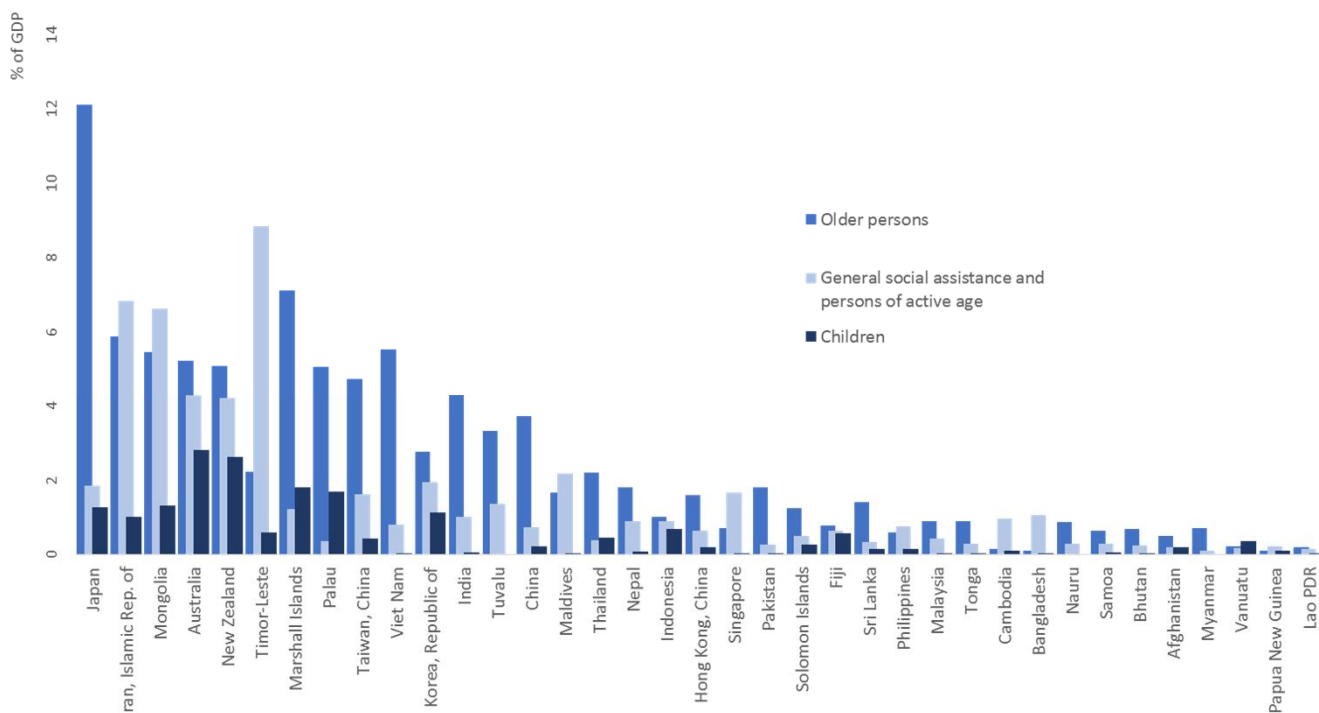
## What is Social Protection and why is it so important?

Globally, poverty and inequities are major barriers to attaining a decent standard of living and quality of life for the world's most vulnerable population groups. Social protection systems and mechanisms are crucial to ensuring that these groups have a minimum level of security regarding livelihoods, education and health. The ILO (2017) defines social protection as:

"Social protection, or social security, is a human right and is defined as the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle. Social protection includes child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits and survivors' benefits. Social protection systems address all these policy areas by a mix of contributory schemes (social insurance) and non-contributory tax-financed benefits, including social assistance."

45.2% of the world population is covered by at least one social protection benefit, but protection systems and coverage of population groups varies greatly between nations, with large disparities between regions ranging from just 17.8% in Africa to 84.1% in Europe and Central Asia. For Asia and the Pacific, the level of population coverage stands at 38.9%. Within Asia and the Pacific, Lao PDR has the lowest percentage of GDP expenditure on social protection (0.1% for persons of active age and close to 0% for children) of the whole region, highlighting the importance of placing focus on this critical issue.

**Composition of non-health social protection expenditure in Asia and the Pacific, excluding health, latest available year (percentage of GDP)**



Note: The figure of non-health public social protection expenditure is estimated as a percentage of GDP.




Source: ILO, World Social Protection Database, based on SSI. See also Annex IV, table B.17.

Link: <http://www.social-protection.org/gimi/gess/RessourceDownload.action?ressource.ressourceld=54710>



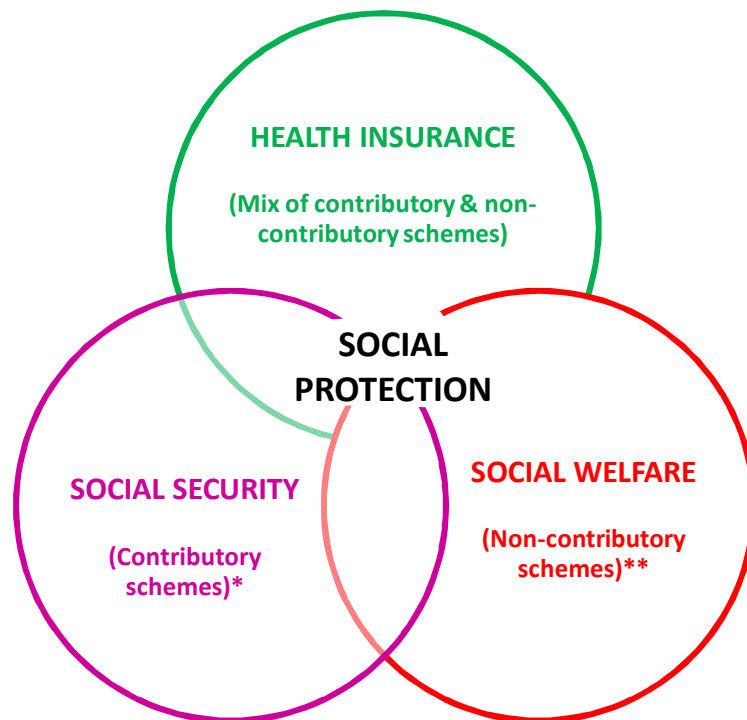
## Social Protection in the SDGs and data on social protection of adolescents for Lao PDR

As social protection is a cross-cutting issue impacting numerous SDGs, it is referred to several times within the Global Indicator Framework for the 2030 Agenda and specifically highlighted in SDG 1, target 1.3: “Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable”. However, adolescents with their particular needs and characteristics as an age group (10-19) are not highlighted in these targets. Adolescents are often overseen or neglected due to the common practice of categorizing populations groups in broader and more generalized terms such as “women, men and children” in policies and frameworks. For example, social protection coverage of children in the World Social Protection Report (ILO, 2017) is measured at 0-14 years of age, making it difficult to gain an accurate understanding of the extent to which adolescents are protected at a global scale. Hence, the path towards achieving the SDGs will run through recognizing the unique characteristics and needs of adolescents as they go through the challenging phase of development from children to adults, allowing them to achieve their full potential. Poverty reduction and empowerment of adolescents through access to health, education and employment is not possible if the necessary mechanisms to facilitate their development are not in place in the society and environment that they live in. The table below illustrates the status of adolescents in Lao PDR, corresponding to the SDG targets related to social protection.

Sustainable Development Goals and targets with a direct or indirect reference to social protection (World Social Protection Report 2017)					Additional goal and target for Lao PDR
					
<b>Target 1.3</b> Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable.	<b>Target 3.8</b> Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.	<b>Target 5.4</b> Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate.	<b>Target 8.5</b> By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value. [Social protection is one of the four pillars of decent work.]	<b>Target 10.4</b> Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality.	<b>4.1</b> By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
<b>Localized indicators for Lao PDR from LSIS 2017 &amp; Census 2015 and Noi 2030 Framework in Voluntary National Review</b>	10.3% of children aged 5-17 are covered by health insurance.		42.8% of children aged 5-17 are involved in child labour & 27.9% work under hazardous conditions.		16.6% of children aged 11-14 and 31.8% of adolescents aged 15-17 are out of school
			10,585 adolescents aged 10-19 are living with disabilities.		95% of adolescents aged 10-19 in school do not receive any financial/material support

## Existing Social Protection Mechanisms and Gaps in Lao PDR

Lao PDR is in the process of adopting a new **National Social Protection Strategy 2030 (NSPS)**. The draft strategy defines a set of strategic objectives and corresponding activities to achieve universal social protection within 3 domains; **health insurance, social security and social welfare**.



The draft strategy is based on the outcomes of an “Assessment-based national dialogue on social protection” (ABND) carried out in 2017. The ABND exercise is based on an ILO methodology designed to assess existing social protection programmes and to develop appropriate recommendations regarding the extension of a social protection floor (SPF), providing basic income security for all, especially the poor and vulnerable. The action plans for the implementation of the strategy are in the process of being finalized and outline a number of activities that have direct or indirect influence on social protection of adolescents, however these activities are still fragmented. The key activities identified for adolescents and youth in the draft policy are child cash grant, disability grant, national school meal programme (NSMP) for all students in kindergarten, pre-primary, primary and secondary education, block grants and secondary education level scholarships prioritizing students from poor families and vulnerable groups such as students with disabilities and female students from disadvantaged ethnic groups. The draft strategy also includes provisions for increasing the number and allowance of vocational training scholarships, vocational rehabilitation and employment support for persons with disabilities and establishment of shelters for orphans.

Assessing the level of social protection coverage of adolescents is challenging, as the ABND differentiates coverage between children and the working age population, but not specifically adolescents. Lao PDR also has various existing schemes aiming to provide access to nutrition, education and health care for children. However, due to the limited coverage and often inadequate amount of funding for these schemes, children and adolescents do not yet enjoy adequate and guaranteed access to these essential goods and services. The existing and new schemes need to include adolescents as a target group and also require improvement and expansion with additional funding.

-----  
\* **Contributory schemes** are the schemes in which contributions made by protected persons directly determine entitlements to benefits (acquired rights).

\*\* **Non-contributory schemes** are the schemes which normally do not require direct contribution from beneficiaries or their employers as a condition of entitlement to receive relevant benefits.

## Social health protection: Currently only 10.3% of children aged 5-17 are covered by health insurance

Social health protection in Lao PDR comprises of the following four main schemes:

### 1) National Social Security Fund (NSSF): 8.6% coverage of the population

Social health insurance for formal economy employees and their family dependents, as part of the formal social security system

### 2) Voluntary Health Insurance: 2.4% coverage of the population

For the self-employed and informal economy administered by the National Health Insurance Bureau (formerly CBHI) with CBHI schemes implemented so far in 45 districts (out of a total 148 districts in the country)

### 3) Health Equity Funds (HEFs): 9.8% coverage of the population.

Target poor households, largely unchanged since 2012.

**4) Maternal Neonatal Health Care (MNHC) programme:** maternal care in 111 districts and child health care in 69 districts. Official government policy by decree since 2012, provides free maternal care to pregnant women and health care to children younger than five years.

## Social education protection: Only 5% of youth (5-24) are receiving support for education

Existing schemes	Target group	Coverage
Free schooling (block grants to abolish school fees)	Students at all levels of education.	Students in pre-primary, primary and secondary education. Inadequate level of block grants. Unofficial fees still exist.
Cash grants / scholarships for secondary education	Students in poor families.	2 901 students.
School meals	Primary and secondary school students in disadvantaged districts.	2 135 primary schools out of a total 8 884; 200 secondary schools out of a total 1 586.
Village Nutrition Centres (Poverty Reduction Fund–Livelihood Opportunities and Nutritional Gains (PRF-LONG))	Mothers and young children.	429 mothers and children.

## Social employment protection of adolescents and adolescents with disabilities:

No systemic social welfare cash benefits are currently available for the poor or people who lack working capacity, such as people with disabilities. TVET scholarships are in place for students from poor and disadvantaged families.

Scheme/benefit	Target group	Coverage
<b>NSSF:</b> <ul style="list-style-type: none"> <li>unemployment benefit,</li> <li>sickness benefit,</li> <li>employment injury, occupational disease and non-work-related disability benefit,</li> <li>maternity benefit,</li> <li>childbirth grant</li> <li>survivor's benefit</li> <li>death grant</li> </ul>	<ul style="list-style-type: none"> <li>formal economy workers</li> <li>public sector workers</li> <li>voluntary self-employed and informal members</li> </ul>	14.5% of population including dependents (2014): <ul style="list-style-type: none"> <li>private sector: 2.4% (14% of target population)</li> <li>public sector: 12.1% (97% of target population)</li> <li>voluntary &lt;0.1%</li> </ul>
<b>Under Labour Law:</b> <ul style="list-style-type: none"> <li>severance pay</li> <li>paid sick leave</li> <li>paid maternity leave.</li> </ul>	Formal economy workers.	Incomplete. Lack of compliance of employers.
TVET scholarships.	Students from poor and disadvantaged families.	(MOES) 4,154 (ADB project).
<b>PRF</b> <ul style="list-style-type: none"> <li>livelihood support and essential social services through community asset creation.</li> </ul>	Communities in poorest districts.	474,660 (population of target districts).
<b>Village Nutrition Centres (PRF-LONG)</b> <ul style="list-style-type: none"> <li>midday meals, childcare and nutrition education.</li> </ul>	Women in maternity and young children in poor villages.	429 centres.

## Existing Research and Data Gap

Existing research globally shows that social protection measures have contributed in improving mental health, education attainment and sexual health of adolescents\*. Various social protection measures for adolescents are implemented in different countries. These measures are both formal 'public and private' or informal through 'collective or community level sources.' Some of the key social protection measures for adolescents include government provided conditional and unconditional cash transfers and other types of social protections provisions such as free education, school feeding, psychosocial care, positive parenting, provision of scholarships for higher education and vocational courses for adolescents and young people and mentoring of adolescent boys and girls for overall development.

Improving social protection of adolescents would require comprehensive multi-sectoral synergetic efforts. It would need to fill the data gap and implementation of appropriate strategic interventions at all levels of society. It would also call for strong leadership and initiative by government and at the same time it would need fully enthusiastic participation by all segments of society and by all concerned stakeholders.

## Expected Outcomes of the Adolescent Research Day

This year's adolescent research day will seek answers to the following key questions:

- “ How to identify the most vulnerable adolescents, specially adolescent girls, who are facing barriers towards a healthy and fulfilling life?
- “ What are the data and evidence gaps in the area of social protection of adolescents interlinked with health, education and employment?
- “ What would be the effective and promising mechanisms to reach out to the most vulnerable adolescents to ensure their coverage under social protection systems?
- “ How can the Lao National Social Protection Strategy effectively respond to the needs of adolescents?
- “ How could the accountability of social protection systems towards adolescents be ensured?

It is expected that this year's adolescent research day will promote a deeper understanding on social protection of adolescents interlinked with health, education and decent employment. The available data and research evidence will be explored on key components of social protection of adolescents. It is also expected that by the end of this year's adolescent research day, clear areas and topics for further research on social protection of adolescents and promising programmatic responses for strengthening social protection of adolescents will be identified.

-----  
\* Robertson L, Mushati P, Eaton JW, Dumba L, Mavise G, Makoni J et al. Effects of unconditional and conditional cash transfers on child health and development in Zimbabwe: a cluster-randomised trial. Lancet. 2013; 381(9874):1283–92.

# Annex I

## The Noi 2030 Framework – Achieving Gender Equality & Empowerment of Adolescent Girls

Noi represents all 700,230 adolescent girls aged 10-19 in Lao PDR.\*\* The unfinished MDG agenda has proven that adolescent girls have been left behind. The SDGs aim to reach those left furthest behind.

Noi was created as an advocacy tool to raise awareness, build partnerships and increase investments in adolescent girls that enable them to achieve their full potential. Noi was launched on the International Day of the Girl Child in 2016.

### SDG 2

The high adolescent birth rate is a root cause of the intergenerational cycle of malnutrition, with a **42.6% prevalence rate of anaemia in girls aged 15-19**,\* increasing the risk of stunting in children

### SDG 3

Gender inequality is intrinsically linked to the **Adolescent Birth Rate** which remains one of the highest in the region at **83 per 1,000** and increases the risk of maternal mortality

### SDG 4

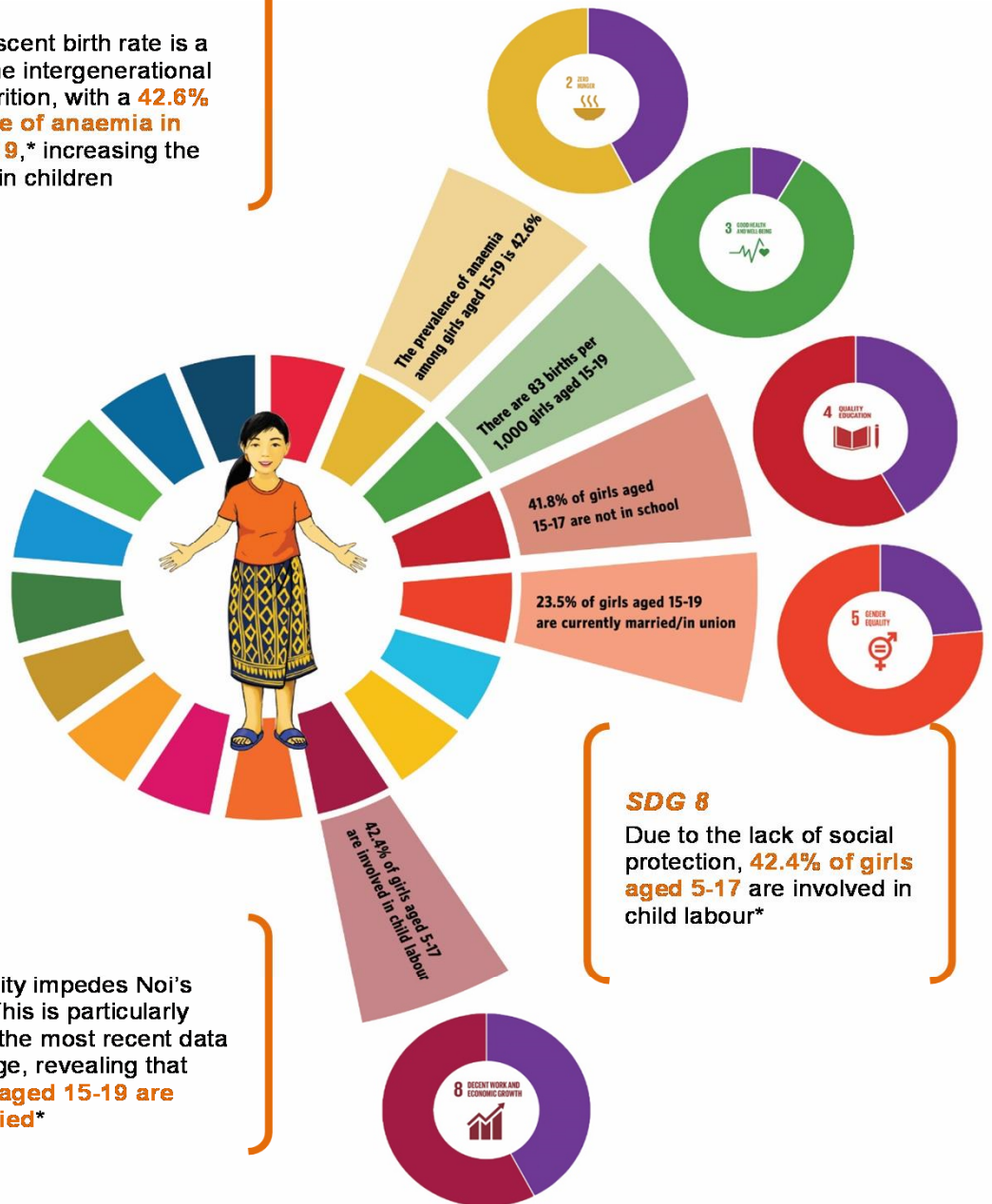
**41.8% of girls aged 15-17** are currently out of school,\* keeping them behind in developing their social and economic potential

### SDG 5

Gender inequality impedes Noi's development. This is particularly emphasized in the most recent data on child marriage, revealing that **23.5% of girls aged 15-19 are currently married\***

### SDG 8

Due to the lack of social protection, **42.4% of girls aged 5-17** are involved in child labour\*



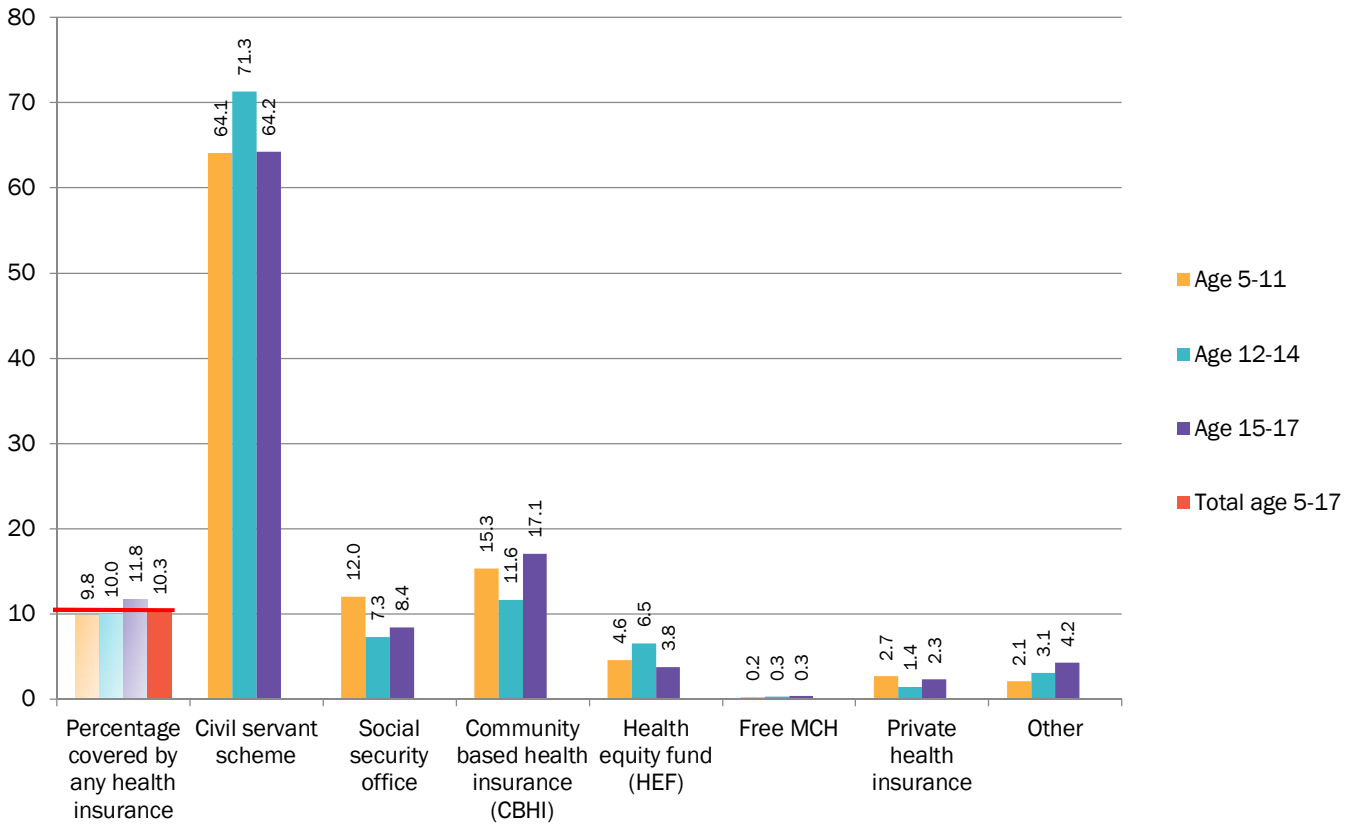
Noi's progress is closely monitored through 5 indicators aligned with the global SDG framework until 2030 when she turns 25, using the available disaggregated data on adolescents generated by the Lao Social Indicator Survey every 5 years.

A holistic approach to addressing Noi's obstacles accelerates the progress towards the SDGs, inducing a virtuous circle with a poverty reduction outcome, benefitting Noi, her community and the nation.

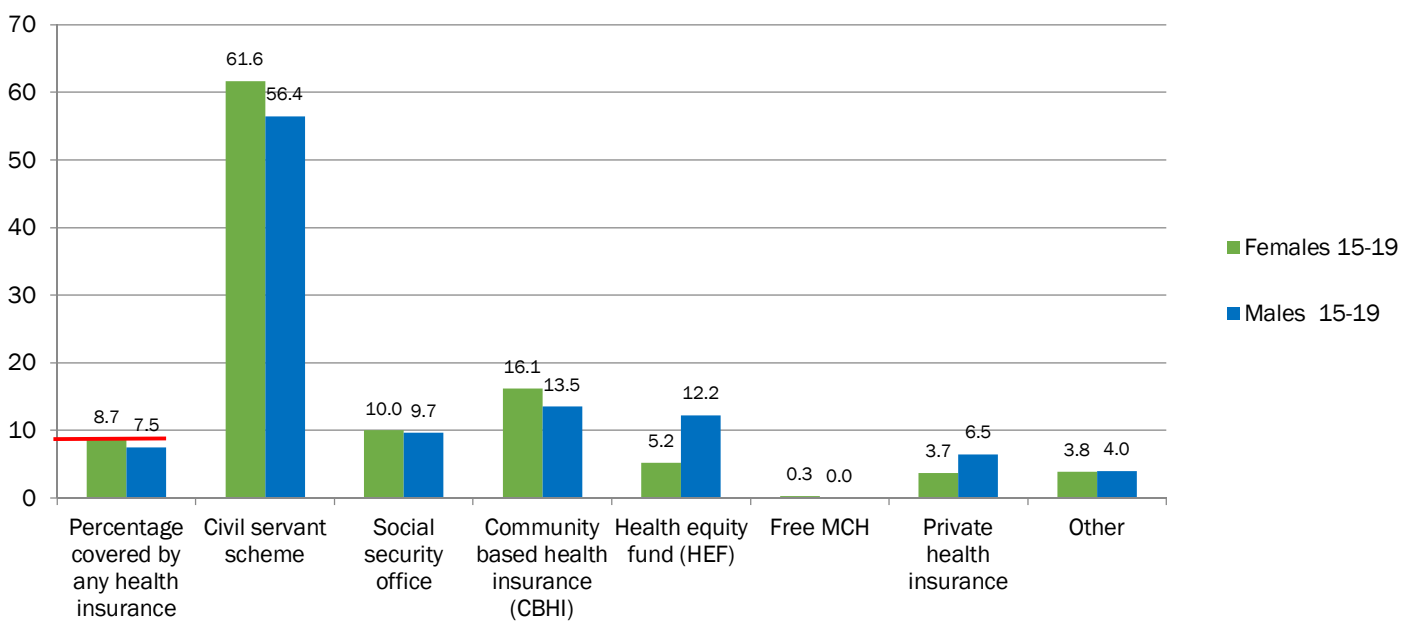
\*Lao Social Indicator Survey (2017) \*\*Census (2015)

## Annex II

### Health Insurance Coverage & Type of Insurance Among Those Covered: By Age of Children

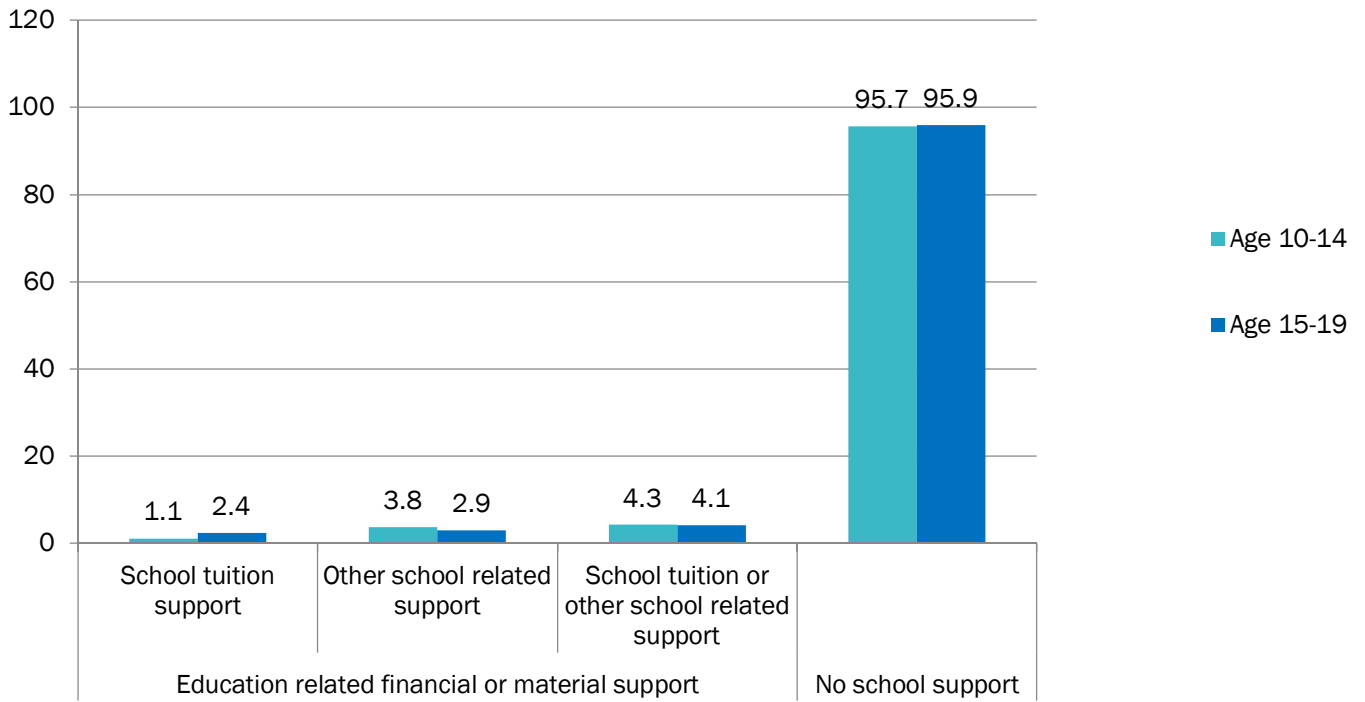


### Health Insurance Coverage & Type of Insurance Among Those Covered: Adolescents Age 15-19 (LSIS 2017)

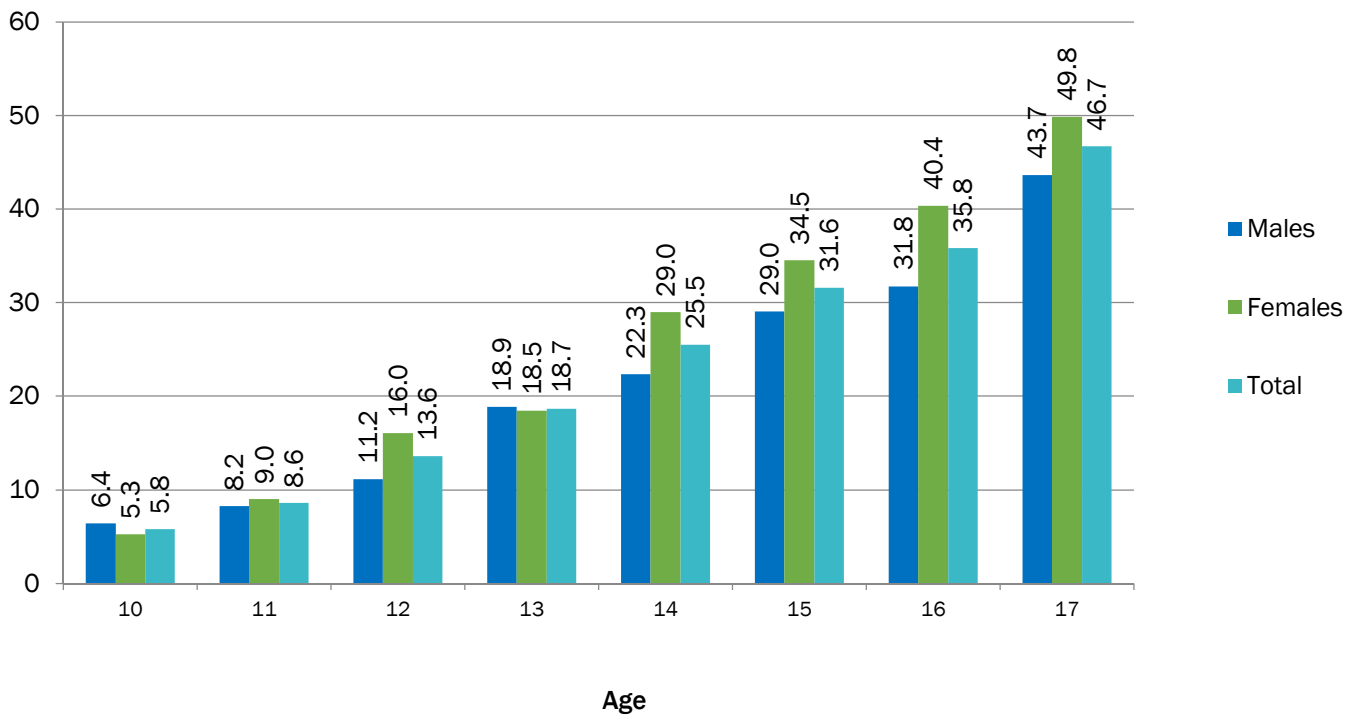




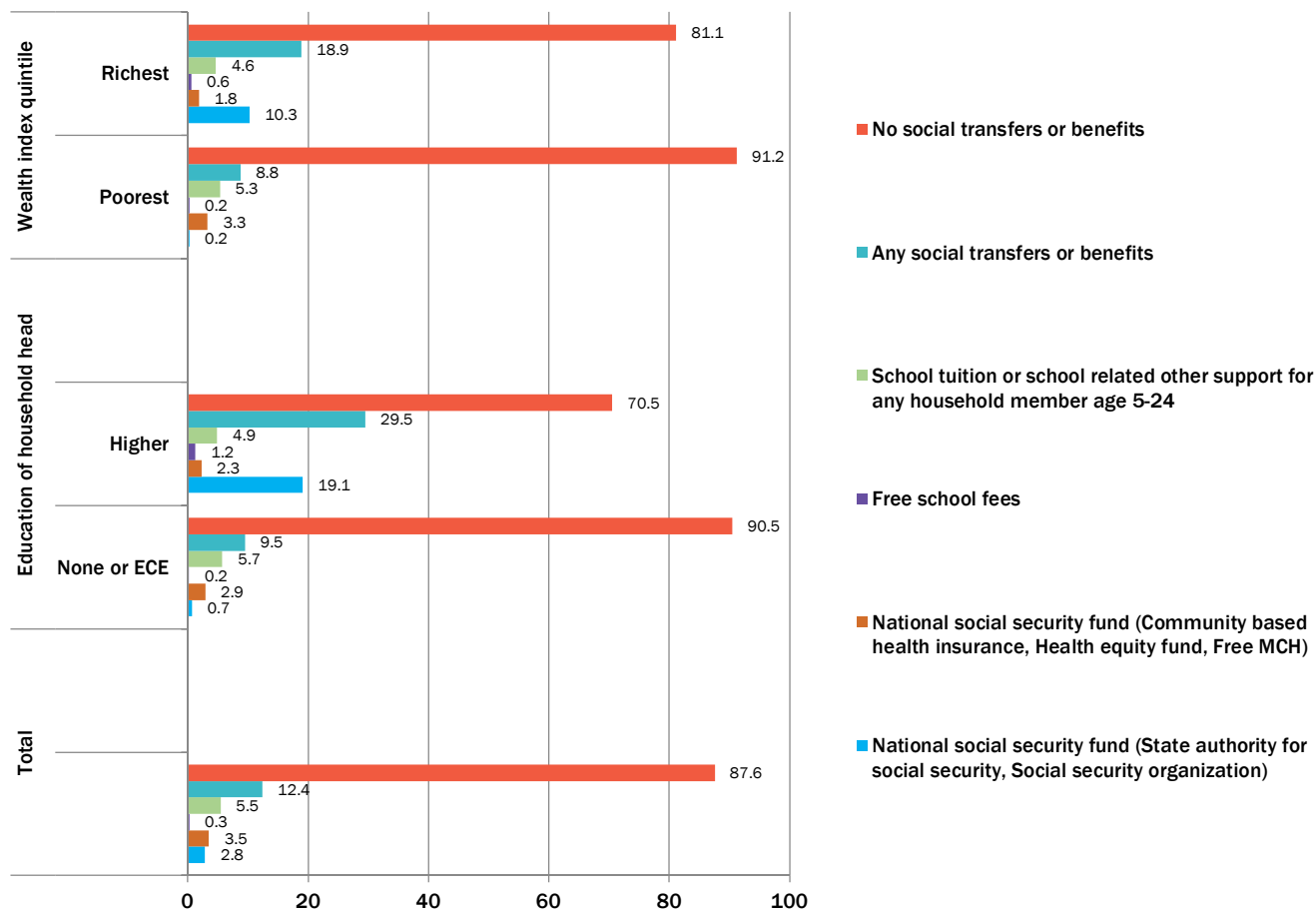
**Percentage of adolescents in all households who are currently attending school who received support for school tuition and other school related support during the current school year**



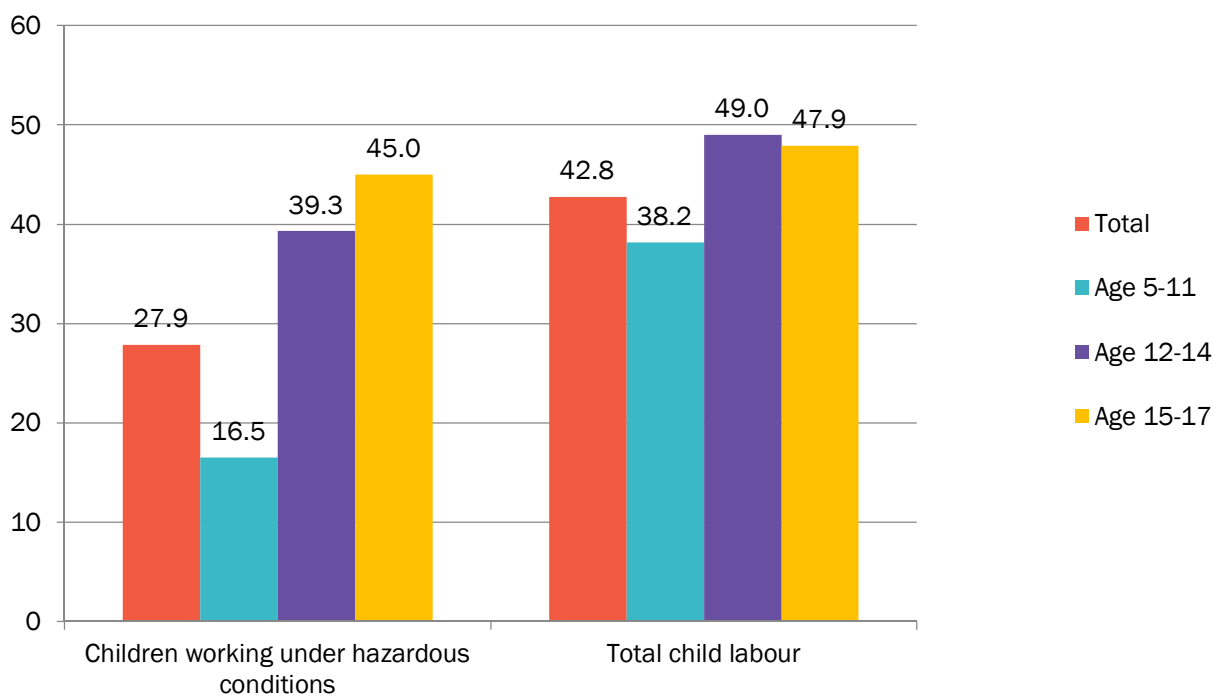
**Percentage of Out of School Adolescents by Age & Sex (LSIS 2017)**



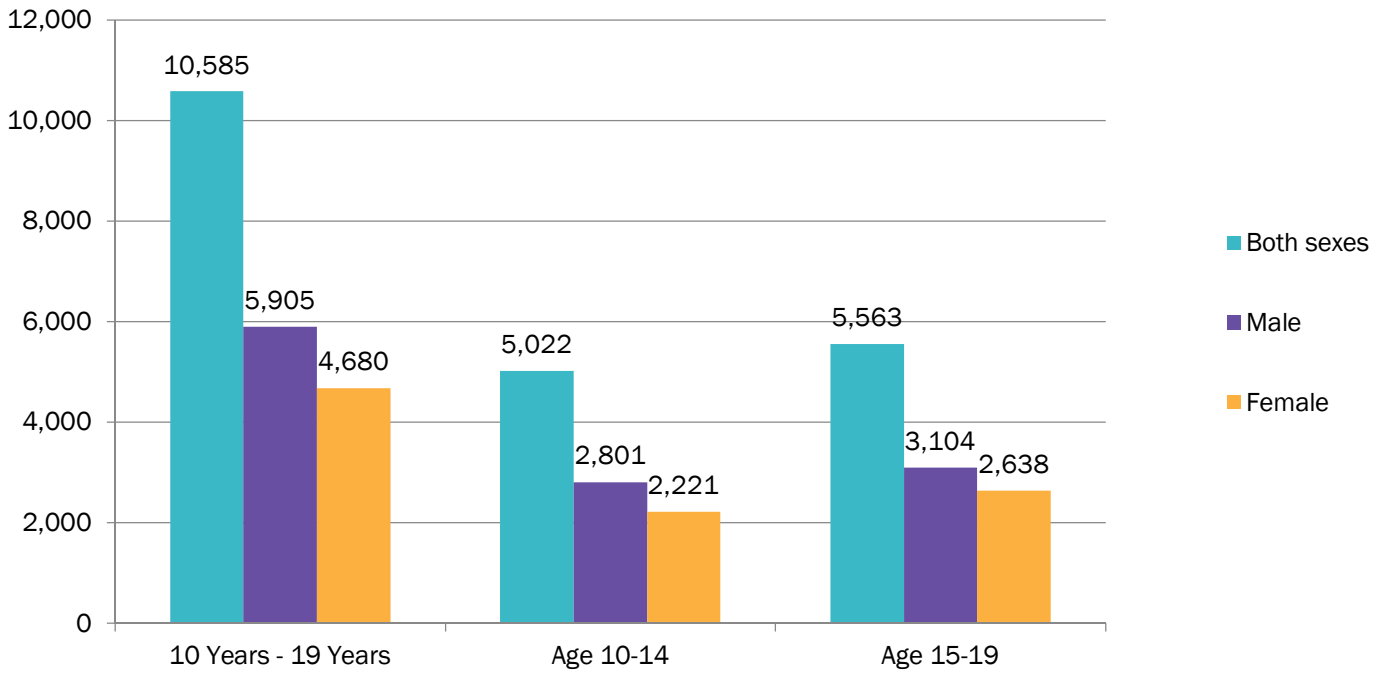
**Coverage of Social Transfers & Benefits:  
Children Under Age 18 in Households By Total, Education of Household Head & Wealth Quintile  
(LSIS 2017)**



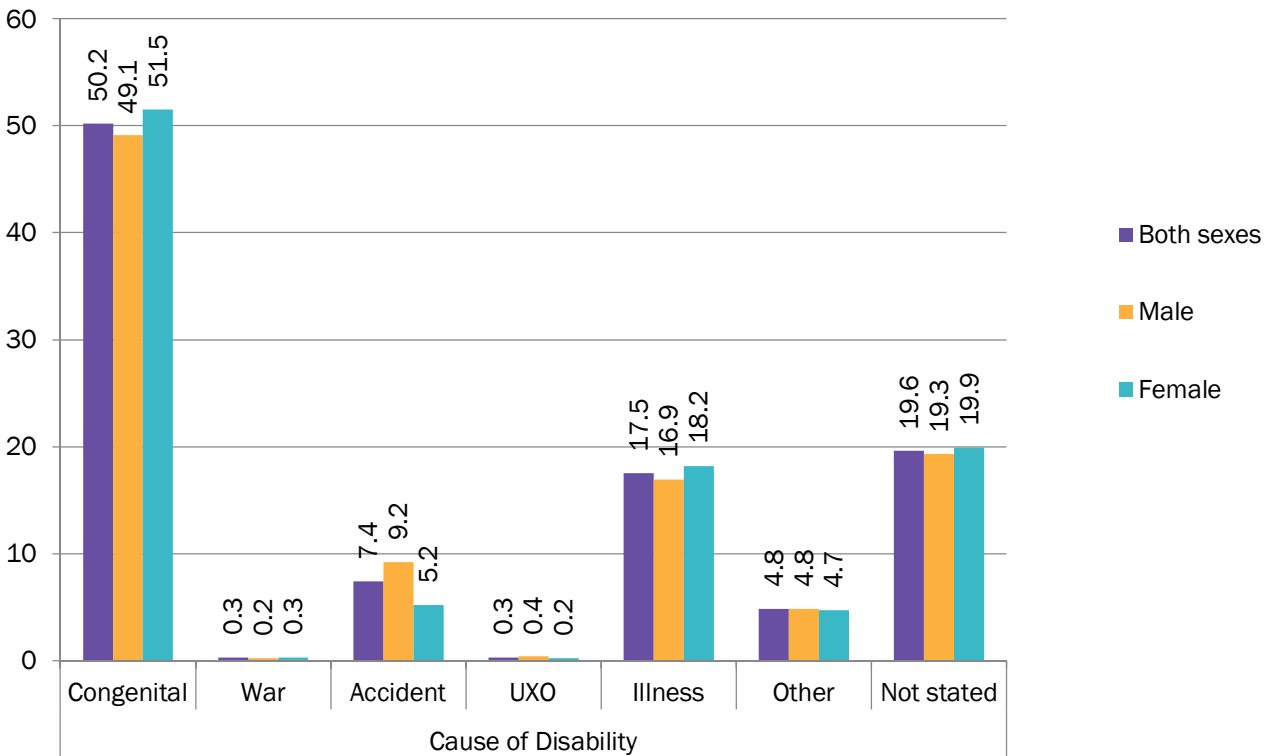
**Child Labour: Total & Hazardous Conditions (LSIS 2017)**



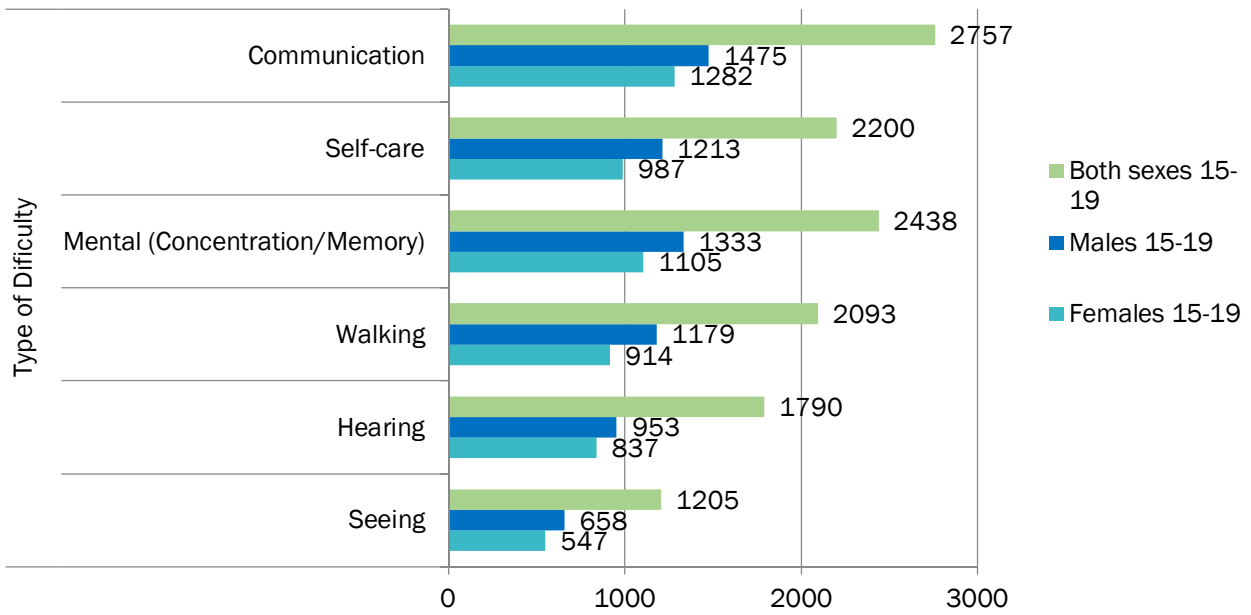
### Number of adolescents with disabilities by age group (Census 2015)



### Cause of disability for adolescents age 10-19 (Census 2015)



**Number of adolescents with disabilities by type of difficulty: Age 15-19 (Census 2015)**



**Number of adolescents with disabilities by type of difficulty: Age 10-14 (Census 2015)**

