



# Social Protection

## A question of delivering on rights and resources

### Join the Discussion

Email us your comments via [publications@commonwealth.int](mailto:publications@commonwealth.int)

This Discussion Paper was written by Dr Anit Mukherjee, a health economist who works on the economics of development, HIV and national policy, and Dr Marilyn Waring, a feminist economist and public policy expert specialising in the economics of unpaid work, with contributions by Dr Elizabeth Reid, a pioneering development specialist on HIV, a feminist, a carer and a Visiting Fellow at the Australian National University, and Dr Meena Shivdas, a gender and development expert at the Commonwealth Secretariat who focuses on women's rights, HIV, culture and the law.

### Published by the Commonwealth Secretariat

Editor: Joan Ross Frankson  
Designer: Rob Norridge

© Commonwealth Secretariat, 2012.

All rights reserved. This publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or otherwise, provided it is not sold or otherwise used for commercial purposes and full acknowledgement is given to the Commonwealth Secretariat as the original publisher.

Views and opinions expressed in this publication are the responsibility of the authors and should in no way be attributed to the institutions to which they are affiliated or to the Commonwealth Secretariat.

ISBN: 978-0-85092-918-8 (print)

ISBN: 978-1-84859-139-4 (electronic)

ISSN: 2071-2022

Publications Section  
Commonwealth Secretariat  
Marlborough House, Pall Mall  
London SW1Y 5HX  
United Kingdom

### Introduction

The role of the Commonwealth in shaping the emerging global dialogue on social protection is significant against the backdrop of the global financial crisis and its aftermath. It is now widely acknowledged that what started as a financial sector problem has escalated into a 'compound crisis' that is putting a fiscal strain on the major economies of the world. At the same time, economically weaker nations are grappling with severe volatility in food and fuel prices, which is stoking inflation in countries that were previously unaffected by downturns in the global economy.

The crisis has exposed the vulnerabilities of smaller countries in Africa, Asia, the Caribbean and the Pacific. Within the existing structure of the global economy, their dependence on primary exports, remittances and external aid is leading to domestic economic and social crises, as demonstrated by the recent protests against food and fuel prices increases in several parts of Africa. In this context social protection becomes significant, as it does in situations where there is a high demand for the work of unpaid carers, for example in countries with a high incidence of HIV or with other round-the-clock care circumstances that stretch the resources of the unpaid care sector.

It is increasingly recognised that countries with well developed systems of social assistance are better able to cope with the impact of the crisis. In these countries, the most vulnerable sections of the population – poor women and men, children, the elderly and persons with disabilities – are protected by social transfers, and where legal systems protect the rights of the citizens, the vulnerable are protected against discrimination and exclusion. Most of these countries, notably Brazil and others in Latin America, put in place social protection mechanisms following their own crisis in the late 1990s and the early part of the 2000s.

## In framing the debate and practice, who controls what 'social protection' means and the responses?

This is therefore an opportune moment for the countries in the Commonwealth and beyond to establish similar structures of social protection where they do not exist at

present and to strengthen those that do, with the benefit of a significant body of evidence as to what works, when and how.

Social protection encompasses several sectors including food and income security, social assistance, legal rights and governance. Social protection delivery systems and implementation arrangements also vary, from contributory pensions, conditional and unconditional cash transfers, tax-financed social insurance and public service delivery in health, education and nutrition. These may be implemented by both state and non-state actors making it difficult to agree on one particular definition of social protection.

and children's agency, their contribution to unpaid care and subsistence work, their unequal access to and rights over productive assets, especially land, and 'anticipating' developmental and other challenges in the planning and delivery of social protection.

### Definitions and Issues at Stake

At the international level, the social protection agenda has hitherto been driven by donor countries. Each donor agency or multilateral organisation has its own definition of social protection, reflecting its own economic priorities.

The World Bank, for example, views social protection as '... a collection of measures to improve or protect human capital, ranging from labour market interventions, publicly mandated unemployment or old-age insurance to targeted income support...' and as a coping mechanism to '... assist individuals, households, and communities to better manage the income risks that leave people vulnerable...' during crisis periods.

Similarly, the Asian Development Bank (ADB) links social protection with 'policies and programmes designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to protect themselves against hazards and interruption/loss of income'. However, when the ADB refers to informal social protection, its focus is on remittances – another important piece of the framing debate. The International Labour Office (ILO) follows the same argument to promote its decent work agenda: '...the provision of benefits to households and individuals...to protect against low or declining living standards'. All three definitions are limited to the formal employment sector. Therefore, the focus is on paid work.

Social protection is much more than protecting incomes and enhancing labour market outcomes (Devereux and Sabates-Wheeler, 2004).<sup>1</sup> It should address the vulnerabilities associated with 'being poor' including the risks of 'becoming poor' particularly during periods of economic crisis. It should also address the environment of social

## Social protection is much more than protecting incomes and enhancing labour market outcomes...

In this contested space for framing the 'social protection' debate and practice, who is making the decisions about its nature and the responses? Who controls what 'social protection' means? In raising these questions, this Discussion Paper situates the current debates, analyses the different experiences in implementation of social protection policies across the Commonwealth and elsewhere, and elaborates on the Commonwealth Secretariat's approach to social protection, which promotes models of both transformative and 'anticipatory' social protection. It also showcases initiatives that are gender responsive and protect the human rights of those targeted through policy and programmes.

In so doing, the Discussion Paper situates the work of the Commonwealth Secretariat, which underscores the importance of considering women

injustice arising from prevailing inequalities in the society and the law. Devereux and Sabates-Wheeler suggest a conceptual and an operational definition of social protection, which has been widely used in the literature.

### Box 1: Conceptual and operational definitions of social protection

**Conceptual:** All public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups.

**Operational:** All initiatives, both formal and informal, that provide: social assistance to extremely poor individuals and households; social services to groups who need special care or would otherwise be denied access to basic services; social insurance to protect people against the risks and consequences of livelihood shocks; and social equity to protect people against social risks such as discrimination or abuse.

In this definition, social protection includes a range of policy interventions that protect the vulnerable against livelihood risks, such as poverty, lack of access to basic services and discriminatory treatment. Consequently, social protection promotes the human rights of marginalised groups and individuals, particularly women, children, the elderly and persons with disability.

Social protection policy has four distinct but interconnected roles – protection, prevention, promotion and transformation (Davies and McGregor, 2009).<sup>11</sup> While each of these roles entails a certain set of actions (such as disability benefit,

pension schemes, cash or in-kind transfers, amendment of legal provisions), they are mutually reinforcing. Each has a multiplier effect on the impact of social protection policies.

- **Protection** measures provide relief from deprivation and include traditional safety net instruments, social assistance and social services for poor individuals or groups who need special care. For example, old age pensions or pensions for widows.
- **Preventive** measures seek to prevent deprivation and deal directly with poverty alleviation. They include social insurance for people who have fallen, or might fall, into poverty and can include formal systems and informal mechanisms, such as women's self-help groups and co-operative microcredit societies.
- **Promotive** measures address the longer-term dimensions of social policy, which seek to enhance livelihood strategies through asset protection and access to common property resources. Examples include employment guarantee schemes such as the National Rural Employment Guarantee Scheme (NREGS) in India and the Extended Public Works Programme (EPWP) in South Africa.
- **Transformative** forms of social protection are designed to address the underlying social structures that are at the root of social vulnerabilities. More than a programmatic approach, transformative social protection entails changes to the regulatory framework to protect socially vulnerable groups against discrimination and abuse, such as women and children affected by the HIV epidemic. The GROOTS initiative in Kenya, which protects women's land rights, is an example (see page 14).

Policies targeted at protection and prevention will have limited economic outcomes unless they address

access to assets and property and other transformative policy measures for the dispossessed and disenfranchised.

### International Experiences and Lessons Learned

There are several types of social protection measures currently operational across the world and in different sectors. Conditional cash transfer initiatives supported by the World Bank and other multilaterals is the predominant type of intervention that targets the poor. These are mainly based on the beneficiaries meeting the basic selection criteria with the delivery of benefits contingent on the beneficiaries' fulfilling conditionalities related to health and education outcomes, in most cases. This type of intervention dominates in Central and South America. In Africa the establishment of social action investment funds has been a common response particularly with public works programmes. In many instances, social protection has been seen as donor driven with many short-term pilots.

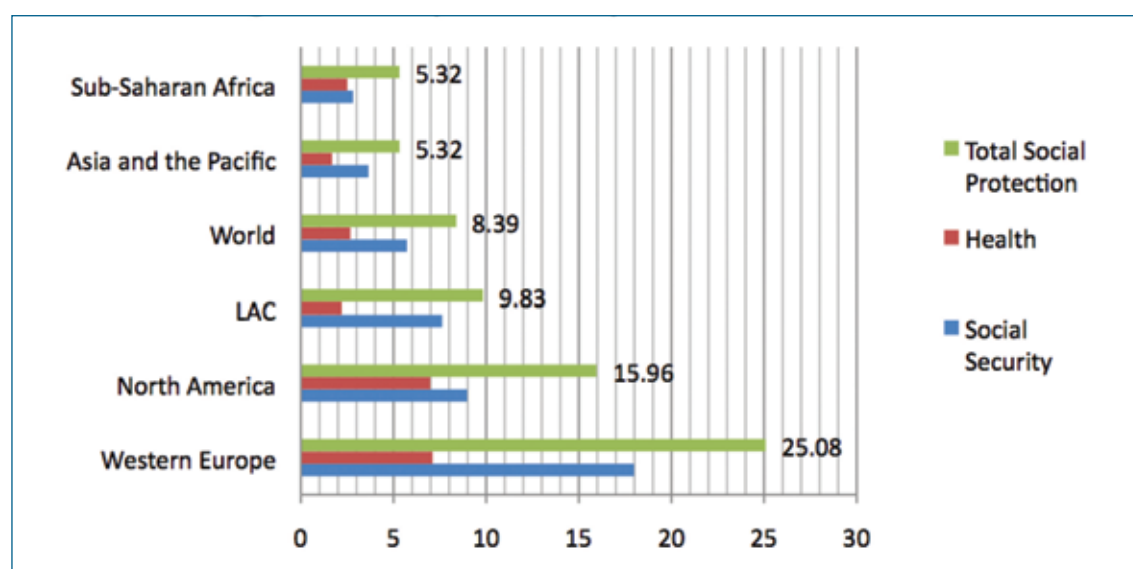
Apart from cash transfer, some form of social protection exists in almost all countries, but content,

scale and delivery vary significantly. Insufficient administrative capacity to carry out good social protection strategies is a common problem many developing countries face. Some countries in sub-Saharan Africa have social pension schemes but they may be extremely small in scope, for example catering to retired government servants. In terms of their functions, most of the social protection programmes fall under protection and preventive components as per our classification provided above.

There is considerable variation in social protection expenditure from public resources across regions of the world and across countries at similar levels of development, or facing similar constraints, such as small island nations. The extent of the differences is shown below (Figures 1–3), using data on social security expenditure and health compiled by the International Monetary Fund (IMF).

Advanced countries of the Organisation for Economic Co-operation and Development (OECD), which have the most extensive social protection systems, spend five times as much as developing countries of sub-Saharan Africa and Asia as a share of

**Figure 1: Social protection expenditure as a % of GDP**



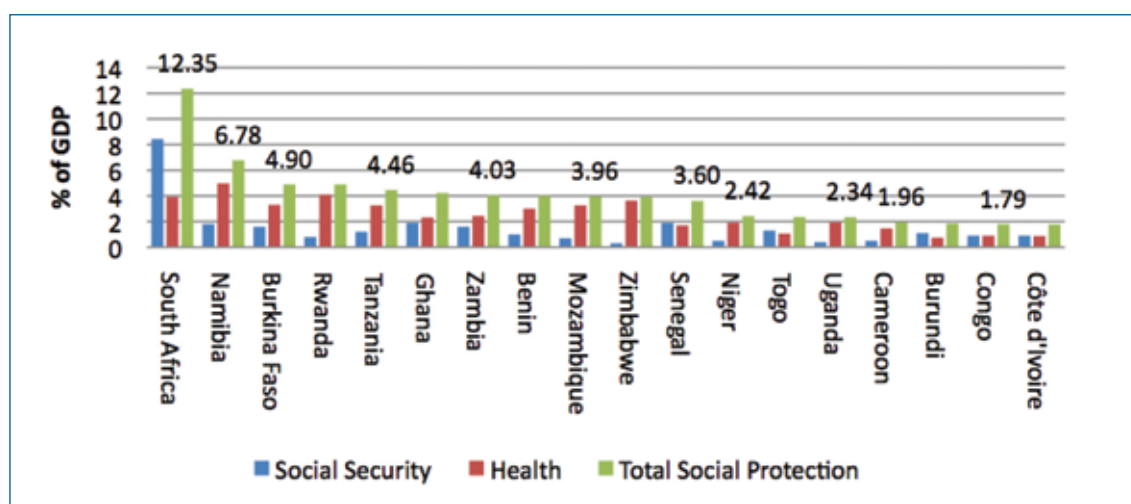
Source: IMF (2009), Public Social Protection Expenditure (including health) as a percentage of GDP

GDP (Figure 1). Interestingly, social security expenditure is higher as a share of total social protection expenditure in countries of Western Europe and Latin America compared to North America, especially the United States, which spends proportionately more on health. This is similar to the differences in total social protection expenditure

between Asia-Pacific countries and sub-Saharan Africa, where the latter's share of health expenditure is higher as a proportion of total social protection spending.

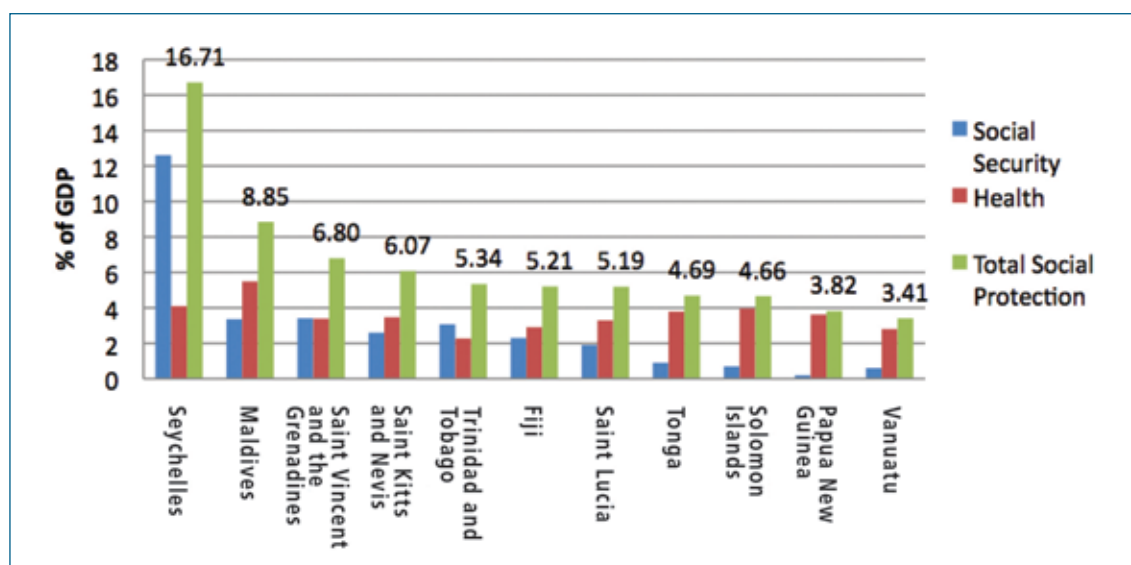
Within Africa, the share of social protection expenditure ranges from a high of 12.3 per cent in South Africa, which has the most extensive social transfer system, to 1.6 per cent in Côte d'Ivoire. Most

**Figure 2: Social protection spending in Africa**



Source: IMF (2009), Public Social Protection Expenditure (including health) as a percentage of GDP

**Figure 3: Social protection expenditure in Small Island Countries**



Source: IMF (2009), Public Social Protection Expenditure (including health) as a percentage of GDP

countries of sub-Saharan Africa spend around 4 per cent of GDP on social protection (Figure 2). Similar variation is noticeable in the case of small island nations – social protection expenditure in Seychelles is about 16.7 per cent compared to Vanuatu at 3.4 per cent. Seychelles has one of the most advanced and comprehensive social protection systems, which includes home-based care for the elderly with social transfers for unpaid care workers in the family. This is funded out of the domestic budget and implemented through the Agency for Social Protection.

Small island countries of the Indian Ocean and the Caribbean in general have higher expenditure on social protection than countries of the Pacific (Figure 3). This reflects the relative state of economic development between the two regions and the affordability of social protection. This may also be due to traditional forms of social protection in the Pacific, which makes them less dependent on public provision. For example, using food to pay school and hospital fees in Vanuatu.

### **Design of Social Transfers**

Given the wide variation in social protection expenditure across regions, it is not surprising that the design of social transfers reflects the socio-economic context (although in our definition they fall under the broad categories of preventive, promotive, protective and transformative social protection).

implementation modalities and targeting approaches but they all point to one important issue: focusing on vulnerable women and children is critical to achieving effective social protection. Furthermore, there is evidence to show that social protection programmes have greater outcomes if there is a gender focus and community involvement.

Both the Mexican *Oportunidades* programme and South Africa's old age pension scheme form the core of a social assistance framework, which can be supplemented by other government schemes such as skills development as in *Oportunidades* or child support grants in South Africa. The South Africa example shows that a rights-based approach can strengthen the foundations of social development policy in general. The Bangladesh example, on the other hand, indicates that social protection can be inclusive – it complements other public social assistance programmes and fills an important gap in programme design and implementation, which often miss out ultra poor women, the most vulnerable section of the population. Targeting specific vulnerable groups, such as HIV-affected children, and including them in social protection is not only efficient from an economic point of view, but also protects, promotes and enhances their human right to social security as enshrined in the Universal Declaration of Human Rights.

## **To be effective, it is critical to focus initiatives on vulnerable women and children...**

We highlight three different types of social protection programmes – the *Oportunidades* (formerly *Progresá*) programme in Mexico, Ultra Poor programme in Bangladesh and old age pensions in South Africa. They have different histories,

### **Implementation: Finance, Targets, Delivery**

A large part of the international discourse on social protection implementation is confined to design and outcome issues. There is less focus on operational issues of who finances, how the targets are set and who delivers the programmes. It is often presumed that comprehensive social protection is beyond the fiscal capacity of most developing countries, and certainly unaffordable for low-income countries with weak tax systems and revenue capacity. However, even for large-scale programmes like

**Box 2: Case studies****Comparative assessments of three social protection programmes****Mexico**

The *Oportunidades* programme in Mexico, which was formerly the *Progresa* programme, is now the centrepiece of the country's targeted poverty reduction strategy. It provides cash and in-kind transfers conditional on school attendance and regular visits to health centres. In rural areas, *Oportunidades* has reportedly increased education achievement by 14 per cent. In relation to nutrition, children in the scheme have experienced higher growth than average and lower levels of anaemia than children outside the scheme. In terms of health, *Oportunidades* is credited for boosting demands from women for antenatal care by 8 per cent and for contributing to a 25 per cent drop in the incidence of illness in newborns and 12 per cent fall in incidence of ill-health among under-fives in the programme, compared with those who are not in the programme.

**Bangladesh**

In Bangladesh, the *BRAC\* Ultra-Poor Programme* has focused on the most vulnerable groups of the poorest, for whom crisis is a common occurrence. As part of BRAC's wider programme, 'Challenging the Frontiers of Poverty Reduction', the Ultra-Poor initiative seeks to build up the productive asset base of the poorest households and individuals who have often been seen as beyond the reach of traditional poverty focused initiatives. The core strategy is to provide enterprise development training to households that qualify as 'ultra-poor', as well as an asset transfer of US\$100 on average, and a weekly stipend for income support. The additional activities include social awareness and community mobilisation for education, and facilitating access to health care, including financial assistance if needed. It is estimated that some 85,000 women have graduated out of this 'ultra poor' status. Earnings from skill-based productive activities were

observed to have increased among 90 per cent of targeted households, with income growth between 2002 and 2005 varying from 40–56 per cent. For the same period the programme also reported an increase of more than 400 per cent in primary school enrolment rates among children of targeted ultra-poor households.

**South Africa**

The government of South Africa implemented a *means-tested, non-contributory old age pension scheme* in 1928, which was extended to all racial groups in 1993. It represents the greatest social security transfer programme in the country and covers women over 60 years and men over 65 years. The monthly pension is roughly R780 (US\$109). The Social Assistance Act, No. 13 of 2004 is a landmark legislation that forms the core of a new strategy in the field of social protection in the country. The Act charges the national government with responsibility for social security grants. In April 2006, the task for the management, administration and payment of social assistance grants was transferred to the South African Social Security Agency. The Old Age Grant is complemented by other types of cash transfer programmes that have been put in place in response to the burden of care of HIV. These include the Child Support Grant, Disability Grant, Care Dependency Grant and the Foster Care Programme. Taken together, these forms of institutional social assistance have been able to mitigate the impact of HIV on the most vulnerable section of the population – unpaid carers who are mostly elderly women and children in households affected by HIV.

\*BRAC is the largest non-government organisation in Bangladesh working for the poor.



*Oportunidades* in Mexico, *Bolsa Família* in Brazil and the National Rural Employment Guarantee Scheme in India, the fiscal costs range between 0.5 and 1 per cent of gross domestic product reaching around a quarter of the population. This is much lower than pension payouts for public sector workers, who are most protected against income shocks due to inflation-indexed wages.

For low- and middle-income countries of the Commonwealth, it is feasible to start with a social protection scheme targeted at the most vulnerable section of the population, institutionalise it through fiscal and budgetary instruments, mainstream it in national development plans and provide the legal framework for long term viability. For resource rich countries it is possible to fund a medium-scale programme, such as Ghana's Livelihood Empowerment Against Poverty (LEAP) programme<sup>III</sup> or Zambia's Household Grant,<sup>IV</sup> through a dedicated fund pooled from taxes on mining and petroleum. This pool of domestic resources can be augmented by donor contributions, which will enable future expansion of the social protection architecture as more resources become available.

#### *Who to target and how*

Targeting remains an area of debate in all social protection regimes for poor countries, which have to prioritise investment given their resource constraints. As can be seen in the case of Mexico, Brazil and India, large-scale social protection schemes are not very large as a proportion of the GDP. The main question, however, is who to target and how to go about doing it.

There are three main strategies that countries have followed in this regard. Latin American cash transfer programmes set strict qualifying benchmarks and try to reduce inclusion and exclusion errors. This 'means-testing' requires collection and analysis of regular and quality datasets, and continuous

evaluation of fulfilment of conditionalities on the part of the beneficiaries. Administrative capacity is a precondition for monitoring compliance and payment if the social transfer is contingent on school and health clinic attendance, for example. The attendance contingencies are frequently dependent on mothers being available to accompany their children, a condition that interrupts their paid and unpaid work. Such systems may not exist in most low-income countries, which have weak governance and human resource capacity constraints.

To overcome such issues, many countries implementing social transfers rely on identification of beneficiaries by the community. This has two important benefits. First, it does not depend on a predetermined means test, which may not be applicable in diverse geographic and socio-economic and cultural contexts. The definition of household, for example, may differ from community to community. Second, communities are more accountable to the individuals and vice-versa, and both targeting and compliance are expected to be better. Social protection schemes in Ghana, Kenya, Sierra Leone, Uganda and Zambia have adopted the principle of community targeting and accountability in their programme implementation architecture.

Many social protection schemes rely on self-targeting. This includes old age pension, child support for HIV positive families and employment programmes targeted at the most vulnerable sections, such as the National Rural Employment Guarantee Scheme (NREGS) in India and Expanded Public Works Programme (EPWP) in South Africa. Self-targeting also encompasses school feeding and public food security programmes. This strategy, however, presupposes information about entitlements on the part of the beneficiary and an efficient registration system to process the social protection entitlement.



### Unique biometric ID

Taking the concept of a single registry one step further, the Government of India launched the ambitious project to provide unique biometric ID numbers, also known as UID or *Aadhar* (foundation). The *Aadhar* architecture is designed to be inclusive, with the objective of providing online verifiable identity for the poor and empowering them to access social protection services. By eliminating the need to prove identity at multiple service access points and moving to a verifiable identification method for the poor to access social services, the *Aadhar* project is an effort to streamline and enhance existing channels of service delivery.

Migration imposes huge challenges to the system of social protection in India. Entitlements such as food rations, cooking fuel subsidies and maternity benefits are designed for a population that resides in the same geographical area. The reality is that over 300 million people who are overwhelmingly poor, illiterate and vulnerable migrate regularly in search of better livelihood opportunities – most of them to the urban areas, which are experiencing rapid economic growth. By linking biometric identity to the beneficiary database, verifiable anywhere and at any time, the *Aadhar* number protects the right for the poor to access social security and makes targeting more efficient.

The Reserve Bank of India, which is the country's central bank as well as the banking sector regulator, has accepted the *Aadhar* number as one of the methods of fulfilling the KYC (know your customer) norms. This bodes well for broadening the base for financial inclusion. In fact, the *Aadhar* enrolment process offers the option of opening a 'no-frills bank account' with a limit of yearly transactions of Rs50,000 (nearly US\$100). These accounts would enable direct transfers to beneficiaries and will be linked through mobile phones for disseminating information, register grievances and enable

payments through future mobile payment platforms. Since the enrolment process was initiated in September 2010, 200 million *Aadhar* numbers have been registered. The target is 600 million by 2014.<sup>v</sup>

### Community targeting

Several lessons have been learned from the accumulated evidence on implementation of social protection schemes. Community targeting is effective in most low-income countries with limited administrative capacity, although this works better in some schemes than in others. For example, comparing Zambia's household grant programme and Kenya's child support programme for orphans and vulnerable children (OVC), the involvement of the community in the identification of beneficiaries was higher in Zambia because most of them stood to gain from the programme. In contrast, the take up of the OVC programme in Kenya was low and sporadic even when the process of beneficiary selection was devolved to the community. Moreover, problems in selection and programme delivery were resolved faster in the Zambia programme due to the large number of voters who benefitted, the difference being that orphans and vulnerable children are by definition non-voters and lack a voice in the political milieu.

### Co-ordinating ministry and easy access

Programme financing and performance is better if there is one co-ordinating ministry (e.g. Ministry of Social Development in Brazil or the President's Office in South Africa) with strong bargaining power over other ministries (especially Finance). Easy access to the social transfer is crucial – in the case of the cash transfer for old age pension, for example, difficulty in withdrawing the entitlement from banks or post offices can impose a high cost on the beneficiary. Most of these programmes assume an empowered and literate beneficiary base whereas they are

designed for the most vulnerable and excluded, who are mostly women. This creates information asymmetries and potential sources of corruption in the delivery system. Beneficiaries often depend on middlemen to operate bank accounts, which includes reading instructions on deposits and payments and withdrawing funds when needed. There have been efforts to resolve some of the issues through the ‘social audit’ mechanism of encouraging collective responsibility and accountability in implementation – in India’s National Rural Employment Guarantee Scheme, for example – but the basic drawbacks of illiteracy and lack of empowerment remain.

### Social Protection Floor Initiative

The Social Protection Floor Initiative is co-led by the International Labour Office (ILO) and World Health Organization (WHO) and involves key international agencies. The initiative outlines an adaptable policy approach to social protection and is anchored in the principle of social justice. It is asserted that the social protection floor should not be viewed as an alternative, but as a complement to social insurance

institutions where these exist, and hence as a component of a comprehensive and pluralistic social protection system.

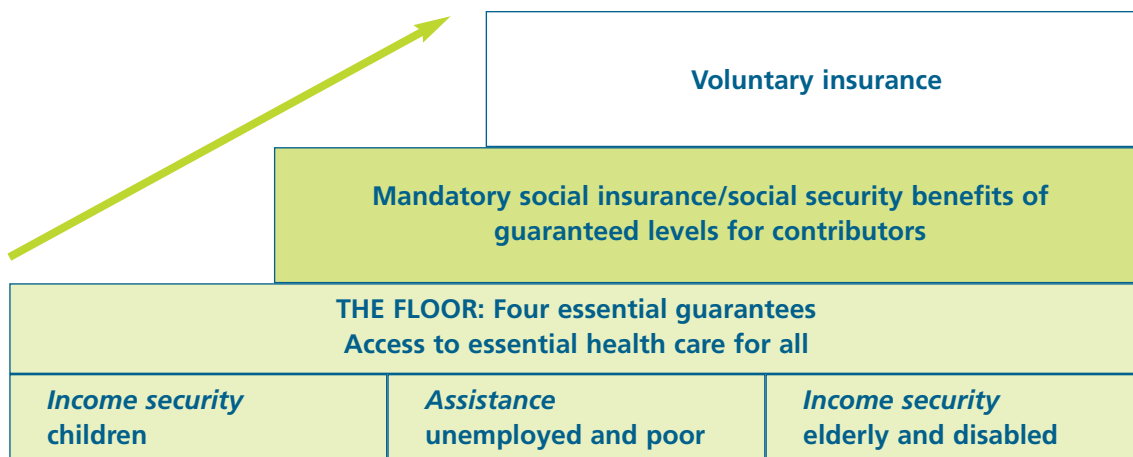
The advisory group of the Social Protection Floor Initiative submitted its report (the Bachelet Report) in October 2011. The report states:

*‘The notion of the social protection floor is anchored in the fundamental principle of social justice, and in the specific universal right of everyone to social security and to a standard of living adequate for the health and well-being of themselves and their families. The core idea is that no one should live below a certain income level and everyone should at least have access to basic social services...’*

The Bachelet Report conceptualises the social protection floor as ‘an integrated set of social policies including guarantees of:

- (i) basic income security, in the form of various social transfers (in cash or in kind), such as pensions for the elderly and persons with disabilities, child benefits, income support benefits and/or employment guarantees and services for the unemployed and working poor;

**Figure 4: The Social Protection Floor**



Source: Prasad, N, report on the Social Protection Floor, presented at the Commonwealth Roundtable on ‘Sustaining Gender Responsive Social Protection and Economic Resilience’, October 2011, Commonwealth Secretariat: London.

(ii) universal access to essential affordable social services in the areas of health, water and sanitation, education, food security, housing, and others defined according to national priorities.’

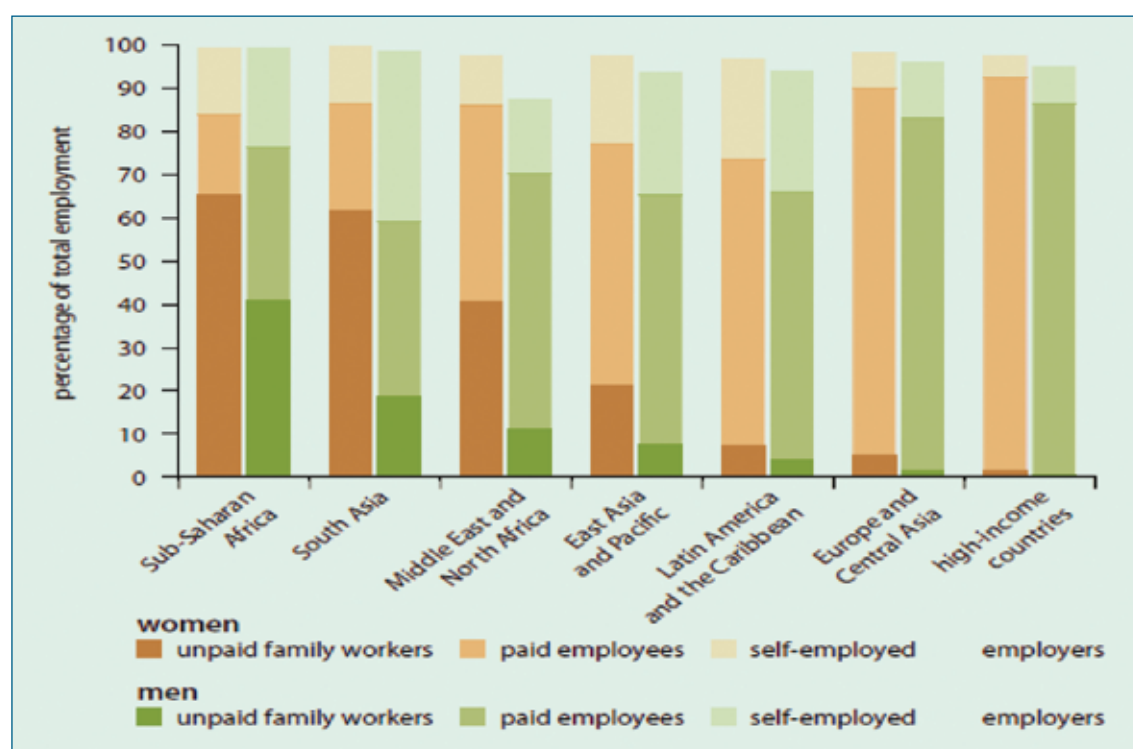
While these guarantees are indicative of what an ideal structure of social protection might look like, countries are free to design their policies in a sequential manner keeping in view their existing social protection framework, their needs and their capabilities. The multi-sectoral and multi-dimensional approach of the social protection floor focuses on complementarities between income security, investment in human capital, employment and access to social services.

It does not address the issues of unpaid work, especially by women in the care, subsistence and traditional economies, or impediments such as stigma and discrimination that prevent marginalised

populations from accessing services. Since the approach is supply-driven, it puts the onus on countries to design and implement appropriate systems that would be consistent with the social protection floor.

However, the floor does not explicitly embrace a rights approach, although the Bachelet Report claims that the ‘provisions made within the framework of the floor relate to a range of rights listed in the Universal Declaration of Human Rights.’ Thus the rights-based approach that the social protection floor imputes to itself is limited. Universal access to those essential services would certainly be transformative, but there is much missing, particularly civil and political rights, including rights to dignity, equality and to be free from discriminatory outcomes on the grounds of sex. Social protection floor advocates are also silent on CEDAW, the UN international convention on

**Figure 5: Women’s unpaid work in different regions**



Source: Gender Equality and Development, World Development Report, 2012

women, and the rights of women to land, natural resources, inheritance and property.

If nation states support the current conception of the social protection floor, then they commit themselves to maintaining the invisibility of these issues, which are yet to be recognised decades after they were raised at the first International Conference on Women in Mexico City in 1975.

### **Gender Differences, Human Rights, Children's Agency**

Due to the focus on cash-transfer based social assistance schemes, the current discourse on social protection pays inadequate attention to a rights-based approach that takes into account women's contribution in the care economy and rural subsistence. Research for *Who Cares? The Economics of Dignity*, recently published by the Commonwealth Secretariat, demonstrated that this is a major issue. It is a particularly significant omission in Commonwealth countries in sub-Saharan Africa and Asia, where women carry the disproportionate burden of disease, particularly HIV and non-communicable diseases (Figure 5).

## **With the same right to resources, women's productivity in agriculture equals that of men...**

The HIV pandemic often makes women's position even more precarious, for example, when widows are stigmatised as the carriers of the infection, shunned by their husband's family and thrown off their land. The pandemic has substantially increased the number of widow-headed households in Africa.

There is little quantitative evidence on the proportion of widows who lose their land after the death of their husbands, whether they lose all or part of that land and whether certain characteristics of the widow, her deceased husband and/or her household influenced the likelihood of her losing land rights.

While data is often lacking on women's rights to land, a longitudinal study of considerable validity and reliability, found that, mean land-holding declined by 39.8 per cent for each group of widows in Zambia who had experienced the death of a male head of household.<sup>vi</sup> Of the widowed households experiencing a decline in land access, almost half of them incurred a greater than 50 per cent decline. Widows and households that were initially wealthier were more likely to lose land and other productive assets after the death of the husband. In order to address the issue of women's land rights, the Commonwealth Secretariat is working with the judiciary in specific jurisdictions to increase women's access to and ownership of land. Planned interventions include the production of handbooks on women's land rights and capacity-building initiatives among traditional authority, rural women and lay magistrates to increase women's access to justice.

The Commonwealth Secretariat's *Who Cares?* research shows that women and children, particularly girls, bear the greatest burden in families affected by the HIV epidemic. Women are caregivers by default and have no choice in this matter, even when they themselves are infected and need care. In addition, women and girls almost always face the greatest degree of stigma and social discrimination. Women's unpaid care work is relentless and unceasing – they are not work ready, they are not available for work and they do not have the time or resources to train. Yet these issues are not recognised in current social protection discourse, even though women's care work, in effect, subsidises the cost of care.

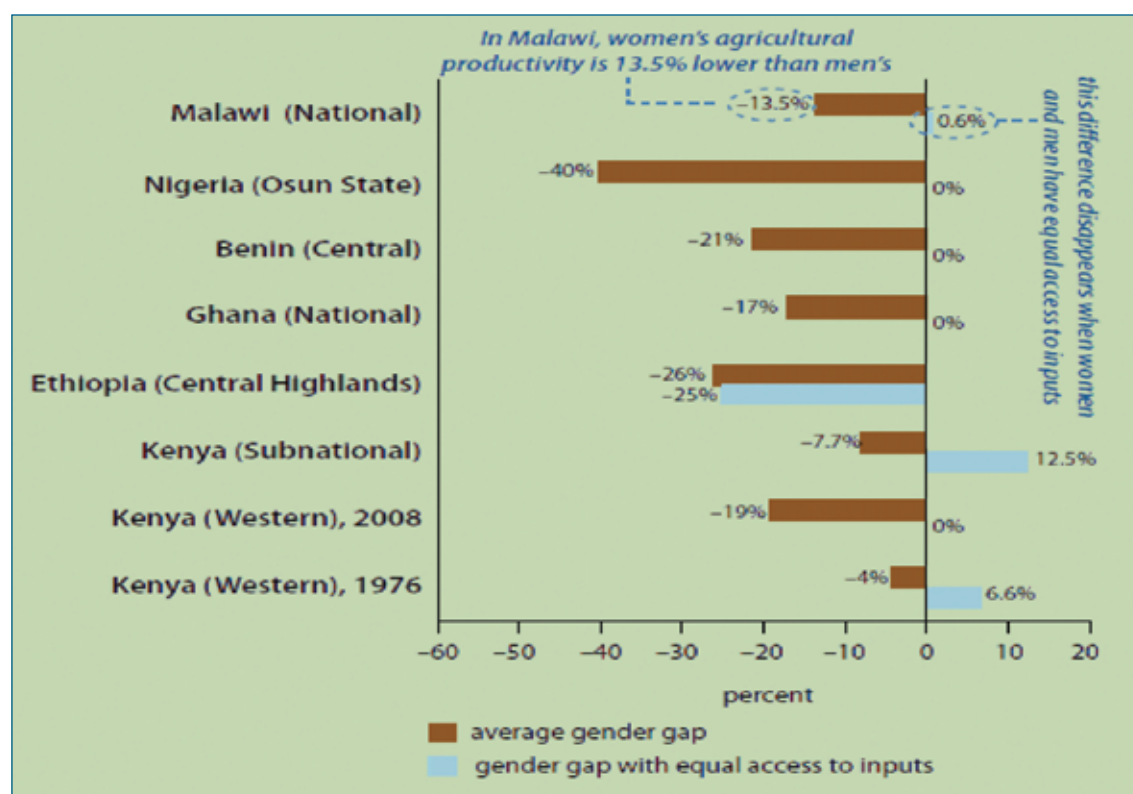
Violation of rights of carers is manifest in various ways: they are denied the rights to dignity, to rest and leisure, to a decent standard of living and to take part in the life of the community, due to social discrimination. More importantly, unpaid carers are denied the basic capability of every individual to live a normal life, and therefore are in a condition of ‘capability servitude’ and time poverty.<sup>vii</sup> The current social protection architecture does not take into account this violation of the rights of carers, which is a universal phenomenon.

Central to a rights-based approach to social protection is the issue of livelihood security and ownership of assets for women and children. Gender discrimination in the ownership of land and other assets implies they are disadvantaged in a rural subsistence economy where land is the most

important form of social protection. Moreover, unequal access to inputs is economically inefficient – productivity of women in agriculture is equal to, if not more than, that of men if they have the same right to resources, even discounting their care and reproductive roles (Figure 6).

The social protection floor treats all children as dependents. It does not mention the vast numbers who are now heads of households, not just because of HIV but also in the wake of war and displacement after famine and traumatic weather and geological events. The floor offers no agency to children who head families, something UNICEF has recognised as necessary for decades. Paid cash transfers discriminate because they cannot usually be paid to an older child who is looking after younger children. In South Africa, for example, the law prevents

**Figure 6: Women’s productivity in agriculture and access to resources in seven African countries**



Source: Gender Equality and Development, World Development Report, 2012

children under 16 who are heading households from receiving the child support grant on behalf of younger siblings.

The vulnerabilities faced by children differ from those of adults since children will live with the consequences of their caring for most of their lives. In this context, social protection measures are not one-off approaches that can be withdrawn when the sick family member dies. The risks associated with the loss of family in countries with high HIV prevalence needs to address multiple issues in the best interests of the child.

The revision of laws for orphans and vulnerable children, in particular issues of land-grabbing and lost inheritance, has been a key concern of the GROOTS initiative in Kenya. Here, grassroots women's initiatives have been used to build a community social protection network, adopting the 'transformative social protection' approach.

GROOTS Kenya, a national network of 2,500 grassroots women's self-help groups, began organising a Home-Based Care Alliance in 2003. This is a bottom-up federation of home-based caregivers that aims to link caregivers. One of the aims of the Alliance was to create greater co-ordination and peer learning to enable carers to advocate for recognition of their work, greater integration into formal health responses to HIV and strengthened livelihoods. Immediate impacts related to work and livelihoods are seen in the way carers have been supported in their work, which, in some cases, has reduced their workload. Self-help, savings and credit, revolving loans and income generating initiatives have been established to help caregivers make a living. Caregivers have also spearheaded the creation of Watch Dog Groups, partnerships between community members and government officials to prevent and redress land grabbing from widows and orphans.

By increasing information sharing the Alliance has built the influence of caregivers and enabled them to raise their effectiveness, link the government to NGOs, eliminate duplication and fund the people most in need in their communities. As a result, when new programmes and resources come into communities, they can be of immediate benefit because they can build on, and invest in, the Alliance's organising and community mobilisation efforts (Beca and Hayes, 2011).<sup>viii</sup>

In Vanuatu, Papua New Guinea and the Solomon Islands about 80 per cent of the population lives within the informal economy. Indigenous knowledge systems and traditional social mechanisms such as reciprocity, access to communal lands, forests and communal fisheries, custom farming and kinship social support, operate as social protection mechanisms. In 2009, the Vanuatu Ministry of Health declared that there was enough food being produced from subsistence farming, gardening, fishing and rearing poultry and livestock to feed the entire population. In-built norms of social obligation should make it almost impossible for an individual or family literally to starve. Yet the Commonwealth Secretariat research found that this obligation broke down under the stigma and discrimination of HIV.

The situation of HIV orphans in Papua New Guinea is a case in point. While most orphans tend to be supported by their extended clan groups or the *wantok*, extended families are much more likely to reject HIV orphans. Widows are regarded as the most disadvantaged group in the Pacific and with increased urban and international migration there is a pattern of older people being left to care for children. Across the Pacific, discrimination against those living with disabilities is widespread, with people often ashamed of disabled family members. Many disabled children are hidden away and not sent to school, the girls

losing out more than boys. The situation is worse for those with intellectual or learning disabilities. So what happens to traditional informal social protection when patriarchy, stigma and discrimination are part of the picture? How can social protection measures respond to such situations? The Serendipity Educational Endowment Fund (SEEF) in Papua New Guinea provides some lessons.

## Some social protection components need resources, others require political will...

SEEF found that children whose parents are infected by HIV are often lost to school long before their parents die. Factors such as tension in the family, unaffordable school fees, family breakdown when a parent leaves or dies often result in situations where the children are stripped of their inheritance, of land or home, and more. Supporting HIV-affected children through education was an unmet need that SEEF aimed to fulfil by developing guiding principles founded on community values, realities on the ground and importantly, respect for the rights of the children.

Any discussion of stigma and discrimination related to HIV must also confront the danger for many partner/carers of those living with HIV, if they are gay. Of the 54 countries in the Commonwealth, 38 criminalise homosexuality. Even where homosexuality is not criminalised, there seems to be little appreciation that carers may be male partners and in equal need of social protection interventions.

The Commonwealth Roundtable on Sustaining Gender Responsive Social Protection and Economic

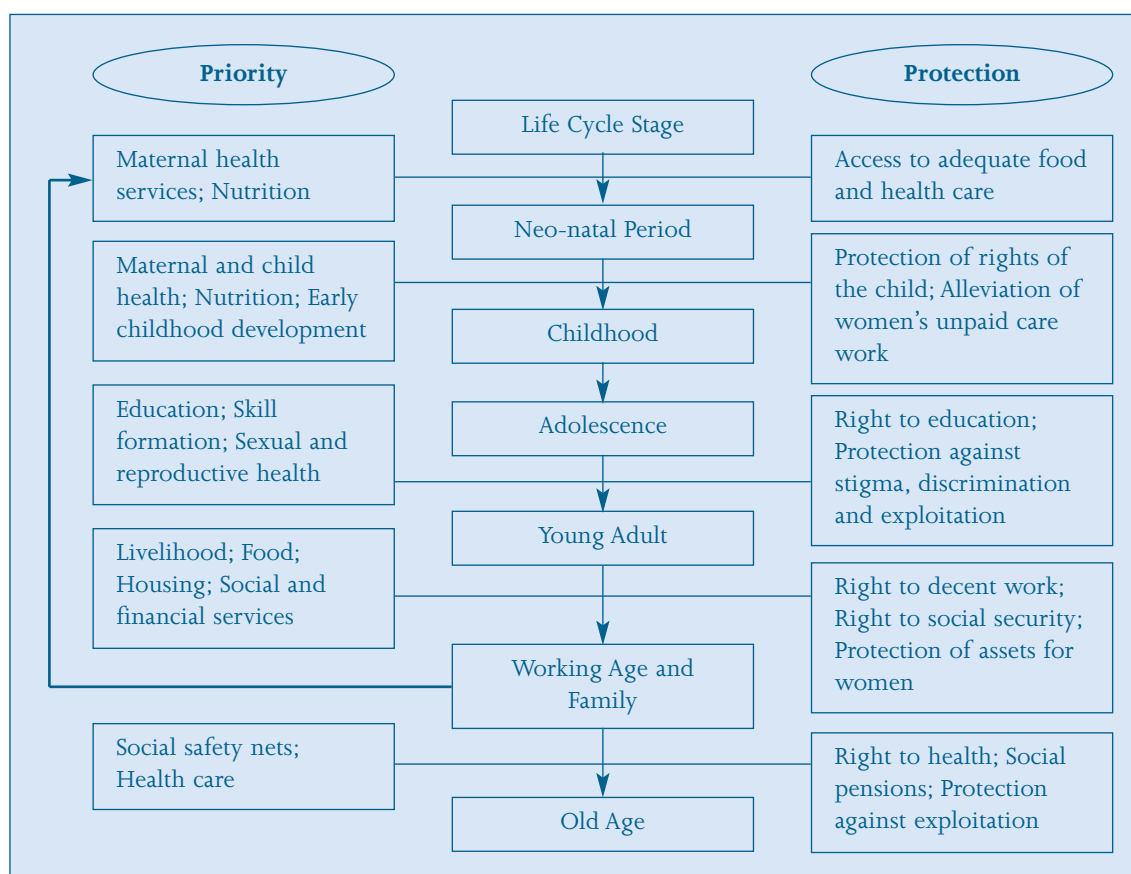
Resilience, held in London in October 2011, highlighted these issues as priorities for further research given their apparent exclusion from the social protection floor as outlined in the Bachelet Report. Apart from the intrinsic value of women's empowerment and gender equality, women provide a vital link between food, nutrition and income security that has instrumental consequences for the whole society. Recognising women's agency is the core of a social protection system founded on the principles of equity and social justice. (See Table 1 for a review of gender-responsive social protection policies.)

### The Way Forward is 'Anticipatory'

Most social protection systems, including the social protection floor initiative that was endorsed by G20 Labour Ministers at their meeting in Cannes in 2011, assume that (a) vulnerable groups can be identified, (b) information is available to them, (c) they can access delivery systems, and (d) are empowered to exercise their right to social protection. Often this is not the case – social protection systems fail to identify the most vulnerable, rely on outdated information, react to crises rather than prevent them and cannot address grievances violating the rights of the very people they were supposed to empower.

The concept of 'anticipatory' social protection has been put forward by the Commonwealth Secretariat through its research on gender responsive social protection and unpaid care work. This idea of social protection is grounded in a life-cycle approach where there is a correspondence between social protection priority and delivery. Depending on the vulnerability of the individual and her stage in the life cycle, we can anticipate the kind of social protection that would be required. For example, an adolescent girl in a poor family affected by HIV would very likely be pulled out of school to help in



**Figure 7: Anticipatory social protection**

Source: Mukherjee, A, 'anticipatory social protection' model, discussed at the Commonwealth Roundtable on 'Sustaining Gender Responsive Social Protection and Economic Resilience', October 2011, Commonwealth Secretariat: London.

care work, and face discrimination at the same time. Therefore, apart from ensuring the rights of the child, her right to education and non-discrimination also need to be protected. Some of the social protection components, such as ensuring adequate work through public employment programmes, require allocation of resources while others, like strengthening the legal framework, require political will and administrative capacity. Anticipatory social protection can be viewed in a rights based, gender responsive and equity oriented framework, which will provide a comprehensive roadmap for a more durable and forward-looking system in the future.

The most critical element for delivering

anticipatory social protection is the identification of the most vulnerable and reaching them through services. Most advanced social protection systems that are also nearly universal in coverage use a unique identifier such as social security, pension or national insurance numbers. However, many countries that have recently introduced social transfers do not have strong national identification systems that can effectively target vulnerable groups including women and children, HIV orphans, persons with disabilities and subsistence farmers.

Several countries are beginning to create beneficiary databases not only to ensure that the target population is able to access social assistance but also to

link them with social protection measures that enable social mobility, for example, through provision of training. Therefore, girls receiving secondary school scholarships would start accessing subsidies for vocational training and access to credit for starting micro-enterprises, or linking of subsistence transfers for the elderly to the broader system of social pensions with basic income guarantee.

Brazil's policy of *Cadastro Único* or Single Registry has adopted such an approach. The aim is to harmonise information on who is poor and vulnerable and consolidate the multiple social protection frameworks, starting with the *Bolsa Família* and pensions for the rural elderly. It also includes persons or households considered at risk of falling into poverty even though they do not yet qualify under *Bolsa Família*. It would help to anticipate the vulnerabilities of particular sections of the population and help design possible measures to respond to a situation similar to the food, fuel and fiscal crisis that is affecting the developing world today.

## A rights based, gender responsive, equity oriented framework is the roadmap for the future...

However, if the most vulnerable are not 'present' and 'named' in the framing of the agenda, they will be left out of the targeted policy priorities. The Commonwealth Secretariat will continue its research to attempt to make an impact on the debate, and for the major changes in the key issues outlined in this Discussion Paper.

The Commonwealth is uniquely placed to shape the intellectual agenda on social protection. It can

bring to the table its accumulated knowledge and experience on gender-responsive social protection to advocate for the inclusion of women's unpaid work in the care, subsistence and traditional economies, the importance of traditional legal systems and the vulnerabilities of small states.

The Commonwealth Secretariat's Roundtable on social protection identified key dimensions that would form the core components of a model anticipatory and transformative social protection framework. These critical dimensions include:

- Involving communities in decision making and planning
- Responding to the needs of children and child-headed households
- Protecting land rights and tenure
- Building on the role of community-based traditional forms of social support
- Recognising the contribution of unpaid care workers
- Ensuring that women and children are involved at all levels of decision making

The reframing of social protection, including the Social Protection Floor Initiative, could be enriched by taking on board a rights-based approach, centred on the most vulnerable and marginalised, and moving from promotive to transformative and, finally, to anticipatory social protection.

**Table 1: Gender responsive social protection – illustrative experiences**

Country	Name of programme	Funding source	Type of intervention	Targeting and benefits	Gender responsive?
Bangladesh	Female Secondary School Stipend Programme	Ministry of Education, NORAD, ADB, WB, DFID	Payment of school and examination fees and a stipend to all girls in secondary school.	Monetary benefits to children of very poor and destitute parents, and children with special needs.	Yes. Indirect benefits: reducing girls' work outside school; increasing the age of marriage; promoting empowerment.
Botswana	Orphan Care Programme	Government of Botswana	Provides food baskets and psychological counselling; Facilitates the exemption from school fees for orphans. Objective is to relieve poverty of destitute and orphans.	Monthly food rations and monthly cash benefits (not inflation adjusted); given to children who take care of terminally ill parent.	Neutral. The programme reduces the burden of care for girls indirectly.
India	National Rural Employment Guarantee Scheme	Government of India	Public works and development of common property resources.	Self-selection through job proposals; Wages according to minimum fixed by the central and state governments; wages indexed to inflation.	Yes. Gender responsive provisions such as crèche and drinking water / toilet facilities.
India	Janani Suraksha Yojana (Mother Protection Scheme)	Government of India	Conditional cash transfer for pre- and post-natal care	For mothers who are from below poverty line households; only two transfers per family; not inflation-adjusted	Yes. Protection of the health of mother and child.
South Africa	Care Dependency Grant	Government of South Africa	Social assistance in the form of a non-contributory monthly cash transfer to caregivers of children with severe disabilities who require permanent care. The grant is payable to parents or caregivers of children who are between 1 and 18 years and medically certified to be care-dependent.	Fixed amount per month with periodic revision adjusted for inflation.	Not directly. However, the programme is intended to reduce the burden of care on women and girls in the Southern African context. The monetary benefit is not sufficient to take care of gender inequities – supporting infrastructure and social services required.
Mozambique	Food Subsidy Programme	Ministry for Women and Social Action, Government of Mozambique	Cash transfer to reduce extreme poverty and vulnerability.	Women and men over 55 years who are permanently unable to work and live alone; pregnant women with nutritional problems.	Not directly. In HIV-affected households, however, the burden of care is on the women.
Papua New Guinea	Serendipity Education Endowment Fund (SEEF)	Private Trust Fund	Engages through partner organisations that work with families affected by HIV; provides school fees, uniforms, books and other educational costs to all children in participating families; families contribute.	Families in need where one or both parents are HIV infected or have died from HIV.	Yes. Girls in families encouraged to stay at school and necessarily included in scheme; Widows and single mothers also supported to be educated.
Kenya	GROOTS – Home Based Care Alliance	Women's self-help groups	Co-ordination and peer learning to enable carers to advocate for recognition of their work greater integration into formal health responses to HIV and strengthened livelihoods;  Creation of Watch Dog Groups – partnerships between community members and government officials to prevent and redress land grabbing from widows and orphans.	Women carers and their families, especially households affected by HIV.	Yes. Works as a federation of women's self-help groups; focuses on protection of women's right to land and property.

---

## Notes

- <sup>I</sup> Devereux, S. and R. Sabates-Wheeler. 2004. *Transformative Social Protection*. IDS Working Paper, No.232. University of Sussex.
- <sup>II</sup> Davies, M. and J. Allister McGregor. 2009. *Social Protection: Responding to a Global Crisis*. Institute of Development Studies, University of Sussex.
- <sup>III</sup> Livelihood Empowerment Against Poverty (LEAP) is a conditional cash transfer programme in Ghana, with beneficiary identification and outreach undertaken through Community LEAP Implementation Committees. Monthly transfers range from GHS8 (US\$6.90) for one dependent up to a maximum of GHS15 (US\$12.90) for four dependents. The programme is also meant to be time-bound, in the sense that beneficiaries are expected to 'graduate' within three years.
- <sup>IV</sup> Household Grant is a social transfer in Zambia that provides general subsidies to poor households, with different criteria depending on the regional vulnerabilities. The programme uses a strategy of community identification of beneficiaries based on a set of household level criteria including the presence of older people, disabled people or children. In the pilot schemes in Kalomo, Kazungula and Monze districts each approved household receives ZK40, 000 (about US\$10.00) per month in cash; those with children (any number) get a bonus of approximately US\$2.50. Higher transfers, with bonuses for children enrolled in primary and secondary school, are also tested in one pilot district. In Katete, pensioners receive US\$15 per month, which is transferred bi-monthly.
- <sup>V</sup> More information is available at the Unique ID Authority of India website: [www.uidai.gov.in](http://www.uidai.gov.in) See also 'The magic number', a huge identity scheme promises to help India's poor – and to serve as a model for other countries, in the *Economist*, 14 January 2012:  
[http://uidai.gov.in/images/FrontPageUpdates/hope\\_the\\_economist.pdf](http://uidai.gov.in/images/FrontPageUpdates/hope_the_economist.pdf)
- <sup>VI</sup> Chapoto, A., T.S. Jayne, N.M. Mason. 2011, Widows' Land Security in the Era of HIV/AIDS: Panel Survey Evidence from Zambia, *Economic Development and Cultural Change* Volume: 59,3: 511-547.
- <sup>VII</sup> 'Capability servitude' describes a condition where a person's dignity and freedom are circumscribed by an inability to break away from a situation of constant work and no leisure, especially for unpaid women carers in HIV-affected households. (See Waring, M., R. Carr, A. Mukherjee and M. Shivdas. 2011. *Who Cares? The Economics of Dignity*. London: Commonwealth Secretariat.)
- <sup>VIII</sup> Beca, A. and S. Hayes. 2011. 'Leaders, not clients: grassroots women's groups transforming social protection'. *Gender and Development*, 19:2.
-



Commonwealth Secretariat