

HANDBOOK ON Social Protection and Social Development in the Global South



Edited by
Leila Patel • Sophie Plagerson • Isaac Chinyoka



ELGAR HANDBOOKS IN SOCIAL POLICY AND WELFARE

HANDBOOK ON SOCIAL PROTECTION AND SOCIAL DEVELOPMENT IN THE GLOBAL SOUTH

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Handbook on Social Protection and Social Development in the Global South

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Foreword

James Midgley

It is a great honour to be invited to contribute a short foreword to the *Handbook on Social Protection and Social Development in the Global South*, and I am grateful for the opportunity to participate in this important project. The *Handbook's* editors are to be congratulated for compiling a comprehensive collection of contributions written by leading academic and professional experts in the field, who skilfully analyse the many facets and complexities of social protection. By ranging over a great variety of topics, the *Handbook* makes a major contribution to the literature. It provides an up-to-date account of the historical evolution and expansion of social protection in the developing world, discusses the role of theory in social protection, and documents the scope and features of social protection globally and in different countries. The authors also analyse social protection's political and economic dimensions, reviews issues relating to administration, financing and institutional capacity, and assesses its impact. There are chapters on the relationship between social protection, asset building and the social services, and the question is considered of how social protection addresses the needs of vulnerable groups including children, people with disabilities, formal sector workers, youth, refugees and asylum seekers. Attention is also given to the gender dimensions of social protection. A common theme is the role of social protection in poverty reduction, improving nutrition and promoting equality. Several contributors focus on the COVID-19 pandemic, which has devastated economies and the livelihoods of hundreds of millions of people. In addition, the contributors identify limitations and inadequacies, as well as future possibilities in the field.

In addition to contributing to the literature, the *Handbook* may be viewed as a celebration of the achievements of social protection in recent decades. As many commentators have observed, the expansion of social protection in the global South since the 1990s has been truly remarkable. Viewed in historical and global terms, this development may be characterised as the third wave in the evolution of social protection. The first wave began at the end of the nineteenth century with the introduction of social insurance in Europe and the augmentation of Poor Law social assistance with categorical provisions. Many families with financial needs were no longer dependent on charitable, kin and community networks, and the living standards for many improved.

The second wave, which began with the New Deal in the United States and the implementation of the Beveridge Report in Britain, built on these provisions by massively expanding social insurance, introducing universal provisions, extending employment mandates and enhancing access to social assistance. These developments further raised incomes and living standards, particularly in Western countries. Responding to the devastation of World War II, social protection complemented economic reconstruction and helped usher in a new era of prosperity. International organisations such as the United Nations and the International Labour Organization (ILO) actively supported these efforts, seeking to promote social well-being as well as economic social development at the global level.

The governments of the newly independent developing countries in the global South also expanded social protection. Limited programmes such as social insurance for formal-sector

workers and social assistance, primarily for the urban poor, had previously been introduced in a number of these countries, but now efforts were made to increase coverage and enhance the appropriateness of social protection schemes. However, these efforts were met with limited success. Faced with funding challenges and the legacy of colonialism, coverage was limited and many poor people living in rural areas were excluded. A major issue was the diffusion of market liberalism (often referred to as neoliberalism) in the 1980s through the aid programmes of Western donor countries and international organisations like the International Monetary Fund and the World Bank. These organisations imposed rigid structural adjustment programmes on heavily indebted developing countries seeking relief. These programmes required significant retrenchments to statutory social protection and promoted privatisation and outsourcing. The result was an increase in poverty in many developing countries and, because of privatisation and outsourcing, rising inequality.

The third wave in the expansion of social protection challenged the hegemony of market liberalism in the global South through the introduction of a variety of innovative schemes, based primarily on social assistance, which sought to extend coverage to millions of families living in poverty in the informal economy and the rural areas of the developing world. The third wave began with the adoption of conditional cash transfers in several Latin American countries. Since these initiatives imposed co-responsibilities on claimants and appeared to address the concern that poor people would become dependent on government provision, they were supported by the World Bank and other donors. However, several governments, particularly in Africa and Asia, expanded social assistance to encompass many poor families with children and elders without imposing co-responsibilities. Another major development was the introduction of universal pensions in several developing countries, which, apart from an age qualification, required no conditionalities.

The adoption of the Social Protection Floors Recommendation of 2012 by the ILO member states, as well as the unanimous adoption in 2015 of the United Nations Sustainable Development Goals and its 2030 Agenda, reiterated the role of social protection in poverty alleviation. The idea that poverty can be effectively addressed by simply giving money to the poor was now widely accepted. With the implementation of these international initiatives, many governments affirmed their commitment to using social protection to raise levels of living and improve the well-being of their citizens.

The expansion of social protection in the global South has extended coverage to many millions of families who were previously excluded. A report published by the ILO in 2021 found that almost half of the world's population now has access to one form of social protection or another. Although coverage is highest in high-income, Western nations, it noted that the expansion of social protection in the global South has been remarkable. Compared to the situation at the end of World War II, when few poor families were covered, the numbers now receiving benefits has increased exponentially. Social protection has also reduced poverty. One simulation, undertaken by Fiszbein et al. (2014), estimates that social protection prevented 150 million people worldwide from falling into poverty. Numerous studies of the impact of community and national level schemes also demonstrate the positive impact of social protection on living standards (Midgley 2022).

However, social protection's contribution to poverty reduction in the global South has been seriously undermined by the coronavirus pandemic, which resulted in the death of millions of people, shattered livelihoods and seriously harmed the economies of many countries. The United Nations (2020) and the World Bank (2020) estimate that the global poverty headcount

increased by between 70 and 100 million people because of the pandemic. Unemployment rose and informal-sector economic activities were seriously disrupted. As many as 1.6 billion workers lost their jobs and incomes. Hunger and ill health also increased, and school attendance and educational opportunities were curtailed. Women and children were disproportionately affected by the pandemic's economic impact.

Although many governments adopted measures to contain the pandemic and respond to its negative economic and social impact, there were significant differences in the scope and effectiveness of these measures. Western countries spent huge sums to protect their economies and maintain living standards, but, as Oxfam (2020) observes, a lack of resources and inadequate state capacity limited the effectiveness of these measures in the global South. Although data is limited, the organisation estimates that spending on programmes to address the pandemic's economic and social impact ranged from a low of USD 4 per capita in developing countries to an average of USD 690 per capita in Western countries. Similarly, access to effective vaccines differed significantly between Western and developing countries. Although the pandemic has to a large extent been contained, the global economy is still affected by supply shortages and high inflation, which some believe is symptomatic of a looming recession. The most recent projections by the International Monetary Fund (2022) reveal that these factors are impeding the global economic recovery. It also notes that its earlier forecasts of a rapid rebound were too optimistic. To make matters worse, the invasion of Ukraine by the Russian Federation in 2022, and the imposition of sanctions, is likely to exacerbate these economic problems. Global food supplies are also likely to be disrupted, and, again, poor people in the global South are likely to be disproportionately affected. Oxfam (2022) estimates that the number of food insecure people could reach 827 million by the end of 2022. The ongoing challenge of climate change is yet another cause for concern since its impact will mostly be felt in developing countries.

Appropriate responses to these adverse developments are urgently needed. Policymakers, scholars and practitioners need to redouble their efforts to ensure that the role of social protection in meeting the income needs of families and communities is affirmed. In addition, efforts to link social protection more effectively with development efforts are needed, and the goal of enhancing social protection's egalitarian impact must be reasserted. This will not only require innovative thinking but continued advocacy for funding and increased coverage. The implementation challenges facing social protection should also be addressed. By responding to these challenges, the *Handbook* points the way forward and provides opportunities to strengthen social protection's role as an integral part of efforts to promote development and social justice in the global South.

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Abbreviations

GDP	gross domestic product
HIC	high-income country
ILO	International Labour Organization
LIC	low-income country
LMIC	lower middle-income country
MENA	Middle East and North Africa
MIC	middle-income country
NGO	non-governmental organisation
OECD	Organisation for Economic Co-operation and Development
UK	United Kingdom
UMIC	upper middle-income country
UN	United Nations
US	United States of America
WHO	World Health Organization

Introduction to the *Handbook on Social Protection and Social Development in the Global South*

Leila Patel, Sophie Plagerson and Isaac Chinyoka

This book intends to address a gap in the literature on contemporary social protection, welfare services and social development theory, policy and practice in the global South. This focus is novel in that it situates social protection in a wider system of social welfare and development policies and programmes in low- and middle-income countries. Instead of concentrating only on specific social protection and national cash transfer programmes as the ‘big idea’ that evolved in the global South over the past two decades, the book provides new insights into the nexus between social protection, welfare services and social development policies and into the role of citizens and communities in enhancing human development. The intention is to deepen our understanding of how welfare systems are unfolding in diverse social, economic and political contexts in the global South and in countries with different levels of economic, political and welfare systems development. While there is progression in some countries, there is also regression as well as the forging of new pathways in response to changing local, regional and global challenges. The impact of the COVID-19 pandemic of 2020–22 exacerbated pre-existing poverty and human development inequalities (see Part VI). However, not only did country-level responses to the pandemic affirm the importance of social protection policies to the achievement of the Sustainable Development Goals (SDGs) and the United Nations’ (UN) 2030 Agenda for Sustainable Development, but it also provided the impetus for the expansion of social protection policies in development contexts (Gentilini et al. 2022; ILO 2021). Recovery from the pandemic was mixed with some countries, especially those in the global North, rebounding while others struggled more. At the same time, new risks to human security are emerging, marked by a slowdown in the prospects for global economic growth, political instability, armed conflict, the remaining threat of the escalation of the current pandemic and the possibility of future pandemics, including the impact of climate change on people’s everyday lives. The book provides a perspective from below and attempts to capture the contours in the unfolding story of social development in countries in the global South.¹

Social protection is taken to refer to public (state) and private (non-state) initiatives in meeting needs, promoting social rights and reducing poverty, vulnerability and inequality. This is taken as the starting point for the book. However, authors may use different definitions to emphasise specific aspects and nuances that are pertinent to their chapters. They review a diversity of public strategies including social assistance (means-tested cash transfer programmes); food and in-kind transfers; school feeding; access to social and basic services; and private and informal social provision by individuals, households and communities. Social insurance-based systems that rely on formal employment remain underdeveloped in the literature and in development contexts, although these are more prevalent in upper middle-income countries. In keeping with the social development approach to social welfare outlined by Leila Patel and James Midgley in Chapter 1 (see also Midgley 2014; Patel 2015), the volume adopts a multidimensional perspective to understand how social protection is evolving.

This necessitates moving beyond a focus on social protection's contribution to reducing income poverty only, although it remains a crucial dimension in understanding how developmental welfare policies and systems are evolving in the global South. The volume also examines other aspects of how social protection contributes to social well-being, including a plurality of actors engaged in social provision beyond the state (Surender 2019). The term *social welfare* in development contexts is frequently used to refer both to social policies (including social protection policies), human services programmes and community development strategies and to how these, when combined, contribute positively to economic, social and political change (Midgley 2014, 232). The focus of the book is, first, on social protection and, second, on how it is linked (or not) to welfare services such as psychosocial support, social care services, community-based development programmes, livelihood activities, social insurance and labour market policies as well as to broader development processes. This is achieved primarily through the careful documentation and analysis of the linkages, where appropriate, between public and non-state social protection policies and programmes and how they fare in the achievement of multidimensional social development outcomes.

More specifically, the book aims to provide an overview of

- the evolution and theoretical and philosophical underpinnings of social protection, social welfare services and development;
- the nature, scope, goals and linkages of social protection and social development policies and programmes;
- global and regional reviews of social protection;
- the design and evaluation of social protection policies and programmes, including a review of evaluation approaches and measurement challenges and evidence of the impact of social protection;
- innovative social protection and social development policies and strategies to find solutions to contemporary needs and challenges;
- the impact of the COVID-19 pandemic and global and country-level responses.

WHY THIS BOOK?

Social welfare provision in developing countries has a long history of family and community support and philanthropic initiative. Public provision, fashioned largely on colonial models, emerged in response to urbanisation, poverty and underdevelopment, and rising social problems and needs. Many countries adopted a residual approach to social welfare that was also reactive and treatment oriented. Although limited social assistance strategies existed, these were wholly inadequate in addressing the underlying structural causes of poverty and the social challenges facing these societies (Midgley 2019).

A significant shift occurred from the late 1990s onwards because of the exponential growth in social protection policies, and particularly cash transfers, in these countries. This development has been described as a quiet revolution, an unlikely idea that has taken root in the global South (Leisering 2019, 4). It has, however, reshaped welfare and social development thinking and policies, placing poverty reduction on the political and social agenda of these countries and globally. Poverty eradication (SDG Goal 1) is central to the achievement of the UN 2030 Agenda for Sustainable Development and intersects with other SDGs, such as

achieving zero hunger (SDG 2), good health and well-being (SDG 3), gender equality (SDG 5) and reducing inequality (SDG 10). SDG 1.3 advocates social protection as one of the key strategies to reduce and prevent poverty across the life cycle and for social protection systems to promote social inclusion. This new turn in the social protection field questioned earlier views held by Northern scholars that this was neither institutionally feasible nor affordable in developing countries given the vast challenges of poverty and inequality, political conflict and contestation, low rates of economic growth and employment creation, and limited institutional capability. Despite these barriers, countries in the global South such as Brazil, China and South Africa pioneered and incubated large-scale anti-poverty transfers (Barrientos 2013). As evidence began to mount of the impact of these programmes, many more countries adopted these policies spurred on by democratisation, economic improvements and social investments in human development. Support from international organisations aided the diffusion, adoption and institutionalisation of social protection. As these policies unfolded, new political constituencies that supported social protection policies began to form in countries where these programmes began to reach scale (Hall 2013; Patel et al. 2015).

By 2018, over 140 countries had implemented social protection policies in different regions of the world (World Bank 2018). A diversity of social protection approaches and innovative policies now exists. However, a global survey showed a policy preference for unconditional cash transfers (70 per cent) in the global South, followed by conditional cash transfers. Policy preferences beyond cash transfers favoured school feeding schemes (80 per cent), public works (67 per cent) and fee waivers (56 per cent) (World Bank 2018). Social insurance schemes are confined to small sections of the population that are in formal employment. Many countries adopted a combination of social protection strategies, including programmes to promote the productive capacity of beneficiaries through livelihoods support, education and training for specific population groups, with some targeted at specific stages of the life cycle including adaptive risk management strategies. Significant progress has been made in advancing social protection rights through poverty transfers. For instance, a third of the populations escaped absolute poverty while the poverty gap was reduced by 45 per cent (World Bank 2018). Countries that do better, however, have expansive coverage and higher benefit levels. Other benefits of cash transfers based on systematic review studies confirm its poverty reduction effects, including other multiplier welfare and developmental effects (Bastagli et al. 2016). The evidence of social protection effects on human development is still evolving. In conclusion, although the nexus between social protection and development has strengthened since the 2000s (Barrientos and Lloyd-Sherlock 2002), as reflected in the social protection floors propounded by the International Labour Organization and in their incorporation in the SDGs, there is scope for strengthening these linkages in Southern countries. In this regard, Southern countries may also learn from the historical rise of social protection in Northern welfare states when key actors began to recognise, as Leisering points out in Chapter 4, that not only individual goals may be achieved through such policies but also broader social development goals and wider collective ends such as economic growth, political stability and social cohesion.

Social Protection Gaps and Linkages

Despite the positive scenario of the role of social protection in improving human well-being in different domains, there is agreement that much more needs to be done, especially in low-income countries, to increase access and expand coverage and benefit levels. For instance,

only 18 per cent of the poorest quintile in low-income countries are covered by social protection, while coverage in lower middle-income countries is less than 50 per cent (World Bank 2018). Food and voucher programmes cover on average 20.4 per cent of the population across 108 low- and middle-income countries (Alderman et al. 2018, 6). Other gaps in social provision exist for informal sector workers who do not have access to contributory social insurance schemes. Low levels of formal employment of women and youth in middle- and upper middle-income countries also present significant challenges for the design of these programmes. Although there is evidence that social protection leads to a reduction in the gender poverty gap, its potential to promote women's empowerment is mixed due to sociocultural and gendered beliefs about the role and status of women in society. In some countries the design of social protection programmes was found to increase rather than alleviate women's productive and reproductive burdens (Hunter et al. 2021; Molyneux 2008; Fultz and Francis 2013). Social protection for children and families has also grown around the world (ILO 2021; UNICEF 2015), but the limits of cash transfers to improving child and family well-being beyond income on their own is being acknowledged. Calls for 'cash transfers plus' social interventions, such as parenting programmes, access to social services and psychosocial support, including livelihoods support, are advocated (Roelen et al. 2018; Nnaeme et al. 2020). Mainstream social protection programmes are designed for vulnerable groups such as children, older persons and people with disabilities. Claims by other groups left behind are receiving recognition, such as victims of gender-based violence and burgeoning youth populations, to mention but a few.

Low- and middle-income countries have different levels of development of the formal welfare systems and of informal systems of social support within which social protection policies and strategies are embedded. A focus on formal public social protection negates other resource flows and systems of support and care that exist at both household and community levels. An understanding of how these systems work together could provide important insights for how to develop social interventions. Moreover, limited attention is paid in the social protection literature to how beneficiaries view and use resources, both public and private, to promote their well-being, including electoral support for social protection. Finally, the links between social protection and welfare services remain weak. Some successful case examples of how these connections are being made use of by social workers, care workers and community health workers warrant further exploration. The design of social protection systems needs to be refashioned to improve its linkages with welfare services and wider social development policies and systems, including labour market linkages. In this way a more integrated system of social provision may be realised. The gaps in social protection and its lack of integration into a wider system of social welfare provision provides a compelling rationale for the book. The different contributions could lead to a more integrated and systemic approach to social protection and social development.

The book brings together analysis and synthesis of the literature and empirical evidence from different parts of the globe. Contributing authors are directly engaged with the theory and praxis of social protection in development contexts. In-country and regional experts come from all areas of the globe and from multiple disciplines producing leading-edge case studies that are relevant to the foci of the book. Case studies were selected that reflect the entrepreneurial character of the rise of social protection in the global South, the fluidity of its progression/regression and its responsiveness to changing real world challenges. Particular care was taken to maintain a critical balance in the presentation of the content.

CHAPTER OVERVIEW

Part I of the book outlines the theoretical approaches and discourses that underpin contemporary social protection policies and their linkages with welfare services and development policies. In Chapter 1, Leila Patel and James Midgley provide a conceptual foundation for the book. They formulate the distinctive features of the social development approach to social protection and its linkages to the wider social welfare system in development contexts, including the emphasis on social rights and people's participation, the integration of economic development with social welfare, pluralism, and the deployment of synergistic multilevel implementation strategies to optimise well-being outcomes. Patel and Midgley contend that the social development approach offers a useful normative framework for the analysis of social protection in the global South and its connection to formal and informal systems of social provision. Within the broader social development perspective that recognises the pluralism of actors involved in the delivery of social protection and welfare systems, chapters 2 and 3 centre on the shift over the past two decades toward state-centred social protection. In Chapter 2, Sophie Plagerson discusses how the social contract has become a basis for reframing social protection within state–society relations. The chapter examines the scope, depth and limitations of social protection's contribution to the procedural, redistributive and participatory functions of a rights-based social contract, drawing on emerging evidence. By providing a critical review of the concepts of *state* and *citizen*, the chapter underscores that a social development lens can helpfully complement the social contract approach, for example by drawing attention to patterns of inclusion and exclusion in social protection. In Chapter 3, Sarah Brooks examines the role of politics in shaping the nature and outcome of social protection policies, with special emphasis on the dynamics of cash transfers. The chapter also investigates the implications of the current politics of social protection for future generations of recipients.

In Part II, the volume provides a global and regional overview of the nature, scope and goals of social protection. Chapter 4 presents a new and comprehensive global overview of the state of social protection, with author Lutz Leisering drawing on large global databases to map the institutions and normative models of social protection around the world. By comparing social protection models in the global North and South, the chapter argues that social protection develops in six relatively independent dimensions: welfare provisions with the two dimensions of coverage and generosity; and social foundations of social protection with four dimensions – legal, fiscal, administrative and normative. Overall, the analysis shows that the reality of social protection in the countries of the global South is typically complex and fragmented, both normatively and institutionally. Chapter 4's global synopsis is followed by four regional overviews. In Chapter 5, Armando Barrientos describes social protection in Latin America as the outcome of three main trends: the post-war growth of stratified occupational insurance institutions protecting skilled workers in formal employment; the expansion of individual retirement accounts at the end of the twentieth century; and the emergence of large-scale social assistance in the past twenty years. This has resulted in Latin America's dual welfare institutions whose relative significance varies across countries: socialised and/or private insurance for skilled workers and social assistance provision for unskilled workers. In Chapter 6, Renata Nowak-Garmer distinguishes five stages in the trajectory of social protection policy in Africa: the precolonial stage, dominated by 'informal' and traditional forms of social protection; the colonial stage, which introduced social protection models inspired by the European welfare state; and the immediate post-independence years, characterised by

large investments in social policies, a neoliberal stage of government retrenchment and the contemporary stage of social assistance. The chapter also identifies several constraints, such as low social protection coverage in relation to needs and a lack of integration of social protection into national socio-economic policy frameworks. In Chapter 7 on the Southeast Asia region, Charles Knox-Vydmanov and Nuno Cunha discuss how social protection systems are a relatively residual component of public policy. Focusing on five countries in particular, the chapter identifies two key drivers of the limited scope of social protection: the limited place of social protection within dominant development models in the region; and the fact that systems are not adapted to vulnerability and the labour market. The chapter considers how social protection systems can be reshaped and reframed to address persistent and future challenges facing this region. Concluding the regional overviews, Charlotte Bilo and her colleagues argue in Chapter 8 that in the Middle East and North Africa (MENA) region, social protection systems have consisted primarily of universal food and subsidy schemes, that social insurance systems favoured the public sector and that social support for those outside the formal labour market has been provided mainly through informal or religious networks. Although expenditure on social protection has remained low, recent political and economic crises have shifted this social protection landscape, and in some countries a more elaborate policy infrastructure and political environment enabled large-scale emergency income support for those most affected by the COVID-19 crisis.

Opening Part III of the book, which appraises several design features of social protection policies, Stephen Devereux describes in Chapter 9 how international and bilateral development agencies have increasingly invested financial and technical resources toward strengthening social protection systems in low- and middle-income countries. Institutionalisation entails coordination at the policy, programme and administrative levels. This can also facilitate the alignment of social protection systems across social sectors (for example, education, health and social development) and economic sectors (for example, agriculture and labour). In Chapter 10, Rachel Slater discusses targeting, a contested element of social protection policymaking, programme design and implementation. The chapter considers intersections between approaches to targeting – from universality to those based on demographic and social categorisations, to those focused on poverty, food insecurity and beyond. It examines the potential for different approaches to address headline social development challenges – of food insecurity, multidimensional poverty and vulnerability, and exclusion – and how mitigating both structural and life cycle-related shocks and stresses requires combined approaches. In Chapter 11, Marianne Ulriksen examines modes of financing and capability challenges in low- and middle-income countries. She argues that the source of funding matters for the nature and scope of social protection, with tax-financed social protection providing the optimal funding model if the goal is an extensive and sustainable social protection system. While international aid can serve as a catalyst to social protection and can support the improvement of administrative capacity, it is important that programmes are embedded in national structures and aligned with national development strategies in ways that build the capacity of domestic institutions and guarantee sufficient political will among domestic political decision makers.

Part IV shifts attention to evaluation and the impact assessments of social protection policies and its multiplier effects, drawing on empirical evidence and highlighting achievements and gaps in the realisation of social development outcomes. In Chapter 12, Michael Samson outlines how the interlinkages between core social protection programmes and a broad range of welfare services – including psychosocial support, social care services, community-based

development and livelihoods – and their integration into broader development processes require nuanced and contextual evidence-building tools. The chapter provides an overview of the sector's frameworks and tools for building the evidence base to assess the impact of social protection, including a concise typology of methodological approaches and a discussion of key issues and debates. In Chapter 13, Esther Schüring, Valentina Barca and Sajanika Sivanu review the evidence base in the global South for the three most common social protection interventions – cash transfers, school feeding and public works – and provide a synthesis of existing systematic literature reviews to reflect on the main lessons learnt. The chapter closes with a critical review of how the existing evidence base serves to inform policymaking in social protection, delineating the boundaries of what evidence can offer. Taking a different angle, Wanga Zembe-Mkabile uses child nutrition to examine in Chapter 14 how social protection programmes have emerged as a key policy response. Her analysis considers how nutrition-sensitive social protection and other nutrition-specific interventions can work in combination to improve child health and nutritional outcomes in the global South.

Part V of the book describes linkages between social protection and broader social welfare policies and programmes and illustrates a rich selection of innovations in social protection systems and implementation. In Chapter 15, Sudhanshu Handa, Marwa Ibrahim and Tia Palermo provide a conceptual overview of innovative strategies for linking cash transfer programmes with complementary services. They use case studies from Ghana, Kenya and Ethiopia to illustrate these different approaches to expanding social services to vulnerable populations using cash transfer programmes as the anchor. The chapter concludes with a reflection on cash plus as an intermediate step toward a comprehensive social protection system. Chapter 16 focuses on the extension of social protection to the informal workforce. While new approaches to the provision of social protection for informal workers are emerging (including social insurance, social assistance, active labour market and social inclusion policies, and complementary public services), Laura Alfars, Annie Devenish and Temilade Sesan pay attention to the under-researched area of informal worker-led schemes. Drawing on case studies, they examine the opportunities and constraints faced by informal worker-driven social protection schemes, arguing that there are pertinent reasons to see such schemes as a vital aspect of the social protection mix. In Chapter 17, David Ansong and his colleagues draw on emerging evidence to contend that innovations in financial capability and asset building are essential for social protection and to achieving the SDGs. They propose several strategies for promoting financial capability among financially vulnerable populations through institutional, structural and policy arrangements. In Chapter 18, Gift Dafuleya maps the opportunities and challenges for linking formal and informal social protection in the Zimbabwean context where weak formal institutions of social protection are coexisting with informal forms of social protection. The chapter explores ways to link these systems to mitigate risk and unlock productive capacity, including the use of mutual household networks as collateral. The chapter argues that improved welfare outcomes are possible if the synergies of formal and informal systems can be harmonised. In Chapter 19, Taly Reininger and Cristian Leyton provide a detailed analysis of a Chilean case study. They explain how a psychosocial support component has remained an enduring feature of Chile's cash transfer programme design and delivery over the past two decades. The programme's multidimensional focus aimed to end the intergenerational transmission of poverty in the long term through periodic home visits by psychosocial professionals who assist families in overcoming situations of exclusion in education, health, housing, income, employment, family dynamics and identification. Challenges

in achieving these outcomes have included tensions in social work roles and structural barriers to programme delivery. Concluding this section, Kate Philip in Chapter 20 reviews the role of public employment programmes understood as part of employment policies that create work where market demand for labour is low. The chapter draws on several case studies to argue that instead of posing public employment programmes and cash transfers as binary alternatives, more integrated approaches that optimise their complementarities may yield stronger development outcomes.

Part VI presents different exemplars of the nexus between social protection and social welfare and development services for groups of people who are left behind in mainstream categorical social protection programmes. With reference to children and families, Chapter 21 documents innovative cash plus programmes in South Africa, Tanzania and Mozambique. The authors – Mayke Huijbregts, Tayllor Spadafora and Leila Patel – identify different combinations and models of delivery, including combining cash transfers with health, nutrition, psychosocial support and family-strengthening interventions. They conclude that strong partnerships, intersectoral collaboration, adequate levels of human resources and staff capacity development are critical to successful scalability. Chapter 22 addresses gender dimensions of social protection on the basis of a case study from Brazil. Although the Bolsa Família cash transfer programme was not planned to advance women's empowerment, Natasha Borges Sugiyama makes the case that its alignment with complementary social protection services helped to broaden women's economic well-being, enhanced their bodily integrity and promoted their psychosocial growth. However, constitutional spending limits, compounded by the effects of the COVID-19 pandemic, have exacerbated underlying economic and gendered inequalities and threatened the expansion of social rights for women. In Chapter 23 Stephen Kidd, Diloá Athias and Holly Seglah provide an overview of current approaches to social security provision to people with disabilities across the global South and demonstrate that, in most countries, access is limited while the value of the benefits on offer is usually inadequate. This chapter argues that it is essential to establish disability-specific social security systems that offer income support to people with disabilities across the life cycle. Chapter 24 shifts the focus to the social protection needs of refugees and asylum seekers. Drawing on the example of South Africa, Marius Olivier and Amanuel Isak Tewelde document positive and negative experiences of refugees and asylum seekers with reference to social protection in various domains such as accessing documentation, social assistance, health, housing, education and the labour market. The chapter describes how although the policy framework is generally hostile toward refugees and asylum seekers, the judiciary advocates for their protection.

Finally, Part VII turns our attention to global responses to COVID-19 and case studies of country-level strategies and identifies trends and challenges across the time period 2020–21. In Chapter 25, Isaac Chinyoka draws on secondary sources to give a brief appraisal of global social protection responses to the COVID-19 pandemic. To mitigate the negative socio-economic, health, educational and gender impact of the COVID-19 pandemic, most countries in development contexts expanded social protection vertically (expansion through existing programmes) and horizontally (by reaching new groups of people not covered previously). Social assistance, social insurance and labour market policies were introduced, with cash transfers leading the way. Rapid delivery was achieved through the use of digital tools, albeit with some exclusionary risks for vulnerable groups. The findings underscore that building universal and inclusive social protection floors is crucial to furthering global commitments to sustainable development. In Chapter 26, Aishwarya Sivaramakrishnan and Sony Pellissery

examine the achievements, anomalies and lessons learnt through the digital delivery of welfare services in India. Amid the COVID-19 catastrophe, digital infrastructure reached 900 million poor beneficiaries, who received an instant cash transfer. The authors consider how digital delivery can help to achieve administrative and social targets, but also how new forms of social exclusion may emerge because of loopholes in the system, delayed payments, authentication errors, connectivity issues and the digital divide with differential impacts on women and groups of people left behind. Chapter 27 portrays Indonesia's social protection policy in light of the COVID-19 global pandemic. Its authors David Androff and Sirojudin Abbas examine how the government's crisis response to the pandemic prioritised social protection by extending existing social assistance programmes, such as conditional cash transfers for poor families, food vouchers and rice assistance, and businesses loans. The Indonesian case illustrates the benefit of strengthening social protection to preserve people's social welfare and core economic activity during times of disaster and pandemic; however, challenges include the need for delivery mechanisms that can overcome limitations of infrastructure and geography, and for civil society involvement in social protection governance. Turning to China, Suo Deng in Chapter 28 analyses the negative impact of the pandemic on vulnerable children. The chapter synthesises relevant social protection measures that have been implemented to reduce children's vulnerabilities, including basic medical services, cash and in-kind assistance, and child protection services. The chapter discusses how China's evolving social governance model influenced its pandemic containment strategies, including social protection. This chapter concludes with a brief discussion of the implications of China's experience for developing social protection in the post-pandemic era. Lastly, in Chapter 29 Jean Triegaardt provides an overview of South Africa's social protection system and the new measures adopted by the government to mitigate the effects of the pandemic and of the economic restrictions that were instituted. One of the key findings is that the new temporary social protection measures that were introduced, such as the Social Relief of Distress grant, addressed an important gap in social provision for the unemployed and informal workers, expanded access to previously excluded groups of people, and was effective in reducing poverty despite the small value of the benefit.

NOTE

- 1 The concepts *global North* and *global South* are used in the book to discern groupings of countries along socio-economic and political characteristics and not in relation to their geographic location. The *global South* refers to low-, middle- and upper middle-income countries, of which most are former colonies and have historically experienced political and cultural marginalisation. The *global North* refers to the developed industrialised countries, all of which have developed welfare states although with different systems and levels of social provision and underlying philosophies (see also Wikipedia contributors 2022).

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PART I

THE NEXUS BETWEEN SOCIAL PROTECTION, SOCIAL WELFARE AND THE SOCIAL DEVELOPMENT APPROACH

1. The social development approach to social protection and social welfare

Leila Patel and James Midgley

Although historically social development has not focused on income transfers (also known as social security or social protection), the situation has changed dramatically. Over the past two decades, many governments, non-profit and community organisations in the global South, supported by international organisations and donors, have massively expanded these schemes to reduce the incidence of poverty. These developments unfolded pragmatically and incrementally in different countries in the new millennium, with most countries having at least one type of social protection. Conditional and unconditional cash transfers are the dominant form of social protection in low- and middle-income countries. However, as discussed in the introduction to this book, a combination of cash and in-kind transfers, school feeding schemes, public employment schemes and fee waivers exists in other countries, along with social insurance schemes, albeit with a smaller reach, labour market policies and welfare programmes. Social protection goals (Midgley and Piachaud 2013), ideas (Leisering 2021) and systems (Schüring and Loewe 2021) are normatively diverse, are made up of a hybrid of programmes and strategies, and have characteristics that are unique to their historical, economic, political, social and cultural contexts (see Chapter 4). There is considerable regional variation in the nature and scope of social protection, although programmes exhibit some similarities. These developments are well traversed in Part II of the book. A significant limitation in the literature on contemporary social protection in development contexts is the way in which it is decoupled from other forms of social welfare provision, whether this be formal or informal, and delivered by the state, markets, third-sector organisations or family and community support systems.

Given these developments, there is need for a conceptual analysis of social protection and its connection to social welfare policies and programmes, people's livelihood activities, informal and formal labour markets, and networks of social support; and of how macro policies connect with people's everyday experiences and their struggles to improve their lives at a local or the micro level. There is also increasing social recognition of the vulnerability of groups of people who may be excluded from full participation in society due to social discrimination and barriers to inclusion because of income, age, education, physical and mental disabilities, gender, race and ethnicity, geographic location, and sociocultural beliefs and practices (see Part VI). Theoretical work in the field has come largely from European scholars, whose interpretations have often been employed to uncritically analyse social protection and social welfare policies in the global South. Greater efforts are needed to formulate normative frameworks that could accommodate the diversity of goals, modes and types of social provision and that take account of the different cultural, economic, political and social realities of these societies.

Since social development is an interdisciplinary and applied field, social inquiry is enriched by action learning from social scientists and practitioners engaged in the real world of policy formulation, implementation, administration and evaluation of social protection and poverty reduction/eradication programmes. These feedback loops provide valuable information that

continues to shape theoretical and empirical scholarship in the field. However, the voices of users and beneficiaries are often overlooked as they continue to be framed as passive recipients of benefits and services rather than as active participants in development processes. Moreover, social scientists from a diversity of disciplines are engaged in this field of inquiry, such as from economics, sociology, history, political science and from practice-based professions in the health sciences, education, social work and community development. There is growing recognition of the important contribution of indigenous knowledge systems in understanding local modes of social provision that are the dominant modes of social provision especially in low-income countries with rudimentary formal systems of social welfare. Harnessing the contribution of these disciplines and interdisciplinary fields such as social and public policy, urban and regional planning and development studies, for instance, remains a significant challenge.

This chapter contends that social development ideas could provide an appropriate rationale for social protection and social welfare in the developing world. It begins by providing a context for the discussion and examines the different normative approaches that have been formulated to provide a value basis for social protection. These include the safety net approach, the risk-management approach, the enterprise approach and the statist, rights-based approach. It describes each approach, traces its origins, and examines its strengths and weaknesses. Next, it discusses social development's key concepts, features, theoretical assumptions, values and practice modalities, and shows how they can inform social protection. It highlights social development's emphasis on social rights and equality, participation, integrating economic and social welfare policies, welfare pluralism and a multidimensional conception of social well-being requiring multilevel implementation. The chapter concludes by arguing that the social development approach offers a useful framework for social protection and its linkages to social welfare policies and programmes. Examples of complementary programmes include linking beneficiaries with public employment schemes, the delivery of complementary services such as cash plus programmes, interventions to enhance the financial capabilities of beneficiaries and women's empowerment programmes, and are discussed in parts V and VI of the book. These specific features of the social development approach to social protection may be more appropriate to the needs and circumstances of beneficiaries in developing countries than the enterprise and statist approaches discussed previously. The conclusion also discusses the limitations of the social development approach.

NORMATIVE APPROACHES TO SOCIAL PROTECTION

Policymakers, administrators, researchers and academics have expressed very different opinions about social protection, its goals and the best way of realising these goals. These opinions draw on the knowledge, experience and technical expertise of these actors as well as on pragmatic considerations, but they also reflect values, ideals and ideological preferences that influence these opinions. This is particularly true of academics who are candid about their normative commitments when writing about social protection. By contrasting their views with those of other scholars, they clarify competing interpretations of social protection's role in society. These normative approaches include, among others, the safety net approach, the risk-management approach, the enterprise approach and the statist, rights-based approach. This section discusses each in turn.

A safety net approach gives expression to the idea that social protection should be provided to individuals and families whose income falls below a defined minimum as determined by a means test. As the term implies, these schemes provide a safety net that prevents people in financial need from becoming destitute. In addition to social assistance, terms like selective, residual and targeted schemes are also used to connote this approach. The safety net approach is rooted in almsgiving and religious charity, which has aided people since ancient times, but its adoption by governments is more recent, beginning with the creation of municipal social assistance schemes in northern Europe at the time of the Protestant Reformation. The enactment of various Poor Law statutes by the Tudor monarchs in England and especially the Elizabethan Poor Law of 1601 contributed significantly to the evolution of the safety net approach. Although these schemes sought to deter applications by providing only temporary and limited benefits, especially to able-bodied adults, it was recognised that frail elders, orphans or people with disabilities who had no relatives to care for them required long-term support. By the nineteenth century this had resulted in the creation of categorical social assistance schemes that paid benefits to ‘categories’ of beneficiaries and particularly to low-income elders and women with children.

The World Bank has actively promoted the safety net approach through its lending policies since governments in the global South began to adopt social assistance or to expand existing schemes to reduce poverty (World Bank 2015, 2018). In addition, many governments have introduced conditional cash transfers (Leisering 2019), especially in Latin America (Barrientos 2019) but to a lesser extent in other developing countries including in Africa. Typically, they pay small cash benefits to families with children, provided the latter attend school, are immunised and have health checks on a regular basis. Categorical pensions and child allowances now exist all over the developing world. Patel (2018) observes that categorical pensions exist in several African countries, with a few, such as South Africa and Mauritius, having universal schemes or near-universal coverage. These are examples of how safety net programmes are being refashioned to move beyond relief and protective functions toward more promotive functions with the potential to be more rights based in their orientation. Public works targeted at poor and vulnerable people have also been established in several countries, and a great variety of in-kind programmes including school feeding schemes, scholarships and fee reductions, nutritional programmes and medical care have been introduced (Midgley 2019). The International Labour Organization (ILO) (2021) reports that many millions of families around the world today benefit from one kind of social assistance scheme or another.

The safety net approach has been criticised for stigmatising its recipients and imposing onerous requirements so that many who qualify for social assistance fail to apply. The World Bank (2018) estimates that as many as 80 per cent who are eligible for social assistance in the poorest developing countries do not claim benefits. Another problem is that means tests are often inaccurate, resulting in what Kidd and Athias (2019) call ‘targeting errors’ where social assistance applicants in many developing countries are either erroneously denied benefits or erroneously included. Midgley (2022) observes that funding and administrative problems also impede the effectiveness of social assistance. However, supporters of the safety net approach believe that costs can be significantly reduced by targeting benefits at those in need. There is, they argue, little point in paying benefits to financially secure families who do not need them. Despite these controversies, there is significant evidence to show that social assistance has alleviated poverty in the global South. Midgley (2022) reports that it has raised incomes and improved the living standards of the poor. He notes that it has also reduced inequality in

countries such as Brazil and South Africa. Together with other types of social protection, he believes, it can be effectively used to extend coverage and meet peoples' income needs in the developing world.

The risk management approach is based on the contention that individuals and families should be prepared to meet the risks that endanger their well-being. In particular, this view holds that they should participate in statutory social insurance schemes provided through their employers. These schemes protect income from the risks, or contingencies, as they are known, that reduce, interrupt or terminate their wages because of sickness, unemployment, retirement and other adversities. In addition, they are expected to purchase commercial insurance to ensure that they are adequately protected. Supporters of the risk management approach contend that people ought also to save so that sufficient funds are accumulated to cope with financial adversity. The risk management approach is historically rooted in the mutual aid associations and communal funds established by farmers and artisans hundreds of years ago. In addition to assisting each other in times of difficulty, workers paid regular contributions into these funds, which then provide benefits if they became ill or were injured or killed at work. Mutual aid associations also emerged in Europe in the eighteenth and nineteenth centuries and enrolled large numbers of industrial workers who faced serious risk of injury and even death at the poorly regulated factories where they were employed. Under pressure from the emerging trades unions, governments eventually assumed the responsibility by introducing statutory social insurance schemes that addressed these risks. Today, most countries have social insurance to protect workers in regular wage employment as well as the self-employed against sickness, work injury, maternity, retirement and death. In addition, hundreds of millions of families in the global South are not connected to formal financial services (Demirgüç-Kunt et al. 2022) and belong to informal mutual associations, savings clubs, burial societies and rotating savings and credit associations designed to meet risk.

The ILO, the International Social Security Association and many academics who applaud the rapid expansion of social insurance over the last century promote risk management through social insurance, such as health and unemployment. Today, most people in Western countries are protected by these schemes. However, the involvement of government in risk management came under sustained criticism from the World Bank in the 1990s, which urged individuals and families to assume greater responsibility for responding to risk. Particular emphasis was placed on anticipating retirement income needs. The World Bank argued that statutory retirement programmes funded through social insurance in Western countries had grown excessively because of population aging, placing a huge burden on government resources and on younger generations who need to meet the cost of these schemes. In a major publication, 'Averting the Old Age Crisis' (World Bank 1994), the bank urged that social insurance be replaced with individualised mandatory retirement accounts that require participants to assume greater responsibility for meeting their retirement needs. It also recommended that personal savings be actively encouraged and that social assistance be used to cater to those who cannot save for retirement or participate in mandatory retirement schemes. Two World Bank officials, Holzmann and Hinz (2005), systematically articulated the risk-management approach by encouraging the greater use of the market in meeting retirement income need. Their market-based interpretation has been influential, finding expression in the enterprise approach, which is discussed later in this chapter.

A major criticism of the risk-management approach is its dependence on contributions paid through regular wage employment. The ILO (2018) estimates that more than 61 per cent of the

world's employed population are in informal employment, mostly concentrated in emerging and developing countries, with 58 per cent of them being women. The proportion of workers in regular wage employment in the global South is comparatively small, with the result that few participate and benefit from these schemes. As Midgley (1984) pointed out many years ago, social insurance coverage in the developing countries is low; in addition, it amplifies existing poverty and inequalities. He urged that alternative approaches extending coverage to those in the informal urban economy and in small-scale agriculture be adopted. The risk-management approach is inappropriate for meeting the needs of developing countries since few families have the resources to purchase private insurance or accumulate sufficient savings to meet their own needs. That said, it has been mentioned already that non-formal insurance schemes exist all over the global South, and there are opportunities for utilising these schemes more effectively. The ILO (2019, 2021) has devoted a fair amount of attention to this issue, and numerous proposals have been made to increase coverage. However, much more needs to be done to increase access to social protection in the global South. In particular, social insurance coverage needs to be extended to many more workers if they are to manage risks in the developing nations.

The enterprise approach proposes that commercial enterprises rather than governments should be responsible for social protection. Operating on financial markets and governed by economic principles that highlight the benefits of the price mechanism in meeting needs, commercial enterprises are said to be efficient, responsive to consumers, and well placed to implement social protection policies and programmes. The enterprise approach is also commended for fostering choice, personal responsibility, innovation and what Midgley (2017) calls 'welfare consumerism'. Just as consumers shop for goods and services, supporters of the enterprise approach contend that people in financial need should purchase social protection products on the market. They also argue that the current reliance on governments to provide social protection should be ended. Also, by allowing commercial enterprises to compete on the market, costs will fall, and the quality of services will improve.

The enterprise approach is historically rooted in ancient trading and bartering practices and payments to traditional healers, priests and teachers for their services. However, these activities were embedded in social relationships and shaped by the cultural norms of obligation and reciprocity that characterised traditional societies. These early forms of 'proto-market' activities are radically different from market practices today, which are impersonal, based on price and disassociated from social relationships. This change came about in the 1970s because of the influence of the neoliberal scholars and the adoption of their ideas by governments committed to promoting market exchanges. With the ascendance of neoliberalism, government regulation of markets has been undermined and the distinction between economic and social goods and services has been blurred. Although Titmuss (1974) argues persuasively that social needs are substantively different from economic wants, supporters of the enterprise approach claim that education, healthcare and social protection are no different from economic goods and should be available on the market.

Since these ideas have been implemented, commercial provision in the social services and social protection has increased exponentially. Right-wing governments and also the International Monetary Fund (IMF) and the World Bank have actively promoted welfare consumerist policies (Le Grand 2007). The privatisation of social insurance in Chile in 1981 by the country's military government is a major example of how commercial providers have assumed responsibility for managing retirement pensions. Borzutzky (2002) explains that

workers covered by social insurance were encouraged to transfer to commercially managed funds or Administradoras de Fondos de Pensiones (AFPs) where their contributions were invested with accumulation of funds being paid out at the time of retirement. To maximise their returns, they were permitted to move their savings between different funds. As the APFs competed with one another, it was claimed that efficiency would increase and costs would fall. Several governments in Latin America, Eastern Europe and elsewhere emulated the Chilean privatisation effort by creating mandatory retirement accounts managed by commercial firms.

Another related policy shift is the outsourcing or contracting of government social services to commercial enterprises. Although governments have contracted with commercial firms to supply construction services and military equipment for many years, the outsourcing of statutory welfare programmes and particularly social protection is new. Today, commercial providers and non-profit organisations regularly enter contracts with governments to manage social assistance and other social programmes. For example, welfare to work schemes in Western countries have been widely outsourced to commercial providers that train clients, place them in a variety of jobs and monitor their progress. Also, residential services for elders and people with mental and physical disabilities are now widely outsourced.

Welfare consumerism is also promoted when governments issue vouchers that social protection beneficiaries can use to purchase goods and services. One of the largest schemes of this kind is the Supplemental Nutrition Assistance Program (SNAP) in the United States, which issues vouchers to low-income families that they exchange for groceries at approved retail outlets (Oliveira et al. 2018). Food vouchers are also used to provide nutritional support in low- and middle-income countries such as Sri Lanka, Mexico and Indonesia (Aldermann et al. 2018). Consumer-directed schemes, also known as personal care budgets or direct payments, is another innovation that allocates a fixed annual sum to elders and people with disabilities as an alternative to government services. These funds are then used to purchase goods and services on the market and, in this way, promote choice and self-responsibility.

The enterprise approach has been extensively criticised. One of the most important criticisms, which was mentioned previously, is that programmes to improve human welfare should not be subjected to market principles that ignore the importance of moral values, altruism and compassion, and that reduce social relationships to economic transactions. The claim that commercial enterprises are more efficient than governments has also been debunked. As Midgley (2017) summarises, research has shown that these enterprises are not always competent and efficient and that problems of mismanagement, price rigging and corruption have limited their effectiveness. Extensive research into the privatisation of social insurance in Chile has invalidated the claim that commercial enterprises reduce costs and improve services. In fact, Borzutzky and Hyde (2016) reveal that social insurance privatisation in Chile required extensive government subsidies. It severely disadvantaged low-income workers and especially women so that many have been unable to accumulate sufficient funds in their accounts to meet their retirement needs. Consequently, the government has had to step in by providing social assistance benefits. Although the enterprise approach has promoted a pluralistic conception of social protection by recognising the role of multiple providers, it did not result in the extensive privatisation of social insurance. Indeed, Ortiz et al. (2018) show that several governments have reversed or abandoned plans to privatise their social insurance schemes.

The statist, rights-based approach asserts that social protection should be available to everyone as a human right. It is based on the ancient idea that all human beings, by virtue of being human, have inalienable civil and political rights guaranteed by governments. The contention

that they have the right to social protection is more recent and is rooted in nineteenth-century campaigns by social reformers that sought to address poverty and social neglect. These campaigns fostered the gradual involvement of governments in social protection. It also led to the creation of the ILO in 1919, which has since championed the right to social protection and fostered the adoption of numerous international treaties that commit government to extend statutory social protection to their citizens. Similar international instruments have been adopted by the member states of the United Nations, regional bodies and the governments of many countries. The ILO's Social Protection Floors Recommendation of 2012 exemplifies the rights-based approach, obliging member states to adopt policies and programmes ensuring no one has an income that is insufficient to meet their basic needs.

Although it is recognised that social assistance as well as employer mandates contribute to guaranteeing a minimum income for all, the rights-based approach favours universal social allowances and social insurance. Unlike social assistance, which requires a means test, these schemes do not take assets or income into account when determining eligibility. This does not mean that they do not impose conditions. In fact, all social protection schemes have requirements, and receipt of benefit is subject to meeting eligibility requirements such as citizenship, age and work record. Nevertheless, it is recognised that social assistance fills gaps and provides benefits to those who are unable to access universal schemes. Categorical and generous social assistance schemes provide a minimum income that ensures everyone is covered by social protection. By proactively coordinating the schemes of different providers and integrating them with statutory provisions, governments can create a coherent pluralist social protection system that ensures access to all as a human right. In this way, they promote equality and social justice (Midgley 2020).

As may be expected, supporters of the other normative approaches to social protection discussed earlier reject the premise that government should be responsible for social protection and that it should be provided as a right of citizenship. Rather than spending huge sums of money on covering the population as a whole, they contend that government should target social protection at the neediest groups in society. To curtail costs and improve efficiency, they insist that governments should reduce their own involvement by outsourcing to commercial and non-profit providers and encourage greater personal responsibility. It is possible, they claim, to ensure a decent living standard for all without creating large and inefficient bureaucracies and imposing high taxes on its citizens. Many community activists are also sceptical of the 'top-down' approach to social protection adopted by many governments and favour greater participation by local people in creating and managing schemes that meet their needs. There is scepticism also about the rhetorical way the notion of rights is applied. As Hopgood (2013) points out, many governments, officials at international agencies and academics breezily claim that rights play an indispensable role in social protection without recognising that they are, in fact, widely violated. Much more needs to be done to ensure that the right to social protection is fulfilled.

THE KEY FEATURES OF THE SOCIAL DEVELOPMENT APPROACH

The social development approach to social welfare originated in the global South in the 1980s and 1990s to transcend the remedial and residual welfare approach of colonial and

post-colonial governments (Midgley 2017; Patel 2015). It was spurred on by the search for new theoretical and intervention (practice) modalities to respond to wide-ranging social problems affecting children and families and other vulnerable persons as well as to social questions such as mass poverty, underdevelopment and inequality. Social developmentalists in the welfare field were also influenced by the growing literature and debates in development studies at this time, which were critical of the failure of standard neoclassical economic growth models to address poverty and the over-reliance of post-colonial governments on ‘top-down’ or statist development models. Instead, ideas that became particularly influential were the basic needs approach (Streeten 1981) and ideas emanating from the economic growth and redistribution paradigm (Piachaud 2014) and alternative development perspectives such as people-centred development, participatory development, notions of human agency and empowerment of people in development efforts (Willis 2011), gender and development (Momsen 2004), social capital, community development and sustainable livelihoods (Carney 1999).

Social development ideas in the welfare field were also boosted by international commitments to human rights such as the right to social security, anchored in the United Nations Universal Declaration of Human Rights of 1948, and the right to development, rooted in the United Nations Declaration on the Right to Development of 1986, Article 1 of which upholds a person’s right ‘to participate in, contribute to, and enjoy [the benefits of] economic, social, cultural and political development’. This proposes a comprehensive or a multidimensional approach to the promotion of human well-being that surpasses the narrow focus on income or material well-being associated with the enterprise approach. This was followed a decade later by the adoption in 1995 of the United Nations’ Copenhagen Declaration on Social Development, which recognised, among others, the importance of social rights and the inter-connection between social and economic development. Political changes and democratisation in many developing countries since the 1990s, including social movements for change and social activism, also paved the way for the adoption of more developmentally oriented social protection strategies and in some countries to the constitutionalisation of the right to social protection and development (see Chapter 2). Constitutional commitments to social protection are, however, guaranteed not only in democracies but also in different political systems in the global South. For instance, constitutional commitments to social protection have been adopted in (semi)authoritarian regimes and Communist China, which may be described as state capitalist, and where social protection policies are expanding, reaching millions of people through its new social governance model (see Chapter 28). Social development’s interdisciplinary and applied nature continues to enrich the approach and allows for testing the ideas empirically as it is evolving and continuously adapting to changing realities facing contemporary societies and the globe.

Key Concepts

The term *social development* is used in different ways in contemporary social protection and welfare literature such as a goal, as a set of social and economic outcomes to be achieved or as a social process to bring about progressive and tangible improvements in people’s lives. The two concepts (social protection and social welfare) are often conflated in real-world analyses of social protection. In this book, *social protection* is taken to refer to a set of state and non-state policies made up of cash and in-kind benefits and other related social interventions to protect people’s income, promote livelihoods and mitigate risks during times of economic

adversity. Social protection policies form part of a wide array of social policies adopted by governments to improve people's well-being through social services, health, education, labour market policies, government regulations, mandates, subsidies or other means. They are also nested within a wider system of formal and informal social provision, which is well documented in different parts of the book. Although the term *social welfare* has been widely used over the centuries, it remains poorly defined (Midgley 2017, p. xiii). In its broadest sense, it is used here to refer to a condition of well-being or a set of well-being outcomes that may be both subjectively defined by people themselves and/or objectively based on a range of well-being indicators. Thus, the overriding goal and concern of social development is to enhance the well-being of the population as a whole through a range of social policies and programmes. Social protection policies form part of a country's overall set of welfare policies along with health, education, welfare services and housing, among others.

Features of Social Development

The key features of the social development approach and its application in social protection relate to the harmonisation of social and economic development policies, the rights-based approach, welfare pluralism and, lastly, a multidimensional conceptualisation of social well-being requiring multilevel interventions and a multi-systemic approach. These features are not mutually exclusive as is the case with the other normative approaches that emphasise either rights or statist approaches versus markets, as discussed above. Instead, a social development approach to social protection brings together different strands of social policy thinking and is structured around a central organising principle: a commitment to the goal of improving social well-being outcomes for the population as a whole.

The distinctiveness of the social development approach to social protection and social welfare is captured in Midgley's definition of social development as 'a process of planned social change designed to improve the welfare of the population as a whole in conjunction with economic development' (Midgley 2014, p. 236). The social development approach, therefore, draws attention to the interconnection between social and economic development, with both being mutually reinforcing. Midgley argues further that social improvements in people's well-being will not be achieved through the economic growth-only approach advocated by market liberals. Instead, social investments are simultaneously needed in people's human capabilities, which, in turn, are likely to yield greater long-term economic returns for beneficiaries assessed in terms of improved income and employability. Social investment ideas are being incorporated in the design of social protection policies in different ways. For instance, in Ethiopia and Tanzania, public employment and cash transfers are often combined, also known as productive safety nets. Unconditional cash transfers were also designed to address not only consumption deficits but also a lack of productive capacity and to break the intergenerational cycle of poverty (Barrientos 2013). These ideas are underpinned by Keynesian and post-Keynesian economics contending that, by stimulating demand for goods and services, social protection could have multiplier effects that could stimulate growth. These types of policies were used in many countries during the COVID-19 pandemic. The evidence of how beneficiaries use resources to improve their own well-being and make investments that benefit local economies and studies of the macro-economic and social effects of cash transfers around the world demonstrate that the split between the social and the economic dimension of social development is increasingly blurred. How governments and social actors are reconceptualising

social protection to meet both economic and social goals in the design of programmes and in their evaluation is an area of ongoing research and debate. Suffice to say that there are different ways in which this feature of social protection is operationalised around the world.

Notwithstanding the economic rationale for social protection, social development has retained a strong social rationale for social protection through its commitment to human rights, equality and social justice (Urbina-Ferretjans 2019, p. 117). The driving force behind the exponential growth of cash transfers and public welfare policies in many Southern countries was a response to protracted poverty and social neglect. In emerging democracies such as South Africa, constitutionalism and a rights-based culture were born out of political struggles against colonialism and apartheid and a drive for justice. After years of repression and concomitant human insecurity under military dictatorships in Brazil and Chile, rights-based policies were a counter to residual welfare policies and to the dominance of neoliberal social policies (Willis 2011). The African Charter on Human and Peoples' Rights of 1990 also recognises the right to health and education but also the need for protection of vulnerable persons such as older persons and persons with disabilities (Articles 116–118). The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Citizens to Social Protection and Social Security, adopted by the African Union in 2022, now explicitly acknowledges this right. Social protection and welfare policies that took root in recent decades are largely framed as human rights, as redistributive mechanisms and as social recognition of groups of people left behind. Through these types of social policies, it is envisaged that greater participation and inclusion of individuals and different groups of people would be achieved.

The social protection literature has been enriched by other theories of social justice particularly in relation to understanding and promoting gender equality (Hochfeld 2022). Nancy Fraser's (2007) three concepts – redistribution, social recognition and participation – are central to her conception of justice. This is a view of justice informed by the assumption that, for these societies to flourish, poverty reduction and eradication was not only an economic imperative, a lack of investment in people, a deficit to be overcome, but a moral claim on how society would need to organise itself to realise a person's innate humanity and dignity (Pogge 2002, p. 64). These ideas are not only based on Northern conceptions of welfare and the diffusion of human rights as a global system of social commitments; they have deep roots in different cultural and religious contexts too. They are reflected in the Islamic religious principle of *zakat*, which means to share one's wealth; the African philosophy of *ubuntu*, meaning a shared humanity and mutual interdependence that is enacted through care for others; the Confucian belief *ren*, which refers to the achievement of being fully human; or *sarvodaya*, the Gandhian belief that there should be progress for all (Dean 2019, p. 136). Further, Leisering's (2019) study across Southern countries, using a constructivist lens, finds that the rise of cash transfers was driven by the global and universal principle that governments ought to be concerned with promoting the welfare of their citizens. Normative beliefs of this kind undergird social policies to varying degrees in the global South. They are encapsulated in the goals of social protection that aim to achieve a minimum standard of living, equitable access to services and benefits, and the notion that social protection should be available to all citizens (universal), but that the needs of those who are most disadvantaged should be prioritised following the Rawlsian principle of equitable resource allocation (Patel 2015). Universality of access to social protection may be achieved through different strategies and through integrated and inclusive systems of provision that address the varied needs of different categories of people over the life cycle. Preference for the disadvantaged within an overall and inclusive system of

provision, as suggested in the previous section, does not necessarily mean that to achieve the right to equality, benefits should be uniform (Leisering 2019; Barrientos 2013) (see Chapter 10 for an exploration of these debates).

Critics of the rights-based approach, alluded to above, argue that they are often ignored; that there is a huge gap between rights in theory and what happens in reality; that resource and institutional capacity constraints hamper their realisation; that poor governance and corruption are rampant in many countries; and that power relations and inequalities determine who benefits and how resources are distributed (Dean 2019). Also, the diffusion of neoliberal economic and social policies at different times undermined their implementation as discussed in the enterprise approach to social protection. Other authors, however, draw attention to the importance of the justiciability of rights where these are enacted in formal government policies and legislation and where administrative procedures exist that allow citizens to contest rights violations (see Chapter 2). While this potential exists, there are many obstacles to their realisation due to a lack of resources and insufficient knowledge and skills of poor and marginalised persons to seek redress. Where civil society organisations are well organised and keep a ‘critical eye’ on government, accountability for the implementation of rights, or for naming and claiming such rights, may be advanced. This is evident in different countries where civil society organisations have contributed to the review of policies and legislation, tackled administrative injustices or engaged in advocacy for claims against the state. There is also much contestation about which policies governments should pursue to achieve its social goals, ranging from Universal Basic Income as a social right that should be enjoyed by all citizens to the rights of migrants and refugees, the rights of formal versus informal workers, and issues of gender equality, among others. How some of these issues are settled is often the outcome of political contestation and power relations, and increasing electoral competition in some countries is proving to be important in how far social protection rights are pursued. Given these challenges, including the different levels of economic development, public social provision and state capacity to deliver social protection across low-, middle- and upper middle-income countries, trade-offs between competing priorities and policy solutions are often made.

Some countries have opted to implement the principle of the ‘progressive realisation of social protection rights’. This means that governments are expected to take the necessary steps to ensure that these rights are realised over time and that progress is monitored to achieve comprehensive social protection. Where countries have adopted this principle, they have some leeway to build a social protection floor in an incremental fashion. Sen (2008) in his book *The Idea of Justice* contends that rights are a yardstick or a standard to which societies aspire. He argues that, instead of attempting to focus on creating perfectly just social policies and institutions, assessments of how far a society has come in achieving social protection and how it might move forward are important in growing country programmes. Various ways of measuring progress are in place and are being refined, such as international benchmark and comparative studies conducted by academics, researchers, and international organisations and agencies. But much criticism remains of the overly technocratic approach being used to measure progress (Dean 2019). Finally, these issues and challenges in the realisation of a rights-based approach to social development will continue to shape the field and the search for appropriate policy solutions to the realities of countries in the South.

Although social development has a strong commitment to social protection rights and affirms the role and central responsibility of the state as the custodian of social protection, other institutions beyond the state and markets play an important role in the welfare mix in

development contexts, also referred to as welfare pluralism. These include families, indigenous and community systems of care and support, local and international non-governmental organisations (NGOs), faith-based organisations, development and humanitarian agencies, corporate social responsibility initiatives, and commercial providers. In low- and middle-income countries with large informal labour markets, familial and community systems of support are the predominant mode of support, with the state providing rudimentary services or in some cases being almost wholly absent (Wood and Gough 2006; see Chapter 18). Kinship support systems have come under pressure in recent times due to urbanisation, the changing nature and structure of families, and humanitarian crises caused by health pandemics, climate change and social conflict. This has opened the way for international and domestic organisations supported by governments to step into the gap. The welfare mix is likely to be different in upper middle-income countries that have expanded social assistance policies in recent years and that have pre-existing welfare services and programmes that have been implemented since the mid-twentieth century. In these contexts, there is greater scope for insurance schemes as formal labour markets have grown. Both domestic and international NGOs have historically played a significant role in welfare provision in Southern countries. Jolkkonen's (2019) analysis of the role of NGOs in the welfare mix indicates a recent shift toward greater organisational hybridity in the delivery of welfare programmes and governance. The instrumentalisation of NGOs as public service contractors (outsourcing) and as partners in public-private partnerships is a notable recent trend. This hybridity is also evident in the mix between government and private sector partnerships in the delivery of cash transfers via financial institutions, digital channels such as mobile phones and delivery of food vouchers via private retailers. As mentioned above, these developments are contentious as they are associated with the neoliberal turn in social policy as governments shifted to provision through NGOs and commercial operators. NGOs are often contracted at below the cost of services to be provided, and concerns exist about their co-option by government while delivery by commercial companies for profit is thought to be antithetical to social protection's social goals. Against this view, authors point to the comparative advantage of NGOs in service provision in terms of capacity, responsiveness, local-level knowledge and access to networks for rapid service delivery, efficiency and effectiveness as well as for the value of their inputs in policy processes and in the design of innovative social protection and social development programmes (Jolkkonen 2019; Patel 2012). The positive role of international NGOs in the diffusion of social protection ideas and in funding and delivery of social protection innovation in the South is well documented by Seekings (2021) and is likely to continue as fiscal spending has not increased significantly or where small-scale programmes have not been scaled up to national levels. Concerns are often raised about how public social protection programmes could lead to the crowding out of non-state modes of provision and undermine social capital in local communities and social cohesion.

There is need for a better understanding of welfare pluralism in social protection in Southern countries, the cross-over between formal and informal systems, labour markets, NGOs and commercial providers. The welfare architecture in Southern countries differs significantly from those in the North where the state is dominant and where insurance is tied to employment, giving rise to different types of welfare state regimes depending on how the public-private mix is structured, also referred to as liberal, corporatist and social democratic regimes (Esping-Andersen 1990). Acknowledging the plurality of institutions involved in social protection in Southern countries, Wood and Gough (2006) discern two types of welfare regimes

in the South, namely those that have rudimentary and residual provision (insecurity regimes) and those with informal systems (informal insecurity regimes). Seekings (2013) identifies the agrarian welfare regime, where kinship systems are the dominant mode of provision. Despite the usefulness of a political economy approach to understanding welfare pluralism, it does not fully explain why kinship care systems based on cultural constructions of mutuality of care have survived over the centuries despite massive societal changes and adaptation. Religious and cultural preferences do play an important role in understanding welfare pluralism in development contexts. Feminist scholars also draw attention to the gender dynamics of social protection in development contexts as mothers are enlisted as conduits for child well-being, thereby reinforcing gender divisions of care in the home (Molyneux 2007). The complexity, diversity and hybridity of welfare institutions in development contexts, a reality in countries in the South, remains under-theorised and differs significantly from the Northern mixed economy of welfare with its focus on combining the state and markets. There is need for a better understanding of how social protection policies connect with these institutions and of the enabling social and economic policies that are needed to support them.

A final feature of the social development approach is its wider conceptualisation of social well-being as a multidimensional social construct that includes not only the material well-being of individuals and their families but also how they are faring in relation to their physical well-being, their knowledge and skills, and their political and wider social participation in decisions that affect them. Although the psychosocial, spiritual and cultural dimensions of people's well-being have been long recognised, there is a resurgence of interest in the psychosocial aspects of people's well-being, especially since the COVID-19 pandemic. In countries in the South, where reducing poverty/eradicating poverty is a significant driver of social protection policies, how poverty is conceptualised and understood is critical to finding solutions that go beyond ensuring only income protection to seeing how this is related to other aspects of people's well-being and social mobility. Thus, a case for understanding social protection and its linkages to other systems of protection, support and care is necessary to achieve these goals. Further, particular attention is being paid to understanding poverty and social exclusion from a structural and systemic perspective, especially how particular groups of people are left behind due to their gender, ethnicity, caste and other social divisions. Social protection has long been concerned with addressing vulnerabilities over the life cycle, such as in early childhood, in the childbearing years and old age, and acknowledges specific needs and challenges in different stages of the life cycle. An example of a multidimensional conception of social well-being and the factors associated with it is well captured in the Global Multidimensional Poverty Index, which consists of ten indicators associated with multidimensional poverty (UNDP and OPHI 2021). In this way, the causal chains associated with multidimensional poverty and the pathways out of poverty may be more clearly identified, including appropriate policies and social interventions tailored to people's needs. This conceptualisation of social protection is contingent on an expansive knowledge base from different disciplines, draws on a multi-systemic understanding of social well-being, requires multi-modal interventions (types of interventions) and tackles systemic disadvantage at multiple levels of intervention, the micro (individual), mezzo (family, household and community) and macro (national policies). There is also recognition of how global social policy thinking and social, demographic and economic trends and disruptors impact social protection and welfare policies, making a multi-systemic lens that spans all these levels of intervention necessary.

CONCLUSION

This chapter has traced the progression of social development ideas, assumptions, beliefs and values as they relate to social protection policies and practices as they are unfolding in development contexts. The analysis shows that Northern conceptions of social protection were particularly influential in the South, as evidenced by the diffusion of the safety nets, risk management, enterprise and rights-based approaches. However, the social development approach is also the outcome of the search for social policy solutions suited to the social, cultural, economic and political realities facing these societies. Although Southern countries share some of the features of social protection with Northern conceptions of social security and welfare, such as the right to social protection and participation, its distinctiveness lies in its conceptualisation of the integration of economic development with social development, welfare pluralism and its multidimensional conception of social well-being. These features of social development are consistent with social development's multidisciplinary, multi-modal and multilevel approach to social policy and intervention that spans micro, meso and macro levels of intervention. This holistic and integrated approach serves to connect social protection to wider social welfare policies, programmes and services beyond a singular focus on states and markets. Instead, it suggests hybridity of social provision in countries in the South with different levels of economic, welfare state and systems development that co-exist alongside other informal and indigenous forms of social welfare and hybridity of the complex role of non-state domestic and international actors. The social development approach provides a congenial normative framework to guide analysis and critical reflection of social protection in these contexts and of how citizens themselves influence the direction of their well-being.

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2. A social contract approach to social protection: its potential and limitations¹

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A rapid survey of publications by international institutions such as the United Nations, the World Bank, the International Labour Organization indicates a resurgence of interest in social contracts between the state and its citizens as a means of imagining fairer, more peaceful, stable and cohesive societies (ILO 2021; Schjødt 2021; Shafik 2021).

As social protection has taken up increased policy space in the global South, academic and policy-oriented discourses have drawn extensively on the idea of the social contract as a basis for reframing social protection within state–society relations. If social protection is understood as ‘a set of nationally owned policies and instruments, organised around systems that provide income or in-kind support and facilitate access to goods and services to all households and individuals at least at minimally accepted levels’ (UNDP 2016, p. 15), a social contract approach to social protection is particularly relevant to the legitimacy of the state. Public initiatives in the form of social protection, and by extension welfare provision, reflect a government’s commitment to protect its citizens from harm. Likewise, a social contract framing of social protection builds on the notion that states and citizens have rights and responsibilities toward one other (Cloutier et al. 2021). The rise of social contract references in the literature on social protection can also be explained as a result of the many parallels (despite major differences) between the social protection sector in the global South and the literature on the welfare state in the global North, which features extensively in modern social contract models (Hickey 2011). As social protection researchers and practitioners have sought to take forward institutionalisation agendas in the global South, there has been a natural tendency to refer to this established scholarly literature and to political philosophical frameworks that inform social welfare in the global North (Loewe et al. 2019).

This chapter begins with a brief overview of the historical antecedents of social contract theories and of a social contract approach to social protection, and the relevance of the latter. It then discusses three key functions of the social contract: its procedural function, the redistributive function and the participatory function (Plagerson et al. 2022). For each of these functions, the chapter considers the role of social protection in supporting national social contracts and whether social protection can play a transformative role in actually establishing and strengthening the social contract. It then reviews evidence as to whether social protection can contribute to achieving the anticipated aims of a social contract – to increase social cohesion and trust in public institutions. In its last section, the chapter examines the limitations of a social contract approach to social protection in the global South, particularly for conceptualising the state and its citizens. Social contract theories offer a helpful approach (albeit with limitations) to conceptualising state–citizen relations and the role of social protection; however, additional perspectives such as a social development lens are helpful to offer contextually relevant policy and institutional analysis (see this volume, Chapter 1).

WHAT ARE SOCIAL CONTRACTS AND WHY DO THEY MATTER FOR SOCIAL PROTECTION?

The social contract can be understood as ‘the explicit and implicit agreements between state and citizens defining rights and obligations to ensure legitimacy, security, rule of law, and social justice’ (Hujo and Carter 2022, p. 223). Some normative approaches to social protection have expressed a similar belief that social protection should reflect a social contract between, on the one hand, government as a duty-bearer with an obligation to deliver equitable access to social services or to facilitate access to employment and income and, on the other, citizens or residents of the nation state as rights-holders (Sepulveda and Nyst 2012; Tessitore 2011).

Importantly, there are several different strands of social contract theory, with potentially divergent applications to social protection. Different theorists have articulated quite diverse versions of social contract models based on diverging views of human motivation, the rights and liberties that people give up or maintain, the nature of the state, the details of the agreement, the parties to it, their equality, the conditions under which it was made and how one characterises social justice (Darwall 2003). Equally, contemporary social protection debates reflect conflicting views regarding whether inequality is unjust or unfortunate, what level of social protection provision is required, the values of social justice to which it subscribes and what the appropriate role of the state in its provision ought to be.

The social contract tradition can be traced back to ancient Greek philosophical arguments about the need to obey human laws to ensure the smooth organisation and functioning of society (Boucher and Kelly 2004). In the seventeenth and eighteenth centuries, against a backdrop of intense civil conflict and religious violence in Europe, classical social contract theory was developed and popularised by Thomas Hobbes, John Locke and Jean-Jacques Rousseau. These early classical proponents argued against the divine right of the monarchy and made the radical claim that individuals are born free and equal to one another (Geerlof 2019; Paz-Fuchs 2007). Divergences between Hobbes’ (and to some extent Locke’s) view of the legalist social contract motivated by self-interest – a concern with the maintenance of order – and the more rights-aligned approach articulated by Rousseau presage deep-seated convictions that continue to shape social protection debates (Hickey 2011; Plagerson et al. 2022).

In the twentieth century, after a period of reduced interest, social contract theory was revived by John Rawls with the publication of his book *A Theory of Justice* (1971), in which he proposed that an ideal and fair collective agreement would be reached by individuals from behind ‘a veil of ignorance’ that would ensure their impartiality with regard to gender, social and economic status, and other potential sources of prejudice and privilege (Boucher and Kelly 2004; Geerlof 2019). Rawls argued for a set of basic principles of distributive justice of resources, setting a platform for the modern welfare state. Rawls and subsequent theorists have made the social contract a powerful platform for the construction of rights and responsibilities in the modern welfare state with a focus on shared values and consensus-building within (fragmented) societies and on voluntaristic compliance rather than punitive enforcement (Kaplan 2017; Uzbay Pirili and Pifpirili 2015). Conversely, scholars such as Robert Nozick in *Anarchy, State and Utopia* (1974) emphasised the individual nature of property rights and rejected Rawls’ view of the social contract, endorsing arguments for a minimal state and rejecting social and political philosophy arguments about the injustice of inequality as a basis for welfare state advocacy.

Diverse engagements with social contracts in development theory emerged in the 1990s and early 2000s across different regions (Cloutier et al. 2021). In the Middle East, the collapse of the oil price and implementation of structural adjustment programmes brought to the fore the need to rethink social contracts based on palliative ‘handouts’ to maintain social peace. In Latin America and East Asia, direct engagement with the social contract emerged around social welfare politics, as economic growth was accompanied by an expansion in social policy commitments (Cloutier et al. 2021; Haggard and Kaufman 2008; Maldonado Valera 2015). Debates regarding social contracts in communist societies such as the former Soviet Union examined the existence of an implicit social contract whereby citizens would remain compliant if the party-state provided services including secure jobs, services and subsidised housing (Cloutier et al. 2021).

Critical perspectives from feminist, race and capability approaches have questioned several assumptions inherent to social contract theory, which they viewed as a mechanism of both inclusion and exclusion rooted in contemporary political and social systems. These analyses highlight the ways in which poor and marginalised groups, because of discrimination by race and gender in particular, may be perceived as political equals (for instance through the right to vote) but who experience social and economic exclusion and are stuck in structures that lock them into positions of vulnerability and marginalisation (Ulriksen and Plagerson 2014). In relation to the welfare state, apparently egalitarian principles may in reality equate with masculinity and/or with whiteness, reflecting the intersection of gender and race (Pateman 1998). Similarly, in many low- and middle-income countries, social protection programmes may fail to take into account powerful sociocultural beliefs that sustain racial and gender exclusion and are blind to structural inequalities. As a result, social protection can fail to challenge women’s and girls’ disproportionate responsibility for unpaid care work, women’s over-representation among informal workers, and women’s and girls’ heightened exposure to gender-based violence (Camilletti et al. 2021).

Recent extensions to contractarian approaches aligned with ideas of social justice and human rights have also argued that a modern social contract should not be limited to the nation state but should take a wider angle to current collective issues affecting societies at local, national and transnational levels such as the environment, energy and, in the wake of the recent pandemic, public health (Guterres 2020; Hickey 2011; Paz-Fuchs 2007; Perry and Villamizar-Duarte 2016). These perspectives align with discussions around the need for transnational social protection, which considers the exclusions caused by a citizen-centred and static approach to social protection (Levitt et al. 2017; Sabates-Wheeler 2019).

KEY FUNCTIONS OF A RIGHTS-BASED SOCIAL CONTRACT APPROACH – AND HOW THEY RELATE TO SOCIAL PROTECTION

Current normative applications of social contract approaches lean toward rights-based versions of the social contract, in which procedural (legal), distributive (substantive) and participatory (accountable) functions together contribute to realising the equality of citizens.² An examination of these fundamental functions can lead to a deeper understanding of how a social contract lens applies to social protection and why the social contract is often referred to by

both policymakers and academics as an appropriate framework for situating social protection within wider state–society mechanisms.

Two key points emerge from the discussion below. First, despite the normative ideal that all three functions are realised synchronously, in reality partial social contracts can emerge when only one function is promoted, at the expense of, or even as a substitute for, the others (Loewe and Zintl 2021). Drawing on case studies from the Middle East and North African region, Loewe and Zintl illustrate how largely authoritarian regimes established energy and food subsidies, social housing and free public healthcare systems, among other schemes, while denying genuine participation to citizens. As the external rents that funded provision declined, provision became increasingly unequal, focused on elites, with a likely catalytic effect on the Arab Spring uprisings in the early 2010s (Loewe and Zintl 2021). However, more holistic and progressive social contracts, in which social protection is linked to all three functions of procedure, redistribution and participation, can extend the remit of social protection from acting as an economic safety net to including transformational objectives of distributional equity in the social and political realms, with citizenship rights being placed at the centre of the social contract (Sabates-Wheeler et al. 2020).

A second point that emerges empirically is that the relationship between the distribution of benefits and state–citizen relations is complex and non-linear (Alik-Lagrange et al. 2021; Hickey 2011; Hickey and King 2016; Lavers 2022; Sabates-Wheeler et al. 2020). In contexts where the state is fragile or has low capacity, interactions with social protection public officials may represent the first visible expression of the state’s commitment to a social contract (Alik-Lagrange et al. 2021). However, emerging evidence also challenges the simplistic assumption that improvements in social welfare and service delivery automatically act as a direct line of contact and accountability between governments and their citizens.

The Procedural Function

Classical social contracts were concerned primarily with the legal enforcement of civil and political rights. In return, citizens recognise the authority of the state. Modern conceptions of the social contract elevate social rights to the same status as other civil and political rights, recognising them as interdependent and indivisible (Vonk and Olivier 2019, p. 234). They are a fundamental component of a social contract approach, and the number of countries that have anchored social protection programmes in national legislation has continued to grow steadily over the past decades (ILO 2021). The protective function of legally mandated social protection was highlighted in the face of the COVID-19 pandemic when countries without universal health and social protection systems in place were much less prepared to respond rapidly to the crisis (UN 2020).

Legislative and policy frameworks, such as constitutions and social protection strategies, help to ground social protection firmly in rights-based public institutions. Historically, many countries have commitments to a welfare state or social contract in their constitutions. Examples include India, Brazil, South Africa, Kenya and Costa Rica. These constitutional declarations provide a normative obligation for state action on social protection (Koehler 2021). The transformative potential of constitutionally mandated rights is illustrated in South Africa, where the right to social security for ‘everyone’ led to a court ruling that strengthened access to cash transfers for children and old age pensions for around 250 000 refugees, including many who had been living and working in the country for decades (Sprague et al. 2020).

The mutually reinforcing relationship between the procedural and the participatory function is highlighted in a comparative study by Sabates-Wheeler et al. (2020), which shows the interplay between constitutional reform (in Brazil and India) and strong cultures of political and social accountability – though in some instances, such as China, constitutions may provide for the right to social security and social protection, while other civil and political rights remain unprotected (Midgley and Piachaud 2013). Further, Sabates-Wheeler et al. argue that stronger notions of citizenship and rights toward holding the state accountable emerged in India and Brazil out of locally led domestic policy processes.

Sabates-Wheeler et al. (2020) observed lower levels of beneficiary feedback on the implementation of participatory accountability in Ghana, where external agencies have played a greater role in its development. The position of external donors in promoting the legal frameworks for social protection that are aligned with a social contract approach is complex and much debated. Since the late 1990s, there has been a substantial shift in focus in the field of social development and social protection discourses (particularly around social assistance) from discretionary programmatic social safety nets, primarily funded and managed by non-governmental organisations, toward systems embedded within state structures of social provision. However, as Sabates-Wheeler et al. (2020, p. 134) observe, ‘the political interests and incentives of external agents do not usually align with local and national interests of building coalitions across different social groups who are collectively better placed to hold the state to account.’ While recognising the positive contributions that external donors and implementing agencies can make, Loewe and Zintl (2021) draw on examples of cash-for-work programmes in Jordan, Lebanon, Turkey and Iraq, among others, to show that ultimately the potentially positive effects of social protection programmes on rebuilding social contracts and political stability depend on national governments bearing responsibility for them.

In sum, legislative reform that has established legal frameworks and guarantees for social security in line with a social contract approach, can provide a level of collective security against threats such as pandemics and economic shocks and can even have transformative effects in extending social rights to previously excluded groups. However, the extent to which social protection can be a catalyst for procedural reform depends on broader political and social movements supporting the reforms and on the level of national ownership.

The Distributive Function

The distributive (and redistributive) function regards the realisation of substantive equality (or reduced inequality) in return for citizens’ payment of taxes and/or fulfilment of other obligations, according to their ability to do so (Loewe and Zintl 2021). Three interlinked issues shape the distributive and redistributive function of the social contract in relation to social protection: how much redistribution is expected and achieved, who benefits from the redistribution and who is left out (differentiated levels of access to welfare by gender, ethnicity, geography, etc.), and whether the redistribution is implemented according to policy intentions (this depends on state capacity to deliver).

About the level of redistribution envisaged within social contracts, regional and country case studies in this volume show wide levels of variation. Several chapters in this volume also describe factors that affect the extent to which social protection plays a redistributive function within national social contracts. These include the historical trajectory within countries of social protection (Chapter 5), the politics of social protection (Chapter 3), the ways in which

programmes combine contributory and non-contributory schemes, the generosity of benefit levels and reach of the programmes (Chapter 4), universal and targeted approaches (Chapter 10), and the sources of funding and fiscal policies (Chapter 11). Despite variation, there is evidence to suggest that social protection can have significant effects on income inequality at the meso and macro levels (OECD 2019). Drawing on the World Bank's ASPIRE database, a report by the Organisation for Economic Co-operation and Development (OECD) found that social protection systems worldwide contributed to decreased income inequality, reducing the Gini coefficient by 1.8 per cent in 2016. In middle- and high-income countries, where coverage rates are high, social insurance has a significant effect on income inequality. And in Eastern Europe and Central Asia, the Gini coefficient fell by 16 per cent due to investment in social insurance. Social protection systems in low-income countries tend to be less extensive and have limited coverage, high levels of informality and weak financing. However, in some instances, such as in South Africa and Brazil, several studies show that social assistance (social grants) have had a substantial impact on the incidence and depth of poverty and inequality (Hundenborn et al. 2017; UN 2018; World Bank 2018).

While considerations of vertical equality across all citizens dominate classical social contract approaches, social development scholars and rights-based approaches to social protection are also concerned with horizontal inequalities between groups who may experience specific needs and barriers to accessing social protection because of their gender (for example, female), location (for example, rural), disability status, ethnicity, religion or national origin, among other factors. A vast literature (beyond the scope of this chapter), infused with social development principles, addresses issues of social inclusion and the relative effectiveness of different social protection strategies in reaching intended beneficiaries – that is, children, women, older persons and persons with disabilities in the poorest households and communities of low-income countries (Schüring and Loewe 2021). A combined social contract and social development approach to distribution seeks to balance equality and difference in ways that build citizenship and address intersectional inequalities (Kabeer and Santos 2017; Plagerson 2018). This requires that social protection policies are linked to other forms of redistribution via public services (including housing, healthcare, education, public transportation and environmental services) (Maldonado Valera 2015; see Chapter 1). Hujo (2021) cites several examples of integrated social policymaking that can serve to reinforce the social contract, such as the linking of social protection to a national care system in Uruguay. In Brazil, the raft of social policies that accompanied the Bolsa Familia conditional cash transfer programme included coverage extension and wage indexation of various other cash transfer programmes such as social pensions, universalisation of access to education and health services, and labour market policies such as minimum wage policies (Hujo 2021). Other government-led examples include the Ghana Livelihoods Empowerment against Poverty programme (2008–present), where bi-monthly cash transfers are accompanied by free enrolment into the National Health Insurance Scheme (see Chapter 15), and Chile's Solidario (see Chapter 19), which combines cash transfers with psychosocial support and linkages to social services (Koehler 2021). These examples are illustrative of new attempts in the design of cash transfer programmes to tackle wider systemic and structural inequalities.

Lastly, the state's administrative capacity is an essential factor in determining whether the redistributive function is realised. In a comparison of East Asian states, Haggard and Kaufman (2008) comment on how, in contrast with Korea, Taiwan and Thailand, the limited government capacity of the Philippines, in the context of fiscal constraints, restricted the

country's ability to deliver on its commitments to social policy reforms. At a programmatic level, Ayliffe et al. (2017) describe instances in Zimbabwe where respondents perceived that the concept of social protection benefits as a right was incompatible with messages they were receiving that the programme might close in their district due to funding shortfalls. In many cases where social protection programmes are being introduced, national governments have very low administrative capacity and little prior presence in social provision, particularly in remote areas, and it is important to ascertain whether social protection programmes can help to establish or strengthen the state's bureaucratic systems. In a review of the literature on this topic, Alik-Lagrange et al. (2021) discuss how social registries and requirements for identity documents related to social protection programmes were linked to state–citizen relations. For example, in Northern Kenya, the Hunger Safety Net Programme increased applications for national identity cards, particularly among the elderly. Other cash transfer programmes in Kenya had a positive impact on access to registration documents helping beneficiaries to feel recognised by the state. In Brazil, Hunter and Sugiyama similarly observed how the rise of social assistance programmes that require identity documents has stimulated the need for children and their parents to have a birth certificate (Hunter and Sugiyama 2018). However, bureaucratic requirements may also pose challenges to beneficiaries seeking to access benefits.

To summarise, social protection plays a fundamental role in achieving a redistributive function within the social contract; however, the extent of redistribution depends on political and capacity factors, as well as on the breadth and integration of a suite of social policies. Where state capacity is minimal, there is evidence that new social protection programmes can establish elements that contribute to the social contract (such as identity documents and improved governance), but the scope and scale of this potentially transformative role is still under-researched, including how it contributes to state building.

The Participatory Function

In addition to legally mandated rights and their realisation in practice, a rights-based social contract approach also considers how citizens can actively claim their rights. For social protection, this means moving away from policies designed primarily to fulfil instrumental economic functions and with little involvement from citizens (Tessitore 2011). A state–citizen framework informs efforts to adopt resource distribution mechanisms that build citizens' political and economic capabilities, thus enabling poor people to make claims on entitlements (Sabates-Wheeler et al. 2020). Social accountability is the umbrella term for mechanisms to operationalise direct accountability relationships between citizens and the state. These include grievance mechanisms (common in Africa) and social audits, as provided for example in India's Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) of 2005, which seeks to build participants' political capabilities (Sabates-Wheeler et al. 2020).

Sabates-Wheeler et al. (2020) identify three types of participation that are pertinent to social protection programmes: closed spaces where programmes are delivered in a technocratic or authoritarian manner to citizens who are assumed to be passive recipients of social protection, without mechanisms for participants to participate in the design or to voice concerns; invited spaces that empower citizens through social accountability mechanisms such as grievance mechanisms or social audits; and claimant spaces that may support two-way interactions between state and citizens transcending the confines of the programme itself. The authors describe how, despite mixed results, the MGNREGA programme in India has opened spaces

for citizens to practise, assert and negotiate their citizenship rights; however, the realisation of these rights also requires sustained political commitment at all levels. Ayliffe et al. (2017) draw on comparative case studies to conclude that invited spaces are the most common outworking of social protection schemes and that it is a challenge for social protection programmes to move toward claimant spaces if platforms for civil society advocacy are not already present (as is the case in Brazil and South Africa). For example, even despite several achievements in El Salvador's conditional cash transfer programme, which Ayliffe et al. (2017, p. 11) describe as one of the 'most ambitious to date with respect to efforts to build citizenship through social protection programming', community participation ended up being largely limited to involvement in operational issues. In Mozambique, Jones et al. (2016) found that pre-existing concepts of citizenship and social hierarchies limited beneficiary engagement, another limitation of accountability mechanisms.

Overall, evidence suggests that accountability mechanisms embedded within programmes are important but may only have limited ripple effects beyond the programme itself. Consequently, strategic initiatives that link local programming efforts to broader national civil society platforms could help to strengthen the impact of social protection on the participatory function of social contracts.

CAN SOCIAL PROTECTION INCREASE SOCIAL COHESION?

A major rationale behind calls for 'new' social contracts is the assumption that a stronger social contract can deliver increased social cohesion in societies increasingly characterised by fragmentation, polarisation and inequality, accentuated by climate change, conflict and pandemics (Babajanian 2012; Koehler 2021; UNDP 2016). Social protection is then interrogated for its instrumental potential to achieve this overarching aim.

A full discussion of the linkages between social protection and social cohesion transcends the scope of social contracts, and of this chapter (for example, some studies may examine the relationship between social protection schemes and social cohesion outcomes, without any reference to the state). In a special issue dedicated to exploring the relationship between social protection and social cohesion, Burchi et al. (2022, p. 1197) define social cohesion as composed of three main attributes: cooperation for the common good, trust and inclusive identity. They distinguish between the horizontal dimension of social cohesion (concerning the relationship among individuals and groups in a society) and the vertical one (regarding the relationship between individuals and state institutions). Overall, the authors find that social protection can have positive effects on all elements of social cohesion. However, the specific evidence for the vertical dimension, which is most directly related to the relationship between the state and citizens, is scarcer and less conclusive than the evidence regarding the horizontal dimension. Some studies support the intuitive assumption that social protection has the potential to contribute to social cohesion by strengthening the state–citizen contract, because of citizens' appreciation of government commitment to social welfare; a reduction in poverty and inequality; and reduced opportunity costs of belonging to armed groups (Brinkerhoff et al. 2018; Loewe and Zintl 2021; Nolan et al. 2019). However, the complexity of this relationship is also confirmed by several reviews (Alik-Lagrange et al. 2021; Burchi et al. 2022; Carter et al. 2019; Idris 2017; Nixon and Mallett 2017), which show that the positive influence of social protection on trust in public institutions depends on several contextual mediating factors,

including differences between beneficiaries and non-beneficiaries (for example, in the case of a conditional cash transfer in Peru); perceptions regarding the fairness of targeting; historical levels of trust in municipal and national government levels of provision and accountability (for example in the case of the Bolsa Família in Brazil) (McLoughlin 2015); and good communication regarding the government's role in provision (for example, in the case of a conditional cash grant in Tanzania) (Evans et al. 2019). In the case of Nepal, Ayliffe et al. (2017, p. 13) conclude that citizens with more information and more direct contact with the local officials responsible for running social protection programmes tend to have more trust in those officials. Koehler (2021), however, highlights how existing power dynamics between citizens and a dominant bureaucracy at the central or local government level may undermine efforts to increase trust through social protection mechanisms, for example when registration, payment and accountability for the schemes are concentrated in the hands of local officials, giving them power over beneficiaries and creating fear of reprisals.

A significant part of the literature on this topic comes from fragile and conflict-affected contexts, where there can be a post-conflict window of opportunity for state building (Koehler 2021). In fragile settings, some evidence suggests that social protection programmes can create vertical trust and cohesion when low-income and marginalised citizens or residents and incoming migrants or refugees are eligible for the same types of programmes (Loewe and Jawad 2018; Valli et al. 2019). Carter et al. (2019, p. 24) report both the positive finding that redistributive transfers were 'a more successful and cost-effective means to reduce civil unrest' than policing during the civil unrest in 14 states in India between 1973 and 1999 (Justino 2011, p. 3), but they also cite a report conducted across eight countries affected by fragility and conflict, which found, 'the simple receipt of a payment was generally not associated with changes in perception of government, except for the odd case', a finding that they attribute to design factors such as the low value of payments, irregular delivery and difficulty of accessing payments (Nixon and Mallett 2017, p. 18).

In conclusion, the relationship between social protection and social cohesion is complex. Although social protection certainly affects trust in the state by citizens, residents or refugees, a social contract framing of social protection is not sufficient to achieve this goal, which rather requires a more nuanced and contextualised approach to social protection programming. There is also need for vigorous quantitative and qualitative evaluation studies to understand these interconnections.

LIMITATIONS TO THE SOCIAL CONTRACT APPROACH TO SOCIAL PROTECTION

As has been discussed, a social contract approach to social protection holds several advantages – notably it places responsibility for welfare within the realm of the domestic state, potentially increasing the scope for accountability between the provider/guarantor of social protection and its beneficiaries. However, the history of social contract theory (including critical theories) and the diverse political, social and economic realities of the global South bring to light several of the theory's limitations. In the context of the global South, Cloutier et al. (2021, p. 14) observe in relation to several African contexts: 'Many of the assumptions that underlie the modern approach to social contract theory, such as an emphasis on the dichotomy of state and citizens, or even taking the existence of a state for granted' are not universally relevant. Limitations

broadly relate to conceptualisations of ‘citizens’ and of ‘the state’, as well as to the understanding of the political and cultural context in which the social contract plays out. These issues are discussed below and highlight how additional analytical and policy approaches, such as those utilised within social development, can complement a narrow social contract lens.

Conceptualisations of Citizens

Several points can be made regarding the notion of ‘citizens’ within a social contract approach to social protection. First, the language of equality runs through much of social contract writing since social contract theories emerged in response to feudal and monarchic systems and the notions of ascribed status and natural subordination. In this sense, social contract theory offers a powerful framework to support a universal and/or citizenship-based approach to social protection. However, the weakness of the social contract approach appears when this normative ideal obscures deeply inequalitarian realities. As critiques of social contracts that are sensitive to gender and race show, behind the assumption of equality, important questions need to be asked about who is at the negotiating table and who is missing, whether the social contract is really a contract between everybody or only between those ‘who count’, and whether there is a distinction between signatories and beneficiaries, between subjects and objects of the social contract (Mills 1997). These questions matter greatly for social protection. Access to social protection by gender and race are cross-cutting issues (Holmes and Jones 2013; Kabeer and Santos 2017). Judgments regarding human motivations and agency, which distinguish between contributors and beneficiaries of social protection, and which portray them as active or passive beneficiaries, affect the scope and design of policies and programmes (Plagerson and Ulriksen 2016) and may incur levels of stigmatisation of social protection recipients (Roelen 2020). For social protection analysis, this critique supports the need for a granular analysis of patterns of exclusion and inclusion that goes beyond simplistic assumptions of citizenship.

A second limitation of the social contract approach is the classical contractarian assumption that citizens are autonomous and independent agents, discounting, for example, the realities of children and caregivers. However, building broad-based social protection systems requires an understanding that individuals are bound by multiple relational and interdependent identities. This inclusive perspective also enables an understanding of social protection that encompasses both formal and informal social protection mechanisms, the latter deeply rooted in complex social networks of reciprocity and kinship (Getu and Devereux 2013).

Third, the assumption of citizenship that runs through the mainstream social contract literature is problematic. The complex web of social protection arrangements (or lack of them) for migrants is emblematic of the barriers and much weaker ownership of obligations that exist beyond the boundaries of state–citizen relations. Migrants face high levels of exclusion from social protection (see Chapter 24), and access is often based on economic status as well as on legal and residence status, with vastly different rules from country to country (Levitt et al. 2017; Sabates-Wheeler 2019).

A final limitation incurred by using a social contract lens is its traditional reliance on an implicit reference to the employer–employee relationship in social insurance schemes. However, many citizen-workers are not in a recognised employer–employee relationship, since nearly half of the global workforce (44 per cent) and nearly three quarters of the workforce in developing countries (72 per cent) are self-employed (Plagerson et al. 2022). As new models for state-coordinated systems of social protection are pursued, a focus on the needs

of informal workers requires an expansive social contract that strengthens comprehensive systems of social protection (including both social assistance and social insurance), instead of a ‘thinner’ social contract that favours minimalist ‘universal’ safety nets and private insurance (Alfers et al. 2022).

Conceptualisations of the State

The state-centricity of the social contract is relevant to the ongoing process of institutionalising social protection within national administrative and distributional systems in many low- and middle-income countries (see Chapter 9). However, as a social development approach to social protection highlights (see Chapter 1), a normative understanding of the state as the guarantor and overseer of social protection needs to be held in tension with an evidence-based understanding that, in reality, social protection is provided by a broad spectrum of actors ranging from international donors to local communities, including both private and voluntary actors, who may or may not be in relationship with the state. In the case of many African countries, Cloutier et al. (2021) note that the historical context of colonial legacies and the various paths to independence create overlapping forms of authority (chieftainship, local government, religious authority) in which customary law systems and chiefly powers coexist with formal legal and political institutions. Case studies from the Productive Safety Net Programme in Ethiopia illustrate how, even within the same country, distributions of power between party-state authorities and local clan authorities may vary across different regions, resulting in different forms of infrastructure for social protection delivery (Ayliffe et al. 2017; Lavers 2022).

These considerations inform a contextualised engagement with the realities of political institutions that goes beyond the classic focus of social contract theory on the nation state. An understanding of the political nature of the state (see Chapter 3) can help to explain the complex pathways between social protection and state–citizen relations. A growing number of studies across Africa, Asia and Latin America examine the role of social protection policies and programmes in generating political and economic incentives, and highlight that the context and design of social protection radically affect its progressive or regressive effects in state–citizen relations and its ability to instate rights-based approaches to welfare provision, in the place of clientelistic relations based on patronage (Alik-Lagrange et al. 2021; Hickey et al. 2020; Lavers 2022; Maldonado Valera 2015).

A political and contextualised perspective also draws attention to the process of ‘social contracting’ – which is somewhat neglected in the more static mainstream social contract theories. Hickey et al. (2018) argue that variation in degrees of social protection coverage and institutionalisation result from the dynamic contestation and negotiation between political elites, voters, bureaucrats and transnational actors. As the chapter has mentioned, drivers of change in social contracts that open new spaces for social protection may include constitutional moments, such as those described in Brazil, or significant structural changes in provision, as was observed during the 2020–22 pandemic that elicited social protection responses on a large scale (Gentilini et al. 2022) or in post-conflict settings (Koehler 2021).

CONCLUSION

The chapter has reflected on the advantages and disadvantages of a social contract framework for social protection and shown how a social contract lens can be strengthened by a social development analytical approach and vice versa. A social contract approach to social protection places responsibility for welfare within the realm of the domestic state, potentially increasing the scope for accountability between the provider/guarantor of social protection and its beneficiaries. Its focus on state–citizen relations also opens the way to consider how welfare provision goes beyond social protection. Therefore, for social contract theory to be useful in development contexts, it needs to widen its scope beyond the focus on social protection alone. However, critical social contract theories and the diverse political, social and economic realities of the global South bring to light several limitations of social contract theory.

Two key findings emerge from the chapter. First, social protection is indeed compatible with a rights-based social contract approach. In many countries this aligns with the ongoing processes of institutionalisation of social protection within domestically funded and managed systems. This poses a considerable challenge to multilateral and bilateral donors and aid organisations in finding ways to prioritise the strengthening of state–citizen relations in their social protection programming. While partial social contracts emerge when social protection is associated with only one or two social contract functions (for example, procedural and redistributive, but not participatory), vibrant and democratic social contracts require all three functions to be mutually strengthening.

Second, social protection can play a transformative role by shaping and establishing the social contract; however, the scope and depth of this transformation depends on many factors and is not guaranteed. The ambitious aim for social protection to achieve increased social cohesion requires further research. In many contexts where social protection systems are being developed in the global South and where the state is weak or non-existent, social protection may for the first time provide opportunities for positive engagements with the state. However, to increase impact, interventions at the programmatic level require strategic connections with local and national processes of civil society engagement.

While useful, a social contract approach benefits from complementary perspectives such as a social development angle to address its limitations, such as narrow views of ‘citizens’ and the ‘state’, to support locally relevant and embedded social protection policies that balance equality and inclusion.

NOTES

- 1 The author would like to thank Leila Patel and the chapter’s peer-reviewers for feedback on earlier drafts of the chapter.
- 2 There are also different function classifications. For example, Loewe and Zintl (2021) refer to the three Ps of a social contract: its protection, provision and participation. Alik-Lagrange et al. (2021) outline the redistributive, contractual and reconstitutive effects of social protection programming on citizen–state relations.

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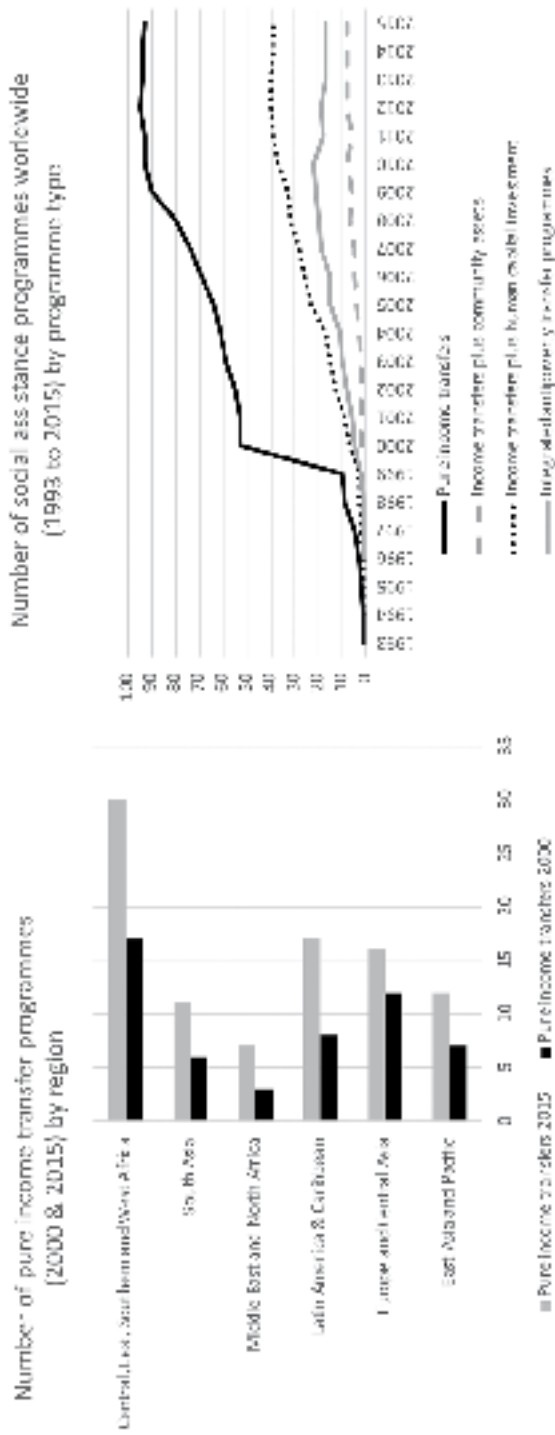
3. The politics of social protection in the global South¹

Sarah M. Brooks

The first decades of the twenty-first century witnessed unprecedented gains in social development for the poorest citizens of the global South. In Latin America, the share of the population living in poverty fell from 15.5 per cent in 1990 to 3.7 per cent in 2019; in Central, East, Southern and West Africa, poverty rates fell from 55.1 per cent in 1990 to 40.4 per cent in 2018 (World Bank 2022a).² Closely related to these gains was the vast expansion of social protection programmes across the global South, particularly in the form of cash transfers to the poorest. Heralded as a quiet revolution in poverty reduction strategies (Hanlon et al. 2010), the expansion of cash transfers to the poor has signalled not only a paradigm shift in development policies but also a dramatic transformation of social contracts and citizenship rights throughout the global South (Barrientos et al. 2013; see chapters 1, 2 and 4). Figure 3.1 illustrates this global trend, where we see dramatic increases in cash transfers globally, and especially in Africa.

There is considerable agreement that the shift in the global policy agenda brought by the United Nations' Millennium Development Goals, along with the wave of democratisation, spurred the diffusion of new best practices in poverty reduction throughout the global South (Wanyama and McCord 2017; Hickey and Seekings 2017; Brooks 2015). The favourable global economic conditions brought by the commodity boom in the 2000s also bolstered the spread of social assistance programmes, as expanded fiscal leeway dampened the fiscal burdens that these programmes imposed on the middle classes (Holland and Schneider 2017; Zucco 2013, 2015). Nevertheless, the unevenness of social protection development within and across countries suggests that more is at play than just the change in global policy agendas and advantageous economic conditions.

Indeed, without careful attention to what Barrientos et al. (2013, p. 55) call the 'primacy of politics' in the expansion of social protection and, specifically, social assistance for the poorest citizens, it is difficult to explain these trends fully. Why, for instance, were some elements of the global policy agenda adopted and others not? Why has the take-up and targeting of cash transfer programmes varied so dramatically within and across countries? These are questions that draw our attention to the role of politics, especially within nations, to understand both the trend's variations across nations and its implications for social development. The role of politics also raises important questions about the future of social protection for the poorest citizens in the global South. Accordingly, this chapter examines the role of politics in the development of poverty reduction programmes, net of other drivers of social development such as economic development, climate, and demographic and epidemiological factors. After reviewing the factors explaining recent transformations in social protection, particularly in the global South, the chapter considers the role of domestic politics in the development and transformation of social protection and identifies challenges that may lie ahead to the sustainability of recent expansions of social protection for the poorest.



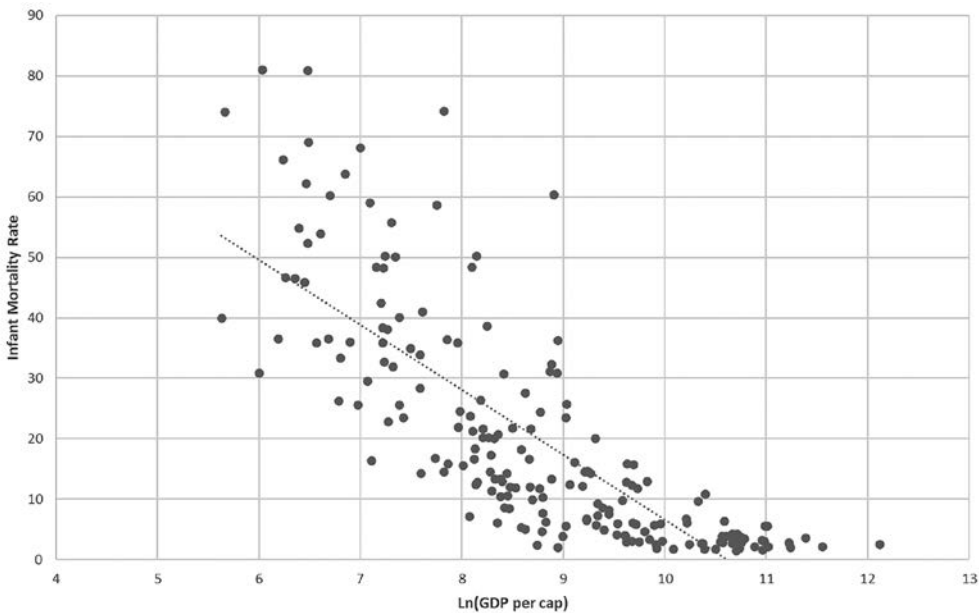
Source: Compiled from UNU-WIDER (2018).

Figure 3.1 Expansion of social assistance in the twenty-first century

SOCIAL ASSISTANCE AND SOCIAL PROTECTION

As other chapters in this volume explain, social protection is understood as a broad set of social policies, each of which is upheld by analytically distinct objectives, principles, beneficiaries and political coalitions. The main components of social protection are contributory social insurance – which pools and reapportions risk (and income) relating to life course (old age or health, for instance) and employment risk – and non-contributory social assistance – which address poverty and vulnerability, typically through cash transfers in recent decades (Barrientos et al. 2013).

The recent expansion of social protection for the poorest citizens in the global South brings attention to the role of the state in social development, and thus to the ways in which social protection, and hence state policy choices, shape social development (see Chapter 2). Consider, for example, one of the primary measures of social development across countries, infant mortality. Growing wealth and the associated reduction in poverty and expanded access to education and healthcare are widely credited with the decline in infant mortality across countries and over time. Despite vast epidemiological research and knowledge of the factors shaping infant mortality, improvement remains uneven across countries and within them. Not only has the rate of decline in infant mortality varied between advanced and developing nations, but stark differences between urban and rural populations, and races, have been widely documented within countries (Chung and Muntaner 2006; Bloch and Chahrودي 2019). The scatterplot and trend line in Figure 3.2 illustrate the negative association between a country’s wealth and its infant mortality rate.



Source: Compiled from World Development Indicators (World Bank 2022b).

Figure 3.2 Infant mortality and country wealth

As countries become richer, the rate of infant mortality declines systematically, global data demonstrate. Nevertheless we observe considerable departures from the trend: whereas some countries over-perform for their level of income (that is, those below the trend line), others underperform (those above the trend line) by having a higher infant mortality rate than their country wealth would predict.³ Indeed, those deviations from the trend suggest that social development cannot easily be read off the macroeconomic indicators (Hickey et al. 2008), nor explained without reference to the role of the government in implementing and sustaining the policies that are most critical to achieving social development. In particular, one of the fundamental factors explaining the difference between income and infant mortality is the nation's social welfare system. And, as a rich and voluminous literature has demonstrated, the emergence, development and reform of social welfare systems are defined powerfully by politics within nations.

POLITICS AND SOCIAL PROTECTION

What, then, is the role of politics in explaining both the broad trend in the expansion of social protection for the poorest in recent decades and the dramatic variation in such programmes within and across countries? There can be little doubt that the wave of democratisation in the last quarter of the twentieth century has been a significant factor in this trend. By enfranchising masses of poorer citizens who were long excluded from the benefits of economic development, competitive (or even semi-competitive) elections encouraged governments to use social policies, including education and healthcare, as a way to win votes (Barrientos et al. 2013; Brooks 2015; Carbone and Pellegata 2017; Harding and Stasavage 2014; Holland and Schneider 2017; Stasavage 2005). This is crucial because traditional social insurance programmes in many low- and middle-income countries emerged as part of a broader economic development strategy in the mid-twentieth century, well before the enfranchisement of the poor. These typically took the form of contributory insurance programmes tied to employment in strategic, industrial and public sectors. Formal social policies thus tended to be regressive in much of the global South, privileging middle- and upper-income formal-sector workers who often constitute less than half of the economically active population.

By enfranchising the poorest citizens, who often labour in informal employment, democratic transitions in the last quarter of the twentieth century raised expectations that the poor could use their newly expanded rights to extract meaningful redistribution and demand accountability of elected leaders. Prominent research built on the median voter model thus predicted that such transitions should bring the credible promise of redistribution through inclusion of the poorest in formal social protection systems (Meltzer and Richard 1981). This is because in much of the global South, where the median voter is poor, the broad implication of such a model is that democratic elections should produce a mandate for progressive taxation and redistribution from high-income to low-income citizens in unequal nations. To the contrary, the final quarter of the twentieth century saw sharp increases in inequality in new democracies, as globalisation and the market-oriented structural reforms expanded the role of market forces in allocative processes and curtailed the role of the state. Included in these 'neoliberal' reforms were the privatisation of state-owned industries, cuts to health and social protection budgets, and the privatisation of social security programmes.

The coincidence of democratisation with economic liberalisation and fiscal austerity thus meant that rather than being empowered by enfranchisement, the poorest citizens in the global South were more often subject to market-oriented reforms that transferred a greater share of the risk and cost of income protection to individuals (Brooks 2009; Mitchell 2008; Jacob 2006). Among middle-income and developing countries, market-oriented social policy reforms were pursued most vigorously through the privatisation of social security systems (Orenstein 2008; Brooks 2005, 2007; Weyland 2005a, 2005b, 2006; Müller 1999, 2003). As such, those reforms primarily affected middle- to upper-income formal-sector workers, while the population labouring outside the formal sector had access to considerably less generous social assistance benefits, if any, or to ad hoc emergency aid (IDB 2011; Mesa-Lago 2008; ILO 2003; Seekings 2002). The poorest were thus left to rely on informal means of securing their livelihoods outside of formal social insurance programmes and bore the brunt of economic crisis and globalisation in the form of high livelihood risks, low and unstable income, and an elevated risk of persisting in poverty.

That is not to say that the poorest workers were left solely to their own devices since the transitions to democracy in the 1980s and 1990s (Perry et al. 2007; Alderman and Paxson 1992). Informal and non-monetised risk-pooling among neighbours, family or tribe enable the poor to cope with the pervasive risks to their livelihoods (Alderman and Paxson 1992; Wood 2003). In addition, governments in developing countries often provided modest, if not ad hoc, social assistance in the form of emergency aid or in-kind vouchers for food, energy or other basic necessities in response to rising deprivation during a recession or economic crisis. In Central, East, Southern and West Africa (except for South Africa and Namibia), food aid and subsidies for commodities and services were more prevalent than categorical or anti-poverty cash transfers at the end of the twentieth century (MacLean 2010; Devereux and White 2010; Ellis et al. 2009; Barrientos and Santibáñez 2009; Schubert and Slater 2006; see Chapter 6). Nor was social protection typically part of a longer-term strategy for poverty reduction. Thus, contrary to the predictions of theories based in advanced industrial nations (for example, Meltzer and Richard 1981), the enfranchisement of the poor did not lead systematically to declines in inequality in the global South – at least not through the expected mechanisms of voting for redistribution on the part of the poor, and at least not until the twenty-first century had brought important changes in international development agendas and global economic conditions.

THE RISE OF SOCIAL PROTECTION FOR THE POOREST

In the wake of decades of structural adjustment, failed promises of growth and prosperity, widening inequalities and greater economic vulnerabilities, the so-called Washington Consensus began to crumble (Carnes and Mares 2015).⁴ At the same time, the start of the twenty-first century saw concepts of vulnerability and social risk management emerging at the forefront of poverty reduction strategies in international development institutions such as the World Bank (Holzmann et al. 2003). Conterminous with the World Bank's policy and operational focus pivoting toward assessing the social and economic vulnerability of the poor, the embrace of the Millennium Development Goals by multiple multilateral development agencies was transformational in the rise of the child-centred policy agenda among international donors.⁵ It was in this context that the cash transfer model made its way into social protection strategy papers

that laid out governments' plans to meet the Millennium Development Goals and, later, the Sustainable Development Goals (UN 2022).⁶

Means-tested cash transfer programmes thus gained prominence globally through their embrace by international institutions and development donors, bringing significant progress in efforts to address the intergenerational transmission of poverty, while meeting the immediate needs of millions of families in the global South (Barrientos 2013; Brooks 2014; Leisering 2019). Although international donors played a significant role in the diffusion of this policy model, such grants trace their lineage to two domestic social programmes in Latin America: Brazil's Bolsa Escola, now Bolsa Família, and Mexico's Progresá, later called Oportunidades and now Prospera. Conditional cash transfers were adopted on smaller scales before these programmes, but Bolsa Escola and Progresá were the first nationwide programmes of their kind. By the early 2000s, the World Bank and other development agencies had taken notice as both programmes showed early and promising results in terms of poverty reduction. Even before that time, South Africa implemented its unconditional cash transfer programme in 1998, the Child Support Grant, which along with Brazil's Bolsa Família has become one of the largest anti-poverty cash transfer programmes in the world (Hunter et al. 2021).

Mexico's Progresá was launched in 1997, providing cash, food and healthcare benefits to very poor rural families on the condition that they commit to specific education and healthcare investments (De La O 2013; De La O Torres 2007; Santiago Levy and Rodríguez 2005). Progresá was designed as a three-pronged strategy to address the sharp rise in poverty following the peso crisis of 1995. The cash transfer component was intended principally to subsidise food consumption; it was given directly to the mothers in poor rural households, along with a stipend intended to compensate the poorest families for the opportunity cost of child labour as children were attending school (De La O 2013). After rigorous programme evaluation found positive effects from Progresá, it was expanded from rural to urban areas and renamed Oportunidades (Barrientos and Villa 2015).

In Brazil, the Bolsa Escola ('school grant') programme began in 1995 in the municipalities of Campinas (São Paulo) and Brasília (Federal District) and became a national policy in 2001 under President Fernando Henrique Cardoso. The parameters of Bolsa Escola were narrower at first than those of Progresá, with cash transfers conditioned solely on school attendance (Aguiar and Araújo 2002). The municipal programmes were regarded as successful and were adopted widely and rapidly across Brazil – a trend that is striking for the nearly identical policy implemented across municipalities that varied dramatically in their population, poverty rates, wealth and political orientation (Coêlho 2012). Under Cardoso's successor, Luiz Inácio Lula da Silva, Bolsa Escola was expanded and renamed Bolsa Família ('family grant') and incorporated into President Lula's broader Zero Hunger programme (Coêlho 2012; Sugiyama 2011). Bolsa Família likewise yielded positive results from early programme evaluations although, as Barrientos and Villa (2015) observe, the programme expansion was impelled more by its widespread political backing than by evidence of effectiveness. By the end of the 2000s, most countries in Latin America had adopted some form of conditional cash transfer, which by 2012 covered approximately a quarter of the region's population (Stampini and Tornarolli 2012; Barrientos and Villa 2015).

Anti-poverty cash transfer programmes were adopted most prodigiously in Latin America, but the expansion of social assistance was not restricted to the western hemisphere. Indeed, new cash transfer programmes also spread throughout Africa and Asia in the 1990s and the early twenty-first century. In most African countries, social assistance grants have typi-

cally taken the form of unconditional cash transfers and categorical (old age and disability) grants. However, Ghana implemented a conditional cash transfer in 2007 called Livelihood Empowerment Against Poverty (LEAP), which was regarded as the flagship of the social protection strategy of President John Kufuor's government (Grebe 2015; Agyemang et al. 2014). As in other countries, Ghana's initial conditional cash transfer programme was rooted in the poverty reduction targets of the Millennium Development Goals and was piloted with the support of the World Bank, among other donors. It also has been cited as an example of South–South policy learning in social protection, as a desire to emulate the Brazilian conditional cash transfer grown from ties between the presidents of Ghana and Brazil (Abebrese 2014). Although LEAP does not match the ambitions of Bolsa Família in its scope or benefits, it incorporated – at least initially – many of the same conditionalities and technical criteria in its design, thus revealing the influence of Brazil's programme. The explicit reference to Brazil by government actors further suggests an important 'horizontal' (South–South) learning process in the diffusion of policy ideas across nations, rather than solely an international or 'vertical' transfer from international institutions (Brooks 2005).

Indonesia also implemented a conditional cash transfer, the Program Keluarga Harapan ('Family Hope Programme'). Piloted in 2007, it was explicitly linked to Indonesia's Millennium Development Goals and relied on technical and financial support from the World Bank, among others. Consistent with conditional cash transfers elsewhere, Program Keluarga Harapan conditions receipt of cash benefits on the achievement of health and educational objectives. As in Ghana, this programme is narrower in scope than the Latin American archetypes, targeting just the bottom third of the extreme poor in Indonesia. Nevertheless, the influence of the Latin American models is evident in the frequent reference to the earlier experiences in that region to justify the simulated cost and impact of the Indonesian programme. Like the LEAP programme in Ghana, Indonesia's conditional cash transfer is remarkable for its departure from the legacy of minimal state involvement in social protection. Even as conditional cash transfers in Asia and Africa pale in size compared to the Latin American programmes, the latter drew on a rich legacy of extensive state spending in social protection, whereas the non-Western conditional cash transfers represent a striking departure from the legacy of a minimal state fiscal role in social protection.

Translating a policy innovation from international and technocratic circles to real-world implementation is far from a straightforward or frictionless process, especially in countries beset with underfunded bureaucracies and weak or uneven institutional capacity. Partially for this reason, the United Kingdom's Department for International Development promoted the unconditional cash transfer model among its bilateral aid recipients, which are concentrated in Central, East, Southern and West Africa and South Asia. Advocates of unconditional cash transfers consider the lack of benefit conditionality to be more appropriate for countries with lower administrative capacity and given the financial and administrative costs of such programmes (see Chapter 11). In addition, the fragility of educational and social service institutions in less developed countries means that conditioning aid on the utilisation of these services is not well justified (Schubert and Slater 2006). Given the appreciable institutional and administrative costs of the conditional cash transfer model, it should not be surprising that the scale of poverty alone does not predict when and where conditional cash transfers are adopted. Rather, domestic institutional contexts matter, including the capacity of educational and health systems to absorb the number of families that would be required to utilise them and the ability of state bureaucracies to implement the programme. Thus, it is crucial to understand

the domestic political and institutional contexts of social protection to make sense of global trends in social protection.

DOMESTIC POLITICS OF SOCIAL PROTECTION

As important as international organisations were in the development and diffusion of new social protection programmes in the global South, the adoption and implementation of any domestic policy depends ultimately on the will and capacity of the sovereign government to institutionalise and sustain the programme. The uneven take-up by governments regarding the nature and extent of anti-poverty policies recommended by international donors and development institutions bears witness to the importance of domestic politics. Not only have international donors often failed to convince governments to scale up early pilot programmes, but governments often would not or could not fully fund social protection strategies that were financed on a limited basis by donor agencies (Hickey et al. 2018; Lavers and Hickey 2016; Seekings 2017). After more than a decade of advocacy for non-contributory cash transfer programmes, World Bank data suggest that in 2020–21 in low-income countries, cash transfers reached an average of 8 per cent of the population (Gentilini et al. 2022). Coverage levels and rates of expansion are much lower in Central, East, Southern and West Africa than in other regions such as Latin America. Almost no country in Central, East, Southern and West Africa, moreover, spends as much on social assistance as the major international organisations recommend (Seekings 2017). Stark disparities in social protection are observed also at the sub-national level, where implementation of anti-poverty programmes often has not ‘trickled down evenly’ within countries (Giraudy and Pribble 2019, p. 152). Thus, despite the encouragement of international organisations and advances in economic development, the expansion of social protection for the poorest has remained ‘segmented, dualistic, and in some cases exclusionary’ across the global South (Altman and Castiglioni 2020, p. 779; see also Garay 2016; Gideon and Molyneux 2012).

How, then, do domestic politics shape the varied adoption and implementation of social protection, and social welfare plans in general? Classical research on the modern welfare state has long tied its inception and growth to processes of economic development. Born in the industrial revolution, a time of tremendous social and political change, modern social insurance programmes trace their roots to German Chancellor Otto von Bismarck’s 1880 creation of a compulsory pension system for industrial workers. Before that time, social protections were generally not a state function but rather the responsibility of the family, guild, church or other charities.⁷ Although scholars typically emphasise the role of social protection in buffering people from an array of social risks in modern society, Bismarck’s aims were said to be less humanitarian and focused more on social stability: a worker who could look forward to a pension once they could no longer work would be less alienated from the emerging capitalist system and less drawn to radical politics. Even beyond its origins, the development of social protection and modern welfare systems has continued to be linked to processes of economic development and industrialisation (Wilensky 1975).

The most dramatic expansion of state-sponsored social protections came in the mid-twentieth century (1940s–1950s). Compulsory social insurance programmes grew rapidly in Europe and North America in the scope of coverage and generosity, and in the nature of the risks they covered, such as healthcare and unemployment. Of course, significant variation exists in the

generosity, objectives and breadth of these programmes across the advanced industrial nations (Esping-Andersen 1990). For many scholars, the differences in the nature and development of welfare states were closely tied to the consolidation of electoral democracy. The incorporation of the middle class and women into the electorate and the growing power of labour unions and class-based parties thus became the foundation for power resource theories of welfare state development. These drew attention to the role of partisanship – leftist parties in particular – and working-class strength (specifically the scope of organised labour and its ties to leftist parties) to explain the differences in the nature and size of welfare programmes across the advanced industrial nations (Korpi 1983; Stephens 1979; Myles and Quadagno 2002).

The concept of democratic citizenship indeed has been fundamental to welfare state research. The foundational work of T.H. Marshall (1950) first drew attention to the links between citizenship and social class, while more recent scholarship emphasises the importance of mass public opinion, and specifically public support for redistribution, in explaining variations in the design, development and retrenchment of social policies (Brooks and Manza 2006, 2008; Kenworthy and McCall 2008; Cusack et al. 2006; Svallfors 1997). In much of this research, however, the theoretical premise of government responsiveness to public opinion and the empirical evidence to support it have been drawn overwhelmingly from the advanced industrial nations (for example, Erikson et al. 2002). To what extent, then, do such theories ‘travel’ to the vast majority of the world that lies outside the most advanced nations, in countries with younger democracies and lower levels of economic and institutional development?

By contrast to the focus on citizenship and public opinion in the advanced industrial nations, the development of social protection programmes in the global South is typically viewed as a top-down process, driven by elite-level dynamics and constrained by the limits of state capacity. Social assistance programmes thus were long viewed as vote-buying efforts designed in the interest of political survival, rather than as part of long-term poverty alleviation strategies (De Britto, cited in Barrientos and Hulme 2009; Schady 2009; Hickey 2008; Magaloni 2006, i–vi; Cornelius 2004). Indeed, because cash transfers provide a direct and visible link between governments and citizens, they are often portrayed as part of a long tradition of clientelistic politics in developing countries (De Britto 2008; Seekings 2017; Ulriksen 2016; Holland and Schneider 2017; Hickey et al. 2018; Wanyama and McCord 2017; Mesa-Lago 1978).⁸

While clientelism certainly persists in much of the global South, more recent research on the expansion of social protection has focused on the importance of democratisation and partisanship in explaining social policy development. Without a doubt, the deepening of democracy – if not regime change itself – has been fundamental to the expansion of social assistance transfers in recent decades. The rise of the left (in Latin America) and the expanded fiscal leeway afforded by the commodity boom in the early 2000s have, moreover, emerged as important factors compelling the adoption of cash transfers in young democracies.

Social welfare policy throughout the world has long been shaped by the ideological positions of government leaders. The so-called left turn in Latin America indeed coincided with the diffusion of cash transfers to the poor. A decade after the 1998 election of Hugo Chávez in Venezuela, nine countries in the region were governed by left or centre-left parties (Castañeda 2006). Leftist parties also maintain stronger partisan attachments to redistribution and support for the less privileged members of society compared to other parties (Huber and Stephens 2012; Silva 2017; Pribble 2013; Martínez Franzoni and Sánchez-Ancochea 2016). The coterminous sharp rise in commodity prices in the early 2000s was said to have afforded

leftist governments the fiscal leeway to finance expanded social protections without adding to the tax burden on the middle classes (Levitsky and Roberts 2011; Hagopian 2016).

Other research has challenged this emphasis on partisanship, however, observing that governments of the left and the right have been the sponsors of new social grants for the poor. Instead, scholars have increasingly focused on the competitiveness of the political system and the role of divided government (Brooks 2015; Zucco 2013; Garay 2016). Specifically, to the extent that governing parties face the threat of competition from opposition parties provides important motivation to expand social protection benefits (Díaz-Cayeros et al. 2016; De La O 2015; Holland 2017; Fairfield and Garay 2017). This emphasis on political competition naturally turns attention to the role of social grants in elections and voting behaviour. To this end, scholars have made great strides in understanding the impact of social grants on the voting behaviour of beneficiaries (Corrêa and Cheibub 2016; Zucco and Power 2013; De La O 2013; Corrêa and Cheibub 2013; Zucco 2013; Manacorda et al. 2011; Bohn 2011; Díaz-Cayeros et al. 2009; Zucco 2008; Hall 2006; Hunter and Power 2007). In Brazil, receipt of a social grant is a better predictor of a vote for the incumbent than is partisanship of the incumbent (Samuels and Zucco 2014; Zucco 2013, 2015). In South Africa, Sadie and Patel (2020) found that beneficiaries were more likely than non-beneficiaries to support the governing party, although receipt of a social grant was not a dominant factor in that choice. Patel et al. (2014) give voice to the concerns by respondents that social transfers would be lost under an alternative to the governing party.⁹ The broad conclusion of this research is that democratic politics play a crucial role in the development of robust social protection systems. Much more research is needed, however, to fully understand the extent to which competitive elections can disrupt clientelistic politics and ensure that social protections serve the demands of the citizens rather than the political interests of governing parties. Of course this discussion pertains to countries with at least semi-competitive elections, so one-party states such as China require different theories to understand their social protection strategies, which fall outside the scope of this chapter.

FUTURE CHALLENGES

A rich literature has emerged to evaluate the efficacy of various cash transfer designs and their impact on consumption, labour market participation, and health and educational outcomes (Barrientos and Villa 2015; Milazzo 2009; Bassett 2008).¹⁰ For the most part, the various results are positive in terms of short-term poverty reduction, improved nutritional status and even labour market participation. Yet, achieving the long-term social development goals through social protection may depend on the sustained commitment to these programmes by domestic political actors. Such commitment, in turn, may depend upon the ability of governments to overcome certain challenges that loom on the horizon.

The first challenge relates to weak and uneven institutional capacity and the administrative costs of effective implementation. In countries that have adopted conditional cash transfers in particular, the task of targeting beneficiaries accurately and enforcing the conditionalities of the transfers places a significant financial and administrative burden on the state. Particularly with the end of the commodity boom and slowing economic growth, such tolls may be increasingly difficult to bear, especially in countries where donors offered only initial support for

pilot programmes with the expectation that governments would eventually take up the full cost and administration of cash transfer programmes.

Given the electoral rewards to be reaped from expanding social grants, it is reasonable to ask whether democratic politics would serve as a sufficient bulwark against threats to the expanded social grants for the poor. As discussed above, democracy has been a crucial factor behind the development of social protection and welfare states around the world. Central to this dynamic is the role of the middle class (Pierson 1994). Universal programmes that include the middle class are typically the most robust and politically insulated, while means-tested policies are more likely to be subject to budget-cutting. Support of the middle class, and ideally their inclusion in redistributive social protection programmes, is thus vital to the sustainability of those programmes (Altman and Castiglioni 2020). Moreover, the middle classes long have been found as more civically engaged than the poor, creating sharp disparities in political power across classes (Almond and Verba 1963). Accordingly, any political backlash or decline in support for redistributive social programmes on the part of the middle classes can significantly erode governments' commitments to these programmes.

Why would the middle classes withdraw their support for social protection? Recent research suggests popular support for redistribution may be imperilled by the tax burden they impose, and in contexts of high crime and violence. In the first instance, since many of the cash transfer programmes were adopted in the global South amid the commodity boom, the surge in government revenue meant that they required little in the way of an added tax burden on middle-class voters. The end of the super-cycle of high commodity prices and the attendant fiscal belt-tightening, however, may portend increased attention to the budgetary implications of social grants and to the cost that taxpayers may shoulder into the future. Such concerns may bring issues of 'deservingness' into debates over social protection. Barrientos et al. (2018) observe, for instance, that social grants that were conditioned on the behaviour of the poor, and hence were considered 'productivist', face less political resistance than proposals for a universal basic income and other unconditional transfers. Similarly, De Britto (2008, p. 187) shows that governments' claims of 'co-responsibility' on the part of beneficiaries was meant to make conditional cash transfers palatable to the general public in Latin America, but that this claim was generally not accepted by the media or citizens who otherwise portray cash transfers as a 'paternalist handout'. The rise in nationalist, right-wing populism in some parts of the world may only add to the risk of diminishing middle-class support.

High rates of crime and violence in many young democracies also pose a threat to political support for social grants by dampening both public support for redistribution and the political engagement of the most insecure citizens. Indeed, a growing body of research has shown that insecurity and violence have powerful and negative impacts on citizens attitudes toward social welfare. Even in the most unequal countries, public support for redistribution is diminished in the context of high crime, and in particular by the sense of insecurity and crime fear (Morgan and Kelly 2010; Altamirano et al. 2020; Flores-Macias and Sánchez-Talanquer 2020). Crime and social violence are also corrosive to public trust in state institutions (Arias and Goldstein 2010; LaFree and Tseloni 2006; Barolsky and Pillay 2009) and can increase support for harsh 'iron fist' penal policies such as the death penalty and curtailing of rights for criminals (Bateson 2012; Malone 2010; Visconti 2020). Comparative sociological research, moreover, has shown that harsh penal policies are often a substitute rather than a complement for broad redistributive welfare programmes (Beckett and Western 2001; Cavadino and Dignan 2006; Garland 2001; Lacey et al. 2018; Lappi-Seppälä 2008, 2011).

In addition to attitudinal changes arising from violence and insecurity, behavioural changes have also been observed in these contexts. There is broad evidence that risk and insecurity have profound effects on human behaviour. The economics literature shows that people facing risk without adequate safety nets are more likely to take measures to secure their livelihood in the short term that trap them in poverty over the long term (Atkinson and Bourguignon 2000; Dercon 2001; Barrientos and Shepherd 2003; Barrientos et al. 2005; Skoufias 2003; Yaqub 2002). These means of self-protection or risk avoidance may include taking children out of school to work or opting for a low-yield but drought-resistant crop rather than a more lucrative but riskier alternative. Similarly, political science research finds that risk also has powerful effects on political attitudes and behaviours (Berinsky 2000; Ehrlich and Maestas 2010; Morgenstern and Zechmeister 2001; Rehm 2009; Rehm et al. 2012). For instance, research in Brazil has found that citizens who are most physically insecure (in the face of a high crime risk) and economically insecure are more likely to withdraw from active engagement in democratic society (Brooks 2014). In this sense, just as there is a bounty of evidence to indicate that positive economic investments will not be made in the absence of safety nets or insurance, the willingness to invest in active citizenship may also be imperilled for the most insecure citizens, even if they have much to gain by exercising their democratic rights and demanding redistribution.

CONCLUSION

Democratic transitions throughout the developing world in the final quarter of the twentieth century raised expectations that the poor could use their newly expanded rights to demand accountability of elected leaders to improve their well-being. Although democracy has been closely entwined with the development of social protection and welfare states in general around the world, we have seen that the extension of the franchise is not sufficient to ensure that a robust system of social protection will be developed and maintained in the pursuit of equitable social development. The continual deepening of democracy, and in particular of competitive politics, is essential for assuring responsiveness of government to citizen demands. Yet, the research reviewed in this chapter suggests that the sustainability of a robust social protection system depends on more than competitive elections, as the mutually reinforcing imperatives of addressing social violence, improving citizens' economic security and improving state capacity are equally crucial to these ends.

NOTES

- 1 Portions of this chapter were previously published in 'Social protection for the poorest: The adoption of anti-poverty cash transfer programs in the global South', *Politics and Society*, **43** (4), 551–82. The author is grateful to the editors of this volume, Leila Patel, Sophie Plagerson and Isaac Chinyoka, for their patience and support, and to Thembecka Somtseu for editorial assistance.
- 2 Poverty is measured in terms of the international poverty line of USD 1.90 purchasing power parity (PPP). Data reported are the poverty headcount ratio at USD 1.90 per day (2011 PPP) (per cent of population).
- 3 The United States provides an infelicitous example of an advanced industrialised country that underperforms its level of wealth by maintaining a stubbornly higher level of infant mortality than its wealth would predict, with massive disparities across race. While access to the patchwork of

- healthcare and safety-net programmes has been pointed to as the source of this problem, food and housing insecurity, exposure to violence, and structural racism also have been credited in the country's underperformance in reducing its infant mortality rate (Chung and Muntaner 2006; Bloch and Chahroudi 2019).
- 4 Scholarship on this question also explains the expansion of social protection in developing countries by drawing attention to the demand from citizens beset with economic vulnerability in the wake of the liberalisation processes of the 1990s (Carnes and Mares 2015).
 - 5 These donors included, but were not limited to, the Inter-American Development Bank, the United Nations Development Programme and the United Kingdom's former Department for International Development (Jenson 2010).
 - 6 According to the United Nations' Agenda 2030, the Sustainable Development Goals call upon nations to implement long-term investments to improve the living conditions of the poor and vulnerable, including social protection floors.
 - 7 An exception to this are the English Poor Laws, which were established in the seventeenth century to address 'pauperism'. Its reform in 1834 institutionalised harsh and punitive measures as a condition for the granting of relief to the so-called 'undeserving' able-bodied poor.
 - 8 In Latin America, for instance, social insurance emerged during the process of import-substituting industrialisation as a way to win the loyalty of newly incorporated urban laborers (Mesa-Lago 1978).
 - 9 In that case, the expectation was that the continuation of the cash transfer programme (child support grant) was dependent upon the dominant party continuing in power (Patel et al. 2014).
 - 10 Both international institutions and non-government and government institutions provide external evaluations of conditional cash transfer programmes. Mexico's Secretaría de Desarrollo Social, its welfare secretariat, hosts a portal for evaluations of Oportunidades, and the World Bank, among other agencies, offers reviews of programme evaluation (Milazzo 2009; Bassett 2008).

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PART II

NATURE, SCOPE AND GOALS OF SOCIAL PROTECTION: GLOBAL AND REGIONAL OVERVIEWS

4. The state of social protection around the world¹

Lutz Leisering

After World War II, social security expanded massively and became the core of the emerging ‘welfare states’ in northern and western Europe and in some Commonwealth countries. These welfare states have reached almost universal coverage – ‘growth to limits’ (Flora 1986) – and provide generous benefits, based on social administrations with large infrastructures and significant social spending. In the global South, social security also expanded but on a much lower scale and in a more disparate way. The 1920s witnessed Southern debates and legislations on welfare programmes, and, during the 1940s, major Southern countries proclaimed the pursuit of ‘social security’ as a key concern (Leisering 2021a, 2021b). Southern countries also advocated for the universal right to social security in the negotiations that led to the Universal Declaration of Human Rights of the United Nations in 1948 (Davy 2013). From around 2000, non-governmental organisations and governments increasingly put social security on national agendas (for governments, see Davy 2013), and social cash transfers for the poor mushroomed across the global South (see Introduction). What state of social protection has evolved in the global South since the turn of the millennium?

This chapter provides a bird’s-eye view of social protection around the world, with an emphasis on the global South, in conjunction with contrastive evidence from the global North. Based on large *n* data and quantitative comparisons, the aim is to reveal global patterns that do not show in the case studies and regional studies that dominate in the literature. This is inevitably a rough picture that disregards much of the particular traits of the myriad of states and territories in the global South. Conceptually, the chapter pursues an institutionalist sociological approach that traces the normative and institutional underpinnings of welfare programmes.

After depicting the research design, the chapter identifies the institutions, normative models and dimensions of social security. The dimensions are then analysed in more detail, based on comparative quantitative data. A summary and conclusion follow. The databases used in the analysis are listed in the appendix of the chapter.

RESEARCH DESIGN

Taking stock of social protection in the entire global South is a demanding undertaking. To this end, the chapter follows a strict research design.

First, this is a *large n* comparative analysis; that is, only databases and studies that cover all or almost all countries in the world are included (occasionally complemented by middle *n* analyses if this data includes countries from all world regions). Since large *n* data is rare, this limits the analysis, but the overall picture may be quite different from what case studies or regional studies suggest.

Second, the chapter is about *public* (state-provided or state-sponsored) social protection only. This is not to say that other forms of social welfare, especially ‘informal’ welfare and private (commercial) provisions, are not relevant or less valuable. But social welfare at large

would be a different topic. Except for the member countries of the Organisation for Economic Co-operation and Development (OECD), there is hardly large n data on non-public welfare anyway.

Third, regarding the *ideational* underpinnings of social protection, the chapter traces the ideas that prevail in Southern countries rather than imposing Northern ideas or ideas of international organisations. The literature often refers to ideas and policy goals proclaimed by international organisations, such as universalism or inclusion, but these ideas should not be confounded, as often happens, with the specific ideas that prevail in each country. In the absence of large n comparative data on policy ideas, the design of social protection programmes is analysed in view of the underlying normative principles.

Fourth, this is an *empirical* analysis rather than advocacy or normative reasoning. For example, it is not stated whether social security should be rights-based or not; rather, the extent to which social security is rights-based in Southern countries is analysed. The empirical analysis is *comparative*, based on a range of measures (indicators) of social protection. These measures produce rankings of countries and regions, and countries with high scores can be said to do ‘better’ than other countries. But it is left to the reader to judge whether, for example, higher coverage of public social protection, higher benefits and easier access are desirable or not.

Fifth, the chapter is not only comprehensive in geographical terms. It is also comprehensive in terms of making a first step toward *integrating* a broad range of elements and aspects of social protection that are usually dealt with in separate strands of research: social insurance and social cash transfers; different types of social cash transfers; monetary benefits and social services/health; and six dimensions of social protection (to be specified below). Moreover, overall social protection ‘regimes’ are analysed; that is, the ensemble of all programmes in a country, rather than only single programmes, as is usually done.

Sixth, with ‘state of social protection’ the chapter refers to the *institutional* structure of social protection; that is, the design of welfare programmes and social rights, and the institutional – legal, administrative, fiscal and normative – underpinnings of welfare programmes, rather than policies, politics or outcomes of social protection, on which the literature focuses. The institutional analysis sheds light on challenges policymakers are facing.

WHAT IS SOCIAL PROTECTION?

In this section the key terms used in the analysis and the interpretation of the data are defined. The normative models that underlie social protection policies and the key dimensions of social protection analysis are described.

Basic Terms

Since the early 2010s, the term ‘social protection’ has almost come to supersede the term ‘social security’. In this chapter, the terms are used interchangeably, though ‘social security’ is used more often because it is part of the language of the UN-sponsored human rights. Social protection can be defined in different ways, as summarised in Box 4.1. Box 4.1 also defines some other terms that are used throughout the analysis.

BOX 4.1 DEFINITIONS OF TERMS

Programme Types

Social security/social protection

The International Labour Organization uses the terms ‘social security’ and ‘social protection’ interchangeably. In its definition, social security/social protection includes social insurance, social assistance and health services (ILO 2017, pp. 194–96). In this sense, the term only refers to *public* programmes and to *individualised* benefits and services (collective provisions, such as general subsidies to staple food or to fuel are not social security in a strict sense, even though they may serve as alternatives).

The World Bank uses the term ‘social protection’ and defines it to include social insurance, social assistance, labour market measures (such as minimum wages, labour market regulations, public works, and training), and private transfers (World Bank 2018; World Bank ASPIRE database).

Social assistance

Social assistance is a regular non-contributory monetary benefit for general subsistence based on a means test.

The World Bank defines social assistance as a regular non-contributory monetary benefit for general subsistence, but also includes one-off payments and tied benefits, sometimes in kind.

Social cash transfers (in the global South)

A social cash transfer is a regular non-contributory monetary benefit for general subsistence based on a means test or not.

Tied benefits

Tied benefits are benefits that are not for general subsistence but tied to specific purposes, sometimes in kind, such as school meals, school fee waivers or utility support such as fuel subsidies.

Social safety net

The term ‘social safety net’ was coined by the World Bank. The Bank uses the term interchangeably with social assistance.

Social insurance

Social insurance comprises contributory programmes that address social risks (see text for specifications).

Categorical programmes

Categorical programmes address one or more designated categories of persons defined by sociodemographic characteristics such as age or work status.

General social assistance

General social assistance consists of non-categorical programmes that address all poor persons based on criteria of need, irrespective of the standard sociodemographic characteristics (but sometimes mixed with categorical elements).

Universal programmes

Universal programmes provide flat-rate benefits for all citizens or all members of a designated category.

Other Terms**Social protection regime**

A social protection regime is the ensemble of all social protection programmes in a country and the underlying normative principles.

Targeting

Targeting means designating, identifying and addressing persons or households as addressees of benefits. In the narrow sense, targeting refers to means-tested programmes (individualised targeting); in a broader sense, it includes categorical programmes (categorical targeting).

Deservingness

Providing benefits to persons or even bestowing social rights on them reflects attributions of deservingness by politics and society. Addressees may be seen to ‘deserve’ benefits on the grounds of need, merit, moral respectability or if they are perceived as being not to blame for the situation they are in.

Global North/global South

The distinction between the global North and the global South is a pragmatic one; there are overlaps and changing boundaries. The global South roughly corresponds to what the World Bank terms as low- and middle-income countries.

The World Bank (n.d.) distinguishes the following categories:

- LIC: low-income countries
- MIC: middle-income countries
- LMIC: lower middle-income countries
- UMIC: upper middle-income countries
- HIC: high-income countries

Normative Models of Social Protection

Social protection programmes are not just administrative and fiscal machineries; they rest on *normative principles*. To what extent a country establishes social protection, and what kind of social protection, depends heavily on welfare-related values, beliefs, attitudes and ideational traditions as well as on perceptions and cognitive constructions of social problems (see Chapter 1). However, for the global South, we know little about welfare-related values and norms among the citizenry and politics in comparative terms (but see, for example, Seekings [2021] on the notion of social rights in African countries and Kolawole [2022] on social pensions). Social protection introduces new social relationships between citizens and may clash with existing notions and practices of obligation in family, kin and community (Pinker 1979; see Chapter 2).

Table 4.1 Four normative models of social security

		Normative models of social security			
		Social insurance	Social assistance	Universal programmes	Allowances
Examples		Old age pension insurance, unemployment insurance, health insurance	Social assistance, social cash transfers [tied benefits, social safety nets]	National health service universal pensions, universal child benefit [Universal Basic Income]	Benefits for public-sector employees, compensation of war victims
Normative basis		Achievement (wage labour / contributions)	Need	Citizenship (specified by various additional norms)	Deserts for the common good
Programme design	Addressees	Workers	Poor persons	Citizens	Deserving persons
	Targeting	Categorical	Individualised; ascribed need	Universal (social services), categorical (monetary transfers)	Categorical
	Benefit standard	Equivalence (earnings-related); health: egalitarian, need	Minimum or less, individualised	Egalitarian (flat rate, at different levels)	Diverse standards
Administration	Finance	Contributions (plus subsidies from taxes)	Taxes (at various levels of government)	Taxes	Taxes
	Agency	Social insurance agencies (state, intermediary, corporatist)	Municipalities, state, federal state, voluntary welfare associations	State; local delivery agencies	State

Source: Modified and extended from Leisering (2019, p. 77).

In political terms, social protection policies have strong legitimacy requirements since social protection involves redistribution. Political support for social protection policies hinges on the values and attitudes of the citizens (see Chapter 10). The questions of, for example, universalism versus means testing or conditional versus unconditional programmes are usually debated in abstract normative or fiscal terms, but it is important to ascertain empirically for each country the related attitudes of the citizens and the policymakers.

In the absence of large n data on policy ideas and attitudes, this chapter analyses the design of programmes to trace their underlying norms and ideas, since programmes reflect ‘normative models of welfare’ (Pinker 1979). Normative models relate to big questions about the scope of government, but also to details of institutional design. In contrast to the consensual air of much of global talk, the field of social protection is characterised by competing norms and values that reflect different notions of social justice. Hard choices have to be made when designing social protection. Table 4.1 charts four basic normative models in a stylised way, depicting their heterogeneous normative bases and the differential programme designs they lead to. While the first three models are familiar, the fourth model, which is referred to as ‘allowances’, designates an important programme type that has been neglected in the literature.

Most countries have implemented more than one normative model, adding up to a hybrid *national social protection regime*. While political and academic debates concentrate on programmes, this chapter maintains that to ascertain the state of social protection, we also and even primarily need to analyse social protection *regimes*. In particular, realising universalism or social justice is not just about designing single programmes but about how to construct the entire social protection regime (see Chapter 9).

Six Dimensions of Social Protection

How can we assess and measure the global state of social security? Global debates mostly focus on coverage. Another key dimension is the level of benefits, which tends to be more vaguely addressed in global debates. The level of benefits is often referred to as ‘generosity’ or ‘adequacy’; regarding social services, one could speak of the ‘quality’ of benefits and services. Coverage and generosity are the most visible side of social protection. But welfare provisions rest on legal, fiscal, normative and administrative underpinnings or foundations that may be less visible. Therefore, to fully ascertain the state of social protection, we also need to analyse the social foundations of social protection. The strength or weakness of these foundations indicates the real state of social protection – to what extent social protection in a given country is entrenched in its politics and society.

Accordingly, this chapter defines six dimensions of social protection, two dimensions of welfare provisions and four dimensions of the social foundation of welfare provisions (see Box 4.2). The two dimensions of welfare provisions, coverage and generosity, are the most basic dimensions of social security as reflected in articles 9 and 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), although welfare provisions may or may not have a rights character, depending on the legal foundations of social protection. Data on a more differentiated measurement of welfare provisions, as found, for example, in Esping-Andersen (1990), is not available on a global scale.

BOX 4.2 DIMENSIONS OF SOCIAL PROTECTION

Welfare Provisions

- Coverage (legal, effective)
- Generosity (level of benefits, benefit standards, quality of services).

Social Foundations

- Legal foundation (statutes, constitution, international law)
- Administrative infrastructure, delivery
- Social spending and financing
- Normative principles (policy goals, normative models, notions of justice, culture).

The term coverage sounds straightforward, but it is complicated (see Leisering 2019, pp. 142–47; ILO 2017, pp. 201–2). Coverage can refer to legal coverage – that is, who is entitled to benefits –, but it can also refer to effective coverage; that is, who actually receives benefits. Both facets of coverage matter. Legal coverage reflects normative commitments of

government, while effective coverage is also influenced by the quality of administrative implementation and the individual take-up of benefits. Effective coverage may differ from legal coverage when persons with entitlements do not receive benefits (exclusion errors) or when persons without entitlements receive benefits (inclusion errors). A third variant is ‘protection’; that is, legal entitlements to future benefits that are only paid if social risks or need materialise. For example, contributors to social insurance are protected against the future occurrence of designated risks.

The first dimension of social foundations, legal foundations, relates to the security and rights character of welfare provisions. The dimension of administrative infrastructure reflects the institutional capacity of a country, which is generally a key issue in development politics. The dimension of social spending indicates what weight governments put on social protection as compared to other remits of the state. The dimension of normative principles has been neglected in research. There has been an ideational turn in policy analysis, but the structural role of normative principles as foundations of social protection beyond single policies has received much less attention. The dimension of ideas includes policy goals that are articulated in the policy process, but it also extends to more deep-seated normative principles and institutional models and, most fundamentally, to national cultures of welfare and statehood.²

The distinction of six dimensions is not just analytical. First, the distinction implies that the state of social protection is not necessarily uniform across the six dimensions. Country X may score high in some dimensions while scoring low in others, suggesting different political strategies in each dimension. Specific fields of social welfare, such as health, or single programmes may also score differently in different dimensions. Second, the key question of deservingness is not just about coverage (what groups are more covered by programmes than others) and generosity, but about how the group fares in all six dimensions. The group’s status in all dimensions is the real measure of the deservingness attributed to the group by society.

In the rest of the chapter, the six dimensions of social protection are analysed one after another.

EFFECTIVE COVERAGE: INCREASING, BUT LOW AND UNEVEN

This section examines effective coverage. Legal coverage is analysed in the section on normative foundations below since legal coverage reflects normative principles of social policy.

Figure 4.1 shows the effective coverage of the main contingencies by social protection programmes in different world regions and country income groups, referring to monetary benefits and including both contributory and non-contributory programmes. Only the figures on the total population (black bars) include persons that do not actually receive benefits by social insurance but contribute to social insurance; that is, these figures measure ‘protection’ (as defined above) rather than effective coverage. For each world region, Figure 4.1 lists the risk groups – that is, groups defined by specific risks, such as the unemployed or older persons; the numbers on coverage only refer to those programmes that address these specific risks. The lowest bar for each world region measures the strength of social assistance; coverage here is measured as percentage of persons not covered by contributory programmes. (These persons are seen as vulnerable and coverage measured as percentage of total population could not be interpreted in a meaningful way; for example, low coverage could also indicate a high quality of prior programmes or low poverty rates.) Health is not included in this data (for health, see

below), but three of the risks listed are health related (maternity protection for mothers with newborns, disability, and work injury).

Figure 4.1 provides a range of insights: it reveals differences between risk groups, reflecting differences of ascribed deservingness of groups; differences between world regions, hinting at socio-economic and sociocultural differences and commonalities between the regions; and differences between country income groups, indicating the role of economic resources for social protection.

The most basic finding is that *fewer than half of the world's citizens are covered by any social protection programme*. This is a far cry from the solemn international declarations on universal social protection and 'leaving no one behind'. Africa and South Asia, and, regarding national income, LIC and LMIC score particularly low, while in Europe (without Eastern Europe) 90.4 per cent are covered by at least one programme, signalling the idea of protection 'from cradle to grave' associated with developed welfare states. Remarkably, LMIC and UMIC are worlds apart in this respect (24.9 per cent vs 64 per cent), apparently because in UMIC both social cash transfer programmes and social insurance schemes are more numerous and cover more citizens.

In the hierarchy of coverage and deservingness, *older persons* stand out in almost all country groups, outnumbering the other social groups often by far (see also ILO 2021, p. 171). Coverage of older persons is particularly pronounced in so-called social insurance countries; that is, countries in which social protection centres on social insurance. These countries include most of the global North, Central and West Asia (with former Soviet Union member states) and North-East Asia, which was historically influenced by the German social insurance tradition. Older persons seem to be viewed as dependent and as having a reduced work capacity.

However, there is a massive gender gap (ILO 2021, p. 178): men covered by old age security by far outnumber women. Most extreme cases include Iran and Saudi Arabia. Gender equality is mainly found in European welfare states, with both sexes reaching 100 per cent coverage, and to a degree in Southern countries with universal pensions; the latter include mostly small countries such as Botswana and Mauritius. Former Soviet Union countries, with their tradition of social insurance and high female labour market participation, also realise gender equality or have a relatively small gender gap. In the section on normative foundations more data on gender, referring to legal coverage, is provided.

By contrast, the *unemployed* have the lowest coverage, below two thirds of the population even in European HIC. The deservingness of unemployed persons is disputed in many countries, despite widespread structural unemployment; and in the face of extensive informal labour in poor countries, the distinction between employment and unemployment is often blurred. The low coverage of the unemployed (and the low paid) is a major challenge, especially for the South, but responses are not easy.

The coverage of *children* is overall low, with 26.4 per cent as the global average, but differs significantly between regions. In East Asia, for example, 9 per cent of children are covered, while in North America, Europe and HICs it is around 90 per cent. This may reflect differential notions of the role of the family. Still, maternity benefits are more widespread. The coverage of persons with severe disabilities is also regionally diverse, occupying the middle ground between the coverage of older persons and of children.

The numbers on *social assistance* reveal a significant contribution of this type of social protection – covering 28.9 per cent of the world's vulnerable persons – even if social assistance is sometimes criticised as second-class protection reminiscent of the old poor laws and entailing

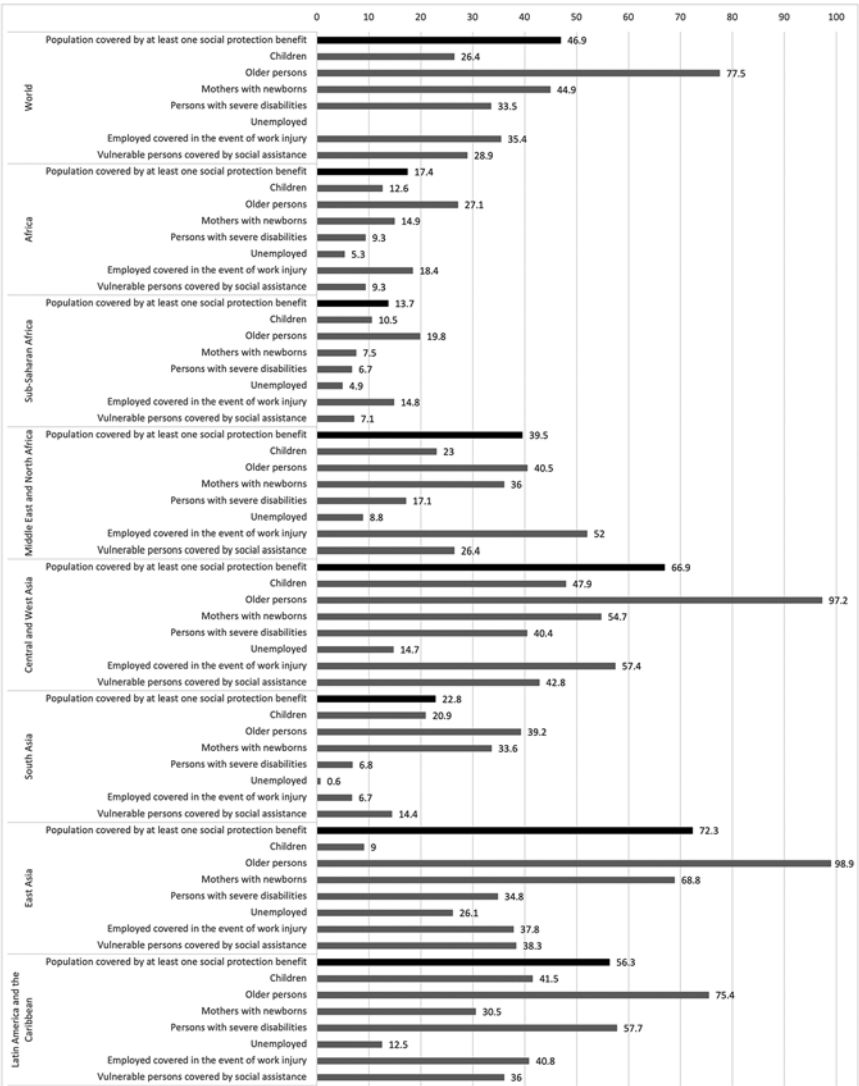
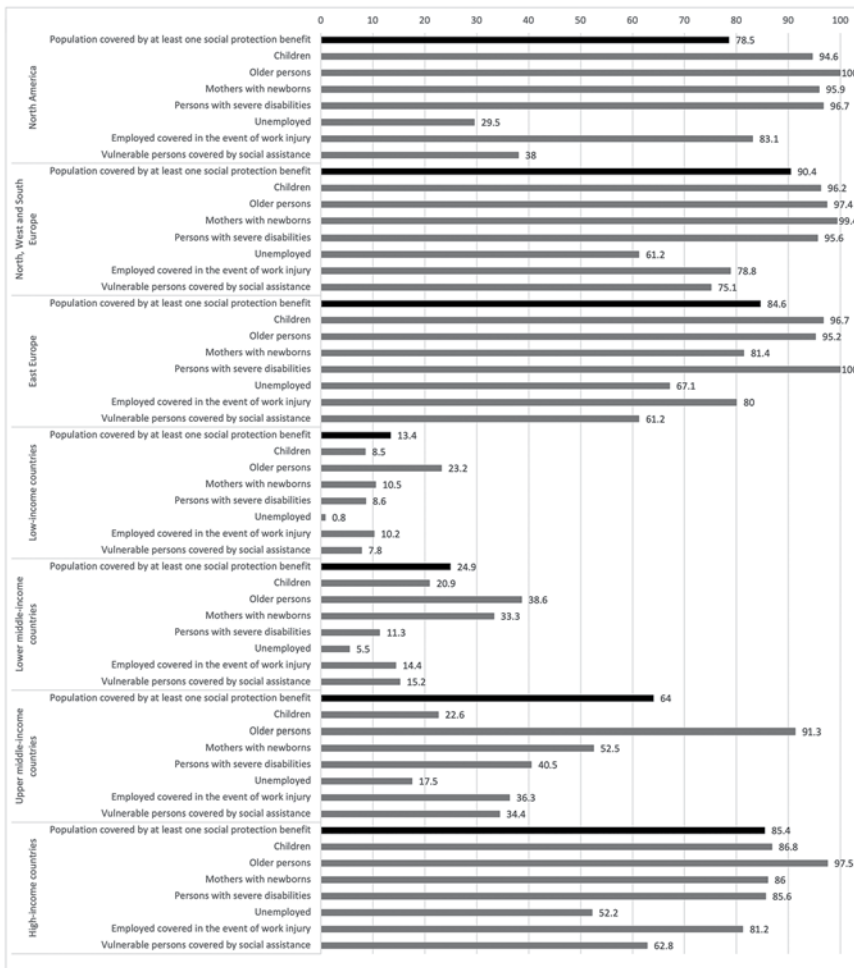


Figure 4.1

stigma. Coverage of social assistance is lower in poor countries, where assistance is needed most – a *social assistance paradox* (Barrientos 2018).

Still, social cash transfers in the South by and large reach the poor. For all types of social assistance in the global South, the bulk of beneficiaries are found in the two lowest quintiles of the income distribution, the majority of which in the first quintile, that is, among the poorest (World Bank 2018, p. 44; ASPIRE database). Barrientos’ Social Assistance Explorer database records 843 million persons in the global South (including Central Asia) enrolled in social assistance programmes. But many more are ‘protected’ by these programmes, that is, they are



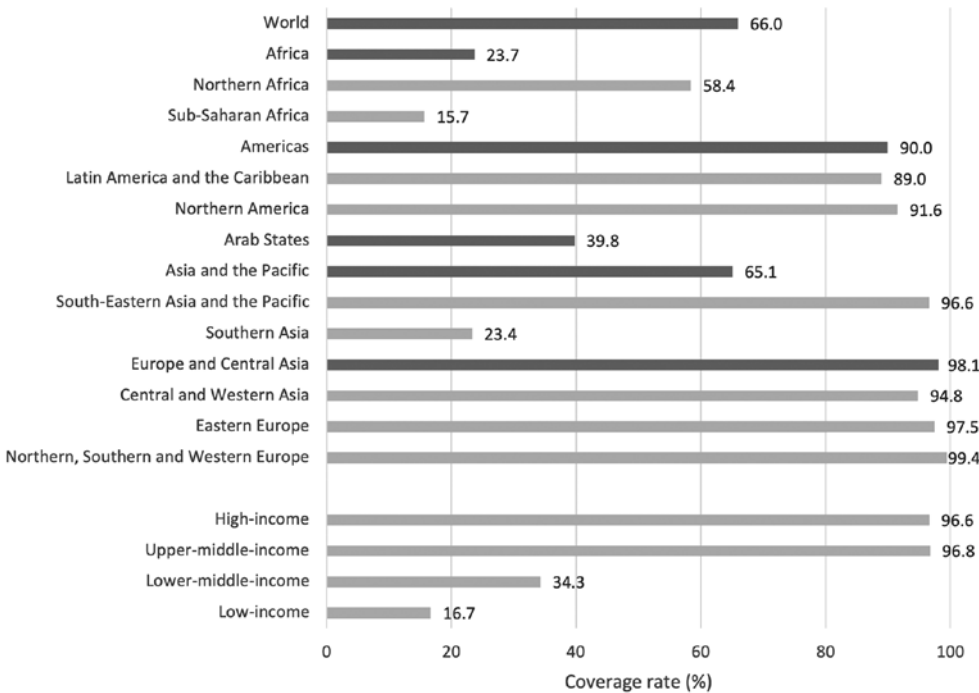
Source: Compiled from the International Labour Organization's World Social Protection Database.

Figure 4.1 Social protection coverage, by risk group, world region and national income, data for 2020

eligible to receive benefits if need occurs. Until May 2021, the COVID-19 crisis boosted the number of beneficiaries, by 249 per cent compared to pre-Covid times (Gentilini et al. 2021; Leisering 2021d).

When we examine what countries *spend* on risk groups, the hierarchy of deservingness described above partially changes (see section on social spending below). Comparing the coverage rates shown in Figure 4.1 (data for 2020) to earlier years, we find that coverage has been *increasing* in most risk groups (for data for 2016, see the ILOSTAT Explorer database). Coverage of old age pensions, as the key example, has increased between 2000 and 2015/2020 in almost all countries of the world, often massively (ILO 2021, p. 175).

Figure 4.2 shows the coverage of *healthcare* protection (for a detailed picture, see WHO and World Bank 2021). The figure covers public and publicly mandated healthcare schemes and refers to coverage in the sense of ‘protection’ as defined above. The picture for healthcare in Figure 4.2 differs significantly from the picture for monetary programmes in Figure 4.1. Two thirds of the world’s population are covered in terms of healthcare, while monetary programmes reach less than half of the world’s population. This may indicate that concerns of non-deservingness matter less for healthcare than for monetary benefits, possibly because the question of work disincentives and interference with family relationships does not come up. Unlike the monetary dimensions of social protection, most regions score very high in the field of health; HIC and UMIC have close to 100 per cent coverage, and a number of regions score around 90 per cent or more. Only Central, East, Southern and West Africa, South Asia and LIC score low, as in other respects. That is, there are fewer countries (compared to monetary programmes) that occupy the middle ground, such as the Arab states and North Africa. There is a conspicuous divide between HIC and UMIC, on the one hand, and LMIC, on the other hand.



Note: Sample = 117 countries and territories (89 per cent of the world’s population), with 189 schemes for primary coverage, including only public (or publicly mandated and privately administered) primary healthcare schemes; supplementary and voluntary public and private programmes are not included, except for the United States.

Source: ILO (2021, p. 192). Reproduced with the kind permission of the International Labour Organization, Geneva.

Figure 4.2 *Effective coverage for health protection (population protected in %), 2020 or latest available year*

However, the remarkably positive picture of healthcare needs qualification. Coverage does not tell us anything about the quality of care. Data on medical infrastructure (for example, on staff density, see section on administrative infrastructure below) and on health expenditure suggests that there is more variation in the quality of services than in coverage. For example, Southeastern Asia and the Pacific are similar to Europe, HIC and North America with regard to coverage, but inferior by far with regard to infrastructure. The data on healthcare spending shows a similar picture (see section on social spending below).

All this data on coverage refers largely to national citizens. The welfare state is a national undertaking by origin. However, under the ICESCR, denizens also have a right to social security. Many West and North European countries bestow selected social protection entitlements on migrants who lack citizenship, but normally in a reduced way.

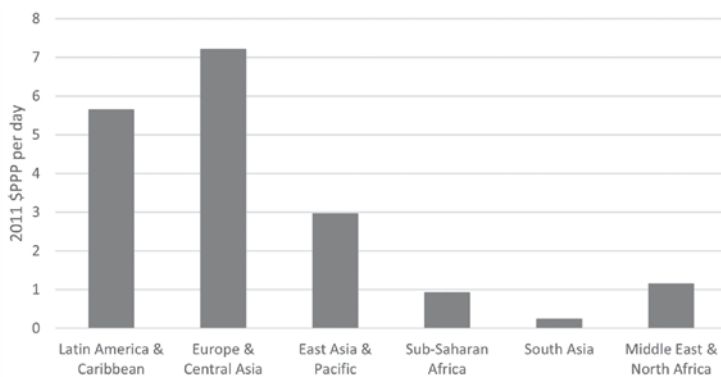
GENEROSITY: LOW AND UNEQUAL

Generosity can be assessed by taking national and international poverty lines as benchmarks. To make countries comparable, monetary benefits have to be computed in international dollars with purchasing power parities. Alternatively, one can compare benefit levels in relative terms, related to per capita national income. Absolute and relative measures produce different rankings of countries.

Figure 4.3 gives a rough picture of per capita benefit levels across world regions. This is averaged across all social protection programmes as defined by the World Bank (see Box 4.1). A clear pattern of regional differences emerges, which by and large corresponds to the pattern that we find for coverage across world regions. However, the lead of East Asia and the Pacific over Latin America and the Caribbean in terms of coverage is reversed when it comes to generosity; the same applies to the lead of South Asia over Central, East, Southern and West Africa. That is, social protection in East Asia and the Pacific, as in South Asia, reaches more persons but provides less generous benefits. Benefits in South Asia in particular are extremely meagre. Benefits under social cash transfer programmes tend to be low or very low, mostly below subsistence. Therefore, cash transfer programmes should not normally be referred to as ‘basic’ or ‘minimum’ social security. Tied benefits in the global South mostly lack standards and are malleable according to political opportunities. This is a major problem since tied benefits are widespread in the global South.

LEGAL FOUNDATIONS: A MIXED PICTURE

According to UN human rights laws and calls by international organisations, social protection should be ‘rights-based’. The rights character of welfare provisions depends on the legal foundations. The most basic question is whether social protection is laid down in statute at all and, if so, what programmes were legislated in a country. Beyond statutes, social protection is particularly entrenched in law if it is laid down in the country’s constitution. An even broader aspect of the legal foundation is if a country has ratified key international conventions that relate to social protection, especially the International Labour Organization’s (ILO) flagship convention ‘Social Security (Minimum Standards) Convention’ No. 102 and the UN-sponsored ICESCR.



Note: \$PPP – purchasing power parity calculated in US dollars.

Source: ASPIRE database, World Bank. Reproduced under a Creative Commons Attribution 4.0 International License.

Figure 4.3 Average per capita benefit of all social protection and labour programmes, by world region, based on the most recent value per country, 2010–18.

Looking first into *statutes* and programmes, social insurance has spread to virtually all countries in the world (for the following figures, see the ILO World Social Protection Database). The number of countries with social insurance legislation soared between 1940 and 1980 (Schmitt et al. 2015; Scruggs et al. 2013) and has continued to grow thereafter. According to ILO Convention No. 102, social insurance has nine branches corresponding to nine basic contingencies: children/family, maternity, sickness (sick pay), unemployment, work injury, disability/invalidity, survivors, old age, and medical care. By 2020, the key branches had spread to between 97 and 99.5 per cent of all countries in the world: old age (found in only 90.9 per cent of countries in 1990), survivors (90.3 per cent in 1990), sickness (85 per cent in 1990), work injury (91.9 per cent in 1990) and disability (90.9 per cent in 1990). Only the unemployment benefit stands out: it is found in only 52.7 per cent of states (36.6 per cent in 1990). The contingency child/family is covered in 71 per cent of states (52.7 per cent in 1990), and maternity, in 93.6 per cent of states (78 per cent in 1990). This implies that there is ‘growth to limits’ (Flora 1986) also in the global South, but only in the sense that social insurance legislation has spread to almost all countries in the world; the social insurance programmes, however, cover only a minority of formal, urban and mostly male workers, as is shown below. Moreover, financing social insurance in the South is sometimes regressive, implementation is wanting and contingencies typical of the global South, such as crop failure, are not covered.

Since the 2000s, social cash transfers have mushroomed in the global South, spreading to 113 countries; that is, 76.4 per cent of Southern countries (Leisering and Weible 2020).³ The global spread of cash transfers is uneven: while more than 90 per cent of American and Asian countries have a cash transfer programme in place, this applies only to 57.4 per cent of African countries and to 46.2 per cent of countries in Oceania. In total, 9 per cent of all programmes are small pilot programmes, which are widespread especially in Africa.

It may be concluded that social cash transfers, although they are seen as appropriate programmes for the global South or even as a new social model, have not spread to all Southern

countries, unlike social insurance. What is more, the legal base of cash transfer programmes is weak: 47 per cent of programmes are not based on statutes, especially programmes that address persons of working age (62 per cent of these are not based on statutes) and programmes that address children (53 per cent). A weak legal base is found not only among pilot programmes: 82 per cent of the non-statutory programmes are not pilots.

Besides basing social protection on national statutes, many countries have included clauses on social security in their constitutions (Jung et al. 2014; see also Oxford Constitutions of the World database). The right to social security is laid down in 67 per cent of the constitutions of the world. In 41 per cent of the constitutions, this right has a justiciable character, while in 27 per cent it has only an aspirational character; that is, it is just a directive principle of state policy. For the right to healthcare, the percentages are almost identical. These scores are remarkable, but the right to education scores much higher (80 per cent of the constitutions), possibly because it is seen as a social investment.

ADMINISTRATIVE INFRASTRUCTURE: GENERALLY WEAK, BUT SOME STRENGTHS

Institutional capacities in the global South generally tend to be limited, and this cannot be easily influenced by social protection policies, such as general deficiencies in the quality of government, low trust in government and malfunctioning markets that impair private provisions, as in the case of mandatory private pensions in South America.

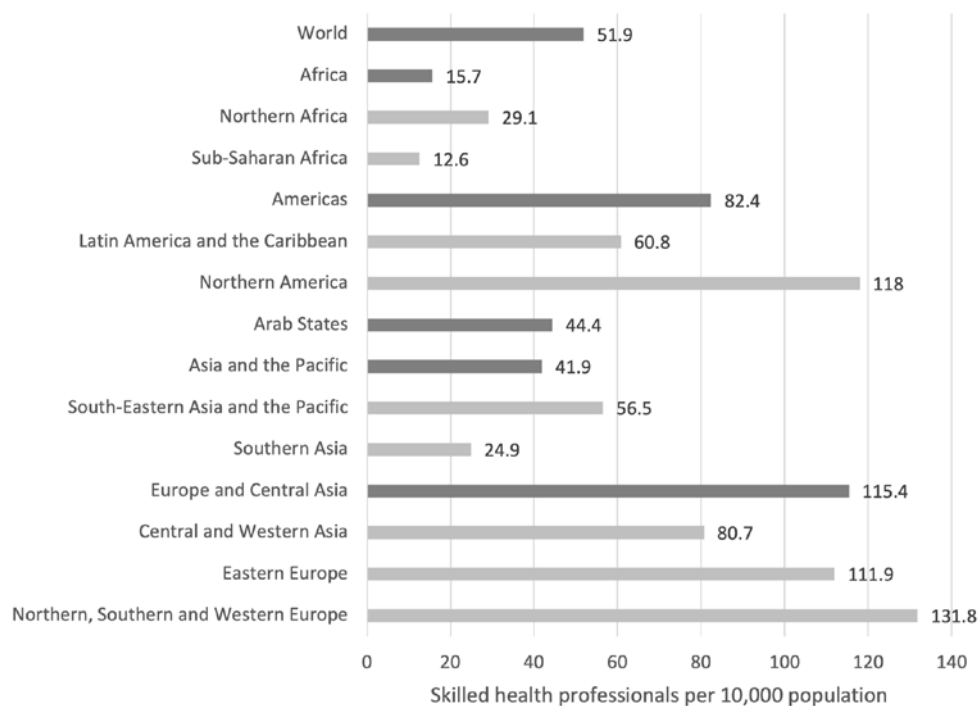
Entitlements to welfare benefits are often present only on paper or are implemented selectively. The local administration of social cash transfers is partially shaped by clientelism, and the methods of ascertaining need may produce exclusion errors and inclusion errors. Still, social assistance in the global South by and large reaches the poor (see section on effective coverage above).

Further on the positive side, only 9 per cent of all cash transfer programmes are pilot programmes; that is, 91 per cent have a degree of administrative stability. A total of 64 per cent of the pilot programmes are found in Africa, reflecting the strong presence of donors. Across the global South, most social cash transfer programmes are under the control of a regular ministry of government (91 per cent) rather than lower-level authorities (Leisering 2019, pp. 165–66).⁴ That is, social cash transfers are remarkably well institutionalised in terms of governance. Tied benefits, by contrast, are generally less institutionalised.

The use of digital technologies has significantly improved the administration and delivery of benefits, and was stepped up during the COVID-19 crisis (Gentilini et al. 2021, pp. 16–29; Leisering 2021d). Digital instruments are particularly suited to the global South in view of reaching remote areas and in the face of limited other channels of communication (see Chapter 26).

The institutional requirements for social services, especially medical services, are particularly demanding, compared to monetary provisions. Health as a field of social protection is not only about legal entitlements to services but requires an extensive infrastructure of hospitals, nursing homes and the like. Medical infrastructure raises four issues: availability of services and health staff, accessibility in terms of social space, affordability, and quality of services (Campbell et al. 2013, pp. 11–13). In addition, service utilisation (take-up) by the addressees matters, and can be influenced by policies only to a limited extent.

Figure 4.4 shows the vast inequalities across the globe regarding health staff density, which is one indicator of the quality of the infrastructure. The density of health staff – midwives, nurses and physicians – refers to the number of staff per 10 000 population. Out of 186 countries, 83 countries (44.6 per cent) do not even meet the lowest international standard of staff density, while 68 countries (36.6 per cent) exceed the highest international standard (Campbell et al. 2013, p. 17). Staff density is growing in many countries but is going down in some countries, especially in Africa, because building infrastructure does not keep up with demographic dynamics (Campbell et al. 2013, pp. 23–24).



Notes: The category ‘skilled staff’ includes midwives, nurses and physicians. Thresholds of adequate health staff density: 41.1 (ILO); 22.8 (World Health Report 2006); 59.4 (WHO/United States Agency for International Development). See Campbell et al. (2013) for more details on the use of these reference points.

Source: Redrawn from International Labour Organization, 2021, World Social Protection Report 2020–22, p. 198. Reproduced with the kind permission of the International Labour Organization, Geneva.

Figure 4.4 Density of skilled health staff

Figures on health workers also reveal massive inequalities between urban and rural areas, which are typical for many Southern countries (ILO 2021, p. 198). Rural areas tend to have a much lower staff density. Nicaragua, Ghana, Nepal, Iraq and Brazil are extreme in this respect, while the urban/rural divide hardly matters in Nigeria (and in Europe).

SOCIAL SPENDING: LOW BUT INCREASING

The share of gross domestic product (GDP) that a country spends on public social protection indicates the degree to which political parties and leaders are committed to public welfare. The way social protection is financed also matters. Regarding social spending, the global North and South are worlds apart (ILO 2021, pp. 59, 278–87). Regional averages in the South range from 4 per cent of GDP (4 per cent in Southern Asia, 3.9 per cent in Central, East, Southern and West Africa) to 14 per cent (Latin America and the Caribbean), with Brazil as generous outlier (19.7 per cent), and some countries as parsimonious exceptions with spending well below 4 per cent. By contrast, the average in the global North is around 25 per cent (26.2 percent in Europe without Eastern Europe, 24 per cent in HIC), with a range from 20 per cent to 32 per cent; only some small Northern states like Ireland, Malta and Switzerland spend less than 20 per cent.

Looking at country income groups, a *social spending paradox* becomes apparent: countries with lower national income (associated with higher need) spend less on social protection not only in absolute but also in relative terms. Moreover, in LIC, health expenditure makes up half of overall expenditure – indicating a prioritisation of health – while it makes up only one third in other countries. This indicates comparatively low spending on monetary transfers and individualised provisions in LIC (see Chapter 11).

Regarding target categories of social protection, we argue that, to ascertain the ascribed deservingness of a social group, we need to look not only at coverage but also at other aspects. A key aspect is what is spent on the group (for data, see ILO 2021, p. 278). Older persons again are ahead of the other groups, even more than with regard to coverage, although older persons only make up a small section of the population in most Southern countries. Globally and in most regions, older persons account for more than half of social spending (globally, 7 per cent of GDP, while total social spending amounts to 12.9 per cent of GDP).

Confirming the old age bias, it is remarkable how little is spent on children. For example, Latin America spends just 0.5 per cent of GDP on children, compared to 5.9 per cent on older persons and 2 per cent on persons of working age. Since the coverage of children is fairly high in some regions, low spending indicates that the level of benefits is low. Comparing country income groups, a *child benefit paradox* becomes apparent: although children are more numerous in the South (making up 41.8 per cent of the population in LIC, 0–14 years), less is spent on them, also in relative terms (0.1 per cent of GDP in LIC, excluding healthcare). HIC spend 1.2 per cent of GDP, although children only make up 16.4 per cent of the population (see ILO 2021, p. 96).

Persons of working age have a significant share of social spending, more than one would expect from the low coverage rates of unemployment protection. Maybe this is because social insurance benefits (unemployment, work injury) tend to be higher than child benefits.

Similarly, regarding regions, we find that coverage is only part of the story. Southeastern Asia and the Pacific, for example, are similar to Europe, HIC and North America with regard to healthcare coverage, but by far inferior with regard to spending on healthcare. Medical staff and hospitals are costly. The better-off countries invest more in high-tech medical treatment, whereas poorer countries often only seek to provide primary care for the majority of the population. There may be a political trade off: within a given fiscal space, more persons can be reached when less is spent on infrastructure and quality of services, and this may be a preferred political option. Yet, a weak medical infrastructure impairs availability and accessibility of

services. Regarding affordability, out-of-pocket payments have fallen between 2000 and 2016, especially in Southeastern Asia and in Africa (ILO 2021, p. 204).

Another crucial aspect of social spending is the revenue side; that is, where the money comes from (see Hujo 2020). Social insurance contributions and governmental budgets are the main sources, in the South often complemented by foreign aid from donors, but taxation systems vary greatly. In some Southern countries, for example, direct taxes like income tax play a smaller role than in the North, and social insurance finance can be regressive; that is, it may involve upward redistribution by targeting employed workers while leaving the unemployed and informal workers with limited or no coverage. The vast majority of social cash transfer programmes are funded from domestic sources (81 per cent of programmes) rather than donors.⁵

THE NORMATIVE FOUNDATION OF SOCIAL PROTECTION: POLICY GOALS AND INSTITUTIONAL MODELS

International organisations canvass broad paradigmatic ideas such as universal social protection and inclusion, and policymakers in countries of the global South often adopt such phrases. But these global narratives, which sound simple and consensual, in reality obscure the diversity of ideas, concepts and policy goals of national social protection policies. In this section, first policy goals are discussed, then normative models of social protection as reflected in the programme designs, and then, as a kind of summary and conclusion, social protection regimes.

Policy Goals: More than Fighting Poverty

The main goal of social security is – creating security. There are two variants: one, providing basic security for the poor through the bottom tier of social security; and, two, securing the continuity of the individual standard of living for the better-off. The latter variant is about income maintenance. The former variant relates to fighting poverty, which is a key aim of social protection policies, but goes further. Fighting poverty conventionally refers to the immediate alleviation of current need, but more recent talk of the ‘vulnerable’ as objects of social protection and of creating ‘resilience’ in view of future risks has introduced a future perspective even in poverty policies. The future perspective is already implicit in the very concept of (social) security.

Social protection may be associated with further aims, especially with satisfying *need* and, most generally, with empowering citizens vis-à-vis external powers, above markets, the family (especially for women) and local power groups, by bestowing social *rights* on individuals.

Crucially, social protection may also serve other goals than welfare. Political support for social protection can only be rallied if the collective – economic, political or social – utility of social protection can be demonstrated (Kaufmann 2012, ch. 11). This is a fundamental link between welfare policies and social development.

Institutional Models I: Social Insurance – Labour-Centred and Gendered

Until the 1990s, social insurance had been the main instrument of social protection in many countries of the global South. This was a ‘truncated’ social protection system (Fiszbein,

quoted by Barrientos 2019) or a ‘workerist welfare regime’ (Seekings 2008) that only provided ‘minoritarian labour welfare’, as Ahuja (2021) puts it for India. Social insurance mainly addresses the formal, mostly urban section of the workforce. From the early 2000s, non-contributory social cash transfers for the poor spread in the global South and have turned the truncated system into a ‘dual’ one, with social insurance and social cash transfers as main programme types (Barrientos 2019). Since the 2010s, social cash transfers have come to dominate debates about income security in the global South, moving social insurance into the background.

Social insurance systems have long been out of fashion in international development circles, given the challenges with high (and often – though not always) growing informality in low- and middle-income countries ... Despite challenges, they [social insurance systems] remain the most effective instrument for financing higher-level benefits (vertical extension) in a relatively equitable way. (McClanahan and Barrantes 2021, pp. 18–19)

This quote explicitly calls for a tiered social protection regime, with social insurance as core tier.

What is social insurance? Ideal typically, most pronounced in the global North, social insurance is a contributory programme designed to protect against social risks. Social insurance involves interpersonal redistribution by way of risk pooling, as private insurances do, but differs from private insurance by its mandatory character (to avoid cherry picking and opting out by the better-off) and by setting equal contribution rates for all insured persons irrespective of differential risks. Persons with severe and expensive illnesses, for example, do not have to pay higher contributions to health insurance. Social insurance often also covers survivors – that is, widows and orphans of insured persons. Social insurance may include entitlements not based on contributions, such as pension credits for child-bearing or unpaid care work, which is particularly relevant for women, or minimum benefits. Social insurance is normally financed by contributions from employers and employees, complemented by government subsidies. Social insurance falls into nine branches (corresponding to nine risks), not all of which are realised in all countries (see above).

Southern social insurance tends to differ from social insurance in the North (Bender et al. 2015, pp. 1086–93): coverage is low not only with regard to persons but also with regard to risks, as reflected in the branches of social insurance; benefits tend to be limited; organisation is often inefficient; financing may be regressive and involve extensive state funds leading to unjust redistribution; and citizens put low trust in the insurance. In some Southern countries, policymakers try to extend the coverage of social insurance (OECD and ILO 2019, pp. 92, 106, with country examples; see also ILO 2015). This includes lowering contribution rates for smaller firms, simplifying registration for designated categories of workers and employers, government subsidies and tax deductions for contributors, and adapting contributions to seasonality.

Based on ILO data on contributory and non-contributory benefits, which reflect social insurance and social cash transfers respectively, the share of social insurance and of social cash transfers in the overall social protection regime can be identified. Figure 4.5 shows the legal coverage of social protection in Asia and the Pacific as an example (for other regions, see the text below and the figures in the ILO World Social Protection Data Dashboards), relating to persons of working age and, more narrowly, to persons in the labour force. The numbers refer to what we called ‘protection’; that is, coverage here means legal entitlements to future

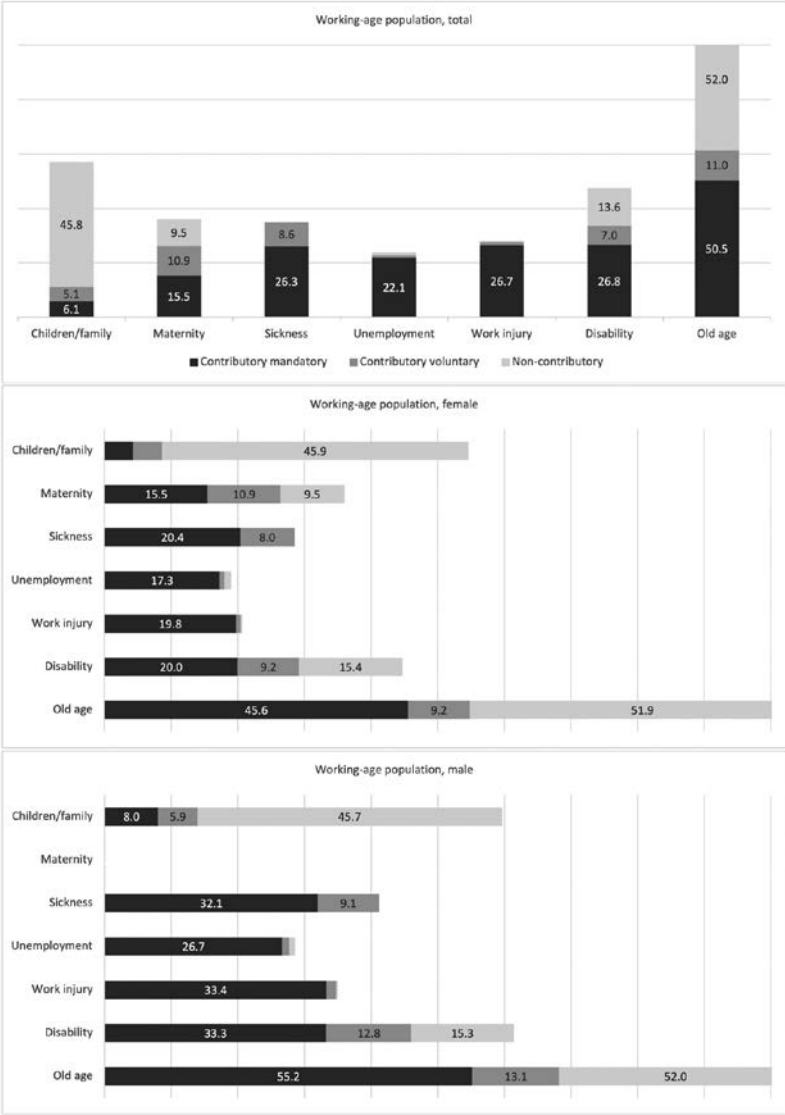
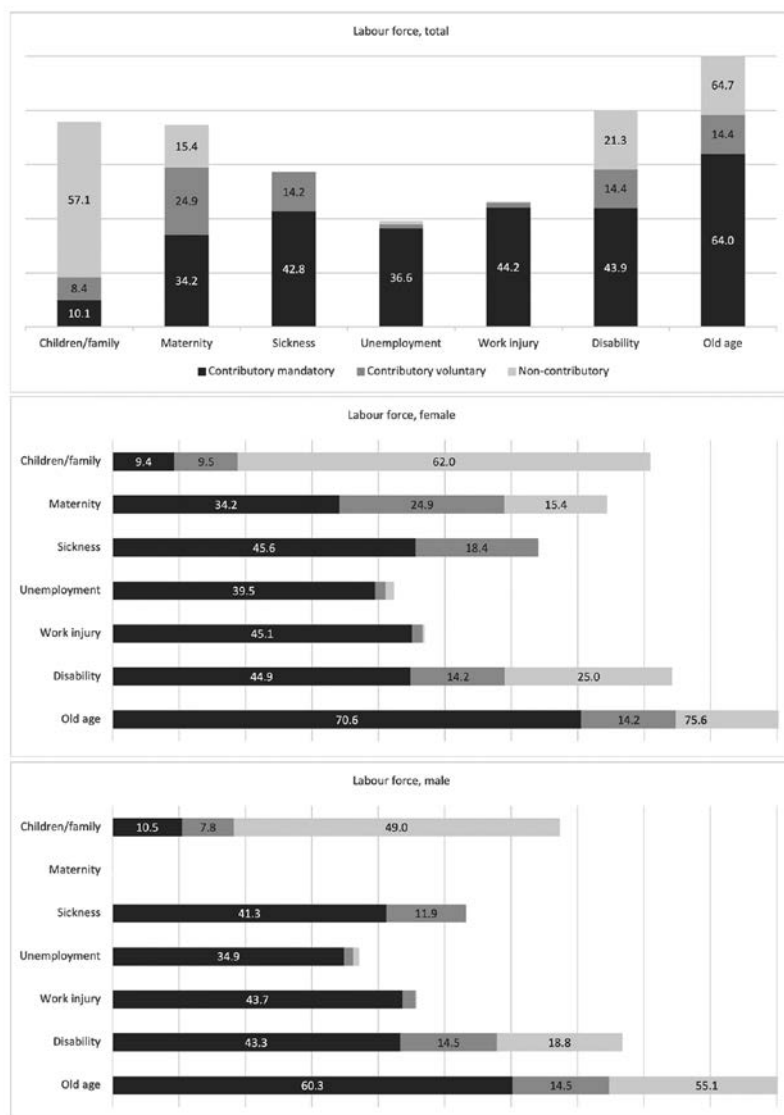


Figure 4.5

benefits in contributory programmes or eligibility to non-contributory benefits in case of need. There are four key findings from Figure 4.5 and the data on other regions.

First, social insurance is strongly *labour-centred*, with labour here meaning formal employment. As a consequence, social insurance involves significant exclusions. This shows in the fact that legal coverage by social insurance among persons of working age is much lower than among persons in the labour force. Excluded persons of working age include non-workers like women looking after a home or persons with disability; and excluded persons in the labour force include large numbers of workers in the informal sector of the economy. Figure 4.5



Note: Values may exceed 100 per cent due to multiple entitlements.

Source: Compiled from the ILO's World Social Protection Database.

Figure 4.5 Legal social protection coverage for Asia and the Pacific, among persons of working age and among the labour force

shows that social cash transfers have a higher share in total social protection coverage among the persons of working age compared to the labour force, but cash transfers cannot fully compensate the exclusionary character of social insurance. Social insurance dates back to the

early decades of industrialisation when the labour movement and state corporatism held sway, as in Brazil.

Second, social insurance is strongly *gendered*. Among persons of working age, social insurance coverage of women is far below the coverage of men (most extremely in Arab states), since women are less frequently in formal employment. Again, social cash transfers cannot fully make up for this gender gap. Among persons in the labour force, the gender difference is conspicuously smaller, even in Arab countries, although the gender gap is still massive in Africa. For Asia and the Pacific, women even score slightly higher than men, and this also applies to the global average score. We may hypothesise that those women who make it into the formal labour force are on average more qualified than men. In the global North, credits, for example for childbearing and unpaid care work, are common ways of extending coverage and, thereby, narrowing the gender gap, though they do not eliminate it.

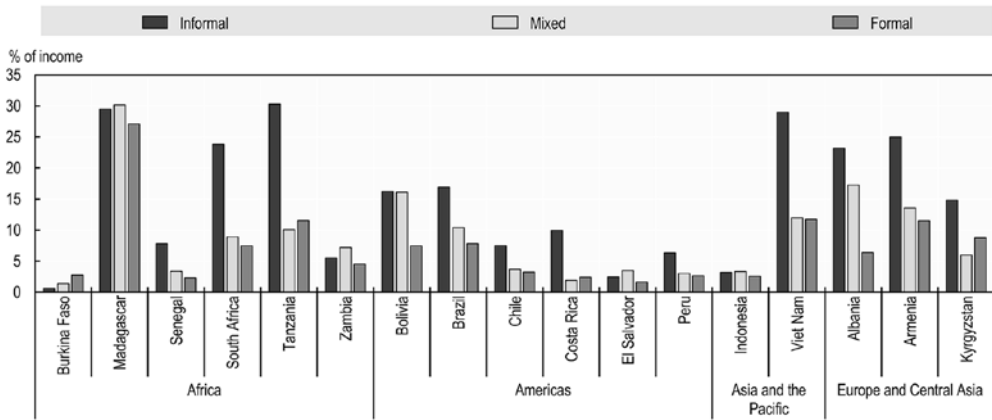
Third, *unemployment* is a challenge for social insurance: the unemployment branch of social insurance has the lowest coverage among the nine branches of insurance (not counting the two child-related branches); in Africa, unemployment insurance only covers 11.6 per cent of the labour force. This is remarkable and may reflect attitudes among the citizenry who see the unemployed as less deserving, but it may also be due to the precarious nature of Southern labour, which makes it difficult even to define unemployment. Unemployment and underemployment are so widespread in many countries of the South that wholesale monetary support would be very demanding. Moreover, in some countries there are alternatives such as severance payments, which are part of the occupational pillar of social protection, or child benefit that continues to be paid to working households even if the heads of household are unemployed.

Fourth, the global coverage of social insurance is *uneven*: coverage in the global South is worlds apart from the coverage in the global North. In the North, social insurance has historically been the main pathway to universal coverage, and most (not all) Northern countries are social insurance states. In Europe and Central Asia, social insurance covers 48 to 57 per cent of the persons of working age and more than 80 per cent of the labour force (these ranges refer to all branches of social insurance except the two child-related branches and unemployment insurance). In some Bismarckian European countries, coverage is close to 100 per cent. Coverage by social insurance in Asian and Pacific countries is at 22–27 per cent among persons of working age and 34–44 per cent among the labour force; similarly for Africa, with 20–29 per cent and 32–46 per cent, respectively. This is half of the coverage in Europe and Central Asia. The spread of social insurance also correlates with national income. In LIC and LMIC, social insurance is a marginal institution, covering only 4.6 per cent and 14.7 per cent respectively of the persons of working age (and 6.6 per cent and 27.1 per cent respectively of the labour force), whereas in UMIC 45.7 per cent (working age) and 70.9 per cent (labour force) are covered, and in HIC 54.5 per cent and 89.8 per cent, respectively (ILO 2021, p. 171).

Institutional Models II: The Diverse World of Social Cash Transfers

Cash transfers reduce coverage gaps left by social insurance, especially for persons in the informal sector of the economy. In fact, the share of cash transfers in household income is highest among informal households, making up on average 15 per cent of household income, and going up to 30 per cent in some countries (see Figure 4.6). This indicates that social cash transfers by and large reach the neediest households, namely households that are excluded

from the formal labour market. But the figures also show that the share of cash transfers in the budgets of informal households is moderate, and that some cash transfers go to formal households.



Note: Government transfers include social assistance, such as non-contributory pensions, scholarships or cash transfers. Basket of government transfers varies by country and may include pensions. Data refers to 2012 for Albania; 2013 for Kyrgyzstan; 2014 for Armenia, Honduras and Viet Nam; 2016 for Argentina, Costa Rica, Paraguay, Peru and Uruguay.

Source: Database KIIbIH, by author; OECD, see appendix on databases below.

Figure 4.6 Share of government transfers as percentage of total household income (2015)

Social cash transfer programmes have increasingly also come to be used in humanitarian aid (UN 2016) and for migrants (Ulrichs et al. 2017; UNHCR 2017); and there has been a shift from food transfers to cash (for Africa, see UNDP 2019, p. 21). Cash transfers were also the main instrument of social protection in the global COVID-19 pandemic (Gentilini et al. 2021; Leisering 2021d; see Part VI). Had cash transfers not been widely established during the 2000s and 2010s, social protection responses to the pandemic would have been much more difficult.

Although the world of social cash transfers is only part of the bottom tier of social protection, it is very diverse and stratified, much more than the few flagship models that figure in common debates – like Brazil's Bolsa Família, South Africa's old age pension and China's general social assistance, Dibao – suggest. The diversity of cash transfer programmes reflects a broad range of normative models of welfare, in three dimensions: categoriality, target categories and mode of access.

First, there are *categorical* and *non-categorical* cash transfers programmes. Categorical transfers imply a generalised ascription of need or deservingness to designated categories of persons, such as children or older persons, while non-categorical transfers imply an individualised notion of need and address the needy irrespective of the standard sociodemographic categories. Non-categorical programmes are sometimes called *general social assistance* or 'poor people programmes' (Leisering 2019, p. 160). Some general social assistance programmes are purely non-categorical, such as the Chinese Dibao or, most extremely, German social

assistance from 1962 to 1994, which relied exclusively on criteria of need and even covered asylum seekers. But most general social assistance programmes combine need with various more specific categorical criteria, such as the absence of earners in the household.

Second, categorical cash transfer programmes differ by the *categories* of persons they target. Commonly, programmes are equated with certain target categories, for example, social pensions with older persons. However, target categories cut across programmes: target categories may be covered by more than one programme and, conversely, many programmes target more than one category. Therefore, to trace the normative foundations of social cash transfers and the underlying notions of deservingness, we need to look into target categories as units of analysis rather than programmes (Weible 2022; Leisering 2019).

Third, there are different ways of regulating *access* to benefits. Some programmes apply a means test, which is also a needs test and reflects the idea of individualised need, whereas other programmes provide flat-rate benefits, reflecting a collective notion of deservingness. Moreover, based on assumptions on the behaviour of the poor, some programmes – ‘conditional cash transfers’ – define behavioural conditions applicants have to fulfil, while others do without conditions.

In the following, we discuss the three dimensions (categoricity, target categories and access). To make things more complicated, some programmes fall into components. While programmes are commonly categorised as categorical or non-categorical, as conditional or non-conditional, as targeting a certain category of persons or not, we found that for some programmes, including the Brazilian flagship programme Bolsa Família, these attributes only apply to one or more components of the programme.

Categoricity

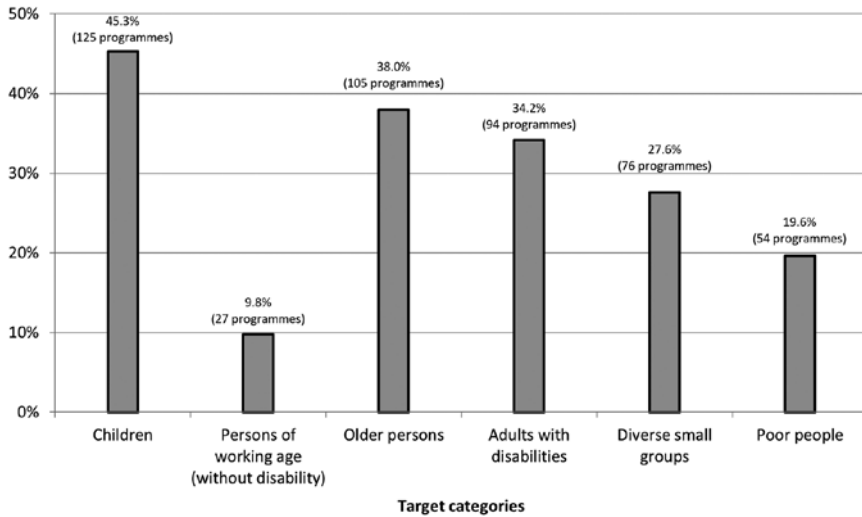
Debates and the literature mostly focus on categorical programmes, while general (non-categorical) social assistance has received little attention (for a detailed analysis, see Leisering 2019, especially Table 5.5). Moreover, the literature on categorical programmes centres on families, children, and older persons, but there are many more target categories. What is more, on closer examination, many categorical benefits turn out to be restricted to a subcategory of the target category, for example if a programme for children only pertains to very young, disabled or orphaned children. We have measured these restrictions by way of an ‘inclusion index’ (Weible 2022; Leisering 2019), finding that exclusions linger underneath the surface of proclaimed inclusion.

Target categories

While social insurance falls into the nine branches described above, corresponding to nine social risks or risk groups, we have reconstructed six main target categories of social cash transfer programmes (FLOORCASH-SocCit database): children; (non-disabled) persons of working age; older persons; adult persons with disabilities; a residual category that includes various small groups such as war veterans and pregnant women; and a group that could be called ‘poor people’; that is, poor individuals or households, irrespective of categorical characteristics (targeted by general social assistance/‘poor people programmes’).

Figure 4.7 gives a clear picture of the order of ascribed deservingness in the global South as a whole. Children and older persons are the most frequently targeted categories; they (as well as persons with disabilities) have ascriptive or quasi-biological backgrounds, sharing the status of ascribed ‘dependency’. By contrast, (non-disabled) persons of working age, who

are susceptible to socio-economic risks, such as unemployment, underemployment and low pay, are rarely covered as direct right holders, indicating a low degree of deservingness. The neglect of workers contrasts sharply with Northern welfare states in which workers at risk are the main target category of social assistance. Persons of working age constitute a major entitlement gap in the global South and a barrier on the road to universalism. The considerable size of the category ‘diverse small groups’, such as war veterans or divorced women, which is catered for by almost one third of all programmes, testifies to the diversity of the world of cash transfer programmes.



Note: Programmes that target the respective category, in % of all programmes; multiple references possible.

Source: FLOORCASH-SocCit database (Leisering and Weible 2020), N = 275 (6 missing values; for adults with disabilities and small groups one more missing value) (Leisering 2019, Figure 5.4; produced by Katrin Weible).

Figure 4.7 Social cash transfer programmes in the global South, by target categories

Access

Programmes with behavioural conditions, such as sending the children to school and to regular health check-ups, are widespread in Latin America and a preferred model of the World Bank. The Brazilian Bolsa Familia and the early Mexican Oportunidades/Prospera programme are the best-known examples. Conditional programmes aim to secure present income and, at the same time, induce behavioural changes considered to prevent future poverty. The two aims clash when poor persons do not meet the behavioural conditions. Conditional cash transfers are widely debated, but they only make up 29 per cent of all programmes; and the programmes usually referred to as ‘conditional cash transfers’ (addressing families) only account for 19% (see Table 4.2).

In total, 80 per cent of all programmes apply a means test, and the percentage is similar for the main target groups. There are heated debates about means-tested versus universal ‘pro-

Table 4.2 *Types of social cash transfer programmes*

Programme type		Number of programmes		
		All programmes	% of all programmes	Conditional programmes
Family allowances	Conditional cash transfers (CCT) (behavioural conditions for children and mothers; partly non-conditional for some target categories)	53	19	53
	Non-conditional transfers	27 ¹	10	0
Cash transfers related to work (or employability, education, vocational training)		17 ^{1,2}	6	11
Social pensions		78 ^{1,2}	28	1
Cash transfers related to disability		22 ^{1,2}	8	
Cash transfers related to small groups		21	8	1
General social assistance (non-categorical cash transfers, partly with categorical elements)		54	20	10
All programmes		272 ^{1,2}		76 (29% of all programmes) ³

Notes: Sample = all social cash transfer programmes in the global South (N=275; data for seven programmes is missing).

¹ Plus one programme that combines family support, unemployment protection and a social pension.

² Plus two programmes that combine unemployment protection and a social pension.

³ N= 262 (all programmes with data on conditionality).

Source: FLOORCASH-SocCit database (Leisering and Weible 2020).

grammes, especially universal pensions, but in fact there are a variety of ways of regulating access (see Chapter 10; for pensions, see Leisering 2019, Table 6.3).

Classifying social cash transfer programmes by target categories and conditionality, we can map the world of cash transfer programmes (see Table 4.2). This is already a considerably simplified picture because it does not reflect the varieties of target groups and conditions within programmes.⁶ Still, this classification of programmes is more complex than common classifications, such as of conditional cash transfers/unconditional cash transfers/social pensions.

Cash transfer regimes

Debates on *universalism* mostly focus on programmes, above all on universal pensions and universal child benefit, but universal programmes as such do not realise the universal human right to social security. Universalism is not a matter of single programmes but of the overall social cash transfer regimes (see Chapter 10). It was found that only countries combining a range of categorical programmes (mostly means tested) with a general social assistance programme as last resort achieve a fully universal cash transfer regime (with the exception of the purely categorical regime in Jamaica); these are just 11 per cent of all Southern countries. This finding challenges widespread reservations about means-tested transfers in general, and also shows that the role of the programme type ‘general social assistance’ has been unduly neglected in the literature (but see Niño-Zarazúa et al. 2012, for Africa). A universal basic income (UBI) would also secure universalism, but, if designed as mainstay of basic social protection replacing other programmes, would not provide adequate benefits for particular groups and needs. Besides, a fully-fledged UBI has not emerged in any country, with the exception of the short-lived Mongolian programme and the marginal Iranian programme (Gentilini et al.

2020, pp. 22–3). The World Bank’s analytical model ‘social assistance cube’ includes a UBI as a small component of a more complex arrangement of programmes (Gentilini et al. 2020, p. 21).

Institutional Models III: Tied Benefits – Typical for LIC and MIC

Tied benefits (as defined above) are widespread in the global South, much more than in the North – they are characteristic of LIC and MIC. With regard to country income groups, school feeding and fee waivers, for example, are most frequent in LMIC and UMIC, while in-kind transfers prevail in LIC and LMIC (see Table 4.3; see also World Bank 2017, p. 2). In the South, spending on tied benefits is about as high as spending on regular social cash transfers, while in Europe and Central Asia the ratio is 25 per cent to 75 per cent (World Bank 2018, p. 30; ASPIRE database). LIC, in particular, spend much more on in-kind transfers than on any other social safety net listed in Table 4.3 (World Bank 2015, p. 244; ASPIRE database; for the changing relationship between food relief, vouchers and cash transfers, see Alderman et al. 2018).

Table 4.3 Number of countries with at least one type of social safety net programme, by programme type and country income group

Programme type	Countries by income group				Total of countries with at least one programme
	Low-income	Lower middle-income	Upper middle-income	High-income	
Conditional cash transfers	14	22	21	6	63
Unconditional cash transfers	28	42	44	16	130
Unconditional in-kind transfers	29	33	25	5	92
School feeding	31	42	42	16	131
Public works	30	35	23	6	94
Fee waivers	8	17	19	5	49
Total number of countries per income group	33	50	53	21	157 ¹

Note: ¹ Countries with several programmes are counted only once in the total.

Source: World Bank (2015, p. 12); ASPIRE database.

Social Protection Regimes: Fragmented, Patchy and Stratified

Social protection regimes in the global South tend to have a dual structure – social insurance and social cash transfers – with minoritarian social insurance biased toward formal workers and men. But it is more than a dual structure. The analysis in the preceding sections has shown that an institutional structure of social protection has evolved in the global South that is *fragmented* in multiple ways. This structure includes up to nine branches of social insurance, a diverse range of social cash transfer programmes and a variety of tied benefits. In addition, not analysed in this chapter, there is a significant range of programmes for public-sector employees and occupational welfare especially in large companies, including foreign companies in the South. Brazil, for example, subsidises its civil service social insurance by 2–2.5 per cent of GDP (Barrientos 2019). Private transfers and services come on top.

The fragmented social protection regimes tend to be *patchy* and lack coordination. For example, there is a ‘missing middle’ (Packard et al. 2019, pp. 7, 14) of persons who are caught between social assistance and social insurance. There are ‘significant obstacles’ to integrating social insurance and social assistance (Barrientos 2019; see Chapter 9).

The fragmented institutional structure of social protection is also highly *stratified*, entailing massive inequalities and exclusions. Stratification is also common in Northern welfare states (Esping-Andersen 1990), especially occupational stratification in some social insurance states such as France, and a divide between high private provisions for the better off and modest public provisions for the poorer sections of the population in liberal welfare states. Moreover, in most countries, both North and South, public-sector employees have a privileged position. In sociocultural terms, the stratified structure reflects a differential order of ascribed *deservingness*. The rough picture of deservingness is that public-sector employees and older persons are highly ranked, while the unemployed, the poor and women rank low.

SUMMARY AND CONCLUSION

The main overall finding is that the reality of social protection in the countries of the global South is much more complex than global talk and parts of the literature suggest, and reaching global goals may appear elusive. We can summarise the findings and draw conclusions in seven points. The first two points reflect the methodological approach pursued in this chapter, which is designed to capture the complexity of global social protection, namely the assumption of six dimensions of social protection and the regime approach.

1. **Countries differ not just by more or less coverage, but social protection develops in six relatively independent dimensions or streams**

Global debates focus on the extension of coverage, and coverage has indeed been increasing, but we argue that coverage is only one of six dimensions of social protection. Generosity of benefits and quality of services is a neglected second dimension, and in the face of the potential trade-off between coverage and generosity (Böger 2021), political preferences often seem to come down on increasing coverage. What is more, social protection rests on social foundations in four dimensions (legal foundation, administrative infrastructure, social spending, normative foundation) that determine the real strength or weakness and the sustainability of social protection in a country. The range of the six dimensions highlights the challenges social protection policies are facing.

Politics can be seen as the seventh dimension of social protection. In this chapter, politics have not been analysed, not least for lack of large n comparative data. In a number of Southern countries, social protection had not been part of politics until recently, and this makes substantial social protection policies unlikely. Building up social politics – ‘getting the politics right’ (Niño-Zarazúa et al. 2012, p. 163) – would require the promotion of social policy agendas of political parties, of social policy as an issue in national elections, and of social policy-related actors and epistemic communities.

2. **Countries differ not only with regard to programmes, but also with regard to the overall national arrangement of social protection (‘social protection regime’)**

Political debates and most scholarly analyses tend to focus on single social protection programmes and related normative models, such as social insurance, universal pensions or

conditional cash transfers. However, the human right to social security is not about choosing and designing programmes, but about designing appropriate social protection regimes, which usually combine a variety of programmes. There have been calls in the literature and in politics to adopt a systemic perspective, but this call has not often materialised in conceptual designs. For example, in the context of the COVID-19 crisis, international organisations have developed new concepts of social protection to cope with future crises, but most concepts fail to implement a systemic approach (see Leisering 2021d). A systemic approach is demanding, since building social protection systems – or ‘regimes’, as we call them – is about constructing a composite and tiered institutional structure that combines a range of programmes and programme types (see Chapter 9). By contrast, monistic institutional models – centring on one tier and on one programme type within that tier, such as the social safety net approach or universal programmes as mainstay of social protection – are under-complex. Moreover, regimes are hybrid in normative terms – constructing regimes requires combining and weighing a range of (competing) norms and policy goals (as depicted in Table 4.1). Broad goals such as inclusiveness are of little avail when designing social protection regimes. All in all: realising social justice is about designing social protection regimes. This adds to the challenges of building up social protection worldwide.

3. Social protection has massively expanded in the global South and North

Social protection in the global South has been expanding over the last three decades in key dimensions like institution building, coverage and social spending. This reflects an increased entrenchment of social protection in politics and society. Social protection has also reached more countries. The rise of non-contributory social cash transfers for the poor since the early 2000s has been a game changer, bestowing entitlements to monetary social benefits on larger sections of the poor for the first time, and even social insurance has spread to more countries since the 1990s. In the global North, ‘neoliberal’ policies and ‘austerity’ over the last three decades have not stopped the expansion of welfare states (Scruggs and Ramalho Tafoya 2022).

4. There is a gulf between social protection in the global North and the global South

The general distinction between North and South is a pragmatic one, as there are overlaps and changing boundaries. However, the data shows that by and large the distinction is valid in the field of social protection. In most dimensions, social protection in the North is much more developed than in the South, with qualifications (see also Böger and Öktem 2019): there is considerable variation within the North and within the South, and some Southern countries have strong social protection systems while some Northern countries have weak systems, such as Greece and the United States. Still, the rough picture is that North and West European countries and some member states of the British Commonwealth have the strongest social protection schemes, while Africa and South Asia score low, and Latin America, Central Asia and Southeast Asia occupy the middle ground. Even some large MIC, especially India, Indonesia and Nigeria, have particularly poor social protection. Countries with universalistic social protection regimes, such as Mauritius, Brazil, South Korea and some former Soviet Union member states, are islands in a sea of particularistic regimes (see also Böger and Öktem 2019).

Southern countries tend to differ from the North also in qualitative terms. The global South remains largely attached to a poverty approach that is not conducive to creating wholesale support of social protection by the middle classes. Social cash transfers for the poor, which at best only provide basic security (as part of the bottom tier of social

protection, irrespective of means testing or not), seem to become the mainstay of social protection, while in the North, social insurance (a higher tier programme) was the pathway to universal coverage. Cash transfer benefits in the South tend to be low, often below a social minimum, and donors tend to focus on poverty reduction. Furthermore, national social spending is mostly insufficient, even by the standards of poor countries.

As a consequence, social protection in the South is riddled with paradoxes, including the social assistance paradox (poorer countries have poorer social assistance), the child benefit paradox (poorer countries, which have more children, provide less for children), and the social spending paradox (poorer countries, in which social need is more severe, spend less on social protection even in relative terms).

5. Social protection entails social stratification, inequalities and exclusions

Although social protection policies aim to fight poverty and reduce inequalities, social protection is itself a major source of stratification, inequalities and exclusions. In the global South, disadvantaged groups include workers in the informal sector (and thereby generally persons of working age, since formal workers are mostly a minority), unemployed persons, women (particularly pronounced in Arab countries), and persons living in rural areas. By contrast, industrial workers and, even more, public sector employees, which secure the authority of the ruling elites, tend to be privileged. But even if privilege and discrimination were done away with, social protection in both the global North and South would not be egalitarian, since hierarchical tiers of social protection and differential ascriptions of deservingness to social groups give rise to stratification. A UBI as mainstay of social protection would not be egalitarian either, since it would leave a vast space of inequality above the basic floor secured by a UBI.

6. Social protection is normatively diverse and hybrid

International organisations proclaim consensual global lead ideas like universalism and inclusiveness to which most governments subscribe. At the same time, critical observers often conceive of global social politics as a contestation between neoliberal and progressive views. Our findings challenge both interpretations. There is no comparative large n data on policy goals and ideas in Southern countries, but we found considerable normative diversity among the models of social protection in the South, rather than consensus or a dichotomy of neoliberal vs ‘social’ models. Even within national social protection regimes there is a variety of normative models; that is, regimes are hybrid. Underneath the great consensual ideas proclaimed in global campaigns of international organisations and in the UN Agenda 2030 lurks a great diversity of competing normative models and notions of social justice (see Chapter 1).

The variation in social protection regimes cannot be exclusively put down to differences in economic resources; it also indicates differences in culture. Kaufmann (2013) speaks of the normative and cultural ‘idiosyncrasy’ of each welfare state.

7. To advance social protection in the global South, its contribution to development needs to be demonstrated

The historical rise of social protection in European welfare states was only possible because key actors recognised that social protection was conducive to collective ends – to economic growth, political stability and social cohesion – rather than only enhancing individual welfare (Kaufmann 2012, ch. 11). Similarly, in the South, the breakthrough of social cash transfers occurred when international organisations and states came to see social protection for the poor as part and parcel of development policy rather than mere

welfare, in conjunction with the rise of a more individualised concept of development (for an in-depth discourse analysis, see von Gliszczynski 2015, ch. 3).

Voices from the early years of social cash transfers testify to the social protection/development nexus, as stated in a World Bank paper: ‘Social protection is moving up on the development agenda’ (Holzmann et al. 2003, p. 1). Barrientos and Lloyd-Sherlock (2002, p. 7), when analysing the impact of Southern non-contributory pensions on the economy and family life, concluded, ‘pension policy is also development policy’. Children are a major target category of social cash transfers (though not of social insurance), not least because they are seen as the labour force of tomorrow, and child benefit is seen as making children resilient in view of future risks (Von Gliszczynski 2015). However, there is evidence that the social protection/development nexus currently is too weak – at least in the eyes of key actors, and this is what counts – to move Southern social protection substantially beyond its current state.

There is much left to be done for future research. We need more comparative large n studies of national policies, and these should include studies of national policy ideas and cultures. Regarding institutional analysis, there is much research on social cash transfers, but social insurance is under-researched, as is social protection for public-sector employees. Moreover, we need more theoretical and conceptual work to frame the analysis, and less partisan reasoning.

NOTES

- 1 I am indebted to the editors and the reviewer for extensive comments that have helped to improve the chapter. I also thank Timotheus Brunotte for competent and reliable editorial assistance and helping with the tables and figures. Katrin Weible has provided generous advice. The analyses of social cash transfers in this chapter draw on the FLOOR project, which was funded by the German Research Council (Deutsche Forschungsgemeinschaft).
- 2 For a conceptual framework for analysing social protection from the angle of ideas, see Leisering (2021c).
- 3 Unless specified otherwise, all data on social cash transfers in this chapter is from the FLOORCASH-SocCit database (data for 2012/2013) (Leisering and Weible 2020). For summary analyses, see Leisering (2019) and Weible (2022). The other two large n databases on social cash transfers (Barrientos 2018; Dodlova et al. 2018) have data up to 2015 but are less comprehensive in several respects (see Leisering 2019, pp. 151–52).
- 4 The Social Assistance Explorer database has data on more aspects of institutionalisation, as yet not analysed. See also World Bank (2015, pp. 37–39).
- 5 For a large n analysis of the role of donors in the field of cash transfers, see Dodlova (2020).
- 6 For a much more complex typology, see Leisering (2019, Figure 5.4).

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5. Social protection in Latin America¹

Armando Barrientos

This chapter offers a succinct introduction to the development, current structure and outcomes of social protection in Latin America. Examining the development of social protection institutions is not motivated by a historical concern with origins. Instead, it follows from an understanding that modern social protection institutions are shaped by cleavages arising from the development of capitalism, and especially their impact on employment and political participation (Esping-Andersen 1990). This applies to Latin America too. Current social protection institutions in the region are the outcome of three main political processes: the ‘first incorporation’ of workers in the mid-twentieth century leading to the adoption of Bismarckian occupational insurance funds; the neoliberal retrenchment in the 1970s and 1980s associated with the introduction of individual retirement plans; and the ‘second incorporation’ at the turn of the twenty-first century associated with the expansion of social assistance. The current structure of social protection in the region directly reflects these developments.

Social protection researchers and international organisations often focus on unveiling social protection ‘systems’. Latin American countries offer a practical demonstration of the disadvantages of such an approach, as their social protection institutions are firmly stratified. Occupational insurance and individual retirement plans cater for better-off groups in standard employment. Pension schemes support distinct groups of workers and attract significant public subsidies. This was an important motivation for the introduction of individual retirement plans toward the end of the twentieth century. They appeared to offer the possibility of removing governments from the pension business and transferring responsibility to individual saving. The expansion of social assistance in the new century has radically changed the focus and scope of social protection institutions in the region. Large-scale conditional income transfers and old age and disability transfers offer basic support for low-income groups often dependent on informal employment. Conditional income transfers introduced important innovations, chief among them an acceptance of governments’ responsibility for poverty reduction. Social assistance programmes often emerged as a provisional response to economic crises but have evolved into distinct government agencies and ministries. Governments in the region are firmly in the poverty-reduction business.

The discussion in this chapter focuses on the region as a whole, but the empirical information included is country based. There are significant differences in the scope and effectiveness of social protection across countries in the region. Social protection outcomes in the more developed countries of the region, especially those in the Southern Cone, can be in stark contrast to social protection outcomes in Central American or Andean countries. However, similarities in their institutions and trajectories enable a regional approach.²

The stratification of social protection institutions in the region ensures that their outcomes are highly unequal. Reform proposals, and research, are often motivated by the implications of stratification for social development. The chapter is divided into three sections. The first section sketches the development of social protection around the three political processes of incorporation, retrenchment and re-incorporation. The section that follows describes the

current structure of social protection. The third section assesses the main outcomes: stratification, poverty and inequality. The final section concludes the discussion.

SOCIAL PROTECTION TRAJECTORY

Current social protection in Latin America reflects three main institutional developments. The first development was the growth of stratified occupational insurance institutions in the post-World War II period protecting skilled workers in formal employment. The second development was the introduction of individual retirement accounts to complement or replace occupational insurance in several countries toward the end of the century. The third development is the emergence of large-scale social assistance in the new century, through the expansion of budget-financed old age transfers and conditional income transfers. These institutional developments define the core of the current provision of social protection. They explain the dual nature of current social protection with occupational insurance/individual retirement accounts for better-off workers and social assistance for low-income population groups.

This section discusses these three institutional developments in turn, hoping to throw light on their sources and sustaining factors. The approach adopted in this section is underpinned by the view that the shape, scope and reach of welfare institutions is explained by the social, political and economic cleavages associated with change in the structure of production and distribution (Esping-Andersen 1990; Huber and Stephens 2012; Iversen and Soskice 2019).

The initial growth of stratified occupational insurance in Latin America is associated with the second wave of industrialisation, after World War II (Barrientos 2019b). The first wave of industrialisation took place in the more developed countries in the region around the turn of the nineteenth century. The disruption in trade associated with the two world wars in the first half of the twentieth century restricted this first wave of industrialisation. Oligarchic political regimes excluded all but the elites from voice and participation. Incipient worker organisations, infused by socialist and anarchist ideas, were repressed. A second wave of industrialisation in the post-World War II period was encouraged by import-substitution industrialisation policies, aimed at protecting infant industry. They were accompanied by the political incorporation of selected groups of workers. In Latin America, this ‘first incorporation’ was largely top down, as elite factions sought to retain power by co-opting specific groups of workers in corporate economic structures and political parties (Collier and Collier 2002; Malloy 1979).

In typically Bismarckian fashion, occupational insurance emerged as an instrument of incorporation. Occupational insurance funds for specific types of workers were awarded legal status, offering a broad range of cash benefits and services. Mesa-Lago (1978) argues that the spread of occupational insurance took place in three waves. The first included the more industrialised countries of the Southern Cone: Argentina, Brazil, Chile, Cuba and Uruguay. A second wave included the Andean countries Peru, Bolivia, Ecuador and Colombia as well as Paraguay, Venezuela, Panama and Costa Rica. A third wave extended occupational insurance to countries in Central America: Nicaragua, El Salvador, Guatemala and the Dominican Republic. By the 1970s, occupational insurance was established in all countries in the region (Mesa-Lago 1978).

Looming financial deficits in the 1970s led governments to discard funding of occupational insurance in favour of pay-as-you-go financing; that is, current contributions supported current benefits. They also intervened to streamline provision and reduce access and generosity.³

Reformed occupational insurance schemes concentrated on income transfers: old age, retirement and disability pension, and sickness and disability benefits.

The onset of neoliberal policies under authoritarian governments in the 1970s repressed worker organisations and restricted political participation. Import-substitution industrialisation policies were abruptly replaced with export-led growth, leading to deep structural adjustment. Pension reform took centre stage to reduce deficits in public finances, liberalise the labour market and encourage the deepening of stock markets. Individual retirement accounts managed by private finance providers became the focus of reforms. Individual retirement accounts consisted of mandated savings as a share of labour earnings invested by ad-hoc financial providers, with the balance of the accounts made available at retirement (Barrientos 1998). Twelve countries in the region legislated to replace or complement existing pay-as-you go pension schemes with individual retirement accounts. Eventually only eleven countries implemented the plans, starting with Chile in 1981.⁴

The end of the neoliberal phase and the return to democracy ushered in what researchers have described as a ‘second incorporation’ phase (Kapiszewski et al. 2021; Silva and Rossi 2017). Popular mobilisation spread with the return to democracy. Left-centre coalition governments became dominant in the 2000s in what has been referred to as the ‘left turn’ (Levitsky and Roberts 2012). Surging commodity prices following the entry of China into the global economy helped generate fiscal space for expansive social policy.

The emergence of large-scale conditional income transfers and the rapid expansion of budget-financed old age transfers helped transform social protection systems in the region, with a focus on low-income groups often dependent on informal employment. Conditional income transfers provide income supplements to households in poverty with the commitment that they will access primary healthcare and their children will attend school regularly. Conditional income transfers have introduced important design innovations improving the effectiveness of social assistance, including registries collecting information on low-income and vulnerable populations as well as strengthening linkages to social service providers (Barrientos 2013a; Cecchini and Atuesta 2017). By 2015, investments in social assistance incorporated around a third of the population of the region, namely low-income and informal workers, as direct or indirect beneficiaries.

Social protection in Latin America today reflects the influence of three structural changes in the economy and politics. They are also responsible for its dual character: occupational and/or private insurance for better-off workers and social assistance provision for low-income groups and workers in informal employment. The relative significance of the two components varies across countries, depending on the timing and depth of industrialisation and de-industrialisation processes.

SOCIAL PROTECTION TODAY

This section describes the current structure of social protection in Latin America. It begins with a brief discussion on data sources. There are two main sources of data on social protection participation and outcomes: household surveys and administrative registers. It is important to keep in mind their limitations. Administrative data on social protection schemes is collected by the relevant agencies with the objective of selecting participants and monitoring implementation and outcomes. Administrative data of this type often suffers from gaps and errors due

to lags in updating records. Historical administrative data is scarce due to institutional change affecting the relevant agencies. Where a multiplicity of agencies is involved, gaps and data harmonisation can be an issue (Arenas de Mesa 2019). The collection of regular household surveys by the countries in the region has become an important source of information on social protection. Household surveys provide a more up-to-date source of information on the reach of social protection, but they are subject to limitations in their sampling (especially with regard to harder-to-reach groups, such as the very rich or people living in insecure communities or remote rural areas), coverage of social protection programmes, and errors and omissions in reporting. Villatoro and Cecchini (2018) compared the capture of administrative and survey data of social assistance participants and concluded that surveys underestimated participation in conditional income transfers (old age and disability transfers) by 13 per cent, largely due to household survey sampling.

Pension Schemes

This section provides a description and analysis of pension schemes: occupational pension schemes and individual retirement plans.⁵ Old age income security has been the dominant concern of social protection policy in Latin America since its inception. Pensions are the largest component of social protection expenditure, enjoy a high degree of institutionalisation, and capture the attention of policymakers (national and international) and researchers. They signal a strong age bias in the development and current structure of social protection provision.

Table 5.1 summarises the institutional set-up of pension schemes in the region. They are classified by the distinction between schemes based on defined benefit and those based on defined contributions. Defined benefit schemes establish a formula to calculate retirement benefits, normally based on years of service and final salary parameters. Defined benefit schemes in the region are unfunded, or pay-as-you-go, with current pension contributions and public subsidies financing current benefits. They are managed by public or semi-public agencies and are stratified for different occupations. Defined contribution pension schemes, however, set the contribution rate as a share of labour earnings. Savings are collected in individual retirement accounts managed by private or public pension funds. At retirement, workers use their accumulated balances to make pension arrangements; normally they are required to purchase an annuity providing a fixed monthly income during retirement.

As can be seen from Table 5.1, countries in the region show a variety of arrangements. Eight countries have defined benefit schemes only: Argentina, Brazil, Ecuador, Guatemala, Honduras, Nicaragua, Paraguay and Venezuela. Five countries are transitioning to defined contribution-only schemes: Bolivia, Chile, El Salvador the Dominican Republic and Mexico.⁶ Five countries have permanent defined benefit and defined contribution schemes arranged in different combinations. Colombia and Peru have competing defined benefit and defined contribution schemes, meaning that workers can be in one or the other but not both. Costa Rica, Panama and Uruguay have defined benefit schemes as a first pillar with defined contribution schemes as a second pillar. Some countries that initially embraced individual retirement accounts have subsequently reformed them, referred to as ‘re-reform’ (Mesa-Lago 2020). In 2008, Argentina transitioned back from individual retirement plans to a defined benefit scheme. In 2010, Bolivia transitioned to a public-defined contribution scheme.

Table 5.1 also shows the share of the active labour force in pension schemes, and the share in defined contribution schemes for those countries that have them. Uruguay stands out with

Table 5.1 Pension schemes in Latin America

Country	Pension scheme design	All contributors ¹		Vesting period (years) ²	Guaranteed minimum ³	Recipients as % 65+ (2017) ⁴
		% of EAP (2017)	DC (%) [*]			
Argentina	DB	56.2	–	30	B	92.4
Bolivia	DC	16.9	–	15	B	22.3
Brazil	DB	58.0	–	15	M	75.7
Chile	DC	63.4	64.2	–	M/T	66.9
Colombia	DB/DC	30.5	21.5	26	–/M	24.3
Costa Rica	DB+DC	63.6	70.5	25/–	T	36.7
Dominican Rep.	DC	41.3	35.5	30	M	15.2
El Salvador	DC	24.5	24	25	–	13.5
Guatemala	DB	18.1	–	20	–	14.5
Honduras	DB	19.1	–	15	–	10.2
Mexico	DC	36.3	34.9	25	B/M	29.7
Nicaragua	DB	31.3	–	15	–	34.0
Panama	DB+DC	64.1	10.1	20	–	40.1
Paraguay	DB	23.7	–	25	M	15.7
Peru	DB/DC	26.9	17.3	20	–	25.1
Uruguay	DB+DC	81.1	45.8	30	T	81.9
Venezuela	DB	–	–	15	–	56.2

Notes: DB, defined benefit scheme; DC, defined contribution scheme; /, parallel schemes; +, integrated schemes; EAP, economically active population; B, basic minimum pension benefit for all; M, minimum benefit is paid if accumulated entitlements are insufficient; T, minimum benefit is paid if accumulated entitlements are insufficient and contributor has low socio-economic status.

^{*} Contributors to defined contribution pension schemes.

Sources: ¹ Arenas de Mesa (2019) for all contributors; AIOS (2019) for defined contribution contributors. Each source's data is collected independently; therefore, some figures might not match.

² Altamirano Montoya et al. (2018); vesting period, minimum contribution record required to access entitlements.

³ OECD, IADB and World Bank (2014).

⁴ Arenas de Mesa (2019).

just over 80 per cent of the active labour force contributing to pension schemes. In Chile, Costa Rica and Panama, around two thirds of the active labour force contribute to a pension scheme, with Argentina and Brazil just behind them. In the rest of the countries, between a fifth and a quarter of the active labour force is engaged in pension schemes. Overall, the figures suggest that engagement with pension schemes is higher in the more economically developed countries of the region. For the region as a whole, fewer than one in two workers contribute to an occupational scheme or individual retirement account.

The DC figures in Table 5.1 show the share of the active labour force saving in an individual retirement plan where the two types of pension schemes coexist. Aside from Chile and Costa Rica, individual retirement plans reach a small proportion of the active labour force. In Peru and Panama, the share of the active labour force contributing to individual retirement plans is small.

Measures of pension scheme participation are informative of the current penetration of pension schemes and of the strength of labour market regulation; they are less reliable as a measure of prospective old age income security. The volatility of economic activity and employment characteristics of the countries in the region means that only a fraction of those currently participating in pension schemes will eventually manage to accumulate adequate

entitlements. Research indicates that contribution density in the region is around 50 per cent, due to spells of unemployment and under-employment, job transitions, gaps in compliance and fraud (Altamirano Montoya et al. 2018). Applying this figure linearly into the future suggests that only half of the workers currently participating in pension schemes will generate an adequate pension at retirement.⁷

Some of the design features of the schemes, and especially those relating to the bottom line, become highly salient. Vesting periods set the minimum period that workers must contribute to secure their pension entitlements. Provisions for minimum guaranteed pension benefits are paramount. In occupational pension schemes, minimum pension benefits are often easier to access and more generous. In individual retirement plans, minimum pension guarantees are restricted to incentivise savings. The vesting periods thus tend to be long – around twenty years of contributions. As will be seen below, a large proportion of current pensioners receives a minimum pension benefit. The implication is that for a significant proportion of those currently in the labour force, participation in a pension scheme is best described as an option for the minimum pension benefit guarantee.

Pension reform, and ‘re-reform’, has generated a debate around the privateness–publicness of pension schemes. The distinction between defined benefit and defined contribution pension schemes appears to overlap with the privateness–publicness spectrum (Mesa-Lago 2020). But this can be exaggerated. As noted above, the ‘first incorporation’ in the 1950s and 1960s resulted in government involvement in pension schemes.⁸ Latin American governments have a significant stake in the design, implementation and financing of defined benefit pension schemes, especially as no other institution could effectively manage and sustain a pay-as-you-go financing model. Governments also have a large stake in the design, implementation and financing of individual retirement plans. Governments mandate contributions provide financial, tax and regulatory frameworks and ensure minimum pension guarantees. Individual retirement plans might not have been possible without government involvement. Through guaranteeing minimum pension benefits, governments add the essential redistributive component without which individual retirement plans would most likely fail in the context of volatile employment. The privateness–publicness of pension schemes in Latin America is not its defining dimension.

Social Assistance

Large-scale social assistance provision emerged in the region following the decline of the neo-liberal economic model and the return to democracy in the 1990s, the ‘second incorporation’. Two social protection instruments dominate the growth of social assistance in the region: old age and disability transfers, and conditional income transfers to families. Table 5.2 provides an overview of the reach of social assistance.

Old Age Transfers

Old age and disability transfers⁹ have a longer history among the social protection pioneer countries. They were initially designed to complement or facilitate occupational insurance schemes. Uruguay is credited with the first complementary budget-financed pension scheme for poor older persons in 1919, whereas Brazil’s *Fundo de Assistência ao Trabalhador Rural* (FUNRURAL), introduced in the early 1970s to cater for informal workers in agriculture,

Table 5.2 Reach of social assistance instruments (2017)

Country	Conditional income transfers Reach (in millions) ¹	Old age transfer direct recipients Reach (in millions) ²	All social assistance Reach (% of population) ³
Argentina	3.96	1.35	
Bolivia	2.43	1.02	
Brazil	55.81	11.43	
Chile	4.32	0.58	
Colombia	6.33	0.58	
Costa Rica	0.18	0.11	
Dominican Rep.	3.59	–	
Ecuador	2.75	0.02	
El Salvador	0.10	0.03	
Guatemala	0.98	0.10	
Honduras	1.16	–	
Mexico	32.12	5.68	
Panama	0.33	0.14	
Paraguay	0.85	0.18	
Peru	3.52	0.56	
Uruguay	0.77	0.08	
Venezuela	–	0.56	
Latin America	116.35	21.88	31.07

Notes: Reach, measure of direct and indirect beneficiaries (co-residents); data points are for 2017.

¹ For Ecuador and El Salvador, data points are for 2016. Source: CEPAL (2020).

² For Venezuela, data points are for 2016. Source: CEPAL (2020); Barrientos (2018).

³ Estimate of the reach of old age transfers constructed by applying average household size from UNDESA (2017) to direct recipient data (second column).

mining and fishing in rural areas, was intended to serve as a subsidised bridge to an occupational insurance scheme for these workers (Lewis and Lloyd-Sherlock 2009). In the new century, most countries in the region have established budget-financed old age transfer programmes as self-standing institutions addressing old age and disability poverty.¹⁰ Old age transfers are increasingly seen as a first pillar of old age security provision (Bosch et al. 2013).

Rofman et al. (2013) distinguish three main strategies in the expansion of old age transfers in the region: universal, complementary and targeted. Bolivia's Renta Dignidad provides an example of universal provision. It emerged in the mid-1990s out of policy proposals aimed at reducing public opposition to the privatisation of the energy sector. It was designed as a means of redistributing dividends from partial public shareholding of privatised energy corporations. After several permutations, it became a budget-financed transfer paid to all citizens over 60 years of age. In countries with substantial pension schemes – for example, Argentina, Uruguay, Brazil, Chile – old age transfers have a complementary role. They reach the older population lacking access to pension scheme benefits. Consideration of potential trade-offs, work and saving incentives, normally restrict the generosity of complementary old age transfers. In countries with limited pension scheme provision – for example, Colombia, Ecuador, El Salvador, Peru – old age and disability transfers have a poverty reduction role. Access to transfers is dependent on socio-economic status reassessed at specified intervals. The complementary and targeted strategies can be embedded in different programmes. In Brazil, Previdência Social Rural, a follow up to FUNRURAL, represents the complementary strategy, while Benefício de Prestação Continuada represents the poverty-reduction strategy

(Barrientos 2013b). Interestingly, today a majority of beneficiaries from the latter are people with disabilities as opposed to older poorer people.

The rapid expansion of old age and disability transfers in the region has been successful in improving old age income security in the region, especially among women (Barrientos 2021).

CONDITIONAL INCOME TRANSFERS

Conditional income transfers are the most significant innovation in social protection systems in the region. Chile's Subsidio Único Familiar (SUF), Brazil's Bolsa Escola and Mexico's Programa de Educacion, Salud y Alimentacion (PROGRESA) are the pioneer programmes (Larrañaga 2010; Levy 2006; Rocha 2013). Introduced in the mid-1990s, they are large-scale social assistance programmes providing regular and reliable transfers to families in poverty, or at risk of falling into poverty, conditional on schooling and primary healthcare utilisation. All three features – financing from the budget, subsidy for families, social investment – are significant innovations (Barrientos 2019a). It can be argued that they also reflect a fourth, crucial, innovation: governments' new-found commitment to poverty reduction.

In the 2000s, these programmes spread to all countries in the region. As expected, conditional income transfer programmes show diversity in design, scope and implementation. They are rules-based in the sense that entry and exit from the programme and entitlements follow the application of pre-established rules. Entry conditions are based on household demographics, the presence of children of school age, for example, and socio-economic conditions. The latter is assessed via income or proxy means tests. Requiring participant households to meet programme conditions is meant to ensure the continuation of the transfers. This demands coordination between the programme agency and the providers of education and primary healthcare. Some countries like Mexico enforced conditions more regularly, whereas in countries like Brazil non-compliance with conditions served as an indicator that further support was needed. Transfers are mostly fixed in value and are paid through financial providers. As a fraction of the poverty line, transfer values are intended as a contribution toward improving household finances. They are not intended to lift recipients out of poverty by themselves.¹¹ There are no labour supply restrictions associated with the receipt of the transfer.¹²

Programme designers paid less attention to exit conditions than to entry conditions. In fact, initially most programmes simply applied entry conditions to assess conditions for exit. This has not worked well. Changes in employment due to volatility in the labour market are perhaps the most significant factor pushing people into poverty. The implication is that the socio-economic conditions of a significant proportion of low-income families, often dependent on informal employment, move above and below entry conditions. Families exiting the programme because they fail to meet entry conditions may soon find themselves meeting them. It makes sense to implement exit conditions to take account of labour market volatility. Brazil's Bolsa Família guarantees transfers for two years after entry. Colombia's Más Familias en Acción offers a reduced level of transfer support for families unable to meet entry conditions but remaining vulnerable. This support helps them smooth out exit from the programme (Barrientos and Villa 2017).

The process of assessing entry conditions involves collecting data from current and potential participants. This led to the construction of databases available to programme agencies. There are two types of databases. Participant registers collect information on current partici-

pants. Social registers collect information on current and potential participants. Governments in the region normally offer several public programmes supporting disadvantaged households including, for example, interventions in education, health and housing. They used to involve separate registers and entry conditions. It made sense to consolidate these registers into a single social register, covering the population at risk of poverty. Colombia's System of Identification of Social Program Beneficiaries (SISBEN) collects information on all households applying for any public programme. As the social registers grew, they provided governments with essential information on the target population for a variety of social policies. Social registers have been crucial to government policy addressing COVID-19 (Berner and van Hemelryck 2020).

Mexico's PROGRESA was introduced in the context of a financial crisis and against the opposition of pre-existing poverty programme (Levy 2006). The designers of the programme included well-defined evaluation protocols as means to protect its initial development. By collecting baseline, and follow-up, household surveys and by exploiting a phased implementation, it is possible to compare outcomes for early and late entrants. Demonstrating the effectiveness of anti-poverty transfer programmes has helped mitigate political opposition. Quasi-experimental impact evaluation studies have become the norm for conditional income transfers, generating valuable information on their effectiveness. They have contributed to the experimental turn in economic development (Banerjee and Duflo 2011). Monitoring and evaluation protocols are a very significant innovation in social assistance.

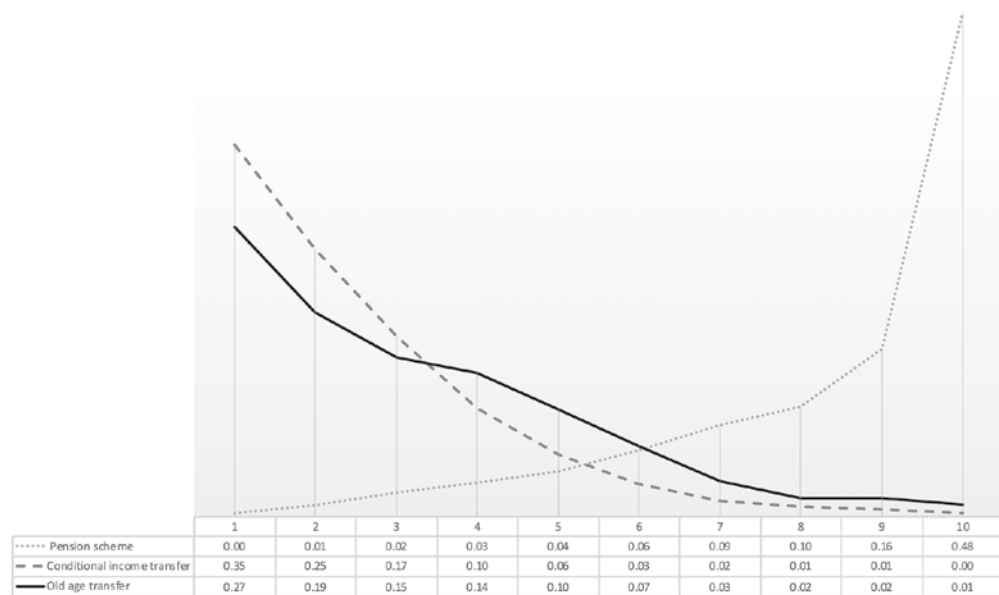
The evolution of conditional income transfer programmes over time in Latin America suggests three interesting trends. First, conditional income transfers link programme agencies with the (often more powerful) ministries of education and health. Linking transfers in cash with access to basic services is central to the social investment orientation of these programmes. This can be extended to a wider range of services and intermediation. While the transfers are effective for most participant households, some may require more specialised and direct forms of support. Chile Solidario was designed around dedicated household support (Barrientos 2010). It has served as an example of integrating income transfers and service provision to address inclusion barriers for poorest households.

Second, conditional income transfers have developed over time from fixed-term programmes into permanent government institutions. Institutionalisation involves the establishment of social development agencies or ministries with parliament-sanctioned budgets and with legal oversight and operating frameworks. The evolution from interventions to institutions is not yet complete in less developed countries in the region (Cecchini and Madariaga 2011).

Third, at their core conditional income transfers pose longer-term policy dilemmas in need of future resolution. Some of these policy dilemmas have been intimated in the discussion above: undefined programme exit; the appropriate balance between protection and investment; the impact of the growing institutionalisation of social assistance on other parts of government, especially occupational insurance. They unfold against a sustained improvement in living standards and poverty levels in the region. The trend among the more developed countries in the region is to evolve conditional income transfers into permanent support for less-advantaged families with children. Argentina's Asignación Universal por Hijo is perhaps a case in point as it concluded a policy path from emergency public works to conditional income transfers to child benefit. This pathway resolves the 'exit' issue and ensures a stronger social investment orientation for social assistance.

OUTCOMES

Perhaps the most significant outcome of the provision of social protection in Latin America is its stratification. Occupational pension schemes and individual retirement plans reach better-off sections of the population, while social assistance supports low-income groups dependent on informal employment. Figure 5.1 shows the distribution of the social protection transfer budget for pension scheme benefits, conditional income transfers and old age and disability transfers, across deciles of household income for Brazil in 2008. This data was generated from a fiscal incidence analysis based on household survey data as part of the Commitment for Equity Project (Lustig 2020).¹³



Source: Compiled from CEQ Standard Indicators version 4.0 May 2020 (Lustig 2020).

Figure 5.1 Brazil: Distribution of transfer budgets across income decile (2008)

Figure 5.1 shows the fraction of the transfer budget for each of the social protection instruments captured by each income decile group. A large share of social assistance transfers goes to groups in the poorest deciles. Three quarters of conditional income transfers and two thirds of old age and disability transfers go to the three poorest deciles. By contrast, three quarters of pension scheme benefits are captured by the groups in the three richest deciles. Figure 5.1 is consistent with stratified, dual, social protection institutions in Brazil. The expansion of social assistance from the mid-1990s turned truncated social protection into a dual one.

Table 5.3 offers selected quantitative indicators of the impact of social protection transfers on inequality and poverty.¹⁴

Taking first the effect of pension schemes (occupational insurance and individual retirement plans) on inequality, Table 5.3 shows the percentage change in the Gini coefficient measured

Table 5.3 *Pension scheme benefits and direct transfers; effects on poverty and inequality*

	Effect of pension income on Gini (%) ¹	Effect of direct transfers on P0 (%) ²	Effect of direct transfers on P1 (%) ³	Effect of direct transfers on P2 (%) ⁴
Argentina (2012)	-5.3	-40.7	-57.1	-63.6
Bolivia (2009)	0.1	-5.5	-11.3	-14.4
Brazil (2009)	-3.2	-6.1	-16.5	-23.8
Chile (2013)	-1.8	-41.3	-52.0	-61.5
Colombia (2014)	0.1	-2.5	-7.4	-12.5
Costa Rica (2010)	-0.8	-13.9	-32.5	-37.5
Dominican Rep. (2006)	-0.1	-1.1	-5.9	-9.4
Ecuador (2011)	-0.8	-12.8	-25.3	-34.0
El Salvador (2011)	0.6	-2.4	-8.2	-13.4
Guatemala (2011)	0.3	-0.3	-2.1	-1.7
Honduras (2011)	0.5	-1.8	-4.2	-6.7
Mexico (2014)	0.1	-6.7	-23.1	-35.5
Panama (2016)	0.3	-14.6	-26.0	-36.1
Peru (2011)	-0.1	-0.8	-5.6	-8.3
Uruguay (2009)	-6.6	-26.1	-50.7	-66.7
Venezuela (2013)	-2.4	-0.3	-6.9	-12.9

Notes: Years in brackets indicate the household survey date.

¹ Percentage change in the Gini coefficient of market income after including pension scheme income.

² Percentage change in market income poverty headcount (P0) after including direct transfers, a proxy for social assistance. Based on the poverty line of USD4 (the PPP for 2005).

³ Percentage change in market income poverty gap (P1) after including direct transfers, a proxy for social assistance. Based on the poverty line of USD4 (the PPP for 2005).

⁴ Percentage change in market income poverty gap squared (P2) after including direct transfers, a proxy for social assistance. Based on the poverty line of USD4 (the PPP for 2005).

Source: CEQ Standard Indicators version 4.0 May 2020 (Lustig 2020).

on market income after adding pension scheme income. Note that pension scheme income reduces inequality in some countries, while increasing it in others. The largest reductions were experienced by Uruguay, Argentina and Brazil. Increases in inequality are small at less than 1 per cent. Overall, and aside from the higher-income countries with large pension schemes, pension scheme income has limited effects on inequality.

The impact of social assistance on poverty is larger. Three poverty indicators are shown in Table 5.3: the poverty headcount (P0), the poverty gap (P1) and the poverty gap squared (P2). The values result from applying the international poverty line at USD 4. It is likely that the poverty reduction effects of social assistance transfers vary by instrument. Old age transfers are more generous than conditional income transfers and go to individuals without other sources of income. Conditional income transfers, however, are less generous and are drawn by groups with low income or dependent on informal employment. The more developed countries with lower poverty and more generous old age transfers perform best; see, for example, Argentina, Chile and Uruguay. Countries with higher poverty incidence and less generous transfers perform less well, as, for example, Guatemala and Honduras. Overall, social assistance has positive, and in some cases large, effects on poverty reduction.

Pension scheme benefits reproduce gender differentials in employment and pay (Arza 2017). Social assistance transfers, though, are gender neutral, in so far as they are household

based and fixed in value (conditional income transfers) or individual and fixed in value (old age transfers). The fact that conditional income transfers are designed to be received by mothers and that, demographically, women are overrepresented in late age suggests social assistance transfers have the potential to contribute to a reduction in gender inequality.

CONCLUSION

There is consensus among policymakers and researchers on the shortcomings of existing institutions. The stratification of social protection institutions in Latin America reinforces unequal welfare outcomes for its population, places restrictions on the effectiveness of public policy, and is an obstacle to the achievement of broad social development objectives. Reforms are feasible but hard to achieve due to constraints posed by politics and finance. The expansion of social assistance since the turn of the century points to conditions needed for reform: inclusive growth and inclusive politics. Instead of summarising the main points, it might be helpful briefly to consider the main challenges to social protection reform in the region.

Population ageing is bound to affect more strongly social protection institutions with an old age bias. It will particularly affect defined benefit pension schemes, as the ratio of pensioners to contributors rises in countries that are more advanced in their demographic transition. Reducing inequalities in pension benefits and ensuring public subsidies to pension schemes support low-income pensioners could help mitigate the effects of population ageing (Barrientos 2021). Sustaining social investment on families and children, as conditional income transfers and child benefits have done, could also help to mitigate the effects of population ageing.

The impact of computerisation on employment has received scarce attention in the region but is likely to have significant effects on social protection. Computerisation works to replace routine tasks. It directly affects employment in jobs with routine tasks, for example, office and administrative jobs and routine blue-collar jobs. Research in high-income countries finds a polarisation of employment, with a decline in 'routine' jobs but an increase in highly skilled jobs and in jobs requiring interpersonal contact or co-location, for example, jobs in education, healthcare, fast food and transport (Palier 2019). To date, the evidence on whether similar trends will unfold in Latin America is mixed. The issue for social protection in the region is that the workers and jobs that are likely to be adversely affected by computerisation have been, historically, core target groups of pension schemes.

Tax and transfer systems in the region are, overall, distributionally neutral (Lustig 2017). This is in part because personal income taxes contribute a very small proportion of tax revenues, while consumption taxes contribute a large proportion. Progressivity comes mainly from corporate taxation, but long-standing fears of capital flight place hard constraints on governments' efforts to increase their contribution to revenue. Tax and transfer reforms are a precondition for improving social protection provision in the region.

The COVID-19 pandemic has provided a test of the resilience of social protection institutions (see Chapter 25). Few countries had comprehensive unemployment insurance schemes, but sickness and disability benefits offered some support to workers in formal employment directly affected by COVID-19. Pension scheme contribution 'holidays' reduced the burden on employers while emergency withdrawals from individual retirement plans were introduced against the wishes of pension fund managers. Social assistance transfers continued to support low-income groups and were supplemented by time-limited emergency transfers to vulnerable

workers and their households. The social assistance infrastructure – design, beneficiary selection and payment – greatly facilitated governments’ responses to the pandemic.

NOTES

- 1 The Social Assistance in Low and Middle Income Countries Dataset (SALMIC) used in the paper was supported by the Economic and Social Research Council of the United Kingdom [ES/N014561/1].
- 2 Research on social protection in the region is extensive. Regrettably, space constraints prevent me for crediting this research in full. The shortcomings of social protection in the region have ensured that research and policy debates on social protection in the region share a dominant focus on reforms. Instead, this chapter primarily discusses diagnosis.
- 3 This chapter does not cover health insurance schemes as it would require a full paper. See Cotlear et al. (2015).
- 4 See Table 5.1 for countries’ current pension scheme design. The World Bank became an ardent advocate of individual retirement accounts, subsequently helping transfer know-how on pension reform to the countries of the former Soviet Union (Gill et al. 2004).
- 5 They are also referred to in the literature as formal or contributory pension schemes.
- 6 Countries with only defined contribution schemes may have defined benefit schemes for privileged groups of workers. Chile has a defined benefit pension scheme for members of the Police and Armed Forces. When individual retirement plans were introduced in 1981, the military government preserved the occupational pension schemes for them. Chile’s and Mexico’s old defined benefit pension scheme are closed to new entrants, but remain in place.
- 7 Simulations in Altamirano Montoya et al. (2018) that assume 100 per cent contribution density for the average worker suggest replacement rates of 64.7 per cent on average for defined benefit schemes and 39.8 per cent for defined contribution schemes.
- 8 No country in the region has achieved Nordic universalism in their pension provision. The latter requires that all participants are in the same scheme under the same rules. Bismarckian stratification has proved hard to undo.
- 9 In the literature, they are also described as social pensions or, perhaps misleadingly, as non-contributory pensions.
- 10 The incidence of disability rises steeply in late age. It therefore makes sense to combine old age and disability transfers.
- 11 Conditional income transfers are around 20 per cent of participant household income. Cecchini and Atuesta (2017) calculate that they deliver around USD 150 per person per year on average for the region. Arenas de Mesa (2019) estimates that old age transfers are around 17.7 per cent of gross domestic product (GDP) per capita on average for the region.
- 12 This applies to old age and disability transfer, too.
- 13 Led by Nora Lustig since 2008, the Commitment to Equity (CEQ) project is an initiative of the Center for Inter-American Policy and Research (CIPR) and the Department of Economics, Tulane University, the Center for Global Development and the Inter-American Dialogue. The CEQ project is housed in the Commitment to Equity Institute at Tulane.
- 14 Note that the values in Table 5.3 provide a measure of the effects of social protection on aggregate economy indicators in the cross section. Impact evaluations of conditional income transfers focus on effects on the population captured in the evaluation survey sample. The issues raised at the beginning of the last section regarding household survey data apply here.

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6. Social protection in Africa¹

Renata Nowak-Garmer

Social protection entered the discourse and practice of contemporary international development as a policy of choice for addressing poverty and vulnerability in the last decade of the twentieth century. Its popularity has arisen from the well-documented experiences of Bolsa Familia, Opportunidades and other conditional cash transfer programmes of Latin American countries that have shown positive outcomes on several dimensions of human development (see Chapter 5).² The diffusion of social protection across the global South has accelerated with the adoption of Agenda 2030 with its sustainable development goals (SDGs) in 2015, where it has its own target relating to the end of poverty (SDG 1.3) and is designated as a key contributor to several other SDGs (UN 2015).³ It also has a chief role to play in addressing horizontal group-based inequalities by prioritising development programmes for the vulnerable and marginalised groups in line with the ‘Leave no one behind’ promise of Agenda 2030 (UN 2015).

In the past two decades, social protection and, particularly, social assistance – mostly in the form of cash transfers – have grown deeper roots in Africa.⁴ Yet, while social protection policy is growing in importance in the region, it is still a relatively new addition to the institutional architecture of governments, except for countries in southern and eastern Africa. In general, despite these positive developments, social protection programmes are fraught with gaps in coverage, breadth and quality of services offered, and with generally low capacities of state institutions to deliver them. In many cases, people rely on their family networks, kinship or mutual support groups, community-based organisations, or other non-state social protection providers in times of need.

This chapter provides an analytical overview of social protection policy and practice in Africa and its evolution over the last decades. It concentrates on social assistance because the other two pillars of social protection – social insurance and labour market policies – are limited. Likewise, even though access to healthcare is considered part of social protection in some frameworks (notably in the International Labour Organization’s Social Protection Floor), this is discussed only in a cursory manner as health constitutes a discrete area of social policy outside of the purview of the national institutions tasked with social protection.

The chapter first presents different conceptual approaches to, and definitions of, social protection in Africa and traces the incongruity of the European model of the welfare state in the African context. It then distinguishes five stages in the development of social protection policy on the continent, from precolonial times until the contemporary phase. The third section of the chapter provides a thick description of contemporary institutions of social assistance with regard to norms, strategies and rules. A short conclusion closes the chapter.

CONCEPTUAL FRAMING OF SOCIAL PROTECTION IN AFRICA

Theoretical and conceptual approaches ascribe a variety of policy objectives to social protection in the context of the global South. They range from risk management introduced in the late 1990s (World Bank 1999) to reducing poverty and vulnerability during all stages of life experienced by different groups and as a matter of a right, as, for example, in several United Nations (UN) frameworks.⁵ Broader views on the objectives of social protection point to its complementary role in human capital and asset accumulation, in socio-economic empowerment and, thus, in fostering inclusive growth (for example, Barrientos 2012; Mathers and Slater 2014; OECD 2019). In a concept of transformative social protection, policies and programmes serve as an ‘equaliser’ in unequal societies in pursuit of social justice (Devereux and Sabates-Wheeler 2004). Whereas it is commonly understood that provision of social protection is the responsibility of the state, some definitions contain reference to non-state or private actors (for example in the concept of transformative social protection and in several African policy documents). These main conceptual understandings of social protection – social risk management, and rights-based and transformative social protection – resonate in different ways with how regional and national policy documents across the region define and delineate the term.

BOX 6.1 CONCEPTUAL FRAMEWORKS OF SOCIAL PROTECTION IN AFRICA AT A REGIONAL LEVEL

The African Union’s social policy framework defines social protection as ‘responses by the state and society to protect citizens from risks, vulnerabilities and deprivations’ so as ‘to ensure minimum standards of well-being’ (AU 2008, p. 9). The framework further notes, ‘social protection has multiple beneficial impacts on national economies, and is essential to build human capital, break the intergenerational poverty cycle and reduce the growing inequalities that constrain Africa’s economic and social development’ (AU 2008, p. 16). Social protection interventions include social welfare (understood as social assistance), social security, access to stable income as well as access to education and healthcare (AU 2008).

The additional protocol to the African Charter on Human and Peoples’ Rights on the Rights of Citizens to Social Protection and Social Security refers to social protection as ‘public and private, or to mixed public and private measures designed to protect individuals against life cycle crises that curtail their capacity to meet their needs, and includes all forms of social security, and strategies and programmes aimed at supporting and ensuring a minimum standard of livelihood and access to essential social health services and care for all people’ (AU 2020, p. 3).

Subregional groupings conceptualise social protection in a similar way. The Southern African Development Community defines social protection as encompassing ‘social security and social services, as well as developmental social welfare’, ‘to protect individuals against life cycle crises that curtail their capacity to meet their needs’ (SADC 2008, p. 1). The East African Community refers to social protection as ‘a set of public policies, programmes and systems that help poor and vulnerable individuals and households to reduce their economic and social vulnerabilities, improve their ability to cope with risks and shocks and enhance their human rights and social status’ (EAC 2016, p. 7).

The objectives of social protection are contained in national social protection policies or strategies that countries have produced in recent years. They are to alleviate poverty, reduce vulnerabilities and food insecurity, manage economic and social risks, and, in some instances, ensure pro-poor access to social services, especially health and education. In a few instances, social protection is also seen as a means to address inequalities, for example in the Democratic Republic of the Congo (DRC 2016), Niger (Niger 2011) and Zimbabwe (2016).

African Social Protection Systems vs European Welfare State Models

The European welfare state model is a dominant reference in policymaking and literature on social protection in the global South. In this model, social protection is delivered through social insurance, social assistance, labour market interventions and social services. Social protection is an integral part of the country's social policy, alongside universal access to health, education and other services. From the perspective of the contemporary social protection systems in Africa, this model is inadequate for three reasons.

First, social protection in the European welfare state model is predicated on highly regulated labour markets whereby workers and their families are covered by social insurance attached to the formal employment contract. Social insurance emerged in the industrialisation and urbanisation processes, during which organised labour exerted pressure on employers and the state to protect workers from increased risk to injury in factories. Workers' injury compensation, unemployment benefits and pensions originated in these developments, with additional benefits (maternity leave, sick leave) added as part of modern social insurance systems. Mandatory contributory social insurance is the main social protection instrument; social assistance covers residual poverty and vulnerabilities associated with the inability to work, while labour market policies help transition between periods of inactivity and work.

In African countries, in contrast, social insurance is the least utilised social protection instrument. The high levels of informality of their economies and their agrarian nature means that employment-based social insurance schemes are limited to a small percentage of the workforce. The scale of the problem is massive since up to 85 per cent of all employment in these countries is situated in the informal economy (ILO 2021). Most workers in the informal economy are outside of the state-sponsored social protection, have a limited capacity to manage risks and remain highly vulnerable to poverty (see Chapter 16). Even when social insurance is offered, the level of benefits varies. For example, only 8.9 per cent of workers contribute to pension schemes. Although social assistance dominates in policy and practice, it reaches only 7.1 per cent of the poor and vulnerable persons. In terms of social health schemes, a mere 15.7 per cent of people in Central, East, Southern and West Africa are covered (ILO 2021).

Second, in European-style social welfare systems, social protection is embedded in social policies, whose role is to ensure that essential social services are available to all and are of adequate quality. For the disadvantaged members of society, social and economic inclusion programmes in the form of training, loans, entrepreneurial services, labour activation measures or employment quotas enhance labour market opportunities. Furthermore, social policy is coordinated with economic policy; both influence each other and cannot be separated. Social welfare systems have also been found to foster solidarity between different groups of society, with those paying higher taxes contributing to the well-being of the less fortunate and, thus, to social cohesion. However, in recent years, the social welfare states have come under pressure

because of long-term budgetary concerns, particularly considering their ageing populations and large-scale migrations. It is likely that debates in European welfare states will in future also be shaped by the relationship between social protection and self-employment in the context of increasing levels of informality in employment contracts.

The integration, coordination and complementarity with other social and economic policies has not been a major concern of social protection programming in Africa. Even large-scale national social assistance programmes are being designed and implemented in isolation from other policies and with little coordination within and across individual governments (Adesina 2020a; UNDP 2019). The programmes' original function has been to mitigate the impact of structural adjustment policies; as such, they have typically been considered a transient measure, with fewer incentives for policy coordination and coherence across sectors. This disconnect between social protection and other social policies is increasingly contested, at least in debates and writing (this is also outlined in Chapter 1). In academic literature, Mkandawire (2006, 2010, 2011) and Adesina (2020a, 2020b) underline the transformative role that social policy needs to play in structural and social transformation of African economies, performing productive, protective, reproductive and redistributive functions and facilitating social cohesion and nation building (Adesina 2020b). Social protection within the transformative social policy concept contributes to all these functions, along with other areas that are vital to social development, such as education, health, housing, labour markets and agrarian reform. In the policy realm, the African Union's social policy framework (AU 2008) provides detailed guidance on social development policies and coordination between social policies, including social protection, on the one hand, and economic and developmental policies, on the other. The degree to which this is practised by member states varies, but, generally, social development statistics from the region are lagging.

A third factor that differentiates African from European social welfare systems is the pivotal role that non-state actors play in this area (see chapters 1, 9 and 18). For most people living in African countries, it is the community-based organisations, family and kinship groups or faith-based organisations that are the main providers of *informal* (or non-state) social protection services (MacLean 2017; Awortwi 2018). In addition to in-kind support (social assistance), these mechanisms provide a host of services and products that could be categorised as insurance or social services (for example, loans and savings schemes, micro-insurance, foster and child care, burial support, bereavement services, and others). Remittances help poor households smooth income and consumption, and community networks are sources of social capital that can be leveraged in need (see Chapter 18). Even though support from community structures and extended family and kin fill an important protection gap, public policy does not consider this aspect except for an occasional acknowledgment in policy documents.

Two conclusions might be drawn from these differences. First, the welfare state model practised in Africa offers a limited version of the European-style system due to lack of formal employment (and thus limited social insurance), limited (targeted) social assistance, and a general lack of integration within the broader social and economic policies. Second, an African-specific social protection model should embrace (via expansion of formal social protection) rather than forgo the informal mutual support mechanisms that uphold traditional cultural values of solidarity and community and that will continue to play a major role in the provision of social protection in the foreseeable future.

SOCIAL PROTECTION IN AFRICA IN HISTORICAL PERSPECTIVE

The historical trajectory of social protection systems in African countries provides useful insights for the analysis of the contemporary situation, as historical and political events and processes have, to a lesser or greater degree, influenced the current social protection systems. Five stages can be distinguished in the development of social protection policies and institutions in Africa, from the precolonial until today.

Precolonial Stage

The non-state (or informal) institutions of social protection driven by community and social networks are well covered in the fields of ethnography and anthropology but also increasingly in the policy literature on the region (for example, MacLean 2011, 2017; Awortwi 2018). Traditional forms of protection came from family, charities, religious organisations and semi-formalised institutions such as village granaries and the ‘chief’s fields’ to ensure food reserves for lean times and for those unable to provide for themselves (UNDP 2019). With the spread of Islam, the *zakat* practice to help the less fortunate was introduced. This continues to be practised and in some cases is regulated by the state, as for example in Sudan (MacLean 2011; UNDP 2019).

Colonial Era

Under colonial rule, European welfare state policies were introduced in Africa, but on a very limited scale to cover those who worked for the colonial administration, either as expatriates or locally employed in a formal arrangement (Midgley and Piachaud 2011; Schmitt 2020; Seekings 2013). In eastern and southern Africa, Christian missionaries introduced basic provisions for the poor akin to the church-run charities in Europe. With the extensive presence of the French and British empires in the region, their the social welfare policies became most influential on the continent.

The schemes introduced by the British empire in its colonies were generally more restricted than their equivalents at home. Influenced by the seventeenth-century Poor Law, the emphasis was placed on poverty relief programmes for the older population in the form of food aid, and emergency employment for the rural poor (Schmitt 2020). Low-level government workers had access to basic social protection via provident funds; the expenditure on social insurance versus social assistance was far lower (Seekings 2014). The French colonial administration attempted to replicate the French model of welfare, among other things by enforcing a social insurance regime (*Code du Travail*), in all its African colonies in 1952 but was less favourably inclined toward social assistance (Schmitt 2020).

After gaining independence, former French colonies maintained social insurance regimes, given that the foundations and structures for them were already in place. Former British colonies, however, introduced social assistance programmes at this point. Schmitt (2020) has empirically tested the likelihood of a country taking a certain course in social protection. She found that the probability of a former British colony having a social pension scheme is nearly seven times higher than in countries that had been colonies of other empires. However, African states that had been French colonies have been less inclined to introduce non-contributory

social assistance programmes. This seems to support the theory of ‘path dependence’ on which colonial powers set African countries and that continues until today.

Initial Years of Independence

Independence brought with it a formidable task of nation- and institution-building within boundaries artificially imposed by the colonial powers with no regard for the ethnic realities, which led to increased tensions. In the first years, nationalist leaders used social development policies, such as health, housing and education programmes and subsidies (for example for the agricultural sector), to foster a sense of national unity and social cohesion (Kpessa et al. 2011). Another reason for the introduction of social programmes was the necessity to overcome major underdevelopment of African countries and to propel economic growth. In that sense, social policy programmes were seen as having a transformative role on African societies (Mkandawire 2006, 2010, 2011; Adesina 2020a, 2020b).

The relevance of these measures lies in the emphasis of social policy (and by extension social protection) to achieve development objectives alongside economic policies. But the evolution of social and economic policies, which might have resulted in a more comprehensive African welfare state model, was interrupted by the onset of the neoliberal era, which pushed social policies to the margins.

Neoliberal Era

The global oil crisis of the 1970s resulted in a neoliberal reform agenda that ended the expansion of social policies in Africa. Following the recommendations of the World Bank’s Berg Report (World Bank 1981), structural adjustment programmes were implemented to limit state budgets and thus stem ballooning government deficits and external debt. Many governments did away with subsidies, privatised the provision of social services and introduced user fees for health and education. Protectionist functions of the state were understood to compensate for market failures, giving rise to the social protection concept grounded in social risk management (World Bank 1999). Micro-insurance, weather-based insurance and other schemes were promoted to manage multiple risks (MacLean 2011; Devereux 2020). Simultaneously, this period resulted in a substantive increase in informal social protection schemes, as people turned to family, social networks, kinship circles and community-based organisations for support (MacLean 2017; Awortwi 2018).

Contemporary Social Protection in Africa

The beginning of the contemporary stage of social protection in Africa can be situated roughly at the end of the last millennium. Disenchantment with structural adjustment programmes that had resulted in rising poverty despite economic growth and with globalisation that has produced losers and winners prompted more social spending as counter measure. This stage is represented by the growth of social assistance programmes across the region and the establishment of state institutions dedicated to social protection.

Several contesting narratives in the literature attempt to explain this growth in social protection in the region. One argues that the new prioritisation of social assistance in national social policy was to address state and market failures that had distorted the socio-economic balance

in society, thus rendering it unacceptable (Polanyi 2014; Barrientos 2016), and to deal with the needs and vulnerabilities created by the growing inequalities (De Haan 2014). By ensuring a ‘social minimum’, redistributive policies are an expression of social justice because they help re-establish the socio-economic equilibrium undermined by existing inequalities (Rawls 1971; Barrientos 2016). The growing evidence that social protection can achieve several measurable benefits and help meet national (and global) poverty reduction targets has been a convincing argument for politicians and policymakers to implement social assistance programming at scale and to look to regions where such programmes have been deemed successful (such as Latin America) for inspiration. As such, social assistance is a policy innovation that originated in and is being diffused by the global South (Hanlon et al. 2010).

A second explanation sees the increase in social protection laws, policies, strategies and programmes as an expression of the *domestication* by governments of the numerous global and regional normative frameworks they had signed up to, starting with the 1948 Universal Declaration of Human Rights. Progressive realisation of the right to social protection is not a policy choice but an obligation. Global and international commitments motivated development agencies to support governments in the implementation of international legal obligations to realise the right to social protection.

The third explanation of the spike in social protection policy and practice in African countries is rooted in the argument that social protection was an imported policy (Devereux 2013, 2020; Adesina 2020a; Schmitt 2020). Social protection was brought into Africa with the partial introduction of welfare state policies under colonial rule and continued with humanitarian responses to food security shocks, most recently in the form of cash transfer programmes, which are gradually becoming more systematised and institutionalised. Development agencies have continued to influence and assist the efforts to *institutionalise* the social protection project by providing technical assistance to the elaboration of policies and laws, setting up the social protection architecture (systems, processes, resources, infrastructure, etc.), financing pilot programmes and investing in impact evaluations of such programmes. The Sustainable Development Goal 1.3 (2015) has provided an additional impetus for donor engagement.

The specific decisions taken for a particular policy course might be a confluence of complex internal and external pressures and compromises. Policy decisions might be shaped by external models and influences, especially in countries that face severe budget constraints coupled with high levels of poverty, but they still go through the national policy adaptation process or are resisted if they clash with domestic political economy realities (Chinyoka and Ulriksen 2020; Devereux and Kapingidza 2020).

BUILDING NATIONAL INSTITUTIONS OF SOCIAL PROTECTION

In addition to the growing number of programmes, the contemporary stage of social protection in Africa is marked by the establishment of permanent state institutions responsible for them. Using Ostrom’s (2007) conceptualisation of institutions and drawing on global, regional and national policy frameworks and the database of national social assistance programmes (UNDP 2021),⁶ this section analyses this process from the perspective of norms, strategies and rules. In relation to social protection, *norms* are normative frameworks enacted at the national, continental or global level. *Strategies* provide a blueprint for the implementation of social protection programmes as mandated by a country’s legislative framework. They are supported

by financing that is secured in the national budget to ensure that the vision contained in the policy documents is properly resourced and funding is sustained over time. *Rules* lay out the standard operating procedures, institutional and governance arrangements, and means to put the mandate and strategy into effect – such as physical and institutional infrastructure (ministries, units, human resources, systems, processes, etc.).

Norms

Anchoring social protection in a country's legal framework creates a basis for claiming its provision. Social protection and social assistance make their way into national legislation through the ratification of relevant international legal instruments, the implementation of rights enshrined in the constitutions and, most crucially, the enactment of national laws.

Constitutions of most countries in the region make frequent references to social protection (see Table 6.1); however, it is important to note that such references do not usually materialise in a specific right or programme. Some constitutions refer to the progressive realisation of rights or state that the provision needs to occur within the means of the state. In fact, the constitutional provision regarding social protection is rarely enforceable until enacted in the national legislative frameworks in the form of a social protection law or bill. Only a few countries (Angola, Cabo Verde, Kenya, Mauritius, Mozambique, South Africa) have social protection or social assistance laws while most continue to deliver social assistance on a discretionary basis (UNDP 2019). The most frequent constitutional reference regards access to health and is mentioned in the constitutions of 32 countries, but few social protection policy documents contain references to health. One of the reasons might be that health policy is outside the purview of ministries responsible for social protection. The other most common reference is to a reasonable standard of living, mentioned in 14 cases.

Table 6.1 Reference to social protection in the constitutions of African countries⁷

Type of social protection	Number of countries
Access to healthcare	16
Access to reasonable standard of living	1
Access to healthcare and reasonable standard of living	8
Access to healthcare and food security	3
Access to healthcare, reasonable standard of living and food security	5
Other ¹	15
Total	48

Notes: ¹ 'Other' refers to objectives such as welfare of persons with disability; support for genocide survivors; housing; welfare of older persons; social services for and protection of children; social welfare of all citizens, especially the disadvantaged; eradication of poverty.

Source: Calculations based on the United Nations Development Programme's Social Assistance in Africa Data Platform (UNDP 2021).

At the continental level, all states in Central, East, Southern and West Africa ratified the African Union's African Charter on Human and People's Rights of 1981, which specifies the right to food, health and protection of the family (UNDP 2019). The recently adopted Additional Protocol to the African Charter on Human and Peoples' Rights on the Rights of Citizens to Social Protection and Social Security (AU 2020) still awaits ratification by the required number of countries but will be legally binding once that happens. The Southern

African Development Committee has developed its own legal instrument on social protection, the Southern African Development Community's Code on Social Security (SADC 2008). Other non-binding directives regarding social protection are contained in the African Union's Social Policy Framework for Africa (AU 2008) and in the African Union Agenda 2063 (AU 2013).

International legal instruments that have not been expressed in national legal frameworks are considered 'soft law', thus directives rather than legal obligations. For example, while the right to social protection is established in the Universal Declaration of Human Rights, it is rarely claimed in court proceedings across the continent. This stands in contrast to 'hard laws' (for example, parliamentary bills, codes, laws, executive orders) that can be claimed as a right, though court cases claiming these are rare. Global instruments and guidelines, such as the Social Protection Floors Recommendation (ILO 2012) and the SDG framework, continue to influence the region as countries report on progress to the UN High Level Forum on Sustainable Development.

Strategies

National social protection policies and strategies

Perhaps in no other area as in the elaboration of national policies and strategies is the expansion of social protection in Africa more visible. In 2000, not a single country in the region had a national social protection strategy or policy; by 2017, more than half (27) had one, and by 2020, 31 (UNDP 2021). While this growth is clearly a sign of the institutionalisation of the social protection agenda, the increased number of policies coincides with the greater engagement of development agencies. Many of the strategies draw on the same conceptual framings as social protection (such as a reference to the risk management or to life cycle or rights-based approaches) and use similar language and propose similar social protection instruments. As discussed in the previous section, there is significant debate as to what extent this represents policy transfer and diffusion, policy adoption to local circumstances, 'pollination' by development partners (Devereux 2020) or policy coercion (Adesina 2020a).

The real test lies in the implementation of the adopted strategies within the frame of domestic resources and with adequate institutions, which is often lagging. In several cases the policy document is not officially adopted by parliament and functions as a draft; in other cases, no costed implementation plans are being developed. Scarce domestic resources with regard to other developmental priorities – for example, infrastructure or a preference toward interventions outside of the typical social protection toolbox (such as agricultural subsidies instead of cash transfers) – are most often cited as the reason for the lack of roll-out of social protection strategies.

The chief role of social protection as outlined in national policy documents is to combat poverty and vulnerability and build resilience to shocks (UNDP 2019). The documents pay little attention to social insurance or labour markets and social services, which is reflective of the presence of high levels of informality. Social assistance denotes non-contributory unconditional transfers (in cash or in kind), public works, school feeding schemes, various forms of subsidies, fee waivers for basic social services, child protection services, old age pensions or, as in the case of Ethiopia's national social protection policy, remittances and gifts (Ethiopia 2016). Of the 20 national policy documents that specify the party responsible for social protection, 13 designate public and private actors for this purpose while 7 see it as an exclu-

sively public (or state) task. Chad, Ethiopia, Ghana, Kenya, Mauritania, Niger, Tanzania and Zanzibar also mention *informal* initiatives that deliver social protection (Chad 2015; Ethiopia 2016; Ghana 2015; Kenya 2011; Mauritania 2012; Niger 2011). The acknowledgement of the role of non-state actors in the provision of social protection partially addresses the conceptual gap that has been created through the reliance on the imported social protection model, though generally no specific action follows.

The policy documents identify population groups that should receive social assistance. These may be the ‘poor’, ‘poorest’ or ‘extremely poor people’ (Madagascar 2015) or ‘vulnerable groups’, usually understood as demographic categories such as ‘the youngest, the oldest, the disabled’ (CAR 2012). A few policy documents mention social vulnerability or marginalisation (Lesotho 2014). The Gambia’s social protection policy states the intent to ‘gradually expand [...] access [to social protection] to the entire population’ and to be ‘guided by the principles of the rights-based programming’ (The Gambia 2015, p. 6). Still, except for Mozambique, Zimbabwe and Zambia, the African strategies of and policies on social protection do not refer to the rights-based provision. While gender-specific vulnerabilities and needs during the different stages of a woman’s life are recognised in a significant number of the region’s social protection strategies, few countries follow through with efforts to implement gender-responsive programmes (UN Women 2021).

Financing strategies

Countries in Africa deploy different strategies to finance their social protection programmes. In several countries of southern Africa (for example, Botswana, South Africa, Eswatini, Mauritius), social protection is fully funded from domestic resources, while in other countries donor funding still constitutes a major share of the social protection budget. Overall, domestic financing for this purpose exceeds the overseas development aid coming into the region (UNDP 2019). However, with the average public expenditure of 2.1 per cent of gross domestic product (GDP) excluding health (ILO 2021), the region is greatly lagging behind the global average expenditure of 12.9 per cent of GDP (ILO 2021). In comparison, public expenditure in Asia and the Pacific is 7.5 per cent of GDP; in Latin America and the Caribbean, it is 10.1 per cent (ILO 2021). Furthermore, the International Labour Organization estimates that to reach SDG Targets 1.3 and 3.8 (on health coverage), Africa needs to close an annual financing gap of 8.2 per cent of GDP (ILO 2021). The funding constraints are clearly visible in the average amount countries spend per poor person. When adjusted for poverty figures, social assistance per poor person in Africa averages a mere USD 18 per annum including overhead costs; this figure excludes Mauritius, the Seychelles and South Africa, which are outliers with much more generous social protection systems (UNDP 2021).

Rules

Rules and operating procedures translate the mandated norms and strategies into implementable processes. Capable national institutions, physical and human infrastructure, transparent and consistent processes, and accountability frameworks ensure that social assistance programmes are delivered to the desired populations in a regular, predictable manner, which is crucial for livelihood decisions within households. In addition to the regulatory and financial frameworks discussed above, the following functions are crucial for the administration of social assistance: governance arrangements; coordination and integration across different levels of government

and sectors; selection and identification; administration (targeting, payment systems); management information systems; and monitoring and evaluation (Transform 2017).

Institutional arrangements for the governance and implementation of social protection in Africa range from setting up a dedicated ministry (as in Ghana, Kenya, Madagascar), departments within ministries (mostly within the purview of social and women's affairs), or semi-autonomous agencies (as in Mauritius, Mozambique, the Seychelles, South Africa, Tanzania) to placing the portfolio in the office of the prime minister. In some cases, ministries of finance run specific programmes (for example, social pension in Lesotho) (UNDP 2019). The more powerful the ministry responsible for social protection (for example, the ministry of finance), the higher is social protection located on the national agenda (UNDP 2019). In most cases, governance of social protection and decisions regarding changes to policy and programmes take place at the central level.

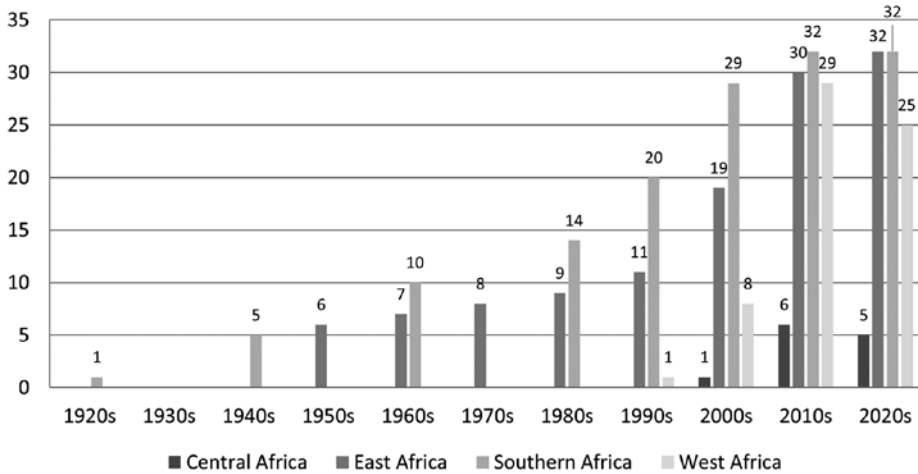
The creation of unified databases or single registries represents an attempt not only to create a reliable management information system to run programmes for vulnerable persons, but also to harmonise different social programmes, including across different levels of the government. However, as already discussed, coordination and integration of social protection within broader social policy and social development frameworks are a major challenge.

National social assistance programmes

In most cases, programmes have preceded the development of policy frameworks, which suggests that they might have been implemented as pilots, often with external financing. There are currently 110 nation-wide social assistance programmes in the region excluding short-term humanitarian interventions (UNDP 2021). The most rapid growth in programmes has occurred in West Africa; only a few programmes are being implemented in Central Africa (see Figure 6.1). Many programmes in southern and eastern Africa long predated the recent wave of increases. Thus, South Africa initiated social pensions already in the 1920s, and similar programmes followed later in Namibia, Botswana and Mauritius, while the first programmes in East Africa began in the 1940s (UNDP 2019).

Social protection is considered an important tool to reduce horizontal inequalities by purposeful inclusion and promotion of groups traditionally left behind. Social protection policies designate children, older persons and persons with disability as vulnerable groups (see Figure 6.2). The group that has the highest coverage by non-contributory transfers is older persons (19.8 per cent) (ILO 2021). Only 6.7 per cent of persons with disabilities and 10.5 per cent of households with children receive a cash benefit, though programmes that target children are most frequent. Given funding constraints, most programmes address dual vulnerability – one associated with income poverty, the other with a specific population group. Consequently, the mixed targeting method is the most frequent way to identify programme participants (in most cases this means poverty assessment and a categorical targeting) (see Figure 6.3). A few countries implement universal pension schemes (Mauritius, Zanzibar/Tanzania, Kenya). Appealing exclusion from a programme or registering a grievance is difficult with underdeveloped redressal and appeals mechanisms (only 14 social assistance programmes featured in the data platform of the United Nations Development Programme allow for appeals) (UNDP 2021).

While in most countries across the region social protection is restricted to citizens or permanent residents, South Africa's system covers refugees and migrants. South Africa is also home to the largest and the smallest social assistance programmes in the region: where the child



Notes: Social assistance includes cash and food transfers and public works. The figure excludes temporary humanitarian-type interventions. The data excludes pilot projects.⁸

Source: Compiled from UNDP (2021).

Figure 6.1 Social assistance programmes operational in Central, East, Southern and West Africa, as in 2010–20, cumulative by start date and region

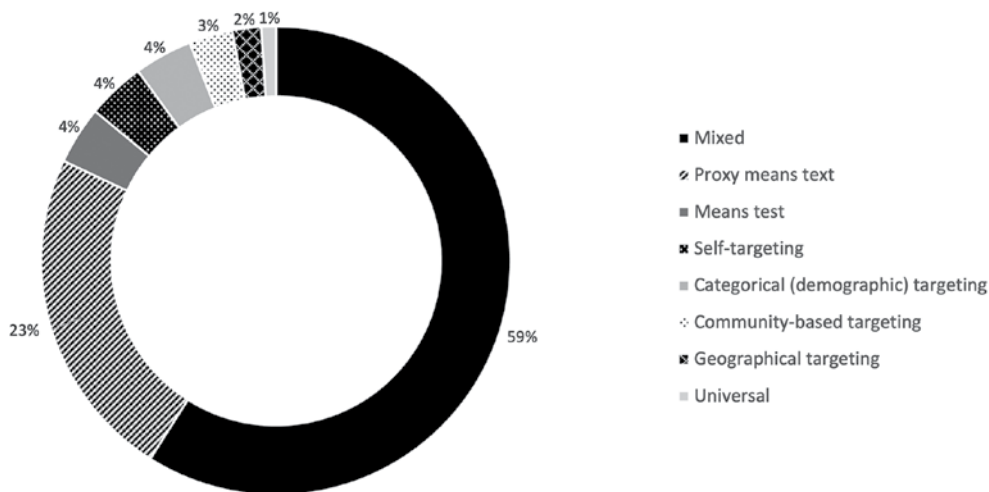
support grant reaches over 12 million children each month and is an example of a rights-based programme, the war veteran's grant goes to a mere 92 recipients as of 2019 (UNDP 2021).

Following emergency food aid programmes introduced in East Africa in the 1990s to counter food insecurity and seasonal food shortages, food transfers were the most frequently used social protection instrument in the past. In recent years preference tilted toward cash transfers, given the advantages associated with this form of transfer, including their positive effects on local markets (see Figure 6.4). Several countries are implementing public works for households with labour capacities (see Chapter 20). So-called productive safety net programmes aim to protect and promote livelihoods either by providing direct cash or food transfers or by providing public works with the resources to build community assets. With the support from donors, Ethiopia, Kenya and Rwanda introduced such programmes in the 2000s (UNDP 2019).



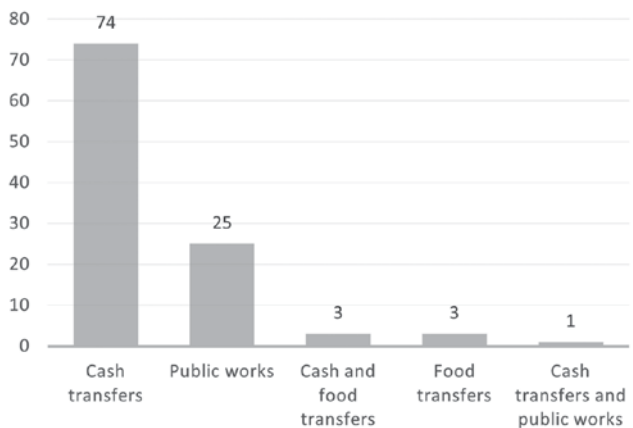
Source: Compiled from UNDP (2021).

Figure 6.2 Target groups in social assistance programmes in Central, East, Southern and West Africa



Source: Compiled from UNDP (2021).

Figure 6.3 *Targeting method in social assistance programmes in Central, East, Southern and West Africa*



Source: Compiled from UNDP (2021).

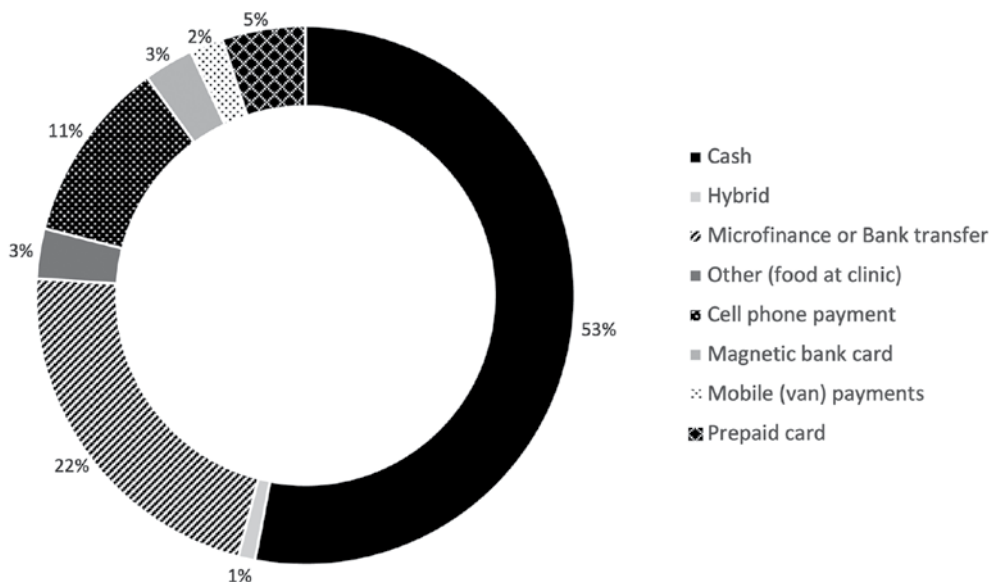
Figure 6.4 *Type of transfers in social assistance programmes in Central, East, Southern and West Africa*

Apart from innovations such as cash-plus programmes and other economic empowerment efforts directed at recipients of social assistance (as, for example, in the Social Integration and Empowerment Act 2016 of Mauritius [Government of Mauritius 2016]), current programmes rarely incorporate measures that would improve the economic opportunities of their partici-

pants (as through asset accumulations or increased productive capacities) or increase human capital (see chapters 15, 17 and 21). Similarly, there is little evidence that countries are realising the social inclusion ambition of social protection, though a few strive to change that, for example, by investing into case management systems or employment quotas for persons with disabilities (as in Mauritius and South Africa). While case management and access to social workers are crucial in this regard, as vulnerabilities can be highly personalised, the social work field is highly underdeveloped across the region. In Tanzania, for example, there are only 1.3 social workers per 100 000 inhabitants, while South Africa, which has the greatest number of social workers in the region, has 16.3 (UNDP 2019).

About 50 per cent of assistance is still delivered in cash. This is concerning given the additional intention that social protection promote financial inclusion. The hybrid method featured in Figure 6.5 consists of either cash or bank transfers. The most recent leapfrogging to large-scale mobile and digital payments to previously not registered persons during the COVID-19 response suggests that these payment methods will gain in relevance in the near future.

Because transfer amounts are small, their core purpose is consumption smoothing and poverty alleviation. The programmes are less effective in keeping people out of poverty, in promoting productive inclusion or in assisting communities deal with covariate shocks.



Source: Compiled from UNDP (2021).

Figure 6.5 Delivery method of social assistance in Central, East, Southern and West Africa

CONCLUSIONS

The last two decades have seen a significant rise in social protection programmes in Africa. Unlike in the European welfare state model, social protection policy and practice in the region focus almost exclusively on social assistance to the neglect of other functions of social protection, such as transformation or economic empowerment. Moreover, due to highly unregulated labour markets, most workers are outside of state-sponsored insurance structures.

The examination of the emerging institutions of social assistance leads to a mixed picture. The normative frameworks (*norms*) exist at the global and regional levels but have not yet been incorporated into national legislature; as such, the right to social protection is not claimable, which makes the programmes vulnerable to regime or policy change. Most African countries have adopted national social protection *strategies*, but many of them have no specific implementation plans, notably sustainable public financing. More and more governments establish social protection ministries and government units, increase human resources and institute processes, systems and standard operating procedures (*rules*). However, apart from a few countries that have more mature social protection systems, most grapple with weak organisational capacities to deliver social assistance programmes.

More deliberate efforts are needed to embed social protection in social policies and to coordinate them with economic and developmental policies so that social protection can facilitate social and economic transformation and sustained poverty reduction for the disadvantaged populations. Finally, social protection policy in Africa should not only recognise a complex web of support that community organisations and *informal* groupings offer but also work toward building a platform between the state and non-state providers of social protection. This could well result in new Africa-specific welfare state models that also recognise and respect the unique cultural, historical and developmental circumstances of the region.

NOTES

- 1 This chapter refers to all African regions (Central Africa, East Africa, Southern Africa, West Africa) excluding North Africa. I thank the peer reviewers appointed by the University of Johannesburg and Shivani Nayyar, former Policy Specialist, Bureau for Policy and Programme Support at the United Nations Development Programme.
- 2 Cash transfers (including conditional cash transfers) were first introduced in Latin American countries and within two decades had spread around the world.
- 3 Social protection features in the following SDGs: SDG 1 to eradicate extreme poverty, with its target 1.3. to 'implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable'; SDG 5 in support of gender equality; SDG 8 to promote decent work and inclusive growth; and SDG 10 as a policy instrument to address income inequality. Social protection is also a pillar of decent work and functions as a tool to make growth more inclusive and thus relevant to Goal 8.
- 4 In this chapter, social assistance refers to 'non-emergency, regular and predictable transfers (conditional and unconditional), either in cash or in kind, designed to cover the needs of individuals or households living in poverty and/or in a state of vulnerability. Social assistance is publicly funded (either through public revenues, aid or loans)' (UNDP 2019, p. 19).
- 5 The right to social protection is enshrined in the several UN frameworks, beginning with the Universal Declaration of Human Rights of 1948. Several UN agencies make explicit reference to social protection being a right in the way they define social protection, as, for example, the Food and Agriculture Organization, the International Labour Organization, the United Nations High

- Commissioner for Refugees, the United Nations Development Programme and the United Nations Children's Fund).
- 6 This section draws on the findings of the research and database project on social assistance in African countries (UNDP 2021, accessed in 2019). The project analysed over 100 social assistance programmes, policy documents, laws and constitutions in all 55 countries in Africa. It built a comprehensive dataset containing information on all aspects of social assistance – legal frameworks, delivery indicators (targeting criteria, payment methods, transfer amounts), financing, and institutional and governance arrangements (UNDP 2019b).
 - 7 Constitutions use different terms for social protection, including 'social security', 'social protection', 'social welfare' and/or 'social assistance'.
 - 8 The African Union distinguishes the following four regions: Central Africa (Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Equatorial Guinea, Gabon, Republic of the Congo, Sao Tome and Principe); East Africa (Comoros, Djibouti, Eritrea, Ethiopia, Kenya, Madagascar, Mauritius, Rwanda, the Seychelles, Somalia, South Sudan, Sudan, Tanzania, Uganda); Southern Africa (Angola, Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe); West Africa (Benin, Burkina Faso, Cabo Verde, Cote d'Ivoire, Gambia, Ghana, Guinea-Bissau, Liberia, Mali, Niger, Nigeria Senegal, Sierra Leone, Togo).

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7. Social protection in Southeast Asia

Charles Knox-Vydmanov and Nuno Cunha

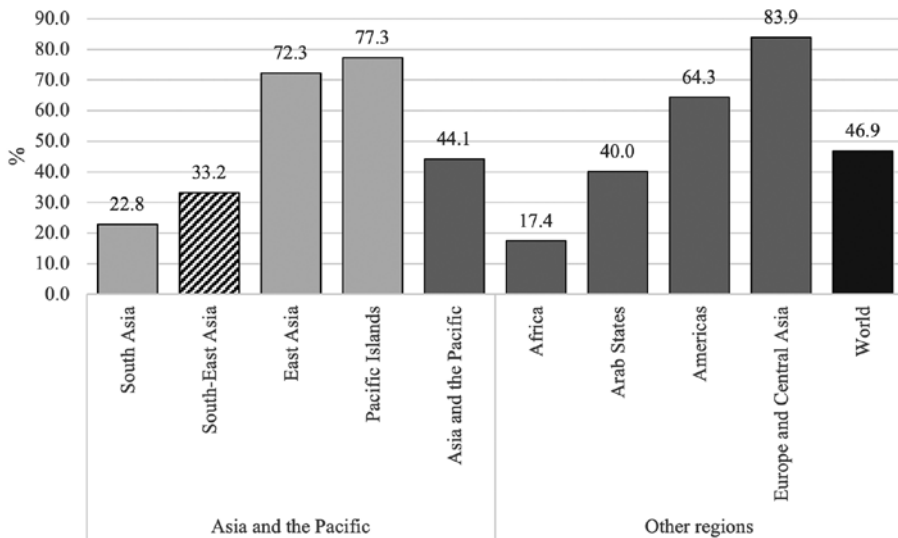
The Southeast Asia region provides a particularly relevant case study with regard to the linkage between social protection and wider socio-economic development (see Chapter 1). Countries across the region are often looked to as models of rapid economic development. However, this has been associated with various changes that point to a growing need for social protection, including changes in family structures and labour markets that have exposed individuals and families to new kinds of economic risks. Most countries also confront potentially increasing inequality associated with such rapid economic development (UNESCAP and ILO 2020). In theory, economic development should also provide a relatively positive context for generating domestic revenues to finance social protection, be they from taxes, contributions or other revenues.

Nevertheless, social protection systems in Southeast Asia continue to play a relatively limited role. With the exception of a few countries, the majority of the population is not covered by any form of social protection. Even where levels of coverage are higher, benefits are commonly inadequate. Social protection expenditure in the region also remains low. While there have been some positive moves to expand social protection – particularly in the immediate response to the COVID-19 crisis – these initiatives have not significantly changed this picture. In this context, most people continue to rely on informal family and community support networks for protection against risks faced throughout their lives.

This chapter seeks to explore key reasons for the limited coverage and adequacy of social protection in the region, and how countries might go about better adapting their systems to current and future realities. In this sense, the analysis seeks to contribute to a better understanding of the disjuncture between relatively strong economic development and limited social protection. The analysis in this chapter focuses on five countries in the Southeast Asia region: Indonesia, Malaysia, the Philippines, Thailand and Viet Nam. This subregion was chosen as it has seen some of the most notable examples of rapid economic development in recent decades with significant gaps in the coverage and adequacy of social protection. The chapter begins by providing a brief overview of the coverage and adequacy of social protection systems in the wider region, locating Southeast Asia within this. It then identifies and explores two core drivers of this limited coverage and adequacy: limited investment in social protection linked to prominent economic development models and poor adaptation of systems to the realities of the labour market and vulnerability across the population. The chapter concludes by outlining key strands of what can be considered a rethinking of social protection, which could significantly improve the effectiveness of systems to current and future realities. Overall, much of the chapter draws on data from before the COVID-19 crisis, which describes the more established components of social protection systems and performance in ‘normal times’. However, the chapter also considers the specific social protection response to COVID-19.

THE STATE OF SOCIAL PROTECTION SYSTEMS IN SOUTHEAST ASIA

Despite some recent positive developments, only a third of the population in Southeast Asia has any access to social protection. Figure 7.1 presents data from the International Labour Organization's (ILO) World Social Protection Database that indicates the proportion of people with access to at least one social protection benefit, by region. Overall, only 33 per cent of the population of the Southeast Asia region are estimated to have access to at least one benefit. This is lower than both the average for Asia and the Pacific as a whole (44 per cent) and the global average (47 per cent). It is significantly below averages for the Americas, Europe and Central Asia. Coverage in Southeast Asia is considerably lower than in East Asia and the Pacific Islands, and only slightly higher than in South Asia.



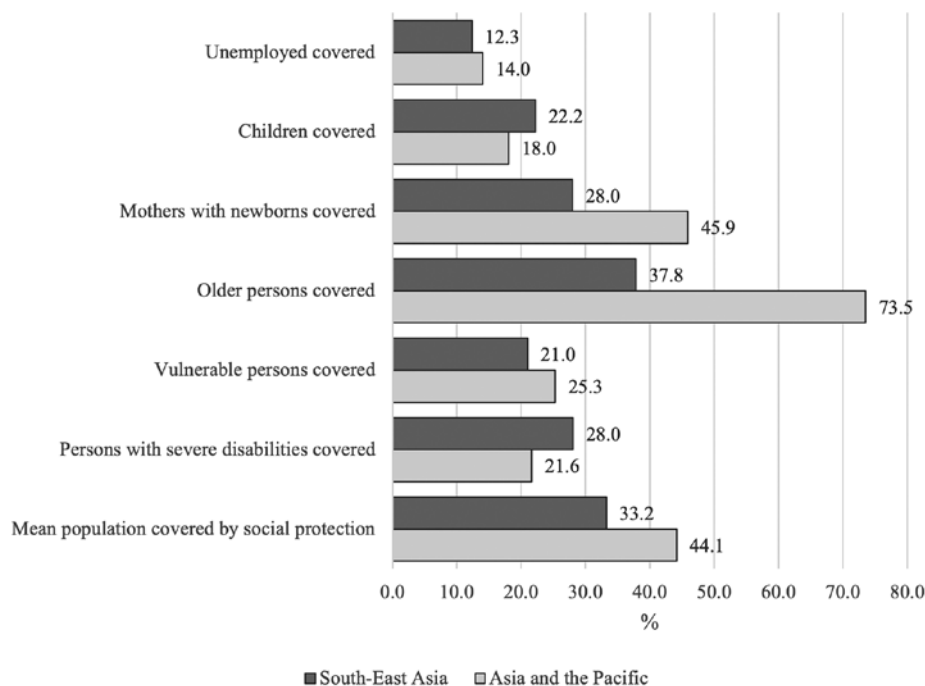
Notes: The aggregate indicator measures the proportion of the population protected in at least one area of social protection, excluding health, which is a core indicator of progress for Sustainable Development Goal Target 1.3.

Source: Compiled from ILO (2022b).

Figure 7.1 Proportion of the population protected in at least one area of social protection (excluding health) by region, latest available year

The proportion of people with access to what can be considered a comprehensive package of social protection benefits is substantially lower. While Figure 7.1 indicates those with access to at least one social protection benefit, far fewer people have access to a full range of benefits that address life cycle contingencies (sometimes referred to as life cycle risks). Figure 7.2 shows the proportion of people covered by different kinds of social protection benefits, for both Southeast Asia and the wider Asia-Pacific region. In Southeast Asia, coverage varies from 12 per cent for unemployment (the share of unemployed people receiving an unem-

ployment benefit) to 38 per cent for old age pensions (the proportion of the population over statutory retirement age receiving a pension). In all cases apart from pensions, less than a third of the relevant group is receiving a social protection benefit. For most contingencies, the coverage is lower than the regional average for Asia and the Pacific, with the biggest difference in the areas of maternity benefits and old age pensions. For children and persons with disabilities, coverage is slightly higher in Southeast Asia.

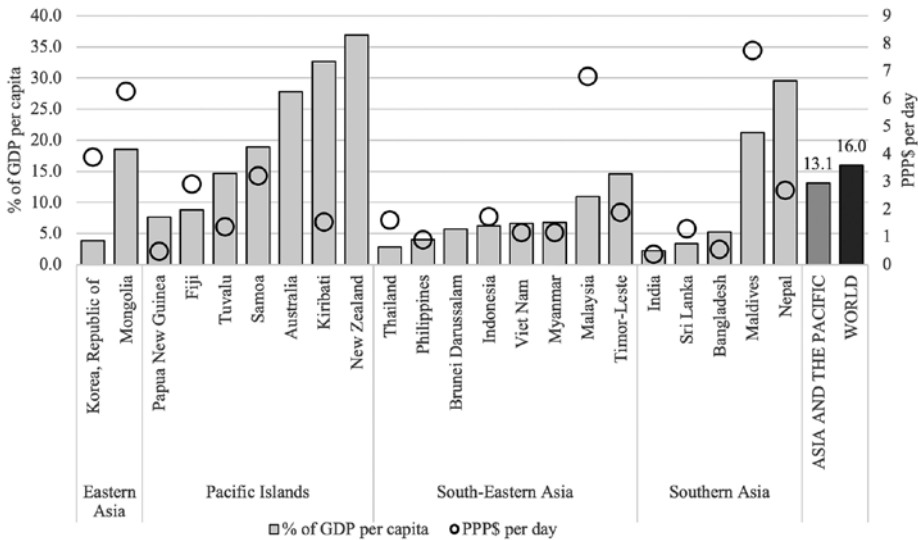


Source: Compiled from ILO (2022b).

Figure 7.2 Effective coverage of social protection by contingency

Indicators of adequacy also point to significant shortfalls in social protection systems in Southeast Asia. Data on adequacy of social protection benefits is much less readily available than that relating to coverage, and comparative analysis of adequacy is more complex. Nevertheless, available indicators point to major gaps in adequacy that may be more acute in the Southeast Asia region. One relevant example is the benefit level of non-contributory social pensions, which have become increasingly common in recent years (HelpAge International 2020). Figure 7.3 shows the benefit levels relative to gross domestic product (GDP) per capita and in international dollars, indicating that the regional average benefit level for the region (at 13 per cent of GDP per capita) is below the global average (16 per cent). Within Southeast Asia, benefit levels are consistently low, with none exceeding the global average as a per cent of GDP per capita. Notably Nepal, one of the lowest income countries in Asia and the Pacific,

has a benefit level significantly higher than in any other Southeast Asian country (as a share of GDP per capita). The benefit level is also higher in absolute terms (international dollars) with the exception of Malaysia. Benefit levels for contributory schemes are also commonly inadequate across the region. An issue for workers with short contribution histories within social insurance schemes, or for members of provident funds, is that benefits are often provided in the form of lump sums that are commonly insufficient to provide predictable income security beyond a few years.



Source: Compiled from HelpAge International (2018).

Figure 7.3 Benefit levels from non-contributory old age pensions, share of gross domestic product per capita, and purchasing power parity (USD per day)

KEY DRIVERS OF SOCIAL PROTECTION GAPS

This section considers what are some of the key drivers of the significant gaps in social protection coverage and adequacy in Southeast Asia. It identifies two overarching drivers: first, that the lack of investment in social protection is strongly linked to prevailing models of economic development; second, that schemes are poorly adapted to the realities across the region, not least those related to the labour market.

The discussion focuses on five of the eleven countries in the region: Indonesia, Malaysia, the Philippines, Thailand and Viet Nam. The rationale for this country focus is to explore the question of why social protection systems remain relatively residual in middle-income countries that have experienced relatively strong economic growth in recent decades. As such, it explores one particular dimension relating to the broader concern of this book with the relationship between social protection and social development. The country selection follows an approach developed for the analysis of old age social protection policy in the region (Scholz and Cunha 2020), which considers factors relating to the labour market, the broader level of

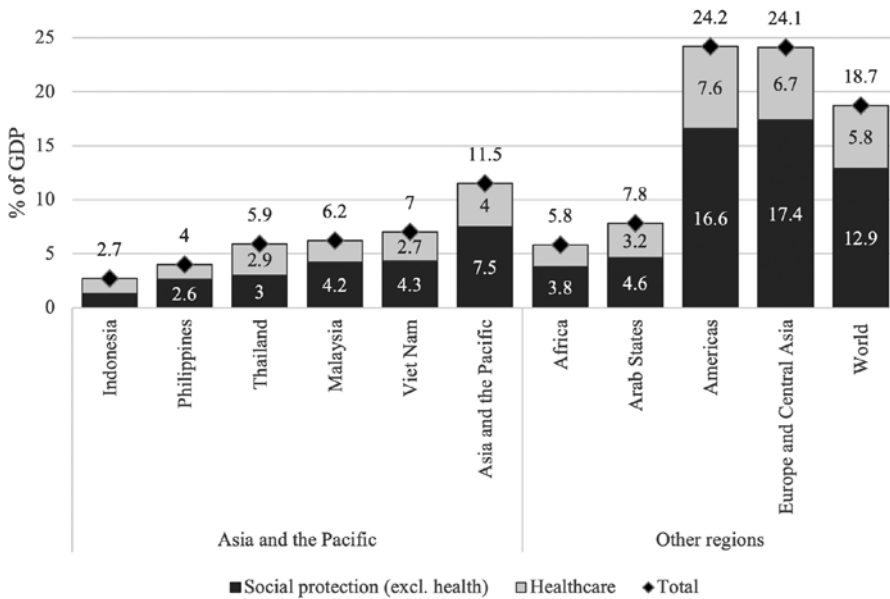
economic development and social protection institutions. This excludes countries with the lowest GDP per capita and those with the largest sectors working in agriculture, which also tend to be countries taking only the first steps in the establishment of social protection institutions. The selection also excludes the region's two high-income countries, Brunei Darussalam and Singapore. The approach does not mean that the authors consider the lower-income countries to not have potential to expand coverage.

Lack of Investment and Prevailing Development Models

Low social protection expenditure is a core factor in the limited coverage and adequacy of the systems described above (see Chapter 11). As Figure 7.4 shows, levels of social protection expenditure in the five focus countries are significantly lower than the regional average. When including health, social protection expenditure ranges from 2.7 per cent of GDP in Indonesia to 7 per cent in Viet Nam, significantly below the average of 11.5 per cent for the Asia and Pacific region. In a global context, levels of expenditure in the focus countries lie in a similar range to regional averages in Africa and the Arab States, and significantly below the average expenditure of around 24 per cent of GDP in the Americas, Europe and Central Asia. Expenditure on social protection excluding health (encompassing spending on contributory and non-contributory schemes) ranges from 1.3 per cent to 4.3 per cent of GDP in the focus countries, and displays similar patterns compared to other countries and regions when including health. It is also worth noting that, in many countries, schemes for public-sector workers constitute a significant share of social protection expenditure. While such schemes have an important function, it implies that the level of expenditure relating to the vast majority of the population outside the public sector may be significantly lower than headline figures imply.

An important factor underlying low levels of social protection expenditure is the low level of government expenditure and revenue overall. Figure 7.5 compares social protection and health expenditure to total government revenue and expenditure for the five countries, and to other Asian economies where social protection expenditure is higher. In general, total levels of revenue and expenditure are lower in the five focus countries than in those with higher social protection and health expenditure. Indonesia presents a case with particularly low levels of government revenue, below the 15 per cent of GDP that has been considered a minimum threshold (or 'tipping point') for acceleration of the processes of growth and development (Gaspar et al. 2016). Low to modest levels of total government revenue and expenditure come despite high rates of economic growth in recent decades. If we consider the average of the three decades before the COVID-19 pandemic (1989–2019), we see that all five countries grew well above the global average of 2.8 per cent, the Philippines with a slower rate of growth of 4.6 per cent and Viet Nam with the fastest of 6.3 per cent.¹

The relatively small size of government overall and limited social protection expenditure can be considered to be linked to predominant development models within the region. There have been various attempts to try to characterise the development models of Southeast Asian countries. These countries have often been described as examples of 'productivist welfare capitalism', which Holliday (2000, p. 709) summarised as a 'growth oriented state and subordination of all aspects of state policy, including social policy, to economic/industrial relations.' This model is associated with relatively low levels of government expenditure, with social policies – to the extent that they exist – primarily focused on health and education, which are considered to provide an investment in economic development (Cook and Pincus

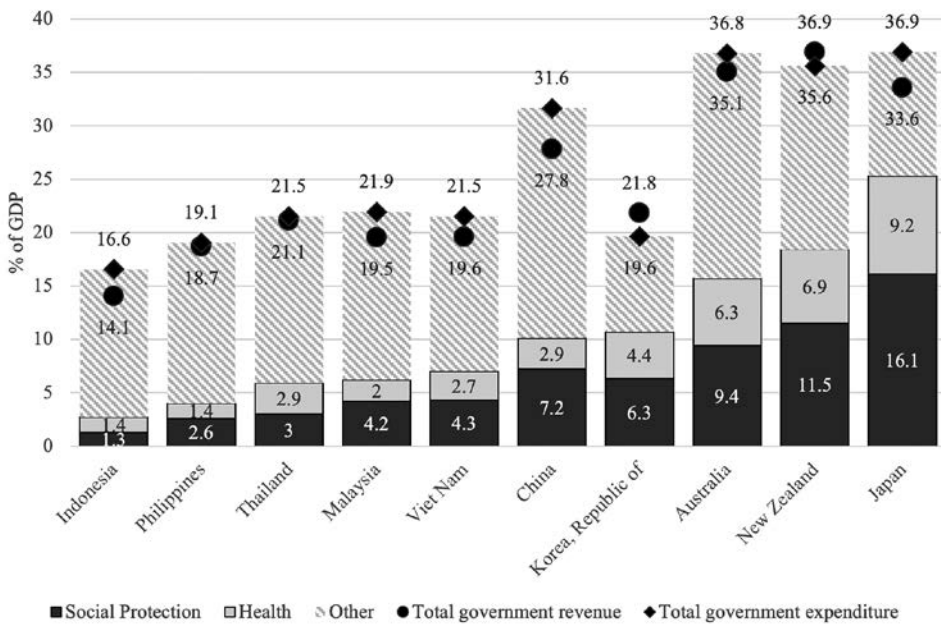


Source: Compiled from ILO (2022b).

Figure 7.4 Social protection expenditure, per cent of GDP, latest available year

2014). Protection from social risks that fall under the domain of social protection systems are primarily considered to be the responsibility of the family, a link that is often explained in terms of traditional family norms (Papadopoulos and Roumpakis 2017). Various critiques have pointed out that the model of productivist welfare capitalism does not take full account of the significant differences between national contexts (Ananta 2012; Cook and Pincus 2014). To an extent, it can also be considered to be imported from East Asian countries, with only a limited application to the specificities of Southeast Asia. Nevertheless, two key characteristics of this model remain dominant across Southeast Asia. First is a clear emphasis on the role of the family and the market to provide welfare to individuals, including market outcomes, as one of the main priorities for government decision-making. Second is the small size of government, which is indicated by data on levels of government expenditure in Figure 7.5. Notably, the share of expenditure allocated to social protection and health also appears to be lower in the five focus countries as compared to the high-income countries of Australia, New Zealand and Japan, where they represent a significant (if not majority) share of total expenditure. The case of Korea, which has commonly been cited as a prime example of productive welfare capitalism, presents an interesting case. While its total government expenditure is relatively low, it allocates a significant share to social protection and health. This might reflect what some scholars have considered as a shift – albeit a partial one – away from productivist welfare capitalism (Kim 2008; Papadopoulos and Roumpakis 2017).

There are some indications that the location of social protection within national development models is changing. Recent years have seen growing concerns in the region about the sustainability of export-led growth models pursued by many countries in the region, which are



Source: Compiled from ILO (2022b) and IMF (2021).

Figure 7.5 Social protection expenditure (latest available year) compared to total revenue and expenditure (2017), per cent of GDP

seen to make economies more vulnerable to external factors and to crises. This was particularly influenced by economic crises in 1997 and 2008 that have highlighted the weaknesses in this model. In response, some countries in the wider Asia-Pacific region have been placing greater emphasis on income-led growth, where domestic consumption plays an increased role in economic development. China and the Republic of Korea, for example, have expanded social protection as part of a wider strategy toward income-led growth, recognising its role in boosting aggregate demand (Gongcheng and Scholz 2019). Indications of this trend in Southeast Asia are less clear, however. The moves toward implementation of social protection schemes in the years before the onset of COVID-19 point to some shift in development models, albeit modest in many cases. Social protection has also become increasingly prominent in national development plans in several countries, including Cambodia and Thailand.

Most recently, the COVID-19 crisis appears to have contributed to a shift in thinking about the function of social protection. While varying in scale, all of the five focus countries put in place social protection measures to protect individuals and households from the COVID-19 crisis, which were unprecedented by historical standards in terms of coverage and – in some cases – expenditure (ILO and UNESCAP 2020; see chapters 25 and 27). Arguably, these responses represented a recognition of both the greater extent of vulnerability to shocks faced by the population than previously acknowledged and the important countercyclical role that social protection plays in response to economic crises. The extent to which these short-term measures will contribute to an increase in expenditure in long-term systems remains unclear,

but they nevertheless suggest a shift in the perception of social protection (ILO and UNESCAP 2020).

Similar changes can be observed in a change of trust in, and shift in the expectations of, government in these countries. Historically, citizens have had limited expectation of support from government regarding social protection. Predominant development models, which deprioritised social spending, may well have stemmed from this limited expectation and a cultural focus on the role of the family, while limited provision may – in turn – have reinforced these expectations. Either way, it appears these perceptions are shifting, as illustrated by the case of old age social protection. Surveys undertaken in the region – including the five focus countries – indicate that while an important share of today’s older people are net recipients of income from their children, a much smaller share of the current working-age population expect the same when they reach old age. Meanwhile, a growing share of the population across the region considers that government should be mostly responsible for providing income for older people. This is the case for around two thirds of respondents in the Philippines, Thailand and Viet Nam, and over 40 per cent in Indonesia and Malaysia (Jackson and Peter 2015). This represents a shift in expectations compared to the current generation of older persons.

Social Protection Systems and Labour Market Realities

The second key driver identified here is that, beyond the question of limited investment, the systems that are in place are not adapted to national social and economic realities. This is particularly the case with respect to the nature of the labour market. This section discusses these issues by describing the historical development of social protection systems, the nature of the labour market in the five countries and the disconnect between social protection and this reality.

The first steps in the creation of what can be considered formal (or ‘institutional’) social protection systems in these countries were made through the launch of contributory schemes. These initially covered only waged workers, often starting with those in the public sector, followed by those in large enterprises and often within specific sectors, with the expansion of the system to small enterprises taking place later. There is notable diversity in the history and nature of these schemes in the five countries. All five have in place contributory social insurance schemes to replace wage earnings against the occurrence of certain risks. The oldest is the Social Security System of the Philippines (created in 1954), followed by Malaysia, while schemes in Thailand, Indonesia and Viet Nam were initiated in the 1990s (ISSA and SSA 2019; Mesa-Lago et al. 2011). Contributory schemes based on social insurance principles in the Philippines, Thailand and Viet Nam cover a broad range of life cycle risks, while those in Indonesia and Malaysia have – until recently – focused on employment injury (ISSA and SSA 2019).² Institutionally, social insurance schemes were mostly created under the tutelage of the ministries in charge of labour relations, which tend to be primarily concerned with workers covered by the provisions of labour law; in many cases the schemes have historically excluded workers such as the self-employed, agricultural workers and domestic workers. Two of the focus countries (Indonesia and Malaysia) seek to address old age income security with mandatory individual savings accounts, following the colonial heritage of provident funds (Kaseke et al. 2011). Since 2015, Indonesia also includes pensions under its social insurance scheme.

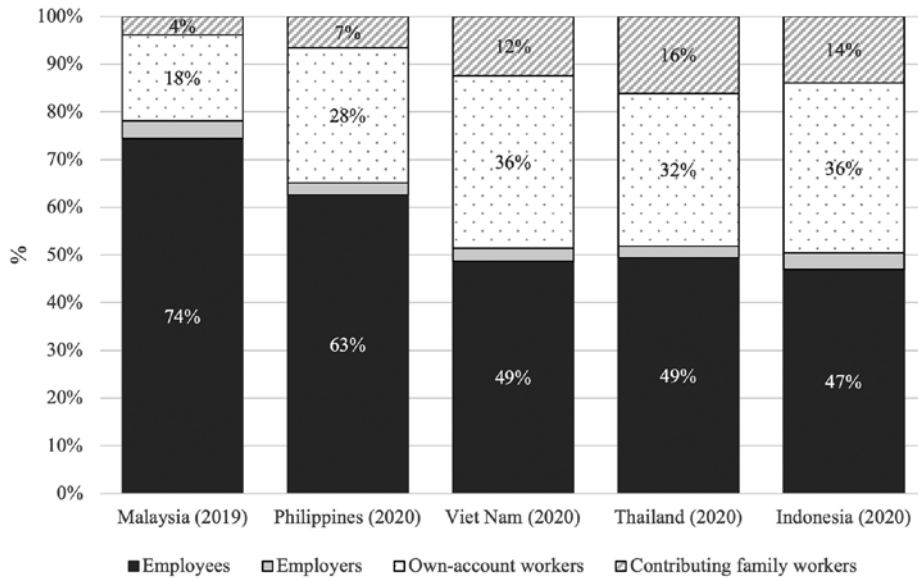
Recent years have seen more countries introducing and extending coverage of non-contributory schemes. Many schemes put in place in recent decades have had a clear focus on

those living in poverty, with examples being conditional cash transfers introduced in Indonesia and the Philippines, and the Social Welfare Card targeted at poor individuals in Thailand. Institutionally, non-contributory schemes are typically under the responsibility of ministries with a mandate to support vulnerable groups; in many cases they have been introduced as a result of initiatives sponsored by donors or development banks under their poverty alleviation portfolio. For example, the role of development partners – and particularly development banks – in influencing the introduction of the conditional cash transfer in the Philippines has been studied in some depth (Béland et al. 2018). In some cases, schemes have targeted life cycle risk (such as old age and disability), but these have also commonly followed a poverty-targeted approach, as in the case of old age social pensions in Malaysia, the Philippines and Viet Nam. There are also cases of more universal non-contributory schemes in place, most notably in the universal tax-financed health schemes in place in Malaysia and Thailand. There have also been moves toward higher coverage in the field of pensions, most notably in the case of Thailand's near universal³ Old Age Allowance (UNESCAP and ILO 2020).

To a large extent, the combination of contributory and non-contributory schemes sustains a logic – which is perhaps implicit – that most workers should be in standard forms of employment with a stable employer–employee relationship. The design of the contributory social insurance schemes was mostly based on the models implemented initially in Europe or higher-income Asian economies – such as Japan – which were designed for labour markets dominated by workers in stable employer–employee relationships. Even if these forms of employment were not the norm when schemes were initiated, there was an expectation that they would gradually become more so. The approach to non-contributory schemes also reflects this logic. The fact that most schemes are targeted at a minority of the population, deemed poor and vulnerable, implies that the majority of the population is in fact in a position of relative economic security. This is married with narratives of supporting recipients of poverty-targeted schemes to ‘graduate’ from poverty, which imply a graduation into a situation with a reasonable level of economic and job security.

In fact, labour markets in the Southeast Asia region are dominated by vulnerable employment. As Figure 7.6 demonstrates, most of the workers in these countries are in what the ILO classifies as vulnerable employment, which aggregates own-account workers and contributing family workers. By contrast, paid employees – the original and still main focus of contributory social insurance schemes – constitute fewer than 50 per cent of workers in three countries (Viet Nam, Thailand and Indonesia). In the Philippines, 34 per cent of workers are in vulnerable employment and, even if better, the figure is still at 22 per cent in Malaysia.

These forms of vulnerable employment have been typically difficult to incorporate within the existing contributory social protection arrangements (see chapters 16 and 20). This is due to factors including modest, irregular and unpredictable incomes; the lack of legal inclusion in social protection schemes; and the fact that workers may need to make the full contribution (including the portion normally covered by an employer). In some cases, these workers are not legally eligible to participate in contributory schemes and, where they are, this is commonly via voluntary schemes that have a limited track record of substantially extending coverage while providing limited levels of protection. As a result, only few workers in vulnerable employment are included in such schemes. In Thailand, just 4 per cent of own-account workers are registered in the social security fund, and only 3 per cent of contributing family workers (ILO 2022a). Viet Nam, which also has a voluntary scheme, presents similar figures with no con-



Source: Compiled from ILOSTAT (2021).

Figure 7.6 Employed population by status in employment, various years

tributing family workers in formal employment and only 12 per cent of own-account workers. Similar numbers are reported for Indonesia (ILO 2018b).

While some countries have seen a gradual fall in levels of vulnerable employment, these trends may be counterbalanced by the emergence of new forms of work. This includes work intermediated by electronic platforms (such as ride-hailing drivers) that are commonly classified as self-employed despite often having what can be considered a dependent employment relationship with the owners of these platforms. Many countries have also seen a growing practice of outsourcing services rather than hiring workers. If anything, with new forms of work, such as jobs intermediated by electronic platforms, the share of workers within that group may be on the increase (ADB 2021). Asia is already the largest source of online crowd workers, especially in software development and technology. The Philippines is among the top five countries in the world providing online workers (ILO 2018a).

Meanwhile, many workers with an employer–employee relationship have work arrangements with high levels of job insecurity. For instance, in Indonesia and Viet Nam around a quarter of paid employees (27 and 23 per cent, respectively) are occasional/daily workers, while fewer than half (43 and 41 per cent) have a written contract. When it comes to job stability, there is a predominance of temporary contracts. In Indonesia and the Philippines, the majority of paid employees have temporary contracts (78 per cent), while in Viet Nam the figure is not much lower (69 per cent). An important portion of workers has multiple jobs (around 20 per cent in Indonesia and Viet Nam). Many workers are also in part-time employment, close to a quarter in Indonesia (23 per cent) and the Philippines (23 per cent), with lower but important portions of workers in Thailand (14 per cent) and Viet Nam (11 per

cent). Another notable dynamic is that wages and salaries are commonly not paid monthly. For instance, fewer than 60 per cent of employees in Indonesia receive a monthly payment; in the Philippines the percentage is only 37, while 45 per cent are paid daily (ILO 2018a). All of these factors mean that most of the contributory social security schemes in these countries leave, by design, an important share of employees effectively out of their range.

Another angle to this insecurity is the large share of workers operating in informal economic units that consist of unregistered and/or small unincorporated household enterprises (definitions based on ICLS 1993). The percentage of workers that develop their activities in these economic units ranges from 45 in Viet Nam to 53 in Indonesia. The size of enterprises is strongly correlated with whether they are located in the informal sector or not. In Southeast Asia, micro, small and medium enterprises represent 97 per cent of all enterprises and 69 per cent of the labour force (ADB 2020). Another relevant indicator – related to the economic unit in which workers operate – is the place of work. For instance, in Viet Nam even among paid employees only 70 per cent work in a fixed office, enterprise, stall or factory, many missing a fixed location.

This picture is also far from static, and people move between different forms of employment over time. A growing body of research has observed how workers transition between employment statuses, including between formal and informal jobs. Analysis of labour market transitions in Viet Nam between 2011 and 2018 found that between 6 and 9 per cent of formal workers transitioned from formal to informal employment from one quarter to the next, while between 3 and 4 per cent of informal workers transitioned to formal employment. Over time, a reduction of transitions out of formal employment and an increase in transitions into formal employment have contributed to a gradual increase in formal employment (Samaniego and Viegelahn 2021). Another study exploring labour market transitions in Thailand over an eight-year period (2002–9) using social security administrative data found that the majority of workers who made contributions to the Social Security Office moved in and out of formal employment. Less than half (38 per cent) were classified as ‘fully formal’, meaning that they did not move between sectors. Also, a significant number of contributors only participated in the social security scheme on a seasonal basis (Wasi et al. 2020). These dynamics present a further challenge for contributory schemes that have generally been designed to accommodate workers with more stable careers.

In sum, it can be argued that ‘non-standard work’ in fact represents the standard form of work in the study countries. Many authors describe the labour market structure presented above as the predominance of non-standard forms of work,⁴ encapsulating in this definition concepts such as self-employed, casual, seasonal, casual and domestic work. What we observe in these five countries is that stable employer–employee relations based on a permanent written contract are in practice the non-standard form of work, while all other forms are indeed the majority or, if one prefers, the standard. This stands in contrast with what was observed for some time in developed countries.

The high levels of vulnerability across the population in these countries are also reflected in poverty analysis. Various studies have found that a significant share of the population lives only a little above the poverty line. In an example from the Philippines, analysis of 2012 data suggested that the ‘middle class’ is primarily found in the top 20 per cent of the population, with around half of the population being considered low income or poor (Albert et al. 2015, p. 201). The dynamism in the labour market is also echoed in movements in and out of poverty over time. For example, analysis in Indonesia has found that only half (48 per cent) of house-

holds with children in the poorest quintile in 2014 were found in the poorest quintile a year later (Kidd and Athias 2020, p. 58).

The situation described above perpetuates what is often called the ‘missing middle’ in social protection systems (see Chapter 4). On the one hand, contributory schemes primarily designed for workers with a stable employer–employee relationship have had limited reach in places where this does not represent the typical form of employment. On the other, non-contributory poverty-targeted schemes only reach a small portion of the broader population and labour force in situations of economic insecurity. The missing middle left out by this configuration is, therefore, formed by those who, while not necessarily poor at a given moment in time, face a high level of vulnerability to shocks that could rapidly change their circumstances.

To a large extent this system architecture can be considered a consequence of prevailing economic models described above. As mentioned earlier, social protection was historically seen as a responsibility of families and businesses and only recently has gained space in policy debates. This helps to explain the relatively limited efforts to extend contributory schemes to a larger share of the labour force, but also the preference for poverty-targeting of non-contributory schemes in order to reduce fiscal requirements. This dynamic has also been amplified by limited trust in government and limited expectation in terms of social protection provision. The framing of these policies primarily in terms of poverty reduction or as part of labour protection policies can be seen to have perpetuated this issue, with minimal explicit linkages with strategies to promote economic growth. Reinforcing this is the fact that there are traditionally no clear or strong links between the work of institutions in charge of social protection (usually ministries with mandates related to labour or welfare) and respective policies and the main economic and macro discussions, which are the responsibility of ministries like those of finance or planning.

This configuration also perpetuates and is further reinforced by a level of institutional fragmentation that creates a barrier to system reform. Having grown from different institutional roots and with very different policy objectives, it is not surprising that most of the schemes have developed in parallel, with limited linkages at the level of design and implementation, and of funding. For instance, even though Thailand has one of the more advanced social protection systems in Southeast Asia in terms of coverage, there have been few efforts in terms of policy consistency or institutional harmonisation of the different schemes (ILO 2021). Viet Nam suffers from a similar problem, with the recently approved master plans on social insurance and social assistance not containing any explicit linkage to each other. Indonesia made some effort with the adoption of a social protection law that is expected to work as an umbrella regulatory framework for all the social protection schemes. Elements of integration between contributory and non-contributory schemes are easier to find in the case of health insurance. In three countries, all individuals are expected to be members of the national social security scheme (the VSS Social Health Insurance in Viet Nam; BPJS Health in Indonesia; and Phil Health in the Philippines), independently of employment status or income level. All three schemes mix a fully contributory component, a component with subsidised contributions, and a fully non-contributory component (UNESCAP and ILO 2020).

Fragmentation also exists between social protection and other areas of public policy, such as taxation, civil registration and business registration. For instance, unlike in other regions, it is rare to find linkages between the efforts to promote the registration/formalisation of economic units with those targeting the registration of workers in social security. Considering that the formalisation of economic units is in many countries a prerequisite for enrolment in social

security, it is not difficult to see how this disconnection limits the potential of increasing social security coverage. Lack of information sharing is also a challenge in many examples. This stands in contrast to what exists for instance in some Latin American countries and in many in Europe. Better collaboration between the social protection sector and other sectors (such as the tax authorities and the ministries of commerce) has the potential to be relevant for the extension of coverage. There are some examples of this in Southeast Asia, but they constitute more the exception than the norm, as for instance the requirement in Malaysia for commercial drivers to be enrolled in social security to be able to get their business licence.

CONSIDERATIONS FOR THE FUTURE

The central question facing social protection systems in Southeast Asia is how they can respond to the dynamics described above, as well as future changes set to affect the region. This chapter has already discussed the changing nature of work, which is contributing to the emergence of new forms of employment and new challenges for social protection systems. But this is not the only major trend confronting systems. Demographic transformations including population ageing, changing family structures (including a shift from extended to nuclear families) and migratory flows place pressure on families and are likely to increase the demand for formal social protection. The region's vulnerability to climate change, natural disasters and other covariate shocks calls for an increased role for social protection in times of crisis, as exemplified in the response to COVID-19. These developments also affect the traditional role of families and communities (mostly rural) in social protection provision, creating a new context for the discussion of the role of social policy and public social protection (UNESCAP and ILO 2020). The experience of COVID-19 – as with previous economic crises in the region – has also drawn attention to the limitations of the productivist model and the need to rethink how social and economic policies relate to each other. This points toward the need for a greater role for social protection in the future but also to the importance of a model that can adapt to current and future realities in a cohesive way.

Based on the challenges above, the authors argue that a rethink of the social protection model is required, with five core features. The first relates to the need for a cohesive conceptualisation of the social protection system focused on protection from life cycle risks. Addressing the fragmented nature of social protection in Southeast Asia involves creating a cohesive conceptualisation of the role of social protection systems. This is an important prerequisite for channelling the activities of the range of stakeholders involved in the system to a shared goal. As it stands, most social protection systems are divided between contributory schemes focused on protection from a set of life cycle risks, on the one hand, and non-contributory schemes often focused on broader agendas of poverty reduction, on the other. There is a strong case for orientating the social protection system as a whole primarily around protection from life cycle risks. An important rationale for this is that a lack of protection from life cycle risks – such as ill health, disability, the death of a breadwinner or old age – present some of the main drivers of poverty and inequality in the region. Indeed, schemes that target 'the poor' (to a large extent) seek to address these risks indirectly. This is not to suggest that social protection schemes targeted more generally at poverty reduction have no place in social protection systems; rather, they are likely to be more effective when catching people who fall through the

gaps of a more comprehensive system built around the different contingencies individuals face during their life cycle (see Chapter 9).

A life cycle approach also helps to define more precisely what social protection is and what it is not. The broad conceptualisation of social protection as programmes addressing poverty and vulnerability holds the danger of blurring the boundaries with other areas of public policy such as labour market, education and broader economic policy. To a large extent, the focus on protection from life cycle risks follows the conceptualisation of social protection within social insurance schemes; here, however, it implies the logic should extend to the whole population and incorporate both contributory and non-contributory schemes, as well as poverty alleviation and an income-smoothing function.

As second core feature we propose the integration of contributory and non-contributory benefits and financing. One advantage of a cohesive life cycle approach is that it creates scope for greater alignment between contributory and non-contributory benefits. This can mark a step away from the current situation where an individual facing a given risk (for example, old age) will typically navigate a separate system depending on whether they are an employee of a formal enterprise (contributory schemes) or self-employed or outside the labour force (often non-contributory schemes targeted at the poor, or voluntary contributory schemes). This is particularly problematic given that people transition between different employment circumstances throughout their lives.

A system anchored in a more cohesive life cycle approach should seek to build an integrated package of contributory and non-contributory benefits and financing that provides protection from a given life cycle risk. Depending on their employment history, individuals may receive one benefit that combines entitlements resulting from their employment-related contributory history, and entitlements accrued in relation to their citizenship and/or residency. Such an approach is particularly relevant for extending coverage to the missing middle, where workers commonly have some level of contributory capacity but also require some level of subsidisation to achieve a minimum level of protection (see Chapter 4). There is a diversity of ways in which such an interaction may be designed, including through overlapping and tapered benefits, or via a blending of benefits within contributory schemes. The mix of approaches may vary according to different life cycle risks; for example, some might have greater emphasis on financing via tax and others on financing via contributions (see Chapter 11).

The third core feature that needs to be considered is adaptation of the system to the realities of a changing labour market. A cohesive social insurance logic that integrates contributory and non-contributory benefits and financing can support systems to adapt better to the realities of the labour market. In many countries a core part of such a process is to move away from the current situation where only a small part of the labour force is within the legal scope of social protection. Instead, all workers would be legally covered by the social protection system. This is not to suggest that all will necessarily be making contributions to social protection schemes at a given moment in time. For example, some might be exempt, based on categories of employment or levels of income, or make lower contributions than others. Nevertheless, within an integrated system, there is significant potential to increase the share of workers that are contributing to social protection schemes. This can involve forms of subsidisation to contributions and benefits for certain groups of workers, as well as improving administrative processes to make systems more accessible. There is already considerable experience in the region of such approaches, although they often exist in isolation from other social protection schemes. Another important factor is to integrate social protection arrangements with broader

government approaches to support transition to the formal economy, for example by linking social protection schemes to processes of business registration and taxation. Independently of the nature of the measures taken, it is essential that the specific characteristics of different categories of workers and businesses are considered, adequately balancing the costs and incentives for formalisation. In this regard, key to success is ensuring that the design of the solution emerges from a process of social dialogue to understand the needs and constraints of different stakeholders.

The fourth core feature is integrated institutional and administrative arrangements. Coherent institutional arrangements are critical to embody an integrated concept of social protection and enable effective implementation of many of the features described above. Institutional fragmentation not only reinforces the conceptual fragmentation of the social protection system but also creates a challenging landscape for individuals to navigate throughout their lives. These considerations point toward the idea of housing both contributory and non-contributory schemes under one roof, which is a tendency in countries with more developed social protection systems. Another approach is to put in place some form of high-level coordination mechanism which seeks to create greater alignment and coherence between policies and programmes across the system. The National Social Protection Council in Cambodia, introduced in 2017, is one example of such an approach (RGC 2017). Mechanisms are also required to support greater coherence with other parts of the social protection system.

Lastly, increased social spending on social protection is essential to fill the significant gaps in coverage and adequacy of systems across the region (see Chapter 11). The strategies above can support this process of securing the necessary revenue from both contributions and general revenues in a couple of important ways. First, greater coherence on the purpose and scope of social protection can help to make the investment case for the system. Second, aligning social protection system development with processes of formalisation supports generation of revenues both from contributions but also from other sources of tax revenues that can increase with a growing formal economy.

In sum, and returning to the starting point for this chapter, countries in the Southeast Asia region have some way to go to transform social protection from a relatively residual to a more central part of their development models. Many countries are increasingly recognising the critical importance of social protection – not just as a short-term response to COVID-19 but to navigate evolving economic, demographic and social challenges over the coming decades. A key part of this ongoing process is to recognise that vulnerability is not a residual issue but affects all people in different ways across their lives. A stronger role for social protection – with adequate investment – will inevitably depend on political will; however, working toward a cohesive and coherent approach to social protection will be a key enabler. A life cycle approach is particularly promising in this context, both in directly tackling drivers of poverty and vulnerability and in its potential to bind together contributory and non-contributory elements of the social protection system.

NOTES

- 1 Calculations based on World Development Indicators (World Bank 2022).
- 2 Both Indonesia and Malaysia recently added unemployment insurance to their main social insurance schemes, while Indonesia has also introduced pensions.

- 3 All Thai citizens aged over 60 are eligible for Thailand's old age allowance, apart from those receiving civil servant pensions and those living in public residential facilities. Analysis suggests that over 80 per cent of the population aged 60 and over receives the benefit (ILO 2022b, p. 29).
- 4 The ILO defined non-standard forms of employment as part-time work; temporary work; temporary agency work and subcontracting; and dependent self-employment or disguised employment relations (ILO 2016).

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8. Social protection systems in MENA: past, present and future

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INTRODUCTION

Writing about what is called the ‘MENA’ region is challenging, for there is no fixed list of countries that belong to this geographical conception. The term, an acronym for ‘Middle East and North Africa’, has been adopted by several international agencies, such as the United Nations Children’s Fund (UNICEF) or the World Bank, but the exact list of countries included varies between them. Some agencies, such as the International Labour Organization (ILO), even separate the ‘Arab Region’ from ‘North Africa’. This chapter uses the term to refer to a total of 20 countries.¹ Even though they are combined into one conceptual region, the included countries are diverse. They span relatively better-off oil-exporting countries, such as those affiliated to the Gulf Cooperation Council (GCC), and countries challenged by years of conflict and humanitarian crisis, such as Libya, Syria and Yemen. Generalisations about the region, therefore, must be taken with care. And yet they are also bound by ethnic, linguistic, cultural, historical, political and/or religious ties and many face similar socio-economic challenges.

Even before the COVID-19 crisis, the region was already facing a serious challenge to its social stability: it is the most unequal region in the world, with the top 10 per cent capturing 56 per cent of the average national income in 2019 (Moshrif 2020). While the extreme poverty rate in the region decreased from 6.6 per cent in 1990 to 2.3 per cent in 2011 (using USD 1.90 per day as marker of the poverty line), by 2018 it had increased sharply again to 7.2 per cent. The conflicts in Syria and Yemen are one of the key explanations for this (World Bank 2020).

Unemployment, especially among the youth and women, and the lack of decent work opportunities remain key areas of concern. The region has the highest unemployment rate in the world (10.6 per cent in 2020) although significant country variations exist; Palestine, with a rate of 27.4 per cent, has the highest (World Bank 2021). Youth unemployment is plaguing the region, with 27.1 per cent of youth aged 15–24 unemployed in 2019 (World Bank 2021). Female youth unemployment was at a staggering 45.1 per cent in 2019, which is more than double the rates in Latin America and the Caribbean. Moreover, female labour participation is historically one of the lowest globally, standing at only 19.8 per cent in 2019 (World Bank 2021).

In the Arab states,² around 68.6 per cent of the total employment is informal. The rates are quite similar in North Africa,³ where informality is at 67.3 per cent. Within the informal labour market, women usually engage in low-paid jobs such as domestic workers, home-based workers or as contributing family workers (ILO 2018). The lack of work opportunities has resulted in large-scale migration – especially within the region to GCC countries – and remittances remain a key source of income.

The MENA region is also the main place of both origin and asylum of most refugees worldwide. It has the second-largest population of internally displaced persons (IDPs). Of approximately 26.4 million refugees and people in refugee-like situations under mandates by the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East in 2020, 53 per cent originated from MENA countries and 38 per cent had found or were seeking asylum in the MENA region. Moreover, of 48 million IDPs worldwide in 2020, 30 per cent were in MENA countries. The long-standing humanitarian crisis in Palestine, the violent civil wars in Syria, Iraq and Yemen, and the conflicts in South Sudan, Somalia and the eastern Democratic Republic of the Congo are critical factors driving the high numbers of forcibly displaced persons in the region (Duclos and Palmer 2020; UNHCR 2021). It is a matter of concern that the main refugee-hosting countries in the region are experiencing deep economic crises (for example, Sudan, Lebanon and Iran).

Given this socio-economic context, the need for comprehensive social protection systems has become too evident to be neglected and has drawn the attention of national, regional and international actors (see Chapter 9). Social protection is defined here as a ‘set of policies and programs aimed at preventing or protecting all people against poverty, vulnerability and social exclusion throughout their life cycles, with a particular emphasis toward vulnerable groups’ (ISPA n.d.). It can be subdivided into three main components: social assistance; social insurance; and labour market policies, such as wage subsidies or labour training programmes (see Chapter 4).

The COVID-19 crisis made clear the need for measures to protect income and livelihoods of those affected by lockdown measures and the general economic downturn, especially the informal sector (see Chapter 25). It shed light on the preparedness and maturity (or lack of) in the region’s social protection systems. In some countries, a more elaborate infrastructure allowed for a relatively rapid scaling up of emergency income support during the crisis. For the first time, countries in the region (such as Morocco, Egypt, Jordan, Iraq and Palestine) paid large-scale emergency benefits to informal workers. Yet the pandemic also highlighted some key gaps, including the limited coverage and adequacy of existing schemes, particularly for rural and informal workers, non-nationals and women. Moreover, programmes often remained fragmented, and many countries lacked a coherent policy coordination framework.

Against this background, this chapter examines the development of social protection systems in the MENA region. It first sets out the developments in social protection after the countries in the region achieved independence in the 1950s and 1960s. The second section describes the countries’ more recent social protection systems until 2020. The third section then provides an overview of the social protection measures implemented in response to the COVID-19 crisis and the main innovations that took place. The chapter concludes with a reflection on the progression of social protection in the MENA region, ending with pointers for more inclusive and comprehensive social protection systems and their linkages to other services and development policies.

SOCIAL PROTECTION SYSTEMS AFTER INDEPENDENCE

In many countries in the region, some form of the social protection schemes established by the former colonial powers remained in place after independence, particularly pension systems

for government and formal-sector workers. In addition, for many years, social protection in the MENA region was mainly based on universal food and energy subsidies, in the 1960s and 1970s often financed through energy and raw material prices. Moreover, most governments provided free public education, healthcare and housing, and public-sector employment. As argued by Loewe and Jawad (2018), this was mainly to guarantee support for their rule as political participation was almost non-existent. Social assistance to those outside the formal labour market was primarily provided through informal (especially family) or religious networks (Jawad 2009).

As populations grew and state revenues fell in the mid-1980s, these policies became a huge financial burden. Most MENA governments started using budgets more strategically, increasingly favouring segments of the population with greater political influence (first the urban middle class in general, later just government employees and entrepreneurs) and neglecting the poorest ones. Loewe and Jawad (2018) describe this shift as one from a 'social' to an 'unsocial' contract. While governments continued to provide social benefits, they focused mainly on the elite. Support from the poorest segments of the population was ensured through the provision of collective security against internal and external threats, often legitimising authoritarian rule. The nature of the Arab State as a 'security state' or an 'overstated state' (Ayubi 2005), with governments focused on maintaining regime security, meant that resources were shifted from development and the provision of quality public services to security spending (Ryan 2014). Most of the demands of the Arab Spring movements called for a better standard of living, social justice and political freedoms ('bread' and 'unemployment' were mentioned in the slogans used in Egypt and Tunisia), showing people's frustration with the inadequate provisions made by the social welfare system.

Although many countries scaled up social protection in response to the 2008 economic crisis and the Arab uprisings in 2011, in recent years governments in the region have been more reluctant to do so in a context of fiscal consolidation, largely due to decreasing government revenues and lower oil prices. As put by Nauk (2017, p. 27): 'Once the need for an immediate response to social unrest was satisfied, increasing budget deficits and fiscal constraints drove governments to introduce reforms and move away from blanket subsidies to more targeted forms of social assistance, which promised to be more efficient and sustainable.' Yet, the objective of inclusive and comprehensive social protection systems and a new and more inclusive social contract remained largely unaccomplished.

In fact, the removal of universal or quasi-universal energy and food subsidy schemes was partially compensated by the introduction of poverty-targeted cash transfers. This was one of the key topics shaping social protection reform in the region. Between 2010 and 2014, Iran, Yemen, Jordan, Morocco, Egypt and Tunisia undertook reforms to reduce or even phase out subsidy schemes. In 2010, Iran introduced one of the largest cash transfer programmes of its kind – through the Targeted Subsidies Reform Act – to compensate for the socio-economic impact of its subsidy reform, reaching almost universal coverage in 2011 (73 million Iranians, almost 99 per cent of the population), though inflation since then has heavily affected the real value of the benefits (Hassanzadeh 2012). In 2014, Egypt launched substantive fossil fuel price reforms and announced the allocation of nearly 50 per cent of the savings accrued from these reforms (USD 3.6 billion) toward healthcare, education and social protection programmes, including its targeted Takaful and Karama cash transfer programme (World Bank 2015). Saudi Arabia has started paying targeted cash transfers to compensate for large-scale subsidy reforms through the Citizen's Account Programme (Capital 2021). While each country has its

context-specific motivations for policy reform, such as IMF loan conditionalities in Jordan (Awad 2017), it can be said in general that the shift toward more targeted transfers was motivated by demands for reduced and more efficient pro-poor spending and by the perception that targeted transfers are fairer than universal benefits.

Zakat is another very particular feature of social protection in the MENA region. As one of the five pillars of Islam, Zakat – the compulsory giving of a portion of one’s wealth to charity – is considered a religious duty for all adult Muslims with a minimum standard of wealth and functions as an important redistribution mechanism. In some countries, Zakat collection is regulated by the state, and its distribution has been merged with social protection systems. In Sudan, the Zakat Fund supported over 3.7 million families with cash transfers and other benefits in 2018 (Bilo et al. 2020). Similarly, in Jordan the National Zakat Fund, together with the National Aid Fund, is an important component of the national social protection system, offering cash transfers to poor people and other vulnerable groups. In some countries, Zakat is integrated in state budgeting and forms all or part of the state budget for social assistance. Saudi Arabia, for example, collects Zakat from individuals and corporations through the General Authority for Taxation and Zakat under the finance ministry and utilises it to fully finance the country’s main cash assistance programme to poor and vulnerable groups. In Kuwait, the finance ministry collects a 1 per cent Zakat tax from all ‘Kuwaiti’ corporations⁴ and reverts it to expenditure on social services and social assistance (Hammad 2022). As an additional source of financing, Zakat has received more attention by national and regional actors, especially in a discussion about increasing fiscal space for more comprehensive social protection systems. Hence, the use of Zakat for social protection remains another important trend to be observed in the region.

Recurrent conflicts and humanitarian crises in the MENA region have shown the limits of the provision of social protection in the region. On the one hand, IDPs may lose access to social protection benefits due to the lack of portability of benefits. On the other hand, refugees, as non-nationals in foreign countries, are generally not eligible for social protection benefits, nor are they legally entitled to work. In a context of protracted crisis this puts pressure on host countries and may negatively affect the relationships between IDPs and local host communities, potentially creating tension. In the face of these humanitarian crises, international organisations such as UNICEF, the World Food Programme and the UNHCR are playing a growing role in providing social assistance to populations in need, in some cases even relying at least partially on pre-crisis national programmes. In Yemen, for example, the Emergency Cash Programme used the beneficiary list of the Social Welfare Fund (Machado et al. 2018).

On the level of macro policy, social protection in most countries of the region remains rather fragmented, suffering from a lack of comprehensive legal frameworks and limited integration and coordination between a multitude of actors and programmes, and especially between social assistance and social insurance. While some countries have established programmes that have links to the health and education sectors (such as the Takaful programme in Egypt or the Programme d’Allocations Scolaires in Tunisia), in general schemes that have programmatic linkages to other sectors or social services remain rather limited. Moreover, many programmes are not yet anchored in law. Bilo and Machado (2018) show that out of 154 non-contributory social protection programmes in the region, only 88 were anchored in a legal framework. A lack of legal entitlements can threaten people’s right to social protection, as schemes are vulnerable to changes in governments’ short-term priorities and political and partisan manipulations.

However, it needs to be noted that countries are increasingly recognising social protection as an integral part of their national development plans, alongside sectors such as education, health and the labour market. For example, in Algeria, Bahrain, Egypt, Lebanon, Qatar and Saudi Arabia, social protection is explicitly mentioned in national development plans or government plans of action. In other countries, such as Iraq, Jordan and Sudan, social protection programmes are part of national poverty reduction plans (Bilo and Machado 2018). More recently, Djibouti, Jordan, Morocco, Libya and Sudan⁵ have developed, or are in the process of developing, specific social protection strategies or policies with the objective to provide a single policy guidance and coordination framework for the sector.

The recent process of anchoring social protection in formally adopted policies and legislation marks an important shift toward the recognition of its importance to the broader social policy development plans (see Chapter 2). It can also be seen as an attempt to streamline and coordinate the many different programmes that fall under the scope of social protection and to improve their linkages to other sectors, such as the labour market, health and education (see Chapter 1).

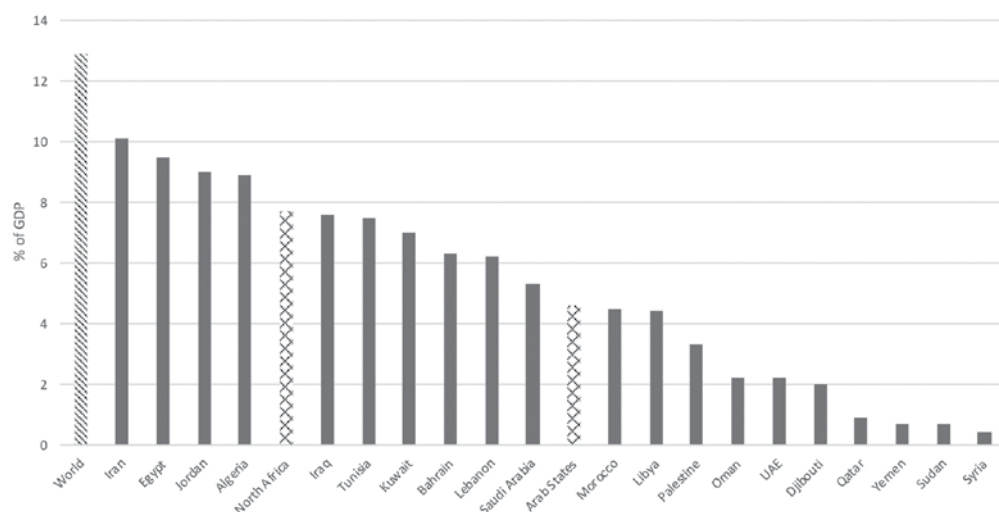
SOCIAL PROTECTION SYSTEMS BEFORE COVID-19

To provide an overview of the status of social protection in the region prior to the COVID-19 crisis, this section draws on international databases and reports that provide comparable figures, including the ILO's World Social Protection Report 2020–22 (ILO 2021b) and the World Bank's Aspire database (World Bank 2022). Data availability in the region has been highlighted as a key concern by these sources as data for many countries is not available or is outdated, particularly for countries facing humanitarian crises.

Expenditure

Before COVID-19, the total expenditure on social protection systems (excluding healthcare and price subsidies) as a percentage of gross domestic product (GDP) was 4.6 per cent for the Arab States and 7.7 per cent for North Africa. Both lay far below the global average of 12.9 per cent (see Figure 8.1). Iran and Egypt had the highest social protection expenditure, reaching 10.1 per cent and 9.5 per cent of GDP, respectively; Qatar, Yemen, Sudan and Syria, however, spent less than 1 per cent of GDP. Even high-income countries in the region such as Qatar, Oman and the United Arab Emirates did not invest much in social protection; their total expenditure on it was below 3 per cent of the GDP.

Table 8.1 shows the expenditure on social protection systems by broad age groups and on health expenditure across the world. Globally, social protection expenditure by age groups is concentrated in benefits for the elderly, on average 7 per cent of GDP (compared to 3.6 per cent of GDP for benefits for the working-age population), and children at 1.1 per cent of GDP. In comparison, social protection expenditure for the elderly in the Arab States, at 3.8 per cent of GDP, is slightly more than half the world average and spending on children is residual at 0.1 per cent of GDP. The latter is particularly worrying since children and young people (0–24 years old) account for nearly half of MENA's population (UNICEF 2019).



Note: AS, Arab States; NA, North Africa; SA, Southern Asia; EA, East Africa; UAE, United Arab Emirates.

Source: Compiled from ILO (2021b).

Figure 8.1 Total expenditure on social protection systems (excluding health) as percentage of GDP, 2020 or latest available year

Coverage

Table 8.2 shows the effective coverage by social protection according to life cycle group for countries with available data in the region. On average, 40 per cent of the population in the Arab States and 33.8 per cent of the population in North Africa are effectively covered by at least one social protection benefit, excluding health insurance. These figures are below the global average of 46.9 per cent; and when compared with other world regions, they lie only above Central, East, Southern and West Africa's 13.7 per cent. As a matter of concern, MENA and Central, East, Southern and West Africa also present coverage rates lower than the world's average for populations such as children, persons with severe disabilities, the unemployed and older persons.

It is important to note that there are also significant differences within the MENA region (see Table 8.2). In Saudi Arabia, for example, 77.8 per cent of the population is covered by at least one social protection benefit, while in Yemen this coverage reaches only 2.8 per cent of the population.

Adequacy

Adequacy broadly refers to the level of (financial) protection that a certain benefit can provide. Evaluating the adequacy of social protection benefits is difficult to do on a regional level, given the lack of data; the analysis of adequacy here is therefore done by comparing the MENA region to other regions on a global level. While the previous section was mainly based

Table 8.1 *Expenditure on social protection systems including floors, by broad age group and health expenditure, as a percentage of GDP, 2020 or latest available year*

ILO region	Country/territory	Expenditure on social protection systems including floors, by broad age group			Domestic general government health expenditure
		Children	Working-age population	Old age	
World		1.1	3.6	7.0	5.8
Arab States		0.1	1.4	3.8	3.2
North Africa		0.2	1.3	5.6	2.4
Arab States	Bahrain	–	1.1	5.2	2.4
	Iran	–	–	6.1	4.0
	Iraq	–	1.1	5.2	2.4
	Jordan	0.1	1.2	7.6	3.8
	Kuwait	0	0.6	6.3	4.4
	Lebanon	0.8	0.2	5.2	4.2
	Oman	0	0.2	2.0	3.6
	Palestine	0	0.6	2.3	–
	Qatar	–	0.1	0.8	1.9
	Saudi Arabia	0	2.0	3.3	4.0
	Syria	–	–	–	–
	UAE	–	1.2	–	2.2
	Yemen	–	0	0.7	–
North Africa	Algeria	0.2	0.8	7.9	4.1
	Egypt	–	2.2	5.4	1.4
	Libya	–	–	–	–
	Morocco	0.1	0.1	2.7	2.1
	Sudan	0	0.7	–	1.0
	Tunisia	–	0.6	6.9	4.2
East Africa	Djibouti	–	0.2	–	1.2

Note: – no data available.

Source: Compiled from ILO (2021b).

on the data available in the ILO Social Protection Dashboard, the figures presented here are derived from the World Bank's Aspire database (for more details, see note to Figure 8.2).

Data available in Aspire shows that the adequacy of social protection benefits in MENA, at 9.8 per cent, is the second lowest when compared to other regions, only above the average of 8 per cent in South Asia. Besides, the average per capita transfer in the region (USD 1 PPP per day) lies only above the averages in South Asia (USD 0.2 PPP) and Central, East, Southern and West Africa (USD 0.5 PPP) (see Figure 8.2).

Characteristics of Different Social Protection Components

Social insurance schemes in the region are mostly limited to public and formal private-sector employees and include old age, disability and survivors' pensions (for an overview of schemes, see IBC-SP 2020, Annex 1.2). A few countries, like Bahrain, Jordan, Saudi Arabia and Kuwait, count on an unemployment insurance scheme, but those are usually not accessible for migrant workers. Moreover, most countries in the region lack maternity schemes. Gender

Table 8.2 *Social protection (SP) effective coverage, 2020 or latest data, by country*

ILO region	Country/ territory	Population covered by at least one SP benefit (excluding health) ¹	Children ²	Mothers with newborns ³	Persons with severe disabilities ⁴	Unemployed ⁵	Older persons ⁶	Workers with work injuries	Vulnerable persons covered by social assistance ⁷	Labour force covered by pension schemes (active contributors)	Universal health coverage*
World		46.9	26.4	44.9	33.5	18.6	77.5	35.4	28.9	32.5	65.6
Arab States		40.0	15.4**	12.2	7.2	8.7**	24.0	63.5	32.2	15.0	63.5
North Africa		33.8	24.7**	46.5	20.9	6.7	43.8	37.5	19.1**	17.4	65.8
Arab States	Bahrain	62.4	3.8	–	28.6	46.6	75.1	61.7	36.9	55.8	77.0
	Iraq	40.5	–	–	9.3	0	33.1	–	26.9	14.3	61.0
	Jordan	27.8	8.8	4.8	20.0	5.3	60.0	57.5	9.7	23.6	76.0
	Kuwait	17.7	0.4	–	8.4	4.4	27.6	95.1	2.6	2.3	76.0
	Lebanon	13.9	32.7	0	–	0	9.8	47.8	1.7	4.6	73.0
	Oman	16.3	0.2	–	16.0	–	46.9	9.5	1.7	34.0	69.0
	Palestine	16.6	12.1	–	30.6	0	65.7	–	13.2	28.8	–
	Qatar	7.0	0.5	–	6.4	1.0	19.4	–	0.6	16.8	68.0
	Saudi Arabia	77.8	6.0	–	9.4	6.4	32.2	74.7	49.8	18.6	74.0
	Syria	–	–	–	–	–	17.0	47.8	–	7.5	6.0
	United Arab Emirates	3.5	0.2	–	1.8	0.3	22.6	1.4	1.2	18.6	76.0
Southern Asia	Yemen	2.8	0	–	0.1	0	7.4	9.9	0	2.8	42.0
	Iran	27.8	16.4	13.1	9.3	6.7	21.3	45.8	9.3	22.4	72.0
North Africa	Algeria	–	–	11.2	3.6	8.8	63.6	53.8	–	16.9	78.0
	Egypt	34.7	14.0	–	37.0	0.1	57.6	36.0	19.9	21.8	68.0
	Morocco	20.5	13.4	–	6.8	–	23.4	39.0	–	17.2	7.0
	Libya	46.2	–	–	74.4	–	70.2	–	5.3	9.7	64.0
	Sudan	9.3	8.1	4.2	0.7	0	9.4	3.0	7.5	1.9	44.0
	Tunisia	50.2	28.6	25.3	5.0	3.0	85.4	28.9	21.3	34.6	7.0
East Africa	Djibouti	12.3	3.5	4.8	–	0	14.2	15.1	4.6	6.3	47.0

Notes: – (no data available).

* Coverage of essential health services is defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population (ILO 2021b).

** These figures are to be interpreted with caution, as they are estimates based on reported data coverage below 40 per cent of the population.

¹ Proportion of the total population receiving at least one contributory or non-contributory cash benefit, or actively contributing to at least one social security scheme (ILO 2021a).

² Ratio of children/households receiving child/family cash benefits to the total number of children/households with children (ILO 2021a).

³ Ratio of women receiving maternity cash benefits to women giving birth in the same year (ILO 2021a).

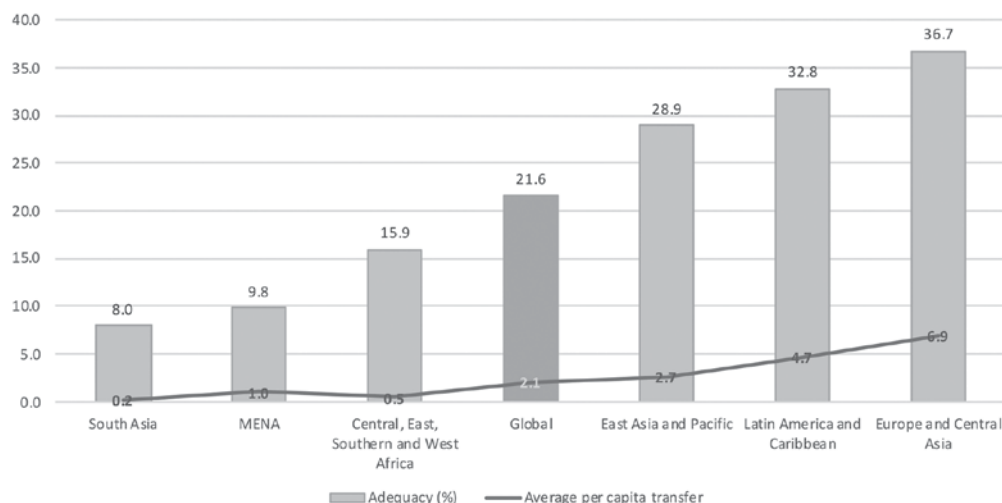
⁴ Ratio of persons receiving disability cash benefits to the number of persons with severe disabilities (ILO 2021a).

⁵ Ratio of recipients of unemployment cash benefits to the number of unemployed persons (ILO 2021a).

⁶ Ratio of persons above statutory retirement age receiving an old age pension to the number of persons above statutory retirement age (including contributory and non-contributory) (ILO 2021a).

⁷ Ratio of social assistance recipients to the total number of vulnerable persons, defined as all children plus adults not covered by contributory benefits and persons above retirement age not receiving contributory benefits (pensions).

Source: Compiled from ILO (2021b).



Note: Adequacy (%) = total transfer amount received by all beneficiaries in a population group as a share of the total welfare of beneficiaries in that group (total income or total expenditure of beneficiary households). Average per capita transfer = average transfer amount of social protection and labour programmes among beneficiaries (per capita, daily USD PPP). The figures consider social assistance, social insurance and labour market. See Aspire indicators for information on data sources and methodology.

Source: Compiled from Aspire database (World Bank 2022).

Figure 8.2 *Adequacy of benefits (in %) and average per capita transfer (USD PPP per day) offered by all social protection and labour schemes, 2010–2019*

inequality also persists in the coverage and utilisation of social insurance benefits in some countries. For example, significantly fewer females of working age in Arab States (3.4 per cent) and North Africa (8.3 per cent) contribute to pension schemes in comparison to their male counterparts (27.7 per cent and 26.5 per cent, respectively) (ILO 2021b). Migrants and agricultural workers are also often excluded from the application of labour and social security laws.

Countries have been seeking to expand the still-limited coverage of social insurance by opening subscription to vulnerable groups, the self-employed and workers abroad as well as through increased enforcement of contribution requirements through labour inspections and mobile applications (IBC-SP 2020). Some countries are also subsidising contributions to encourage subscriptions, especially among low-income workers; for example, Morocco, Egypt and Tunisia subsidised social insurance schemes for small-scale fishers (FAO 2019). Yet, even if agricultural workers are legally covered (as, for example, in Morocco, and with some benefits in Tunisia), they still face significant barriers to contribute (Sato 2021).

Social assistance, and especially cash transfers (most of which are unconditional), food vouchers and targeted support to access basic healthcare have expanded over the past 20 years (see Machado et al. 2018 for an overview). Although countries are phasing out universal subsidies, some of the latter are still in place, such as food price subsidies or energy subsidies. Examples of cash transfer programmes that have been adopted and expanded in the last two decades include the Palestinian National Cash Transfer Programme, Takaful and Karama in

Egypt and Tayssir in Morocco. The latter started in 2008, covering 47 052 families. Seven years later, the programme was already benefitting 526 689 families and supporting vulnerable children to access schools (UNESCWA 2019).

Humanitarian actors (for example, agencies of the United Nations and non-governmental organisations) also play an important role providing assistance, mainly in countries devastated by crises and conflict and for groups frequently excluded from national social protection systems (especially non-nationals). In some countries, humanitarian and governmental actors have been working to align their efforts and tried to build on existing structures. In Yemen, for example, UNICEF implemented a humanitarian cash transfer, utilising beneficiary lists of the government's social welfare fund, as mentioned above.

Several countries, such as Djibouti, Tunisia, Egypt, Morocco, Jordan and Iran, have or are in the process of establishing social registries, which in some cases are also integrated with social insurance or other official registries. Tunisia is currently developing a registry of the most vulnerable households. The goal is to have a unique identity document that would also be used by medical insurance schemes for public and private workers, allowing for interoperability between medical assistance and medical insurance databases.

Labour market policies such as wage subsidies are financial incentives for employers and/or workers to engage in work (Bird and Silva 2020). Wage subsidies are quite prevalent in GCC countries to encourage the 'nationalisation' of the private sector workforce (ILO 2021a). In North Africa, wage subsidies are also prevalent but serve the purpose of reducing youth unemployment (Bördös et al. 2015). Nevertheless, these policies are often left out of most studies on social protection in the region, and hence little regionally comparable evidence is available (Bird and Silva 2020). Given the high youth unemployment rates in the region, more attention should be given to them.

Almost half of the region's active labour market policies⁶ delivered by public employment agencies target high-skilled unemployed individuals, often in response to increasing unemployment among university graduates (Bird and Silva 2020). Women tend to be widely underrepresented in these programmes. Moreover, training programmes often fail to address the stifled job creation in the private sector (Kabbani 2019; Purfield et al. 2018) and persistent structural barriers, such as lack of transportation, affordable childcare services or legal rights to work for refugees. This needs to be addressed as there is evidence that entrepreneurship programmes that target marginalised groups (women and people from poorer regions) have potentially strong returns (Bird and Silva 2020).

COVID-19 AND SOCIAL PROTECTION RESPONSES

According to estimations by the United Nations Economic and Social Commission for Western Asia (UNESCWA 2020), the COVID-19 crisis pushed an additional 8.3 million people into poverty in the Arab region and caused 1.7 million jobs losses in 2020. Vulnerable groups such as migrants, forcibly displaced populations, women and informal workers are the main groups affected by the crisis. The lack of social protection floors in some MENA countries contributes to further aggravate the challenges faced by these populations.

In the second half of 2021, the MENA region experienced a slight economic recovery. However, compared to the situation before the COVID-19 crisis, poverty and unemployment rates will remain at an increased level in most countries of the region. According to World

Bank estimations, ten out of 15 MENA countries evaluated by the World Bank will have returned to their pre-pandemic level of real GDP per capita by the end of 2023, with an additional country reaching it by the end of 2024. Regional inequalities will also persist, as rising oil prices are expected to benefit oil exporter countries while lowering expected growth rates for oil importers (Gatti et al. 2022). These inequalities can also be observed in the different levels of recovery of labour force participation. While labour force participation in GCC countries is expected to surpass its pre-crisis level by 2022, in non-GCC countries it is forecasted to stay below its 2019 level even in 2023 (ILO 2022).

MENA countries used social protection measures to mitigate the socio-economic consequences of the pandemic. Most of these were emergency measures and only a minority were built on existing social protection systems, as the next sections will show. The overview of the responses presented in the following section draws mainly on mapping of the ‘Social protection responses to COVID-19 in the Global South’ conducted by the International Policy Centre for Inclusive Growth (IPC-IG), in Brasília, Brasil (IPC-IG 2021c).

Overview of Responses

By the end of March 2021, the 20 countries in the MENA region had implemented or announced a total of 158 social protection responses to COVID-19 (IPC-IG 2021c). Among these, most (77) were social assistance measures, 19 were social insurance measures and 62 were labour market responses. This division was very similar to South America. In South Asia and Central, East, Southern and West Africa, the main focus was on social assistance measures (61 per cent and 70 per cent of total social protection responses, respectively), with fewer social insurance and labour market measures.

In terms of social assistance responses, the countries in the MENA region implemented 22 emergency cash transfer programmes and 10 emergency in-kind transfer programmes to support vulnerable households and/or individuals. Regarding social insurance, 7 of the measures were related to access to health services/insurance, mostly through free testing or treatment for COVID-19. From the 62 labour market responses, half (31) were wage subsidies and 11 focused on the flexibilisation of the payment of social security contributions.

The different contexts and maturity of the existing social protection systems in the region meant that the nature of the responses also varied: for instance, GCC countries focused more on labour market and social insurance responses, while the rest of the region, with a larger share of informal workers who are not included in formal social insurance schemes, provided more social assistance measures.

The role that humanitarian actors played in providing assistance during COVID-19, especially in countries facing conflict and emergencies, is important to highlight, even if these actors are not the focus of this section. The measures these actors introduced were often related to their main mandates as organisations. For example, UNICEF Syria expanded its cash assistance to children with disabilities during COVID-19 to reach additional beneficiaries (IPC-IG 2021b).

In terms of financing, 62 per cent of the measures with available data in the MENA region were financed through state budgets; however, some countries, such as Jordan, also set up extraordinary funds that included the participation of private or social insurance funds to finance some of the main national responses. Similarly, Zakat funds should be highlighted, as they contributed to financing almost 3.1 per cent of all social protection measures imple-

mented in the MENA region (IPC-IG 2021c). To ensure coordination across different actors, several countries created new ad hoc structures through emergency coordination committees. Some also included non-state actors, such as employers' organisations (Morocco), local community representatives (Syria and Egypt), or non-governmental organisations (Jordan) and international actors in these coordination efforts.

Selection and Registration of Beneficiaries

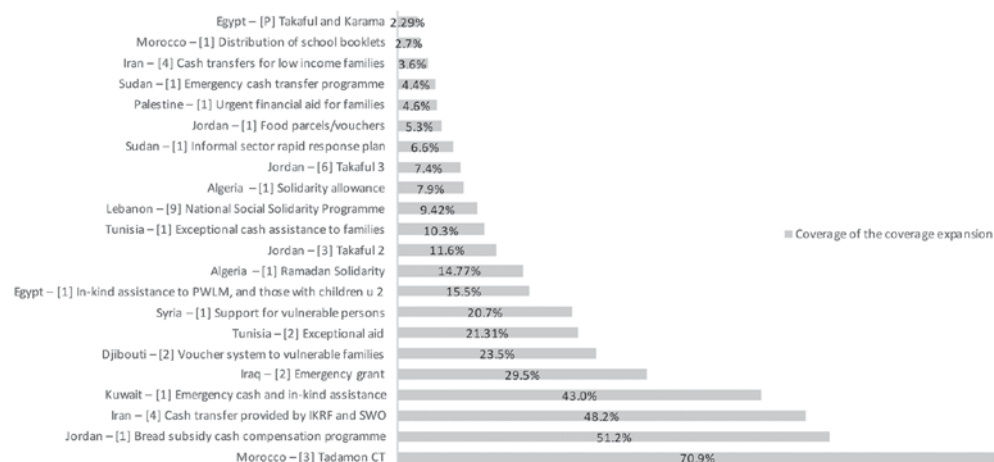
The way MENA countries identified and selected eligible households and individuals differed depending on the databases already in place. For labour market interventions or social insurance responses, governments used mainly databases from social security, tax institutions or employee records. For social assistance responses, in contrast, open registration or new enrolment campaigns were set up. This was important to identify households or individuals that had not received any form of assistance before the crisis, as in the case of informal workers. This was the case for the emergency measures introduced in Morocco, Egypt, Jordan and Iraq, for example. Some measures used social registries or existing beneficiary databases to identify beneficiaries, which demonstrates that existing databases are rather limited in terms of coverage of vulnerable households. Finally, a few measures in the region also used previous beneficiaries or those on the waiting lists for social protection programmes to expand their coverage, as in the case of Iraq and Palestine.

For countries that required application by the beneficiary (such as those that had open registration campaigns), digital application channels through web portals, email or mobile platforms were most common. While this was important to avoid agglomerations of people, it also increased the risk of excluding some of the most vulnerable. Some countries also allowed for in-person registration, as in the case in Tunisia.

Coverage

Figure 8.3 presents the estimated share of the population covered by the coverage expansions in MENA, including both new programmes and horizontally expanded programmes, as well as their duration. The percentage of the population covered by the responses varied significantly across the region. As shown below, two measures, Morocco's Tadamon ('Solidarity') cash transfer and Jordan's bread subsidy, reached over half of the total population (71 per cent and 51 per cent, respectively), while Iran's cash assistance covered 48 per cent and Kuwait's one-off cash and in-kind assistance reached 43 per cent. However, the rest of the measures mapped covered fewer than 30 per cent of the total population. The duration of the programmes also has an impact when examining the coverage, since some programmes had lower coverage but paid benefits for a longer period. A few of the programmes that were expanded horizontally already covered a significant share of the population. Egypt's Takaful and Karama programmes, for example, covered an estimated 10 per cent of the population. During the pandemic they were estimated to cover an additional 2.29 per cent (see Figure 8.3).

When examining social insurance and labour market measures, the numbers are lower and the measures reached only a small proportion of the labour force. Bahrain's payment of the salaries of private sector workers covered 10 per cent of the total national labour force, while Saudi Arabia's unemployment support reached around 8 per cent. These measures excluded non-nationals, who are a large part of the workforce in both countries.



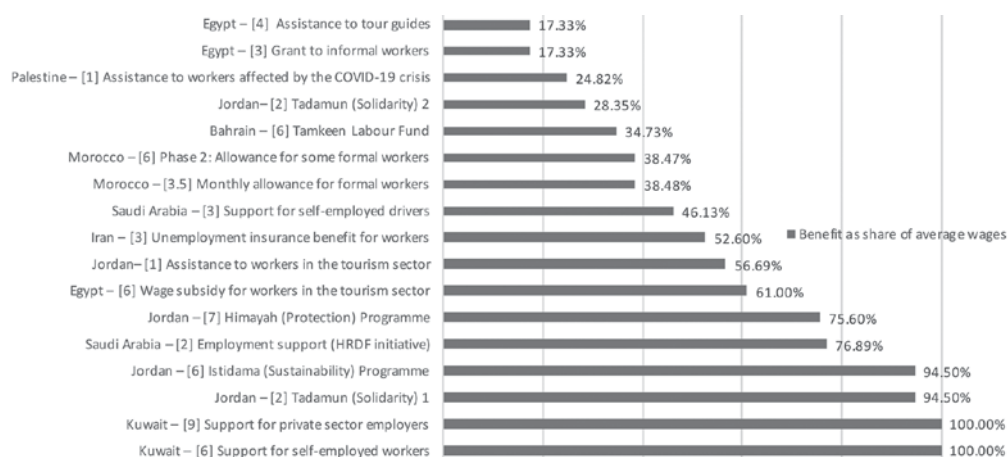
Notes: PWLM, pregnant and lactating women; IKRF, Imam Khomeini Relief fund; SWO, State Welfare Organisation. Only coverage expansions that addressed at least 2 per cent of the population are considered. The number in brackets indicates duration of the benefit in months (P = permanent; 1 = one-off). Duration is not equal to frequency of payment, as not all programmes were paid on a monthly basis. For more details on the calculation method, see IPC-IG (2021d).

Source: Compiled from IPC-IG (2021c).

Figure 8.3 *Estimated coverage of COVID-19 social assistance measures (coverage expansion) in the MENA region, March 2020–March 2021*

The coverage of programmes must be examined in conjunction with the level of benefit they provide, which also varied significantly across the region. For example, based on the calculations provided in the IPC-IG dashboard (IPC-IG 2021c), the benefits a household received through Jordan's Daily Wage Workers Emergency Assistance Programme (Takaful 2), which ran for three months, covered about 14 per cent of its average monthly income; Egypt's Exceptional Cash Assistance, which was also paid for three months, provided a significantly lower benefit, with only around 6 per cent of the household's average monthly income. Where information was available, social assistance interventions represent, on average, 10 per cent of the average monthly household income and 13 per cent of average expenditure of the households. It is important to highlight that many interventions were simply a one-off transfer or a one-off top-up at the start of the crisis.

When looking at labour market interventions (particularly wage subsidies and unemployment assistance), the value of the programmes also varied significantly across the region (see Figure 8.4). On average, the benefit values represented 56 per cent of the average wages of the countries examined, with some benefits covering 100 per cent of the wages (in Kuwait this was the case of the wage subsidy for self-employed workers and private sector employees) or almost 100 (in Jordan Tadamun 1 and Istidama, both wage subsidies, covered 95 per cent of the average wage in the country). However, Egypt's Sisi Grant for informal workers and its support for tour guides were only able to reach 17 per cent of the average Egyptian wage.



Notes: HRDF = Human Resources Development Fund. The duration in months is indicated in square brackets. For more details on the calculation method, see IPC-IG (2021d).

Source: Compiled from IPC-IG (2021c).

Figure 8.4 Benefits of social insurance and labour market interventions as a share of average wages, March 2020–March 2021

Timeliness

Timeliness of the response, in a situation of crisis, is paramount to its efficacy. In the MENA region, coverage expansions took longer to implement (at 14 weeks) took longer to implement than vertical expansions (at 13 weeks). Other implementation changes, such as in delivery modalities, were even faster, which can be explained by the fact that they usually require fewer financial and human resources to implement than, for example, coverage expansion (IPC-IG 2021b). The time between announcement and actual implementation of a measure depended on several factors. The existence of databases and registration systems combined with the usage of technology (SMSs, mobile platforms, web portals) is one of the reasons Morocco's assistance for informal workers managed to be one of the fastest cash transfers to be introduced globally (Beazley et al. 2021). Similarly, regarding payment mechanisms, Jordan's emergency programme for daily wage workers piggybacked on the existing Takaful programme, using its targeting criteria, its mobile money payment modality and its registration portal. Hence, the benefits were disbursed quickly, 8 days after the programme had been announcement (UNICEF and JSF 2020).

Groups Left Behind

It is a matter of concern that only 21 of 158 mapped interventions mapped in the IPC-IG dashboard (IPC-IG 2021c) were explicitly open for non-nationals. In GCC countries, for example, around 70.4 per cent of the employed population are non-national individuals (ILO n.d.). Social insurance responses were in general more inclusive and often consisted of extending health insurance for migrants to allow them to receive treatment against COVID-19 and

stop the spread of the virus. This was done in Saudi Arabia and Qatar where migrants were allowed access to treatment irrespective of their migratory status. Regarding social assistance, non-nationals were eligible for 9 out of 77 responses, most of which provided emergency income support, through either cash or temporary food distributions. For example, refugees were included in Djibouti's emergency response, as coordinated efforts were made by international agencies and the ministry of social affairs to include them in the country's social registry for quicker identification in the future. Finally, a small share of labour market responses (7 out of 61) included non-nationals. In essence, although some inclusive responses were identified, the responsiveness of social protection systems to non-nationals during the pandemic has been reproducing pre-existing exclusions, which may lead to further aggravation of the vulnerabilities experienced by migrant workers and forcibly displaced populations in the region (Sato et al. 2021).

RECOMMENDATIONS FOR THE FUTURE

This chapter has provided an overview of the developments over the past years and status quo of the social protection systems in the region, including its main gaps. Social protection systems in the MENA region have traditionally focused on providing more generous benefits for the public sector and universal food and fuel subsidies. Education, healthcare and housing were usually public and governments offered public-sector jobs. With falling state revenues, the urban middle class and government employees were prioritised to ensure their political support, often leading to the neglect of society's poorest, who did not have access to non-contributory social protection schemes.

Over the past years, several countries in the region have invested in their social protection systems, aiming at expanding coverage of pension funds and health insurance as well as cash transfer programmes. Despite these efforts and important advancements, expenditure on social protection remains rather low in the region compared to other regions, and several gaps persist.

Social insurance schemes remain mostly limited to public and formal private-sector employees, with significant differences between the two in terms of comprehensiveness. Moreover, although countries are in the process of phasing out universal subsidies and investing (parts of) the savings in targeted cash transfer programmes, some food and energy subsidies persist and still receive a relatively high share of the social expenditure. Yet, their removal has shown to be politically highly sensitive.

While governments such as Egypt and Morocco are expanding social assistance programmes for the most vulnerable, in most countries, coverage and benefit levels are low. In terms of labour market policies, such as training, these are often limited to formal sector workers, leaving out the most vulnerable sections of society. They have not had a significant positive impact on increasing employment due to other structural barriers.

As a result, those working in the informal sector and agricultural workers, but also unemployed youth and women who usually remain outside the labour force, are often not covered by any social protection benefit. Moreover, gaps remain in almost all countries regarding social protection and service provision to migrants and refugees, who rank among the most vulnerable and least protected.

In some countries, a more elaborate social protection policy infrastructure has allowed for the relatively rapid introduction of emergency income support during the current COVID-19

crisis. For the first time, countries in the region paid large-scale emergency benefits to informal workers. Yet, in most cases, these payments were seen as a way to respond to a temporary shock and ensure the livelihoods of vulnerable households; they rarely covered the whole duration of the COVID-19 crisis.

In general, the social protection sector remains rather fragmented in most countries, suffering from a lack of coordination and integration, not only between social assistance programmes but also between social assistance and social insurance programmes. Policy and programmatic linkages to other sectors (that is, labour market or psychosocial support and social care services) are limited, but many countries have recognised the need to improve integration and coordination and are in the process of developing social protection strategies and policies. Moreover, more countries have explicitly included social protection as an integral part of their national development plans, showing a growing recognition of its importance to broader social development aims.

Reflecting on the nexus between social protection, welfare services and social development policies in the region more broadly, one can argue that social protection policies are still not yet part of the social contract; they are rather considered a policy to deal with those most in need and not a fundamental right. The key reasons for this are that programmes are usually fragmented and targeted only at a small share of the population.

In the following, a couple of recommendations are provided to change this and ensure that the social protection systems in the region take the ‘high road’, hopefully resulting in comprehensive social protection systems for all. It is needless to say that implementation of these recommendations alone will not improve the socio-economic conditions of the populations in the region. Investments and reforms in related sectors such as education, social care and health, and their integration with social protection policies, will likewise be important.

Countries in the MENA region need to continue *identifying fiscal space* to enhance their social protection systems (including tax reforms, budget reallocation and international financing where necessary), especially for groups for which expenditure remains low, such as children.

Non-targeted subsidies are usually regressive, benefitting the rich more than the poor, and could be reallocated to more comprehensive and effective social protection benefits. Yet, complete removal can have devastating effects, especially on the poorest, which is why a removal for the richest might be more appropriate in most countries. Ex-ante analysis, the provision of mitigating measures (such as compensatory cash benefits), social dialogue and transparency will be key in these efforts.

Social protection should be included as an integral part of the countries’ long-term *development plans* and *social protection policies or strategies*. These should be built on participatory processes with all key stakeholders and with civil society. Also, social protection policies should be embedded in strong legal frameworks, which help guarantee policy durability and strengthen a rights-based approach.

Social protection needs to be better integrated with other sectors, such as *education, health and social care services*. *Social workers* will play a key role in creating synergies and referring individuals and families to the services they require. For this, the social workforce needs to be strengthened, given adequate pay and training (through, for example, improved social work university degrees).

Given the low *coverage and adequacy of social assistance programmes* in most countries in the region, countries should consider further expanding routine programmes (or introducing

new ones where needed). To combat the medium- and long-term effects of the COVID-19 crisis, MENA countries need to provide higher and more regular benefits to vulnerable families. Especially where child poverty is high, the feasibility of *universal child benefits* should be analysed.

Contributory *social insurance schemes* still have some key gaps, especially for *women and non-nationals*. To address those, existing laws need to be adjusted. Statutory paid maternity leave is still not available in most countries and should be advocated for. The inclusion of non-nationals is especially key where they constitute a large share of the labour force, as in the GCC countries. Countries should follow their international and regional obligations (for example through the Arab Charter on Human Rights). In terms of *informal workers*, governments for example in Morocco and Jordan are attempting to extend social insurance coverage, which provides a learning opportunity for others in the region. Countries will need to initiate dialogue between the government, employers and workers, including those in the agricultural sector, and study the options that are best suited for the national context (that is, integrated or separate schemes). Mono-tax schemes have proven to be feasible in other regions, such as Latin America, and should also be further discussed in MENA. Moreover, awareness of the importance of social protection will need to be strengthened.

Transparency as well as *social dialogue* and participation of civil society and workers representatives will be key in any endeavour, making sure that in particular those groups usually left behind or disadvantaged by national social protection systems are heard.

NOTES

- 1 This chapter includes the following 20 countries in the MENA region: Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, the Kingdom of Saudi Arabia (KSA), the occupied Palestinian territory, Sudan, Syria, Tunisia, the United Arab Emirates (UAE) and Yemen. When citing other sources with other country combinations, the term is used as in the original source, but careful note is taken of the differences between this and the way the term is used in this chapter.
- 2 The ILO defines the Arab states as Bahrain, Iraq, Jordan, Kuwait, Lebanon, the occupied Palestine territory, Oman, Qatar, Saudi Arabia, Syria, UAE, Yemen.
- 3 The ILO defines North Africa as including Algeria, Egypt, Libya, Morocco, Sudan, Tunisia and Western Sahara.
- 4 Corporations are defined as Kuwaiti if they are registered to a Kuwaiti or if their Kuwaiti shareholders are above a certain threshold.
- 5 At the time of writing, the strategy in Sudan is still under development, while in Libya a roadmap document has been developed, laying the ground for the development of a future policy (see IPC-IG 2021a).
- 6 Active labour market policies are programmes targeting the long-term unemployed and workers in poor households that reduce risks of unemployment and increase the earnings capacity of workers through job training, job matching and wage subsidies (Bird and Silva 2020).

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PART III

DESIGN FEATURES OF SOCIAL PROTECTION AND INSTITUTIONAL CAPABILITY

9. Social protection systems and their linkages

Stephen Devereux

Social protection systems have evolved in the global North over the past two to three centuries. In the global South, however, social protection in its current form – dominated by cash transfer programmes targeted at people identified as poor or vulnerable – was introduced only within the past two to three decades, with support from external actors. Despite rapid growth in these programmes, a systematic approach to social protection is still lacking or nascent in many countries (see Chapter 4). In the 1990s and early 2000s little attention was paid to building systems in the global South. The focus initially was on ‘proof of concept’ – specifically demonstrating that cash transfers (either conditional, as in Latin America, or unconditional, as in Africa) are an effective policy instrument that all governments should implement, in partial fulfilment of their responsibility to alleviate poverty among their citizens.

Accordingly, much effort and resources were invested in impact evaluations, both of large-scale programmes such as Bolsa Escola in Brazil and the Productive Safety Net Programme in Ethiopia, and of small-scale donor-funded projects like the Kalomo Pilot Social Cash Transfer Scheme in Zambia. It could even be argued that such projects and programmes were over-evaluated (see Chapter 12). The intention was to learn lessons not only for improved design and implementation but also for advocacy – to demonstrate positive impacts so that sceptical governments would take over the management and financing of donor-initiated pilot projects and scale them up to national programmes, and to convince other countries to adopt a similar model.

At first progress on the advocacy objective was slow, and by the late 2000s dissatisfaction with the project-based approach to social protection was growing, especially in Africa. A statement released in 2010 by a group of engaged actors encapsulated these concerns: ‘Externally-driven social protection projects have little domestic traction ... There is little justification for more social protection experiments in Africa – the imperative now is to take lessons learnt and apply them for effective delivery at scale’ (Devereux et al. 2010, pp. 3, 9).

In 2012 – a remarkable year for social protection – UNICEF and the World Bank both released social protection strategy documents (UNICEF 2012; World Bank 2012), the European Commission drafted a definitive statement on the role of social protection in the European Union’s development cooperation (European Commission 2012) and the International Labour Conference voted to adopt a ‘Recommendation Concerning National Floors of Social Protection’ (ILO 2012). In different ways, all four documents emphasised the urgent need to shift focus toward building social protection systems. The United Nations Children’s Fund (UNICEF) even gave its ‘Social Protection Strategic Framework’ the sub-title: ‘Integrated Social Protection Systems’ (UNICEF 2012). The main objective of the World Bank’s ‘Social Protection and Labor Strategy’ was ‘to help countries move from fragmented approaches to harmonized systems ... Reducing fragmentation across programs, actors, and levels of government’ (World Bank 2012, p. xiv). The ‘social protection floor’ initiative, led by the International Labour Organization (ILO), focused on expanding coverage

and adequacy of rights-based programmes, to guarantee income security for all from infancy to old age.

In the decade since 2012, international agencies led by the World Bank, UNICEF and the ILO, supported by other United Nations (UN) agencies such as the World Food Programme, the Food and Agriculture Organisation and the United Nations Development Programme and by bilateral development agencies including the United Kingdom, Germany, Ireland and Australia, have invested much of their financial and technical assistance in strengthening social protection systems in low- and middle-income countries. This has included support for the development of social protection policies, facilitation for the shift from manual to electronic beneficiary management and payment systems, and assistance with the harmonisation of social protection with humanitarian relief by introducing ‘shock-responsive’ modalities, which proved invaluable for delivering financial assistance rapidly to millions of people whose livelihoods were disrupted by COVID-19 lockdowns in 2020.

This brief overview suggests that the period since 2000 can be divided broadly into two periods. For roughly the first decade, social protection debates in (or for) low-income countries occurred mainly at the conceptual and ideological level, starting from definitions and frameworks for social protection, and addressing issues such as whether social assistance should be provided in food or in cash, should be issued conditionally or unconditionally, and should be rights-based or needs-based. In the second decade, the emphasis shifted from ideas to implementation and focused on setting up institutional mechanisms to extend coverage of social assistance to all who need it when they need it, efficiently and cost-effectively.

In this context, the shift toward strengthening social protection systems for improved delivery of social assistance reflects tendencies in the direction of ‘managerialisation’ within development studies that are associated with New Public Management (NPM) (Hood 1991; Diefenbach 2009) and the New Managerialism (Painter 2011). NPM challenged the Weberian model of public administration and the notion that the behaviour of bureaucrats is driven by a ‘public service ethos’ rather than universal norms and standards of performance and accountability. NPM emphasises setting measurable targets and indicators for achieving specified objectives and outcomes in cost-effective and accountable ways, for instance by insisting on competitive tenders for government contracts. These management practices, many drawn from the private sector, are popular with development agencies who are under increasing pressure to demonstrate results from their development assistance and that their funds are well managed and spent as intended. This largely explains why development agencies have invested heavily in recent years in building or strengthening social protection systems and associated governance institutions in low- and middle-income countries.

This chapter is organised as follows. It next describes what a social protection system is, in terms of its core components, and how such a system is built in broad terms. The chapter then identifies three levels of social protection systems and discusses selected issues within each: the *policy* level (national policies, legislation, and working relations between state and non-state actors); the *programme* level (coverage and adequacy); and the *administrative* level (management information systems, beneficiary registries and social accountability mechanisms). Finally, the chapter examines *coordination* and the strengthening of linkages between policy and practice, both essential elements at all levels.

WHAT IS A SOCIAL PROTECTION SYSTEM?

Many definitions start from social protection programmes.

A social protection system, in an international development context, is broadly understood to be an integrated national portfolio of interventions which aims to serve four basic functions for households and individuals: protection of a minimum standard of living, prevention of deprivation through increasing resilience to shocks, and promotion of sustainable livelihood improvements. (White 2016, p. 1)

Most countries have at least one social protection programme, but this does not amount to a coherent system if these interventions are fragmented and inadequately institutionalised.

A systems approach means more than a set of programmes. It requires ‘institutional capacities for coordinating management across multiple programmes, building integrated management information systems and beneficiary registries, and system-wide assessment and evaluation’ (White 2016, p. 1). At the policy level, building a social protection system recognises ‘the need to move beyond support for fragmented, time-bound “safety nets” tightly targeted to the “extreme poor” and often conditioned on prescribed beneficiary behaviours, towards the broader goal of universal, legally guaranteed entitlement to a minimum level of social protection’ (White 2016, p. 2).

This means that social protection *systems* need to be built at three levels, following the Inter-Agency Social Protection Assessments (ISPA 2016) and UNICEF (2019):

1. *Policy level*: A coherent national vision for social protection as articulated in a national social protection policy (NSPP) or national social protection strategy (NSPS), framework legislation for social protection, financing mechanisms,¹ inter-sectoral coordination and linkages, and relationships with non-state actors (international donors, local non-governmental organisations [NGOs] and the private sector).
2. *Programme level*: Design of social protection programmes to ensure comprehensive coverage of all people and all needs, as well as adequate levels of support to beneficiaries.
3. *Administrative level*: Ensuring adequate capacity (personnel, mechanisms, equipment) is in place for efficient implementation of social protection programmes, including workforce capacity, management information systems (for targeting, registration, payments), case management, and social accountability mechanisms (for example, grievance procedures).²

Coordination cuts across all three levels, both horizontally and vertically. Coordination mechanisms and linkages must be established at policy level (between social protection and other policies), at programme level (with delivery partners from social and economic sectors) and at administrative level (to ensure efficient management processes).

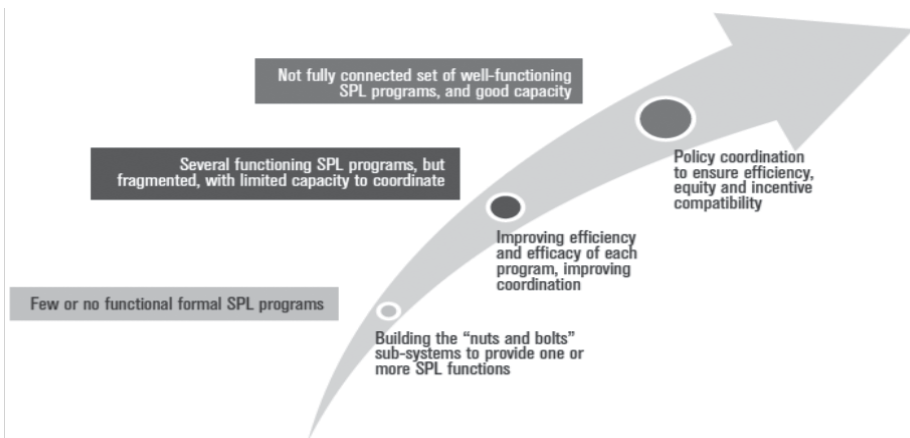
BUILDING A SOCIAL PROTECTION SYSTEM

One approach to building a system is to start with a single pilot project or flagship programme and to set up basic administrative functions such as registration, payments and routine monitoring. These can be applied to additional programmes as they come on stream, steadily extending coverage across geographic areas and demographic groups, while improving effi-

ciency. The evolution of a national social protection system therefore depends on the evolution of the country's administrative and fiscal capacities over time.

In its communication on 'Social Protection in European Union Development Cooperation', the European Commission (2012) identified different needs for strengthening social protection systems for different clusters of countries. Challenges in low-income countries (LICs) include a high degree of informality, limited fiscal resources, weak public institutions and a dominance of fragmented, donor-funded social protection projects. In middle-income countries (MICs), the main challenges are to broaden the coverage of contributory social security schemes beyond the formal economy and to improve the efficiency of social assistance programmes. Most high-income countries (HICs) are committed to providing universal access to social protection against major lifecycle risks, but population ageing and financial crises have raised questions about affordability and sustainability.

The World Bank (2012) identified a similar hierarchy, but from weaker institutional settings (fragile and lowest-income countries) to stronger institutional contexts (advanced industrial economies). In the former setting the basic building blocks of social protection still need to be put in place. In intermediate settings, the emphasis is on strengthening administrative efficiency and institutional frameworks for social protection programmes. In countries with good capacity and well-functioning systems, remaining priorities are to improve harmonisation 'across existing tools, programs, and policies' and to tailor coverage to national priorities and needs, such as 'youth unemployment, a rapidly aging population, a high degree of informality' (World Bank 2012, p. 30). Figure 9.1 depicts this as a linear trajectory, comparable to a modernisation process in which all countries move toward a common approach over time.



Source: 'Building SPL systems appropriate for different institutional contexts', World Bank (2012, p. 30) (<http://hdl.handle.net/10986/12648>), licenced under CC BY 3.0 (<https://creativecommons.org/licenses/by/3.0/igo/>).

Figure 9.1 Building social protection and labour (SPL) systems in different institutional contexts

UNICEF (2012) shared the view that all countries should be moving towards 'integrated social protection systems' and set out three principles for getting there. The first is *progressive realisation* of universal coverage: recognising that comprehensive coverage is expensive,

countries with constrained resources should start with what is fiscally affordable and steadily extend coverage over time. The second is *nationally owned* systems and national leadership: even if external agencies play an important role, social protection is a government mandate and external agencies should support government-led activities, except in exceptional circumstances. The third principle is *inclusivity*: a holistic and sensitive system must respond not only to poverty and livelihood risks but also to different dimensions of exclusion and marginalisation, such as gender, disability and minority ethnic groups. UNICEF's (2019) 'Global Social Protection Programme Framework' retained these three core principles, but added a fourth: a *rights-based approach* to social protection for all, with a mandated focus on the best interests of the child.

POLICY LEVEL

The policy level is the highest level of engagement, where a common vision is established, and the objectives and functions of the social protection system are defined in the context of national goals and parameters. (UNICEF 2019, p. 37)

National Policies

An NSPP or NSPS is an important signal that a government is giving priority attention to social protection. It sets out the national vision and definition of social protection, identifies gaps in provisioning, and elaborates on new or extended programmes, eligibility criteria and implementation arrangements. Globally, about 50 countries now have a NSPP or NSPS, more than half of these being in Africa (ILO 2021a). Most of these policy statements were produced within the last decade. Only 5 African countries had an NSPP or NSPS in 2010, but this had leapt to 35 by 2019. Almost all these policies were drafted with financial and technical assistance from international development agencies, raising questions about whether this policy diffusion process was donor driven rather than nationally owned (Devereux 2020).

A typical vision statement comes from Malawi's NSPP: 'Enhanced quality of life for those suffering from poverty and hunger and improved resilience of those who are vulnerable to risks and shocks' (Malawi 2008, p. 20). Definitions often identify specific social protection instruments, dominated by cash transfers, targeted at poor and vulnerable groups, defined in terms of demographic categories such as children, older persons and persons with disability. Apart from reducing poverty and vulnerability and managing risk, many policies aim to enhance access for the poor to essential social services, by building linkages to the education and health sectors or by offering subsidies and fee waivers (UNDP 2019).

Most social protection policies list a set of 'guiding principles'. Uganda's NSPP identifies eight principles: (1) individual, family and community involvement; (2) human rights-based approach to service delivery; (3) timeliness, reliability and sustainability; (4) universalism and inclusiveness; (5) transparency and accountability; (6) gender responsiveness; (7) equity; (8) dignity (Uganda 2015). Several policies acknowledge social protection as a right. Zambia's NSPP states explicitly: 'All Zambian citizens have the right to Social Protection' (Zambia 2014).

Legislation

Framework legislation is important because a legal specification of entitlements makes the right to social protection real, and in the absence of a legislative framework benefits are vulnerable to being eroded or removed when the political or fiscal climate changes. For example, after an election the incoming government could abolish the previous government's programmes if they are not protected by laws. Alternatively, governments could cut social protection spending following an economic shock such as that caused by COVID-19, precisely when vulnerable people need social assistance most.

In some countries the legal underpinnings of social protection can be traced to the constitution. The Constitution of Kenya declares: 'The State shall provide appropriate social security to persons who are unable to support themselves and their dependents' (Kenya 2010). However, these commitments are not always justiciable and are often qualified to allow for 'progressive realisation' depending on fiscal feasibility: 'to the extent the country's resources permit' (Ethiopia 1994) – thus effectively delaying the delivery of the right. Some countries, including Angola, Cabo Verde and Mozambique, have given effect to this right by passing a law on social protection, while the parliaments of South Africa and Kenya have promulgated social assistance acts (Devereux 2017).

Relationships between State and Non-State Actors

Social protection is a government mandate and should be grounded in a rights-based social contract between the state and citizens or residents (see Chapter 2). Nonetheless, important roles are also performed by non-state actors, including transnational agencies (bilateral and multilateral donors, United Nations agencies, and international NGOs); local NGOs and civil society organisations (CSOs); and the private sector (for example, financial service providers and telecoms companies) (see Chapter 1).

Transnational agencies have been indispensable partners and advocates for social protection in low- and middle-income countries. Without their financial and technical assistance, there is no doubt that social protection would not have expanded as fast as it has across so many countries in recent years. However, there are often tensions between government priorities and the policies and programmes that transnational agencies promote, using their financial power as leverage – the much-criticised 'donor-driven' approach. Some sceptical governments are not convinced that giving cash transfers to children and older persons is the most efficient use of scarce public resources, despite evidence from evaluations proving their positive impacts. Successive governments in Malawi and Zambia, for instance, favoured fertiliser subsidies for farmers rather than cash transfers for non-working vulnerable groups, arguing that subsidising food production with access to farm inputs achieves national development objectives more cost-effectively than subsidising food consumption with welfarist handouts.

Governments also have to manage differences between transnational agencies, which often offer contradictory advice. For instance, the World Bank favours poverty-targeted social safety nets whereas the ILO advocates for a universal rights-based 'social protection floor'. The World Bank also aims to strengthen linkages from social protection to labour markets and jobs for working-age adults, whereas UNICEF emphasises linkages to social services, especially for children. How social protection systems evolve in a country often depends on which

transnational agency is leading the policy engagement with the government at key moments (Hickey et al. 2020; Schmitt 2020).

An important recent development is a growing convergence between social protection programming and humanitarian relief, which has become formalised as ‘shock-responsive’ social protection. During the COVID-19 pandemic, for example, many governments and transnational agencies responded to the humanitarian crisis created by lockdowns by registering more beneficiaries on existing social protection programmes (horizontal expansion) and/or increasing payments to existing beneficiaries (vertical expansion) (Devereux 2021). Harmonisation of developmental and emergency programming includes using integrated systems for beneficiary management – needs assessments, targeting and registration, payment, monitoring and evaluation – and has been facilitated by the increasing use of cash transfers rather than food aid, even in humanitarian emergency contexts (Gentilini et al. 2018).

International NGOs are often subcontracted to deliver services and run social protection programmes that are funded by transnational agencies. Often the agencies and NGOs are nationally aligned. For example, the United States Agency for International Development (USAID) tends to subcontract American NGOs such as CARE and World Vision; Irish Aid works mainly with Irish NGOs like Concern Worldwide and GOAL; and the United Kingdom’s Foreign, Commonwealth and Development Office (FCDO) (formerly the Department for International Development) subcontracts British NGOs such as Oxfam and Save the Children. This can be seen as a positive complementary function, filling gaps that governments cannot cover, or it can be viewed more critically, as an indicator of state failure to deliver essential services to the population. A significant limitation of the ‘transnational agency + international NGO’ model is that these actors are not directly accountable and cannot deliver rights-based entitlements to programme beneficiaries or participants in the way that national governments can and should be doing. So this model must be regarded as a transitional arrangement at best. External agencies should not deliver social services indefinitely, if at all.

Local NGOs and CSOs can play a service provider role or an activist role in social protection. Local NGOs can be contracted to deliver services or programmes on a similar basis to international NGOs. They can also ensure ‘last mile’ inclusion of ‘hard-to-reach’ individuals and communities (CCD 2021). CSOs, however, can be vociferous advocates on behalf of the poor and marginalised, campaigning for human rights to include the right to social protection, and challenging the government when it fails to deliver. In authoritarian regimes where such activism is prohibited, CSOs are unable to perform this democratic function. Also, transnational agencies are less inclined to subcontract activist CSOs than service delivery NGOs, out of reluctance to appear to be interfering in domestic politics.

A final set of non-state actors is the *private sector*, which is increasingly taking on more roles in social protection delivery, mainly due to new technologies and digitalisation. In the past, governments used to deliver social assistance in the form of food items (sacks of rice or wheat, bottles of cooking oil) or cash, for which beneficiaries had to queue up at designated distribution points (a local administration building or post office) on a specified day each month. The shift to cash transfers and away from food aid has been associated with a shift toward electronic payment mechanisms, such as commercial banks (for which beneficiaries need a bank account and an ATM card, often provided by the programme) or mobile money (for which the beneficiary needs a mobile phone). As network coverage expands even into remote rural areas, so mobile money becomes more efficient as a platform for transferring government-to-person social benefits (Gronbach 2020).

So instead of governments assigning large numbers of staff to deliver food commodities or cash transfers manually, they subcontract financial service providers to deliver cash through bank accounts, or telecoms companies to deliver cash or vouchers electronically. The benefits for governments include reduced transactions costs (social workers can get back to case management rather than managing cash transfers), more efficient delivery (no delays) and reduced corruption (officials are no longer handling large amounts of cash or commodities). Recipients benefit from these systemic improvements: they enjoy more flexibility and security in terms of when and where they collect their benefits, and they have opportunities for financial inclusion.

PROGRAMME LEVEL

Any national social protection system should aim to put in place a set of social protection programmes (social assistance, social insurance, active labour market interventions, access to social services) that delivers adequate support to all people who need such support, as and when needed. The ‘social protection floor’ (ILO 2012) portrays a comprehensive system as having two dimensions: *coverage* (horizontal dimension), which is achieved when everyone has access to social protection at each stage of their life-course; and *adequacy* (vertical dimension), which is achieved when all people enjoy income security at all times, throughout their life-course. *Comprehensive* social protection also requires addressing all forms of risk. These may be life-course related – different needs for the first 1000 days, childhood, adulthood and old age; employment related – the nine contingencies of the ILO’s Social Security (Minimum Standards) Convention (ILO 1952), such as unemployment, employment injury and retirement; or disaster-related – weather shocks, conflict, pandemics.

Coverage

Given the diverse range of needs and risks that people face throughout their lives, a complete system requires many complementary programmes rather than one programme – even one that has universal coverage (see chapters 4 and 10). Pilot projects can be a starting point for building a comprehensive system, and in many countries social assistance was introduced in this form. As noted above, the purpose was either to generate evidence to advocate for national programmes or to initiate the rollout of a project design that scales up to ultimately cover the entire country, as and when financial resources and human and administrative capacities permit. But pilot projects are limited in terms of geographic coverage and population groups reached. While evaluations tend to estimate inclusion and exclusion errors within the area covered by the project, this ignores the reality that most of the country is excluded (see Box 9.1). For instance, in Kenya’s Hunger Safety Net Programme (HSNP), only four districts in northern Kenya were initially selected. The HSNP tested three targeting approaches: community-based targeting (CBT), dependency ratio (DR) and older persons or old-age pensioners (OAPs), which meant that all individuals and households that did not fit these eligibility categories were excluded. Even a ‘universal’ pension excludes by design all people under 60.

BOX 9.1 CASE STUDY: ‘MACRO-EXCLUSION’ IN A SOCIAL PROTECTION PILOT PROJECT IN MALAWI

An evaluation of the Food and Cash Transfers (FACT) project in Malawi in 2006 drew a distinction between ‘macro-exclusion’, defined as the exclusion by *design* of entire groups or communities from a project (under-coverage), and ‘micro-exclusion’, defined as exclusion of needy households in targeted communities (exclusion *error*). A risk assessment by the Malawi Vulnerability Assessment Committee (MVAC) identified 4 244 400 people at risk of food insecurity in 2005/06. In total, FACT reached 22 200 people and therefore covered only a tiny fraction of national needs (0.52 per cent). This is because FACT was implemented by Concern Worldwide, an international NGO operating in just three of 27 districts (11.1 per cent) and seven of 250 traditional authority areas (2.8 per cent), all located within one of Malawi’s three regions. Triangulated community-based targeting was used to identify the neediest households, which ensured that micro-exclusion and inclusion errors within FACT project communities were relatively low. At all other levels, however, FACT was subject to massive under-coverage by design. Concern Worldwide was only one small actor contributing to national efforts to address food insecurity in Malawi. But the lesson is clear: when targeting errors are reported on subnational projects, it is always imperative to look at the bigger picture to understand the performance of the overall system.

Source: Devereux et al. (2006).

All pilot projects are vulnerable to the accusation that beneficiary communities and households are ‘islands of privilege in an ocean of misery’. The Kalomo pilot project in Zambia initially reached only 1027 beneficiaries in one district, but it enjoyed international publicity and was promoted as an innovative model to be emulated by countries planning to introduce cash transfer programmes (Schubert 2005). The project succeeded more as an advocacy tool than as an instrument for alleviating poverty and extending comprehensive social protection in Zambia, which would take many years to achieve.

National state-run programmes are also susceptible to failing to reach everybody who needs social protection. In its World Social Protection Report 2020–22, the ILO estimates,

As of 2020, only 46.9 per cent of the global population were effectively covered by at least one social protection benefit ... Only 30.6 per cent of the working-age population are legally covered by comprehensive social security systems that include a full range of benefits, from child and family benefits to old-age pensions. (ILO 2021b, p. 19)

Coverage is not only about increasing numbers, it also implies the inclusion of at-risk groups. In the context of Agenda 2030 and the Sustainable Development Goals, the principle of ‘leave no-one behind’ (LNOB) requires social protection systems to be inclusive and cognisant of intersecting inequalities. Not all vulnerabilities are related to poverty and livelihood risks. Gender, disability, ethnicity, religious affiliation, sexual orientation, citizenship and other dimensions of identity can expose individuals and groups to risks of discrimination, marginalisation and exclusion that must be rectified to achieve equitable outcomes for all (Kabeer 2010). A ‘transformative’ approach (Devereux and Sabates-Wheeler 2004) goes beyond the provision of income support to address the structural and social as well as economic determinants of vulnerability, to ensure that no-one is left behind.

The devastating effects of COVID-19 lockdowns in 2020 highlighted a significant coverage gap in many social protection systems: working-age adults who are self-employed or working in the informal economy, or unemployed but not eligible for unemployment insurance. As governments are reluctant to give social assistance to adults (unless they have a disability), this creates a ‘missing middle’ in systems that deliver social assistance to non-working groups and social insurance to contractually employed adults who pay contributions from their salaries into social security funds (see Chapter 4). One lesson from COVID-19 was to intensify efforts to fill this gap, one proposal being to introduce ‘universal social insurance’ for all working adults (formal, informal and self-employed), financed out of general state revenues rather than mandatory contributions by employees (Devereux and Cuesta 2021; see Chapter 25).

Adequacy

While policy attention has focused on extending coverage, as discussed above, adequacy of transfers has received much less attention. Most social assistance schemes in low- and middle-income countries offer paltry amounts of cash or food assistance, certainly not enough to live on and not enough to reduce poverty and inequality indicators at national level. On average, social assistance benefits contribute just 11 per cent to post-transfer income or consumption in low-income countries (World Bank 2018). In South Africa, which has a relatively generous system of social grants, child malnutrition rates have not fallen since it introduced the Child Support Grant in 1998, even though two-thirds of all children (12 million) now receive the grant every month (see chapters 14 and 29). One reason for this disappointing finding is the low value of the grant, which can purchase only two-thirds of a nutritionally adequate diet for the child but is also ‘diluted’ by paying for food and non-food needs of other family members (Waidler and Devereux 2019).

A cross-country analysis of cash transfer programme impacts in four African countries found that the size of the transfers, together with their frequency and reliability, was a critical determinant of food security and nutrition outcomes. Larger, regular, predictable transfers in Zambia (which amounted to 30 per cent of household per capita consumption) generated the greatest positive impacts, while cash transfers in Ghana (valued at less than 10 per cent of household per capita consumption) registered no significant impact on food security and nutrition indicators (Tiwari et al. 2016).

A recent review titled ‘Transfer Values: How Much Is Enough?’ (McLean et al. 2021) identified several criteria that should be considered when setting the payment amount for social cash transfers. The first is to set the transfer value in relation to the national (food) poverty line or minimum wage, to ensure that recipients can pay for their essential food and non-food needs. A second criterion, if administratively feasible, is to adjust the transfer by each household’s size and composition. Third, governments should index-link social transfers, to ensure that benefits retain their purchasing power over time, even as prices rise.

ADMINISTRATIVE LEVEL

Administration ... refers to implementation and is concerned with the actual delivery of the social protection intervention. It requires institutional, organisational and individual capacity for the identification and enrolment of the eligible population, payments/service provision, management of

enrolled beneficiaries, dealing with grievances; and Case Management to ensure access to complementary services. (Sammon et al. 2020, p. 11)

Many countries have established autonomous or semi-autonomous agencies to administer social protection programmes, thereby removing this responsibility from government staff. Examples from Africa include the National Institute of Social Action in Mozambique, the South African Social Security Agency and the Agency for Social Protection in the Seychelles, which was formed by merging the Social Security Fund and Social Welfare Agency. ‘Seychelles is the only country in Africa that achieves administrative integration across social assistance (tax-funded) and social insurance (contributions by employers and workers deducted from income tax) in one independent agency’ (UNDP 2019, p. 93).

The administration of social protection programmes requires *management information systems* (to monitor programme performance) and integrated *beneficiary registries* (to monitor beneficiary status). Many social protection systems also incorporate *social accountability* mechanisms. These three linked components are discussed here.

Management Information Systems

A management information system (MIS) is ‘the backbone of an effective social protection delivery system’ (McClanahan 2021, p. 40). The rapid penetration of information and communications technology infrastructure into even the remotest areas of the world’s poorest countries has facilitated a step-change in the administration of social protection, which depends on accurate and up-to-date information about both programme performance and beneficiary status. The shift from paper-based to computer-based record-keeping has elevated the value of management information systems for a range of administrative functions, from processing applications and registering new beneficiaries, to triggering payments and handling complaints, to validating eligibility over time and eliminating double-dipping. Depending on how it is designed, a computer-based MIS should improve the efficiency, accuracy, timeliness and accountability of social protection processes, which is advantageous both for the government and for beneficiaries.

The more complex a programme’s design, the more complex the MIS needs to be. For example, if programme eligibility is determined only by age (for example, all persons over 60), the information required is much less than for a means tested programme where individual or household income plus assets must be assessed and periodically reassessed. Similarly, unconditional cash transfers are less data intensive and simpler to manage than conditional cash transfers, which require data on compliance to be captured frequently from multiple sources. It follows that, in low- and middle-income contexts with administrative and technological constraints, social protection programmes are more likely to be managed efficiently if they are simple in their design and delivery, with limited information needs (McClanahan 2021).

Recent attention has focused on building integrated digital information systems for social protection. Digitisation and integration of data are expected to strengthen social protection systems on both the demand and supply sides: ‘better understanding of the *demand* for social protection (for example, differential needs across population groups and lifecycle stages) and better coordination and monitoring of the *supply* of programmes to address those needs across sectors’ (Barca and Chirchir 2020, p. 5, emphasis in original). A well-functioning and

constantly updated MIS is useful for ensuring inclusion, prompt responsiveness, coordination and linkages across programmes and sectors, and efficient, accurate delivery of services.

In 2019 the UN Special Rapporteur on Extreme Poverty and Human Rights submitted a report on the ‘digital welfare state’, which warned of the risks associated with the increasing use of digital data and technology in social protection systems. While acknowledging that digital technologies can be more efficient for identity verification, eligibility assessment, benefit payments and prevention of fraud, the report also argues, often ‘the digitization of welfare systems has been accompanied by deep reductions in the overall welfare budget, a narrowing of the beneficiary pool, the elimination of some services, the introduction of demanding and intrusive forms of conditionality, the pursuit of behavioural modification goals’ (Alston 2019, p. 5).

Clearly, ‘datafication’ (Masiero and Das 2019) and the use of technology in social protection systems have associated benefits as well as risks. The benefits are well documented, but mechanisms must be put in place to ensure that human rights and well-being are expanded, not restricted, by the growing application of these innovations in MIS for social protection.

Beneficiary Registries

One tool for managing beneficiary information is a beneficiary registry, which compiles individual- or household-level data on the demographic and economic characteristics of actual and/or potential programme beneficiaries. The concept of ‘integrated beneficiary registry’ (Barca and Chirchir 2020) has recently superseded earlier terms such as *social registry* (a unified database that provides household-level information for identifying eligible beneficiaries of poverty-targeted social protection programmes), *single registry* (a database that links the MIS of individual social protection programmes) and *single social registry* (which combines the features of both) (Chirchir and Farooq 2016). A *beneficiary registry* aims to harmonise the targeting of beneficiaries across programmes, improve coordination among government and non-government actors, and promote cross-sectoral linkages.

A unified registry for all social protection programmes in a country is challenging to achieve, for several reasons. First, it should ideally be built on a well-functioning national *system of identity documents* (ID), with accurate and complete demographic data on all households and individuals (age, gender, disability, etc.), which is non-existent in many low-income countries. Making possession of a legal identity card or document mandatory for registering on social protection schemes could exclude the vulnerable 1.1 billion people who have no legal ID (Privacy International 2021). Second, often there are *multiple databases* for various programmes, operated by different government ministries or agencies, and merging them raises problems of interoperability (for example, different household or personal identifiers, different indicators collected, or household- vs individual-level data). Third, many countries do not have a robust legal *data protection* framework or privacy laws, and there are concerns about governments capturing detailed personal information about citizens. Fourth, in cases where international agencies (for example, the World Bank or the World Food Programme) or private firms (for example, telecoms companies, or banks that disburse payments) have established beneficiary databases, it is more difficult to achieve *government ownership* of the single unified database.

Beneficiary registries have also been questioned on technical grounds. One review of cross-country evidence found that ‘social registries systematically exclude the majority of the

poorest members of society from multiple schemes' (Kidd et al. 2021, p. ii), with exclusion errors ranging from 44 per cent to over 90 per cent. Reasons for these targeting errors include infrequent updating of information, while the circumstances of households change constantly (COVID-19 being one unexpected new driver of poverty and vulnerability), inaccurate targeting and eligibility criteria (for example if proxy means tests are used), and poor quality of surveys (Kidd et al. 2021).

Much depends on how beneficiary registries are designed and operationalised. Updated integrated registries have the potential to act as the technological interface for 'digital service windows', with 'front office' or demand-side functions – outreach, intake, registration and inclusion – as well as 'back office' or supply-side functions, such as information management and data integration (Leite et al. 2017; Sammon et al. 2020). Beneficiary registries can also enhance the shock-responsiveness of social protection systems. Brazil's Cadastro Unico and Pakistan's National Socio-Economic Registry, among many others, enabled prompt and effective responses to the exceptional needs for social assistance created by COVID-19 lockdowns in 2020, through horizontal and vertical scale-ups (Gelb and Mukherjee 2021).

Social Accountability Mechanisms

Social accountability mechanisms empower citizens and civil society to hold governments to account ... especially (but not only) where a right to social protection is enshrined in the Constitution and enacted in legislation. Social accountability democratises social protection, and for this reason these mechanisms are more prevalent in countries where governments are responsive to protests and civil society activism is tolerated rather than repressed. (UNDP 2019, p. 37)

Social accountability mechanisms include grievance or complaint procedures, which allow applicants to appeal if their application is declined and beneficiaries to complain if they do not receive their entitlements on time and in full. These mechanisms give effect to an important provision in the ILO's Social Security Convention: 'Every claimant shall have a right of appeal in case of refusal of the benefit or complaint as to its quality or quantity' (ILO 1952, article 70.1).

Some social protection programmes have set up community-level implementation committees, to empower people to become active participants rather than passive beneficiaries. In the case of Kenya's HSNP, the NGO HelpAge International helped to draft a 'Programme Charter of Rights and Responsibilities' and to establish beneficiary rights committees at community level (UNDP 2019, p. 40).

Other social accountability tools include community scorecards, citizen report cards and citizens' budgets. These tools ensure transparency in government spending, allow local people to monitor and improve service delivery by government, and enable a reduction in corruption and mismanagement.

A review of the global literature on social accountability found that weak or negative state response to citizen action is often a binding constraint on successful accountability outcomes. Also, citizen-driven mechanisms such as complaints mechanisms cannot address high-level governance failures such as corruption or mismanagement at the national level. Nonetheless, the report concluded that social accountability features should be mainstreamed in the design of social protection programmes, for instance by ensuring that eligibility criteria are transparent and by disaggregating monitoring data by dimensions of social exclusion, such as gender and disability (Ayliffe et al. 2017).

COORDINATION AND LINKAGES

Social protection coordination can be defined as the alignment and harmonization of all stakeholder activities (at the programme and administration level) in a coherent and holistic way to reach clearly identified and shared objectives (at the policy level). Obviously, a vertical link (vertical coordination) is also required between the policy and the operational levels. (Transform 2017, p. 8)

Coordination is essential for the efficient functioning of any social protection system. In all countries, social protection activities must be coordinated both vertically (across all administrative levels, from national to local) and horizontally, across social sectors (education, health, social development, etc.) and economic sectors (agriculture, labour, etc.). They must also be coordinated administratively ‘with the State institutions responsible for their design, financing, implementation, regulation, monitoring and evaluation’ (UNRISD et al. 2015), to ensure that policies are effectively translated into practice. This section therefore considers coordination issues at the policy, programme and administrative levels.

Coordination at the Policy Level

Crucial coordination functions at the policy level include: identifying social protection champions; developing and reviewing the social protection policy and legal framework; engaging with stakeholders (within government, but also civil society and the business community); developing an operational plan for the social protection policy; and establishing structures to link contributory (social insurance) and non-contributory (social assistance) programmes (Transform 2017).

Social protection is not usually seen as a stand-alone social policy sector. Unlike education and health, which have their own ministries in most governments, social protection is more often located within another line ministry, such as the Ministry of Gender, Labour and Social Development in Uganda or the Ministry of Social Development and Fight against Hunger in Brazil. In India, responsibility for social protection is divided among several ministries, including education, health and family welfare, labour and employment, minority affairs, rural development, social justice and empowerment, tribal affairs, and women and child development. Strong inter-sectoral linkages are therefore crucial (see Chapter 1).

In some countries, social welfare has recently evolved into social protection, both conceptually and politically. One example from the global North is Ireland, which established a Ministry for Social Welfare in 1947 that became the Ministry for Social, Community and Family Affairs in 1997 and the Ministry for Social Protection in 2010. In the global South, Kenya established a Ministry of Labour and Social Protection in 2016.

Nonetheless, social protection typically has low priority and limited leverage with powerful ministries such as finance, and its budget is usually smaller than the dominant social ministries of education and health. Even annual increments in benefit payments can be challenging to negotiate, because ministers of finance still regard ‘welfare’ as unproductive spending on unproductive people and prefer to allocate public resources to sectors perceived as ‘productive’.

Another complication is that most governments divide the two core pillars of social protection – social assistance and social insurance – into two ministries. In Eswatini, social assistance falls under the Social Welfare Department in the Deputy Prime Minister’s Office, while social insurance falls under the Department of Social Security in the Ministry of Labour

and Social Security. Each pillar has its own policy, the National Social Assistance Policy and the National Social Security Policy, which are administered separately with little coordination between them.

Even if social protection becomes a fully fledged line ministry or department, it remains complex, and institutional mechanisms are often established to oversee it, such as an interministerial steering committee (for example, a national social protection council), or a technical working group that in many low-income countries includes international development partners. Interministerial steering committees for social protection are common in West Africa – Burkina Faso, Côte d’Ivoire, Mali, Niger, Nigeria, Senegal, Togo – some also involving representatives of employers, workers, civil society and local communities (UNDP 2019).

Coordination at the Programme Level

Although unconditional cash transfer schemes are relatively straightforward, other social protection instruments are more complex and require good working relations and clear division of responsibilities between the relevant government ministries and agencies. Homegrown school feeding, for example, involves the ministries of education (to administer meals in schools), agriculture (to source food from local farmers) and health (to advise on nutritious meals) as well as social protection experts (to identify who should receive free meals). Such cross-sectoral linkages are difficult to achieve, and this can compromise programme outcomes. Here we briefly review three social protection modalities that require coordination at programme level: conditional cash transfers, ‘cash-plus’ programmes and the ‘graduation model’ (for more detail, see chapters 15 and 21).

Conditional cash transfers (CCTs) are an instrument that has coordination built into its design. By requiring beneficiaries to send their children to health clinics and school as a precondition for receiving cash benefits, the ministries of health and education become active partners in social protection. Agencies such as the World Bank support CCTs as an investment in the human capital of children and a vehicle for breaking the intergenerational transmission of poverty, as articulated in the title of the World Bank-published book *Conditional Cash Transfers: Reducing Present and Future Poverty* (Fizbein and Schady 2009). One reason why CCTs have not spread much beyond Latin America, where they are almost ubiquitous, is that they add administrative complexity and costs to the social protection system, and administrative burdens to the education and health facilities, which have to monitor and report on beneficiary compliance with conditions. CCTs depend on well-functioning social services, which are hard to access and of poor quality in low-income countries in Africa and South Asia, making the enforcement of conditionalities inappropriate. In some Latin American countries the increased demand for health and education created by CCTs prompted government investment in improving the accessibility and quality of these services, but the risk remains that services will become over-stressed and beneficiaries could be denied their social protection entitlements because of non-compliance.

‘Cash-plus’ programmes are social protection interventions that deliver income transfers together with other forms of support, for enhanced impacts. The difference between cash-plus and CCTs is that cash-plus offers additional benefits, but it does not make these preconditions for receiving cash benefits. For example, cash transfer beneficiaries might receive behaviour change communication messages about the importance of good hygiene, exclusive breastfeeding for infants and diversified diets for other family members, along with their cash. Moreover,

programme participants could receive case management support from a social worker, including psychosocial counselling, referrals to appropriate healthcare, and child protection services (Roelen et al. 2017).

The ‘graduation model’, pioneered by the NGO BRAC in Bangladesh, is a variant of ‘cash-plus’ that links participants to an integrated package of services that enhance their productive capacities, with the aim of promoting their livelihoods so they ‘graduate’ out of poverty traps and into self-reliance. The package includes regular cash transfers, savings (sometimes compulsory), productive assets (such as livestock), livelihood training (managing the asset, financial literacy to run a micro-enterprise), personalised coaching, and behaviour change communication. Pilot projects in several countries outside Bangladesh have proved the potential of the ‘graduation model’ in diverse contexts, with positive impacts recorded on poverty, food security and other indicators that were sustained even after programme exit (Banerjee et al. 2015). However, these packages are expensive and require large cadres of skilled case managers that are beyond the capacity of most governments. Recently these interventions have been labelled as ‘economic inclusion’ and efforts are underway to scale up NGO-run projects to national government-run programmes (Andrews et al. 2021).

Coordination at the Administrative Level

Even though social protection programmes are usually conceived and designed at central or national government level, their implementation is invariably decentralised to some extent, with varying degrees across countries of deconcentration (delivery of services through local offices) or delegation (assigning some responsibilities to semi-autonomous agencies or local government authorities). In this context, decentralisation has been described as an issue of ‘vertical coordination’ in the administration of government programmes (Transform 2017).

Decentralisation has advantages and disadvantages. Delivering services directly through face-to-face interactions with government officials, for instance through integrated ‘single window’ contact points at local level for beneficiaries of social protection and other social services, allows for more active participation of citizens in programmes that affect them. However, this also opens the scope for inconsistent or unequal treatment (for example, nepotism or politicisation) as well as corruption (Wyatt 2021). These risks can be reduced if impersonal centralised modalities are chosen, such as mobile money transactions through cell-phones or payment of benefits directly into beneficiaries’ bank accounts. The loss of administrative control associated with deconcentration or delegation must be counterbalanced with strong coordination, accountability and oversight mechanisms.

A final consideration is capacity constraints. Social protection is not only about paying regular cash transfers into bank accounts. A holistic social protection system that contributes fully to a country’s social and economic development requires cadres of well-trained and dedicated staff, notably social workers. In 2014, Tanzania and Zambia had less than one government social worker per 50 000 inhabitants (UNDP 2019). For UNICEF (2019), the social service workforce is one of four programme areas of social protection systems, alongside social transfers, social insurance, and labour and jobs. Social workers often assess eligibility and assist individuals to apply for social assistance, they deliver payments directly or monitor delivery of benefits, and they provide complementary inputs such as training sessions or monitoring of compliance for conditional cash transfer programmes. These staff need transport to

visit and include hard-to-reach people living in remote areas, and they need computers and software to manage social protection programmes.

That said, the administration of social protection should never be the only responsibility that social workers have. As noted above, they also provide case management for client needs assessment and referral services, in areas such as child protection, gender-based violence, and ensuring access to specialist healthcare. Research in Kenya and Zambia found that social workers spent too much of their time on tasks related to cash transfer programmes, and even had to rely on community volunteers (Kardan et al. 2017). In short, a well-functioning social protection system must be adequately resourced, in terms of not only the benefits it delivers but also the personnel and equipment required to deliver those benefits and services, without impinging on the other important functions that social development workers perform.

CONCLUSION

It is important to remember that social protection is an essential service provided by governments to citizens and residents, that social protection is acknowledged in international law as a human right, and that the main beneficiaries (or participants or clients) of benefits and services are the poorest, most vulnerable and most marginalised people in the country. For these reasons, social protection systems must be administered efficiently but also equitably and with dignity, to ensure no-one is left behind and that services are delivered in ways that do not stigmatise or demean claimants. The International Social Security Association guidelines on good governance for social protection systems argue for clear and simple rules and processes, and for five principles to be followed (ISSA 2013):

1. *Accountability*: the ability to hold officials legally responsible for meeting prescribed norms and standards to deliver social protection prudently, efficiently and equitably.
2. *Transparency*: the availability of accurate and timely information for all stakeholders to be informed about programme management, to promote integrity and competence and minimise arbitrariness.
3. *Predictability*: consistent application and enforcement of laws, rules and regulations, while avoiding sudden changes in key design aspects of programmes such as benefits and eligibility requirements.
4. *Participation*: engagement and meaningful involvement of all stakeholders, which requires the ability to act on information about social protection programmes, processes and institutions.
5. *Dynamism*: responding to evolving needs and capacities by improving the governance of the system, to deliver social protection more efficiently and equitably.

These principles are aligned with New Public Management approaches, as discussed earlier. Deficiencies in any of these areas can compromise the effectiveness of a social protection system. For example, Tiwari et al. (2016) found that irregular, unpredictable and delayed payments undermined the performance, credibility and impacts of cash transfer programmes in Ghana and Lesotho.

Many other challenges remain, beyond low coverage, inadequate benefits and inconsistent delivery. At the policy level, especially in low-income countries where social protection has been vigorously promoted by international development agencies, political commitment,

national ownership, fiscal space and institutional architecture remain relatively weak. More effort is needed to strengthen and deepen the political, legislative and institutional foundations of national social protection systems, including their linkages across sectors, ministries and implementing agencies. Unclear and conflicting lines of reporting and accountability need to be resolved, both horizontally (within and across government ministries and departments) and vertically (from national to local levels).

NOTES

- 1 Not all topics listed here are discussed in this chapter. The financing of social protection, for instance, is discussed in Chapter 11.
- 2 UNICEF (2019) adds as fourth domain ‘evidence’ (poverty and vulnerability analysis, evaluations, systems assessment), which is not addressed in this chapter.

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10. Universal, categorical and targeted social protection: issues, debates and solutions¹

Rachel Slater

Targeting is a much, if not *the* most, contested element of social protection policymaking, programme design and implementation. In debates and contestations, targeting and universality are often presented as being diametrically opposed; in practice, most countries demonstrate a combination of features and approaches to define who is eligible for inclusion in programmes and how to identify them. This chapter seeks to move beyond the polarised view of targeting by considering the intersections between approaches to targeting – from universality to those based on demographic and social categorisations, to those focused on poverty, food insecurity and beyond. It examines the potential for different approaches to address the challenges of social development and well-being and how programmes can ensure that both structural and life cycle-related shocks and stresses are mitigated.

The chapter focuses especially on programmes that primarily seek to reduce poverty rather than on those with broader objectives, for example of tackling inequality and exclusion. Nevertheless, social protection is defined broadly, to describe ‘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’ (Devereux and Sabates-Wheeler 2004, p. 9).

The chapter approach is as follows. First, it describes the general features of targeting approaches, with emphasis on differentiating between targeting as a (policy and ideological) decision about eligibility and targeting as a set of practical actions to identify those who are within the eligible group and to register them. Second, it describes a range of targeting approaches and explores their advantages and goals. Third, it outlines the key critiques of the two main approaches, poverty targeting and universal social protection. In its fourth and main part, the chapter then unpicks these critiques in an effort to see how social protection might move forward from the polarised debate between targeted and universal approaches. The chapter emphasises that, on the ground, combined approaches are always used and, indeed, necessary to respond to the diverse settings in which social protection is needed and implemented.

TARGETING AND UNIVERSALITY IN SOCIAL PROTECTION

Understanding targeting is confusing, with terminology used in different ways by different stakeholders. Devereux (2021, p. 150) describes it as ‘a process of defining who is eligible to receive social benefits and who is not, by setting eligibility criteria; identifying, verifying and registering eligible beneficiaries; and periodically validating and reregistering or deregistering programme beneficiaries because eligibility status can change over time.’ Similarly, Slater and

Farrington (2009) differentiate between targeting approaches and targeting mechanisms. The former is about who we decide to target and why; that is, the policy decision and criteria that define eligibility for a programme. The latter is about how we identify and reach those people, in this way performing the actions that enable eligible people or groups to be identified and enlisted onto a social transfer programme. The distinction matters if we are trying to assess targeting effectiveness or to make improvements. We need to know if action, improvements and changes are needed at the stage of defining eligibility or at the stage of identifying those deemed eligible.

Some definitions have explicitly applied targeting to poverty reduction and progressive actions: ‘Targeting is a tool that is meant to concentrate the benefits of transfer programmes to the poorest segments of the population. All targeting mechanisms have the same objective: to correctly identify which households are poor and which are not’ (Manasan and Cuenca 2007, p. 2). This is in stark contrast to universalism in which ‘the entire population is the beneficiary of social benefits as a basic right’ (Mkandawire 2005, p. 1) and where there is no targeting. But beyond this overarching view of universalism or universal approaches to social protection as having no targeting, the application of universalism in practice is less clear, especially because universal approaches are routinely applied to specific groups or categories and not to everyone – as, for example, ‘universal pensions’ or ‘universal child support’.

From a theoretical standpoint, targeting and universal approaches are ideologically distinct (see Chapter 1). Within social theory, targeting (especially of social safety nets) has much in common with residualism (Devereux and Sabates-Wheeler 2007), whereas universal approaches align with institutionalism.

The residual model posits that government social welfare institutions should only come into effect when individual effort, family support, the market and non-formal welfare systems fail to meet human need. Residualism requires that state provisions should be conditional, targeted and limited. On the other hand, the institutional model proposes that government social programs be universal, generous and, ultimately ... ‘institutionalized’ in the cultural fabric of modern societies. (Midgley 2003, p. 2)

In practice, while views on targeting diverge within and among governments, donors, non-governmental organisations, civil society and academics, two main highly polarised positions can be identified. The distinction is between those who support targeting based on poverty indicators and believe that it is possible to identify and reach the poorest people; and those who argue that all citizens should receive benefits (irrespective of their needs), the so-called universalists. Broadly, those who promote targeting make a pragmatic argument that universal benefits are not affordable. They maintain that poverty targeting is progressive because it maximises the share of benefits reaching the poor and avoids the inefficient use of resources entailed in providing benefits to those who can support themselves. In contrast, universalists argue that social protection is about more than just addressing income poverty. They believe that universal benefits promote rights, social cohesion (that is, the relations between members of society and the state, including trust, an inclusive identity, and cooperation for the common good) (Leininger et al. 2021, p. 3) and a wider set of societal benefits.

So, which claims are accurate and stand up to scrutiny? Reviewing arguments and evidence for and against targeted and universal approaches can be useful in identifying the strengths and weaknesses of both. However, the polarised nature of the debate means that many critiques feel self-serving and more intent on winning the debate than on finding an approach that

improves the effectiveness of social protection, social development and well-being outcomes for poor and vulnerable people, and for societies more broadly.

APPROACHES TO TARGETING SOCIAL PROTECTION

This section introduces common approaches to targeting, specifically (poverty) targeted and universal approaches. It then considers other approaches, notably categorical, geographical and self-targeting. The section considers the main features of each approach and how they are deployed.

(Poverty) Targeted Approaches

Targeted approaches to social protection seek to focus programme resources on specific groups, individuals or locations that are deemed to be poor or among the poorest. The theory behind targeting is that it offers a mechanism to provide a greater proportion of benefits to those who are most in need and so is more efficient and less costly than systems that do not target.

Poverty targeting depends on the measurement of poverty – usually a measurement of a recipient's income, assets or food security status. In some cases, these are direct measurements, but often proxies will be identified that are good indicators of poverty. Examples include housing and roofing materials, labour dependency ratios in the household, food consumption and diversity, and measurements of stunting or wasting in children. Many programmes also use geography to target, on the premise that some regions and districts have generally higher levels and a wider incidence of poverty than others.

More recently, programmes that target based on exposure to shocks, especially covariant shocks, have become more common. Some of these combine with poverty targeting, but others provide benefits to those exposed to shocks, especially climate-related shocks, irrespective of household income, by measuring losses and damage.

Universal Approaches

Universal approaches, in contrast, provide social protection to the whole population, irrespective of income or other categories, such as age, gender or ethnicity. Universal approaches are more straightforward to implement. The administrative challenges are far fewer, including ensuring undocumented people are not excluded, avoiding ghost beneficiaries and, in the case of social transfers, preventing people from receiving benefits more than once.

The suggested benefits of universal approaches are broad. Universal approaches are seen as key to establishing entitlements to social protection and are aligned with efforts to ensure that rights existing on paper are realised by poor and vulnerable people. Universal approaches may overcome labour supply distortion (because payments do not reduce if a recipient works more or earns more). They may avoid the risk of other perverse incentives such as reducing consumption to get access to programme support or avoiding investments in productive assets. Universal approaches are also considered to support state–citizen relations (for example by establishing a contract between citizens and the state in which social protection is provided and

governments are held accountable for delivery), though the extent to which they ‘do’ so more than targeted approaches is debatable.

Surprisingly, there is not agreement on what constitutes universal social protection. For those who focus on specific schemes or programmes such as pensions or child grants, it is a universal basic minimum, received by all in a group, irrespective of need. For those who take a systems perspective, assessing needs is part of universal social protection: ‘While those with equal needs should have equal access, those with greater need should have greater opportunities to access. Applied to social protection, this implies that, while the risk helps determine the type of support, the need should determine the extent of support provided’ (Dankmeyer 2019).

Between Targeted and Universal: Categorical Approaches

In practice it is difficult to identify any truly universal systems. They may exist in policy terms – for example where a universal system is enshrined in a country’s constitution – but especially in developing countries they do not achieve coverage nor individual transfer levels that make a meaningful difference to people’s lives. More commonly, when universal social protection is discussed, the focus is really on programmes that are universal within a particularly social or demographic category: so universal pensions, universal child grants, universal disability grants. The International Labour Organization (ILO) suggests that Bolivia, Cabo Verde, Lesotho, Mongolia, Namibia, South Africa and Timor Leste have achieved universal coverage, yet closer inspection reveals that they are referring to combinations of universal old age and disability pensions, and universal maternity and child benefits (ILO 2019). Willmore (2007, p. 24), for example, describes universal pensions as those that ‘provide a basic pension to the elderly with no test other than citizenship, residence and age.’ These are, in fact, targeted programmes as they use social or demographic categories as criteria. Often, these social and demographic criteria are viewed as good proxies for poverty or for wider life cycle vulnerability. While policymakers and practitioners do increasingly distinguish between social categorical targeting and universality, too often they are lumped together in targeting debates.

Other Targeting Approaches

Community-based targeting (CBT) provides a good example of a mechanism that can both define eligibility (that is, ‘the community decides who benefits’) and identify those who are deemed eligible (that is, the community, using eligibility criteria prescribed by government, identifies who is eligible) (McCord 2017). There are usually links to poverty targeting here. In the latter case, communities are usually deploying some proxies identified by government that are thought to indicate poverty. In the former case, the community might use various criteria, often poverty, but also other indicators. In practice, very few programmes take a CBT approach to define eligibility. This is largely because of concerns that community leaders capture the benefits of programmes for themselves and that other households and individuals who are among the poorest are left out because of social exclusion and other drivers. Programmes do frequently use community committees to apply criteria for judging who qualifies as a beneficiary, though safeguards are still required to avoid elite capture and exclusion. CBT is very common in small, intensively managed projects but less common in national programmes. Rwanda, Ethiopia and, historically, Indonesia are exceptions to this: here community-level procedures have been the foundation of the targeting system. An advantage of CBT is com-

munity engagement; in Indonesia, for example, CBT results in higher satisfaction because the community applies its own concepts or notions of what poverty is (Alatas et al. 2013).

Self-targeting occurs when either the processes of application and registration, or the conditions attached to the programme, or the benefits provided by a programme are at a level that will only be attractive to the poorest households. Richer households with jobs may be put off applying for benefits or collecting transfers by the long queues, or by having to provide labour in return for payments, or by the transfer's low value. The main challenges for self-targeting are how to maintain dignity for recipients and how to ensure that benefits are not so low that they have a negative impact on households. An example of the latter is where the payment is dependent on the recipient doing work that requires more energy than the calorific value of the payment itself (once it is shared with household members). Sen (1995, p. 14) sums up the problem, suggesting, 'benefits meant exclusively for the poor often end up being poor benefits.' Self-targeting especially risks excluding the working poor and women with household and childcare responsibilities.

CRITIQUES OF TARGETING APPROACHES

Critiques of Poverty Targeting

There are robust critiques of targeting approaches that focus on poverty, particularly those that emphasise narrow criteria of income poverty (Bennett 2017). The most common elements of the critiques follow.

Poverty targeting has a greater administrative burden compared to universal (or social categorical) approaches. The cost in terms of administration resources to filter out the non-poor when poverty is generalised across the population is challenged for being prohibitively high and seriously limiting the timeliness and efficiency of programme. Further, the administrative resources required to filter out the non-poor are often lacking in countries with the greatest need and the biggest gaps in funding.

A large part of the effective administration required depends on having recent data, repeated collection, and careful updating and verification. This might be feasible for more projectised approaches but is less than helpful for ensuring that overarching social protection systems are efficient, avoiding duplication and ensuring that social protection can adapt and respond to shifting vulnerabilities.

Many poverty-targeting approaches tend to have a narrow and static view of poverty and food insecurity. Although the models used to identify proxies are good at avoiding one-off measurements of highly variable indicators such as income and instead draw on more stable variables such as basic consumption, housing and assets, models are poor at capturing features beyond food and consumption gaps, and other less tangible elements that underpin well-being, especially social exclusion.

'Black box' approaches where the proxy means-testing algorithm is not made publicly available can make it difficult to demonstrate that beneficiary selection is fair, objective, transparent and accountable. There's a trade-off here that is difficult to navigate: transparency matters for programme acceptance and accountability but knowing how eligibility is defined can create opportunities for some people to misrepresent their circumstances to access the

programme (del Ninno and Mills 2015) or create perverse incentives for people to meet the criteria.

Poverty targeting is alleged to generate significant exclusion and inclusion errors, that is, where people living in poverty are left out of the programme, and people who are not poor are included (Kidd and Wylde 2011). There is more discussion on this critique below, but it is important to note that this is an area where differentiating between the activity of determining eligibility and of identifying those deemed eligible matters for debates about inclusion and exclusion errors. Do people get excluded because they are not viewed as requiring support, or because the programme administration fails to identify and register them? The former is a policy and design error, while the latter is an administrative error; and the solutions to address them are different.

Critiques of Universal Social Protection

The primary challenge for universal (or untargeted) social protection is cost. Universal approaches mean providing support to everyone, rather than trying to filter out those who do not need it. The level of the cost impediment depends on the fiscal capacity and willingness of governments to support social protection and on the level of support provided through (or the generosity of) social protection schemes. And therein lies the tension. Whether the cost of universal approaches is beyond the capacity of governments to provide depends heavily on generosity: very small transfers for all might be affordable but make little meaningful material difference to people's lives. In developing countries, domestic revenue mechanisms may not function adequately to fund even modest targeted social protection, never mind a universal system (Hanna and Olken 2018).

Any wider social benefits of universal approaches are difficult to demonstrate in tangible ways. If the objectives of social protection are broader than only addressing income poverty and extend, for example, to enhancing social inclusion or cohesion, then questions about impact also bring into focus issues associated with programme design: How big must the cash transfer be to tackle exclusion? How much, how often and how long is the cash transfer needed to enhance social cohesion? These questions are difficult to answer – particularly in the form required by ministries of finance and donor agencies – and this makes it difficult to take support for universal social protection from aspiration and advocacy to acceptance and action.

Other challenges include the fact that the meaning of universal/universality is, ironically, neither agreed on or applied consistently, and this has implications for practice. As noted above, social transfers are rarely universal but more often are described as such when they are universal only within specific categories (for example for all older people or for all children under five). Within this model, it is common that the working-age poor (whether working or not) are not covered by any support at all. Countries that establish social protection floors tend to begin with elements associated with grants for people with disability, for infants and children, or for the elderly, while unemployment benefits lag far behind. Some of this is about ease of programming: in countries with a large share of workers in self-employment or in the informal or gig economies, establishing mechanisms for defining and identifying the unemployed is inherently challenging.

HOW VALID ARE THE CRITIQUES OF TARGETED AND UNIVERSAL APPROACHES?

While there is some strong, robust evidence in support of both approaches (Del Ninno and Mills 2015; Bennett 2017; Coady et al. 2004), in practice the debate between them focuses on drawing out challenges with, or indeed tearing down, the other approach. When the critiques are too polarised, they tend to oversimplify evidence or misrepresent approaches. In practice, the pros and cons of approaches are more complicated, nuanced and dependent on context than proponents of specific approaches may imply.

Costs and Affordability

Some debates about the costs of targeted versus universal approaches provide an example of oversimplification. Proponents of targeting tend to focus narrowly on the financial costs (or alleged unaffordability) of universal programmes and pay far less attention to the private and social costs of targeting. Private costs are those borne by potential recipients and can be both illicit (paying bribes to get onto beneficiary lists) and above board (the costs, including opportunity costs, of travelling to participate in a community-ranking exercise or to lodge an application form in a town some distance away). Costs can be prohibitive for potential recipients: in the case of Uruguay's National Social Emergency Plan, 21.6 per cent of eligible households did not apply for the programme mainly because of various transactions costs incurred in the application process (Burdin and de Melo 2009).

It is also important to note that private costs are frequently regressive (so have a greater negative impact on the poorest households) and can discourage households from participating in programmes (Slater and Farrington 2009). Failing to account for private costs undermines the positive redistributive effect achieved through poverty targeting. But it is important to note that private costs are not unique to poverty targeting; they can also apply to social categorical targeting and to universal mechanisms, albeit in a much more limited way, if the payment requires application and documentation rather than being direct/automatic. As Leite (2014, p. 1) argues: 'The neediest, most marginalized and most discriminated-against groups may have difficulty accessing universally provided programs and may face barriers, such as lack on information, transactions costs, etc., that would exclude them.'

Social costs include stigma and divisiveness in communities (Ellis 2012). 'At a community level it has been shown that communities find it hard to accept that the 10 poorest households will receive free transfers while the eleventh poorest household will not' (Jimu and Msilimba 2018, p. 71). Social costs and stigmatisation can affect local community decision makers as well as beneficiaries. For example, in Ethiopia in 2008, one member of the village-level committee that finalised the list of beneficiaries had his grain store burnt down by former beneficiaries who had been removed from the programme (Devereux et al. 2008). In the same district in 2006, social friction in the community was so great that beneficiaries and non-beneficiaries took to worshipping at different mosques in the same villages (Slater et al. 2006).

Social Transfers or Social Protection

Part of the problem with the polarised nature of the targeted v. universal debate is the failure to recognise that in many societies some components of the whole social protection system will

be universal, but not necessarily the social transfers component. The universal versus targeted social protection debate has become predominantly one about social transfers, with other components of social protection – contributory/social insurance and wider programmes associated with labour markets and standards – largely ignored.

For example, in targeting debates, universal pensions are generally compared to poverty-targeted transfers rather than to contributory pension schemes (for a rare exception, see Willmore 2007). While the universal basic income movement is focused on social transfers specifically, no country has a social protection system solely comprising social transfers. Focusing only on transfers and ignoring the elements of social protection that include labour rights and standards, for example, creates a skewed picture of social protection that appears devoid of rights and entitlements. It makes more sense to look across the whole set of social protection components and ask what can collectively be achieved, rather than laying responsibility for achieving everything at the door of social transfers.

Devereux (2016) suggests a trifurcated approach to overcome this problem, in which three principles of redistributive justice (equality, equity and need) are used to work out which parts of social protection might be best targeted and which might best be provided universally. The proposal is that universalism is applied to achieve equality in access to essential social services; equity (payments proportionate to contributions) is applied to social insurance schemes (perhaps with governments paying insurance premiums or providing insurance credits on behalf of poor households); and social transfers are allocated on the basis of need (defined in terms of vulnerable groups or poverty). Overall, social protection is universal, but some individual components of social protection are targeted, allowing the trade-offs between goals, affordability and feasibility, as identified above, to be navigated. This perspective points toward a more hybrid approach, which is further discussed below.

Redistribution and Efficiency

Poverty-targeted approaches are often critiqued as being a neoliberal imposition – with harsh criticism aimed particularly at the World Bank – and yet poverty targeting is highly redistributive. In domestically resourced social protection systems, targeted programmes transfer resources from richer households (who pay taxes) to poorer households (who receive social protection). This redistributive effect is found in Latin America, with Ocampo and Gomez-Arteaga (2017) establishing that targeted direct transfers are themselves highly progressive, but a combination of low coverage, low benefits and regressive taxation systems limits redistribution. Thus, poverty targeting itself is not the guilty party; rather it is the way in which regressive taxes undermine coverage and benefit levels and, by extension, reduce redistribution. Furthermore, efficiency is widely acknowledged as important, for example by Sen (1995, p. 11), who argues, ‘the more accurate a subsidy in fact is in reaching the poor, the less the wastage, and the less it costs to achieve the desired objective. It is a matter of cost-effectiveness in securing a particular benefit ... It is one of maximizing the poverty-removal benefits accruing from a given burden of cost.’

On the other side of the debate, the presentation of universal approaches as unaffordable and an inefficient use of resources is similarly oversimplified. Although there is a common pattern in which cost analyses demonstrating the affordability of universal social protection tend to focus on a restricted group of programmes (often child grants, pensions and disability grants but rarely unemployment and/or other benefits to the working poor), there remains scope for

a more detailed analysis on both sides of the targeting debate. Only this will move us beyond the vicious cycle of a simplistic challenge claiming unaffordability, and rebuttal providing a costing, and a critique of that costing as restricted to only certain programmes. An example of work that moves beyond oversimplification is Hanna and Olken (2018, p. 202), who argue, ‘although universal basic income programs distribute the same value of transfer to everyone, including the very rich, if they are financed through proportional or progressive taxation, they can still result in a substantial redistribution to the poor.’ Similarly, the ILO and UN Women (Ortiz et al. 2019) provide a guide for identifying fiscal space and costing different social protection scenarios that moves beyond the protracted debate about which targeting approach is affordable to a more constructive discussion about how to get programmes funded, no matter how they are targeted.

Social Contracts and State–Citizen Relations

Universal approaches are assumed to support social contracts – where individuals, usually citizens, consent to live by the rules and requirements of the state in return for the protection of their rights and the receipt of certain benefits, such as rule of law/justice and the provision of certain services (see Chapter 2). Conversely, targeted programmes are often characterised as being socially divisive, especially in low-income countries where a large share of the population is poor or where the differences between the lowest level of income distribution and the second-lowest level are minimal (Ellis 2012).

There is evidence, however, that all social protection programmes, including those that are poverty targeted, have the potential to reinforce social/fiscal contracts (Burchi et al. 2020). Thus, the social contract is not the domain solely of universal social protection approaches.

However, empirically demonstrating the impact of universal and targeted approaches on social cohesion, social contracts and state–citizen relations is challenging. Evidence for the positive relationship between universal approaches and social contracts commonly traces the evolution of the welfare state in Western Europe (for example, Kidd et al. 2020), even though social protection is predominantly means tested in that region. This is, in part, further evidence that the terminology of ‘universal approaches’ or ‘universalism’ is not consistently applied – neither by its proponents nor its detractors – but rather represents a broad spectrum of interpretations. Quantitative approaches struggle to identify measurable indicators that can provide robust proof of a programme design effect and that can control for other factors. Qualitative approaches might convincingly describe a causal change in one specific context, but it is difficult to plausibly draw conclusions at scale or translate between contexts (for example from Western Europe to Eastern Africa). In the face of this challenge, the risk is that exploring which approach has the greatest positive effects on social cohesion/social contracts/state–citizen relations can lead to the assumption that a direct relationship between targeting and social cohesion is a causal one and the failure to account for other programme features that might be relevant. A good example of a programme feature that influences social contracts and state–citizen relations is where programmes are funded or delivered by international actors rather than governments. Donor-funded programmes are more likely to be targeted than universal, but evidence suggests that the causal factor diluting the possibility of building a social contract is the presence and visibility of external agencies, not the type of targeting that was used. Panel survey analysis of a range of social transfer programmes in the Democratic Republic of Congo, Pakistan, Nepal, Sri Lanka and Uganda found that receipt of

social transfers has little impact on beneficiaries' perceptions of government actors (Sturge et al. 2017), and this is regardless of targeting approach.

Using Proxies

Proponents of universal approaches are highly critical of the use of income- or consumption-based proxies to determine eligibility and of proxy means tests (PMTs) to identify recipients in particular. A weakness of these critiques is that they focus specifically on one type of test – the development of an algorithm using household survey data. While there are many approaches to proxy means tests, the term PMT has become directly and uniquely associated with a single algorithm/household survey data approach.

Proponents of social categorical targeting (or universal pensions, or universal child grants) rarely acknowledge that targeting based on a social or demographic categories is a type of proxy test. Social categorical targeting assumes (sometimes based on strong evidence, sometimes based on received wisdom) that poverty and/or vulnerability is predicated on belonging to a particular social or demographic category – that is, they take age or gender as a proxy for vulnerability. In fact, many critiques of proxy means tests are not actually critiques of proxy means tests *per se*, but rather a critique of what proxies are used and how they are chosen or identified. The critique is based on legitimate concerns about using narrow measures of income poverty that do not capture social vulnerabilities as proxies and on questions about the use of quantitative survey data to establish the proxies. But this perspective fails to acknowledge that social and demographic categories can be similarly restrictive, reduce categories to unhelpful and simplistic binaries (for example by reinforcing stereotypes about women's and men's roles or socio-economic status), fail to capture intersectionality that widens poverty gaps and, in doing so, exacerbate division (Holmes and Jones 2010, Molyneux 2008, Babajanian and Hagen-Zanker 2012).

Overall, social categorical approaches are not quite as different from PMTs as they are often purported to be. That social categories are not acknowledged to be proxies, even where they are used as such, is a good example of the way that the debate has evolved on targeting: it lacks nuance and has become almost partisan in nature, a fierce battle between the notional 'poverty targeters' and 'universalists', with respective positions presented as (inaccurate) caricatures.

Perspectives on Inclusion and Exclusion Errors

Similarly, critiques about both inclusion and exclusion errors can be specious: at a superficial level they may seem plausible, but in reality they may be incorrect or misleading. So, criticisms of the inclusion errors that come with universal approaches often depend on an assumption that universal approaches are trying to do something that they are not. They assume that universal approaches are trying to reach only those who are in need, only at that moment in time. In fact, universal approaches seek to reach everyone, irrespective of need. This might be called 'inclusion by design' (Devereux 2021). There is certainly merit, particularly in resource-constrained settings, to highlighting the (frequently substantial) costs of supporting individuals and households that are already able to meet their needs, but to make the argument using the language of inclusion errors can be misleading.

Similarly, critiques that highlight exclusion errors in poverty targeting can measure and present exclusion errors in misleading ways. Most notable is when critiques 'do not con-

sider situations in which the proportion of individuals in poverty differs from the proportion targeted' (Klasen and Lange 2015, p. 3). Where limited resources means that a programme cannot cover all the people living in poverty within a given population, it is inappropriate to measure exclusion errors against the entire poor population rather than the total number of programme recipients. Such a critique apportion blame on the targeting approach for leaving people out of the programme rather than on the funding shortfall.

Criticising targeting in a programme on the basis of something the programme was either not designed or not resourced to do is unhelpful – but common on both sides of the targeting debate. The critiques on both sides also often fail to acknowledge the severity, distribution and impact of inclusion and exclusion errors. In fact, evidence suggests that inclusion errors from algorithm PMTs are largely confined to the non-poor close to the poverty line (Klasen and Lange 2015). A number of analyses find that the same PMT produces different levels of inclusion error depending on the poverty rate – so PMT is less accurate when a small share of the population is poor (Kidd and Wylde 2011; Klasen and Lange 2015), and yet these critical nuances are too often disregarded. Despite numerous studies covering many countries and programmes, the intense focus on inclusion and exclusion errors distracts attention from what matters most: the impact of inclusion and exclusion errors on the outcomes of social protection. Alatas et al. (2013) find that while PMT performs better in identifying the poor than CBT or a combination of CBT and PMT, the difference is not enough to significantly affect poverty outcomes. This raises the question of whether the debate between targeting and universalism has got so focused on the meticulous detail of inclusion and exclusion errors that it fails to assess the wider impact on outcomes for poor and vulnerable people.

Policies and Goals versus Practices and Outcomes

It was noted above that universal approaches are currently mainly aspirational rather than actual and that any transition toward universalism involves making choices about where to start – especially which groups to prioritise first. Costs are viewed as prohibitive, and many governments still have concerns (despite overwhelming evidence to the contrary) that untargeted transfers create dependency. This reality creates a painful irony: moving toward universalism requires a transition, focusing on supporting specific groups first, generally those for which there will be least resistance, but this has some serious negative implications. Taking an approach that avoids objections on the basis that the initial groups are somehow (more) deserving of support (than others), are somehow innocent or are incapacitated (and therefore not in their situation due to laziness) means that working towards universal approaches may implicitly support (or be seen to support) the notion that the working-age poor are undeserving of support and may, inadvertently and unwillingly, reinforce narratives about dependency and laziness.

The implicit acceptance of the notion that some people are more deserving than others, which comes from starting the journey toward universalism with social and demographic categories, is also problematic in other ways. Among the elderly in low-income countries, where social pensions are provided to those aged 70 years or older, there is a good question about whether it is people who have been poor throughout their lives that make it to 70 years in the first place. That is not to ignore the importance of supporting skipped-generation households in the context of the HIV/AIDS epidemic, nor the specific vulnerabilities associated with older age (and most recently susceptibility to serious illness following a COVID-19 infection).

However, it is worth asking questions about whether support to specific demographic categories is more or less progressive than support that is not based on age and whether notions of ‘deservedness’ implicitly but unintentionally undermine rather than support the values implicit in universalism.

Overall, while universalism itself does not inherently reinforce negative or pejorative attitudes toward poor and vulnerable people, its application on the ground – especially choices about what and who to prioritise first – can have those unintended effects. And these unintended effects run counter to what universalism is all about.

Binary versus Hybrid and Differentiated Approaches

While the debate on targeting has become binary – between poverty-targeted and universal approaches – there are good reasons to move beyond these binary critiques. Most important of all is that if social protection is to tackle both structural and life cycle-related shocks and stresses, a range of approaches is required.

Targeting effectiveness is highly diverse, so it is unlikely that one targeting approach or mechanism will outperform another in all cases. Some of the variation is about context; for example, comparisons of targeting approaches in Kenya (Sabates-Wheeler et al. 2014) and Indonesia (Alatas et al. 2013) find different results for the relative performance of CBT and PMT. In a review of 122 programmes across the world, Coady et al. (2004) found no clearly preferred targeting method for all types of programmes or all country contexts. Furthermore, in their sample they found that 80 per cent of the variability in targeting performance was due to differences *within* targeting methods and only 20 per cent was due to differences *across* methods. Similarly, Bennett (2017, p. 25) argued that substantial variations in targeting effectiveness render comparative assessments based on average performance ‘largely useless’. This is more evidence that the binary and partisan nature of the debate – comparing all examples of one approach with all examples of another – is unhelpful for improving social protection programme design and delivery.

Countries rarely have either universal or social categorical or targeted systems and programmes. In the Coady et al. (2004) analysis, only 48 of 122 interventions used a single targeting mechanism, and some combined 4 methods of targeting. It is much more likely to find a combination of targeting within social protection systems and within individual programmes or projects. Individual schemes under Kenya’s Unia Jamii social protection programme use a combination of poverty and categorical targeting, with plans to extend to universal categorical mechanisms (Kenya 2017). Moving away from singular approaches to hybrid or differentiated approaches can be an opportunity to maximise targeting effectiveness. In Nicaragua, the Red de Protección Social programme adapted targeting depending on poverty levels so locations with high rates of poverty receive universal transfers while a proxy means test is applied in areas with lower poverty rates (Adato 2008). In a 2015 review, Devereux and colleagues commented that ‘this use of differentiated targeting is a logical strategy, given different characteristics of the population in different locations. It is unusual for multiple mechanisms to be used on a single programme, but this case suggests that such a strategy should be considered more often’ (Devereux et al. 2015, p. 29).

Combined approaches to targeting also generate problems to tackle. Social categorical targeting generally generates a payment based on criteria about individuals, whereas poverty targeting uses a household or family as the unit determining eligibility. That does not mean

a payment for an individual always goes to an individual; it could go to another household member, for example to a parent (usually the mother) in the case of a child grant, or to the household as a whole. While social categorical targeting to an individual is often presented as the best of both worlds – because older persons share the income from their social pensions with other members of the household – this combination of individual and household units in targeting can lead to undetected duplication or ‘double dipping’ of benefits. In a comprehensive system, a household might be eligible for a poverty-targeted transfer but also receive an older person’s allowance, some form of child benefit and/or a disability grant.

Further, if targeted pensioners are expected to share benefits with other household members, how are transfer levels set – at an individual or household level? Household programmes often use a deflator or index for payment related to household size, so combined targeting systems can disrupt this. Furthermore, the presence of an elderly person in a household is essentially being deployed as a proxy indicator for household poverty and vulnerability, rather than to directly and specifically address the vulnerabilities associated with old age. The logic of social pensions can begin to look precarious, and internally inconsistent, within a combined approach. In practice, especially in situations where measuring household well-being is difficult, this might be a pragmatic approach, but it does not align well with other arguments related to social pensions regarding rights and entitlements and addressing life cycle-based vulnerabilities. This is another example of how the overlaps and nuancing of programming on the ground may remain distant from the rather abstract, high-level arguments taking place in global fora.

How might these practicalities feed into global fora? Arguably, a more hybrid solution is needed, perhaps a ‘systemic universalism’ that accommodates different solutions for different groups, depending on the outcomes that the system intends to achieve, rather than equating universalism with uniform benefits for all (see Chapter 1). This would be similar to Devereux’s (2016) trifurcated approach described above; that is, a universal system with individual components that are fit for their respective purposes and contexts.

Fragile and Conflict-Affected Situations

The debate on targeting has rather little to say about fragile and conflict-affected countries and the discussion tends to be heavily focused on countries deemed to be (relatively) stable, with far less focus on targeting social protection in situations of protracted crisis and violent conflict. There are good reasons to recalibrate or even completely revise some of the entrenched positions on targeting in these contexts.

Universal approaches often depend on citizenship, on owning an identity documents and on having an address; none of these may be the case in situations of internally displaced persons (IDPs) and refugees (see Chapter 2). For example, the definition of universal pensions by Willmore (2007) above, depends on three criteria: age, residence and citizenship. In practice, IDPs may not be able to provide a registered address, while refugees are excluded on the basis of lacking citizenship. Various stakeholders are actively tackling the exclusion of refugees and providing alternatives through systems and programmes that run alongside social protection (for a review, see Seyfert et al. 2019). But the question of what universal social protection means where citizenship is a criterion for inclusion and yet there is mass displacement has been increasingly raised following protracted displacement of Syrian people in the 2010s and the more mass displacement of Ukrainians following the Russian invasion in February 2022.

Poverty targeting is especially challenging in fragile and conflict-affected settings for two reasons. First, it is even more difficult than in more stable contexts to get data to identify who is poor with reasonable accuracy. Surveys rarely take place and there is a fluidity to well-being that is difficult to track (Mallett and Slater 2017). Diwakar and Adedeji (2021) find that in north-eastern Nigeria, temporary escapes from poverty – where household well-being improves, only to fall back again – is especially pronounced, reflecting the risky environment characterised by high levels of uncertainty and displacement driven by both conflict and environmental shocks. Second, the poverty proxies used in existing programmes may be inappropriate in situations of violent conflict and displacement and could work to exclude refugees and IDPs (Sabates-Wheeler and Szyp 2022).

This can suggest that social categorical approaches – those that are not viewed as related to one or other side of the conflict, such as age or gender – may provide more pragmatic options for targeting. However, it is important to recognise the risks of upsetting existing but fragile social networks and mutual reciprocity systems. Distribution that is perceived as unfair or that creates cleavages across existing community hierarchies may trigger local-level conflict and violence, and may upset local, powerful elites with dangerous consequences. Challenging local hierarchies could be either an opportunity or a danger – and this will play out differently depending on context.

Situations of fragility imply a role for different and somewhat innovative approaches, including lottery systems. Surprisingly, rather than being viewed as arbitrary, lotteries, when delivered transparently, are often perceived to be a fairer way of distributing limited resources rather than being at the whim of powerful elites and local leaders or officials (Sabates-Wheeler and Szyp 2022). However, the implications in situations of fragility and conflict are poorly understood.

CONCLUSION

The debate on targeting has become polarised and partisan in nature, with critiques presented from both sides that are oversimplified, misleading and replete with ‘whataboutery’ and counter-accusations. The polarisation has led to a debate that takes place as if there are only two approaches (poverty-targeted and universal), whereas, in practice, all countries have adopted hybrid approaches that combine multiple approaches (see Chapter 4).

Much of the analysis focuses on the targeting (or non-targeting) approach as if it were the only variable or influence on outcomes, when in practice a far broader range of factors related to programme design and the wider context (such as domestic revenue sources) influences whether various targeting approaches are effective and efficient. The caution of Coady et al. (2004, p. 3), that relationships between programme outcomes and targeting mechanisms ‘should be considered as showing correlations rather than causal relations because targeting methods are themselves choices’, appears to have gone unheeded.

Rather than getting stuck in an impasse between these diametrically opposed positions, a better way forward is to recognise that all targeting approaches have both advantages and disadvantages. One size does not fit all, and there are trade-offs, complementarities and gaps, whatever approach is taken. As a result, the most appropriate targeting will vary considerably between neighbouring countries and between subnational regions and locations. Combinations of targeting are the reality and offer good opportunities to make sure that social protection

reaches as many as possible of those who need it. As Devereux (2021, p. 152) argues, ‘a case-by-case assessment might be best.’

Combining multiple approaches is no panacea. A range of uncoordinated targeting approaches can lead to unintended gaps and errors and a fragmented and ineffective system. So harmonising targeting is important. Steps towards a more nuanced, harmonised approach include improved registries that can recognise and tackle duplication, but it is crucial to beware ‘premature loadbearing’, where we ask too much, too soon, too often of fledgling systems (Pritchett et al. 2010). It is important, too, to note that harmonised does not mean homogenised and that choices about targeting and useful proxies should reflect (dynamic) local contexts (Sabates-Wheeler and Szyg 2022).

Overall, it is a debate where people are generally talking past one another. The concern, though, is that such entrenched positions undermine social protection. Social protection and targeting are both means to an end – with the end being the improvement of well-being and the tackling of both structural and life cycle-related vulnerabilities, and neither is an end in itself. That means, there is no point winning the debate on targeting but ending up doing little to address poverty, food insecurity and vulnerability and other obstructions to well-being. A change in focus, grounded in the reality that most countries deploy combined targeting approaches, is needed. That focus should prioritise working out how different targeting approaches and mechanisms can best work in tandem toward more effective social protection. In turn that means working toward more elements of universality within comprehensive systems but, at the same time, acknowledging that some elements of categorical and poverty targeting will be with us, will be necessary and will be useful for the long term.

NOTE

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11. Social protection modes of financing and capability challenges in low- and middle-income countries¹

Marianne S. Ulriksen

The rise of social protection for the past two decades has largely been domestically driven, starting with anti-poverty cash transfers in Mexico and Brazil and then spreading across Latin America to other continents in the global South; only later have development agencies come to play an important role in promoting social protection (Barrientos 2013; Hanlon et al. 2010; Leisering 2019; see Chapter 9). Common to the spread of social protection – here defined as income or consumption transfers to poor and vulnerable individuals and households (Carter et al. 2019) – is the emphasis on non-contributory programmes that are financed through government revenue; that is, in the main, revenue from taxes. In cases where governments have not had (or not prioritised) revenue for social protection, international aid agencies have financed programmes in anticipation that governments would in time take fiscal responsibility.

The mobilisation of revenue to finance social protection programmes is fundamental to the institutionalisation of adequate and sustainable social protection systems. This chapter offers a review of the existing body of research to explore, first, the existing modes of financing and fiscal capacity for social protection spending in low- and middle-income countries. Low- and middle-income countries vary greatly with respect to their capacity to finance social protection, ranging from donor-dependent countries needing external resources to fund even the most basic safety nets to countries with a stronger tax-base and redistributive potential. Still, fiscal capacity is inadequate across most countries and there is need to improve revenue mobilisation from taxes.

The literature suggests that the mode of financing has complex relations with the potential for building administrative capacity and securing political will, both of which equally present common challenges to the development of social protection systems (see Chapter 9). Hence, the second purpose of this chapter is to explore these relations for the two common modes of financing social programmes, international aid and tax revenue. Major findings from the literature review, as elaborated below, suggest that even where early programmes have been tax financed, thereby indicating commitment by the government of the time, administrative challenges remain, and initial political commitments cannot be taken for granted. An important consideration is the design of the initial programmes, particularly whether they are targeted or (near-)universal, as this may have implications for their legitimacy and long-term sustainability. As for countries introducing social protection programmes through external funding, the possibilities of institutionalising social protection systems are more complex. International aid can be an important catalyst for social protection spending and the building of administrative capacity but only if programmes are implemented through state structures and are aligned with the priorities of domestic governments. The exploration of common trends across low- and middle-income countries is supported by two illustrative and contrasting cases: Tanzania, a low-income country

with a donor-funded social protection programme, and South Africa, with an institutionalised social protection system funded by the government.

SOCIAL PROTECTION SPENDING AND FISCAL CAPACITY

This section draws on the most recent data (ILO 2021) to demonstrate the extent of social protection spending globally and to show how social protection policies are currently being financed in low- and middle-income countries. While there are different modes of financing,² social protection systems are usually financed through a combination of government revenue (primarily from taxes), contributions (that is, insurance schemes) and private out-of-pocket expenses; the more extensive and redistributive social protection systems (in high-income countries) are primarily financed from tax revenue. Middle-income countries still face challenges in expanding their tax revenue base, but most obviously not to the extent experienced in low-income countries that also rely on international aid to finance social protection. Thus, a country's level of social protection spending is, in the most general terms, linked to its level of economic development (ILO 2021, p. 49).

Today, most countries in the world have some social protection programmes in place that are anchored in national legislation; for instance, at least 170 countries have social security legislation on old age pensions, while legislation on unemployment compensation is much smaller, with around 60 countries (Schmitt et al. 2015; see also Chapter 4). However, legal coverage is only a first step toward effective coverage. The global effective coverage rate of social protection is 46.9 per cent, meaning that close to half the global population is covered by at least one social protection benefit. The mirror image is, then, that 53.1 per cent – 4.1 billion people – do not receive any social protection benefits. Global averages obviously conceal substantial variation across regions. Coverage rates are highest in regions of the global North (Europe and Central Asia, with a coverage rate of 83.9 per cent, and the Americas, 64.3 per cent), while coverage rates are lowest across the global South (44.1 per cent in Asia and the Pacific, 40 per cent in the Arab States and 17.4 per cent in Africa) (ILO 2021, pp. 40–42).

Richer countries spend more on social protection, ensuring higher levels of effective coverage and adequate payment, which is then associated with lower levels of poverty and income insecurity. Thus, while high-income countries spend 16.4 per cent of GDP on social protection (excluding health), upper middle-income countries spend 8 per cent, lower middle-income countries 2.5 per cent and low-income countries 1.1 per cent (ILO 2021, pp. 40–42). Variation in social protection spending is related to fiscal capacity measured as total revenues (that is, taxes, aid, royalties and other proceeds accruing to the state) as a share of GDP (Murshed et al. 2017, p. 16). Taxation forms the most important element in long-term and sustainable social protection spending (Barrientos and Niño-Zarazúa 2011, p. 606). Thus, while average tax ratios for high-income countries exceed 30 per cent of GDP, middle- and low-income countries have tax ratios in the range of 15–20 per cent of GDP, and those of poor and fragile states are even lower (figures for 2011) (see Bastagli 2015, p. 3).

The lower tax ratios of middle- and low-income countries leave a smaller revenue pool from which to cover social protection expenditures. Moreover, their mode of financing social protection differs from high-income countries. In the global North, taxation forms the lion's share of social protection financing, whereas in the global South, private and occupational payments dominate (Schmitt et al. 2020, pp. 151, 157–8). The implications of this distinction are

important to note: tax-based social protection can finance large, publicly shared programmes, whereas private and occupational payments are limited to individuals' own earnings and work situation. Social contributions – payments to insurance schemes conditional on employment – is a third mode of financing social protection, which is common globally (Schmitt et al. 2020, pp. 151, 157–8). In high-income countries, contributory schemes form the main mode of social protection financing, with non-contributory (that is, tax-financed) social protection programmes being complementary; this is possible as the economies are characterised by high formal employment. However, this mode of financing poses challenges for broadening social protection coverage in low- and middle-income countries as lower levels of formal employment (and thus high informality of work) hinders a broad expansion of contributory schemes, which – combined with the relatively smaller pool of tax revenue – further narrows the fiscal capacity for redistributive spending (Van de Meerendonk 2021).

One way to expand social protection is to increase tax revenue. Arguably there is scope to improve domestic revenue through increased taxation (IMF 2015; OECD 2017). For instance, it is suggested, 'the median country in Africa is estimated to have the potential to increase tax revenue by between 3.0 and 6.5 percentage points of GDP' (Beegle et al. 2018, p. 246). A tax revenue increase in that range could, in turn, double the current social spending average in Africa of 1.2 per cent, still leaving room for spending in other areas (Beegle et al. 2018, p. 246). In other estimations across the world's 101 low- and middle-income countries, the average costs of a universal social protection floor are calculated to cost an average of 1.6 per cent of GDP; with some regional variation (2.9 per cent in Central, East, Southern and West Africa compared to just over 2 per cent in Latin America and the Caribbean and 0.9 per cent in Eastern Asia and the Pacific) (Ortiz et al. 2017, p. ix).

While tax revenue performance has improved in many low- and middle-income countries, there are substantial challenges to increasing tax revenues further, particularly in low-income countries (Carter et al. 2019). The effectiveness of revenue collection via direct taxes is positively related to the size of the formal economy (Cruz-Martinez 2018). However, economies in low-income countries are dominated by large informal sectors that are hard to tax, a situation that is exacerbated by weak administrative capacity, poor compliance habits and tax systems not suited to the circumstances of informal workers (Barrientos and Niño-Zarazúa 2011, p. 606; Harris 2013, p. 118; Development Pathways 2017; Rogan 2022). Characteristic of such tax regimes is a higher reliance on indirect taxes – such as value-added tax – rather than by direct taxes (taxes on income, property and corporate tax), which makes tax revenue mobilisation not only less effective but also regressive (Beegle et al. 2018, p. 247; Hirvonen et al. 2018, p. 4). Hence, although there are innovative forms of direct taxation of the informal sector – focusing, for instance, on increasing visibility of taxes and the engagement with taxpayers (Rogan 2019) – the challenge for many low-income countries is not only to tax more but also to build progressive tax systems and expand the number of taxpayers (citizens and enterprises) (Fjeldstad 2014, p. 190; Development Pathways 2017).

Countries can also finance social protection from non-tax revenue, for instance by establishing earmarked funds from the exploitation of natural resources (Van de Meerendonk 2021). While income from natural resource may seem an obvious route for social protection expansion, research indicates considerable challenges in managing such rents. Countries reliant on natural resource rents generally have lower public expenditure efficiency (Devarajan et al. 2011), particularly in countries with weak political institutions (Bhattacharyya and Hodler 2014). In addition, there are substantial wastages of revenue for power-preserving

activities by political elites, and governments become less accountable to citizens (Ulriksen 2013). Borrowing may be considered to provide an initial financial impetus for social protection development. However, while some countries may create fiscal space by prudent debt management, for most low-income and lower middle-income countries it is not advisable to borrow as debt service obligations reduce fiscal space for social protection (Harris 2013; Murshed et al. 2017; Ortiz et al. 2017). Finally, one could also look at other domestic financial sources, such as social contributions and private out-of-pocket payments. However, as the rise of social protection has been dominated by non-contributory programmes, the primary source of financing is taxation, with international aid providing (additional) support for social protection spending in low-income countries.

The overall picture is that middle-income countries have higher tax capacity compared to low-income countries, with the former collecting on average 16.9 per cent of GDP as tax revenue in 2015 compared to on average 13.3 per cent in low-income countries (Page and Pande 2018, pp. 188–9). The averages conceal substantial variations within each group, and it is worth noting that some middle-income countries with high levels of poverty, such as India, Indonesia and the Philippines, have similar levels of tax capacity as low-income countries (Page and Pande 2018, pp. 188–9). The level of tax capacity is, thus, far from the average tax ratio of more than 30 per cent of GDP for high-income countries (Bastagli 2015, p. 3); consequently, improving tax revenue mobilisation would be a desirable, but also challenging, avenue for increasing social protection spending in low- and middle-income countries. How best to improve revenue mobilisation is beyond the scope of this chapter (but see, for instance, Hujo 2020; Ortiz et al. 2015; UNDP 2019). Instead, it focuses on the existing envelopes of financial resources for social protection spending.

LINKAGES BETWEEN SOCIAL PROTECTION MODES OF FINANCING, ADMINISTRATIVE CAPACITY AND POLITICAL COMMITMENT

International organisations argue that the introduction of a universal social protection floor – the most basic level of social protection – is generally affordable in low- and middle-income countries costing in the range of 1–3 per cent of GDP (Cruz-Martinez 2018; Ortiz et al. 2017). However, many countries have only approved expenditures well below these recommendations (Seekings 2017). The underinvestment in social protection in many countries is partly a matter of priority and political will (Cherrier 2020; Seekings 2017), but, given limited tax revenue and many areas in need of spending (including, for instance, education and health), many countries also lack the fiscal and administrative capacity to build social protection systems to scale (Hickey et al. 2019a). Hence, the potential for social protection expansion is linked in complex ways to the mode of financing, the administrative capacity and the level of political commitment by governments.

The rest of this chapter explores how the financing of initial social protection programmes can contribute to the building of administrative capacity and political commitment, and what the capability challenges may be for poorer countries when seeking to build social protection systems. The discussion is set up toward the goal of having social protection systems that are *institutionalised*, which can be defined as ‘the process by which national governments progressively take responsibility for the delivery of social transfer programmes’ (Lavers and

Hickey 2021, p. 5). Institutionalisation of social protection is then an indication of programme sustainability, with governments increasingly taking responsibility of implementation and financing (Barrientos 2016). Lavers and Hickey's (2021) conceptualisation of institutionalisation includes the following five components:

1. Social protection programmes are grounded in national legislation.
2. The programmes are entirely domestically financed.
3. The programmes are implemented through state structures.
4. The programmes are national in scope.
5. The programmes cover at least 10 per cent of the population.

In the following, these criteria are used to explore how the mode of financing interacts with the building of administrative capacity and political commitment in contexts where social protection systems are becoming institutionalised. For simplicity, the discussion focuses on two dominant modes of financing in low- and middle-income countries and the interlinkages with capacity and political will: financial support from international aid agencies and government revenue.

Donor Financing and the Institutionalisation of Social Protection

As discussed earlier, low-income countries may have fiscal capacity to implement some basic social safety nets, but generally domestic revenue is low and the areas in need of public financing are abundant. International aid agencies for their part have taken a keen interest in promoting social protection as part of their poverty reduction agenda. Development partners are heavily involved in programme design, implementation and evaluation across low-income countries. According to one study, development partners finance 55 per cent of social protection spending in Africa (Beegle et al. 2018), although there are indications that domestic funding in Africa has increased to such an extent that it currently exceeds funding from aid agencies (UNDP 2019). Nevertheless, official development assistance still plays a major role in financing social protection in low-income countries (Carter et al. 2019). The question is whether and how this affects the process of institutionalising social protection, in terms not only of shifting financial responsibility to the government over time but also of establishing national legislation, having a national scope, increasing coverage and implementing social protection through state structures. The key question here is whether donor-financed social protection can be the necessary catalyst for low-income countries to build administrative capacity and create political commitment toward the institutionalisation of social protection.

Upfront, international aid can be instrumental in building social protection programmes in the early stages, as the initial cost of setting up programmes can be significant, and in this way external funding can provide an important initial financial input (Barrientos and Niño-Zarazúa 2011). Another advantage of donor-financed social protection is that it can be implemented in contexts where governments have limited access and infrastructure. International aid agencies can thus provide humanitarian funding through social protection, reaching people in emergency situations and fragile contexts (Alik-Lagrange et al. 2021; Mackinder 2020).

In more peaceful and stable contexts, the assistance by international aid agencies can lay the groundwork for the institutionalisation of social protection in several ways. Donors can provide technical assistance to support programme design and legalisation. Donors are also closely involved in implementing pilot projects that can be monitored, evaluated and adjusted,

and subsequently expanded to the entire country securing a coverage of at least 10 per cent of the population. In cases where, from the beginning, programmes are implemented by domestic government agencies in close collaboration with international aid agencies, the administrative capacity of state agencies can be strengthened as the programmes develop and expand (see Box 11.1 on Tanzania) (Devereux 2010). Capacity building may also extend beyond the implementing agencies. For instance, the registration of beneficiaries is a channel to centralise information about citizens that can be useful for other public programmes, and the issuing of registration cards can increase the state's visibility among population groups feeling otherwise marginalised (Alik-Lagrange et al. 2021). There are also indications that receipt of international aid may be perceived positively by citizens who see the state as capable of attracting external actors to assist in providing needed services (Winters et al. 2018).

Nevertheless, there are also concerns that aid-funded programmes undermine the state and prevent the opportunity for state capacity building if the programmes are not implemented in close collaboration with state agencies (Mackinder 2020; UNDP 2019). The nature of aid (being provided by a host of agencies, each with different agendas and reporting structures) also puts governments with already weak capacity under pressure in several ways: the flow of resources is not predictable in the long term; donor efforts are fragmented; and recipient governments have high administrative overheads in dealing with the multiplicity of requirements and demands following receipt of aid (Harris 2013). Hence, there is a real risk that externally funded programmes not only fail to support the building of administrative capacity but reduce the state's capacity to deliver social protection (Cammatt and MacLean 2014). In cases where social protection is being implemented in structures that run parallel to the state, aid may also undermine any social contract existing between the state and its citizens if the state becomes more accountable to donor agencies than toward its citizens; as a result, the state may lose legitimacy (Sacks 2012; Ulriksen 2013; see Chapter 2). Legitimacy may further be eroded if programmes are not in line with domestic needs or norms (Ouma and Adésinà 2019).

Following Lavers and Hickey's five criteria for the institutionalisation of social protection, it is essential that programmes are developed through state structures, even if at first they require extra resources and time. With sufficient resources, aid agencies can support programmes becoming national and covering at least 10 per cent of the population. Nevertheless, if programmes are not aligned with national development priorities and do not have the required local ownership, it can be difficult to put even well-drafted social protection strategies into law and to ensure that governments take over programme funding. Much of the newest research on social protection financing relates to the schism between initiating programmes (often by, or in collaboration with, development partners) and securing long-term domestic ownership and sustainable financing through domestic revenues (Cherrier 2020; Hickey et al. 2019b; Lavers and Hickey 2021).

International aid agencies have, for some time, been aware of the importance of 'going with the grain' (Kelsall 2011) whereby agencies seek to ensure that proposed programmes are in line with national development priorities. However, this can be difficult in practice. For instance, donors may meet resistance from key political stakeholders, such as finance ministers concerned with the sustainability of programmes (Barrientos and Niño-Zarazúa 2011). Programmes may, moreover, meet opposition if perceived as providing 'state handouts' that create dependency and laziness, and if programmes are not part of the defining ideology of ruling parties (Hickey et al. 2019b; Lavers and Hickey 2021).

An overall point in recent studies from Africa is that the influence of donors in pushing for social protection has been overstated. This may limit the potential of donor-financed social protection programmes becoming institutionalised unless there is domestic ownership. Donors can support programme design, implementation and evaluation, and they have the means to transfer knowledge and expertise, but if political decision makers are not convinced of the value of social protection, they will not take over financial responsibility (see Box 11.1).

BOX 11.1 TANZANIA

Data

- Population (million): 53.9 (2015)
- GDP per capita: USD 2.610 (2015)
- Tax revenue, percentage of GDP: 10.9 (2015)
- Poverty headcount:¹ 49.3 per cent of the population (2017)
- Social assistance, percentage of GDP: 0.31 (2016)
- Social protection expenditure (excl. health), percentage of GDP: 1.7²
- Social assistance per capita:³ USD 2.64 (2016)

Social protection experience

In 2012, the Tanzanian government agreed to implement a nationwide social protection programme, the Productive Social Safety Net (PSSN), which aims to provide a basic safety net for the poorest 10 per cent in the country. From the early 2000s, the World Bank had collaborated with the domestic Tanzania Social Action Fund (TASAF) to implement smaller community development programmes. From 2009, the PSSN was pilot tested and evaluated by TASAF and World Bank experts. Tanzania exemplifies how international aid can finance and support the establishment of social protection with a domestic implementing agency, building capacity over time. The case also highlights the importance of political commitment for the institutionalisation of social protection. While the government agreed to launch the PSSN in 2012 as a nationwide programme, it has been reluctant to take over financial responsibility. This is in part because members of the political elite are sceptical of cash transfers, viewing them as ‘handouts’ that make people lazy.

Notes: ¹ The percentage of population living below the international poverty line of USD 1.90 a day at 2011 international prices.

² Based on the International Labour Organization’s World Social Protection Data Dashboards, accessed on 18 August 2022 at <https://www.social-protection.org/gimi/WSPDB.action?id=19>.

³ The amount of social assistance spent per person per year.

Sources: Devereux (2010); Ulriksen (2019, 2021); UNDP (2019); United Nations Development Programme, Social Assistance in Africa Data Platform, accessed 20 April 2022 at <https://social-assistance.africa.undp.org/data>.

Put bluntly, only if domestic decision makers gain an interest in social protection will they be willing to support its long-term implementation (Hickey et al. 2019a; Lavers and Hickey 2021). In Zambia, for instance, international aid agencies played a critical role in developing and promoting social protection, but the programme operated as a pilot for 10 years before the national government was willing to expand it. Although there was an ideational shift toward a pro-poor agenda, the main impetus is argued to have come from changes in the political

settlement, with new political stakeholders seeing a value in social transfers for rent allocation purposes (Pruce and Hickey 2019). In Ethiopia, the government was only willing to reform the emergency relief system and introduce the Productive Safety Net Programme when it faced a political crisis; at this point social protection became a useful element in the national development plan and in the effort of retaining political power (Lavers 2019). In Tanzania, the government agreed to a national roll-out of the Productive Social Safety Net (PSSN) but continues to finance only a very small share of the programme's budget (see Box 11.1) (Ulriksen et al. forthcoming).

To sum up, aid can have a 'catalytic effect' in the building of social protection systems. International aid agencies can play an enabling role in supporting and financing new programmes, and they can mobilise national stakeholders (Cherrier 2020). However, in the end domestic political decision makers need to see social protection having value before committing their own financial resources and thereby securing long-term sustainability (see Chapter 3).

Domestic Financing and the Institutionalisation of Social Protection

By definition, tax-financed social protection programmes are institutionalised as they are entirely domestically financed and usually anchored in national legislation. Yet, even though tax-based financing indicates commitment by the sitting government to social protection, its full institutionalisation – ensuring effective implementation and political commitment – still faces significant challenges.

Administrative capacity is a common challenge in many low- and middle-income countries that affects the full institutionalisation of social protection. Staff shortages and low-capacity staff, inadequate material resources, lack of office space, and political influencing of staff are some of the challenges that hamper the implementation of social protection programmes (UNDP 2019). To be institutionalised, social protection programmes must be national in scope and implemented through state structures. However, in some contexts the state does not exercise full control across the entire territory, and state bureaucrats with weak administrative capacities may have to rely on locally embedded actors. Involvement of the community in identifying deserving/appropriate beneficiaries can have positive effects because it draws on local knowledge and can create legitimacy (Evans et al. 2014). But reliance on local actors may skew implementation as local elites may want to favour some beneficiaries over others, thereby diverting from programme guidelines and causing inclusion and exclusion errors (Porisky 2020). Low capacity can also weaken the legitimacy of programmes. In a study of Latin America, Mares (2005) argues that policy preferences for and support of social insurance programmes may be strong in some sectors but that this commitment is conditional on strong state institutions. If the state lacks the institutional infrastructure to enforce national legislation and collect contributions, the support for social protection policies weakens and becomes an unattractive policy solution (Mares 2005).

Although administrative capacity is a prerequisite for effective implementation of social protection, it is 'rarely a binding constraint' (Devereux 2010, p. 17) if governments are committed to implementing a social protection programme. Compared to the experiences in the global North, many countries in the South have been relatively poor when introducing social protection (Schmitt et al. 2020), even though there is some correlation between levels of economic development and social protection spending, as discussed earlier (ILO 2021, p. 49).

Starting from low levels of economic development, the institutionalisation of social policy can be an incremental process with a concurrent development of institutional capacity (Barrientos 2018). There is thus no reason to believe that social protection can only be introduced once a certain level of state capacity is in place, although low capacity is a challenge to be considered when introducing social protection programmes. In the pioneering middle-income countries, such as in Brazil and Mexico (Hanlon et al. 2010), social protection was initially provided through stand-alone flagship programmes of high political salience, but over time they have become embedded within existing government institutions. An indication of the institutionalisation of social protection programmes is whether a new ministry is dedicated to managing and coordinating the programmes, for instance a ministry of social development, and/or whether social protection has strong support from powerful ministries, most notably the ministry of finance. Conversely, in contexts with less political commitment – which may be demonstrated, for instance, when social protection is placed in (inferior) ministries that are in charge of a range of diverging portfolios – social protection programmes may receive less attention and institutional support (Barrientos 2018; UNDP 2019).

Countries with older and better institutionalised social protection programmes are likely to have higher social protection spending (UNDP 2019). This indicates that time can be of the essence in building administrative capacity and securing adequate domestic financing. Rather than starting with elaborate, and perhaps overly complicated, programmes, it may be worth starting with small programmes that can be extended in scope and value as both fiscal and administrative capacity grows (see Box 11.2 on the experience of South Africa). Here it is critical to consider the design of initial social protection programmes to maintain political legitimacy and commitment.

Many countries have introduced targeted social protection programmes with the justification that, given limited fiscal capacity, they most effectively reach the poorest and most vulnerable. However, means testing is complicated and often requires substantial administrative and technical capacity (Granvik Saminathen 2019; Mohamed et al. 2020). There are also indications that targeting imposes divisions between beneficiaries and non-beneficiaries as poverty is widespread and the threshold for targeting is perceived as arbitrary and illegitimate; thereby such programmes can lose political backing (Ellis 2012; Olivier de Sardan and Piccoli 2018). Consequently, in terms of programme design, it may be advantageous to introduce universal (or near universal/categorical) programmes where it is simple to identify the intended beneficiary, such as the elderly above a certain age or children below a certain age (Coady et al. 2004; Mkandawire 2005). In the case of countries with very low state capacity, the implementation of universal programmes may still be challenging (Mohamed et al. 2020, p. 27); but, unlike targeted programmes, (near-)universal programmes – particularly those benefitting ‘deserving’ poor such as the elderly – are usually perceived as more legitimate and, once introduced, politicians may not want to remove popular benefits (see chapters 3, 4 and 10).

Summing up, even when social protection programmes are in their infancy, tax-financed social protection indicates government commitment and provides opportunities for the full institutionalisation of social protection in time. Of course low-income countries introducing a small programme may continue to have financial and capability challenges that can threaten sustainability: just because there was political commitment at the time a programme was introduced does not mean continued political commitment is given (Granvik Saminathen 2019).

BOX 11.2 SOUTH AFRICA, 2015 (UNLESS SPECIFIED OTHERWISE)**Data**

- Population (million): 55.3
- GDP per capita: USD 12.900
- Tax revenue, percentage of GDP: 27.3
- Poverty headcount:¹ 18.9 per cent of the population
- Social assistance, percentage GDP: 3.17
- Social protection expenditure (excl. health), percentage of GDP: 5.5²
- Social assistance per capita:³ USD 182.1

Social protection experience

South Africa has a long experience of tax-financed social protection, with the first non-contributory pensions being introduced in the 1920s (see Chapter 29). The introduction of the Child Support Grant (CSG) in 1997 exemplifies how a programme can be extended in scope with the age threshold for CSG receipt increasing over time as fiscal capacity expands. Although there are grounds for criticism, social protection is in the main implemented efficiently by a semi-autonomous agency (South African Social Security Agency). Social protection is considered a social right in the country's constitution, is anchored in legislation and has broad popular support.

Notes: ¹ The percentage of population living below the international poverty line of USD 1.90 a day at 2011 international prices.

² Based on the International Labour Organization's World Social Protection Data Dashboards, accessed on 18 August 2022 at <https://www.social-protection.org/gimi/WSPDB.action?id=19>.

³ The amount of social assistance spent per person per year.

Sources: Devereux (2010); UNDP (2019); Ulriksen (2013); Plagerson et al. (2019); United Nations Development Programme, Social Assistance in Africa Data Platform, accessed 20 April 2022 at <https://social-assistance.africa.undp.org/data>.

There is need for more research on the exact mechanisms linking tax financing to the institutionalisation of social protection. At one level, political will appears independent of the source of financing: if a government wants to implement a social protection programme, it may matter less where the money comes from. However, tax-financed social protection systems tend to be more extensive and generous than systems financed by international aid or natural resource rents. Previous work has argued that the source of financing affects spending priorities and the extent of a social contract between the state and its citizens (Ulriksen 2013). Simply put, countries reliant on international aid or natural resource revenue are not 'forced' to engage with citizens when prioritising spending as the revenue is independent of the citizens. Only in countries where the government is reliant on taxpayers for revenue may a state–citizen engagement develop that has the potential of increasing social protection spending as, arguably, taxpayers would want something in return for their contribution to government revenue (Ulriksen 2013). Whether and how taxpayers in low- and lower middle-income countries engage with their government and how this may impact public spending priorities is an area of study only in its infancy (Kjær et al. forthcoming).

CONCLUSION: GAPS AND FUTURE RESEARCH

This chapter has reviewed the literature linking social protection financing and spending. The source of funding matters for the nature and scope of social protection, with tax-financed social protection providing the optimal funding if the goal is extensive and sustainable social protection systems. The mode of financing also plays into the building of administrative capacity and the maintaining of political commitment in complex ways. While international aid can serve as a catalyst to social protection development and can support the improvement of administrative capacity, it is important that programmes are embedded in national structures in ways that build the capacity of domestic institutions. It is equally important that social protection programmes align with national development strategies to guarantee sufficient political will among domestic political decision makers. The introduction of tax-financed social protection programmes indicates initial domestic commitment. However, this does not guarantee continued political support. As over time social protection systems become institutionalised and embedded in domestic budgets, the drivers for social protection developments become less about the mode of financing and more about politics and winning elections (see Chapter 3). In part, the political dynamics in low- and middle-income countries may have parallels to the political dynamics in high-income countries with electioneering, ideology and party politics forming the debates on and support for social protection. Still, low- and middle-income countries cover a range of political regimes, from closed autocracies to liberal democracies. This allows for the investigation of the interplay between social policy and politics in ways that have not been realised in the largely Eurocentric literature of the welfare state that covers only liberal democratic regimes.

NOTES

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- 2 For a useful overview, see Transform (2017).

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PART IV

WHAT DO WE KNOW ABOUT THE IMPACT OF SOCIAL PROTECTION?

12. Evaluating social protection policies

Michael Samson

INTRODUCTION

The beginning of the twenty-first century witnessed a global transformation in the role of evidence in informing social policy design and implementation. Most pointedly in the social protection sector, experimental impact assessments have changed how policy analysts, implementers and particularly their development partners measure success. However, an intensifying focus on methodological rigour has at times crowded out a more comprehensive approach to understanding the complexity of intersecting variables and conditions – including people’s agency – that determine the success (and also the unintended consequences) of social protection interventions. This has contributed to gaps in the evidence base policymakers require to design and implement more appropriate and effective social protection systems. The interlinkages between core social protection programmes and the broad range of welfare services – including psychosocial support, social care services, community-based development and livelihoods – and their integration with broader development processes require more nuanced and contextual evidence-building tools (see Chapter 1).

The evaluation of social protection programmes, policies and systems involves systematic assessment of design and implementation and of outcomes and other results (see Chapter 13). Evaluations can focus on strategic goals, operational objectives and learning outcomes – or, as is happening increasingly, on the more comprehensive theories of change that underpin the intervention. Given the limited resources available for social protection and the generally vaster needs, stakeholders – including policymakers and their development partners – want to test whether social protection policies, programmes and systems are achieving their strategic purposes. Both advocates and opponents of social protection policies are interested in evidence that confirms their particular positions. Evaluations often involve value-judgements on the effectiveness, fidelity or viability of policies, programmes and projects. Although they use similar tools to research, they are often driven by a different purpose – that is, to judge ‘what works’ (or not) in development. Evaluations frequently inform decisions around scaling up, scaling down or completely shutting down policies, programmes, projects or even organisations.

At the same time, responsible authorities often want to employ evaluation evidence to improve the implementation and performance of social protection, building from impact assessments and operational and process evaluations and monitoring processes. Learning mechanisms both enable continuous improvements in the evaluated activities, policies and programmes and contribute to a larger knowledge base that can constitute a national and often a global public good. Evaluations can create a better understanding of the appropriate designs and effective practices that benefit other programmes in the country and even around the world. Evaluations can sometimes serve a fourth purpose, reinforcing political will and popular support for social protection as a policy sector, better enabling the mobilisation of resources required to scale up and sustain these systems. Broader stakeholder involvement

in evaluations, including substantial communication, interaction and engagement between evaluators and their clients, can strengthen the utilisation of the resulting evidence (Johnson et al. 2009).

This engagement strengthens the evidence ecosystem that supports evidence-informed decision making, linking together networks of evaluation practitioners (who often work closely with donors, international and multilateral organisations and governments) and multidisciplinary researchers (often in academic settings) who develop empirical evidence supporting policy analysis and decision making. For example, the Africa Evidence Network (with its hub at the Africa Centre for Evidence at the University of Johannesburg) links diverse researchers and evaluators from academia, government and civil society across Africa to leverage all types of evidence to improve policymaking and implementation.

This chapter introduces Part IV of the handbook, summarising the state of the social protection sector's frameworks and tools for building the evidence base. It begins with a concise typology of methodological approaches, mapping their historical roles and measurement and evidence-building competencies and limitations. This typology spans quantitative ex-post methodologies including randomised control trials and quasi-experimental methodologies, a diversity of qualitative approaches, mixed methods, ex-ante assessment tools, and the emerging set of complex evaluation frameworks. The chapter then discusses key issues and debates, drawing on Sen's (2009) distinction between culmination and comprehensive evaluation, and its application to the complex challenges that integrated social protection systems aim to tackle. The chapter reflects on current critiques of randomised control trials and the relevant measurement challenges and discusses the trade-offs that must be weighed in identifying the most appropriate and effective approaches addressing the diverse types of questions for which social protection policymakers demand answers. The chapter links these debates to the critical questions about the setting of research and evaluation agendas and the role of the engagement of citizens and beneficiaries in more participatory and policy-relevant evaluations.

A TYPOLOGY OF EVALUATION METHODOLOGIES FOR SOCIAL PROTECTION

Policymakers have relied on a diversity of evaluation approaches for social protection programmes and systems, each with relative strengths and weaknesses. No 'industry standard' provides an absolute typology of approaches, and social protection evaluation represents an emerging field that draws on a multiplicity of disciplines. Scriven (1967) classifies evaluations as either formative (enabling change and improvement) or summative (assessing impact). Most approaches can be classified within expansive families of ex-post quantitative methods (which include randomised control trials and quasi-experimental methodologies), qualitative methods or mixed methods, ex-ante quantitative and qualitative assessments, or comprehensive evaluations. These groups in turn encompass diverse options, with distinct methodologies and varying in style from top-down to fully participatory. All typologies face limits – particularly with multidimensional and complex types. For example, theory-based approaches represent an important 'type' that cuts across the adopted typology: they can employ ex-ante or ex-post quantitative, qualitative or mixed methods. On its webpage, the global collaboration BetterEvaluation documents an expanding range of methods, processes and ranges that illustrate the diversity of this field of practice. This section discusses the main families of

approaches most used to evaluate social protection interventions, outlining the methodologies and highlighting the main competencies and limitations of each.

The social protection sector has popularised a range of quantitative impact evaluation methodologies, particularly randomised control trials (RCTs) and quasi-experimental approaches. Belcher and Palenberg (2018) analyse diverse definitions employed by donors and international organisations, finding that a causal perspective is the most consistent element within definitions of impact. This chapter broadens the typology to include the diverse set of qualitative evaluation approaches particularly important for the policy questions that are vital for the social protection sector. In addition, the typology explicitly considers the mixed methods approach with its unique contribution to evidence synergies and the ex-ante quantitative assessment tools that policy designers often require. The typology also explicitly identifies the family of complex evaluation methodologies increasingly important for policy analysis in the face of uncertainty.

Experimental Methodologies

Introduction and historical role

Experimental methodologies – particularly RCTs – have played a prominent role in social protection evidence building from early in the policy sector's history. In 2000, Mexico's Progreso programme offered an opportunity for one of the first development RCTs in the global South, implemented by the International Food Policy Research Institute (IFPRI), helping to legitimise the approach in this policy context (Faulkner 2014, p. 240). The government of Mexico enshrined in legislation the requirements for impact evaluations as a condition for social policy programmes (Parker and Teruel 2005, p. 215; Faulkner 2014, p. 238). Since then, a wide range of stakeholders in the social protection sector have placed a high priority on RCTs. Today, global development partners are often the tool's greatest champions. The International Initiative for Impact Evaluation (3ie) themed its first sector-specific evidence programme on the topic of social protection (Tripathi et al. 2019, p. 4). In 2022, the Abdul Latif Jameel Poverty Action Lab, a leading research institute advocating for the RCT approach, and Evidence for Policy Design at the Harvard Kennedy School jointly launched a social protection initiative funded by Australia's development aid agency 'to generate rigorous evidence on the effectiveness of social protection programs and to help partners apply evidence to high-level decision-making' (Hanna et al. 2022).

Methodological approach

Recognising the importance of causal questions for policymakers, Banerjee et al. (2016, p. 1) describe RCTs as a quantitative evaluation methodology proposed by Fisher (1925) to assess causation by randomly assigning programme participants (individuals, households, communities or, in their terminology, 'units') to two different groups, one that would participate in the intervention or programme to be evaluated (the 'treatment' group or groups) and the other that would not (the 'control' group). Duflo et al. (2007) argue that this randomised approach ensures that no unobservable characteristics of the subjects can affect the assignment to groups, with the consequence that any differences among the groups reflect the impact of the intervention or programme (the 'treatment').

Competencies

Appropriately designed and effectively implemented RCTs typically demonstrate competency in maximising the ‘internal validity’ (the reliability of the causal attribution of programme impact) of a quantitative evaluation compared to alternative evaluation approaches. Banerjee (2012) claims that RCTs are ‘the simplest and best way of assessing the impact of a program.’ Duflo et al. (2007) argue that randomisation solves the vexing selection bias problem that threatens to confound the attribution of impact in evaluations with alternative strategies for counterfactuals. Even critics agree that ‘randomized evaluations of projects are useful for obtaining a convincing estimate of the average effect of a program’ (Deaton 2009, p. 125). RCTs excel at effectively and efficiently meeting the requirements of global development partners for a simple metric supporting top-down programme management and a convincing measure of ‘aid effectiveness’.

Limitations

RCTs, however, are often expensive, limiting their scalability and often reducing their ‘external validity’, or the ability to draw general conclusions about the applicability of the evidence in a larger policy context. McKenzie (2019) notes that RCTs require ‘a large team of surveyors, field coordinators, policy implementors, research assistants, and more.’ Deaton (2020) details critical limitations, highlighting circumstances that challenge the internal validity of RCTs, arguing in addition that the methodology cannot prove causality. Heckman (2020, p. 329) analyses a range of methodological shortcomings with RCTs, including randomisation bias and substitution bias as major threats to the validity of social policy experiments.

Some of the most challenging limitations of RCTs revolve around ethical issues. Sarin (cited in Deaton 2020, p. 43) argues, ‘some of the RCTs done by western economists on extremely poor people in India, and that were vetted by American institutional review boards, appear unethical and likely could not have been done on American subjects.’ Abramowicz and Szafarz (2020, p. 292) review the ethical foundations of common social policy RCT methodologies and warn, ‘scientific studies treating unfairly or inflicting sacrifices to people, and especially to those already disadvantaged, will always be ethically questionable.’ RCTs also face limitations common to other quantitative approaches, including challenges in addressing complex questions, particularly about processes and interactions (Samson et al. 2015; Garbarino and Holland 2009; Bamberger 2021).

Quasi-Experimental Methodologies

Introduction and historical role

While RCTs have provided a quantitative tool of choice for many social protection evaluators, practical, ethical and methodological factors often preclude their use. Quasi-experimental designs offer an alternative methodology that can be cost-effectively, ethically and robustly implemented even after a programme has commenced. ‘If random assignment is ruled out, however, it may still be possible to estimate impacts reliably using non-experimental methods’ (Blomquist 2003, p. 1). Heinrich (2007), Heinrich et al. (2010, 2017), Gilligan and Hoddinott (2007), Gilligan et al. (2009) and others have refined these approaches in multiple applications to social protection programmes in Latin America, Africa and Asia.

Methodological approach

Quasi-experimental (non-randomised) designs employ statistical tools and other techniques to create an appropriate comparison group of non-participants otherwise similar to those participating in the evaluated social protection programme (Baker 2000, p. 8). These approaches can be further classified as either (a) methodologies that develop a counterfactual by addressing the bias caused by observable characteristics by employing matched comparison methods or similar methods; or (b) techniques that address the bias caused by unobservable characteristics by utilising tools such as reflexive comparisons, double difference and instrumental variables (Blomquist 2003, p. 8).

Competencies

Khandker et al. (2010, p. 54) argue that the quasi-experimental approach offers ‘a perfect impact evaluation in theory’. Quasi-experimental approaches are most useful when RCTs are excluded for practical, ethical or methodological reasons. RCTs must be designed prior to programme implementation, so that treatment assignment can be randomised. Evaluators can implement quasi-experimental evaluations any time during the intervention cycle – even after it has ended. Quasi-experimental approaches do not require the exclusion of vulnerable people from social protection benefits, avoiding many of the ethical challenges facing the typical RCT design. Quasi-experimental evaluations can employ pre-existing surveys, offering a cost-effective alternative to the expensive data collection operations that RCTs often require.

Limitations

Quasi-experimental approaches are more limited in their ability to completely address the vexing problem of selection bias, particularly when unobserved heterogeneity threatens the internal validity of the evaluation. It is difficult to predict *ex ante* whether the quasi-experimental approach will mirror the robustness of randomised benchmark or suffer from confounding selection bias. Quasi-experimental approaches such as propensity score matching or regression discontinuity designs rely on sophisticated statistical analysis, requiring greater technical proficiency both to implement and to interpret, creating challenges for their influence on policy development. Quasi-experimental evaluations share some of the limitations of RCTs, particularly in terms of the limits for external validity (when limited in geographic scope due to the costs of data collection) and similar challenges in handling complex evaluations.

Qualitative Methodologies

Introduction and historical role

Qualitative methodologies play an increasingly important role in credible and policy-relevant social protection evaluations, particularly those that adopt a human-centred design. These approaches, often defined in contrast to quantitative methodologies, provide tools for evaluating complementary issues. Adato (2008, p. 6) describes a range of uses for qualitative methods, including to understand programme impacts that are hard to measure through a quantitative survey, such as changes in social relationships (for example, intrahousehold, gender and community relations), institutional and political dynamics, the implications of economic, social and cultural attributes for participation and outcomes; how people understand, view and like the programme; and how and why they do or do not respond to the programme design, incentives, training and other aspects.

Qualitative approaches include participatory methods that provide vital insights into the attitudes, perspectives and views of programme participants and the value of social protection to local communities. Qualitative data in the form of narratives and other texts draws on various types of interviews, focus group discussions and observations.

Qualitative approaches have long informed social protection evaluations, starting with Mexico's Progresa. Similarly, evaluations of South Africa's Child Support Grant, Kenya's Hunger Safety Net Programme, Thailand's Child Support Grant and many other assessments have incorporated qualitative methodologies, particularly to understand the drivers of targeting exclusion (UNICEF and Joint SDG Fund 2022). Given the complexity of social protection's intricate inter-sectoral pathways to inclusive social development and equitable economic growth, qualitative evaluation offers extraordinary potential to enrich evidence building for more effective policy systems.

Methodological approach

While most quantitative evaluations fall into a limited number of quantitative assessment categories, diverse qualitative methodologies abound, each with distinct approaches. For example, *participant observation* employs field researchers to engage intensively – often in residence – with a community involved in the evaluated programme. The approach often includes stakeholder analysis, beneficiary assessments, participatory appraisals and other qualitative techniques. Qualitative approaches can also involve *case study methodologies*, building detailed and analytical accounts of specific interventions employing open-ended questions and the chronicling of personal experiences and perspectives. *Participatory learning and action* engage a research facilitator who actively involves programme stakeholders in the evaluation process. A range of participatory evaluations include participants to actively develop the evaluation and often the implementation phases in partnership with one another. Programme officials and constituencies as well as their development partners jointly develop evaluation objectives and work together throughout the data collection and analysis processes and reporting. Davies and Dart (2005) map out the Most Significant Change participatory approach. *Process implementation evaluations* explore the operations of social protection programmes and assess the effectiveness or bottlenecks in service delivery. *Performance logic chain assessments* provide evaluations of the organisation and sequencing of programme activities and the utilisation of associated resources.

Diverse formal approaches often employ a common set of tools, including key informant interviews, which draw out the expertise of individual stakeholders, and focus group discussions, which generate a cascade of ideas that are filtered or amplified through the interactions of selected respondents. Pre-implementation assessments evaluate the coherence and clarity of the programme's plan for execution, typically mapping activities and inputs to outputs, outcomes and other results and the comprehensiveness of the design's critical components. Mid-term and end-of-project evaluations often build on these products and integrate qualitative tools eclectically.

Competencies

The rich diversity of qualitative methodologies supports a range of relevant competencies. These approaches excel in explaining the *whys* and *hows* of social protection, illuminating the causal pathways to impact. These methodologies provide the best evidence on why individuals or households fail to participate in social protection programmes or why receipt of programme

benefits nevertheless fails to yield the expected impacts. Qualitative approaches also offer some of the most effective tools for understanding how social protection interventions produce the measured results. Key informant interviews, focus group discussions and participant observation provide rich context and understanding about programme experiences from the beneficiary's viewpoint. Qualitative methodologies employing in-depth interviews can often identify the low prevalence or under-reported outcomes (such as child abuse or domestic violence) that quantitative surveys fail to measure (Glass et al. 2016). Qualitative evaluations can often assess complex multidimensional interventions more effectively than quantitative surveys, because focus group discussions and in-depth interviews can better capture and identify a wider range of unanticipated variables and explain how these interact with each other and potentially create feedback loops, for example, with social relationships (Adato 2008, p. 9). Case studies provide in-depth information about specific parts of the programme design or about particular beneficiary groups. Drawing on local reservoirs of knowledge and listening to local voices, participatory approaches enable richer reflection on the experiences of programme participants and more in-depth evaluation of the most relevant issues, including the distributional effects.

Limitations

Qualitative methodologies face challenges in generalising to the relevant larger populations. Qualitative approaches generally cannot produce reliable measures of population parameters. The varied approaches – reflecting the greater complexity of qualitative questions – increases the difficulty of analysis and often produces ambiguous results subject to varying interpretations. Patton (2002) contends that data collection processes can be ‘time-consuming and costly’, although the typical qualitative evaluation is less expensive than the average quantitative impact assessment. Depending on budget constraints, case study approaches often sacrifice breadth of knowledge when providing their characteristic in-depth analysis of individual situations.

Mixed Methods

Introduction and historical role

A brief comparison of quantitative and qualitative methodologies yields an important conclusion: the complementary nature of the approaches suggests, ‘combining quantitative and qualitative methods for evaluation of social protection programs enhances the contributions of both methods, providing a richer pool of data and greater analytical power than that gained through either method alone’ (Adato 2008, p. 6). ‘Mixed methods’ can be defined as the active interaction of qualitative and quantitative methodologies for the purpose of strengthening the evidence resulting from the assessment. The quantitative methods typically measure mean and generalisable effects while qualitative approaches analyse outliers and the more context-specific results.

Today, global best-practice evaluation approaches require these ‘mixed methods’, where both quantitative and qualitative methods are applied in complementary ways. IFPRI established a pathbreaking model with its mixed methods evaluations of Latin American cash transfer programmes, employing both quantitative surveys and ethnographic models (Maluccio et al. 2010). The impact assessment of the South African child support grant (DSD et al. 2012) and the evaluation of the Thai child support grant (UNICEF 2019) both employed

quasi-experimental quantitative approaches combined with a multi-method qualitative component to evaluate national-scale programmes. While these and similar studies have been identified as cases of good practice, how to leverage the full potential of mixed method impact evaluation remains an area of ongoing progress.

Methodological approach

Carvalho and White (1997) discuss three widely employed approaches to mixed methods approaches relevant for social protection evaluations: triangulation, verification and enrichment of findings. Greene, Caracelli and Graham (cited in Stern et al. 2012) likewise focus on triangulation but also identify additional approaches (complementarity, development and others) that each share common elements but offer specific advantages in diverse contexts. Building on these methodological foundations, an evaluation of South Africa's child support grant illustrates how mixed methods improved evaluations by strategically and technically aligning and informing quantitative and qualitative designs, expanding explanatory scope and robustness, sharing practical lessons across teams and validating assumptions (DSD et al. 2012; Samson et al. 2013; Burch and Heinrich 2016; Heinrich et al. 2017).

Competencies

Four key motivations support the mixed method approach. The approach,

1. enables the evaluator to choose from a diverse range of tools and methods;
2. strengthens the robustness and validity of inferences and conclusions, drawing on 'triangulation' and analysis of multiple independent findings;
3. supports a richer and deeper understanding and analysis of the context and circumstances of the evaluated programme;
4. potentially provides opportunities for reducing data collection costs and timeframes. (Garbarino and Holland 2009)

Chambers (1995) describes how an appropriate integration of qualitative and quantitative designs can build on the strengths and address the weaknesses of the included methodologies (see also Samson et al. 2015; OECD 2019). Garbarino and Holland (2009) highlight how qualitative methods provide analytical insights into the complex 'missing middle' between interventions and impact, minimising the risks that evaluators make 'interpretative leaps' based on what is measurable but not necessarily most relevant.

Limitations

Mixed methods often require more time, expertise and financial resources than stand-alone approaches. Ideally, evaluation teams implement mixed methods in an integrated manner rather than in parallel or sequentially. This requires additional integration expertise, with at least one evaluator skilled in both quantitative and qualitative techniques, increasing the complexity and cost of the evaluation. Integrated evaluation approaches are more innovative, and hence less understood within the context of conventional evaluation approaches. Mixed methods can reap the multiple benefits and offset some limitations of distinct quantitative or qualitative methodologies, but they can also compound the costs and disadvantages. For example, adding an RCT to a qualitative exercise may increase the ethical risks of the evaluation.

Ex-Ante Evaluation Approaches

Introduction and historical role

Social protection policymakers typically envision evaluation as an ex-post activity. Evaluators frequently assess programmes after they are designed and implemented, even if, as in the case with randomised approaches, the evaluations themselves must be designed in advance and implemented in step with the programme itself. An alternative to this approach involves a family of ex-ante evaluation methodologies, with *microsimulation modelling* often the preferred tool in the social protection sector. Computable general equilibrium (CGE) and systems dynamics (SD) models also offer the opportunity for ex-ante evaluation, although these are not as widely used in the social protection sector. These *ex-ante* evaluations enable researchers to model entire programmes or even systems of programmes employing computer tools, typically database and statistical software such as SPSS or Stata (or other packages for CGE and SD models). These models create data that represents the predicted characteristics of social protection programmes and their impacts, enabling the analysis of alternative policy scenarios.

Microsimulation models have supported a range of social protection initiatives. The world's largest tax-benefit microsimulation model – the EUROMOD – enables the ex-ante evaluation of social protection (as well as tax and other benefit) interventions for any European Union country (or any combination of them) with a consistent methodology, assessing impacts on income, consumption, labour market incentives and other results (Lietz and Mantovani 2006). In 2001, South Africa's Committee of Enquiry into a Comprehensive System of Social Security for South Africa commissioned both the National Institute for Economic Policy and the Economic Policy Research Institute (EPRI) to build microsimulation models to support the design of a comprehensive social protection policy (Taylor Committee 2002). EPRI's model continues to inform policy processes in South Africa today (UNICEF and Joint SDG Fund 2022). Similarly, the Thailand Development Research Institute built a model to inform the design and monitoring of its child support grant, and the Thai government has relied on this ex-ante evaluation to progressively scale up one of Asia's most successful social protection programmes (Jitsuchon et al. forthcoming). Similar social protection microsimulation models guide policy stakeholders and implementation agencies around the world (UNICEF and Joint SDG Fund 2022; Haarmann et al. 2009; Jitsuchon et al. forthcoming; Samson et al. 2013; Taylor Committee 2002).

Methodological approach

Microsimulation models analyse programmes at the level of individual agents, such as persons, households or firms. These tools harness the information content of data heterogeneity, particularly the distributional impact on diverse agents resulting from the application of specific sets of policy rules. Evaluations typically build models employing databases in which each micro-agent (individual or household, or sometimes a firm) is represented by a data record containing an information set including at minimum a unique unit identifier, a weight that enables generalisation to a larger population, and a set of associated attributes of interest to the modeller. For example, a typical social policy microsimulation model will include a database of individuals organised into households with information on age, sex, educational attainment, family structure, income, employment, livelihoods indicators and other attributes. More complex microsimulations model the behaviour and interactions of agents and often incorporate dynamics and feedback mechanisms.

Competencies

Microsimulation models offer policymakers powerful tools to understand the effects of social protection policies and their financing instruments, and associated reforms. They are often inexpensive – the first South African model cost less than ZAR 100 000 (equivalent to USD 2500 in 2022 terms). While ex-post evaluations often require years to design, implement and produce results, microsimulation models deliver within weeks or months. They can predict the cost, benefits, efficiency and heterogeneous profiles of the winners and losers from social protection and financing interventions and reforms. Most importantly, these results are available before the programme is implemented – enabling the fine-tuning of design features. Microsimulation models can also provide benchmark estimates for subsequent ex-post evaluations.

Limitations

Microsimulation models – like all ex-ante evaluation approaches – are limited by the richness of the available data and the validity of the assumptions required to drive the analysis. In many countries, the quality of the data is too poor to support the evaluation of complex social protection interventions. Models provide their best predictions for the cost and money-metric poverty impacts of cash transfer programmes, but less reliable estimates for comprehensive social protection programmes and their multi-sectoral impacts. Microsimulation models typically cannot replicate the complex patterns and dynamics that create exclusion errors in social protection programmes – if programme evaluators could model these factors, programme implementers could likely eliminate much of the exclusion. The same complexity that confounds the elusive hunt for perfect targeting likewise precludes accurate analysis in microsimulation models.

Comprehensive Evaluation**Introduction and historical role**

In 2009 Sen conceptualised the distinction between ‘culmination’ and ‘comprehensive’ evaluation, foreshadowing many of the critiques of randomised control trials and other quantitative approaches. ‘Culmination evaluations’ are like narrowly focused summative assessments. Sen defines ‘comprehensive evaluation’ in terms of the expanded range of assessed outcomes, including processes, institutions and actors, as well as the results of their actions (Sen 2009). The framework recognises the role of a cross-sectoral analysis that explores multidimensional aspects of social protection policies, systems and programmes. A comprehensive evaluation approach assesses the optimal configuration of multiple interventions interacting to achieve a range of mutually interdependent outcomes, better enabling a systems approach to social protection analysis.

Comprehensive evaluation employs mixed methods integrated with innovative approaches and expands its focus on process and context as well as impact. These evaluations adopt a broader monitoring and evaluation approach, integrating iterative learning-by-doing assessment mechanisms. The United Nations Research Institute for Social Development commissioned work to explore the applicability of Sen’s framework to social protection (Samson et al. 2015). The Development Centre of the Organisation for Economic Co-operation and Development (OECD) expanded on this work, finding, ‘comprehensive M&E systems that strengthen inclusive social development and equitable economic growth tackle complex

challenges, build bridges across policy sectors and coordinate interventions within a larger planning framework' (OECD 2019, p. 31). Examples of comprehensive evaluations include UNICEF's (2016) evaluation of Ethiopia's multi-sectoral approach to building the synergies required to achieve the Sustainable Development Goals, as well as South Africa's Savings and Investment Linkages pilot linked to the nation's child support grant (DSD et al. 2012; Samson et al. 2013; Samson and Golchha 2016) and Thailand's multi-year evaluations of its cash transfer programme for children (Jitsuchon et al. forthcoming).

Methodological approach

Comprehensive evaluations expand the mixed methods approach, incorporating additional methodologies and focusing on broader questions and underlying context. Samson et al. (2015) outline multiple comprehensive evaluation approaches for social protection that employ learning-by-doing methodologies, dynamic treatment regimes, sequential multiple assignment randomised trials and other tools with applications to social protection programmes around the world. Devereux et al. (2013) apply the concept of 'recursive causality' to describe the complex relationships among social protection system connections and causalities. Stern et al. (2012) suggest that this complexity requires comprehensive evaluation to assess the impact of a social protection intervention on multiple results and the synergies among them.

Competencies

Comprehensive evaluation incorporates the multiple advantages of mixed methods and excels in building evidence for complex challenges, particularly when the required policy interventions require further definition and design. In addition, Sen (2009, p. 217) notes that this approach most effectively addresses the problems of culmination assessments in 'ignoring the relevance of agencies, processes, or relations'. Comprehensive evaluations recognise that social protection systems work within specific social, economic, political and cultural contexts that influence the opportunities to replicate results and complicate determination of impact pathways, due to the multiple causal relationships creating an array of potentially confounding factors (Samson et al. 2006, 2015; Acemoglu 2010; Devereux et al. 2013; Devereux and Roelen 2014, pp. 1–2). Comprehensive evaluation enables a study not only to assess rigorously the causal pathways that generate culmination outcomes but also to provide richer information about heterogeneous impacts and the complex interactions that either compound or weaken outcomes.

Limitations

Comprehensive evaluation approaches are more innovative, emerging from field practice in the global South rather than the more typical academic origins, and hence are often less understood within the context of conventional evaluation approaches (OECD 2019). Often applied to ongoing rights-based national social protection programmes, they face challenges in employing randomisation and usually adopt quasi-experimental quantitative approaches, requiring trade-offs in terms of internal validity (Samson et al. 2015). Comprehensive approaches also face similar limitations as mixed methods, requiring more time, expertise (including evaluators skilled in integrating diverse methodologies) and financial resources than other methodologies. Given the complexity of comprehensive evaluation, risk-adverse development partners and international agencies – the main source of evaluation funding in the social protection sector – are often reluctant to resource this approach.

EVALUATION ISSUES AND DEBATES

The experience with evaluation in the social protection sector highlights several current issues and debates, many of which transcend the sector but are nonetheless well illuminated by social protection challenges. First, social protection programmes illustrate many of the academic and policy controversies surrounding randomised control trials. A second, related debate focuses on the challenges of complexity given existing evaluation methodologies, which are well developed for assessing the impact of static, homogenous and simple treatments but face challenges when evaluating dynamic, heterogeneous and complex programmes. A third debate focuses on the top-down orientation of many North-led and donor-driven evaluation methodologies, in contrast to South-based home-grown participatory approaches. While a short study cannot provide a comprehensive compendium of all evaluation controversies, the issues identified in this chapter illustrate several cross-cutting issues.

Controversy Regarding Randomised Control Trials

Faulkner (2014) notes that IFPRI's evaluation in 2000 of Mexico's Progresa cash transfer programmes, one of the first RCTs implemented in a developing country, worked to legitimate this approach for development policy. Social protection as a policy sector catapulted RCTs into the policy space. The meteoric rise of RCTs belies a long-running controversy among evaluators, focused as much on methodological chauvinism as on the challenges with the approach. Imbens (2010, p. 407) makes the case for RCTs in this debate without qualification: 'Randomized experiments do occupy a special place in the hierarchy of evidence, namely at the very top.' Ravallion (2018, p. 8), reflecting on the typical exclusion of alternative approaches in RCT reports, interprets the views of RCT proponents more strongly: 'RCTs are not just top of the menu of approved methods, nothing else is on the menu.' Deaton (2009, p. 126) argues, in contrast, 'evidence from randomized experiments has no special priority. Randomized experiments cannot automatically trump other evidence; they do not occupy any special place in some hierarchy of evidence.' Ravallion (2018, p. 23) goes further, concluding that 'questionable claims made about the superiority of RCTs as the "gold standard" have had a distorting influence on the use of impact evaluations to inform development policy-making.'

Duflo (2017) takes a more nuanced approach to the argument, framing the debate in terms of the trade-off between the evaluator's role as 'plumber' or 'planner'. She claims that RCTs are the 'tool of choice' for 'economist-plumbers', metaphorically focusing on fixing a broken pipe in a dwelling rather than architecting a water and sanitation system in a vast rural area. Kvangraven (2020, p. 2) critiques the plumber analogy as misleading for suggesting that 'economists' work is purely technical, objective and value-neutral', even while noting that the prize committee of the Sveriges Riksbank Prize in Economic Sciences in Memory of Alfred Nobel endorsed Duflo's view, specifically applauding the 2020 laureates – Banerjee, Duflo and Kremer – for addressing 'smaller, more manageable questions' (Kvangraven 2020, p. 1). The lexicographic preferences of RCT evaluators for internal validity reinforces this bias – assessing the effectiveness of a deworming treatment in a set of schools achieves robust results with greater likelihood than does an evaluation of a complex intervention that challenges national power dynamics to improve access to healthcare for the most disadvantaged. Bédécarrats et al. (2020, p. 9) warn that the shift to RCTs reflects 'the abandonment by part of the international aid community of large-scale transformative development policies.'

Complex Evaluation

A second, related debate focuses on the challenges of complexity given existing evaluation methodologies, which are well developed for evaluating static, homogenous and simple treatments but face challenges when assessing dynamic, heterogeneous and complex social protection systems. The controversy around RCTs emblematises more fundamental questions about complex evaluation. This debate has emerged in multiple contexts. As discussed above, Sen (2009) contrasts comprehensive with culmination outcomes, highlighting the complexity of social policy evaluation. Assessment of culmination outcomes focuses on the consequences of identified inputs, usually not considering the complexities of the associated processes, agents and context. Evaluation of comprehensive outcomes, however, includes the process, institutions and actors, as well as the outcomes of their actions. Sen's distinction between culmination and comprehensive evaluation and its application to complex social protection challenges frames this debate. Culmination outcomes account only for the consequences of the inputs, without substantial consideration of the process. Comprehensive outcomes include the results as well as the process, actors and institutions (Samson et al. 2015).

The OECD (2019, p. 55) applies these ideas as a further issue within the RCT debate: 'As problems become more complex and the options for effective interventions become murkier, the effectiveness of counterfactual based approaches diminishes. They cannot evaluate an intervention that cannot be precisely defined.' Kvangraven (2020, p. 2) similarly integrates the challenge of complexity in her critique of RCTs, identifying the 'central role of human agency for project success' and criticising social experiments 'for only measuring effects rather than studying the underlying causal mechanisms that lead to the effects' (see also Heckman and Smith 1995; Heckman 2020), while highlighting RCTs' 'lack of attention to underlying social, economic and cultural structures that affect the results' (see also Deaton and Cartwright 2018). The European Union's 2015 social protection guidance recognises the role of social protection coordinated within a comprehensive development-planning framework to help achieve complex outcomes, and notes how RCTs 'are limited in the face of the complex questions systematisation poses'. Bamberger (2021) acknowledges, 'despite the widespread recognition that most development programs involve elements of complexity, only a very small proportion of evaluations in fact systematically address complexity.'

Andrews et al. (2012) expand the debate, framing it in terms of problem-driven iterative approaches that avoid the capability traps that confine narrower frameworks, particularly those that focus too much on incentives and performance-based management. This requires an iterative experimental process, navigating early failures and setbacks and propelling a learning-by-doing process. Samson et al. (2015) and OECD (2019) frame a similar challenge specifically in the context of social protection, identifying the role of structured learning-by-doing mechanisms that guide the development of solutions to complex challenges with tools that not only test hypotheses but also evolve them, in the process contributing to the appropriate design and effective implementation of comprehensive solutions.

This work evolved from ideas that have emerged in the global South. Through consultations with local stakeholders in social protection projects in Africa and Asia, evidence-building pilots developed as a more comprehensive alternative to experimental trials in tackling the complex design and implementation issues of cash transfer programmes. For example, the programme design document for Kenya's Hunger Safety Net Programme embedded multiple targeting arms to focus evidence building on the most complex question policymakers face

(EPRI 2009). The complexity-based principles influenced the subsequent design of a dynamic, multi-arm graduation programme in South Africa in 2010 (Samson and Golchha 2016). Programme design experts have incorporated complex analysis employing comprehensive and integrated quantitative–qualitative evaluations in Cambodia, Ethiopia, Nigeria, Rwanda, Sierra Leone, South Africa, Thailand and other countries. A comprehensive evaluation paper by the United Nations Research Institute for Social Development encapsulates this experience and outlines associated principles (Samson et al. 2015).

Participatory Evaluation

A third, related debate, similarly illustrated by the development sector's embrace of RCTs, interrogates the trade-off between top-down evaluation methodologies and participatory approaches. Critics focus on at least the perception and often the reality of influential North-led and donor-driven top-down evaluations that often revolve almost exclusively around robust quantitative counterfactual attribution strategies, often to the exclusion of qualitative and participatory approaches. North-based evaluation institutions and their global partners aspire to employ their evidence-building tools to solve the crushing development problems of poverty, hunger and unequal social opportunity.

Manning et al. (2020, p. 37) report, 'the vast majority of impact evaluations ... in lower-middle-income countries ... appear to have "northern" principal investigators.' Taddese (n.d., p. 4) notes this as reinforcing a tendency, 'donor-financed and commissioned evaluations, and those led by principal investigators who are primarily from the North, underplay the need for local ownership', highlighting, 'development partners place limited emphasis on strengthening country-level capacity to produce and use evaluations.'

White (2019, p. 4) notes that systematic reviews of RCTs involve barriers 'in terms of discoverability and accessibility – hard to find or behind a pay wall – or in terms of comprehensibility.' He highlights the role for 'knowledge brokers' in 'the fourth wave [of the evidence revolution that] seeks to institutionalise the use of evidence in policy and practice.' He cites models for knowledge brokers in the global North. Several evaluation experts argue for a centralised system for pre-registering evaluations. Two among the most widely used are run by the American Economic Association and the World Bank-funded 3ie initiative. Deaton (2020, p. 13), however, argues against top-down evaluation registration schemes, maintaining, 'the risk of stifling important but unexpected results is surely much worse than the risk of promoting fallacious ones.'

Most social protection policy evaluations originate from supply-side sources: the implementing or funding institutions themselves (Samson et al. 2015). The comprehensive evaluation framework identifies the importance of demand-driven assessments. While the funding or implementing institution – often a government department, international development partner, implementing non-governmental organisation or a combination of these – is likely to have the greatest interest in an evaluation, the supply-driven nature of evaluation is also likely to limit its scope of measurable outcomes. Some development partners, such as the Swedish International Development Cooperation Agency, place a greater emphasis on demand-driven considerations and more comprehensive evidence building.

Global South development models that understand the realisation of social rights (health, education, housing, social protection) as a precondition for social development emphasise the vital role of participatory approaches in evaluating the role of people's agency. Patel and

Ulriksen (2017) highlight this point, identifying how linear approaches of top-down culmination methodologies may miss the non-linearities and other complexities that participatory methods can discern. Plagerson and Patel (2019, p. 37) assess the critical role of agency in defining welfare regimes, expanding the central focus of evaluations from outcomes to include ‘agency and participation of beneficiaries’ (see also Koggel 2003). Kabeer (2019), for example, in evaluating the outcomes of asset transfer programmes in Sindh and West Bengal that target women facing extreme poverty, demonstrates how RCTs alone cannot adequately explain human agency’s vital role for the project’s success. Kvangraven’s (2020, p. 2) analysis of Kabeer’s participatory evaluation concludes that Kabeer’s ‘qualitative assessments were far superior to RCTs in explaining the outcome.’

CONCLUSIONS

An emerging consensus within the social protection sector in the global South recognises that no single methodological approach can dominate the evidence discourse. This chapter’s discussion of the debates surrounding evaluation approaches challenges the notion of a ‘gold standard’ for evidence. While the social protection sector historically catapulted RCTs into the development discourse with simple trials of cash transfer impacts, the increasingly complex questions of people’s agency, the primacy of rights-based approaches and the interdependencies of development outcomes now challenge a prevailing methodological chauvinism. Evaluators in the global South eclectically appreciate appropriate roles for a diversity of instruments – including RCTs but also quasi-experiments, qualitative approaches, mixed methods, ex-ante assessments and comprehensive evaluation – each with its competencies and limitations.

The important evidence revolution in the social protection sector in the global South recognises the critical role of systems approaches. As national policymakers and local community stakeholders demand the kind of evidence that can support rights-based delivery of developmental social protection systems, evaluators will increasingly turn to the comprehensive evaluation toolkits that identify not only what works, but also why and how. These approaches recognise the central role for people’s participation in the evaluation process.

RCTs struggle to evaluate increasingly complex and contextually adapted programmes that depend on inter-sectoral synergies for developmental impact – the simple quantitative tools cannot assess a treatment that defies precise definition. Some of the world’s most successful social protection programmes (Progresa, BRAC’s graduation programmes and others) originated as failures, redeemed by learning-by-doing approaches (with tools murkier than the more visible quantitative evaluations) that enabled these programmes to eventually achieve success (OECD 2019). Comprehensive evaluation embraces learning through the implementation process and harnesses the knowledge of programme participants. Patel (2014, p. 6) concludes that this learning ‘from what people are actually doing in practice can provide powerful insights for how to find solutions to complex social issues.’ Participatory approaches enable comprehensive evaluations to identify the catalytic role of people’s agency in driving social protection’s contribution to inclusive and sustainable social development.

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13. Social protection impacts, gaps and future research

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Having a solid evidence base is not only crucial for policymaking but also for social accountability (Gassmann 2021; see Chapter 12). Both decision makers and citizens want to be sure that public resources are put to best use. The evidence base on social protection in the global South continues to expand, in particular in relation to cash transfers (see Chapter 1). Initiatives such as the Transfer Project, which launched randomised control trials in several African countries (Tirivayi et al. 2021), fostered a new evaluation culture for cash transfers. The weekly social protection links by Gentilini (2022) and the 3ie Taxonomy Explorer (3ie 2022) (consolidating the evidence base for the sector) give a good impression of the growth and diversification of evidence over recent years.

Having a single chapter discuss the evidence base of a multitude of different social protection interventions would belittle the achievements made. It would also be an impossible task. This chapter thus makes two key methodological choices to focus the narrative. First, it focuses on the three most common social protection interventions in the global South. While the social protection portfolio has grown in most countries in the past years in terms of scope, breadth and depth, three intervention types often make up the core: cash transfers, public works programmes and school feeding.

Cash transfers are one of the most popular social assistance instruments around the world (see Chapter 1). Over one third of social protection programmes across the world in response to COVID-19 materialised as cash transfer programmes during the first year of the pandemic (Gentilini 2021). Prior to the pandemic, cash transfers (unconditional and conditional transfers and social pensions) covered almost 80 per cent of the social assistance budget in Europe and Central Asia and around 50 per cent in all other regions (World Bank 2018).

Public works programmes (PWP) have a long tradition and are popular among governments and donors (McCord et al. 2021; see Chapter 20). For example, in low-income countries, governments spent more on PWP (0.31 per cent of GDP) than different cash transfers programmes (0.26 per cent of GDP) and school feeding (0.21 per cent of GDP) respectively (World Bank 2022). This trend gets reversed for middle-income countries where cash transfers are 7–8 times higher.

School feeding is also a popular form of social assistance (see, for example, Jomaa et al. 2011; Alderman and Bundy 2012; see Chapter 14). Recent figures from the World Food Programme (WFP)'s 'State of School Feeding Worldwide 2020' show 'one in every two schoolchildren, or 388 million children, receive school meals every day in at least 161 countries from all income levels', with a significant upward trend between 2013 and 2020 (+9 per cent globally and +36 per cent in low-income countries). Popularity is also testified by the level of institutionalisation of school feeding programmes in national policies and strategies, including a doubling of funding by national governments relative to international donors in that time span – with domestic financing (often stemming from education ministries) now covering

90 per cent of costs (WFP 2020, p. 16). Domestic coverage is also indicative, ranging from ‘20 per cent of schoolchildren in low-income countries ... [to] 45 per cent in lower middle-income countries and 58 per cent in upper middle-income countries’ (WFP 2020, p. 51).

Second, this chapter relies methodologically on systematic reviews to sketch out trends and gaps. Systematic reviews analyse and summarise literature and findings for a topic that has been defined in terms of a particular set of criteria. This study has selected systematic reviews that look at cash transfer programmes, PWP and school feeding programmes in the global South. However, it is important to note that systemic reviews do not have homogeneous approaches, as they assess the literature they examine according to different criteria. Nevertheless, they often capture a wide range of social protection impacts, and this is the pertinent criteria for this chapter. The core publications and data sources used were identified through searches in databases, expert recommendations and snowballing of bibliographic information from academic works published within the last 10 years. The main evidence from the identified data sources was organised into short-, medium- and long-term impacts. For each social protection instrument, we discuss the concept; the theory of change that maps out the impact channels and the variables mediating or moderating the success; the current evidence base in terms of impacts and their underlying driving factors; and the research gaps. The conclusion reflects critically on the strength of the evidence base and its significance for current policymaking.

CASH TRANSFERS

Concept

Cash transfers are cash-based social assistance interventions that are paid out to individuals and/or households (Bastagli et al. 2016, 2019). These transfers vary widely in terms of how they are designed and implemented. Among other variations, they can be conditional to specific desired behaviours – conditional cash transfers (CCTs) – or unconditional to such behaviours, as unconditional cash transfer (UCTs). They can be economically targeted or universal; they can take the form of physical cash or of e-cash delivered to bank accounts and mobile wallets. They can be delivered by government actors or non-governmental agencies. This chapter only discusses government non-contributory cash transfers, which are generally tax financed or funded by donors. The characteristics of cash transfers further differ based on choices regarding the transfer size, frequency, timing, duration, predictability, population coverage and designated recipients, among others. These variations all play crucial roles in terms of mediating impacts, something this chapter cannot do justice to in terms of summarising emerging insights. We refer to Bastagli et al. (2016) for such an analysis.

Theory of Change

Theories of change for cash transfer programmes differ slightly according to programme objectives and their consequent design and implementation features. However, the main systematic literature reviews and academic publications indicate that cash transfer programmes take a holistic and dignified approach in allowing beneficiaries to use the transfer flexibly to

tackle several household constraints at a time, which not only benefits the household in the long term but also generates important spill-over effects at the local and country level.

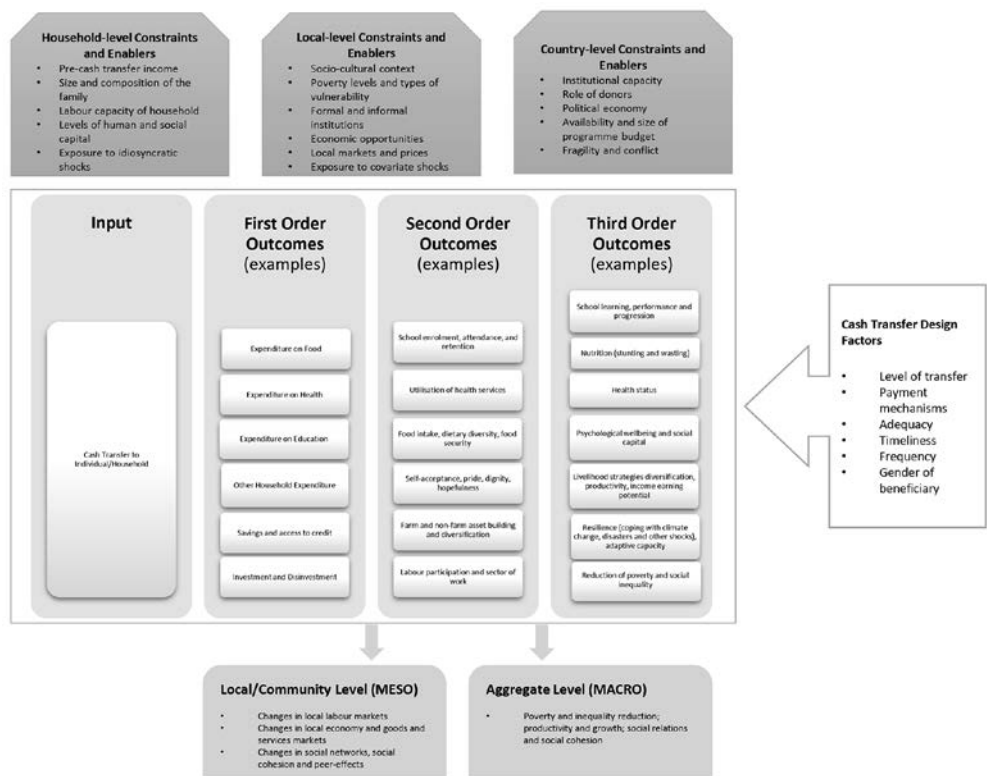
Using the theory of change presented by Bastagli et al. (2016), the expected impact channels on individuals and households when cash is transferred in a predictable and sustained manner are the following (see Figure 13.1):

- First-order outcomes refer to the direct results of receiving a cash transfer. They include expenditure, savings and investment activities such as using the benefit for food, health, education and other household expenditure or using it toward savings, access to credit or investment and disinvestment. (Bastagli et al. 2016)
- Second-order outcomes are the positive behavioural changes over time caused by the immediate income effect from the first-order outcomes. Expected examples include improvements in school enrolment and retention rates, rise in use of health services, growth in hopefulness and pride, better dietary diversity, building up assets and labour participation (Bastagli et al. 2016).
- Third-order outcomes are the medium- to long-term impacts of the cash transfer, which can encompass better school performance, health status, physiological well-being, nutrition, productivity, resilience to climate disasters and other shocks, and a reduction of poverty and social inequality (Bastagli et al. 2016).

In addition to outcomes experienced at the household level, the outcomes of cash transfers at the local level may include changes in labour markets, the local economy and social networks. This is due to the introduction of cash into certain households, which has ripple effects at the community level. For example, changes in the labour market can be brought on when cash transfer beneficiaries chose to increase or reduce their working hours, or hire labour and thus change the labour demand in the community. At the country level, as income is redistributed via cash transfers, reductions in poverty rates and inequality may be experienced. At the same time, it may result in an increase in productivity and the strengthening of social cohesion (Bastagli et al. 2016).

The outcomes of this theory of change are subject to spheres of influence that can act as enablers or inhibitors at different levels. At the household level, pre-cash transfer income affects how the beneficiary uses the benefit, whereas the size and composition can influence how the amount is spread among members of the household. Depending on the household's labour capacity, once the transfer is received, they can choose to increase or decrease labour participation based on need. Moreover, the pre-existing levels of human and social capital available can reflect how the household invests the cash transfer and whether they have access to a variety of services. Lastly, exposure to idiosyncratic shocks, if high, can deter the overall potential of the transfer across a range of outcomes (Bastagli et al. 2016).

At the local level, cash transfers can be enabled or constrained by societal norms, especially in the context of the role of women, while existing poverty levels and vulnerabilities heavily affected how the transfer is spent. Access to infrastructure and institutions may impact what types of services are accessed with the cash transfer and local markets can affect livelihood options. Furthermore, exposure to covariate shocks may deter the consumption-smoothing effect of cash transfers. Lastly, at country level, variables that have the capacity to affect the design and implementation of the cash transfer programme include institutional capacity, the role of donors, political economy of the country, size and availability of programme budget, and the presence of fragility or conflict (Bastagli et al. 2016).



Source: Adapted from Bastagli et al. (2016, p. 24).

Figure 13.1 Theory of change of cash transfers

Evidence Base

Cash transfer programmes are one of the most extensively researched social protection schemes. As such, this evidence base is quite robust with well-documented, positive outcomes in the categories of enhancing living standards, improving nutrition and health, education and economic activities. However, there is scant (systematic and quantitative) evidence of the impact of cash transfers on mental health, resilience to climate change and disaster shocks, state building and overall social inequality.

This section extracts information from a total of six systemic reviews focusing on cash transfer programmes in the global South (Bastagli et al. 2016; Anderson et al. 2017; Bastagli et al. 2019; Millan et al. 2019; Zimmerman et al. 2021; McGuire et al. 2020). To capture the most recent information, the systemic reviews considered were published between 2016 and 2020.

First-Order Outcomes

Concerning *expenditure on food*, Bastagli et al. (2016) showcase evidence of a total increase in food expenditure as an effect of increases in household purchasing power through cash trans-

fers. Accordingly, increased *expenditure on health* services have also been cited, for example by Anderson et al. (2017) and Bastagli et al. (2016). Millan et al. (2019) note that conditional cash transfers show a marked increase in the *investment in children's education*. When considering *other household expenditure*, Bastagli et al. (2016) find increased consumption of goods such as soap, clothing and furniture. Interestingly, the authors find that when expenditure on household items, such as soap, increases, it also reinforces children's willingness to attend school. Moreover, when transfers address a household's credit constraints, this provides *opportunities to save or access credit* when needed (Bastagli et al. 2016). This was supported by at least five studies that the Bastagli et al. (2016) review considered, establishing statistically significant increases in household savings due to cash transfers. Lastly, cash transfers can spur *investment and disinvestment* through the purchase of agricultural productive assets and livestock ownership (Bastagli et al. 2016).

Second- and Third-Order Outcomes

When considering *education*, Millan et al. (2019) focus their study on the long-term impacts of cash transfers on children and adolescents. The authors find robust, positive effects of the cash transfer on school attendance and reported only limited evidence on the effects of the programme on cognitive skills, learning capacity and emotional intelligence (Millan et al. 2019). These results are supported by Bastagli et al. (2019), who also note a sizable and constant evidence base between cash transfer and school attendance, with a less clear outcome when considering learning outcomes.

When examining *indicators of nutrition*, the studies considered by Bastagli et al. (2016) indicate increases in nutrition and dietary diversity, with over half of the studies presenting statistically significant increases. Similarly, Anderson et al. (2017) find associations between cash transfer programmes and increased food consumption, better nutrition and lowered incidences of anaemia. However, Bastagli et al. (2016) and Anderson et al. (2017) indicate that a similar trend is not seen when considering anthropogenic outcomes, such as an increase in weight and a reduction of stunting, which lack a statistically significant improvement; however, Anderson et al. (2017) argue that this may be due to the time required for anthropogenic outcomes to change.

Shifting to *general health*, Anderson et al. (2017) provide a comprehensive review of over fifty studies on cash transfer programmes in low- and middle-income countries, with a primary focus on Latin American and Africa. Their findings, like those of Bastagli et al. (2016, 2019), indicate a significantly positive impact on general health outcomes such as increases in the number of health visits, a rise in vaccination rates and a reduction in morbidity and child mortality rates. Furthermore, their findings correlate with those of Bastagli et al. (2016) on *reproductive health outcomes* such as lowering fertility rates due to delays in marriage for female beneficiaries of cash transfers. Furthermore, the authors find robust evidence on positive outcomes regarding sexual activity, infant health and frequency of non-HIV sexually transmitted infections (Bastagli et al. 2016).

Looking specifically at *mental health*, Zimmerman et al. (2021) and McGuire et al. (2020) conducted systematic literature reviews to identify the effects of cash transfer programmes on the mental health of children and young people. Although 85 per cent of the interventions studied by Zimmerman et al. (2021) indicated at least one significantly positive change on mental health outcomes, none of the studies reviewed revealed a positive effect of cash trans-

fers on all mental health outcomes; also, the meta-study showed no statistically significant effect on depressive symptoms. Zimmerman et al. (2021) find that there is no indication of negative effects of cash transfer programmes on mental health. Given this evidence, they reiterate that cash transfers are in no way the magic bullet for improving the mental health of children and young people, as programme mechanisms differ between each country (Zimmerman et al. 2021). McGuire et al. (2020) look at the impact of cash transfers on subjective well-being and mental health and find in their meta-analysis that cash transfer programmes have a significant and sustained outcome on both features. Though this is positive, the research base remains scant and further research is required to fully explore and understand the effects of cash transfers on mental health and well-being in the long term.

As mentioned previously, Bastagli et al. (2016) express that expenditure on household items such as soap and clothing has the capacity to increase an *individual's self-acceptance and pride*. In addition to facilitating the buying of consumption goods, cash transfers also allow individuals to access new social networks and become less dependent on others outside of the household.

When looking at *investment* such as agricultural productive assets, Bastagli et al. (2016) report finding studies that prove the significance of cash transfers on a household's ability to accumulate such assets, followed by a smaller number of studies finding increases in agricultural inputs as an effect of cash transfers. The review also found that the impact of cash transfers on business and enterprise was scattered, with less than half of the studies indicating that cash transfers increase the number of households participating in non-farm enterprises or increase (Bastagli et al. 2016). Given this information, the authors conclude there is robust evidence that cash transfer programmes have an effect on savings, investments and the diversification of livelihoods (Bastagli et al. 2016). Furthermore, both Anderson et al. (2017) and Bastagli et al. (2016) find cash transfers to be associated with positive financial inclusion outcomes.

In the context of *labour outcomes*, Bastagli et al. (2016) conclude that evidence indicates no significant impact on the intensity of adult work or overall participation in the labour force. They clearly state that cash transfers do not lead to a reduction in overall labour intensity, except in the case of social pensions. They also indicate that the cash transfer does not significantly affect participation in the employment sector; in the cases where studies did show some effect, there was evidence of growth in self-employment in non-agricultural sectors (Bastagli et al. 2016). When discussing labour outcomes, Bastagli et al. (2016) reiterate that cash transfers may be used as a tool to increase labour hours with specific programme and policy designs. When considering *child labour* force participation, available evidence does not show a statistically significant reduction in child labour because of cash transfers (Bastagli et al. 2016; Anderson et al. 2017).

When looking at *empowerment outcomes*, Anderson et al. (2017) find evidence that cash transfers positively impact women's savings outcomes, but the overall evidence for women's labour and empowerment is mixed. Evidence by Bastagli et al. (2016) states that cash transfers have been shown to reduce physical abuse faced by women but may increase incidences of emotional abuse. However, women's decision-making power increases in beneficiary households (Bastagli et al. 2016).

Regarding *living standards and monetary poverty*, Bastagli et al. (2016) and Anderson et al. (2017) state that, overall, cash transfers have the capacity to reduce the intensity of poverty and the poverty headcount. The authors acknowledge that studies which did not show a significant

difference in Foster–Greer–Thorbecke indices were often subject to faulty programme design or implementation components, such as a low benefit level or infrequent delivery (Bastagli et al. 2016). Anderson et al. (2017) specify that although most programmes do not prioritise long-term labour market outcomes, they can lead to exit from poverty over the long term (Anderson et al. 2017).

Factors of Success

Additional research is recommended to understand the impact of different cash transfer policies, programme designs and implementation mechanisms on outcome areas that have been identified as major driving factors of success. Bastagli et al. (2016) attempt to review the importance of design features but acknowledge that the evidence base for the effect of the features is quite small. The authors highlight the importance of supply-side services and complementary interventions, as these can work to strengthen the objectives and impact of cash transfer programmes.

Further Research Needs

Although cash transfers are well researched, there is a lack of research on the impact of cash transfers on resilience to climate change and disaster shocks, state building and overall social inequality. There is increasing evidence of the effect of cash transfers on these outcome areas, but only in individual studies that are not yet systemised. As such, there is a need for more rigorous meta-analyses to understand better how these factors may be impacted by cash transfers, even though collecting data on outcome areas such as state building may pose additional methodological challenges. In addition, research gaps remain on the long-term outcomes of cash transfers, though an increasing number of individual studies is emerging on this.

PUBLIC WORKS PROGRAMMES

Concept

PWPs are public employment programmes that make a cash or in-kind transfer in exchange for work efforts invested in the construction of infrastructure or provision of social services that will be of use to the community. Apart from providing critical assets and services, PWPs can be designed to impart relevant skills to recipients. In this way, the transfer involved in PWPs has a built-in social protection function, an employment function, and an asset and skill function. While the International Labour Organization (ILO) considers these multiple objectives to be in line with the 2030 Agenda and its Sustainable Development Goals (McCord et al. 2021) – recognising that economic, social and environmental objectives are interwoven and require interventions that address them jointly – the pursuit of multiple objectives also comes with complexities.

Originally designed and promoted as a key labour market instrument by the ILO as early as 1919, PWPs have gradually entered the humanitarian and social protection field and thereby broadened their original scope. In 2012, PWPs were officially introduced as one of the policy choices in the social protection floor to ensure income security for the working population.

Conceptually PWPs take on many different forms, varying with their primary objective and target group, their duration and scale, and how they interact with other social protection and employment policies. This variety of PWPs makes it analytically challenging to compare PWPs across countries and to systematise evidence meaningfully.

As a first step, it makes sense to look at how PWPs can best be categorised. McCord (2008) develops a typology with four distinguishable forms of PWPs:

1. Single-episode short-term employment programmes where the focus is on the protective function of social protection and where skill and asset accumulation are deprioritised.
2. Large-scale government employment programmes where the government serves as employer of last resort and provides an entitlement to work, prioritising the preventive function of social protection.
3. Programmes incentivising the labour intensification of government infrastructure spending where social protection is provided through employment offered as part of a project that focuses on infrastructure creation.
4. Programmes that focus on the enhancement of employability by a transfer of skills to people on benefits so that they can return to the labour market, which is characterised by frictional unemployment.

The Inter-Agency Social Protection Assessment (ISPA) public works tool follows this logic of the first three types by classifying PWPs as public employment programmes, employment guarantee schemes and public investment programmes.

Beazley and Vaidya (2015, pp. 11–13) differentiate between different forms of PWPs by looking at the type of unemployment they try to respond to:

- Safety net oriented temporary PWPs responding to a shock.
- Employment guarantee schemes responding to recurrent unemployment spells.
- Productive safety nets responding to chronic poverty.

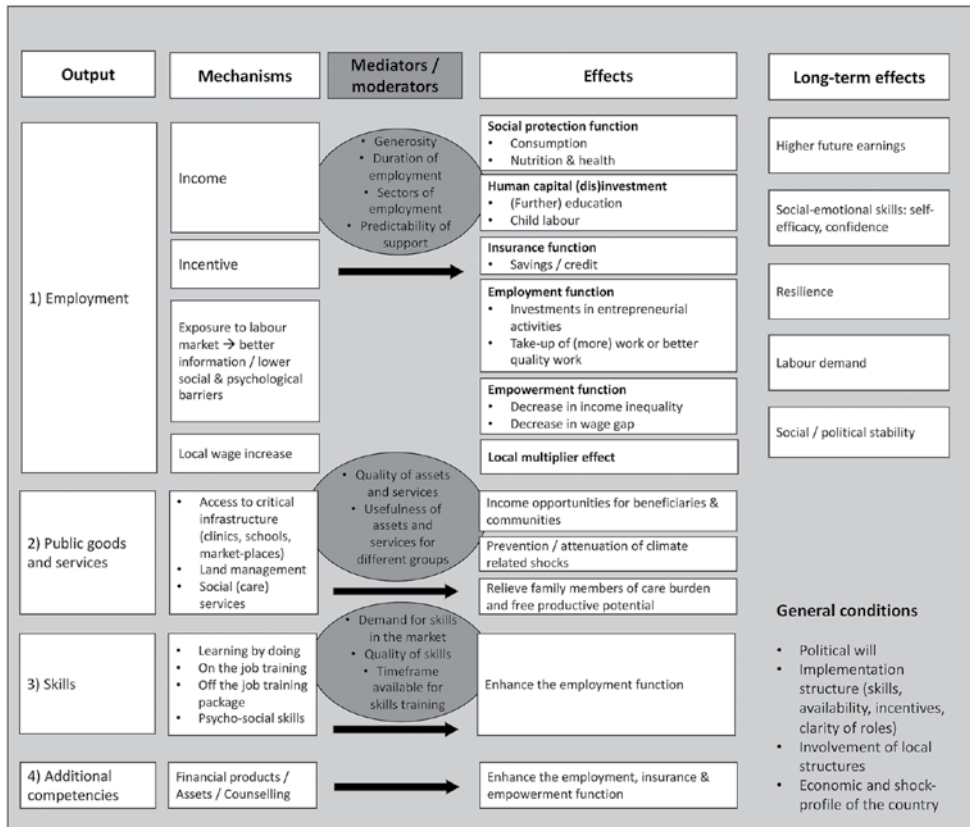
Subbarao et al. (2013) design a three-pronged typology that Beierl and Grimm (2018b) and Ismail (2018) adopt. All of them also factor in the time dimension and look at the package of support that recipients receive. This makes them differentiate between short-term measures focused on idiosyncratic and covariate risk mitigation and long-term measures concerned with chronic poverty and sustainable employment; and between PWPs with complementary measures and those without.

As all typologies make a discernible distinction between different forms and priority objectives, the discussion of impact chains and the existing evidence should be cognisant of those differences.

Theory of Change

A theory of change for an instrument that takes on so many different forms and functions easily gains in complexity. There are four main potential outcome areas (see Figure 13.2): employment; public goods and services; skills; and additional competencies, which are delivered through the ‘plus’ component of PWPs. These different areas produce or reinforce various effects through different channels, which are then expected to lead to long-term

effects. The effects are moderated by different variables, and there are more general conditions of structural nature ensuring that effects materialise.



Source: Compiled from Gehrke and Hartwig (2018) and Beierl and Grimm (2018b).

Figure 13.2 Theory of change of public works programmes

With respect to *employment*, public employment not only provides recipients with a wage but sets incentives for work in contexts where an additional nudge proves necessary. By exposing recipients to the labour market, it might lower the social, psychological and information barriers for people who have been unemployed for a very long time or denied the opportunity to work. While incentives and psychological barriers appear more applicable in the context of high-income countries with sufficient labour demand, social barriers for women and marginalised groups in society are a common issue in low- and middle-income countries. Lastly, PWP's can also have a positive wage effect when the wage of a significantly large programme surpasses the local market wage.

Under the (fundamental) assumption that the wage is sufficiently generous and reliable, and that public employment is sufficiently long and in sectors with future labour demand,

the following effects are expected. The income serves as protection, helping to meet basic needs and allowing human capital investments in the next generation. PWPs encompass a preventive insurance function by making recipients credit-worthy or enabling them to buy further financial products, participate in community saving schemes or save up privately. The wage serves for further investment in self-employment or allows recipients to shift from low-paid employment, such as agricultural day-labour, to better-paid or less precarious jobs. However, greater productive opportunities might also translate into an increase in child labour. Empowerment effects are expected to materialise for excluded or underpaid group depending on who is targeted through the PWP, what the take-up rate looks like and whether PWPs pay below, at or above the market rate. Public employment projects can also generate higher labour demand in supply sectors. As recipients consume and invest their income, they also boost the local economy.

Second, regarding *public goods/assets and services* – if these are high quality, useful and maintained over time – PWPs can ensure access to critical infrastructure, proper land management and the provision of critical social services. Ideally this will facilitate productive activities by providing, for instance, access to new markets and relieving families of their care obligations that prevent a more productive use of time – especially for women and girls. In addition, during times where climate change and disaster risks are high on the agenda, the assets created can help prevent or attenuate climate-related shocks.

Third, recipients may acquire new *skills* by learning on the job, getting additional training on the job, being trained next to the job and learning additional psychosocial skills through the job. These skills are supposed to help recipients sustain employment or become entrepreneurial once the PWP comes to an end. This is only a realistic endeavour, however, if the skills that are taught are of good quality, if they are in demand and if the timeframe of the PWP is aligned with the time it takes to transfer those skills.

Finally, PWPs with a '*plus*' component regularly offer additional competencies next to the skills provided with respect to employment. These could be particular insurance products that are tailored to the context-specific risks, assets that boost self-employment or counselling that contributes to bolstering self-efficacy and problem-solving skills.

In the long run, the combination of these effects is to ensure higher earnings in the future and greater socio-economic skills, which are the foundation to finding work and managing life. The resilience to shocks is enhanced by strengthening recipients' adaptive capacity but also by minimising the likelihood of risks occurring. In terms of spill-over effects, labour demand can go up if additional demand and self-employment generates more demand for consumption and labour. It can, however, also go down if PWPs substitute activities of the private sector or if the increase in the local wage rate cannot be absorbed. Being increasingly employed in crisis-contexts, PWPs are also meant to lead to greater social and political stability.

Evidence Base

That PWPs attract high expectations is illustrated through the theory of change and the unbroken political popularity for this policy instrument that has been around in low- and middle-income countries for a substantive period of time (India since the 1950s, Morocco since the 1960s) (Subbarao et al. 2013, p. 12). In light of this it is interesting to note that this policy instrument's evidence base is scant (Beazley and Vaidya 2015; McCord 2018a; Beierl and Grimm 2018b; Ismail 2018; Gehrke and Hartwig 2018). Most studies focus mainly on

the output level – jobs created, infrastructure built, number of training days held – but do not critically examine whether these outputs translate into productive effects and through which channels. Even the employment impact assessment module, which was mounted by the ILO in 2007 (ILO 2021, p. 114), and the ISPA tool on public works do not sufficiently prioritise further evidence on the micro-level to substantiate some of the claims made.

In the past 10 years, three systematic reviews on public works were published; they form the base for discussion in this section (Gehrke and Hartwig 2018; Beierl and Grimm 2018b; Nair et al. 2018). The programmes reviewed and studies included differ between the three reviews. Gehrke and Hartwig (2018) review the evidence from 15 different countries with a (quasi-) experimental evaluation design. Beierl and Grimm (2018b) include 28 rigorous impact evaluations from 7 countries in Africa and the Middle East, with most evaluations concentrating on the different variants of productive safety net programmes in Ethiopia. Nair et al. (2018) focus their evaluation of the effectiveness of public employment programmes on the programmes in India based on the Mahatma Gandhi National Rural Employment Guarantee Act of 2005 (MGNREGA) and include studies of different quality ratings in their review. Unlike the other two systematic reviews, Nair et al. (2018) do not report on any outcomes related to the skill and asset dimension but carry out a meta-analysis on the other outcome dimensions.

Overall, it can be concluded from the current evidence base that PWP do not live up to all the expectations, in particular regarding the value gained through asset and skill creation. *Concerning employment*, Nair et al. (2018) are most positive, detecting on average an increase in income by 11 per cent, per-capita savings of 38 per cent and employment opportunities of 55 per cent. The social protection, insurance and employment function seems to be well attained. Unfortunately, results are not disaggregated by the quality of studies, no information on standard errors is provided and the review concentrates on the MGNREGA in India alone, which makes it difficult to identify any patterns. Some of the findings concerning the social protection and insurance effect are mirrored by Gehrke and Hartwig (2018). In most of the studies they review, they find an increase in income and savings, complementarity effects of additional credit programmes (a typical ‘plus’ component) as well as evidence that PWPs encourage investments through their insurance function (Gehrke and Hartwig 2018, pp. 116–17). However, savings and higher asset levels were only sustained in PWPs of longer duration. Beierl and Grimm (2018b) conclude that most studies they reviewed find no impact on income. If studies found a statistically significant impact, it was a direct income effect, not a post-programme effect, which is important to consider when discussing the value added by PWPs vis-à-vis cash transfer schemes. Beierl and Grimm also echo Gehrke and Hartwig’s criticism that the income effect cannot be disentangled into a direct-wage effect, assets and skills. In a study on the Côte d’Ivoire, where it was possible to disaggregate the effect, income increased due to higher profitability of existing activities rather than because of additional activities.

With respect to the employment effect, Gehrke and Hartwig (2018) found upward pressure on wage market rates in the low-wage sectors in countries with longer support programmes, but few studies focused on follow-on employment effects. For MGNREGA, an increased labour supply is noticeable and is entirely driven by female employment, which shows some evidence on empowerment effects (Nair et al. 2018, p. 117). Beierl and Grimm (2018b) do not see any crowding out effects but also no extra employment generated. If employment growth is reported, it only takes place at the intensive but not at the extensive margin. When it comes to asset holdings, agricultural techniques and production, most studies show no sig-

nificant effect and there are as many studies with significant positive effects as studies with inconclusive or significant negative effects. Overall, the ‘plus’ variant in Ethiopia once more seems to perform well regarding assets and agricultural techniques, which might not come as a surprise as the ‘plus’ variant relates to agricultural activities. Positive changes in agricultural techniques, however, do not automatically translate into higher agricultural production.

On *nutrition and education*, Beierl and Grimm (2018b) do not find any robust evidence. Only the studies on Ethiopia’s ‘plus’ variant in Beierl and Grimm’s review prove conclusive in terms of food consumption. This aligns with Nair et al. (2018) finding that the kilocalories consumption per day increased. The few studies in Beierl and Grimm (2018b) reporting on nutrition do not find any statistically significant effects. Regarding education, impact is limited in the Beierl and Grimm review. Where it does occur, it is either time limited or becomes visible only in Ethiopia’s ‘plus’ programme in case of higher transfers or when conditional on girls. By contrast, Nair et al. (2018) see an average increase in education expenditure by 6 per cent, which, however, tells us little about actual outcomes. To see that education has not been largely negatively affected can also be interpreted positively given the concerns around child labour. This means that with respect to human capital we have sufficient evidence neither for an investment effect nor for a disinvestment effect.

When it comes to public goods, services and skills, both Gehrke and Hartwig (2018) and Beierl and Grimm (2018b) conclude that they have not been the focus of impact assessments, even if some of the effects are certainly captured in the outcome areas discussed earlier. The evidence on *public goods and services* is limited to the usability of infrastructure and does not reflect on productive effects (Gehrke and Hartwig 2018, p. 119). Observations usually do not go beyond whether the assets created still exist and are maintained over time (which still very often they are not). Attractive assets in terms of being labour intensive and having productive potential are ‘irrigation and water conservation, land development and rehabilitation, flood control, road construction and possibly land terracing’ (Beierl and Grimm 2018a, p. 29). But Gehrke and Hartwig (2018, p. 120) also highlight that infrastructure projects vary in usability, depending on how the type of infrastructure interlinks with the economic activities of different population groups. Multiplier effects are scarce. Ethiopia gives some rise to hope as local production of goods and services increased, even if there was great variability across sites and market situations (Ismail 2018, p. 19).

Concerning *skills*, participants’ knowledge increases through training at the outcome level, but this does not necessarily maximise job opportunities and lead to higher income (Gehrke and Hartwig, p. 118). Skill acquisition might be easier in agricultural activities, as some evidence from Ethiopia illustrates (Beierl and Grimm 2018a, p. 25). This appears logical as unemployment, which is a demand-side problem and not frictional in many low- and middle-income countries, is difficult to come by through skill investment. A more focused technical training seems to generate wider benefits than a training covering multiple topics (Gehrke and Hartwig 2018, p. 119).

Next, given the nature of PWP, it is relevant to study synergetic effects of *combining these different pillars*. For this, we turn to the recent review of economic inclusion programmes by the World Bank (Andrews et al. 2021) that also examines PWPs and looks into the effects of combining interventions. The report concludes that the impact of bundling livelihood interventions is positive for the available interventions. This general conclusion needs to be considered with care. First, it is not always based on an analysis of the synergy effects produced but basi-

cally attests to the fact that two interventions are better than one. Second, for PWPs the effect is even less noticeable and dependent on the country context.

In addition to more conclusive aggregate effects, there is need for greater attention to *disaggregated effects by target group*, as for some groups in society the standardised package of support might produce greater and longer-lasting effects than for others (Andrews et al. 2021, p. 134). This is supported by Beierl and Grimm (2018b), who equally argue for the need of benefit incidence analysis for PWPs.

Factors of Success

Considering the existing evidence base, it is difficult to tease out the drivers of success, which is normally an interesting feature of a systematic literature review. Some general lessons can be drawn, however, based on critical observations and conceptual deliberations. The general conditions underlying the theory of change need to be met, as with any other social protection intervention:

There needs to be political will to sufficiently finance an intervention which pays out adequate wages for a sufficiently long-time horizon. Keeping wages low to produce a self-selection effect for targeting has not proven an effective strategy. (Beazley and Vaidya 2015, p. 6)

In particular for PWPs that are administratively demanding, it pays off to have a solid institutional grounding and strong delivery systems, which pay attention to adequate staffing levels, qualification and incentives for staff, in particular at the local level (McCord 2018a, pp. 151, 154). If PWPs are not predictable and payments are made in an erratic manner, the social protection and insurance function is bound to perform suboptimally.

For PWP to generate infrastructure/services that add value and can be sustained, communities should be involved in the process from early on (Ismail 2018). Another potential interesting area that is less resource intensive is social services. Here one needs to strike a fine balance, however, between imparting recipients with the necessary skills to deliver these services professionally and not competing with the private market, which would create regular employment.

Further Research Needs

At best the systematic literature reviews paint an inconclusive and partly uninformed picture when it comes to the various effects in our conceptual framework. The empowerment function, the local multiplier effect and the shock-management function have not received much attention. While there are deliberations of how public works can be more gender friendly (see Barca 2019), empowerment has not been a subject of research. The productive effects of PWPs do not come out clearly and further evidence is needed on the interactive effects (Beierl and Grimm 2018a, p. 26). Otherwise, it could be argued that these different components in terms of cash transfer, skills training and infrastructure production could be provided better when offered separately and tailored individually rather than when provided in a standardised package to everyone.

More data on cost effectiveness is required. As PWPs are management and cost intensive, it is important to assess whether this additional administrative burden is justified. The costs of

transferring USD 1 in benefits to the poor varied from USD 1.8 in Ethiopia and USD 4.23 in Liberia (Subbarao et al. 2013, p. 185). If PWPs do not go beyond the social protection effect, regular cash transfers will perform much better (Gehrke and Hartwig 2018). Realistic calculations of cost effectiveness therefore need to factor in the income of household forgone (which can be minimised by giving beneficiaries greater choice in when to work), the economic effects of skills and infrastructure provided, and realistic calculations of administrative costs.

Unlike the current trend of bundling interventions, PWPs might be an example where it makes sense to delink the functions for them to perform better. Conceptually, not all combinations make sense. It is easy to foresee that the goals of employment-based social protection and sustainable infrastructure creation might be conflicting or that a longer training component might not go hand in hand with the insurance function of providing support when a need arises ad hoc. Adding a skill component is only meaningful in markets that are not constrained in absorbing additional labour. A better evidence base is therefore necessary to inform for whom and when these interventions should be combined. And with alternative links between social protection and employment developing (McCord 2018b; Andrews et al. 2021), an even greater focus on the analysis of cost effectiveness seems warranted.

SCHOOL FEEDING

Concept

School feeding programmes provide food to children via schools and ‘can be classified into two main groups: (1) in-school feeding, where children are fed in school [provided as breakfast, snack, and/or lunch]; and (2) take-home rations, where families are given food if their children attend school’ (Drake et al. 2016, p. xxxi). Depending on the country, these may cover pre-primary, primary and/or secondary schoolchildren. Moreover, programmes may vary in terms of (1) where food is sourced (locally/home-grown or externally); (2) where it is prepared (within the school facilities or externally); and (3) whether and how food is fortified (with multiple micronutrients, a single micronutrient such as iron or not at all) (WFP 2021).

COVID-19 has played a significant role in disrupting the key infrastructure for delivering school meals by causing school closures. Interestingly, this has led many countries to introduce alternative measures for delivery, including take-home rations and cash transfers to families with schoolchildren (WFP et al. 2020; WFP 2020).

Theory of Change

School feeding programmes broadly ‘aim to enhance the concentration span and learning capacity of school children by providing meals in schools to reduce short-term hunger that may otherwise impair children’s performance’ (Jomaa et al. 2011, p. 84), while also ‘subsidising the costs of sending a child to school’, thus ‘incentivising’ school enrolment and attendance (Snilstveit et al. 2015, pp. 69, 98). The literature on the theory of change of school feeding varies, but broadly focuses on the following channels of impact.

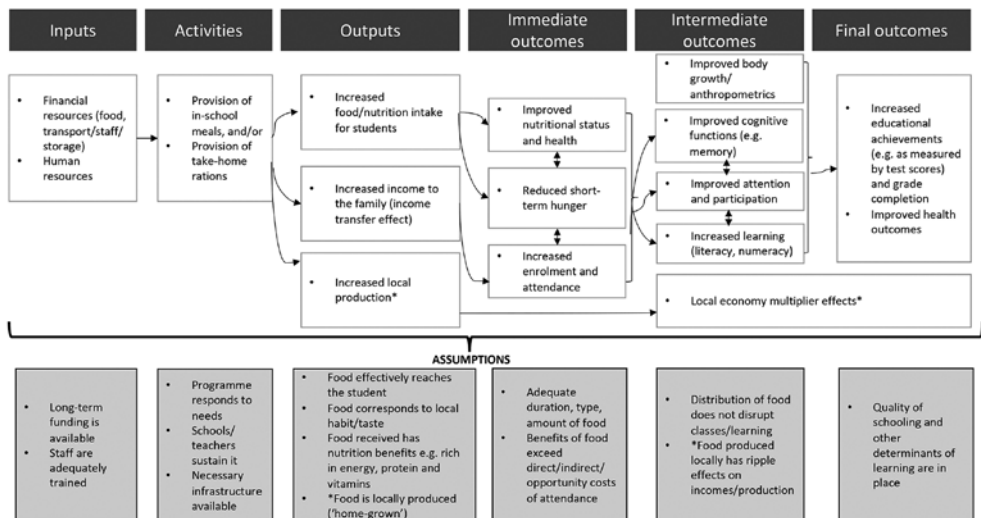
In the *short term* (first- and second-order outcomes), well-designed school feeding programmes have the potential for generating impacts on:

- education, via increased enrolment and attendance (with parents incentivised to send children to school more regularly) and via increased attention span (by addressing short-term hunger);
- health, by increasing the quantity and quality of children's diet, addressing nutritional deficiencies and improving micronutrient status, while also boosting immunity;
- the local economy (though less directly), via the de-facto subsidy to households and via increased local food purchase on the other (for home-grown school feeding specifically) (WFP 2021; Snilstveit et al. 2015).

In the *medium to long term* (third-order outcomes), school feeding can:

- further enhance educational achievements via increased hours spent in school and via improved nutrition leading to improved cognition/attention/participation;
- ensure sustained health outcomes (as measured by body growth/anthropometrics);
- generate further multiplier effects in the local economy (WFP 2021; Snilstveit et al. 2015).

These effects (see Figure 13.3) may be accompanied by improved gender (social) equity outcomes if these are explicitly pursued (for example via explicit targeting) (WFP 2021).



Sources: Compiled from Snilstveit et al. (2015, p. 72) and WFP (2021).

Figure 13.3 School feeding theory of change

Of course not all these causal effects are linear – or devoid of complication. For example, it is possible that children from poor households receiving school feeding may receive a reduced diet at home (Jomaa et al. 2011; Snilstveit et al. 2015). Similarly, impacts are conditional on a wide array of assumptions (see also Figure 13.1), with examples including the availability of

funding and trained staff, the provision of nutritious food that corresponds to local habits and taste, and the ‘presence of educational systems that can support learning in face of increased school participation levels’ (Aurino et al. 2020, p. 76). The scale of – and institutional set-up for – provision also matters, with large potential differences between geographically contained operations led by a non-governmental organisation or the WFP and nationwide government-run programmes (Aurino et al. 2020). This poses challenges in terms of evaluating income pathways, as further discussed below.

Evidence Base

Adopting the methodology described in the introduction, this section draws mainly on the following three reviews:

1. a systematic review combining the evidence from 21 papers across 16 studies on school feeding programmes conducted in Africa, Asia and Latin America¹ (Snilstveit et al. 2015);
2. a rigorous cross-country summary of available recent evidence from rigorous experimental or quasi-experimental research (WFP 2021);
3. a book chapter that assesses school feeding programmes in middle childhood and adolescence (Drake et al. 2017).

These are complemented by a range of selected cross-country studies.

Short-Term/Immediate Outcomes

Short-term outcomes on school participation – increased *attendance and enrolment* – are relatively well researched and broadly show positive impacts (Snilstveit et al. 2015; Kristjansson et al. 2015; Drake et al. 2017; Wang et al. 2021). For example, the WFP (2021) reports on four studies that investigate the impact of school feeding on enrolment, with positive impacts ranging between 4 and 11 percentage points; however, three studies on school attendance/absenteeism are inconclusive. Snilstveit et al. (2015) find an overall average effect of 0.14 (95 per cent confidence interval [CI]) on enrolment, 0.09 (95 per cent CI) on attendance and -0.6 (95 per cent CI) on drop-out (noting a low number of studies that looked into this).

Snilstveit et al. (2015) do not investigate short-term outcomes on nutrition. The WFP (2021) reports seven studies (in ten publications) investigating the effect of school feeding programmes on *micronutrient status*, with iron status and prevalence of anaemia being most reported. The review shows ‘significantly improved biochemical iron status’ across five relevant studies and ‘positive impacts of plasma/serum retinol (vitamin A) concentration’ across three relevant studies of fortified meals (WFP 2021, pp. 12, 13). However, it also finds mixed results on anaemia, with four relevant studies finding no impacts and three finding ‘significantly reduced prevalence of anaemia by up to 27 percentage points’ (WFP 2021, p. 13). These results are consistent with a 2011 systematic review of 12 studies (Best et al. 2011) specifically investigating the effect of fortification of foods. The study finds that, except for zinc, fortified foods had a consistent positive impact on the micronutrient status of school-aged children. The results are also consistent with Jomaa et al. (2011), Bundy et al. (2018) and Drake et al. (2017). Interestingly, some evidence is starting to emerge on positive spill-overs at the household level: for example, in Uganda a take-home ration for children living in camps for

internally displaced people reduced anaemia in adult women and preschool siblings (Adelman et al. 2019).

Short-term outcomes on increased *local production* were not measured within any of the studies analysed by the WFP (2021) and were not considered by Snilstveit et al. (2015). Both reviews stress, however, the complexity of tracing such an outcome, given the high number of assumptions and confounding factors. Drake et al. (2017) stress that there is ‘initial evidence’ from Ghana ‘that home-grown feeding can change the eating preferences of households, improve community incomes, support smallholder production, and facilitate better access to markets’ (p. 156).

Medium-Term, Long-Term/Intermediate and Final Outcomes

More limited and complex and less clear-cut is the experimental evidence on the effectiveness of school feeding for *learning outcomes and educational achievements* (Drake et al. 2017; Aurino et al. 2020; WFP 2021). On the one hand, there is little evidence on grade attainment (with positive indications from the Aurino et al. [2020] study on Ghana). On the other hand, there is increasing positive evidence on mathematics scores – with the WFP (2021) reporting on three studies with 0.09–0.15 standard deviation increases and on reading/literacy scores. Two of three studies reporting on cognitive outcomes also found increased scores for Raven’s standardised progressive matrices and digit span tests, two measures of cognitive development (WFP 2021).² These results are consistent with Snilstveit et al. (2015), with an 0.11 overall weighted average effect of school feeding on cognitive scores, 0.09 on language/arts test scores, 0.10 on maths scores and 0.14 on composite test scores. However, the WFP (2021, p. 18) warns, ‘evidence on learning outcomes is not sufficiently standardized across studies.’

Interestingly, two meta-analyses on the effectiveness of different interventions for boosting learning outcomes in Africa leverage these and additional findings to pinpoint school feeding as one of the most promising (Bashir et al. 2018; Evans and Mendez Acosta 2021), especially for girls and children from the poorest households.

Similarly complex and less clear-cut is the evidence on the impact of school feeding programmes on *body growth and composition*. As discussed by the WFP (2021), seven of the studies investigating this (in seven papers) used the anthropometric measures recommended by the World Health Organization – most commonly weight-for-age Z-scores and height-for-age Z-scores – and presented ‘marked heterogeneity’, meaning that the results are ‘inconclusive’. A systematic review and meta-analysis by Wang et al. (2021) confirm these insights for Z scores, while reporting significant increases in height and weight over 12 months compared to students in control groups.

Once again, no systematic evidence was reported on long-term *local economy impacts*.

Factors of Success

All of the studies reviewed for this section discuss significant variation in terms of (a) school feeding programme design and implementation (government v. humanitarian-led, size/coverage, target group and age, food type/size/quality, modality, timing, extent of subsidisation, etc.); (b) context (for example, quality of educational systems); and (c) methodology and outcome measures in evaluations (Snilstveit et al. 2015; Drake et al. 2017; Aurino et al. 2020; WFP 2021; Chakraborty and Jayaraman 2019). This heterogeneity of the evidence landscape,

together with a lack of explicit research focus on systematically comparing *across* these variations, means we are as yet unable to untangle their role (or absence) in intermediating outcomes and driving impacts. Of course, intuition and emerging evidence suggest that these features play a fundamental role. For example, the delivery of a single egg in a food-insecure context in China ‘did not produce measurable results’ (Snilstveit et al. 2015). Similarly, programmes run by governments at scale face very different challenges and opportunities compared to small humanitarian ‘projects’ or ‘pilots’, for example those run by the WFP (Drake et al. 2017; most recently explored by Aurino et al. 2020).

Further Research Needs

Areas suggested for further investigation (Snilstveit et al. 2015; Drake et al. 2017; Aurino et al. 2020; WFP 2021) include:

- mediating factors regarding context, design and implementation;
- complementarities between school feeding and other interventions such as deworming or water, sanitation and hygiene education – thus investigating the optimal bundle of school-based programmes to achieve the desired outcomes;
- indirect channels of impact, for example, school feeding affecting dietary behaviours;
- the effect of school feeding on social inequalities, including heterogeneity across genders and socio-economic status;
- multiplier effects on local economies;
- cost-effectiveness and cost–benefit, including in relation to other forms of social assistance;
- the impact of interventions in diverse settings (for example, humanitarian/emergency).

CONCLUSIONS

This chapter has provided a brief overview of the (growing) evidence base on three of the most popular social protection measures in low- and middle-income countries: cash transfers, public works and school feeding programmes. The evidence presented is in no way exhaustive and is intrinsically limited by the methodological choices made – first and foremost the reliance on existing systematic reviews. While this limits the depth of analysis and is skewed toward quantitative and experimental evaluations (rather than qualitative research, for example), it has provided a broad set of insights.

First, there is an abundant evidence base on cash transfers, compared to public works and school feeding. The evidence on cash transfers is also more articulated in terms of evaluating a wide variety of outcome areas and unpicking the design and implementation mediating factors that vehicle these effects. This is partly due to the ease with which cash transfers lend themselves to experimental evaluation, partly due to the global policy push to shift to cash (requiring supporting evidence) and partly due to reasons beyond the scope of this chapter. The results of the forthcoming Campbell Collaboration Evidence Gap Map, as per its protocol (Thimmappa et al. 2021), will hopefully help to shed light on the extent to which this is the case, guiding research in years to come.

Second, given the inconclusive and partly missing evidence base on public works and the moderate evidence base on school feeding, it is difficult to conclude that evidence is a main

driver behind the widespread political take-up of these interventions. For example, evidence might be less important for social protection interventions that are politically popular from the start. We could hypothesise that politicians are less concerned with interventions that are at least indirectly conditioned, thereby ensuring a certain desired outcome: public works are conditional on work, while school feeding is conditional on school enrolment and attendance. This does not mean that evidence has no role to play. In fact, this chapter stresses that further evidence on the drivers of success of these interventions – looking more closely into how policies should be designed, implemented, sequenced and combined – would be important to inform future policymaking.

Third, going forward, more meta-analyses in social protection are required. By aggregating results across studies, even statistically insignificant results could be factored in, and further meta-regressions would allow us to learn more about the important drivers of success. Ideally, critical insights from high-quality qualitative studies could similarly be featured, helping to further untangle critical questions on less quantifiable dimensions of impact and on key drivers of those impacts.

NOTES

- 1 Based on a synthesis of findings of 238 studies evaluating the effects of a range of different education programmes in 52 low-income and lower medium-income countries.
- 2 These results were all mediated by sub-group (boy/girl, socio-economic status, age, etc.).

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14. Understanding the role of nutrition-sensitive social protection interventions in child nutritional outcomes

Wanga Zembe-Mkabile

INTRODUCTION

Structural factors are key drivers of malnutrition in low- and middle-income settings. These drivers, which encompass social, economic and environmental factors, give rise to a clustering of multiple risks that compound vulnerability to malnutrition. Among these drivers, poverty is considered a major determinant of adverse child nutritional outcomes, both as a cause and as a consequence of malnutrition. Thus, child nutrition is one of the most important non-income predictors of child health and well-being.

Monetary poverty and non-income poverty are particularly linked to food insecurity: the former determines the resources to purchase and access adequate nutritious food, while the latter determines the living conditions that are a requirement of basic nutrition. Food security is defined as the availability of resources to access and consume sufficient food through food production, cash income or charity (Smith and Haddad 2000).

Malnutrition contributes a third of the global disease burden (Development Initiatives 2020), with nearly 150 million children under five estimated to be stunted, 45 million wasted, and nearly 40 million overweight or obese (UNICEF et al. 2021). More than half of all global child deaths are attributed to hunger and undernutrition (UNICEF et al. 2021). Unless there is early intervention, malnutrition has impacts that last beyond childhood, with negative knock-on effects that impact on health and cognitive development, educational attainment, economic productivity, and earnings resulting in endemic poverty that gets passed on from generation to generation (Black et al. 2008; Case and Paxson 2010; Khatun et al. 2018). Cash transfers are considered to be nutrition-sensitive social protection interventions with the strong potential to address malnutrition effectively as they deal with social determinants of health (Ruel et al. 2013; Ramokolo et al. 2017).

This chapter explores and unpacks the synergies that potentially exist between cash transfers as a nutrition-sensitive social protection instrument and other nutrition-specific interventions. The chapter specifically considers how cash and other nutrition-specific interventions could work in combination to impact on child health and nutritional outcomes in the global South (see Chapter 1). In this way the chapter contributes to understanding the role of nutrition-sensitive social protection in improving child nutritional outcomes. The chapter is divided into four sections. The first section provides a broad overview of child nutrition in the global South and the conceptual framework for the underlying causes of malnutrition. The second section focuses on policy responses to child poverty and nutrition, and the third explores the role of social protection instruments in preventing and mitigating the worst impacts of malnutrition. The final section provides recommendations for how nutrition-sensitive social protection interventions

could work together with nutrition-specific interventions to address malnutrition in the global South. While the geographic focus of the chapter is mainly on Africa and Asia, necessitated by the reality that these are regions hardest hit by malnutrition in the global South, where possible examples from other regions and countries in the southern Hemisphere are also given.

OVERVIEW AND CONCEPTUAL MODELS

Child Nutrition: A Broad Overview

Malnutrition occurs when there is insufficient intake of nutrients, from lack of food, from insufficient nutrients in the food that is consumed, or from the inability to absorb nutrients from the food eaten. Malnutrition can manifest in five ways: as stunting, underweight, wasting, overweight and obesity, and micronutrient deficiency. Stunting is a condition that occurs when a child is too short for his or her age and is defined as at a height more than two standard deviations below the median (WHO 2006). It can lead to unalterable physical and cognitive development outcomes over the shorter and longer term, with lifetime consequences that can be passed on from generation to generation. Stunted children have greater odds of late entry into school, poor educational outcomes, low economic productivity, and low earnings in adulthood (Smith and Haddad 2000; Harper et al. 2003; WHO 2006; Victora et al. 2008; Walker et al. 2007; Black et al. 2008; Case and Paxson 2010; UNICEF 2009). They are also at greater risk of obesity and chronic lifestyle diseases such as diabetes and hypertension in adulthood. Women who are stunted as children also have higher odds of giving birth to low-weight babies, who in turn face higher risks of childhood illnesses such as pneumonia, diarrhoea and malnutrition, perpetuating the cycle of poverty (Khatun et al. 2018). Wasting refers to a child who has a low weight for their height, and it is defined as weight-for-height z-scores two standard deviations below the median (WHO 2006). It results from failure to gain weight due to insufficient dietary intake or recent rapid weight loss. Moderate or severe weight loss carries an increased risk of death and failure to thrive (WHO 2006).

Underweight refers to children who weigh too little for their age, and it is defined as weight-for-age z-scores 2 standard deviations below the median (WHO 2006). Children who are underweight can also be stunted or wasted or both. Overweight children are too heavy for their height. Overweight results from intake of energy, often of nutritionally poor food and beverages, which exceeds the energy requirements of a child; thus it is defined as weight-for-height z-scores above 2 standard deviations (WHO 2006). It carries a higher risk of obesity and attendant chronic lifestyle diseases, such as diabetes and hypertension.

In low- and middle-income countries (LMICs), rates of malnutrition remain high. In 2020, about 200 million children living in LMICs suffered from undernutrition that principally manifested through stunting and wasting, and nearly 400 million suffered from vitamin and other essential micronutrient deficiencies (UNICEF 2020). Increasing rates of overweight and obesity are also being observed among children from low-income households in LMICs. Altogether this translates to about 1 in 3 children who are not growing well, 1 in 2 children who are micronutrient deficient, and 2 in 3 children who do not eat the minimum diet needed for optimal growth and development (UNICEF 2020). The co-occurrence and convergence of undernutrition in the form of stunting and wasting, along with micronutrient deficiencies, and

an increasing prevalence of overweight and obesity in children, means that LMICs are facing a triple burden of malnutrition (UNICEF 2020).

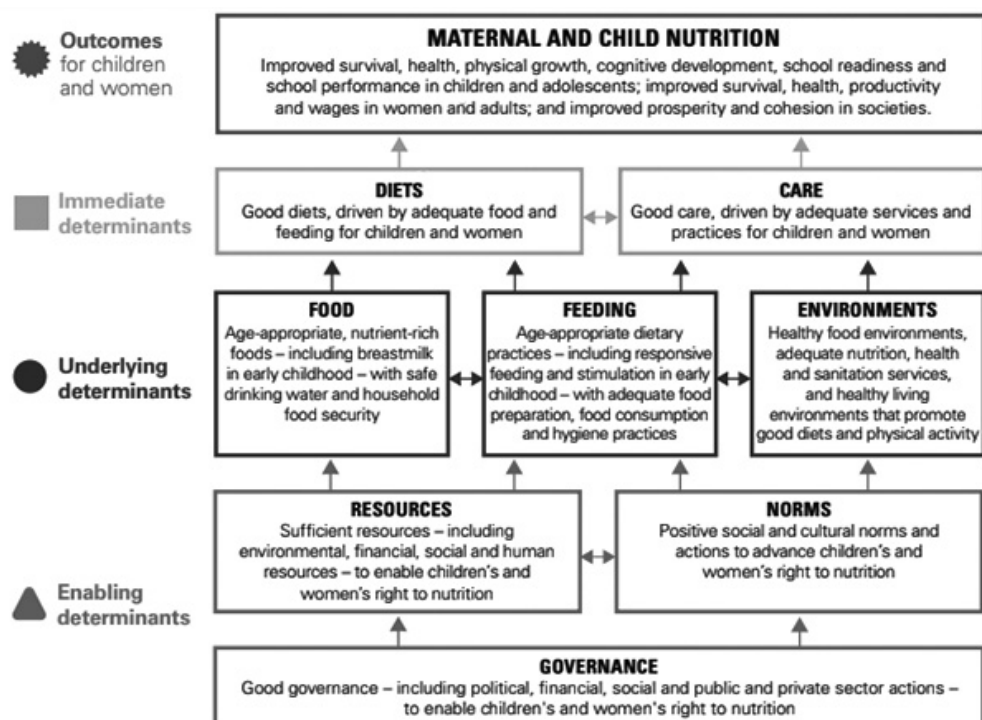
Stunting, which is also an indicator of chronic or recurring poverty and malnutrition, has been declining since 2000, but not enough to reach the 2030 target set for countries and endorsed by the World Health Assembly (Shekar et al. 2017). Declines have been observed in Latin American and Caribbean (LAC) countries between the 1990s and 2000s (Barquera et al. 2019). Stunting rates fell from 24.5 per cent in 1990 to 11.3 per cent in 2015 in the LAC region; and about 7.2 per cent of children were overweight (Barquera et al. 2019). However, global estimates highlighted earlier reveal that nearly 150 million children were stunted in 2020. Asia and Africa are most affected by stunting, with more than half of the world's children under five who are stunted living in Asia (53 per cent) and 41 per cent, or two in every five stunted children, living in Africa (UNICEF et al. 2021). Asia and Africa not only have the highest rates of stunting, but these two regions also have the greatest share of children affected by wasting and overweight: more than two thirds of all children under five suffering from wasting or overweight lived in Asia and more than a quarter in Africa in 2020 (UNICEF et al. 2021). In Bangladesh, for example, 28 per cent of children under five are stunted, and 10 per cent suffer from acute malnutrition (underweight or wasting) (USAID 2021). These regions with a high burden of malnutrition also grapple with high levels of food insecurity, poor living conditions and low educational attainment, all of which are key predictors of poor nutritional outcomes.

While current estimates do not take account of COVID-19, a recent report from UNICEF highlights that the pandemic has wreaked extensive damage to child nutritional outcomes, including stunting, that will become increasingly evident in years to come. This is because by nature stunting takes years to manifest. Children born to mothers who had insufficient dietary intake during pregnancy during the pandemic under circumstances of poverty and deprivation will show signs of stunting only a few years from now (UNICEF et al. 2021).

A Conceptual Model for Addressing Child Nutrition and Its Determinants

Malnutrition mainly results from poor diets and lack of access to nutritious foods, frequently owing to deprivation and poverty-related factors, such as low socio-economic status, poor maternal health and education, and poor living conditions, such as lack of safe clean water, sanitation, hygiene and food preparation methods (Walker et al. 2007; UNICEF 2020). The 2020 UNICEF extended model of care conceptual framework of child nutrition (Figure 14.1) seeks to address underlying causes of malnutrition. It builds on previous child nutrition frameworks developed by this organisation over the years, and highlights household food security, care and healthcare as core elements of the framework, along with the recognition that the causes of malnutrition, and therefore its solutions, lie beyond food and diets.

The framework broadly presents a combination of nutrition-specific and nutrition-sensitive determinants (Ruel et al. 2013; Khalid et al. 2019) to address the underlying causes of malnutrition. Nutrition-specific determinants include interventions that directly influence maternal and child nutrition such as micronutrient supplementation in pregnancy and after delivery for both mother and child, infant feeding counselling, and promotion (exclusive breastfeeding counselling and promotion of nutrient-rich complementary foods), growth monitoring, food fortification, integrated community case management (iCCM) of childhood illnesses under which community-based nutrition programmes fall, and nutrition education.



Source: UNICEF (2020). Reproduced with kind permission.

Figure 14.1 UNICEF conceptual framework on the determinants of maternal and child nutrition (2020)

Nutrition-sensitive interventions comprise interventions that indirectly address maternal and child nutrition such as maternal education; maternity protection, which combines cash transfers with effective antenatal care and services in pregnancy and paid maternity leave; and child cash transfers, care practices and living conditions. Later on in the chapter, nutrition-specific and nutrition-sensitive interventions in the context of maternal and child nutrition are discussed in greater detail.

In the framework, diets represent household food security. Care refers to behaviours that caregivers engage in which impact on what, how and when a child is fed and cared for, and the ultimate effect of such practices on child development with regards to nutrient intake, and health, psychosocial and cognitive development (Smith and Haddad 2000; De Groot et al. 2015, 2017). In turn, mothers and children's care is determined by the extent to which the mother or primary caregiver has control over household resources, her independence, her psychological and physical health, her education level, and her beliefs and preferences (De Groot et al. 2015). Healthcare refers to the mother and child's living condition, in particular their access to safe water and adequate sanitation, housing, and health services (Smith and Haddad 2000; De Groot et al. 2015, 2017). The framework adopts an integrated, multisectoral approach to achieving child nutrition. First, it recognises that child nutrition cannot be achieved

without maternal health and nutrition. Evidence shows that there are direct and indirect social and economic consequences associated with pregnancy (Powell-Jackson and Hanson 2012; Storeng et al. 2013) that not only influence maternal health outcomes but also can impact on key child health and developmental outcomes (Ilboudo et al. 2013). Pregnancy in particular increases the nutritional needs of the mother and her risk of adverse health outcomes. Poor maternal dietary intake and health impact on child health. Thus, child health and nutritional outcomes begin at pre-conception and are closely tied to maternal health during pregnancy and after birth. Child growth outcomes such as stunting have pre- and post-conception maternal health as one of the key determinants.

Second, the conceptual framework acknowledges macro-level factors that create an enabling environment for maternal and child nutrition, such as governance in terms of political will, fiscal space, and social and private actions (UNICEF 2020). These macro-level determinants include institutional capacity to develop and implement maternal and child health-friendly policies. These include giving attention to maternal and child health within the political economy and national priorities; budget and fiscal space to fund effective interventions; and the creation of an enabling environment necessary to create and/or change norms and the provision of financial, environmental, social and human resources. The enabling determinants can support and improve underlying determinants to maternal and child nutrition, such as maternity protection, the availability of quality foods and micronutrients, appropriate feeding and dietary practices, and food environments that provide adequate nutrition and promote good living conditions that include access to sanitation and water, as well as housing, quality health services and the promotion of healthy lifestyles. The underlying determinants will, in turn, lead to improvements in the immediate determinants for maternal and child nutrition, such as diets and care where mothers and children can access good, adequate diets and feeding, as well as good care where mothers and children have adequate access to services and mothers are enabled to engage in good childcare and feeding practices. Working in concert, the enabling determinants, underlying determinants and immediate determinants shape nutritional outcomes for children.

POLICY RESPONSES TO CHILD POVERTY AND NUTRITION

Key policy responses to childhood poverty and vulnerability in developing countries include the provision of basic services, such as education, health, water supply, in-kind transfers such as school feeding schemes and nutritional supplements, and, more recently, cash transfers for consumption (Barrientos and Dejong 2006, p. 538; Samson et al. 2006; Bastagli et al. 2016). In addition, policy responses that specifically address childhood nutritional outcomes broadly comprise nutrition-specific interventions and nutrition-sensitive interventions (Ruel et al. 2013; Khalid et al. 2019), as discussed in the preceding section. Below, a more in-depth discussion of both nutrition-specific interventions and nutrition-sensitive interventions is provided.

Nutrition-Specific Interventions

Breastfeeding is generally regarded as one of the most important nutrition-specific interventions in child nutrition. Exclusive breastfeeding, which is defined as feeding an infant nothing

but breast milk for the first six months of life, is regarded as the holy grail or ‘liquid gold’¹ of infant feeding, conferring lifetime benefits of growth, health and cognitive development on children. Evidence shows that strategies to promote the rates of breastfeeding and exclusive breastfeeding worldwide have only marginally improved (Victora et al. 2016; Goon et al. 2021), with about 43 per cent of newborns initiating breastfeeding within the first hour after birth, and only 41 per cent of infants being exclusively breastfed and 45 per cent breastfed up to two years (World Health Organization [WHO] and UNICEF 2019). These global rates of breastfeeding fall below the global targets for 2030 as set by the WHO: 70 per cent for breastfeeding initiation within the first hour, 70 per cent for exclusive breastfeeding, 80 per cent breastfeeding at one year, and 60 per cent at two years (WHO and UNICEF 2019). Low breastfeeding rates occur in part because successful breastfeeding and doing so exclusively primarily depend on factors external to breastfeeding, such as access to an adequate and nutritious diet for the lactating mother, maternity protection benefits in the form of maternity cash transfers and paid maternity leave to allow the mother time and opportunity to feed on demand, and support in the home and community (see next section). In contexts of poverty where new mothers have to worry about looking for work or returning to work, sometimes within a few weeks of giving birth, it is often not possible to sustain breastfeeding and doing so exclusively, and yet the only alternative, formula milk, requires even more stringent conditions of hygiene, money to buy formula, and improved living conditions in order to ensure the safe feeding of children.

Nutrient-rich complementary food is one of the nutrition-specific interventions that can address malnutrition. Along with poor breastfeeding practices, poor complementary feeding practices are the main proximal causes of malnutrition in the first two years of a child’s life (WHO 2003). Complementary feeding generally starts from 6 months after birth, when a child is no longer reliant solely on breast milk for adequate nutritional sustenance, and can go on up to 24 months. It involves the careful introduction of a variety of nutrient-rich foods that include daily intake of animal protein, vitamin-A rich fruits and vegetables, and fats (WHO 2003). Quite apart from the high costs associated with accessing such foods in LMICs, the other main problem with safe introduction of nutrient-rich complementary foods in low-income settings is living conditions. Poor hygiene and environmental sanitation increase the risk of exposure of infants to food-borne pathogens, and such exposure, mainly through diarrhoea, can lead to serious morbidity and even mortality. Due to this, complementary feeding in low-income settings contributes to malnutrition through early introduction of solid foods as a result of mothers having to return to work early, unaffordability of nutrient-rich foods, and unsafe feeding practices because of poor living conditions.

Lastly, nutrition-specific interventions that are critical for preventing and addressing malnutrition are food fortification and micronutrient supplementation. Similar to nutrient-rich complementary feeding, food fortification and micronutrient supplementation suffer from the same challenges of access and availability in low-income settings. Taken together, the above discussion highlights the importance of a multipronged approach to tackling malnutrition that goes beyond nutrition-specific interventions, principally income, food access and the improvement of living conditions. In all three nutrition-specific factors discussed above, the main barriers to achieving the objectives of each intervention relate to income, environmental factors and living conditions – whether that refers to income security to purchase a nutritious diet for the lactating mother; time to stay at home to successfully breastfeed and do so exclusively; income to purchase nutrient-rich complementary foods, fortified foods and micronutrient

supplements; or conducive living conditions. Consequently, no single intervention can on its own contribute to sustained reductions in malnutrition.

Nutrition-sensitive interventions are regarded as potential tools for addressing some of the challenges that make it difficult to implement the nutrition-specific interventions discussed above.

Nutrition-Sensitive Interventions

As already stated, nutrition-sensitive interventions address the underlying causes of malnutrition (Ruel et al. 2013; Khalid et al. 2019). Such programmes include interventions that address poor living conditions and promote maternal health and education, early childhood development programmes, agricultural programmes and social sector reforms in the form of in-kind transfers, such as school feeding schemes, and cash transfers for both mother and child (Ruel et al. 2013). While equal importance is given to all the nutrition-sensitive interventions mentioned above, for the purposes of this chapter mainly maternal and child cash transfers and school feeding programmes are focused on.

Child cash transfers

Among nutrition-sensitive social protection programmes, cash transfers have emerged as a key policy response to child malnutrition. In addition to being nutrition sensitive, cash transfers are also to be regarded as a child-sensitive social protection approach that places children and childhood at the centre of social protection programmes to maximise benefits to children and minimise adverse outcomes (Schüring and Loewe 2021).

Northern hemisphere countries have a long history of cash transfer programmes as a core feature of their welfare arrangements. Across Europe, most countries have cash transfers for families with children, often referred to as child benefits or family benefits (Van Mechelen et al. 2011). These are typically unconditional, universal, non-contributory and non-means tested. It is only in the last 24 years that the use of cash transfers as a policy mechanism has become entrenched in LMICs. Previously, the prevailing belief among actors in the field of poverty and development was that there had to be well-established fiscal and institutional conditions in place, similar to those in the global North, to successfully implement cash transfer programmes in LMICs (DFID 2005). Standard arguments were that cash transfers were non-viable in LMICs due to limited fiscal and administrative capacity, poor infrastructure, and corruption (DFID 2005; Hanlon et al. 2010). The perceived non-viability of implementing cash transfers in such settings was further worsened by their association with dependency, perverse incentives, hand-outs and short-term crisis relief (Devereux et al. 2005).

Since the 2000s, the narrative about the viability of cash transfers in LMICs has changed. This change is, to a large extent, the result of rapid generation of robust evidence in the last 17 years, which shows that cash transfers in LMICs can be effective without emulating those in the global North in terms of scale and roll-out procedures, and despite not having optimal socio-economic conditions such as those found in industrialised countries (Hanlon et al. 2010). Other factors that have also contributed to changed thinking about cash transfers in these settings include a deepened understanding of the links between poverty and vulnerability; the improved economic environment of many developing countries; the exponential growth of cash transfers in the global South, such as Mexico's *Oportunidades* (formerly known as *Progres*a) and South Africa's Child Support Grant; growing evidence of its positive devel-

opmental effects; and the association of cash transfers with ‘pro-poor growth’ (World Bank 2005; Farrington and Slater 2006; Behrendt 2008; Ellis et al. 2009; UNICEF 2009; Samson 2009; Niño-Zarazúa et al. 2012).

Samson (2009, p. 43) defines cash transfers as ‘regular ... payments of money provided by government or non-governmental organisations to individuals or households with the objective of decreasing chronic or shock-induced poverty, addressing social risks, and reducing economic vulnerability.’ There are different types of cash transfers: they can be contributory or non-contributory; universal or means tested. Social assistance-type transfers that are intended for poverty alleviation are usually non-contributory and targeted to those below a defined income threshold, for example means-tested benefits. Cash transfer programmes in LMICs have varied design features that delineate the policy intentions, political processes and ideological views underpinning the formulation and design of each programme. The implementation of these programmes in LMICs and their performance in tackling childhood poverty have contributed to the current global interest in child cash transfers as policy instruments for addressing child outcomes, including child malnutrition (see Chapter 21). There are over 130 low- and middle-income countries with cash transfers. Within Africa, 40 of the 48 countries in Central, East, Southern and West Africa now have at least one unconditional cash transfer programme (Bastagli et al. 2016), and 63 countries globally had conditional cash transfers in 2015 compared to just 2 countries in 1997. A number of systematic reviews have been conducted on the impact of cash transfers on the following outcomes in LMICs: education (over 100 studies), health and nutrition (about 90 studies), employment (80 studies) and savings, investments and production (nearly 40 studies) (Bastagli et al. 2016). Geographically, studies have focused on cash transfer programmes in Latin America (54 per cent) and Central, East, Southern and West Africa (38 per cent), with the remainder from Asia, the Middle East and North Africa.

Much of the existing evidence for cash transfers links them to reductions in monetary poverty, with an observed increase in food and total expenditure and reduction in poverty measures (Bastagli et al. 2016). However, the impact has not been big enough to have a subsequent effect on aggregate poverty (Bastagli et al. 2016). Existing evidence also supports a positive correlation between receipt of cash transfers and increased school attendance, but the evidence is inconclusive on more concrete educational outcomes such as educational achievement and attainment (Baird et al. 2013; Bastagli et al. 2016; Pega et al. 2022) (see Chapter 13). Regarding health and nutrition, indicators for which there is evidence include health services, dietary changes and child growth. Evidence shows that cash transfers are linked with improvements in health service utilisation (Pega et al. 2022) and dietary diversity (Bastagli et al. 2016). Until recently, the evidence on nutritional outcomes, especially anthropometric measures of stunting, wasting and underweight, has been inconsistent; on the whole it suggested an overall lack of effect (Manley et al. 2012; De Groot et al. 2015; Bastagli et al. 2016; Pega et al. 2022), and the lack of effect was indistinguishable by type of cash transfer (conditional or unconditional). For instance, a 2012 review reported improvements in underweight and wasting for children in receipt of conditional cash transfers in Brazil, Nicaragua and Mexico, but it found no impact in Peru or Malawi (Fernald et al. 2012). Another review, also from 2012, similarly reported mixed findings, showing that of six studies examining the impact of conditional cash transfers on stunting in Latin America and Caribbean countries, four of them reported a decrease in stunting, but the other two found no impact (Cecchini and Madariaga 2011). However, a recent systematic review has published findings that report a small but statistically

significant effect of cash transfers on linear growth and reduced stunting in children under five (Manley et al. 2020). These recent findings posit that impact occurs through consumption of animal source foods, increased dietary diversity and reduced incidence of diarrhoea (Manley et al. 2020). The findings confirm that cash transfers, when implemented effectively, increase household resources to access nutritious foods, but that they work optimally in the presence of improved care practices (hygiene, food preparation and feeding practices) and living conditions (access to safe water and sanitation), both of which drive down diarrhoeal incidence.

Maternity protection

Maternity protection encompasses nutrition-sensitive interventions that promote income security during and after pregnancy, as well as access to free or affordable quality antenatal and postnatal care and services (ILO 2014). The Global Strategy for Women's, Children's and Adolescent's Health Agenda for 2016–30 has adopted 'Survive, Thrive and Transform' as its theme. Apart from reducing maternal and infant deaths, the agenda prioritises the promotion of maternal and child health and well-being within supportive environments; highlights the importance of multisector approaches, namely social protection, nutrition, water and sanitation, and gender equality; and addresses labour issues that impact on maternal and child health, such as lack of maternity protection before and after delivery.

Social protection benefits can be provided through social assistance (in which beneficiaries do not make contributions toward their individual entitlements) and/or social insurance schemes (in which beneficiaries make dedicated contributions that give them entitlement to specified benefits) and/or tax-based health services (for instance, free healthcare at the point of delivery). Regarding maternity income replacement through social insurance, there is strong global evidence that paid maternity leave is associated with lower infant mortality and improved child health outcomes. One way in which paid maternity leave for at least six months can have a significant positive effect on the health of children is that mothers who receive cash benefits are more likely to breastfeed their babies and for a longer period and are more likely to attend well-baby visits. However, many mothers (including informal workers and those not in paid employment) do not have access to social insurance (ILO 2019). Cash transfers for pregnant women can fill this gap by ensuring income support during pregnancy.

Where access to cash transfers is available for pregnant women, evidence suggests that these have the potential to improve maternal health outcomes, access to antenatal services, skilled birth attendance, in-hospital delivery and childbirth outcomes (Bhutta et al. 2008; Glassman et al. 2013). In South Africa there are growing calls for a maternity care support grant that could offer income security to pregnant women, to improve maternal and child health outcomes (Van den Heever 2016; Sambu and Delany 2020). In 2012, the country conducted the first (qualitative) scoping study on the 'options assessment' of pregnancy support, and its findings showed that the idea of pregnancy income support was feasible and that finances were the biggest stressor for many low-income pregnant women (Van den Heever 2016). This was followed by a review of literature on pregnancy income support and its impact on selected pregnancy and infant outcomes in 2019 (Sambu and Delany 2020). The review showed that very few studies on pregnancy income support have been conducted in Africa, save a few pilots and randomised controlled trials, and that most studies had been conducted in LAC countries and in the Asia region. The findings from the review showed that cash transfer programmes targeting pregnant women were associated with increased access to and uptake of antenatal and postnatal care, reductions in neonatal, infant and child mortality rates, and improvements

in birth outcomes related to child growth (birthweight) (Sambu and Delany 2020). Overall, the impact was found to be stronger for programmes that combined cash interventions with effective services targeting pregnant women and young children (Sambu and Delany 2020).

School feeding programmes

School feeding is an instrument that can be used to meet social protection objectives (childhood poverty), child health, and nutritional and educational outcomes (school attendance and retention, learning outcomes) (Verguet et al. 2020; see Chapter 13). While globally nearly 400 million children receive a meal at school every day, very few of these children are located in LMICs (Verguet et al. 2020). Indeed, within Central, East, Southern and West Africa, South Africa, Kenya, Ghana and Cabo Verde are among the only nine countries with national school feeding programmes in the region (Drake et al. 2016; Verguet et al. 2020), with South Africa reaching the largest number of children, at about nine million (Zembe-Mkabile 2021; Drake et al. 2016). Across the global South, some countries finely target school feeding schemes to the most deprived children (for example, Ghana and Cabo Verde), while others offer school meals to all children attending public schools (for example, South Africa, Brazil and India) (Verguet et al. 2020). Some programmes feed children only one meal per day, while others provide breakfast and lunch, or a meal and a snack. Even though evidence suggests that school feeding is an effective nutrition-sensitive instrument, which accrues high returns for public health, education, social protection and nutrition (Verguet et al. 2020), the high cost of national school feeding programmes, which can run in the billions in some countries, is prohibitive for many LMICs. In South Africa, the annual cost of the national school feeding programme is ZAR 9 billion (about USD 560 million) (Zembe-Mkabile 2021).

COMBINING CASH TRANSFERS WITH NUTRITION POLICIES: THE WAY FORWARD?

The preceding discussion in this chapter demonstrates that no single intervention can work on its own to improve malnutrition. Nutrition-specific interventions require nutrition-sensitive interventions to work. Nutrition-specific interventions – such as counselling and promotion of breastfeeding and exclusive breastfeeding; food fortification, micronutrient supplementation and nutrient-rich complementary feeding; and the management of childhood illnesses – need to be implemented alongside nutrition-sensitive social protection interventions, such as income replacement for those in employment and cash transfers for those without employment-related social protection (see Chapter 9). Maternity protection interventions during pregnancy and post-delivery, in the form of cash and in-kind transfers and access to quality antenatal and postnatal services, are also needed to ensure that mothers have access to adequate nutrition, care and support during and after pregnancy. In South Africa, there are growing calls for a maternity care support grant that could offer income security to pregnant women, and that could seamlessly convert into a child support grant with a caregiver component immediately after delivery to improve maternal and child nutrition and health outcomes (Van den Heever 2021; Sambu and Delany 2020; Matlwa-Mabaso et al. 2022). However, such nutrition-sensitive social protection programmes targeting both children and their caregivers need to be adequate in terms of benefit levels and must be introduced early in pregnancy and continue seamlessly after delivery. The recent systematic review evaluating the impact of cash

transfers on child nutritional status showing a positive impact on linear growth and reduced stunting (Manley et al. 2020) posits that the likely reason for the observed effectiveness is that the cash transfer programmes transferred enough income for caregivers to purchase food of greater quantity, quality and diversity for themselves and their children during pregnancy and after delivery. Cash transfer programmes transferring insufficient funds to provide basic nutrition will not be effective. Equally, receipt of a cash transfer many months after birth will be far less effective in reducing outcomes such as stunting, for which the risk is highest in the first two years of life (De Groot et al. 2017). Other macro-level actions are needed to regulate food prices, mediate economic shocks and ensure that the food environments of low-income populations assure food availability.

Additional nutrition-sensitive interventions that are needed include early childhood development and school nutrition programmes and maternal education, support and care; improvements in living conditions, including access to safe water, sanitation and adequate housing; and improvements in access and quality of maternal and child health services. This is because cash transfers only address one pathway to better nutrition, namely through increased resources for food security and basic nutrition at the household level; they do not address other pathways that are critical to improved maternal and child nutrition outcomes such as living conditions, care and health (Roelen 2021). There is thus a need for the adoption of a ‘cash plus care’ approach to address malnutrition in LMICs, one that integrates nutrition-specific interventions with nutrition-sensitive social protection interventions. A ‘cash plus care’ approach would ensure that children who are recipients of cash transfer programmes are also linked to other nutrition-specific and nutrition-sensitive services and interventions that are critical to good nutrition, such as health visits for vaccinations and growth monitoring; micronutrient supplementation and food fortification; nutrition education sessions on safe breastfeeding, exclusive breastfeeding, and safe preparation of food for primary caregivers of infants and young children; early childhood development centres for children under five; and school nutrition programmes for children who are of school-going age (see Chapter 15). Beyond the cash-plus approach, other policies, actions and interventions that address structural determinants of malnutrition are needed. These include improved living conditions; access to quality education; decent work for caregivers of young children; addressing inequity; and the regulation of food environments to ensure they lead to equitable agricultural trade laws and food production (Harris and Nisbett 2020).

While not widely studied, partly because of lack of implementation in many LMICs, research on the cash-plus approach suggests that interventions combining nutrition-specific programmes with nutrition-sensitive approaches in the form of cash transfers with food transfers have greater effectiveness. A systematic review on the effectiveness of cash-plus programmes on child health outcomes only found 10 LMICs with intervention studies (14) that had tested such programmes against cash alone (Little et al. 2021). For many of these studies, cash was combined with one other care component such as ‘cash plus food transfers’, ‘cash plus nutrition behavior change communication’, ‘cash plus primary healthcare’, ‘cash plus psychosocial stimulation’ and ‘cash plus child protection’ interventions (Little et al. 2021). Among these, cash plus food transfers emerged as more effective in improving child height-for-age (a measure of stunting) and acute malnutrition compared to cash alone. Cash plus nutrition behaviour change communication was not found to have a greater impact on child growth compared to cash alone (Little et al. 2021). This underlines the importance of

addressing concrete structural factors such as food insecurity, rather than behaviour, in child nutrition interventions.

CONCLUSION

To conclude, malnutrition is an intractable challenge that manifests in multiple ways but has, as demonstrated in this chapter, clear pathways to prevention and improvement. These require the adoption of a multisectoral and multipronged approach, as illustrated by the conceptual model discussed in this chapter. The chapter has also demonstrated how combining nutrition-specific and nutrition-sensitive interventions within a cash-plus-care framework has greater potential in addressing child nutrition. More importantly, social protection as a policy tool offers both nutrition-specific and nutrition-sensitive instruments, which, in combination, can work together to improve child nutritional outcomes. As discussed in this chapter, these interventions include maternity protection with its cash-and-care components, child cash transfers, school feeding programmes, and social services including psychosocial support. Effective programmes that are proposed are maternal nutrition, health, and well-being during pregnancy and after delivery; exclusive breastfeeding in the first six months of life and optimal breastfeeding in the first two years of life; access to diverse, nutritious and safe foods throughout childhood; access to free or affordable healthcare; early childhood development; and improved living conditions with access to safe water, sanitation, and hygiene services and environments that promote and allow for safe physical activity (De Groot et al. 2017; UNICEF 2020; Manley et al. 2020).

Successful implementation of many of these interventions is difficult to achieve in LMICs, especially in the hardest-hit regions such as Africa and Asia where these instruments are most needed to address high levels of malnutrition. Many of the challenges relate to the determinants presented in the conceptual model for addressing malnutrition discussed in this chapter, such as institutional capacity, fiscal space, political will, human resources, and integration and harmonisation of services.

In addition to implementation challenges, the COVID-19 pandemic has posed a greater threat to addressing and preventing malnutrition than ever before. COVID-19 is associated with disease-specific malnutrition (Morán-López 2021), with malnourished people being at greater risk of severe COVID-19 (Handu et al. 2021). The pandemic worsened unemployment, income poverty, food insecurity and hunger in LMICs (UNICEF 2020; Handu et al. 2021; van der Berg et al. 2022; see Chapter 25). For people residing in areas defined by poor living conditions, such as overcrowding and lack of access to adequate sanitation and safe drinking water, COVID-19 heightened their risk of infection from the virus (Zembe-Mkabile et al. 2020). In addition, the pandemic, especially the early lockdowns, severely disrupted the running of health and social services in many LMIC settings, including those targeting malnutrition, such as primary healthcare facilities for vaccinations and growth monitoring, micronutrient supplementation, food fortification, and food relief services. In South Africa, the early lockdowns in 2020 led to school closures that prevented millions of low-income children reliant on the school nutrition programme from accessing school meals (see Chapter 29). Record-breaking levels of hunger, food insecurity and unemployment across many LMICs have also been reported during this period, highlighting the need for greater expansion of

combination approaches using social protection instruments to protect vulnerable populations, including children, from malnutrition and destitution.

A cash-plus approach holds the most potential for addressing malnutrition and related challenges as it recognises the multiple intersecting vulnerabilities facing low-income caregivers and their children, and adopts a multisectoral, multidisciplinary lens to concurrently tackle these different vulnerabilities in a broad, cross-cutting way (see Chapter 15). However, more research is needed to further enhance our understanding of when and how cash-plus combinations are more effective than cash alone in addressing malnutrition in low-income settings.

NOTE

- 1 'Liquid gold' is a term used in popular media to refer to the importance of breast milk.

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PART V

SOCIAL PROTECTION LINKAGES AND INNOVATIONS

15. Linking social protection with complementary services: approaches and country innovations

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While cash transfers have become almost synonymous with social protection over the last few decades, a comprehensive social protection system requires much more than cash to address the multifaceted and complex risks and vulnerabilities across the life cycle (see chapters 1, 4 and 9). Certainly, the impact of cash on food security and consumption is well documented across many regions (Bastagli et al. 2016), but its ability to affect secondary outcomes in areas such as health, schooling, nutrition, child development and overall agency and citizenship is dependent on a myriad of factors, many of which are outside the control of the recipients themselves (see Chapter 13). From an economic perspective, cash exerts an ‘income effect’ on households, increasing their purchasing power to buy goods and services. But the impact of this increase in purchasing power, the decision of what to buy and how much, depends on the information and knowledge available to the recipient as it does on structural constraints, such as access to social and economic infrastructure, and the wider policy and socio-economic environment that conditions a higher-level impact on factors such as women’s empowerment and, ultimately, intergenerational mobility.

Two important examples that demonstrate the limits to the transformative impact of cash alone are child nutrition and education (also discussed in Chapter 14). A review by Manley, Gitter and Slavchevska (2013) shows that cash alone has a limited impact on moving outcomes such as anthropometry, despite large effects on household food consumption and diet diversity (Manley et al. 2013). Specific case studies from Ghana (De Groot et al. 2017) and Zambia (Chakrabarti et al. 2020) demonstrate that cash only affects a limited number of pathways determining child nutrition (see Chapter 14). In education, despite a widespread impact on school enrolment and even on attendance (Bastagli et al. 2016; Kenya CT-OVC Evaluation Team 2012), there is limited longer-term impact on human capital accumulation (learning outcomes, grade attainment), due in part to a complex set of factors at the community and school level that determine these outcomes (Kilburn et al. 2017; Otchere et al. 2020). The Kenya CT-OVC Evaluation Team (2012) finds, for example, that the impact of the Kenya CT-OVC programme, which focuses on orphans and vulnerable children, on schooling outcomes depends on the learner’s distance to the school and on the out-of-pocket costs that school attendance might demand from the household in terms of, for example, shoes or uniforms. (Chapter 21 examines other examples of cash plus initiatives for vulnerable children and addresses the multidimensionality of poverty and vulnerability.)

For these reasons, there is currently a strong initiative across low- and middle-income countries to enhance the overall impact of their cash transfer programmes by coupling them with other programmes or services. These ‘cash plus’ initiatives can take a variety of forms depending on, among other factors, the objective of the additional services and the target group in the cash transfer programme itself (for example, families with children versus the elderly poor) (see Chapter 21). In this chapter we lay out a succinct organisational framework for cash plus

programming that can help policymakers and programme managers think about the approach that is best for their context, and then provide three case studies on cash plus programming to illustrate how they work and the lessons they can provide.

TYPOLOGY OF CASH PLUS APPROACHES

Overview

Cash plus is a term that is used loosely to refer to a type of cash transfer programme that includes non-cash services or components. These components – what they are, how they are delivered – can vary significantly across countries, so that there is not one standard approach that defines cash plus interventions. A useful working definition of what we mean by this expression is provided by Roelen et al. (2017, p. 9):

Cash plus interventions combine cash transfers with one or more types of complementary support. Types of complementary support can consist of (i) components that are provided as integral elements of the cash transfer intervention, such as through the provision of additional benefits or in-kind transfers, information or behaviour change communication ... or psychosocial support, and (ii) components that are external to the intervention but offer explicit linkages into services provided by other sectors, such as through direct provision of access to services, or facilitating linkages to services.

This definition distinguishes between plus components that are provided within the cash transfer programme and those provided outside the programme but that may, for example, be explicitly targeted at cash transfer recipients (such as school health insurance fee waivers). A further useful aspect of plus programming is discussed by Veras et al. (2017) in their assessment of the complementarity of agricultural interventions and social protection (see also Gavrilovic et al. 2016). They talk about coherence as ‘a systematic promotion of complementary and consistent policies and programmes across sectors’ (Veras et al. 2017, p. 3), which can increase synergies and essentially lead to multiplicative effects of programmes across sectors; that is, the coherence built into the design and implementation of different programmes across sectors can lead to a combined impact on households that is greater than the impact that each programme would have on its own. Examples include ensuring that cash transfer payments are made just before the school term so households can pay school fees and associated schooling costs in time, or that public works programmes (a common social protection approach) do not crowd out labour supply by offering employment during crucial land preparation periods. While coherence of policy and programme design would not be considered cash plus per se, such coherence is obviously an important way to further realise the objective of the cash plus movement, which is to address the multifaceted constraints faced by poor households.

Typology

Drawing on the definition above and the additional idea of coherence, Table 15.1 offers a simple typology of cash plus approaches to help organise the discussion.

Table 15.1 *Typology of cash plus approaches*

	Single programme	Different programmes, explicit coordination	Different programmes, no explicit coordination
Implementation	Same department within the ministry	Different departments in same ministry or different ministries	Different ministries
Target groups	Identical	Identical or with significant overlap	Some overlap
Objectives	Similar	Similar or different	Different
Policies	Single operation manual	Memoranda of understanding or working partnerships at community level	Policy coherence

Single programme

This is perhaps the most common approach that comes to mind when thinking about cash plus programming: a single programme with multiple components, implemented by one agency to a single set of beneficiaries. The well-known graduation programmes designed by the Bangladeshi non-governmental organisation BRAC, and which has been adopted by Concern Worldwide in Rwanda and Burundi (Roelen and Devereux 2019), are a classic example of this typology: a single set of beneficiaries is provided with a range of services beyond cash training plus capital (and technical assistance) to start a business. Another example is the Madagascar Transfert Monétaire pour le Développement Humain, a cash transfer programme that includes nudges – informational messages to recipients – to encourage specific spending choices and other behaviours. A third example is Tanzania’s Productive Social Safety Net cash transfer programme that has incorporated a sexual and reproductive health component targeted explicitly at young adults in the recipient households who receive a 12-session course followed by aftercare services through mentoring, linkages to healthcare providers and a productive grant of USD 80 upon submitting a business proposal (Prencipe et al. 2022).

Different programmes with explicit coordination

This approach involves the coordination between a cash transfer programme and other programmes that offer non-cash services to the same or a significantly overlapping target group. This coordination can be across ministries or across different departments within the same ministry. One of our case studies is the Ghana Livelihood Empowerment against Poverty (LEAP) cash transfer programme, which coordinates with the Ghana Health Service to ensure that LEAP beneficiaries receive fee waivers for the National Health Insurance Scheme (NHIS). The initial agreement was entered into based on a memorandum of understanding between the two ministries, and, over time, the Ghana Health Service has strengthened its coordination with LEAP at the district and community level to make it easier for LEAP beneficiaries to obtain and renew their NHIS card. In Zimbabwe, however, the Harmonised Social Cash Transfer (HSCT) programme included an important child protection plus component where beneficiaries are sensitised about child protection issues (especially violence against children) and provided information on services available for vulnerable children. These activities are implemented during HSCT payment sessions and are an example of non-cash services provided to the same target group by a separate department within the same ministry. Cash plus initiatives that entail close coordination across ministries interested in the same target group are quite common across low- and middle-income countries and represent a feasible

approach in low-capacity settings. Other examples of this approach include school fee waivers for recipients of the Jamaican PATH cash transfer programme and health insurance subsidies for households in the Rwanda Vision 2020 Umurenge Programme, a cash transfer programme.

Overlapping programmes

In a review of social protection and agricultural programmes, Veras et al. (2017) note that most agricultural programmes target the very same households as those addressed by national cash transfer programmes – poor, rural households whose main livelihood is from agriculture. As such, better policy and programme coordination – what they refer to as coherence – could enable the cash transfer programme to realise a wider impact (multiplicative effects). While this does not represent a cash plus approach per se, it must be noted that many sector-specific programmes do intend to service households that are also cash transfer beneficiaries. As such, policy coherence between programmes from different sectors and with different objectives could lead to multiplicative impacts that are the ultimate objective of cash plus programmes. As agricultural programmes often operate among smallholder farmers, they are an obvious candidate for policy coherence. Other possibilities are rural electrification programmes that bring electricity to a village but require a connection fee, or clean cooking initiatives that provide gas stoves but require an upfront fee to purchase a gas cylinder, or rural savings and credit associations that encourage savings among the poor. All these initiatives have target groups that overlap with cash transfer beneficiaries; policy coherence would entail explicitly reaching out to these households (through social workers) and waiving connection fees or providing targeted subsidies.

THREE EXAMPLES OF CASH PLUS PROGRAMMING

The chapter uses three case studies to illustrate how cash plus programmes have been implemented in practice. The selected cash transfer programmes are flagship programmes in their respective countries; that is, they have been mainstreamed into government administrative processes and budgets, they are operating at significant scale, and they represent plus programming that is reflective of the dominant trends in cash plus programming, which currently tends to focus on complementary services around health and child nutrition.

Ethiopia's Productive Safety Net Programme

Ethiopia's Productive Safety Net Programme (PSNP) began in 2005 and was designed to address food insecurity and hunger. Eligibility for the programme extends to households that received food aid for the preceding three years. Depending on labour capacity, it assigns households to public works (community infrastructure projects) or to unconditional direct support for six months annually. After evidence suggested that the PSNP has little significant impact, food, cash payments and complementary benefits were raised for the PSNP Phase 4. PSNP4 increases the duration of annual direct support transfers from 6 to 12 months and allows pregnant and lactating women to be temporary beneficiaries of direct support.

In 2011, Ethiopia integrated the Community-Based Health Insurance (CBHI) with the PSNP. The Federal Ministry of Health manages the design of the health programmes while

regional health bureaus are responsible for implementation in coordination with districts and local delegates selected in village assemblies.

The CBHI provides low-cost health insurance to rural and poor households and to households employed in the informal sector. In its pilot year, 2010/2011, the programme launched in 13 rural districts across the four regions of Amhara, Oromia, Tigray, and Southern Nations, Nationalities and Peoples (SNNP). By 2019/2020, it had been extended to the four regions of Addis Ababa, Benishangul Gumuz, Afar and Harari. The programme currently reaches 32 million individuals in 7 million households in 8 of the 12 regions in the country.

The CBHI is subsidised by the three tiers of government (central, regional and district). The plan covers the costs for both outpatient and inpatient services at local public health facilities, advanced care at primary and referral public hospitals, and prescription drugs from private pharmacies or other vendors. At the district level, the type of contract between the health facilities and the CBHI determines whether upfront costs are required to service recipients. In such cases, beneficiaries are later reimbursed.

In 2016, the United Nations Children's Fund (UNICEF) concluded that utilisation levels of PSNP benefits and the impact on child nutrition remained low (UNICEF 2016). That same year, UNICEF supported a pilot programme to provide child nutrition support in two districts, Oromia and SNNP. The Integrated Nutrition Social Cash Transfer (IN-SCT) aims to increase uptake of social services by improving coordination and capacity building at the ministries of agriculture, health, and labour and social affairs. PSNP4 works to improve knowledge and communication of benefits and launched sessions on behavioural change communication to improve attitudes toward child nutrition, health and sanitation. Participating in sessions on behavioural change communication carries equal weight as public works and can thus serve as a replacement to working on a public works project. Sessions on behavioural change communication follow the guidelines from the Ministry of Health and are complemented by public messaging in schools.

The plus component

PSNP4 allowed several pilots to address multidimensional well-being. A more recent 2019 pilot project leveraged technical support from UNICEF to enhance the integration of the CBHI with PSNP households. The pilot Integrated Safety Net Programme was launched in Amhara region with three main components. The first component addressed costs by waiving premiums for eligible clients and encouraging payments from public works participants. The second component supported linkages between PSNP participants and health services, including through home visits by social workers. The third component strengthened case management and referrals of vulnerable households to complementary benefits and assistance (Mussa et al. 2021).

Ministries coordinating PSNP4 services work with social workers, development agents and health extension workers at the district and sub-district levels to establish linkages across social services (Schubert 2015). Development agents prepare PSNP attendance and payments lists, oversee the implementation of public works projects, and provide technical support and mentoring to participants. Health extension workers refer households with malnourished children to PSNP, implement sessions on behavioural change communication in collaboration with the development agents and help administer PSNP targeting and graduation. Social workers strengthen the capacity of local committees, provide psychosocial support to highly

vulnerable households and perform case management duties to enhance access to services (Roelen et al. 2017).

Local-level staff are pivotal in administering and monitoring services since they interact directly with PSNP recipients and may have been active in spreading knowledge about child nutrition and sanitation for years. However, their success is predicated on adequate training, access to proper means of transportation, experience with the provision of psychosocial support, and commitment to the integration. Regions with higher collaboration across local-level staff have been more successful in achieving service integration (Gilligan et al. 2016). For example, cases of pregnant and lactating women and mothers of malnourished children require the collaboration of all three streams of local staff. Health extension workers are often less informed about transitioning pregnant and lactating women from public works to temporary direct support. The evidence from a baseline survey report shows that, in the first year of the programme, only a few cases of pregnant and lactating women successfully transitioned (Gilligan et al. 2016).

Assessment of plus services

Across all of Ethiopia, the CBHI covers 50 per cent of all eligible households. As of 2019/2020, this represents 37 per cent of the total population working in the informal sector. The success of coverage among eligible households varies by region, with costs largely similar across regions and benefits varying only by household size. Annual premium costs represent 1–1.4 per cent of the average household monthly non-medical expenditures. In 2017/2018, coverage mainly in districts in the pilot regions plus Assosa district in Benishangul Gumuz and Addis Ababa had 47 per cent household enrolment and 77 per cent renewal rates (Mussa et al. 2021).

To measure heterogeneous uptake of the CBHI, several studies looked at enrolment across wealth quantiles, household size and distance to health facilities (Mebratie et al. 2015; Shigute et al. 2017). This set of studies finds that CBHI uptake increases with household size, poverty and longer travel times to a health facility. In one study, being a PSNP recipient and from the lowest wealth quantile boosts household enrolment rate (Mebratie et al. 2015). However, studies examining the same question find less supportive evidence that the benefits reach the poorest populations (Mebratie et al. 2013, 2015). Kibret et al. (2019) find that other demographic factors, such as literacy, having a female household head and owning livestock, boost enrolment. Mussa et al. (2021) corroborate this evidence with their finding that increased enrolment is associated with female headship, large household size and positive perceptions of CBHI. They also find significant barriers to enrolment among vulnerable households including cost and lack of awareness of waiver eligibility (Mussa et al. 2021). While Mebratie et al. (2015) find no effect of illness on enrolment, Kibret et al. (2019) do find evidence that having borrowed for medical expenditure in the past 12 months boosts enrolment.

Evidence on the impact of enrolment in the CBHI is summarised in several studies that find better self-reported health, decreased medical costs per visit and increased healthcare service utilisation (Atnafu et al. 2018; Mebratie et al. 2013, 2019). There is also some evidence of decreased borrowing and increased household income, with no effect on consumption or owning livestock assets (Yilma et al. 2015).

Ghana's Livelihood Empowerment against Poverty Programme

Ghana's LEAP programme is another example of linkages across ministries and one that highlights the importance of an inter-ministerial memorandum of understanding. Ghana began developing an integrated approach to social protection through the National Social Protection Strategy before launching LEAP in 2008. The Ministry of Employment and Social Welfare led the strategy between 2005 and 2007 after a report by the National Development Planning Commission in 2004 concluded inadequate impact of individual poverty alleviation schemes. These had focused on health, schooling and cash transfers toward primary education (Roelen et al. 2017). LEAP beneficiaries live below the national extreme poverty line and every two months receive a cash transfer that varies by household size. Eligibility extends to families with at least one disabled person, elderly member or orphan child. In 2015, extremely poor households with pregnant women or children under one year of age also became eligible. This update was called 'LEAP 1000', and it piloted across ten districts with high poverty and poor nutrition in the Upper East and Northern regions. The name speaks to the recognition that the first 1000 days of a child's life are critical for long-term health and well-being. LEAP 1000 was later integrated into the overall LEAP as an additional eligibility criterion. By 2022, LEAP reached 335,000 households across Ghana.

The plus component

As an integrated social development programme, or cash plus, LEAP has three main components. The first is to improve access to health and nutrition. The second is to increase school enrolment for children between ages 5 and 15. The third is to improve overall welfare and productive capacity. Transfers are either unconditional or conditional on school attendance and healthcare utilisation, although conditions are not enforced (Handa et al. 2014).

The linkage between LEAP and Ghana's national health insurance is the product of a memorandum of understanding signed in 2010 between the Ministry of Health and the Ministry of Employment and Social Welfare. Since LEAP officers do not have the ability to register beneficiaries themselves, the memorandum requires the National Health Insurance Authority to register and issue NHIS cards to all LEAP beneficiaries free of premiums or fees. Following the memorandum, a LEAP–NHIS technical committee was needed to further the coordination of staff visiting dates and the sharing of household registration documents. LEAP social welfare workers at the district level work with NHIS staff to promote NHIS registration on days when beneficiaries receive their bi-monthly LEAP payments and hold quarterly meetings to improve coordination among local staff. Different eligibility criteria for LEAP and the NHIS complicate the registration process, however, leading the NHIS to refuse registration for certain LEAP households. This requires LEAP officers to update NHIS district-level staff regularly with registration lists.

Assessment of plus services

LEAP beneficiaries should receive free enrolment in the NHIS; however, surveys find less than full enrolment. The NHIS was established in 2003 to provide universal health insurance coverage for 95 per cent of all disease conditions. The NHIS is funded by premiums and a combination of social security contributions and value-added tax on goods and services (Otieno et al. 2022). The latest performance evaluation finds that only 71 per cent of LEAP

households hold a valid NHIS card, compared to 53 per cent of rural ultra-poor households (Osei-Akoto et al. 2022).

Although LEAP households risk losing their benefits if they do not register for NHIS cards, this has never been enforced (Handa et al. 2014). The Ministry of Gender, Children and Social Protection served as the main impetus for registration (Roelen et al. 2017). The ministry's mandate is to coordinate social protection and increase healthcare access among LEAP beneficiaries. In 2016, after a successful pilot exercise, the ministry fully funded a rollout of an enrolment plan targeting LEAP beneficiaries who were never registered with the NHIS or whose cards were at or near expiry. Demand-side challenges impede NHIS enrolment and NHIS annual renewal among LEAP beneficiaries. LEAP beneficiaries who never enrolled with the NHIS cite fees and travel time as the two main cost barriers (Palermo et al. 2019). Lack of understanding of benefits results in LEAP households using their cash transfers to pay for registration and renewal fees rather than for productive activities. A lack of awareness about continued eligibility for fee waivers impedes LEAP beneficiaries from renewing their registration. Given that beneficiaries are required to renew their NHIS registration annually, their registration might expire while their LEAP eligibility remains active. NHIS dropout rates estimated at 41 per cent in 2014 reached 53 per cent in 2015 (Nsiah-Boateng et al. 2019).

The low quality of healthcare services poses a supply-side challenge. This is compounded by concerns from LEAP beneficiaries of receiving lower-quality health services relative to fee-paying NHIS members (Palermo et al. 2019). One study measured the impact of the availability and readiness of health facility services on NHIS enrolment among LEAP 1000 beneficiaries (Otieno et al. 2022). The evidence shows that LEAP 1000 beneficiaries' likelihood of enrolment in NHIS increased significantly with service quality. The effect of having the highest-quality service for women of reproductive age currently living in areas with the lowest quality of service is a 15 percentage-point increase in enrolment, compared to 9 percentage points for all adults.

Kenya's National Safety Net Programme

Kenya's Nutrition Improvements through Cash and Health Education (NICHE) programme is an example of adding new services to an existing cash transfer programme and coordinating with another line ministry. The programme aims to improve the nutritional health of children in their first 1000 days. The programme stakeholders are the Ministry of Labour and Social Protection, the Ministry of Health, and the National Drought Management Authority. NICHE beneficiaries are pregnant women or women with a child under the age of 24 months. They are eligible for one of the four main cash transfer programmes operating as part of the National Safety Net Programme: the Cash Transfer for Orphans and Vulnerable Children programme, the Hunger Safety Net Programme, the Older Persons Cash Transfer, and the Persons with Severe Disabilities programme.

The county of Kitui, where stunting rates are at the high rate of 45.8 per cent, was selected for a 2017–18 NICHE pilot phase. As part of the 2018–22 Kenya Nutrition and Action Plan, NICHE expanded to four more counties in arid and semi-arid areas, where stunting rates range from 23.9 per cent to 45.9 per cent compared to a national average of 26 per cent in 2014. The counties were selected based on overall poverty, chronic malnutrition and food insecurity. NICHE is currently operating in Kitui, Marsabit, Turkana and West Pokot, five counties located in arid and semi-arid lands where food insecurity and exposure to drought is high;

poverty rates place these areas in the top 10 poorest counties in Kenya. The programme aims to reach 23 500 households over the next five years (Kenya 2021).

The plus component

While NICHE focuses on nutritional counselling, as a cash top-up programme it provides additional cash support for households that were already cash transfer recipients in the existing programmes. NICHE beneficiaries receive monthly cash top-ups of KES 500 (USD 5) for up to two target children and/or pregnant women per household. Payments are made twice monthly alongside the households' core cash transfer and delivered through the same channels. Community health volunteers support the programme by delivering nutritional counselling to NICHE households that focuses on nutrition practices for the care of young children and pregnant women. Nutrition counselling aims to increase demand for available services and the adoption of best practices in maternal and child nutrition. This is delivered through a baby-friendly community initiative and social behaviour change communication. Beneficiaries are encouraged to use the facilities and receive NICHE cards that indicate their community health unit/facility, beneficiary number and expiry date.

Assessment of plus services

In response to evidence from the pilot phase, UNICEF is providing technical assistance for the NICHE management information system to address data challenges related to identifying, registering and monitoring eligible households (Kenya 2021). The management information system allows county-level staff to input data on nutrition counselling and services provided to beneficiaries. In the NICHE registration process, a sub-county officer is drawn from a sub-county NICHE coordination committee. The committee represents the Ministry of Health and the relevant departments, namely the Department of Child Services for the Cash Transfer for Orphans and Vulnerable Children programme, the Department of Social Development for the Persons with Severe Disability programme, and the National Drought Management Authority for the Hunger Safety Net Programme. The sub-county's aim is to synchronise beneficiary data on the management information system, including top-up amounts that reflect the number of beneficiaries in each household. Front-line volunteers are also required to report any change of residency, the death of beneficiaries or new pregnancies. Evidence from the 2017/18 pilot in Kitui suggests that in addition to cash top-ups for existing NICHE beneficiaries, nutrition counselling has delivered an overall positive impact on a series of outcomes: exclusive breastfeeding rates, uptake of Vitamin A intake and iron and folic acid supplementation, improved hygiene and sanitation practices, and nutritional diversity for women and children (Kenya 2021).

DISCUSSION AND CONCLUSION

The three case studies all represent cash plus programmes that are implemented in collaboration with another ministry. Currently this approach represents the most popular first step in the cash plus movement in Africa, primarily because the complementary plus programme already exists and intends to reach cash transfer recipients as one of their primary targets, a combination that makes it relatively straightforward to conceptualise and ultimately operationalise. However, as the case studies illustrate, there are significant requirements to ensure the pro-

grammes are successful in delivering coordinated services to recipients. A key requirement is the close collaboration and joint work of front-line workers from the two programmes at the point of service, or close to the point of service. Even a concept as simple as a fee waiver for LEAP or PSNP beneficiaries still necessitates quite significant inter-institutional coordination. A second observation is that ultimately the relative burden of the coordination or plus component falls on the social welfare ministry – the one implementing the cash transfer. Given that these ministries are historically quite weak and underfunded, and that district social welfare officers already have a high case load, there are quite significant implementation challenges to delivering successful cash plus programmes, even in the easiest case where the two programmes already exist and target an overlapping set of beneficiaries. A key implication is that successful cash plus programmes require a cadre of trained professional social workers to manage implementation and ensure results.

Cash plus programming in low- and middle-income countries can be viewed as the first step toward the development of a comprehensive social protection system. Such a well-developed, comprehensive system would target life cycle vulnerabilities, and the role of the social protection ministry would be both to implement specific programmes (such as basic income support) and, more importantly, to facilitate linkages with and access to appropriate services in other ministries through a case management approach. Thus, poor families with children would be linked with school fee waivers through the ministry of education, health insurance waivers through the ministry of health, and livelihood or savings and credit services through the ministry of labour. The current nascent experiences in cash plus programming are a first step in enabling the ministry for social protection to begin to play an important and more expansive role in identifying vulnerable households and linking them with support across the social and economic sectors. These initiatives will need to be supported with modernisation of social welfare training programmes including routine in-service refresher courses, as well as an increase in the number of trained professional social workers to handle case management duties without getting overwhelmed.

The cash transfer ‘revolution’ in low- and middle-income countries, and in Africa in particular, has to some extent placed the spotlight on an unsuspecting and often unprepared social protection ministry. These ministries have almost overnight gone from small agencies with little funding to administering some of the largest programmes in the entire country. In Zambia, for example, the harmonised grants programme reaches nearly 20 per cent of the population. This has inspired a change in their relative position in governments as in the eye of the public, as they are administering benefits to millions of people, which has required a retooling of staff and investment in capacity. The cash plus movement is the logical next step in the evolution of these ministries and in the development in low- and middle-income countries as a whole, given the positive link between economic development and the welfare state.

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16. Social protection for workers in the informal economy: opportunities and constraints for informal worker-led schemes¹

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INTRODUCTION

Informal workers are workers who lack access to social and labour protection through their employment. Addressing the needs of informal workers is essential to achieving social and economic inclusion for all, in line with the realisation of the 2030 Agenda for Sustainable Development. Although social protection for informal workers is a gap identified across the global South, few countries have innovated in this area (see chapters 1 and 4). While new approaches to the provision of social protection for informal workers are emerging (including social insurance, social assistance, active labour market and social inclusion policies, and complementary public services), instigated primarily by national governments and international and bilateral donors particularly in the wake of COVID-19 (Barca and Alfers 2021), this chapter focuses on the under-researched area of informal worker-led schemes. It provides insight into how citizens themselves could influence the direction of social protection policies (as discussed in Chapter 1).

Informality dominates labour markets across many regions of the global South, including in the Central, East, Southern and West African regions, with 89 per cent of total employment located in the informal economy. If southern Africa, which has higher levels of formal employment, is excluded from this figure, it rises to 92 per cent of total employment (Bonnet et al. 2019). Within the informal economy, self-employment is a predominant form of employment; outside of southern Africa, 73 per cent of informal employment is classified as self-employment. In the region, women informal workers tend to be concentrated in the most vulnerable forms of informal employment, own-account self-employment, meaning that they work for themselves without employing others, and unpaid, contributing family work to the household or business. Men, however, tend to be more heavily concentrated in own-account self-employment and informal wage employment (Bonnet et al. 2019).

As mentioned above, workers in informal employment by definition do not have access to social protection through employment. Legal barriers and the absence of an employer–employee relationship in most cases excludes them from standard work-related insurance provisions. At the same time, informal workers – particularly those aged between 18 and 65 – are often excluded from directly benefitting from categorical and means-tested social assistance targeting those outside of the labour market (older people and children, for example). Considering the size of the informal economy in the region and the gap in social protection provision that this represents, it is not surprising that the latest World Social Protection Report identifies Africa as having the most serious social protection coverage gap, with only 17.4 per cent of the population covered by at least one social protection benefit (ILO 2021). Indeed,

this enormous gap in coverage was exposed by the COVID-19 lockdowns of 2020, when governments scrambled to provide protection in the face of loss of livelihoods and income (Bamu-Chipunza et al. 2021).

Even before the COVID-19 crisis, however, African governments started to engage more seriously with the question of how to extend social protection to workers in the informal economy. In large part the response has come in the form of contributory health insurance or pension schemes, for example Ghana's National Health Insurance Scheme (NHIS), Kenya's National Hospital Insurance Fund, Zambia's National Pension Scheme and Tanzania's National Social Security Fund, all of which have made explicit attempts toward the inclusion of informal workers (for more examples, see UNDP and ILO 2021; also ILO 2021). For many of these schemes it is still early days and difficult to tell whether they can be considered a success. However, with some of the older models – such as Ghana's NHIS, which has achieved 60 per cent population coverage, but no more – it has become apparent that financial, design and administrative barriers pose a real challenge to the expansion of contributory schemes to informal workers (Alfers 2013; Atim and Toves 2017; UNDP and ILO 2021).

This chapter, however, does not focus on state-provided social protection. Instead, it looks at non-state provision driven by organisations of informal workers themselves in the form of cooperatives and mutual societies. For this it draws on three short case studies from Nigeria, Togo and Uganda produced during the course of 2020 (see Sesan 2021). The chapter begins with an overview of the existing literature on non-state social protection in Central, East, Southern and West Africa. It then discusses the three case studies. It closes with a discussion of the challenges, opportunities and policy implications arising out of these experiences.

A central premise of this chapter is that the case studies presented here are representative of new forms of social solidarity that are emerging in response to structural transformations in African society. As is clear from the statistics above, the work that is being created in the growing cities across the continent is overwhelmingly informal, and organisations representing this large group of workers are starting to build their own protective mechanisms, uniquely suited to their members' needs. Yet the documentation of informal worker-driven schemes remains a gap in the literature on social protection in African contexts. There have been recent reviews of state-provided social protection for informal workers in the region (see UNDP and ILO 2021; ILO 2021). There have also been studies that have looked at forms of 'indigenous' or 'community-based' protective schemes on the continent (Patel et al. 2012; Awortwi and Walter-Drop 2018). But these have not focused specifically or exclusively on schemes driven by largely urban membership-based organisations of workers.

Shifting the focus to these forms of mobilisation does the important work of emphasising that informal workers can be, in equal measure, actors and beneficiaries of social protection programmes. A better understanding of what workers are trying to do for themselves can provide important insights and learning for state policies, insights and debates about 'what works' to extend social protection to workers in the informal economy – a question that is high on the policy agenda in the wake of COVID-19. As Patel et al. (2012, p. 13) have argued, these insights from the grassroots 'have a major role to play in social development. By grounding social development policies and programs on these practices, innovations are more likely to be supported by local people.'

The focus on non-state social protection in this chapter should not, however, detract from the recognition of the central role of the state in the provision of social protection. Indeed, all of the cases presented here highlight the very real difficulties of building such schemes.

Instead, we aim to emphasise the critical importance of supportive legal frameworks, public financing and political will – little of which has so far been forthcoming in the countries under discussion. Rather than seeing worker-driven schemes as an alternative to state provision, greater attention should be paid to how these schemes could be better supported by public social protection provisioning so that they are better able to become a part of the ‘social protection mix’ in a way that enables protection but also voice, participation and active citizenship (Gough et al. 2004).

NON-STATE SOCIAL PROTECTION ACTORS AS PROVIDERS OF SOCIAL PROTECTION: LITERATURE AND DEBATES

In African contexts, the place of non-state forms of social protection has been picked up in several different strands of the social policy literature. Within the social development literature, Patel et al. (2012, p. 13) refer to ‘indigenous welfare practices’ as those characterised by ‘widely agreed norms of obligation and reciprocity’ that ‘respond to social need and promote community well-being’, transcending ‘informal forms of helping between family members and neighbours.’ The authors, based on a typology formulated by Midgley (1994, 2011), identify four types of indigenous welfare institutions. The first is family and kin obligations. The second is community-support networks, which allow access to support from community leaders but may also establish community-support activities, such as communal grain storage and agricultural practices. The third and fourth types refer to mutual aid groups, such as rotating savings schemes and support from religious associations, respectively.

In relation to these practices, Patel et al. (2012) make three key points. First, their importance to development has been neglected by mainstream social development practitioners, whether from the state or from the non-governmental sector. Instead, top-down ‘managerial’ approaches prioritise programmes and schemes that work within the formalised state system and are delinked from existing indigenous practices. This, the authors argue, not only compromises the overall effectiveness of the interventions but also contradicts their often-stated aim of enabling and supporting active community participation and self-determination. Second, Patel et al. push back against the idea that indigenous welfare practices are under threat from urbanisation and the changes this has catalysed within African societies, arguing that new forms of welfare practices have emerged and evolved in response to these societal shifts. Finally, they point to people’s financial vulnerability, which is intrinsic to support mechanisms that are financed by the poor to support the poor. The authors argue strongly that in this context it is critical that state financing be made available to ensure greater resilience and sustainability.

A second piece of work that engages with the issue speaks directly to the more narrowly defined area of social protection. This is the area of social policy dealing with income security and smoothing programmes, such as cash and in-kind transfers (for example, food), and insurance. In this context, Awortwi and Walter-Drop (2018) refer to what they term ‘non-state social protection actors’, by which they mean organisations that provide social protection to communities outside of the state. They identify a variety of different organisations that operate under this rubric. They include those which are relatively large and formalised, such as non-governmental and faith-based organisations, and ‘community-based organizations’ that lack a formal structure and are developed through ‘informal relationships and chains of

command ... based on unwritten rules that are collectively agreed and develop over time' (Awortwi and Walter-Drop 2018, p. 14).

The authors survey seven thousand such non-state social protection actors across multiple countries in Africa, most of them made up of community-based social protection organisations, such as rotating savings and credit schemes and burial societies. They argue that community-based organisations make an important contribution to the overall social protection mix, providing services that respond to local needs and through contextually appropriate mechanisms. Although these organisations do not have formal governance structures, their informal structures 'honour principles of accountability, safety, rule of law, participation, human rights and effectiveness of public management' (Awortwi and Walter-Drop 2018, p. 153). Furthermore, they regularly outperform the government in terms of accountability and trust from their membership. In some cases, such organisations have moved beyond more basic protective and preventive services focused on poverty alleviation to incorporate elements of promotive or developmental services, such as micro-credit and/or other services related to economic empowerment.

However, as Awortwi and Walter-Drop (2018) also note, the fragility and hyper-local nature of these organisations often means that they are not able to catalyse 'transformative social protection'. This is the term that Devereux and Sabates-Wheeler (2004) coined to refer to social protection policies and programmes that are concerned with wider political issues, including collective action to support workers' rights and achieve policy and regulatory changes in support of these. Nevertheless, Awortwi and Walter-Drop (2018) argue that, with the right support – from government and better-resourced non-state social protection actors such as non-governmental organisations – they may have a greater chance of doing so. Crucially this would involve developing partnerships with the state, which would refrain from imposing onerous and inappropriate regulation and instead provide a supportive regulatory environment. Also included in this would be financing through and inclusion in state budgets, and the co-production of a social protection system uniquely suited to the context in which it develops. However, this can only work, Awortwi and Walter-Drop (2018) point out, if the state is willing to recognise that it has much to learn from community-based organisations about appropriate governance mechanisms and the importance of trust traditions that underpin them.

Another strand of literature that deals with non-state social protection is found within that relating to the 'social and solidarity economy' (SSE). This literature differs somewhat from that cited above in that its primary focus is on forms of economic organisation and activity that have a strong focus on supporting social solidarity. Although there is no standardised international definition, the International Labour Organization (ILO) proposes the following working definition of the SSE: a 'concept designating ... enterprises and organisations, ... in particular cooperatives, mutual benefit societies, associations, foundations, ... and social enterprises, which have the specific feature of producing goods, services and knowledge while pursuing both economic and social aims and fostering solidarity' (ILO 2020). This then includes, but is not limited to, the types of non-state social protection actors, such as health mutuals and savings cooperatives, that fall closer to formality than the informally governed community-based social protection and indigenous welfare practices identified earlier. They are more like the more formalised types of organisations that Awortwi and Walter-Drop (2018) refer to as 'non-governmental organizations'. However, non-governmental organisations are not entirely equivalent to the type of membership-based organisations – organisations governed and owned by their members – that predominate in the SSE.

Moreover, as Utting (2015, p. 2), points out, SSE organisations are often rooted in both a practical self-help and a transformative vision of the economy, society and politics – as an alternative to the current form of capitalism and a path toward ‘participatory democracy and emancipatory politics driven by active citizenship and social movement activism.’ In this way they often challenge the sometimes too definite line that has in the past been drawn between practical action, such as service provision, and strategic action, aiming to transform social norms and state practices, laws and policies (Moser 1989; Chant and Sweetman 2012). In India, for example, Alferts (2022) describes the work of the Self-Employed Women’s Association – a 2-million-strong trade union of self-employed women workers – who run their own health service cooperative, staffed by a cadre of community health workers. While this is very much a service to their members, the organisation makes a concerted effort to link their services up with the health services of the local state, consistently interacting with frontline state service workers to upgrade state services at the frontline while simultaneously providing their own service. A similar type of work, both practical and strategic, has been seen with child-care cooperatives in Latin America (ILO and WIEGO 2018).

In the African context, West Africa’s mutual health organisations have featured most prominently when the lens of the SSE is used to discuss non-state social protection provision (Fonteneau 2015; Alenda-Demoutiez and Boidin 2019). Governments in the region have started to see these mutuals as potential partners in strengthening health systems and considering how they might be better integrated within the state’s structures (Fonteneau 2015). Utting (2015), however, notes that this can be a double-edged sword. On the one hand, it may signal a shift toward governance that prioritises participation and the expansion of grassroots networks adapted to local needs. On the other hand, the weakness of both the governance arrangements and the mutuals themselves has resulted in a less-than-optimal articulation between public policy and these organisations. A thread that runs across all discussions on non-state social protection – whether the framing is community-based social protection, indigenous social protection, or the social and solidarity economy – is the extent to which the recognition of non-state actors, and the building of partnerships between the state and non-state actors, can be thought of as progressive. For example, Di Falco and Bulte (2011) highlight that indigenous trust and membership traditions can also be highly exclusionary and can condemn those on the outside to ongoing poverty. Cammett and McClean (2014) point out that non-state provision of social welfare can have profound political consequences as the focus for provision shifts away from the state. In relation to the SSE, Utting (2015) also notes that much of the literature has been overly celebratory and argues for greater reflexivity and recognition of the very real trade-offs that exist when SSE organisations are integrated into public provision, including the acute danger of allowing the state to abrogate its responsibilities.

Rossel (2015), for example, points out that in the Latin American context partnerships between the state and SSE organisations are not free of problems. In Uruguay, the results of such experiments have been mixed. The SSE organisations have benefitted from the greater policy influence that accrues to them by having a closer relationship to the state, more financial and human resources, and the professionalisation of their workforce. At the same time, greater competition for financial resources has ensued, undermining the solidarity of the sector, and the dependence on state funds has reduced the ability to develop and implement innovative ideas. Moreover, the more formal governance systems have led to bureaucratisation and a loss of the sector’s independent and flexible identity. Ultimately, Rossel (2015) argues, these

partnerships have done more to help the state outsource its responsibilities and less to enable a thriving SSE sector.

What is clear from these critiques and the more positive literature cited earlier is that it is important to understand both the opportunities and the very real challenges that such relationships bring. In line with this more nuanced approach, Cammett and McClean (2014) suggest that partnerships between the state and non-state actors in the provision of social welfare should be assessed across four different ‘modes’ of relations, based on the strength of both the non-state actor and the state itself (see Chapter 10 for further exploration of potential synergies between formal and informal social protection).

We now turn to an examination of three short case studies of social protection schemes set up by membership-based organisations of informal workers. In producing this review of the schemes, we hope to shed more light on these questions: To what extent are informal worker-driven schemes able to contribute to the social protection mix, and particularly to a more transformative form of social protection? More specifically, what modes of relationship between the state and non-state actors are identifiable? What opportunities exist to strengthen such schemes? What practical interventions might allow for this?

CASE STUDIES FROM TOGO, NIGERIA AND UGANDA

The case studies described below include a health mutual from Togo and two multipurpose cooperative schemes from Nigeria and Uganda, respectively. The descriptions offered are abbreviated and designed to highlight the organisations’ key successes and challenges. The descriptions are based on primary research conducted in-country during late 2020 by in-country consultants. More comprehensive descriptions and analyses of the schemes can be found in Sesan (2021).

It should be stated upfront that all schemes faced, and continue to face, significant challenges in their development: they are in no way a set of ‘good practice’ case studies, neither are they necessarily representative of all non-state schemes in the region. They have been selected because they are schemes driven by organisations of informal workers: they are member owned, participatory (at least at the outset), and based on principles of risk sharing and resource pooling. Importantly, they are also attempts by the urban working class – beyond formal labour – to develop their own forms of solidarity, something that can and must be tracked and understood as we consider pathways to more comprehensive social protection in the region. As Adesina (2011, p. 466) points out, social policy (and in this case social protection more specifically) ‘is not simply something the state does.’ To portray it as such is to ignore the multiple actors – both state and non-state – historically involved in the development of social policy in Europe. It is also to limit the possibility for the inclusion of multiple actors, including the ‘state–community partnerships’ that may be necessary to establish a sense of ‘buy-in and ownership’ among citizens and workers (Adesina 2011, p. 466).

MUPROSI Health Mutual – Togo

Medical care is recognised as a high priority for informal economy workers (Ackson and Masabo 2013). However, in Togo, the National Health Insurance Institute (INAM), the major public health insurance scheme, covers only formal workers. Together with the

private schemes that exist, only about 6 per cent of the population are covered (Schwettmann 2020). Responding to this gap, mutual health organisations – which differ from traditional private-sector insurance schemes in that they are owned by their policyholders – run by non-governmental organisations, worker unions and religious groups have sprung up across the country.

The Mutual Social Protection Scheme for Workers in the Informal Sector (MUPROSI) is one such health mutual scheme, established by a Togolese trade union and covering primary healthcare for its members. It began life in 2005 as an add-on to an informal tontine² system run by the Construction Materials Vendors' Union of Togo (SYVEMACOT), a worker-led association that originated in a neighbourhood of Lomé, the capital city. In 2006 it was taken over by the workers of the Federation of Wood and Construction Workers of Togo (FTBC-Togo), who have absorbed administrative costs and staff salaries and provided rent-free premises to the mutual. The mutual has also received technical support from the We Social Movements (WSM), an international non-governmental organisation that advocates for the rights of workers in the SSE.

MUPROSI operates as a non-profit association based on mutual aid and solidarity among its members, the majority of whom are located in Greater Lomé. The scheme has a participatory governance structure. The General Assembly of members has the ultimate decision-making power, the Board of Directors conducts administrative functions and is geographically representative, and the Executive Board is made up of members elected through the General Assembly. Membership is open to all persons living on Togolese territory irrespective of gender, ethnicity, religion, social category or employment status. Since its creation, MUPROSI has registered 1231 direct members (518 women and 713 men) and a further 4269 beneficiaries who are dependents of members. Only a small percentage of members are up to date with their contributions, however, even though these are low in absolute terms.³ To join, each primary member must pay a one-off non-refundable admission fee of CFA 1200 (USD 2.17) and must make a fixed monthly contribution of CFA 400 (USD 0.72).

Since its creation, MUPROSI has signed agreements with 27 health centres, including 24 in Greater Lomé and its surroundings and 3 in Kpémé.⁴ To date, though, only five contracted health centres in Lomé still receive MUPROSI mutualists. This is due to the fact that the mutual has struggled to remain up to date with payments owed to these centres due to its own funding difficulties. Members also complain of frequent drug stockouts and poor service delivery by care providers at contracted health centres.

The mutual had plans to address some of these challenges with the construction of a 'reference', or model, health centre that would provide quality care to members. Before COVID-19, MUPROSI had been able to secure a commitment from a private sector partner in the construction sector for funds to build such a centre in Lomé.⁵ But work on the project stopped with the advent of the pandemic in 2020 and construction is yet to resume, over a year later.

While MUPROSI provides an essential health insurance service to informal economy workers who would not have access to such insurance in Togo's current context, the mutual faces serious issues of financial sustainability. Revenue to run the mutual comes largely from membership contributions, together with some support from FTBC-Togo in the form of office space and paying the salary of the mutual insurance company manager, as indicated above. This, however, falls short of the costs of running the mutual. This is exacerbated by the interconnected challenge of low and dropping enrolment rates,⁶ which has meant that the mutual has not been able to grow to scale to become self-sustaining.

Moreover, while the mutual started out with a high degree of member control and involvement, this social capital has declined over time with the proliferation of structural and operational problems. Low membership enrolments are linked to these inefficiencies in the operation of the mutual. For example, payment can only be made at the mutual's offices – a restriction that came into effect after evidence of mismanagement was found in the itinerant agent system that was previously used for membership collections. This restriction of payment channels, however, makes it cumbersome for members to keep up to date with their contributions.

Targeted external support could be provided to address each of these issues. Examples of such support include deploying digital payment platforms in combination with the itinerant agent system to facilitate transparency and ease of transactions; developing a simple feedback system to monitor and evaluate the activities of participating health centres; and implementing a well-designed communication campaign to raise awareness of the mutual's benefits among the public to grow membership enrolment.

A second fundamental challenge that MUPROSI faces is the fact that there is no legal framework governing the operation of health mutuals in the country. MUPROSI is only formally recognised as an association registered under a colonial-era law, and it cannot operate formally outside of its affiliation with FTBC-Togo.

Responding to this challenge, the 29 health mutuals that are actively operating in the country have created a national consultative framework on mutuality, the *Cadre National de Concertation de la Mutualité au Togo* (CNCMUT), and are advocating for the Togolese government to adopt Regulation No. 07/2009/CM/WAEMU of 26 June 2009 of the West African Economic and Monetary Union (WAEMU). This regulation includes several instruments that should facilitate the functioning and development of mutual societies in the country. However, Togo has not yet adopted these regulations, and MUPROSI's lack of a legal standing and the fact that CNCMUT has little influence on the government have again proven to be key obstacles to achieving this goal. Indeed, in 2018 the Togolese government signalled its intention to provide universal healthcare in its National Development Plan. CNCMUT has made the case for health mutuals to become the *de facto* partners of the government in building this scheme, an arrangement that would simultaneously strengthen the position of mutuals and enable them to reach a greater proportion of the population. However, to date the government's expansion strategy by-passes mutuals, focusing instead on partnering with private-sector micro-insurance schemes. This is potentially a missed opportunity to develop a health system built on the democratic and participatory structures that characterise mutuals.

FIWON Multipurpose Cooperative Scheme – Nigeria

Nigeria has the highest number of people living in extreme poverty in the world (Kazeem 2018). High levels of income inequality are compounded by an uneven distribution of access to social services (Hagen-Zanker and Holmes 2012). Substantial progress has been made in the laying of institutional frameworks and the introduction of social protection programmes over the past decade, but with coverage at just 6 per cent of workers – and mainly among those in the public and formal private sectors – they still fall far short of the need (Schwettmann 2020). Private insurers have stepped in to provide services, sometimes in conjunction with national social insurance schemes, but they still largely exclude workers in the informal economy.

The FIWON (Federation of Informal Workers' Organisations of Nigeria) Multipurpose Cooperative Scheme was launched in March 2017. FIWON was originally conceived as

a platform to amplify the voices of disenfranchised workers, and so it necessarily adopts a rights-based approach to engaging with the state. It incorporates several sector-specific organisations of workers in the informal economy. While its justice agenda was unfolding, it became apparent to FIWON executives that they needed to pay specific attention to the economic needs of the informal workers in their ranks. They began to approach public- and private-sector actors to solicit financial and material support for members, but the response they received was uniform: to be eligible for such support, they had to organise themselves into a cooperative and register with the state. This was the initial impetus behind the formation of the cooperative.

The cooperative provides a range of services to its members, including low-interest loans, health insurance, land acquisition, home appliance purchase and savings. It consists of two chapters (one in Lagos, the other in Osun State), which operate in parallel. The flagship service in Lagos is a savings and loan package, with the more recent addition of land acquisition and home appliance purchase schemes. The flagship service in Osun, meanwhile, is a land acquisition scheme, offered alongside less-subscribed savings and loan and health insurance packages.

One does not need to be a member of FIWON to join the cooperative. Members include motor mechanics and members of the Nigerian Union of Tailors (many of the latter are women). Overall, women make up the majority of members in both chapters: 65 per cent in Lagos and 70 per cent in Osun. Many of these women are traders, an occupational group that accounts for about 50 per cent of total membership. The other half comprises those in artisanal occupations, mainly mechanics and tailors, as highlighted above, but also barbers, welders, hairdressers and aluminium workers. Older people are disproportionately represented in both the general membership and executive ranks of the cooperative, resulting in a 'generational gap' that discourages younger people from joining.

There is a well-defined internal governance structure that is run transparently and competently. Each chapter has an elected executive council comprising a president, a treasurer and a secretary. This is followed by a middle management cadre that supports the executive in dispatching its duties. The leadership structure in the Lagos chapter is highly skewed toward men, particularly members of the pioneering Nigerian Automobile Technicians Association, which is itself a male-dominated group. In Osun, women have considerably greater representation among the leadership and in the lower ranks.

The cooperative is financed through a one-off registration fee of NGN 2500 (USD 2.60),⁷ monthly dues of NGN 100 (USD 0.26) and interest on loans taken out by members (ranging from 5 to 10 per cent over a six-month period). Members must make savings contributions for at least six consecutive months before they can access any of the benefits offered by the cooperative. Contributions range from NGN 200 (USD 0.52) daily to NGN 20 000 (USD 52) monthly, depending on the type of occupation (those in the largely female group of traders make lower contributions, while salaried workers with higher savings capacity tend to contribute more). Contributions are collected via trusted itinerant agents who work on commission, going round members' homes or workplaces on a regular basis. There is no fixed amount or prescribed frequency for savings contributions as long as payments are consistent. Once members meet the six-month threshold for contributions, they are eligible to subscribe to the services provided by the cooperative, in particular access to loans. Individual members can take out up to twice the amount of their cooperative savings as loans, essentially doubling their capacity to invest in their business or trade.

However, this flexibility is a two-edged sword. It allows the cooperative to be responsive to members' circumstances and keep the financial burden on them as low as possible. However, with a membership of only about 800, it means that there is limited capital coming in, and hence there is a funding gap. This is compounded by the fact that the itinerant collection system, while effective, is limited by the cooperative's inability to recruit and pay enough agents to cover its target population. As a result, the cooperative's internally generated revenue regularly falls far short of the amounts required to run its operations.

Some of the shortfall is catered for indirectly through donor grants obtained by FIWON, the parent organisation. However, these financial donations, mostly from international non-governmental organisations, are irregular and unpredictable. As with MUPROSI, the challenge for the FIWON savings cooperative lies partially in its inability to grow its pool of members – and, by extension, member contributions – beyond a few hundred people. This is linked at least in part to a second key challenge, that of the generally low level of public trust in the cooperative system within the country. Unlike Togo, Nigeria does have a legal framework governing cooperatives at multiple levels of the state, but there is lax enforcement, and several scandals involving the theft and misappropriation of funds from other cooperatives have rocked the sector in recent years. The FIWON cooperative continues to combat this through its participatory and transparent governance and administration, including a digital accounting platform that allows members to contribute and track their investments remotely.

The lack of membership growth has also been impacted by the difficulties the cooperative has faced in linking up to either public or private health and pension schemes; in Nigeria this is a combination of both, with the public schemes administered by private health and pension bodies. Initially there was significant interest from both of these bodies in working with the cooperative to reach informal workers, bolstered by the cooperative's strong reputation for efficiency, transparency and accountability to its members. However, experience has taught the cooperative to adopt a critical stance to these engagements. The government itself has a poor record of implementing social insurance programmes, and the propositions put on the table by the private sector actors administering the schemes have not always been favourable to poorer informal workers. For the pension scheme, administrative costs can be high, and payment schedules are rigid, which means money paid in can be lost if a worker is not able to keep up with the payments. In Lagos, the health maintenance organization (HMO) that contracts to the public health insurance scheme is also unwilling to contract through the cooperative, preferring to contract with individuals. Nevertheless, the Osun chapter has linked up with that state's health insurance scheme, though this is purely an administrative arrangement: the government makes no contribution to support cooperative members who subscribe to the scheme.

This situation with the public schemes is reflective of the trust deficit within the broader system, and it has been a major hindrance to expanding the capacity of the cooperative to meet the needs of its members. However, even indirect forms of government support can make schemes more affordable to workers. For example, a key difference between the land acquisition scheme in Lagos and that in Osun is that the former is a purely commercial enterprise while the latter, though also administered by a private estate agent, is linked to a state government scheme. This distinction is a major reason the terms of payment in Osun are far more relaxed, and therefore more accessible, for workers than the terms in Lagos.

KAMBE Savings and Credit Cooperative Organisation – Uganda

Despite the fact that they are the overwhelming majority of workers in Uganda, informal workers are not covered by the country's handful of social protection programmes. Notably, the National Social Security Fund administers a pension programme, but it only caters for workers in the public and formal private sectors (NSSF 2020). In the absence of substantial economic opportunities and robust social protection programmes for informal workers, their poverty and vulnerability keep on rising.

Riders of motorcycle taxis, known locally as *boda-boda*, operate within this context. The relatively low barrier to entry makes motorcycle taxis an appealing business prospect for youth, especially men; and huge deficits in public transport infrastructure have rendered *boda-boda* the default transit mode for many commuters. But despite the important economic function performed by the *boda-boda* sector, wages are low, expenses are high and the work is precarious. As a result, riders are highly vulnerable to even small financial shocks, which is a key reason why KAMBE SACCO was established.

KAMBE SACCO (Savings and Credit Cooperative Organisation) operates as the financial services wing of the Kampala Metropolitan Boda-Boda Entrepreneurs (KAMBE), a membership-based transport service/support organisation for motorbike taxi riders mainly in Kampala. Statutorily, the SACCO is governed by the Ugandan Cooperative Societies Law. Although the SACCO is not a straightforward example of a social protection scheme, it does incorporate an interesting mix of services, which, as discussed below, may have implications for the design of social protection schemes.

The original Kampala Metropolitan Boda-Boda Association (KAMBA) was established in 2013, following a period of civil unrest and heightened criminal activity that compromised the security of *boda-boda* riders operating within the city. In 2015, KAMBA came under the wing of the Amalgamated Transport and General Workers' Union (ATGWU), which helped the association to register as a formal entity under a new name (KAMBE) and establish KAMBE SACCO, its cooperative arm. The support from ATGWU also included greater access to labour dialogues at the local, national and international levels. As with FIWON in Nigeria, ATGWU encouraged the creation of KAMBE SACCO on the basis that support from the government would be forthcoming, but this did not materialise.

In Uganda's public transport sector, all trade actors are organised through an operational structure known as a stage. Stages are given particular traffic/travel routes. *Boda-bodas* are organised at a stage level typically in groups of 15 to 20 riders. While there are many local or stage-level SACCOs, KAMBE SACCO is one of the few large-scale SACCOs with an estimated 60 000 members.

KAMBE SACCO offers a diverse benefit package. This includes loans mainly in physical assets, such as land and motorcycles, but sometimes also cash on an affordable loan basis for shorter-term needs, such as children's school fees and the purchase of household appliances, as well as emergency loans for unexpected costs for accidents, marriage or burials. Other financial services offered include cash withdrawals and cash deposits, collecting documents for account openings and loan documents, bill payments, balance inquiries, money transfers, school fee payments and airtime top-up for mobile phones. All of these can be conducted at the KAMBE SACCO offices without having to interrupt work to get to a physical bank or on to a banking platform. Additional services offered by the SACCO include support with the recovery of stolen or impounded motorcycles, assistance with securing compensation if hit by

another vehicle, and an occupational health and safety programme run in collaboration with both civil-society and private-sector actors. The offerings include seminars on rider safety and access to free protective gear, such as reflective jackets and helmets. These safety-enhancing measures are particularly important in a sector with a considerable risk of accidents on the job.

Of KAMBE'S total membership of 60 000 workers, boda-boda riders and motorbike owners make up an estimated 65 per cent. The remaining membership consists of industry service providers, such as motorbike mechanics who repair the bikes and stage workers who are involved in the administrative running of the stage (15 per cent).⁸ Food vendors who sell food to riders and passengers on the routes (10 per cent) and traders or vendors who are not directly associated with the industry but who sell fruits and vegetables, non-perishable items such as clothes and electronics and personal wear (10 per cent) are also members. While boda-boda riders are almost exclusively male, the vendor component of KAMBE's membership means that approximately 10 000 of KAMBE's members are women. Further, many boda-boda riders are young, making the youth a core demographic served by KAMBE. Many boda-bodas are also involved in other informal economic activities, such as agriculture. The broadening of membership beyond KAMBE's core constituency of male boda-boda riders speaks to the importance of social solidarity across sectors in the informal economy.

One does not need to be a member of KAMBE to be a member of the SACCO, although the vast majority of SACCO members are KAMBE members. Registration with KAMBE costs UGX 7000 (USD 1.91) per year, and with that registration fee the rider receives an identification card. The savings component of the SACCO at UGX 5000 (USD 1.40) weekly, and a share capital of UGX 10 000 (USD 2.73), is compulsory for members who want to make use of the loan facilities. However, members choose how much they wish to save.

KAMBE's most strategic partnership to date is with Centenary Bank, an indigenous micro-finance bank with a history of funding rural development schemes, which provides low-interest loans to KAMBE members for motorcycle purchases. This partnership developed in response to the failure of the government to deliver on its promise of subsidised loans for SACCO subscribers. The Centenary Bank initiative allows boda-bodas to get the motorbikes on loan with an initial amount of less than 10% and to pay back the loan in 18 to 24 months. The bank not only facilitates motorcycle acquisition but also promotes financial inclusion for KAMBE members through a combination of agent-based services and digital payment platforms.

Since the partnership with Centenary Bank started, 12 000 KAMBE members have benefited from the loan scheme. Many boda-bodas do not own the bikes they ride. They rent from the bike owners (who are not riders) and this increases their total costs while reducing their profit. Being able to purchase their own motorbikes increases riders' earning and profit capacity. The default rate for this scheme remains minimal because KAMBE monitors and follows up on repayments, identifying where riders are falling behind and offering assistance where required.

A major challenge faced by KAMBE relates to its governance structure. The existence of KAMBE as an association predates its adoption of SACCO functions, and the tacit arrangements that govern the former take precedence over the written code that established the latter. Indeed, early attempts to institute SACCO best practices sparked leadership tussles among association executives, stirring up tensions that remain to the present. These tensions are related to the politicisation of the boda-boda sector, which has become a significant voting bloc in Uganda courted by political parties. Riders organise themselves into associations to maximise the benefits they can get from this political patronage, especially during election

season. As indicated above, KAMBE started out as one of these associations before it was restructured into a formal entity by ATGWU.

Outside of the SACCO, KAMBE has a well-established governance structure organised around the stage. Each stage has its own executive cadre comprising a chairperson, secretary, treasurer, defence secretary and organiser. Parish leaders are elected from among stage-level executives, and division leaders are, in turn, elected from among parish executives. An overarching KAMBE Executive Committee, complete with a secretariat of five full-time staff, is formed by elected representatives from the division level. The weakness of this structure – and the point at which it clashes with the democratic principles of SACCO administration – is the affinity that the top-level executives have for political influence. This erodes members' trust in the ability of leadership to represent their interests and makes it difficult to administer the SACCO in line with statutory requirements.

CHALLENGES AND OPPORTUNITIES: WHAT CAN BE LEARNT FROM WORKER-DRIVEN SCHEMES?

These short case studies highlight the very real challenges faced by worker-driven organisations in the provision of social protection. Section 2 asked to what extent these organisations are able to contribute to the social protection mix and, in particular, toward transformative social protection. All three case studies identify significant challenges for worker-driven social protection schemes, which have limited their ability both to provide social protection and to transform the political and regulatory structures in which they are embedded. Some of these challenges – such as administrative and governance capacity – are operational in nature and could be more easily dealt with through training and capacity building. However, three challenges stand out, which are more fundamental in nature and which raise questions for policy.

First, similar to community-based and/or indigenous social protection, the issue of a financing shortfall is ever present, limiting the extent to which worker-driven social protection schemes can provide meaningful benefits and services to their members. In MUPROSI's case in particular, the lack of financing has meant that they have been unable to retain permanent staff, and the reliance on volunteers has severely undermined their capacity to provide the professional service that is required to grow and sustain the necessary membership. As Patel et al. (2012) point out, this is in many ways the predictable outcome of those with limited financial means having to finance their own protection.

Second, unlike the community-based social protection schemes discussed by Awortwi and Walter-Drop (2018), the related issues of participatory governance and the ability to enable trust in the schemes is not always straightforward for the schemes described here. The KAMBE scheme highlights this challenge most emphatically. Its leadership has not succeeded in dispelling the cloud of distrust generated by its implication in local and national politics, despite the opportunity presented by the organisation's strategic positioning at the grassroots. While members may start out willing to participate actively, their enthusiasm dwindles when they realise that the governance structure of the organisation is compromised and that they cannot be sure any investments they make in the cooperative scheme will be protected. It is important to note here, however, that FIWON has also struggled with the issue of distrust in a context where cooperatives have been involved in several financial scandals (also see Raniga 2018 for more on this in the South African context). It has, however, been more pro-

active in trying to combat distrust through ensuring strong governance structures, accountable leadership, transparent practices and a deliberate avoidance of partisan politics. So, although the issue of distrust does exist, the case studies also demonstrate how this could be more effectively counteracted.

Finally, there is the issue of regulation. In the case of MUPROSI in Togo, the lack of a legal framework means that the mutual lacks both legitimacy and authority in the eyes of the state. Furthermore, there are no practical guidelines for proper procedure and governance in relation to the structuring and running of the mutual. This is also a major threat to its ability to integrate into national plans for universal health coverage, which instead favour private sector micro-insurance schemes, a less participatory model of insurance, which have an official status in the country. This makes the struggle for a supportive regulatory and policy framework for health mutuals particularly urgent. However, in the other case studies, such frameworks do exist and yet have had limited impact, highlighting further issues. Primarily, there is a lack of political will to enforce provisions of the existing regulations. In the Nigerian context this has allowed for mismanagement and misappropriation of funds amongst cooperatives to go unchecked, which in itself has contributed to the wider context of distrust; in KAMBE's case it has meant that problematic leadership practices remain unchallenged.

Another issue explaining the limited impact of regulatory frameworks is that their potentially positive impacts can be undermined by a negative attitude towards workers in the informal economy from the government – a common global problem (Reed 2022).⁹ This renders the political context unfavourable for the development of worker-led schemes. In Nigeria, the government's relationship with the informal sector has long been fraught (Onyebueke and Geyer 2011), and FIWON's attempts to recruit the state as a partner on its schemes have repeatedly met with failure. FIWON's proposition to the government has arguably broken down because it would require a departure from the clientelist modes of worker engagement that state actors in the context have become accustomed to (Meagher 2011). A similar dynamic is at work in Uganda: amid the general atmosphere of distrust between the government and the boda-boda industry, a section of the latter has been co-opted by narrow political interests, undermining the rationale of solidarity and cooperation underpinning the workers' movement. These cases indicate that it is not necessarily because of a lack of skill or effort on the part of leaders and advocates of worker-led schemes that integration has not occurred to the degree that is required. A fundamental problem seems to be the lack of capacity and/or willingness by state actors to coordinate and regulate the required linkages.

The flourishing of worker-led schemes is, therefore, not only a question of the presence of a supportive regulatory and policy framework. What is also required is a wider and more sustained movement to reset the terms of engagement between informal economy actors and political elites, which in turn highlights much broader questions of power and struggle. These are not matters that are easily or necessarily quickly dealt with, however. In light of the urgency of the need for social protection – particularly in the wake of the devastation left by the COVID-19 pandemic – and the scale of the challenges they face, it would not be unreasonable to question the utility of supporting worker-led schemes as part of the social protection mix. Nevertheless, and despite the challenges highlighted above, there are opportunities to build, strengthen and integrate such schemes, and these should be seized for several reasons.

First, the schemes have proven their ability to respond flexibly and quickly to critical needs in the here and now, and in the absence of any similar kind of government support to workers in the informal economy (Bamu-Chipunza et al. 2021). In both FIWON and KAMBE, the

cooperatives provided an important lifeline for members when state-wide lockdowns and curfews took effect in Lagos and Kampala in 2020 due to the COVID-19 pandemic. In the absence of a coordinated government response, the FIWON cooperative, for example, became the only source of relief for members who had savings in the scheme. The Lagos chapter temporarily relaxed the rules around borrowing, enabling members to withdraw all or part of their savings without the usual conditions. At least half of the chapter's members took advantage of the offer, with about 40 per cent of them withdrawing the entirety of the savings they had in the cooperative at the time. Most of the money went to basic family upkeep rather than business investment, underscoring the urgency of the need during the period. Similarly, in Kampala, many KAMBE members turned to the SACCO for assistance. Members who had savings were allowed to make withdrawals, an offer that was ultimately taken up by about two thirds of eligible members. In addition, the SACCO provided discretionary food aid to its members across the city and gave financial support to members who were critically ill. The downside to the responsiveness displayed by KAMBE and FIWON in the face of a crisis is a severe liquidity constraint for both cooperatives. Nonetheless, the importance of the safety net provided by these two savings cooperatives in the face of such an emergency emphasises the contribution they could make to social protection with more support and wider reach.

Second, as suggested in the introduction, and as Patel et al. (2012) suggest could happen, the case studies presented in this chapter are representative of new forms of social solidarity that are emerging in response to structural transformations in African society. Organisations representing a large group of the urban workforce are starting to build their own protective mechanisms, uniquely suited to their members' needs. This is a significant development, even if their successes so far have been limited. The world's most effective social protection systems are based on strong principles of social solidarity, collective risk sharing and democratic control. At the same time, social solidarity is strongest when it emerges from society itself – it can certainly be encouraged by state policy, but it cannot be imposed (Adesina 2011). If new mechanisms of solidarity are emerging organically, then, in the interests of building a fairer, more supportive society, they should be encouraged and built upon. Moreover, as membership-based organisations, these mechanisms provide a space for collective voice and action and offer a form of consciousness raising to their members about the importance of social protection. This, together with their links to the labour movement through which they may be able to engage with institutional power, means that they have real potential to be a driving force behind the growth of a movement for transformative social protection in the region. This potential is seen in the KAMBE example, where the organisation's incubation within ATGWU has allowed it access to local and national dialogue spaces with government, even despite its problematic governance. The fact that MUPROSI has entered the CNCMUT alliance and is actively advocating for a regulatory framework is also an indication of the transformatory potential of such organisations.

There are also important lessons for the design of social protection schemes. The range of products and services – from social protection to economic support mechanisms – offered by both FIWON and KAMBE are a lesson in the multifaceted forms of both economic and social protection required by informal workers. Increasingly, African governments are experimenting with the integration of multiple benefits to attract workers in the informal economy to state-run contributory schemes (see UNDP and ILO 2021). There is much that state schemes could learn from the work that has already been done by worker organisations to this effect.

Considering the above, the next question is: What are the implications for social protection policy and practice? There is a need for a closer dialogue between the state and organisations of workers in the informal economy, especially where an antagonistic relationship exists. In these cases, drawing strategically on relationships with the formal workers' movement may be beneficial. As already mentioned, there is also a need for supportive and appropriate legislative and policy frameworks. As Awortwi and Walter-Drop (2018) note, this would necessitate the avoidance of onerous and inappropriate regulation (of which there are too many examples in the region), which would download additional costs onto organisations for little benefit.

What is also clear from these examples is that schemes are unlikely to maximise their potential if they do not link up with systems for external support and, in particular, financing. This is where partnerships with the government or the private sector could play a key role. With regards to the three case studies analysed in this chapter, the KAMBE savings cooperative that works with motorcycle taxi riders in Uganda provides an example of such a successful partnership with the private sector, where the latter has contributed significantly to the viability and appeal of the cooperative's services to members.

However, as the UN Task Force on the Social and Solidarity Economy (UNTFSE 2020) notes, the most consequential aspects of support to the social and solidarity economy are those provided by the state. This is where a movement toward integrating or linking these schemes into state social protection or other income support programmes may provide a solution by ensuring that the schemes can take advantage of a wider risk pool and public financing. Moreover, as Fonteneau (2015) highlights, such integration can create an avenue for people's representation within the social protection system, enabling a greater sense of ownership. Indeed, such linkages have – at least on paper – been attempted by both Ghana's National Health Insurance Scheme and Rwanda's Community Based Health Insurance Scheme (Fonteneau 2015; UNDP and ILO 2021). Here a central public health insurance fund has been used to subsidise and re-insure a decentralised network of mutual health insurance schemes. However, the extent to which either of these schemes has sought to integrate existing membership-owned mutual schemes is not clear. In both cases it appears much more likely that the decentralised schemes were set up by the state itself, meaning they are an extension of the state rather than the hybrid state–society linkage originally envisaged (UNDP and ILO 2021). Nevertheless, they do provide at least a theoretical model for the development of such linkages, a model that builds on and strengthens existing traditions of solidarity but also allows them to extend protection beyond those who belong to organisations. In African contexts – where social protection provision lags and where the state–society relationship is often fractious – these types of connections may offer a pathway not only to increasing social protection access but also to facilitating much-needed transformations in the state–society relationship, through enabling a social protection system that sees workers and citizens as actors within the system, not just the system's passive beneficiaries.

NOTES

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- 2 A tontine system is a scheme for life assurance in which the beneficiaries are those who survive and maintain a policy to the end of a given period.
- 3 Only 20 MUPROSI members were up to date with their contributions at the end of each quarter in 2020, down from 50 per quarter in 2017.
- 4 Kpémé is a port city about 35 km northeast of Lomé.
- 5 The total cost of the project is estimated at CFA 100 million (USD 187 614), 70 million of which was disbursed before construction stopped.
- 6 Enrolment in the mutual dipped from a high of 196 people in 2007 to just 12 people in 2020.
- 7 This was formerly NGN 1000 (USD 6.50), but a recent increase more than doubled the amount to the current figure.
- 8 Stage workers, for example, collect stage fees from the riders and keep the records.
- 9 For a more general view, see also WIEGO (n.d.).

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17. Financial capability and asset building: innovations in social protection and development

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INTRODUCTION

Financial capability and asset building (FCAB) promote social protection and development for individuals and families and advance equitable economic well-being. In the global South, financial exclusion, financial illiteracy and asset poverty are major barriers to development and well-being (Chowa 2019; Ssewamala et al. 2010). In most countries of the global South, financial technology (fintech) has improved access to and usage of financial systems. However, most people remain digitally excluded, and policies and systems to protect the interests of consumers are weak. Although human service professionals provide critical services to the most vulnerable, they have limited financial knowledge and skills to support and improve the economic well-being of these vulnerable individuals and families (M.S. Sherraden et al. 2017).

In 2015, many countries in the global South signed onto the United Nations' Sustainable Development Goals (SDGs) to pursue the overall well-being of everyone. The 17 SDGs are agreed-upon aspirational targets for all countries and are particularly essential to social and economic development and agenda-setting in the global South (Midgley and Pawar 2017). This chapter details how FCAB-based policies and strategies can enhance social policy and programmes in the global South to develop everyone's capability to reach their potential, to grow and to contribute to society and the economy.

This chapter discusses five concepts critical for FCAB – financial capability, financial literacy, financial inclusion, financialisation of social policies and asset building – and reviews the major barriers to advancing FCAB as core pillar of social protection and development. It offers strategies for countries in the global South to leverage FCAB to achieve the SDGs and enhance overall well-being for everyone. To this end, it lays out an adapted conceptual model illustrating how FCAB can support SDGs and highlights how fintech can strengthen this agenda. The chapter concludes with a call to integrate FCAB and fintech ideas better into long-term development plans for achieving the SDGs. In the global South, this integration will require harnessing digital technology for fair finance and equipping human service professionals to provide FCAB training and support. Further, because it takes time for people to begin reaping the benefits of FCAB policies, the chapter recommends that governments in the global South consider universal and progressive policies that engage families soon after a child is born.

FINANCIAL CAPABILITY

As research and interest in financial capability have increased exponentially in the last two decades, conceptualisations of financial capability have also multiplied. Some researchers conceptualise financial capability narrowly in terms of individuals' financial knowledge, skills or financial behaviours (De Meza et al. 2008; Serido et al. 2013). However, these studies understate the freedoms, choices and opportunities individuals need to meaningfully engage financial services (Friedline and West 2016). For instance, to prepare for financial security in old age, it is not enough for an individual to know and desire what it takes to build a secure retirement. Rather, an individual's financial goals must be supported by a policy environment that offers programmes that enable them to achieve their goals.

More expansive conceptualisations of financial capability look beyond personal circumstances to sociopolitical and environmental conditions (Robeyns and Byskov 2020). This work aligns with a key insight of the *capability approach* (Nussbaum 2000; Sen 1999): capability comprises a mix of personal abilities and external conditions that enable a person to act on their abilities to achieve a desired state of well-being. In the global South and elsewhere, many scholars have used this capability approach to highlight the myriad factors that converge to affect various facets of people's lives, including child welfare, poverty, identity, public health, ethics, environmental justice, educational well-being, technological development and social welfare policies (Alkire and Foster 2011; Ansong et al. 2021; Essilfie et al. 2020; Kangmennaang and Elliott 2019; Onwuegbuchulam 2018).

This expansive conceptualisation of capability, in general, has become central to many scholars' discussions of financial capability in particular. Social work and social development scholars such as Margaret Sherraden (Johnson and Sherraden 2007; M.S. Sherraden 2013) point out that financial capability extends beyond an individual's abilities or the mere existence of a structural and institutional environment. Rather, Sherraden postulates that financial capability, which is consistent with the *person in environment* perspective that characterises social work, must account for three principles:

1. it takes both internal abilities (financial literacy) and external opportunities (financial inclusion) to achieve financial capability;
2. financial capability is best realised and optimised when the external and internal conditions interact in complementary ways;
3. financial capability must translate into well-being.

The following sections expand in turn on each of these principles.

FINANCIAL LITERACY

The internal factors of financial capability comprise individuals' financial knowledge and the skills that enable them to make financial decisions; that is, financial literacy. Put simply, *financial literacy* means that individuals have the financial knowledge, ability, skills and confidence to make good financial decisions and exhibit optimal financial behaviours in light of the opportunities available to them. For instance, a financially literate market vendor in Tanzania will know how to assess costs, profits and risk margins before buying sweet potatoes in the upcoming harvest season.

Low financial literacy levels remain a global challenge, particularly in the global South where many adults have no formal financial education. In the latest Standard & Poor's Global FinLit Survey, adults in China and the vast majority of Africa scored low in their knowledge of risk diversification, inflation, numeracy and compound interest (Klapper et al. 2015). A multi-country financial literacy survey conducted by the Organisation for Economic Co-operation and Development (OECD 2020) also found low levels of financial literacy across Asia and Latin America. In this study, three in every four adults surveyed could not correctly answer questions that demonstrated an understanding of interest rates. Although financial literacy has improved, glaring disparities remain within and between countries.

Addressing these disparities will require countries to invest in financial education, socialisation and guidance. Such investments are particularly critical as the global South becomes increasingly financialised by expanding complex and technology-facilitated financial services and products. For instance, the over-indebtedness that accompanied the microfinance revolution and the recent COVID-19 pandemic highlights the global South's inadequate focus on financial literacy as people struggle to cope with worsening poverty (Kurowski 2021). In regions such as East Africa, where experts continue to note the alarming levels of individual debt often accumulated through mobile banking (Donovan and Park 2019), improved financial literacy may help slow or reverse debt accumulation. There is greater recognition of the need for increased financial knowledge and skills as the emphasis of governments' policies and development programmes gradually shifts from microcredit provision to financial inclusion more broadly (Bylander and Res 2021). Individuals across the lifespan can benefit from more reflective financial decision making and choices about daily issues, such as which mobile money platform to sign up for, what investments and savings would best fit their needs, or even how best to manage credit use and debt.

Financial Literacy through Formal Education

People may become financially literate through formal education in school as part of the broader human capital development. Drawing on the empirical evidence on school-based financial education, experts at the International Network on Financial Education make the case that financial education should be integrated into school curricula starting in elementary school. Early and extended exposure allows children to acquire financial knowledge, skills and confidence, leading to long-term healthy financial behaviours and other outcomes (Kaiser and Menkhoff 2020; Lusardi et al. 2010). Evidence from a large school financial programme in Mexico also points to the potential of school-based financial education to achieve nationwide coverage, thus addressing inequality in access to financial education (Bruhn et al. 2014). However, for formal financial education to be effective, it must reflect local circumstances (Ansong et al. 2020b). Thus governments, the financial industry and relevant stakeholders need to make a concerted effort to develop tailored financial literacy curricula that consider people's contextual needs.

Financial Literacy through Socialisation

Individuals and families may acquire financial knowledge and skills through financial socialisation (Gudmunson and Danes 2011). Financial socialisation can happen by design, but it is primarily through unplanned fashion. For instance, young people can learn about

finances when they observe and experience the money-related attitudes, dispositions, values, rulemaking and decisions of their parents, relatives and others in their social environments (Gudmunson and Danes 2011; M.S. Sherraden 2013). Data from Ghana shows that by frequently visiting banks with their parents, young people gain a better understanding of financial services (Wu et al. 2017). However, financial socialisation can also hinder financial literacy, especially in societies where cultural norms frown on financial discussions with children. Therefore, parents, relatives and others in the ecosystem of young people must understand the benefits of engaging children early in money management discussions.

Financial Literacy through Financial Guidance

Other potent avenues for promoting financial literacy have emerged in recent years. Financial institutions and development organisations in the global South are investing more in integrating financial education programmes into social programmes (Bylander and Res 2021). Researchers are testing and refining strategies for purposefully integrating financial education and guidance into the workplace and social programmes and services (Chowa 2019; Graham et al. 2019; Ssewamala et al. 2019). These studies recognise the potential of multilevel financial guidance support (for example, financial education, counselling, advising, coaching and planning services) to improve financial literacy and well-being. To implement multilevel financial guidance support, policy and programme changes are needed to ensure systemic supply of large-scale and accessible financial guidance for all, especially for financially vulnerable populations and communities. Such system-wide changes require a policy solution beyond singular programmes.

FINANCIAL INCLUSION

In the financial capability framework, *financial inclusion* means that individuals have access to and can effectively use a broad range of appropriate and beneficial financial policies, services and products. Financial policies, products and services that are appropriate, accessible, affordable, financially attractive, easy to use, flexible, secure and reliable are key to achieving financial inclusion (M.S. Sherraden 2013). Access to financial opportunities enables families to apply their financial knowledge and skills, complete routine financial tasks, satisfy consumption needs, manage financial risks, build assets and achieve financial well-being. For instance, a financially included market vendor in Tanzania will have access to an account to engage in cashless transactions with their business partners, avoiding intermediaries and the risk of being duped by fraudsters. Leveraging relationships with their financial institutions, this trader could access credit to recapitalise their business. Financial inclusion is tied to the well-being of these traders because of the access it grants them to critical resources, including credits and savings.

Since 2011, the World Bank has tracked financial inclusion worldwide every three years through its Global Findex survey. The financial inclusion data trends thus far point to a steady upward tick in the number of financially included people. Compared to the global North, the South has improved the most, with 69 per cent of adult South Asians, 55 per cent of Latin Americans and 43 per cent of Central, East, Southern and West Africans owning a transaction account (Demirgüç-Kunt et al. 2018). Other indicators of financial inclusion show a similar

upward trajectory in the global South. Most of the progress is due to the vastly expanded financial technology industry that has increased access to savings and credit opportunities (Ansong et al. 2020b). Notwithstanding this remarkable progress, many individuals and families still lack secure and affordable access to financial services and products (Demirgüç-Kunt et al. 2018).

FINANCIALISATION OF SOCIAL POLICIES

Research on and practice of financial inclusion often focus on private services and products offered solely by the financial marketplace (for example, banking and credit services). However, it is important to note that social policies have played increasingly important roles in creating and sponsoring financial services for resource transactions (for example, retirement savings accounts, youth savings accounts, health savings accounts and employment-based health insurance: Ansong et al. 2019, 2020a; Fine 2012; Huseynli et al. 2020; Sherraden et al. 2019). We refer to this new trend as the *financialisation of social policies* (Aalbers 2019; Huang et al. 2021; Sherraden et al. 2019). For instance, most governments in Central, East, Southern and West Africa and Latin America have incorporated cash transfers into their social protection policies and programmes. Such social policies both promote access to social services and support economically marginalised populations with the financial resources needed to ensure their well-being. Moving forward, the effects of this trend need further empirical examination so that practitioners and policymakers can better understand its implications for future social protection and development policies.

One of the surest ways to promote financial inclusion is to link social protection programmes to financial systems. Across Africa, Latin America and Asia, pro-poor social policies have offered income subsidies in cash transfers to impoverished individuals and families to address extreme poverty and hunger (Adato and Hoddinott 2010; Davis et al. 2016). Cash transfer programmes in low-income countries promote both survival and development, with evidence pointing to these programmes' positive effects on education, health, food security and nutrition, safe transition to adulthood, livelihoods, ability to manage risks, savings and future income (Davis et al. 2016; De Mel et al. 2012; Kakwani et al. 2005). For example, in Nigeria, the cash transfer programme called Care of the Poor (COPE) delivered transfers through community banks and microfinance institutions (Zimmerman and Moury 2009). This model of linking cash transfers to financial systems can enable beneficiaries to take advantage of other financial services and products (for example, emergency savings) to improve their well-being.

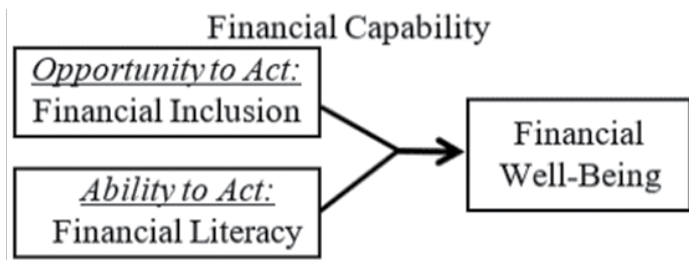
Linking Social Programmes to Digital Financial Systems

Recently, these programmes have leveraged digital financial services and projects to offer greater access to the most vulnerable. For instance, in Ghana a social protection programme called Livelihood Empowerment against Poverty (LEAP) offering cash transfers recently shifted from physical cash payments to mobile wallet deposits. By delivering support through formal financial systems and digital financial services, cash transfer programmes such as COPE and LEAP facilitate access to mainstream financial services, fostering greater financial inclusion (Masino and Niño-Zarazúa 2020). Financial inclusion happens as beneficiaries

establish relationships with financial institutions and build confidence in these institutions' ability to keep their monies safe. This model of linking digital cash transfers with savings tools is expanding and expected to scale up as policymakers work on the necessary regulatory frameworks to do so.

The Interaction of Opportunity and Ability

The two core components of financial capability – financial literacy and financial inclusion – can have positive independent implications on people's finances and well-being. However, when the two components interact, they amplify the independent effects, thus optimising people's capabilities for effective financial functioning. For instance, external environments and opportunities can fundamentally shape individual behaviours and promote financial capability for social protection and development. The interaction of financial inclusion and financial literacy, as illustrated in Figure 17.1, leads to financial well-being.



Source: Compiled from M.S. Sherraden (2013).

Figure 17.1 Financial capability components

A parent, for example, would be better financially included when she can pay her child's school fees effectively because several factors converge, such as favourable financial regulations and policies, or mobile money platforms that allow payment of bills via the platform. Families who use these services understand how the payment system works and trust that their payments will be delivered reliably, promptly and at an affordable rate.

The conceptualisation of financial capability as an interaction of ability and opportunity to act has received both empirical and policy support. Using micro-data, many studies in the United States (US) have found that when financial literacy and financial inclusion are combined, they improve people's financial capability and foster greater well-being (Curley and Robertson 2017; Theodos et al. 2015). More recently, scholars from the global South are empirically testing this comprehensive conceptualisation of financial capability in various contexts, using different data sets, interventions and populations in countries such as Uganda, China, Taiwan and Singapore (Cheng 2019; Chowa et al. 2014; Deng 2019). The research on financial capability has generated important policy and practice implications suggesting that governments must remove institutional constraints and create opportunities for economic equity. This policy interest was further highlighted when financial regulators from over 20 countries in the global South committed to the 2012 Maya Declaration in Mexico to develop

and implement policies and programmes that promote financial inclusion and financial literacy (World Bank 2012).

Financial Capability Must Translate into Well-Being

Critiquing the narrow view of capabilities, capability theorists clarify that being able to do the things one desires without those actions translating into an improvement in one's life falls short of true capability (Robeyns and Byskov 2020; Sen 1999). Current scholarship on financial capability similarly insists that people achieve financial capability when their *ability to act* and the *opportunity to act* interact to achieve well-being (M.S. Sherraden 2013; Sherraden et al. 2019; Xiao and O'Neill 2014). For example, low-income Kenyans' access to digital lending apps (opportunity to act, thus financial inclusion) and knowledge and skills to use the service (ability to act, thus digital financial literacy) could improve their access to credit and, eventually, their families' well-being. However, if such access results in a ballooning debt crisis as we presently have in Kenya (Donovan and Park 2019), it could, in fact, jeopardise people's financial well-being. In this context, current understandings of financial capability and the growing influence of finance on individual and family functioning and well-being (Aalbers 2019) make FCAB more relevant than ever in improving overall well-being (Ansong et al. 2020b; Sherraden et al. 2019).

ASSET BUILDING

While consumption and income are often the standard measures of well-being in traditional social policies, in recent decades *asset building* has come to define a new strategy to promote well-being in global policy innovations (Huang et al. 2020). Consumption and income satisfy people's basic needs. Assets, by contrast, are the stock of resources that enable individuals and families to maintain financial security during economic shocks. Assets also allow for individuals' investments in human capital development, homeownership and entrepreneurship for long-term development (M.W. Sherraden 1991).

Asset Building from a Financial Capability Perspective

Drawing on the financial capability framework, asset building approaches address both individual behaviours and savings efforts (that is, ability to act) and structural opportunities for accumulating wealth (that is, opportunity to act). Asset building is also a capability, and asset-based policies facilitate financial capability development. Asset building is best achieved when individuals, families and communities have both the ability and opportunity to accumulate and preserve assets.

At the individual level, low disposable income and economic resources, limited financial knowledge and skills, education and language barriers, savings motivation and financial habits are key drivers of asset accumulation and development. These drivers all affect an individual's ability to act. At the structural level, low-income and economically marginalised populations also lack the opportunity to act by accumulating and preserving assets, thus magnifying asset poverty and related inequalities. The institutional theory of saving (ITS) highlights the role of the external environment (that is, institutional and structural opportunities) in shaping

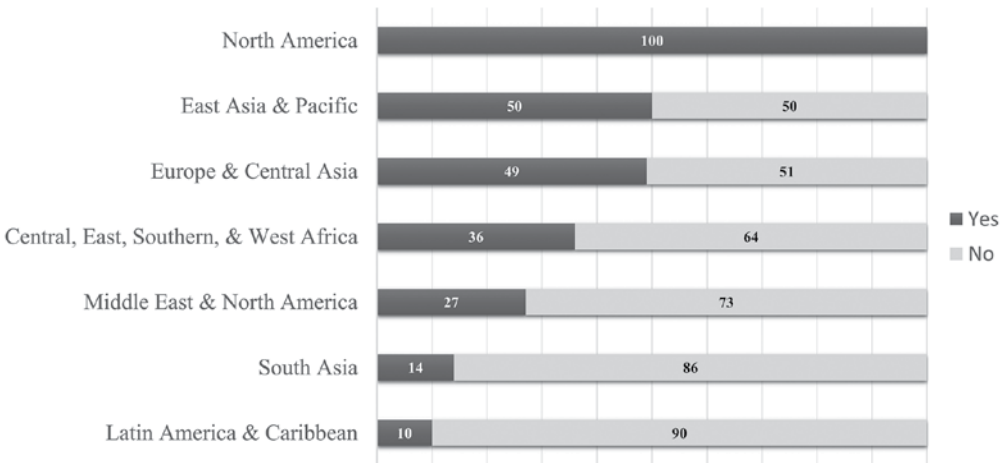
asset accumulation decisions and actions of individuals and families. ITS posits that the most crucial institutional factors are access (in terms of eligibility and physical access), information, incentives, facilitation, restrictions, expectations and security (see Beverly et al. 2008). These factors are generally outside the individual's control and may be addressed by policies, programmes, services and products. Asset accumulation programmes must clearly address both individual and structural barriers to asset building. For instance, a government policy that supports young people in building small businesses may offer business development training and a savings programme with matching funds. Such an asset-based policy could enable an unemployed young person interested in starting a business to receive financial and business management training and matching funds for their savings, thereby empowering them to build assets through their business and escape poverty. Accomplishing this young person's goal to start a business will hinge on both acquired financial and business skills (that is, ability to act) and accumulated savings through the matching funds (that is, opportunity to act).

Evidence from Around the World

A growing body of evidence suggests that, in the information age, income-based social policies alone cannot support individuals in achieving financial well-being (M. Sherraden et al. 2013). To supplement traditional social welfare policies, asset-based policies support individuals' and families' efforts to accumulate and preserve assets for long-term development. These policies are a form of social investment (M.W. Sherraden 1991) in that they promote social protection and development. Examples of asset-based policies include child development accounts (CDAs), individual development accounts, youth development accounts and youth savings accounts. Research centres such as the Center for Social Development (CSD), the International Center for Child Health and Development (ICHAD), Global Social Development Innovations (GSDI) and the Abdul Latif Jameel Poverty Action Lab have led the way in building an evidence base for asset-based policies. In partnership with local collaborators, these centres have tested the effectiveness of context-specific versions of asset-building initiatives across Asia (for example, China, Taiwan, Singapore, South Korea and Nepal), Africa (for example, Ghana, Kenya, Uganda and South Africa) and Latin America and the Caribbean (for example, Chile, Colombia and Puerto Rico), with a vision toward policy adoption (see Table 17.1 below) (Deshpande and Zimmerman 2010; Sherraden et al. 2019).

BARRIERS TO FINANCIAL CAPABILITY AND ASSET BUILDING

Historical and contemporary challenges continue to affect many efforts to fully support individuals, families and communities as they achieve financial capability and build assets. Many governments have developed national financial capability policies to address these barriers. However, as illustrated in Figure 17.2, most countries in the global South have yet to develop and roll out such strategies. These governments must better understand and develop practical responses to current barriers to attaining financial capability and building assets for all. This section details some of the major historical and contemporary barriers.



Source: Compiled from World Bank (2017).

Figure 17.2 *Percentage of countries with a national financial capability strategy as of 2017*

Historical Challenges

A history of land seizures, broken treaties, segregation, discrimination and unjust laws – and the violence and other mechanisms that enforce such actions – shapes institutional racism and sexism today (Dube 2021). In much of the global South, the legacy of colonial oppression impedes financial capability and asset development in lower-income communities (Austin 2010; Frankema 2010). Through discriminatory laws and practices, whole groups of people are systematically denied or stripped of assets, including property, businesses, natural resources, possessions and money (Verhoef 2017). The legacy of colonialism in African countries set the stage for both implicit and overt sidelining of traditional savings and asset accumulation practices (for example, informal savings institutions such as the *chilemba* in East Africa and *Susu* in West Africa) and other community and grassroots-based saving systems in favour of European-oriented banking systems (Verhoef 2017). Although these indigenous and traditional practices made recent inroads into mainstream banking in the global South, the European-oriented banking systems remain dominant across Africa (Uche 1997). Had the indigenous and traditional saving structures received policy support, it may have greatly mitigated the current challenges related to the accessibility of financial inclusion and asset accumulation opportunities, particularly in rural communities.

Indeed, access to mainstream financial services and products remains the primary yardstick for financial inclusion. This fact alone underlines the lingering colonial influence on what constitutes legitimate and viable financial inclusion. These structural inequalities in financial opportunities and definitions of financial inclusion further marginalise already vulnerable populations and worsen the uneven accessibility of the benefits of financial products, services and social policies. Financial exclusion remains a challenge, as hundreds of millions of people – mostly in the global South – do not own a bank account and are considered *unbanked*. The ten countries with the largest unbanked populations are all in the global South (Ventura 2017).

An even greater proportion of the global South population is currently *underbanked*, meaning they have a bank account but rely on unregulated, expensive and risky financial services such as payday loans. Low-income and minoritised individuals and families are especially likely to be unbanked or underbanked. Globally, nearly 1.7 billion adults are unbanked, 56 per cent of whom are women (Demirgüç-Kunt et al. 2018). These adults represent the clear and urgent need for a set of financial policies that adequately acknowledges and supports the development of a diverse range of tailored financial products, services and practices.

Contemporary Challenges

Policies that address asset poverty and narrow the inequality gaps in the global South tend to focus on social spending, subsidies and taxes (Lustig et al. 2012). However, the policy environment is often not robust enough to support meaningful long-term asset building among vulnerable families to an adequate extent. To address extreme poverty and hunger across Africa, Latin America and Asia, social policies that favour the poor have offered income subsidies through cash transfers to individuals and families in extreme poverty (Adato and Hoddinott 2010; Davis et al. 2016). Cash transfer programmes in low-income countries promote both survival and development. Substantial evidence has shown these programmes' positive effects on education, health, food security and nutrition, safe transition to adulthood, livelihoods, ability to manage risks, savings and future income (De Mel et al. 2012; Kakwani et al. 2005).

However, as critical as these cash transfers are for many struggling families, they fall short in several ways. First, most economically vulnerable families' financial support is woefully insufficient to address the basic needs of food, shelter and clothing (Fuseini et al. 2019). Second, these families have inadequate financial development support to accumulate, manage and preserve available resources. Third, income-assistance programmes for low-income families set asset tests that limit the amount of assets a recipient can accumulate while still qualifying for welfare benefits. These means-tested asset rules create disincentives for asset building among low-income and minoritised populations. For instance, Lustig et al. (2012) observed that the indirect tax regime in Bolivia and Brazil undercut the impact of cash transfers on poverty reduction. In some cases, low-income and minoritised families are penalised for asset building, but middle- and upper-income families are substantially subsidised by asset-based programmes. Concisely, many cash transfer programmes in the global South lack sustainable funding and inclusive policy structures.

SOCIAL DEVELOPMENT THROUGH FINANCIAL CAPABILITY AND ASSET BUILDING

One critical goal of social protection is to create real opportunities through institutional, structural and policy arrangements that promote financial capability among financially vulnerable populations. This section offers three ideas to bolster the potential of financial capability and asset building in the global South to advance social protection and development: (1) centring FCAB in the agenda of SDGs, (2) harnessing digital technology for fair finance and (3) equipping human service professionals as FCAB training providers.

Centring FCAB in the SDGs Agenda

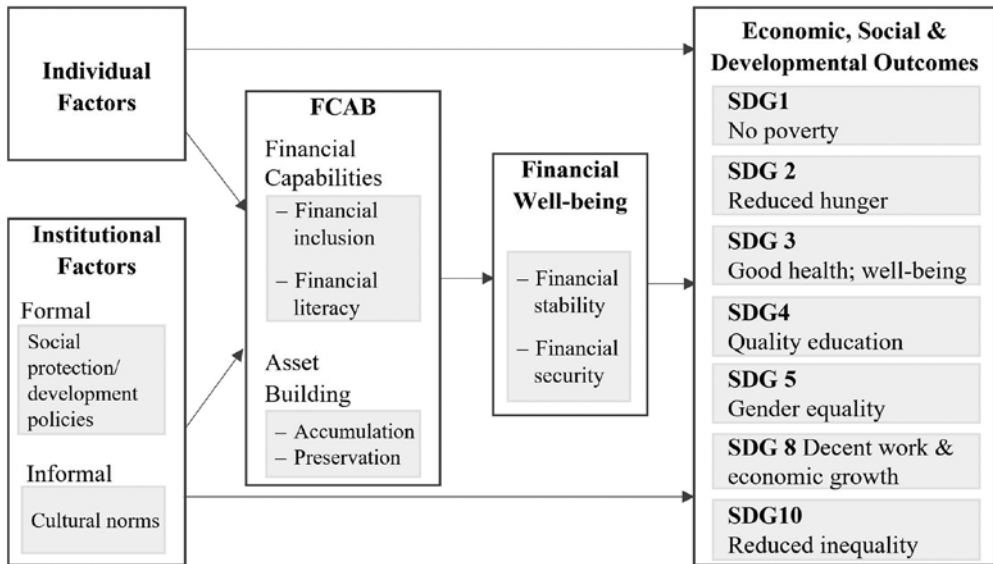
Adopted in 2015, the 17 SDGs for 2030 are some of the most ambitious and crucial well-being targets championed by the United Nations and supported globally. The SDGs are particularly relevant in emerging economies, and nearly all countries in the global South have aligned their development agendas with these goals. This alignment presents an opportunity to promote financial well-being in those economies in a way that benefits all members of a country's population.

Scholarship is increasingly emphasising the centrality of the financial capability and asset building to the SDGs because financial well-being (often the proximal outcome of financial capability) has emerged as a key step to achieving seven of the SDGs (Le Blanc 2015; World Bank 2018): no poverty (SDG 1), zero hunger (SDG 2), good health and well-being (SDG 3), quality education (SDG4), gender equality (SDG 5), decent work and economic growth (SDG 8), and reduced inequalities (SDG 10). The ten other SDGs may be impacted indirectly in the long term by financial well-being.

The COVID-19 pandemic has made it painfully clear that individuals and households in the global South and other regions require greater financial capability and asset-building opportunities (for example, emergency savings or access to credit) (Okumu et al. 2021). Nations in the global South need to continue prioritising financial capability and asset-based policies to address the most immediate well-being needs spotlighted by the pandemic. Greater understanding of and access to formal financial services are vital for people to function effectively in adverse financial situations (Chowa and Ansong 2010). To do so, people's financial capability and asset holding must increase.

As Figure 17.3 illustrates, individuals and households become financially capable (a) when they have the knowledge and skills (financial literacy) to act in their own financial interest and (b) when their environment offers them opportunities to act via appropriate and accessible financial services, products and pro-FCAB policies (Johnson and Sherraden 2007; M.S. Sherraden 2013). To engage meaningfully with financial systems and accumulate assets, individuals and households need opportunities to generate income through existing assets, employment or social protection programmes. Therefore, a pragmatic framework for achieving the SDGs through improved financial well-being should holistically address challenges to income generation (employment and social protection) and financial inclusion (availability, access and use of financial services and products); improve financial literacy (knowledge and skills); and support asset building (opportunities to accumulate and preserve assets). As conceptualised in this discussion, financial inclusion is shaped directly by social policy (M.S. Sherraden 2013). However, in the expanded conceptual model (Figure 17.3), we purposely distinguish between individual factors (for example, employment and education) and institutional factors (for example, formal policies, regulations, informal norms, customs) and how each relates to financial inclusion. In this way, we highlight the centrality of institutions to the financial well-being discourse and their long-term impact on the SDG outcomes in the global South.

The empirical case for leveraging FCAB-related interventions to achieve the SDG outcomes (for example, human capital development, health and well-being) continues to strengthen. With leadership from the CSD, ICHAD, GSDI, CSDA and other centres, FCAB-related initiatives and programmes are increasingly receiving prominence among policymakers and development organisations. In the last two decades, the evidence-building process for FCAB-related



Source: Compiled from Ansong et al. (2020b).

Figure 17.3 Conceptual relation between financial capability and the SDGs

interventions has expanded from the US to the global South. Table 17.1 provides a sample of past and current FCAB-related projects around the global South; and Table 17.2 lists several US states that have targeted multiple SDG outcomes and shaped the policy discourse. Cumulatively, these initiatives and projects have demonstrated the independent and interactive effects of financial inclusion and financial literacy on present financial stability, on future financial security and, ultimately, on several of the outcomes spelt out in the SDGs. Empirical evidence and lessons from the implementation of these past and current FCAB efforts have helped to consolidate the evidence base needed to back policy actions to increase people's financial capability and assets to promote financial stability, security and overall well-being.

Harnessing Digital Technology for Fair Finance

Mobile and financial technologies present new opportunities to promote fair finance or equitable and affordable access to financial services and products for all. Governments in the global South should harness the exponential growth of fintech to implement FCAB policies as part of the strategy for achieving the SDGs. Fintech can facilitate financial inclusion by expanding access to safe and affordable financial services and products in underserved groups and communities (Sy et al. 2019). Notably, because fintech includes using the internet and mobile phones for financial transactions (for example, mobile money), it has become a key driver of increased access to financial services, particularly among unbanked individuals in many global South countries, including in Africa (Demirgüç-Kunt et al. 2018). Between 2014 and 2017, over 500 million adults opened a mobile money account, constituting more than half of the global gains in account ownership in that period (Demirgüç-Kunt et al. 2018). Fintech is already widespread in 40 of the 54 countries in Central, East, Southern and West Africa,

Table 17.1 A sample of financial capability and asset building-related projects in the global South

Centre, director or lead	Project name	Country of operation	Overall purpose and mission	Intervention types and components	SDG outcomes ¹
Abdul Latif Jameel Poverty Action Lab (Joshua Blumenstock, Michael Callen and Tarek Ghani)	Impact of Defaults and Financial Incentives on Savings Decisions on a Mobile Money Platform in Afghanistan	Afghanistan	To evaluate the role of defaults and financial incentives on savings decisions	Default salary payments into phone-based savings account with varying default contribution settings and matching rates. Financial consultation, monthly phone surveys and text reminders.	1, 2
Center for Social Development (Michael Sherraden, Gina Chowa and Fred Ssewamala)	YouthSave	Ghana Kenya Nepal Colombia	To investigate the potential of savings accounts as a tool for youth development and financial inclusion in low- and middle-income countries	An experiential financial inclusion programme that included a school-based savings programme for 25 treatment schools and a marketing outreach savings programme for the other 25 treatment schools.	1, 2, 3, 4
David Ansong and Moses Okumu	Impacts of Early Scholarship Grants and Matched Education Savings Accounts	Ghana	To assess the most effective strategies for assisting families in (a) financially planning for their children's education, (b) increasing parental participation in their children's education and (c) improving student educational results	Savings accounts for middle school students. Additionally, one group received a year-ahead USD 100 scholarship grant, while another received a 1:1 savings match up to USD 100.	4, 5, 10
Abdul Latif Jameel Poverty Action Lab (Dean Karlan, Sendhil Mullainathan and Benjamin Roth)	Impact of Debt Relief in India and the Philippines	India and Philippines	Paying off existing high-interest debt to relieve people from borrowing from high-interest moneylenders in the future and help them avoid falling back into debt	Cash grants for debt payoff and financial education.	1, 2
Suo Deng	Chunyu and Qianshou	Mainland China	To explore how integrated CDA programmes can benefit China's poverty alleviation plan	CDAs and parental support services on children and families.	1, 2, 3, 4, 10
Abdul Latif Jameel Poverty Action Lab (Dean Yang, Rashmi Barua and Paolo Abarcar)	Financial Education vs Access to Finance among Filipino Migrants	Philippines	To test the impacts of access to financial products and financial education on household saving, borrowing, insurance and well-being	Financial education, including financial planning, budgeting, savings and credit management, and financial products, including bank accounts and microloans.	1, 2, 3

Centre, director or lead	Project name	Country of operation	Overall purpose and mission	Intervention types and components	SDG outcomes ¹
Global Social Development Innovations (Leila Patel and Gina Chowa)	Siyakha Youth Assets	South Africa	To examine the causal impacts of youth employment and financial inclusion programmes on financial capabilities, employability and longer-term employment effects for South African youth	Life skills training to enable young people to function effectively in the workplace; technical and/or vocational skills; and opportunities to increase work experience + financial capability intervention (savings account + financial training).	1, 2, 5, 8
Economic Policy Research Institute (Ingrid van Niekerk)	Savings and Investment Linkages for South African Youth	South Africa	To pilot financial inclusion and youth development linkages with South Africa's Child Support Grant, supporting higher education and livelihoods impacts	Child Support Grant "Plus" developmental linkages including mobile connectivity, financial literacy training, financial incentives for savings, case worker support for opening investment accounts and mentoring for life skills, health, education and youth development. Strengthen partnerships across government departments and civil society organisations.	1, 2, 3, 4, 5, 8, 9, 10, 17
International Center for Child Health and Development (Fred Ssewamala)	Bridges to the Future	Uganda	To evaluate the impact and cost-effectiveness of an innovative family-based economic empowerment intervention for orphans made vulnerable by AIDS	CDA, workshops on financial education and income-generating activities, and mentorship programme.	1, 2, 3, 4, 5
International Center for Child Health and Development (Fred Ssewamala)	Suubi+ Adherence	Uganda	To evaluate a youth-focused economic empowerment approach to HIV treatment adherence	Financial empowerment and a matched savings account, financial education, health education and income-generating activities.	1, 2, 3, 4
International Center for Child Health and Development (Fred Ssewamala)	Suubi4Her	Uganda	To prevent HIV risk behaviours among 15- to 17-year-old girls living in communities heavily affected by poverty and HIV/AIDS	Asset-based matched savings accounts and family strengthening through multiple family groups, successfully implemented with younger primary school-going adolescents.	1, 2, 3, 4, 5
Global Social Development Innovations (Gina Chowa)	Assets Africa	Uganda	To test the impacts of a savings intervention on individuals and families' financial, health and educational outcomes in Masindi, Uganda	Comprehensive programme that provided participants with matched funds for their savings, financial education and training on managing the asset they planned to acquire with their savings.	1, 2, 3, 4

Centre, director or lead	Project name	Country of operation	Overall purpose and mission	Intervention types and components	SDG outcomes ¹
Global Social Development Innovations (Gina Chowa)	Chuma na Uchizi	Zambia	To test an asset-building intervention to improve economic and health outcomes of people living with HIV (PLHIV) and receiving antiretroviral therapy (ART)	An asset transfer (worth USD 200) that was intended to help participants generate additional income through a microenterprise. Treatment group participants also received microenterprise and money management training using an existing participatory training curriculum.	1, 2, 3
Global Social Development Innovations (Gina Chowa)	Chuma Cha Azimai	Zambia	To promote women's financial inclusion and growth of women-owned micro and small enterprises through a multilevel digital banking model	1) Access to digital banking platforms, including mobile banking and electronic payment services; 2) access to bank accounts connected to digital banking solutions; 3) financial education; 4) business management training, and 5) cash grant to purchase digital banking equipment (for example, point of sale device).	1, 2, 5, 8
Global Social Development Innovations (Rainier Masa)	Umwini	Zambia	To examine the feasibility of an asset-based intervention for young people living with HIV	Accumulation of life skills (or intangible assets) and their enhancement and retention through access to microeconomic strengthening opportunities (or tangible assets) in the form of savings.	1, 2, 3

Notes: ¹ SDG 1, No poverty; SDG 2, zero hunger; SDG 3, good health and well-being; SDG 4, quality education; SDG 5, gender equality; SDG 8, decent work and economic growth; SDG 9, industry, innovation and infrastructure; SDG 10, reduced inequalities; SDG 17, foster partnerships.

Table 17.2 *A sample of financial capability and asset building-related projects in the United States*

Centre, director or lead	Project name	Overall purpose and mission	Intervention types and components	SDG outcomes ¹
Center for Social Development (Michael Sherraden)	SEED for Oklahoma Kids	To test an automatic, universal and progressive at-birth CDA policy, which includes every child and has the potential to reach scale and sustainability.	CDA accounts with university eligibility, at-birth start, automatic enrolment and progressive subsidy to disadvantaged families.	1, 2, 3, 4, 8, 10
Center for Equitable Family and Community Well-Being (Trina Williams Shanks)	Michigan Saving for Education, Entrepreneurship and Down Payment initiative (MI-SEED)	To address wealth disparities between low- and high-income families.	Child savings accounts (CSA) to provide depositors with tax-free savings that can be used to pay for post-secondary education, the purchase of a new home or automobile, or to start a small business.	1, 2, 4, 10
Stacia Martin-West and Amy Castro Bake	Stockton Economic Empowerment Demonstration	To test unconditional universal basic income as a solution to poverty and inequality.	Universal guaranteed income of USD 500 per month for 18 months to 125 randomly selected Stocktonians.	1, 2, 3, 8, 10
Social Policy Institute (Michal Grinstein-Weiss)	Refund to Savings (R2S)	Uses insights from behavioural economics to redesign the online tax-filing experience to promote saving the tax refund and better managing of debt at tax time among low- and moderate-income households.	The experiment tested combinations of behavioural strategies to promote savings, including (1) asking filers at the start of tax preparation to pre-commit to saving their refund, and (2) choice architecture manipulations that emphasised directly depositing their refund into savings accounts or savings bond purchases.	1, 2, 3, 10
Social Policy Institute (Michal Grinstein-Weiss)	Workforce Financial Stability Initiative (WFSI)	To understand how frontline employees' work conditions and benefits affect their financial stability and to identify and test workplace innovations to improve these conditions.	Employee financial wellness programmes provided to low- to moderate-income employees, including workplace financial counselling, credit building and employer-sponsored small-dollar loans.	1, 2, 8

Note: ¹ SDG 1, No poverty; SDG 2, zero hunger; SDG 3, good health and well-being; SDG 4, quality education; SDG 8, decent work and economic growth; SDG 10, reduced inequalities.

suggesting its broad penetration and acceptability. This increased access notwithstanding, challenges to promoting fair finance through fintech in the global South persist.

Challenges to Harnessing Fintech

Limited access

Despite the growth of fintech, millions of poor and rural households still lack secure access to the digital world and digital finance (UNCTAD 2019). In a modern information society, limited access to financial services is compounded by limited access to digital technologies, disproportionately impeding the financial well-being of disadvantaged families and communities. People in communities that are not fully digitised face the possibility of exclusion from these services. The high infrastructural cost (for example, broadband access) of providing digital access to non-digitised communities could prevent emerging financial services and products from reaching the poorest individuals (Bull 2019). As Swartz (2020) cautions, this digital financial exclusion could have ramifications beyond the non-monetary aspects of people's lives (for example, access to communication and social services).

Consumer exploitation

The highly successful mobile-to-mobile money-transfer platforms, such as those used in Kenya, offer a sobering example of how fintech, through fees, charges and incessant encouragement of borrowing, could facilitate greater financial inclusion among the poor and at the same time leave many in a catastrophic debt spiral (Donovan and Park 2019). Also, with the increased adoption of fintech, the risk of online financial fraud grows, and populations with limited financial knowledge become increasingly vulnerable when navigating unfamiliar digital services (Engels et al. 2020). For those with access, regulators must do more to protect consumers from discriminatory, exploitative and abusive financial practices. If left unchecked from a regulatory and financial literacy standpoint, fintech could end up exacerbating the economic vulnerability of the poor (Bull 2019; Donovan and Park 2019).

Opportunities

Notwithstanding these challenges (Donovan and Park 2019), fintech is now part of people's daily financial ecosystem (Swartz 2020). Regulations and tailored financial education favourable to the poor (for example, financial capability training for social workers in China and Singapore) would promote efficiency in existing traditional structures (Sy et al. 2019).

Mainstreaming fintech as part of a FCAB strategy for achieving the SDGs could have several benefits. Doing so could increase the swiftness and reach of policies and programmes designed to foster financial capability and improve the capacity to build assets. Increasing financial capability and asset building could, in turn, promote financial stability and long-term financial security.

As governments centre FCAB in their SDG planning and implementation, fintech could be integrated into their FCAB agendas in at least four ways (Sy et al. 2019):

1. Internet and mobile phone technologies can simplify and democratise access to basic financial services (financial inclusion).

2. Digital learning technologies can help people access financial knowledge and skills (financial literacy).
3. Digital financial services can offer viable opportunities for individuals to accumulate and preserve assets for future investments (asset building) (Panos and Wilson 2020).
4. Fintech platforms can serve as low-cost conduits for reaching populations with information about social policies and services (for example, delivery of messages and services on livelihoods, education and health).

These four means of adding value to existing mechanisms can catalyse efforts to achieve several of the SDGs.

ADOPTING ASSET-BUILDING POLICIES

To support asset building among low-income and minoritised populations, limited and regressive asset-based policies should be replaced by universal, progressive and lifelong policies (M.W. Sherraden 1991). Universal asset-based policies with automatic enrolment can ensure the full inclusion of low-income and minoritised families. Progressive asset-based policies will also provide greater public support to economically marginalised individuals and families using approaches accessible to the poor. Finally, lifelong asset-based policies can start at birth and follow individuals into old age. As asset building is a long-term process, lifelong asset-based policy allows enough time for an individual's accumulated assets to grow substantially.

Researchers of financial capability and asset building have ensured that the case for expanded access to asset-building opportunities is backed by rigorous empirical evidence. In the global South, these evidence-building efforts have focused on Africa, Asia and Latin America through projects such as YouthSave, AssetsAfrica and Suubi (Chowa and Ansong 2010; Huang et al. 2020). Drawing on this evidence to expand the coverage of asset-building policies would support the most economically marginalised individuals and communities in accumulating assets for their long-term development. Therefore, policymakers should use the burgeoning evidence on universal asset-based policy models to support asset building for all – especially for low-income and minoritised populations.

EQUIPPING HUMAN SERVICE PROFESSIONALS AS FCAB PROVIDERS

Human service professionals can play an essential role in supporting individuals and families to become financially capable. These professionals work more closely with low-income and financially vulnerable groups; they see impoverished people every day; they are in the community they serve and have the relationships necessary to deliver basic knowledge and guidance and promote improved finance. However, although these professionals address poverty through financial interventions, they are not adequately equipped to handle financial capability and asset development needs among the economically vulnerable (Despard and Chowa 2010; M.S. Sherraden et al. 2017). Recognising this challenge, FCAB researchers – particularly

those with social work backgrounds – are championing FCAB globally and have already made inroads in the US and Asia.

For instance, social work researchers and educators in Asia (that is, Singapore, South Korea, Taiwan, Hong Kong and mainland China) have launched FCAB initiatives to rapidly develop social workers' capacity to enable their clients to build financial security. In Africa, a new initiative called FCAB Africa is bringing together a diverse set of educators, researchers, human service practitioners, financial service providers and policymakers to train human service practitioners with basic financial knowledge and skills. With these skills, practitioners will be equipped to build financial equity in a population, including among its most vulnerable members.

These interprofessional educational efforts enable human service professionals to offer vulnerable populations services (for example, financial capability and asset-building training) typically offered by financial professionals. Leveraging existing social service structures (for example, LEAP in Ghana) would be a comparatively low-cost way to reach the most vulnerable populations, tackle their financial problems and reach their financial goals related to savings accumulation, preservation and management, as well as credit management.

THE WAY FORWARD

With the increasing financialisation of social policies, existing social protection and development programmes (for example, social insurance and cash assistance programmes) could adopt FCAB strategies to promote financial security and well-being – and, in the process, advance the SDGs. The importance of financial well-being to overall well-being suggests that the principles of financial capability have particular relevance for addressing the SDGs, directly and indirectly. Therefore, policymakers developing pragmatic strategies to achieve the SDGs must account for the interactions between the internal conditions (that is, abilities to act) and the external conditions (that is, institutional opportunities) that shape people's well-being. In the global South, addressing such interactions will require governments to harness digital technology for fair finance and equip human service professionals to provide FCAB training and support. We also recognise that it takes time for people to begin reaping the benefits of FCAB policies. Therefore, we recommend that governments in the global South consider universal and progressive policies that engage individuals and families soon after birth. Evidence-based policies and programmes of this nature illustrate the interconnectedness between social and economic interventions to improve human security (see Chapter 1).

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18. Linking formal and informal social protection in an insecurity regime: The case of Zimbabwe

Gift Dafuleya

Africa demonstrates two parallel systems of social protection that are characterised by the dominance of institutional arrangements of household and community in the provision of welfare (Noyoo and Boon 2018). Formal social protection refers to measures, albeit limited in nature, designed by the state to reduce risks and vulnerability to loss of income and poverty. Informal¹ social protection refers to community, group, kinship and/or household initiatives designed to smooth food consumption and to mitigate idiosyncratic risk.

Formal social protection can help with protecting households against covariant risks, which informal social protection can rarely do (Browne 2013). Informal social protection, which has a long existential presence in many African countries, can assist to fill the gaps where formal social protection cannot reach, although the scope and extent of informal protection is often difficult to measure. Opportunities to link formal and informal social protection are therefore potentially gainsome in that such protection could protect households against risks and improve resilience. This chapter uses the case of Zimbabwe to provide a comprehensive review of these parallel systems and maps their possible linkages on four instruments of social protection: social assistance, social insurance, access to social services and labour markets.

The chapter is framed within the context of welfare institutions of the family/household,² communities, markets and states, as articulated by Esping-Andersen (1990, 1999) and adapted by Wood and Gough (2006) in the broader context of social protection in the global South, discussed in the first section. The chapter then examines the provision of social protection in insecure regimes, which tend to characterise some African countries. The third section presents the case study of two household surveys in Zimbabwe; the fourth uses these findings to identify the options for linking formal and informal social protection. The conclusion provides pointers for linking these systems to improve welfare responses and outcomes in the short to medium term.

INSTITUTIONAL LANDSCAPE AND WELFARE REGIMES IN THE SOUTH

Esping-Andersen (1990, 1999) provides an institutional matrix of market, state and family norms to classify welfare regimes in advanced industrial capitalist societies in the global North. He further posits the notion that understanding welfare regimes involves a comprehensive examination of risk pooling between state, market and family, with the state being a key factor (Esping-Andersen 1999).

The institutional landscape in development contexts differs significantly from that of advanced industrial capitalist societies because of weak capability, partial and underdeveloped capitalist markets, the existence of agrarian economies, and the dominance of family and

community systems of social provision (Wood and Gough 2006). In view of this, Wood and Gough (2006) add 'community' to the three institutions that Esping-Andersen (1990, 1999) identifies. The term 'community' does not refer to a homogenous group, but rather to the social, relational and reciprocal cultural norms of giving and receiving that govern people's everyday lives and through which they access resources to meet their survival needs. Further, it is also composed of both formal and informal organisations that provide social protection at community level. The formal organisations include registered and more organised domestic actors, such as non-governmental organisations (NGOs) and civil society organisations as well as international NGOs that are influential in social protection. The informal organisations include kinship groups and community risk-sharing initiatives, such as burial societies and accumulating savings and credit associations. These organisations are typically not registered but can be highly organised to the extent of having a constitution guide their activities and the conduct of their affairs. Therefore, the institutional landscape in the provision of welfare services and social protection, as conceptualised in this chapter, is composed of the family/household, community, private markets and the state.

These institutions are particularly pertinent in understanding welfare provision in development contexts. In this regard, Patel (2015) argues that several factors need to be considered in the evolution of welfare regimes in development contexts, such as the different levels of economic development and the legacy of poverty, inequality and underdevelopment that evolved during colonialism and endured into the postcolonial era. Thus, very different contextual realities exist in developing countries that play a key role in how social protection policies are unfolding. The situation of frail states in low-income countries, such as those found in some African countries, characterised by political conflict, low levels of legitimacy and failure to deliver service entitlements, leave citizens vulnerable to shocks and with limited prospects for enhancing their personal security. These factors present a particular challenge for the development of social protection in these countries. For these reasons, Wood and Gough (2006) modify Esping-Andersen's (1990) classification of welfare states in industrialised countries by including what they term 'insecurity regimes' and 'informal security regimes' that are most prevalent in the global South.

Insecurity regimes constitute countries with governments that fail to provide human security-enhancing measures while simultaneously destroying household coping strategies and informal risk-sharing schemes (Wood and Gough 2006). Their statutory provision of social protection exists at best in written policy but not in actual reality. Informal security regimes are characterised by the dominance of institutional arrangements of household and community in the provision of welfare because people cannot fulfil their security needs via the state or conventional labour markets (Gough 2004). Wood (2004, p. 50) describes these arrangements as 'hierarchical and asymmetrical, leaving only some space for reciprocal support for welfare within and between family groupings.' In these settings, the informal provision of social protection comes at the price of clientelism, making the poor lack control over welfare-enhancing institutions through which they seek their livelihoods (Gough 2004).

Given that significant parts of the global South are characterised by informal security regimes, this means that the institutional landscape within which people make their livelihoods hinges mostly on households and community initiatives supported by both domestic and international actors, and less on markets and statutory provision. This institutional landscape, therefore, typifies the 'welfare regime' – referred to as the repeated arrangements of individuals seeking security for themselves and their families in the global South (Wood and

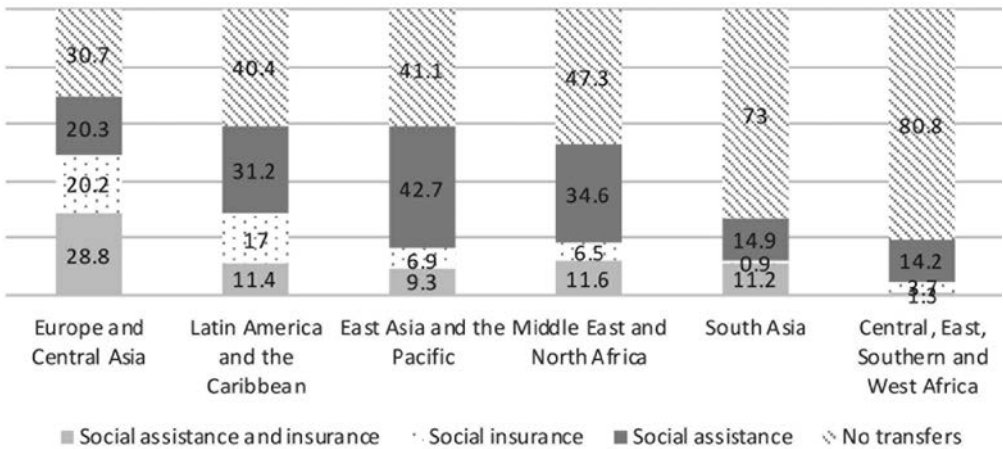
Gough 2006). Wood and Gough (2006) map most Latin American and South Asian countries as informal security regimes and many Central, East, Southern and West African countries as insecurity regimes. This classification acknowledges the existence of formal and informal social protection. Mapping the linkages between formal and informal social protection becomes useful for a better understanding of how these systems work and how they are linked in practice. The focus is less on Wood and Gough's approach to regime classification than on understanding the connection between state and non-state institutions of welfare, and how they intersect with markets, in countries where the majority of people depend for their survival on informal employment, family and community systems of support and migration (Dafuleya 2017).

SOCIAL PROTECTION IN INSECURITY REGIMES

Schmitt (2020) shows that external actors, such as international donors and non-governmental organisations, have had a significant role in shaping social protection in the global South in general and in insecurity regimes in particular. The ascendancy of social protection in the development agenda has become more prominent in the last two decades due to the new-found favour for social assistance in the global South (Barrientos 2013). For instance, social assistance in the form of conditional cash transfers dominated the social protection discourse in the informal security regimes of Latin America, whereas social assistance in the form of unconditional cash transfers was dominant in the insecurity regimes of Africa (Handa and Davis 2006). Social assistance in the form of social pensions – that is, non-contributory payments of old age benefits – has had a long history in some southern African countries (Botswana, Eswatini, Lesotho and South Africa), Latin America (Argentina, Brazil, Bolivia and Chile) and South Asia (Bangladesh, India and Nepal) (Merrien 2013). In insecurity regimes, cash transfers have also received strong support from a coalition of international organisations. The growing international evidence, particularly of the positive impact of cash transfers on the reduction of poverty and inequality and on the improvement of food security, dietary diversity, school enrolment and attendance rates, is now well documented (Bastagli et al. 2016).

The growth of social protection in insecurity regimes – in particular cash transfers but also interventions such as food-for-work, cash-for-work, fee waivers, unconditional in-kind transfers, asset and input transfers, subsidies and microfinance – has resulted in a broader conceptualisation of social protection (Plagerson and Patel 2016). But despite the growing use of social protection as tool to fight poverty and vulnerability, coverage rates have remained low in Central, East, Southern and West Africa, with 80 per cent of the population not covered by either social insurance or social assistance (see Figure 18.1). The rates of coverage here lag behind those of all other regions around the world.

The statistics provided in Figure 18.1 do not indicate the number of people covered by informal social protection emanating from households and communities in contemporary insecurity regimes of Africa (Kaseke and Dhembha 2007). These security-enhancing support systems are extensive and diverse depending on the societal, religious and cultural context, but they mostly reflect reciprocity and informal insurance in the form of mutual aid and risk-sharing schemes (Midgley and Hosaka 2011). Extensive household networks that extend to community groups and provide valuable access to resources, information and livelihood opportunities in Bulawayo are well documented by Dafuleya, Tregenna and Patel (2021).



Source: Compiled from ASPIRE Online Database 2017.

Figure 18.1 Coverage of social protection by region across the world

Given that the systems of provision operate at household and community level, most of them are invisible and therefore hard to identify and often not included in empirical evaluations of scientific studies. This makes it difficult to have measurable results and demonstrable welfare outcomes. There is also little comprehensive literature on informal social protection compared to formal social protection, apart from community-based health insurance (CBHI), which has received much attention since the 1980s. Artignan and Bellanger (2021) reviewed the role of CBHI in improving healthcare in Africa. They reviewed the literature on CBHI’s impact on the use of health services and considered whether this created more equity between how different socio-economic groups used healthcare. For insecurity regimes they concluded that CBHI may provide communities with limited access to primary-level healthcare, which is better than nothing.

Although household and community risk-sharing initiatives are still under-studied, multilateral institutions and researchers are increasing their efforts to understand them better in Africa. Recently, the Partnership for African Social and Governance Research commissioned research in six African countries on the features, governance characteristics and policy implications of non-state social protection in Africa. The studies concluded that most non-state social protection actors are rescue driven and largely provide protective social services (PASGR 2016). The 2009–12 National Social Protection Strategy in Kenya identified over 300 000 non-state social protection organisations in operation (Kenya 2009).

Although informal social protection may assist people in insecurity regimes and/or informal security regimes, the financial and in-kind assistance provided is typically inadequate because it is small scale in nature and cannot relieve the multiple deprivations experienced by poor households. Informal social protection is, therefore, not sufficient in the face of covariant risks and remains only a partial solution. An integrated social protection system is needed that links household and community initiatives with the statutory provision of social protection and informal and evolving formal labour markets. It also illustrates the potential intersection

between formal and informal systems of social protection and the form that welfare pluralism takes in a low-income country (see Chapter 1).

THE CASE OF ZIMBABWE

Zimbabwe offers an insightful case study because, over the past five decades, the state's provision of social protection has either fragmented along racial lines or has been impaired by the non-supportive and non-conducive economic environment (Zimbabwe 2002). The failure of state social protection programmes has left most poor urban households reliant on family- and community-based social protection, a situation consistent with an informal security regime and/or insecurity regime. The study draws from data collected from 300 households in Bulawayo, Zimbabwe, in 2014 (Dafuleya 2017). The data provides insight into household access to formal, informal and external social relief and into household social networks. A subsequent survey of 450 households commissioned by the United Nations Development Programme (UNDP) conducted in Binga, Chiredzi and Marondera in 2020 gathered similar data in 2020 (Chiroro et al. 2020). Both studies provide valuable insight into the institutional support that households access and the interconnections between them. Both studies offer some estimations of the reach of provision. However, their findings are preliminary because they were conducted for different purposes and at different times. And yet they provide valuable insight into the nature and extent of provision in the communities surveyed.

The Historical Background

Social protection measures introduced in colonial Zimbabwe mirrored the British Poor Laws and were targeted at the white settler population (Kaseke 2011). The indigenous population relied on mutual assistance and kinship support at household level and relief measures, such as the *Isiphala seNkosi/Zunde raMambo* (the chief's granary), at community level to assist households affected by sickness, death and other contingencies beyond their control. After independence in 1980, the discriminatory Old Age Pension Act of 1936 was replaced by a more encompassing non-contributory and publicly funded, though minimalist, social assistance programme (Kanyenze et al. 2011; Kaseke 2011). This was accompanied by labour market policies, such as a minimum wage, to reduce income differentials (Riddell 1992). The economy was characterised by a state-led development model that controlled prices and interest rates, and introduced subsidies and free access to services, such as health and education. However, these measures were of short duration. The country experienced rising economic strain caused by low economic growth; increased indebtedness resulted in an economic structural adjustment programme in 1991, initiated by the World Bank and the International Monetary Fund. This marked a paradigm shift from a state-led to a neo-classical economic model that included measures to generate growth and reduce poverty, but with limited regard for local knowledge and institutions and for complex realities on the ground (Surender and Walker 2013).

Unemployment, coupled with drought, resulted in worsening poverty levels, rising from 40.4 per cent in 1991 to 63.3 per cent in 1993 (CSO 1998). Zimbabwe's Central Statistical Office reported that over the same period the percentage of households that could not meet their basic food requirements doubled from 16.7 per cent to 35.7 per cent. The badly perform-

ing economy was further struck by the crash of the Zimbabwean dollar resulting in the loss of value of insurance, such as pensions and life insurances. The loss of skilled personnel owing to outward migration and loss of skills also impacted growth and development (McGregor and Pasura 2014).

During the first decade of the twenty-first century, the provision of the public safety net was reduced (Zimbabwe 2002), leaving many people vulnerable to income and food shortages. Many turned to non-state, informal social provision or to migration. Given that it was difficult to access a passport, many resorted to migrating to neighbouring countries without documentation; and many have remained thus until today. By 2008, inflation was over 79 000 000 per cent (Hanke 2008), further eroding private and public pension and insurance schemes. By 2009 unemployment reached 80 per cent of the working population (ZimVAC 2009).³ Thus Zimbabwe began to display the characteristics of an insecurity regime.

Informal Social Protection at the Household Level

This section discusses three forms of informal social protection at household level, namely household level transfers by migrants, access to informal childcare and education, and informal labour markets.

Household-level transfers by migrants

A survey conducted in Zimbabwe's second-largest city, Bulawayo, in 2014 showed that most households had more than one migrant abroad and at least one of these remitted cash and/or goods to the household of origin every month (Dafuleya 2017). Many households of origin maintained close relations and economic ties with the migrant households, to an extent that they are best understood as geographically stretched households (GSH) (Dafuleya 2019). Dafuleya assessed that in 2014 households of origin received on average USD 127.93 per month in cash remittances. Average non-cash remittances were equivalent to USD 93.22 per month. The result of these transfers was a decline in food deprivation for the households at origin by at least 45 percentage points (Dafuleya 2019).

However, not all migrants remit. Thus it cannot be taken for granted that all geographically stretched households receive remittances and that these households are by definition doing better than households without migrants or households that do not need assistance. Drawing on Dafuleya's (2019) study, Table 18.1 provides a ranking of the migrant household's ability to reduce food deprivation in Zimbabwe. The ranking is based on the characteristics of migrants who remit. Typically these are individuals who have completed a college or university course, are above 30 years of age and have a child living at the household of origin. Having a child has a particularly strong effect on altruism that guarantees remittances (Goulbourne et al. 2010). The ranking is also based on the assessment of income pooling between the household of origin and migrant households in terms of sustenance consumption and gender.

The household of origin with a female migrant who is educated, older than 30 and has a child at the household of origin is ranked highly. A female migrant who is educated and older than 30 but does not have a child at the household of origin is ranked second, ahead of a male migrant with all three characteristics. This is because the comparison of income pooling on sustenance consumption between a male and a female migrant, with or without children at the household of origin, shows that the female migrant aligns consumption preferences with those left behind better than the male migrant (Dafuleya 2019). The same analysis is used for ranks

Table 18.1 *Ranking of household's ability to reduce food deprivation based on the migrant's socio-demographic profile*

Household has a migrant	Migrant's gender	Migrant is educated	Migrant is older than 30	Migrant has child at household of origin	Effect of remittance on reduction in food deprivation	Rank
Yes	Female	Yes	Yes	Yes	Very High	1
Yes	Female	Yes	Yes	No	High	2
Yes	Male	Yes	Yes	Yes	Medium	3
Yes	Female	Yes	Yes	Yes	Medium	4
Yes	Male	Yes	Yes	No	Medium	5
Yes	Male	Yes	No	No	Medium	6
No	n/a	n/a	n/a	n/a	Medium	7
Yes	Female	No	No	No	Low	8
Yes	Male	No	No	No	Low	9

Note: n/a = not applicable.

Source: Dafuleya (2019).

4 and 5. Geographically stretched households with migrants who have none of these characteristics have a much lower ability to reduce food deprivation than non-migrant households (Dafuleya 2019). As such, non-migrant households are ranked higher than migrant households in Table 18.1.

Access to informal childcare and education

The survey of community-based organisations in 2020 showed that informal home-based care is an important source of childcare for parents who cannot afford conventional day care while they hustle for a living. Zimbabwean households have a high child dependence rate of 74.4, which measures the population below the age of 15 in proportion to the population aged between 15 and 64.⁴ Children between the ages of 4 and 10 form the largest group in Zimbabwe's population pyramid (World Population Review 2022). The 2014 fieldwork conducted by the author in Zimbabwe revealed that 32 per cent of parents who have very young children leave them with their grandparents, neighbours or friends when they go to work or have to be absent from home for a while. In 17 per cent of the respondents, households sent a child to live with a relative elsewhere while the parents migrate in search of livelihoods. Once the parents are in a stable position, they then take the child back. There is also evidence of parents sending their children to live in places where there is better access to education or health care (Chiroro et al. 2020).

A new trend in Zimbabwe is seeing supplementary tutoring at the Ordinary Level (O Level) being offered by individuals in the backyards of their houses. The O Level pass rate in Zimbabwe is very low, averaging less than 30 per cent in recent years (*ZimLive* 2021). Of the 70 per cent who fail, some try to re-sit the examinations after repeating the grade at the conventional school or college. Others rather turn to cheaper unregistered backyard tutors who will teach them; they will only return to the conventional system for the examinations. Through this tutoring, many are able to access an education they were not able to achieve through conventional schools or colleges.

Informal labour markets

Dafuleya (2019) shows that 17 per cent of household sample in Bulawayo in 2014 had self-production activities in their backyards. Data from the 2020 survey of community-based organisations shows that in Marondera more than 30 per cent of households had backyard industries employing people beyond those found in the households operating them. Artisan skills, even if informally acquired from these households, are developed, and many of these individuals go on to use them when moonlighting for more income. In Binga and Chiredzi, households either sell foodstuff at the gates of their houses or are involved as vendors in nearby shops. The informal backyard industries and enterprises are hiring labour and providing labour skilling, which should have been provided in the formal economy if the economy was doing well.

Given that there is a lack of conventional employment opportunities and services, many individuals are now establishing casual labour coalitions to improve their chances of getting jobs from daily hirers. Casual labour coalitions from the community are made up of a combination of artisans who group together to improve their chances of doing a good job, where a job requires different sets of skills and tools. For instance, if there is need for casual labour by a contractor who needs to build a house, labour coalitions are useful because the contractor will receive a builder, plumber and electrician at one go, for instance, rather than having to search for each of these skills in different places. Even if only one of the skills is required, the others may still assist to make sure the job is done well enough to start getting referrals from those hiring them. Thus, households create and pursue their own livelihood activities.

Informal Social Protection at Community Level

In this section two types of indigenous social assistance strategies are discussed, followed by community-level risk-sharing schemes.

Indigenous social assistance mechanisms

Rural communities in Zimbabwe used to have a traditional way of redistributing wealth from those households with a bumper harvest to those who had no labour to plant crops or were sick and vulnerable. This was managed through the village chief and therefore became popularly known as *isiphala seNkosi/zunde raMambo* (chief's granary). In recent times, as shown by Chiroro et al. (2020), the concept of the chief's granary has faded and is rarely found in communities in Zimbabwe. However, the concept remains a subject of discussion for the government, which intends to resuscitate the practice.

Dafuleya et al. (2021) show that at least 73 per cent of households in Zimbabwe are in mutual assistance networks, defined as associational links with other households for the purposes of receiving and providing help. The networks, which are on average made up of three households, typically among relatives, neighbours and friends, provide short-term but critical relief to households facing transient food deprivation (Dafuleya et al. 2021).

Social insurance: risk insurance schemes

Communities have various risk-sharing schemes that they use to manage social risks that are faced at household level. In Zimbabwe, one popular scheme is the burial society, made up of friends, relatives, workmates, or community residents who group together to insure themselves and their families against the cost of death. Burial societies have a long history

in Zimbabwe, with Hall (1987) positing that they date as far back as 1890. They have been evolving since and are highly organised even if unregistered. Almost all of them have a formal leadership structure of a chairperson, secretary and treasurer, and most of their activities are governed by a constitution.

At least 25 per cent of the households surveyed by Chiroro et al. (2020) belonged to a burial society and over 60 per cent belonged to various forms of savings clubs. Dafuleya and Tregenna (2020) assessed the effectiveness of burial societies in ensuring food consumption and assets against funeral expenses in Zimbabwe. They found that households combine informal and formal insurance mechanisms effectively to insure household assets against being sold to finance food consumption after a burial. Uninsured households, or those with inadequate insurance, which own multiple items of the same assets prefer to sell one of these to provide post-burial food, before the next injection of income.

Informal funeral insurance, when not combined with formal insurance, partially insures food consumption unless households also draw from their savings or borrow (Dafuleya and Tregenna 2020). Savings and interest-free credit mainly come from accumulating savings and credit associations (ASCAs) that are formed within communities. Members of these associations accumulate their savings into lump sums that serve as insurance against life shocks. If savings are not enough, the household can then borrow from ASCAs to fund funeral costs and then make a series of repayment instalments.

Participation in burial societies and ASCAs comes at a cost. A household needs to make contributions to be a member. The premiums needed could act as a barrier for the poorest of the poor. However, communities have a way to cater for these barriers, especially when faced with bereavement. In Bulawayo, there is a community risk-sharing scheme locally named *Umazibuthe*. In this scheme, households contribute in cash and in kind only when another household is faced with bereavement. The monetary contributions are very small and are typically USD 1 or less, and the in-kind contributions are usually in the form of maize meal in a bowl (Dafuleya and Zibagwe 2012). Given that the scheme may have as many as 200 households, the small contributions do turn into a significant figure that may help to cover the costs of the funeral parlour, for instance. This scheme is not as financially demanding as burial societies, and to participate a household must reside within the stipulated boundary of the community to which *Umazibuthe* applies and should attend the evening funeral services of each bereaved household before burial.

Formal Social Protection Offered through Markets

The next section considers participation in formal insurance schemes and labour market strategies.

Social insurance

The private formal labour markets in Zimbabwe employ people who are considered as formal workers. Compared to informal workers, these are few, estimated to be less than 20 per cent of the labour force (Kede 2020). In 1989, the government established the National Social Security Authority (NSSA), constituted through an act of parliament, to administer the social security schemes in Zimbabwe. There are two schemes that are mandatory for formally employed workers: the Pension and Other Benefits Scheme and the Accident Prevention and Workers' Compensation Insurance Fund.

Both the employer and the employee are required to contribute 3.5 per cent each toward the Pension and Other Benefits Scheme, which pays old age pensions, disability pensions, survivor's benefits and funeral assistance. The Accident Prevention and Workers' Compensation Insurance Fund, which insures workers against work-related injuries, is funded fully by the employer. The premiums paid are based on the assessment of the industry risk. In addition to these mandatory schemes that are supervised by the NSSA, some private companies offer their workers occupational pension schemes, where the employer matches the employee's contribution. These schemes are organised according to the industry that they fall under, with one famous example being the Mining Industry Pension Fund. Some companies also offer maternity and medical aid schemes. The former offers a full salary while a worker is on maternity leave on condition that a qualification period of one year employment has been met. The latter provides employees with access to healthcare when they fall ill, and both employers and employees contribute to this scheme.

As these two schemes cover very few people in Zimbabwe, those not covered have to find their own means of conventional social security support. The conventional private insurance companies that typically cover informal economy workers who can afford to pay normally prefer funeral insurance, which is provided by the funeral parlours and some retail traders (Dafuleya and Tregenna 2020). The benefits provided by such insurance schemes differ, with funeral parlours mainly storing the body of the deceased and supplying a coffin, a hearse and a bus to transport the mourners, while retail traders provide cash benefits upon confirmation of the death of the beneficiary.

Labour market strategies: training and apprenticeship schemes

Some private companies play an important role in the training of students and/or future workers through attachments (or work-integrated learning) and apprenticeships, even without guarantee of employment thereafter. The curriculum of some universities requires students to be attached to a company and engage in work-integrated learning. The few remaining formal companies have been providing work-integrated learning opportunities to significant numbers⁵ of students and have been offering much-needed training that is important for their future employment. Some of the companies have been offering students apprenticeships whereby they are recruited for about three years and trained to be artisans. Given that most companies have been operating below capacity, they are unable to absorb these artisans but nonetheless offer them an advantage in terms of their chances of finding employment. There is currently limited scope for linking informal apprenticeships in backyard industries and formal schemes.

Provision of Formal Social Protection by the State

Formal social protection provided by the state consists of the following strategies: social assistance, formal social insurance schemes, access to social services and labour market interventions.

Social assistance

The flagship of Zimbabwe's social assistance programme is the Harmonised Social Cash Transfers (HSCT) that was established in 2011. The programme aims to: strengthen the purchasing power of ultra-poor households who are labour constrained; enable beneficiary households to increase their consumption to a level above the food poverty line; reduce the number

of ultra-poor households; and help beneficiaries to avoid risky coping strategies such as child labour and early marriage. The programme was financed mainly by international donors and at its peak reached 52 042 households, who received a minimum of USD 20 and a maximum of USD 50 once every two months (UNDP 2019).

Before the financial support of the international donors that gave rise to the HSCT, Zimbabwe had a Public Assistance Maintenance Allowances (PAMA) programme, which dates back to the colonial times. The Social Welfare Assistance Act of 1998, which provides the legal framework of the PAMA, was established much later. PAMA, which is funded by the Government of Zimbabwe, provides a maintenance allowance to the elderly, people with disabilities, children in difficult circumstances and families in distress. In 2015, the programme reached a total of 6688 households with an allowance of USD 20 per month (UNDP 2019).

A less-discussed social assistance programme in Zimbabwe, which has been operating consistently since independence, is the War Victims Compensation Programme. It targets households who were involved in the liberation struggle and extends to dependents of persons who died because of the liberation war. The programme is politically charged such that the government makes sure that it is well financed.

Formal social insurance schemes

Before the introduction of the NSSA, social insurance was limited to a small number of workers employed in the private sector whose companies provided them with occupational pension schemes that covered loss of income due to retirement (Chikova 2013). After its introduction, both private and public sector formal workers who were residents or citizens of Zimbabwe were mandated to participate in the Pension and Other Benefits Scheme. Both the employer and employee were required to contribute 3.5 per cent each.

In addition, workers in the public sector have a maternity scheme that allows up to 90 days of paid maternity leave. The state finances the benefit of a full salary as long as the employee has met the qualification period of one year employment. Workers in the public sector also have medical aid schemes which provides access to health services for workers who may fall ill. The schemes cover very few people.

Access to social services

Zimbabwe has had several programmes that assist households to access social services. To reduce the number of children that drop out of school and to include those who have never attended school due to economic hardship, the government introduced the Basic Education Assistance Module. The programme is funded by the government with technical support from international donors.

To improve the healthcare of indigent persons, the government created the Assisted Medical Treatment Order, which is a non-contributory programme financed through the Ministry of Health and Child Welfare (Chikova and Yon 2019). The programme is means tested and pays the health service bills of participants who qualify. The constraining macroeconomic environment in Zimbabwe has made this programme almost irrelevant as public hospitals are not at their best and the government does not have the finances to cover much of the population that qualifies.

Services that support children and older persons have not been as effective in recent times because of the unsupportive macroeconomic and political environment. Child protection services used to be financed by both the government and international donors and worked to

provide children's courts, welfare, protection, and care of children and juveniles (Chikova 2013). The support programmes for older persons cater for the well-being of people above the age of 65 years who live in old people's homes.

Labour market interventions

Formal labour market interventions comprise spending for public employment services, subsidised employment, training and financial assistance to people with disabilities (Armingeon 2007). The government formulated a National Youth Policy in 2000 to meet the needs of young people. The policy aimed to encourage the access of youth to land while providing training and access to capital for its utilisation. The policy also aimed to create employment for the youth to reduce their vulnerabilities and poverty. However, there is no evidence that these initiatives have had a positive impact and unemployment has continued to worsen since 2000.

Summary of Social Protection Strategies

The mapping of social protection strategies showed that household-level transfers such as migrant remittances and participation in informal community risk-sharing schemes were the most extensive coping strategies employed by households in urban areas. These strategies proved to be relatively effective in reducing food insecurity in poor households. Informal childcare arrangements were common as well as efforts by residents to address education needs through informal backyard remedial education programmes. Further, formal provision was limited to social insurance for public and private sector workers and covered a small sector of the population with formal public social assistance reaching less than a fifth of the poor households. The mapping of social protection strategies employed at household and community level showed some overlap between formal and informal systems that intersected to some degree with markets and financial services, such as having dual types of savings accounts and funeral benefits. Innovative informal workers engaged in coalitions to improve their chances of doing a good job where this requires different sets of skills and tools. Informal apprenticeships were prevalent. Limited active market interventions by government existed or were accessed by the households that participated in surveys conducted in 2014 and 2020. However, there was some evidence of private sector investments in skills building and in growing apprenticeship programmes. The next section turns to exploring how these systems are linked.

LINKING FORMAL AND INFORMAL SOCIAL PROTECTION

A summary of the institutional landscape of social protection and the range of strategies employed at household, community, market and state levels, as well as their key potential linkages, is set out in Figure 18.2. Formal social protection in Zimbabwe runs parallel to informal social protection. Whereas the reach of formal social protection is clearly low, the reach of informal social protection is difficult to assess because most of the schemes are unregistered and their numbers and that of their members are unknown. It is also difficult to measure the material exchanges that take place between networked households as these are typically private.

Social protection		Social assistance	Social insurance	Access to social services	Labour market interventions
Informal	Household	Remittances Gifts Interest-free credit	Interest-free credit Savings	Child minding services Remedial education Social relief	Informal employment Backyard industries and/or enterprises Informal apprenticeships
	Community	Cash transfers Food transfers	Burial societies <i>Umazibuthe</i>	Residential facilities for orphaned children and older person External social relief	
Formal	Market		Savings Life insurance Funeral insurance		Apprenticeships Attachments of students in private companies
	State	Cash transfers Food transfers	Pension schemes Maternity leave Medical aid Work injury	Free health Subsidies on agricultural inputs Scholarships	Training Youth measures

Source: Author.

Figure 18.2 Linking formal and informal social protection

The potential linkages between formal and informal systems are explored below with reference to household level exchanges and mutual assistance followed by linking formal and informal insurance, access for formal and informal services and, lastly, formal and informal labour markets.

Linking Household and Mutual Assistance Networks with Savings and Credit

As indicated previously, a distinguishing feature of the social protection system of Zimbabwe over the past two decades has been its reliance on diaspora remittances. That remittances are effective in providing income support to receiving households at origin is well documented (see, for instance, Naiditch and Vranceanu 2011). Yet whether households use remittances for emergency savings is poorly understood, not only because there is a lack of evidence but also because remittances sent every month are used mainly for consumption (Dafuleya and Tregenna 2020). Increasing savings from remittances has the possibility to mitigate the negative impacts of unforeseen circumstances, such as the COVID-19 pandemic, which reduced the ability of migrants to send home money or food. Remittances in Zimbabwe are received through formal institutions that are well positioned to offer savings accounts that are linked to the remittances received. Financial inclusion of these households could be promoted by increasing their access to appropriate and low-cost financial services and savings and enhancing their financial capabilities.

Another feature of household-level social protection relates to how social networks are harnessed to mitigate risk. Since these networks are extensive, with 7 out of 10 households in townships around Bulawayo having mutual assistance networks (Dafuleya et al. 2021), there

is further scope for linking mutual assistance or group savings with formal financial services. The practice of group lending by formal institutions can be copied and used in the context of mutual assistance networks, where peer pressure among the networks is used to ensure repayments. This practice would be easier to effect because households are already in groups and those could then be used as they are to create a link between themselves and formal lenders. Local and international NGOs as well as governments could use this approach to assist households with easy credit.

Formal and Informal Social Insurance Linkages

South Africa offers an example of financial institutions that offer dedicated savings accounts for community schemes such as burial societies and ASCAs, popularly known there as *stokvels*. Most banks advertise formal financial products for informal groups. ASCAs in Zimbabwe are starting to innovate in terms of securing the value of their money against inflation or committing their money to their cause so that it does not get diluted (Dafuleya and Zibagwe 2012). Some invest in assets that are liquidated once the need for cash arises, others keep their money at home in the form of foreign currency and yet others engage in lay-by purchases of groceries with retailers, which are collected at the end of the year. The last option links informal and formal arrangements between households and conventional markets.

One way to link formal social protection with burial societies and ASCAs is for the government to make top-ups on the contributions of burial societies, which are then saved in conventional financial institutions. Examples for this have been recorded in Tanzania and Rwanda. In Tanzania, Mtei and Mulligan (2007) provide evidence of a link between an informal community risk-sharing initiative with the state's social protection through a community health fund co-financed by households and the government. The government topped up household contributions by 100 per cent; this acted as incentive for households to sustain their contributions. The example from Rwanda shows how the CBHI scheme, a coalition of localised mutual schemes owned by communities, can be subsidised by government, which administers the scheme (UNDP 2021).

A range of social insurance schemes to cover informal workers is now available in several African countries (UNDP 2021). These offer examples of how a country such as Zimbabwe could link formal insurance to workers employed in backyard industries. Zambia is one country that extends social insurance to informal workers. The government enacted Statutory Instrument no. 72 of 2019, which acts as legal framework for extending social protection to informal economy workers. Under the regulation, these workers are guaranteed a minimum state pension, although the amount of contributions made will determine the final benefit at retirement. The other two benefits covered by the scheme are survivor and invalidity benefits. To be a member of the scheme and to receive benefits, the informal worker must apply to be member of the Zambian National Pension Authority. Domestic workers are expected to be registered by their employers, and they each contribute 5 per cent to the scheme. Self-employed workers are expected to self-register and contribute 5.4 per cent of their reported income (UNDP 2021).

Kenya is another example of a country that has made significant strides toward the provision of formal insurance to informal economy workers through the *Mbao* Pension Plan, which had 100 000 beneficiaries as of 2018 (UNDP 2021). The plan, whose details are comprehensively provided by UNDP (2021), started from informal savings groups. Members are required to

make daily, weekly, monthly or annual premiums via their mobile phones. The minimum payment is USD 0.20. The flexibility of payment of premiums is very attractive to workers in backyard industries or enterprises and other types of informal workers operating in insecurity regimes where consistent income is not guaranteed.

Linking Formal and Informal Access to Social Services

The possibilities of linking formal and informal access to social services are slim compared with the rest of the social protection instruments considered in Figure 18.2. However, options exist, for instance by encouraging partnerships between formal and informal carers or links between unregistered tutors with formal education institutions to make it easy for the learners to find examination centres that cannot be provided by unregistered tutors. Providing incentives for unregistered tutors to register may also be beneficial to regulate the services provided and to know how many learners are accessing the service. This could be done by offering convenient places where the tutors can teach or providing tutors with allowances as long as they are teaching a certain number of learners. This could allow learners who cannot afford backyard education tutors to be admitted to these classes with the government picking up the tab through these allowances.

Linking Formal and Informal Labour Market Interventions

It is rare to think of labour market interventions as emanating informally from households and communities. However, in insecurity regimes, because the state only provides limited employment services if at all, individuals are forced to rely on their own resources. Some gain the experience of being mechanics, welders and builders from the backyard industries. As these skills are acquired in the informal economy, they may never be recognised in the formal economy. However, they continue to make the informal economy thrive because they provide their services at a much lower cost than conventional artisans who are formally employed. The state can find a way of assessing the trade of informal artisans and provide them with a relevant certificate. In turn, these informal artisans, thus assisted by the state, may then be required to subscribe to a social insurance earmarked for the informal economy. By upgrading informal apprenticeships and investing in vocational training to grow the productive capacity of informal and small enterprises, more employment may be generated.

Given the scarcity of jobs in insecurity regimes, networks become very important. In Zimbabwe, research shows households that are not networked with the elite rarely find employment (Dafuleya 2017). Although there is some evidence of clientelist relations determining access to jobs, informal networks remain crucial in facilitating the transfer of information on job opportunities and who one knows seems to pay off in terms of finding employment. Informal household networks are, therefore, heavily linked to formal employment opportunities; but if abused, they can easily give rise to nepotism, particularly in insecurity regimes (Wood and Gough 2006).

CONCLUSION

In insecurity regimes such as Zimbabwe, many people rely on familial and community systems of social support, such as informal social assistance (migrant remittances and mutual assistance), informal social insurance (burial societies and ASCAs), informal access to social services (childcare and remedial education) and informal labour markets (backyard industries and/or enterprises and job information exchange). Domestic and international NGOs and bilateral and multilateral donors play an important role in providing development assistance, mainly through the financing of formal social assistance, as governments fail to provide human security-enhancing measures. The private labour market and state provide social insurance, although coverage is very limited. Private companies also assist with attachments and apprenticeships that prepare youth for the labour market, though unemployment remains high.

Formal and informal social protection systems run parallel to each other, with households and communities mainly providing the latter while markets and states provide the former. The broad conclusion is that there is potential to link the two social protection systems especially through:

- the financial inclusion of burial societies;
- the use of established informal networks for conventional microcredit;
- the partnering of ASCAs with retailers who sell the items that households are saving up for;
- government top-ups on contributions made by members of community schemes;
- the provision of formal social insurance to informal workers;
- incentives for unregistered tutors to register and link up with formal schools and/or colleges;
- the partnering of formal social workers with informal carers;
- trade tests offered to informal artisans who gained experience at backyard industries.

Finally, these options for linking formal and informal systems of social protection provide opportunities for harmonising these two systems in Zimbabwe, and beyond. It also provides pointers of how to use social protection strategies to reduce poverty and hunger, both of which are central to achieving the United Nations 2030 Agenda for Sustainable Development. However, more research is needed to assess the nature and scope of social protection and, in particular, informal systems in both urban and rural environments and to assess their outcomes and limitations. The bottom-up approach adopted in this analysis could provide valuable insight into how to strengthen social protection and social development in an insecurity regime that is marked by a precarious socio-economic and political environment with weak public institutions, low levels of legitimacy and market failures. It also fills an important knowledge gap on how social protection and social development are unfolding in the context of a low-income country (see Chapter 1).

NOTES

- 1 For the purposes of this chapter, the term ‘informal’ is used as opposed to ‘non-formal’, which is preferred by some scholars.

- 2 For convenience, this chapter uses the terms ‘family’ and ‘household’ interchangeably. There are, however, important differences between them.
- 3 As at 2019, unemployment in Zimbabwe was at 16.4 percent, according to the Zimbabwean National Statistics Agency (accessed on its webpage on 3 January 2022). Many of those who are employed, particularly those in the informal economy and/or as own-account workers, are underemployed and do not generate enough income to meet their daily needs.
- 4 Figure sourced from the World Population Prospects 2022, United Nations Department of Economic and Social Affairs: Population Division, accessed on 30 July 2021 at <https://esa.un.org/unpd/wpp/dataquery/>.
- 5 Whereas actual numbers for students on attachment cannot be easily accessed, some universities in Zimbabwe require that students be attached before they complete their curriculum. Most of these students are attached in private enterprises.

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19. The role of social work in the delivery of conditional cash transfer programmes: lessons from Chile¹

Taly Reininger and Cristian Leyton

The birth of conditional cash transfer programmes has largely been ascribed to the programmes developed in Latin America during the 1990s, such as Mexico's PROGRESA and Brazil's Bolsa Família (Fiszbein et al. 2009). However, several scholars have acknowledged that the very first conditional cash transfer programme actually emerged in Chile in 1981 (Lavinás 2018). This programme, the Subsidio Unico Familiar (unique family subsidy), was created by the government during Pinochet's dictatorship, the period within which neoliberal reforms were widely introduced that led to the privatisation of national state services such as pensions, health and education while the administration of diminished and poorly funded public services was delegated to local municipalities (Fariás Antognini 2019). Implemented in response to growing poverty and informal employment throughout the country, it comprised a monthly cash transfer targeted at mothers with children under the age of 18; to receive the monthly transfer, mothers were required to provide proof of compliance with health checks for children aged under 6 years and/or school enrolment for children aged 6 and older. However, despite the transfer's conditions, few municipalities had the technical capability to ensure that these conditions were being met, and families continued receiving the transfers (Larrañaga 2015).

Over the past 40 years, the implementation and advances of conditional cash transfer programmes have been astounding (Osorio Gonnet 2018; Peck and Theodore 2015). These particular programmes can now be found all over the world and are no longer limited to implementation in developing countries (see, for example, New York's failed Opportunities programme and Belgium's *Schooltoeslag* [school allowance]) (Medgyesi 2016). The political flexibility of conditional cash transfer programmes has made them attractive to both left-leaning governments, due to their focus on investing in human capital and human rights discourses, and right-leaning governments, due to the conditions of the transfers that reinforce the discourse of personal responsibility that has become prevalent internationally (Wright 2012).

The widespread adoption of conditional cash transfer programmes has led to certain context-specific adaptations in their implementation. Of particular interest are developments in which traditional conditional cash transfer programmes integrate or 'add on' other services to address the context-specific needs of families living in situations of poverty. In the academic literature, these types of programmes have been identified as 'cash plus' interventions (as discussed in chapters 15, 21 and 22). Roelen et al. (2017) developed a conceptual framework for categorising such cash plus programmes, differentiating between integral and external add-ons. According to this framework, integral components of cash transfer programmes include the addition of benefits (in-kind or other); the provision of information, sensitisation and/or behavioural change initiatives; and psychosocial support or case management services.

In comparison, external components of cash transfer programmes include referrals and preferential access to services within the community.

This chapter seeks to explore the cash plus components of Chile's conditional cash transfer programme, specifically the psychosocial component that has remained a consistent element throughout the programme's various adaptations and redesigns. The psychosocial component is particularly interesting to study since it incorporates both the integral and the external cash plus elements identified in Roelen et al.'s (2017) framework. Of further interest is the leading role that social work and social workers have played in both the design and implementation of components and, more generally, their mediating role in the provision of social protection. Chile's cash transfer programmes offer innovative insights into how social assistance and social services can be linked through social workers, and what lessons can be learnt for the fulfilment of social rights and achieving multidimensional social development outcomes. The chapter begins with a section describing the emergence of Chile's conditional cash transfer programme and its subsequent transformations. The second section examines the role social workers occupy in the design and delivery of the programme; the third explores the structural challenges social workers face in its implementation. The analysis concludes with a critical discussion on the role of social workers as mediators in upholding human rights and dignity in the delivery of social protection programmes, especially in Chile's current process of social and political transformation.

THE EMERGENCE OF CHILE'S SOCIAL PROTECTION SYSTEM

In 1990, once democracy returned to Chile after 27 years of dictatorship, close to 40 per cent of the population was living in poverty (Denis et al. 2010). Due to this abysmal figure and the historical social debt the country carried toward its citizens following the human rights abuses that had been perpetrated during the dictatorship, subsequent democratically elected governments placed poverty reduction at the forefront of their administrations. They created new government offices and services and developed and implemented new programmes in the areas of health, education and housing, among others (Raczynski 2008; Larrañaga 2010). Between 1990 and 2006, the country's poverty rate showed a consistent decrease; nevertheless, concern began to emerge in government, non-profit and academic circles with regard to what appeared to be a stagnation of extreme poverty levels (Larrañaga 2015). Recognition grew as to the complexity of tackling extreme poverty and the ineffectiveness of traditional social policies in addressing the needs of families living under those conditions (Leyton 2017). In response, the government, in collaboration with international aid organisations, the non-profit sector and academia, rolled out what was to be the country's first social protection system: Chile Solidario.

The Chile Solidario system was underpinned by three key presumptions. The first presumption was that families living in situations of extreme poverty were excluded from economic growth and existing social programmes and services due to lack of access and information (Reininger et al. 2018; Ruz and Palma 2005). Second, it was presumed that public programmes and services existed yet functioned in an uncoordinated manner, thus failing to reach those most in need. Lastly, it was assumed that families needed access to information in addition to the development of capabilities to overcome their social and economic exclusion successfully (Larrañaga 2015).

Thus, to address the exclusion from public welfare services and the market and the lack of coordination between multiple programmes, the Chile Solidario system included three key components: a psychosocial family support programme (the Puente [bridge] programme), preferential access to social welfare programmes and guaranteed access to state subsidies. While internationally the Chile Solidario system was catalogued as a conditional cash transfer programme, since families were required to complete certain conditions in order to receive the subsidies (Peck and Theodore 2015), the true essence and backbone of the system was the Puente programme. In the manner in which it was designed, Puente and the family support professionals who implemented it became the gateway to accessing social welfare programmes and state subsidies. These professionals conducted home visits to develop multidimensional intervention plans with families and monitor their completion (Larrañaga 2015). Unlike other conditional cash transfer programmes that had been developed in the region, which focused solely on families meeting health and education conditions, the Chile Solidario tasked family support professionals with identifying family deficiencies or difficulties in seven dimensions: identification, health, education, income, housing, family dynamics and employment. In total, families were required to complete 53 minimum conditions to successfully graduate from the programme (Reininger et al. 2018).

During its implementation, Chile Solidario faced several critiques. These ranged from critiques of the system's underlying assumptions, its methodology and the lack of structural supports for its proper implementation. Nevertheless, what sealed its fate and ultimate demise was the results of evaluations using longitudinal panel survey data, which demonstrated a lack of programme success in getting families out of extreme poverty (Carneiro and Galasso 2007; Galasso 2006; Hoces et al. 2011; Martorano and Sanfilippo 2012; Peticara 2007; Trucco and Nun 2008). However, despite the negative evaluations regarding the reduction of extreme poverty, qualitative evaluations of the programme revealed that families highly valued the psychosocial component of the Puente programme (Larrañaga et al. 2014a). The programme's methodology, which included periodic home visits with families, permitted the development of close bonds between professionals and families in which families reported feeling 'seen' and 'heard' by the state for the first time in their lives (Trucco and Nun 2008). These professionals thus became the gateway to state services by providing families with information and referrals to needed programmes while, at the same time, supporting families emotionally during crises and encouraging change through personal motivation (Rojas Lasch 2019). The positive evaluations of this component were the reason the psychosocial component was maintained when Chile Solidario was replaced in 2013 by Subsistema de Protección Social: Seguridades y Oportunidades (Social protection subsystem: Securities and opportunities) and Ingreso Ético Familiar (IEF) (Ethical family wage) (Reininger et al. 2018).

Unlike its predecessor, the IEF programme was spearheaded by the first right-wing government to return to power since Pinochet's dictatorship. In keeping with its conservative economic and socially traditional ideas, the programme adopted a sharp paradigm shift, veering away from a multidimensional understanding of poverty to one that conceptualised poverty as an economic problem that required economically focused solutions (Reininger and Castro-Serrano 2021). Thus, the new programme incorporated a greater number of cash transfers, including non-conditional 'dignity' cash transfers; conditional 'duty' cash transfers related to child health and school conditions; and 'achievement' cash transfers that included cash transfers for academic excellence, graduation and formal employment of women (Reininger et al. 2018). Family support professionals were now called family advisors, tran-

sitioning from what was considered a welfare dependency model to one focused on family empowerment through economic self-sufficiency (Kast 2013). Further changes from the Chile Solidario model included the addition of a socio-employment component coordinated by a socio-economic advisor, a second professional who was to work with families to achieve economic self-sufficiency through formal employment and/or entrepreneurship.

Like its predecessor, the IEF programme faced criticism – ideological, methodological and structural – and failed to demonstrate effectiveness in reducing extreme poverty (Navarro et al. 2016; Facultad del Gobierno, Universidad del Desarrollo 2014). For this reason, in 2016 the IEF programme was restructured when a left-leaning government emphasising equality, human rights and dignity returned to power. This restructuring included merging family and socio-economic advisors into a sole integral family support professional and adding a socio-community component that sought to work with families in group and community settings to strengthen social bonds and participation (Ministerio de Desarrollo Social 2017) – a dimension that had been identified as one of Chile Solidario’s weaknesses since its initial implementation (Raczynski 2008).

It is noteworthy that, despite programme restructuring and redesign over the years, the psychosocial component of Chile’s conditional cash plus transfer programme has remained a constant. This evidences not only the importance of this component to the programme’s ‘successful’ implementation but also its social and political validation on a micro (with families participating in the programme) and macro level (with policymakers). Utilising Roelen et al.’s (2017) conceptual framework on cash plus programmes, Chile’s particular psychosocial component incorporates both internal elements – the provision of information, sensitisation, behavioural change initiatives, psychosocial support and case management services – and external elements, such as referrals and preferential access to services within the community. This integration of internal and external cash plus components is achieved primarily through the actions undertaken by the professionals who implement the programme’s psychosocial component. As identified by multiple studies, one of the keys for the success or failure of this component, and the programme as a whole, is the relationship professionals are able to develop with participating families (Daher et al. 2018; Fernández 2015; Rojas Lasch 2019). While family support professionals hail from a wide range of professions, historically this position has been primarily filled by social workers (Reininger et al. 2018; Saracosti 2008).

POSSIBILITIES AND TENSIONS IN CHILE’S CASH PLUS PSYCHOSOCIAL PROGRAMME

Social workers have not only played a fundamental role in the implementation of the psychosocial component of Chile’s cash plus programmes but were also central in the initial design of the Puente programme. Social workers employed at the Ministry of Planning during the early 2000s and in local municipalities and non-governmental organisations (NGOs) were key to introducing a human rights framework to the programme that sought to guarantee families’ social, economic and cultural rights. This was to be realised through the provision of information and preferential access to state programmes and services (Reininger et al. 2018). Furthermore, the programme’s conceptual framework incorporated social capital, social networking, crisis intervention and home visits in the design of the original psychosocial component that borrowed from the experiences of different programmes developed and implemented

by local municipalities and NGOs (Saracostti 2008; Ruz and Palma 2005). Underpinning the psychosocial component was the belief that social workers would be able to connect with families on a more intimate level through home visits, thus providing programme participants with necessary information, referrals and emotional support while, at the same time, encouraging family empowerment and self-sufficiency (Reininger et al. 2018). The relations between social workers and families thus became crucial to programme success with social workers representing and embodying, through their interventions, a more humanitarian and caring state (Rojas Lasch 2019).

While the psychosocial component has been recognised as an essential component of Chile's cash plus programme (Larrañaga et al. 2014a; Trucco and Nun 2008), few empirical studies have examined the interactions and relations developed between social workers and families in greater depth and the manner in which these contribute to programme success. Of these few studies, Daher et al. (2018) identified two key variables that mediated families' relationships and interactions with social workers: (1) family vulnerability levels; and (2) professionals' level of technical knowledge in addition to personal characteristics of empathy, compassion and motivation.

In relation to family vulnerability levels, interviewees who faced greater levels of vulnerability (such as severe family health problems, family violence, alcohol and drug abuse) described highly valuing the emotional support, recognition, empathy and trust they developed with social workers. They described the relationships with their support professionals as catalysts for change, specifically with regard to developing personal validation and competence. In comparison, families who faced less vulnerability placed greater importance on the information and referrals to community services that the social workers provided and less on the psychosocial support sessions. Based on these findings, Daher et al. (2018) highlight the need for family support professionals to develop interventions that are contextually situated and sensitive to the particularities of each family. However, since its launch and subsequent transformations, the psychosocial component of Chile's conditional cash transfer programmes has been designed by technical experts on the national level with methodological guides that social workers are to implement on the local level. In its current version, these methodological guides include detailed descriptions of all home visits and group sessions, including objectives, recommendations, stages or moments of each session, products and materials to be used. During these pre-planned home visit sessions, family support professionals are required to work with families in identifying goals in five distinct dimensions – health, education, employment and security, housing and neighbourhood, and income – regardless of family needs and/or capacities (Ministerio de Desarrollo Social 2017). The rigidity of these methodological guides severely limits the possibilities for adapting interventions according to a family's specific context and needs as recommended by Daher et al. (2018). Furthermore, this lack of flexibility can place strain on family support professionals and their relationships with families, especially when working with highly complex families who are unable to meet certain conditions or families who require little support but are still required to participate in home visit sessions (Castro-Serrano et al. 2016; Centro de Sistemas Públicos 2018).

The second variable that Daher et al. (2018) identified as mediating participants' perceptions of the psychosocial component of the programme was the level of technical knowledge in addition to the social workers' personal characteristics. Interviewees reported that relationships with social workers were negatively affected by professionals who lacked knowledge with regard to community services and programmes or who insisted on completing home visit

sessions that were not in accordance with the family's needs or interests. Other interviewees reported negative interactions with family support professionals, especially when the social worker lacked empathy or was unable to comprehend the family's everyday situations and contexts. Strained relationships between families and social workers were also influenced by what interviewees identified as signs of professional burn-out, which translated into social workers demonstrating apathy, lack of motivation, weariness and high turnover rates. When asked to identify qualities of 'good' family support professionals, participants stated these professionals embodied not only technical expertise and knowledge but also personal qualities such as warmth, empathy, compassion, and the capacity to empower and mobilise.

The importance families place on the personal qualities of family support staff and their impact on the relationships developed was also visible in a second study that applied a critical ethnography approach to studying the Puente programme (Rojas Lasch 2019). Findings indicated that families highly valued the intimate relationships forged with social workers, describing these often as friendships rather than professional relations. Social workers also placed great value on these relationships and interactions, reporting feeling validation and recognition for their work, indicating an important reciprocity that develops between families and family support staff in their interactions. Rojas Lasch (2019, p. 255) defines these as 'relations of mutual aid' in which affection is present and leads to the construction of a mutually committed relationship between families and social workers. Based on her field work, Rojas Lasch argues that social workers then utilised these affective bonds to mobilise families to comply with programme objectives, revealing the intricacies of power and control present in these relationships. Furthermore, in their interactions with families, social workers consistently evaluated compliance and the effort and sacrifice families put into overcoming problems and attaining their goals. These evaluations were then translated into appraisals of family deservingness of aid and led to certain degrees of discretion in the intervention. Those families deemed deserving of aid – those with high levels of sacrifice and effort to improve their situations – benefitted from more reciprocal relationships with family support staff. While the programme was designed to avoid the use of discretion – political, professional and/or personal – in its implementation, social workers' evaluation of deservingness of aid has an important bearing on the relationships and interactions with families (Rojas Lasch 2019). Similar findings have been reported in the interactions between social workers and families in Brazil's conditional cash transfer programme (Eiró 2019) and has been widely studied in the literature on street-level bureaucracy (Durose 2011; Lipsky 2010; Maynard-Moody and Musheno 2003). These studies confirm the tensions and contradictions inherent in the implementation of social policies that involve the interaction between professionals who represent the state and citizens as recipients of state aid. While Daher et al.'s (2018) recommendations call for greater social worker autonomy and flexibility in tailoring interventions with families, Rojas Lasch's (2019) findings uncover the possible negative impacts of social workers evaluating deservingness and using their discretion, revealing the complexities, contradictions and tensions of implementing a cash plus programme that includes a psychosocial component. These types of add-on programmes have to find a delicate balance between professional autonomy and flexibility, on the one side, and some form of standardisation, on the other, to assure all families benefit equally from the intervention.

STRUCTURAL LIMITATIONS IN THE IMPLEMENTATION OF CHILE'S CASH PLUS PROGRAMME

In addition to the complexities of implementing Chile's cash plus programme on a micro-relational level, structural obstacles are also a challenge social workers face on a daily basis. These include the programme's top-down design and management, the targeting system utilised to identify families who meet the criteria for participation in the programme, and, lastly, the precarious employment conditions social workers face. These structural shortcomings have important repercussions not only on the success of the programme but also on the types of relationships families develop with social workers.

An important critique that has emerged of Chile's cash plus programme and its impact on the relationship between family support professionals and programme participants is the programme's hierarchical top-down design and management (Castro-Serrano et al. 2016; Centro de Sistemas Públicos 2018). This includes, as previously mentioned, the design of detailed methodological guides that fail to take into consideration Chile's vast heterogenous territory and specific regional needs. This is especially notorious in rural as well as extreme territories in which community services are absent or lacking (Cisternas 2021; Fernández 2015). In such cases, the burden to meet family needs falls on the shoulders of social workers, who at times activate personal resources and capital to aid the families they work with. Examples include using personal contacts to obtain construction materials, buying basic supplies such as milk and/or diapers for families, and buying products produced by families to increase their income (Núcleo de Estudios Interdisciplinarios en Trabajo Social 2021). While these practices may provide short-term solutions to some, structural deficiencies continue and severely limit the possibilities for families to access needed services. This not only produces frustration for families (Centro de Sistemas Públicos 2018) but also for social workers, frustrations that could eventually lead to professional burn-out or neoliberal fatigue (Lavee and Strier 2018).

A further structural limitation related to the programme's top-down design is Chile's socio-economic classification system that selects programme beneficiaries according to their vulnerability classification. Since the 1980s, Chile has utilised several different socio-economic classification instruments to select families for social programmes citing efficiency, effectiveness and fairness as reasons for their use (Larrañaga et al. 2014b). These instruments and their ideological, conceptual and methodological underpinnings have ranged from a purely economic perspective focused on aiding the poor such as the Comité de Asistencia Social (CAS, Social Assistance Committee instruments) to the Ficha Protección Social (social protection instrument), a human rights and risk perspective focused on reaching families living in situations of vulnerability, to its current version, the Registro Social de Hogares (social household registry), a highly integrated social registry that allows for cross-checking information across multiple databases to avoid fraudulent claims. This most recent targeting system has been thoroughly critiqued not only for the type of inclusion or exclusion errors it may provoke but also for its ineffectiveness in characterising families during turbulent times, such as Chile's October 2019 protests and the COVID-19 pandemic (Rojas Lasch 2021). Currently, the Ministry of Social Development and Family provides municipalities and local programme teams with lists of families who qualify for the programme in their areas. Professionals are then sent out on home visits to inform families of their status and invite them to participate in the programme. This top-down targeting ignores local knowledge and expertise, which is of vital importance in effectively reaching families. Programme professionals report that the

lists received from the Ministry often include families who do not fit the programme profile, such as single older adults; nevertheless family support professionals are still required to work with these profiles utilising the methodological guides developed at the central level, designed specifically for working with families with children (Núcleo de Estudios Interdisciplinarios en Trabajo Social 2021).

Lastly, precarious employment conditions are a final structural obstacle that has a significant impact on the implementation of the cash plus programme. The majority of social workers employed in Chile's cash plus conditional cash transfer programme are not employed under a long-term stable contract. Rather they are hired as external independent contractors with no health insurance, sick leave or employment stability (Reininger et al. 2018). In this sense they operate in a contractual and administrative limbo: municipalities sign a yearly contract with the Fund for Solidarity and Social Investment (FOSIS) in order to receive funding to implement the programme, but FOSIS remains the entity in charge of the programme's administration at the local level. In one study social workers reported that the precarious conditions under which they were employed produced stress with regard to the future and a constant fear of losing their job due to poor evaluations, conflict with superiors and budget cuts. This precariousness impacted not only their mental health but also the relationships with other team members and with the families they worked with (Núcleo de Estudios Interdisciplinarios en Trabajo Social 2021). The stress caused by lack of employment security may lead to professional burn-out and to high turnover rates, which directly impacts the interventions with families participating in the programme (Daher et al. 2018). Furthermore, social workers are assigned an extremely large caseload – close to 70 families per family support professional. This is an exceptionally large number of families to work with considering the programme methodology includes weekly home visits that decrease in frequency over the 24-month duration of the programme. Establishing trusting relationships with families requires time, yet social workers are pressured to comply with meeting quantitative, measurable goals that include the number of sessions completed and the number of family goals met. This quantitative evaluation of interventions has been criticised by social workers who feel that the most important aspect of their work – their bond with families – is disregarded and unappreciated despite its value to the successful implementation of the programme (Núcleo de Estudios Interdisciplinarios en Trabajo Social 2021). Finally, precarious employment conditions also include scarce material resources for implementing the programme, such as lack of transportation, computers and office space as well as being required to complete tasks for the municipality that are not part of the programme (Cisternas 2021; Matus et al. 2007). These precarious conditions no doubt impact the quality and effectiveness of Chile's cash plus programme.

CONCLUSIONS: LESSONS LEARNT

As this chapter has described, for close to 20 years the psychosocial component of Chile's conditional cash transfer programmes has remained a constant feature despite various ideological, conceptual and methodological transformations. This consistency illustrates both the social and political support this component has obtained over the years. Social workers and social work as a professional discipline played a fundamental role in the component's original formulation, specifically in the installation of a human rights framework and the conceptual and methodological underpinnings that included social capital and social network theories,

crisis intervention and home visits (Saracostti 2008; Ruz and Palma 2005). Utilising Roelen et al.'s (2017) framework on cash plus programmes, the psychosocial component of Chile's current conditional cash transfer programme encompasses both integral and external elements that include the provision of information, behavioural change initiatives, psychosocial support, case management, referrals and preferential access to community services. These essential add-on elements are all managed and delivered to families in interactions with family support professionals aiming to provide families with the information, skills and motivation needed to overcome their situations of poverty (Reininger et al. 2018). Through these interactions, social workers become the gateway to Chile's social protection system. An important lesson that can be drawn from Chile's programme is that the inclusion of a psychosocial component incorporates a multidimensional and comprehensive approach to understanding and intervening in poverty and social exclusion.

As a number of studies have identified, the relationships family support professionals develop with participating families are central to the success or failure of the programme (Daher et al. 2018; Fernández 2015; Rojas Lasch 2019). Through intimate home visits, the programme seeks to establish close reciprocal bonds between family support professionals and families participating in the programme. It is assumed that these relationships serve to mobilise families by providing the information and motivation they need to overcome their situations of poverty. However, on the one hand, studies have shown that the rigid programme methodology fails to take into consideration the heterogeneity of families participating in the programme, specifically differing vulnerability levels that require a diversity of interventions and methodologies (Daher et al. 2018). On the other hand, the power family support professionals hold over families, classifying families as deserving or not of state aid according to personal evaluations of effort and sacrifice, pose a threat to equality in treatment and programme implementation (Rojas Lasch 2019). Professional discretion and autonomy thus are both a potential strength, by meeting diverse family needs, and a potential risk, in reproducing patterns of inequality and social exclusion (Leyton 2020). These findings highlight the difficulties of implementing a cash plus component that manages to balance flexibility while assuring equality in treatment and programme implementation. One recommendation for addressing this needed balance would be granting local teams greater autonomy in designing interventions and allowing for local rather than national monitoring of programme implementation – a lesson both for Chile's programme and for other countries that wish to implement a similar psychosocial component.

Granting local implementation teams greater autonomy and flexibility also addresses two of the structural limitations identified previously: the programme's top-down design and the use of the social household registry to identify families eligible for the programme. Currently the programme is designed on a national level and standardised by technical experts. This top-down design fails to take into consideration local needs and expertise, which leads to both families' and professionals' frustration with the programme (Cisternas 2021; Fernández 2015). Recognising the territorial knowledge and expertise of local implementation teams is urgently needed to address this structural limitation. Ideally, this entails not only granting local implementation teams greater autonomy and flexibility but also the opportunity to involve the community in shaping the programme according to local needs. Furthermore, this local knowledge is key to avoiding possible targeting errors due to miscalculations of the social household registry that lead to either omitting families from the programme or including families who do

not meet the programme's profile. The importance of local knowledge and the role of social workers who constitute local teams is an important area for future research.

Lastly, the precarious employment conditions that family support professionals face is a final structural problem that must be addressed by Chile's cash plus programme. Currently, professionals lack long-term employment contracts that provide necessary stability, a situation that impacts not only professionals' mental health but also the quality of the relationships they develop with families participating in the programme (Daher et al. 2018). Considering that it is precisely these professionals that represent the human face of the state in their daily interactions with families, the precarious conditions under which they work are simply unacceptable. To provide families with the best service and care, the work family support professionals undertake must be recognised and valued accordingly. This is an enormous challenge, however, not only for Chile's cash plus programme but for care work in general – in Chile and in the rest of the world (Tronto 1993). Without doubt this has important institutional and budgetary implications that need to be taken into consideration in the design of social assistance and social protection programmes.

In conclusion, cash plus programmes have the potential to address poverty and social exclusion from a multidimensional and integral perspective. Nevertheless, the current dominant top-down implementation model poses an important barrier to including local knowledge and expertise in successfully implementing such programmes. Advances should be made toward bottom-up implementation models that grant greater flexibility and power to social workers, local teams and communities to better respond to the needs of those who participate in these programmes.

NOTE

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20. Public employment programmes and their interface with social protection

Kate Philip

In many contexts, unemployment and underemployment contribute significantly to poverty and inequality and increase the demand on social protection systems. A long-standing policy response has been to establish special employment programmes, also known as public works programmes or public employment programmes (PEPs). Sometimes such programmes are a proxy for other forms of social assistance. In other instances, they are presented as the preferred alternative to what is framed as ‘grant-dependency’, with receipt of a stipend being conditional on participation in work. This is also known as ‘workfare’.

Yet a focus on the ‘right to work’ comes out of a different tradition from the ‘workfare’ model, and too often when the debate is framed in the latter terms, the social protection impacts can in fact be limited and the development potential of PEPs undermined. This chapter examines the role of work as part of the social contract (this is also explored in Chapter 2) and draws on case study and analytical material to explore lessons from some key public employment experiences, starting with the depression in the United States of America (USA) in the 1930s, exploring the infrastructure public works experience in the developing world in the post-colonial period, before turning to more contemporary examples of innovation in the global South. The chapter explores the role of public employment in relation to social protection and wider social policy imperatives. ‘Public employment’ is defined as work that is publicly funded but outside the normal framework of public sector employment, the purpose of which is to create employment in a context in which effective labour demand is unable to absorb everyone willing and able to work. The work undertaken augments the provision of public goods and services. Drawing from Devereux and Sabates-Wheeler, social protection is understood as follows:

Social protection describes 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. (Devereux and Sabates-Wheeler 2004, p. iii)

Within this wider ambit of social protection, social assistance typically focuses on addressing poverty and vulnerability, with cash transfers and PEPs often identified as instruments for doing so (O’Brien et al. 2018, p. 6).

WORK, SOCIETY AND THE SOCIAL CONTRACT

Different perspectives on the nature of work shape our understanding of the relationship between work and social protection and raise questions, such as: Does participation in work matter to people? Or is this just a fiction, a noxious ideology that dupes many into spending

long hours making profits for someone else, often in bad and dangerous working conditions, as part of the working poor? The answers depend on what the alternatives are. For far too many people, work that is exploitative, tedious, menial and exhausting is the only form of work on offer – and the only means of material survival. If the choice people face is between working poverty and an income transfer of equivalent value, it is hard to imagine why anyone would prefer the former. Yet the role of work in society and its social meaning is part of a more complex set of issues than just this harsh trade-off.

The development of human societies has always relied on social cooperation, systems of reciprocity and divisions of labour, with those who can making some kind of contribution to the collective, with contributions taking different forms (Boyd and Richerson 2009, p. 3281). Such contributions start at the level of the household – whatever form a household may take. What do members of a household expect from each other, at different life stages, and what is expected from them in return? This is mirrored in wider society, with contestation over roles and the value of contributions made enmeshed in gendered roles, the organisation of social groups and the forms of ownership and control of land, water, accumulated wealth – and labour. Struggles over these issues continue today.

The outcomes of these processes and contestations frame the terms of social cooperation, shape social norms and are at the heart of the concept of ‘rights’, with rights in turn inextricably linked to the concept of ‘duties’ or the social expectations in which access to rights are embedded. They are also at the heart of social protection systems. At their core, these are all struggles over distribution, the control of resources – including labour – and the terms of reciprocity within societies. These processes underpin the terms of the social contract, whether this is an implicit or a more explicit outcome of social bargaining. Part of the role of the state is to put in place governance systems that give effect to the ‘negotiated settlement’ that the social contract represents.

One end of the spectrum of discourses on the social contract emphasises reciprocity, social solidarity, mutual support and the common good. Yet the ‘contractual’ dimension of the social contract can also inform a logic in which the balance between rights and duties is expressed through the use of conditionalities on rights of access to social support (Hickey 2011, p. 4). The social contract can have both ‘punitive and restitutive’ elements, functioning to include but also to exclude (Veitch 2011, p. 189). This is illustrated by the treatment of ‘non-contributors’ and how this is framed. Work – who participates, who does not and why – is an example of this in many present-day societies. ‘Those out of work are positioned in direct contrast to those in paid employment: the shirkers versus the strivers, the “welfare dependent” versus the hard-working families’ (Dent 2019). This discourse is starkly reflected here: ‘Where is the fairness, we ask, for the shift-worker, leaving home in the dark hours of the early morning, who looks up at the closed blinds of their next-door neighbour – sleeping off a life on benefits’ (Osborne, cited in Jowit 2013). The idea that unemployment is voluntary and a sign of laziness leads to the politics of ‘workfare’, which assumes that for able-bodied working-age people, any form of income support should be contingent on participating in work. It is certainly a framing that has, in some contexts, informed the choice to undertake ‘public works programmes’ instead of introducing more rights-based cash transfer systems.

Yet there is more to the meaning of work in society than simply as a mechanism to discipline the working class, with the workfare debate coming out of a particular tradition:

What distinguishes this [workfare] tradition is its grounding in the belief that jobless individuals are at fault for their own joblessness. Advocacy of the right to work is and always has been premised on the opposite assumption – that the reason jobless individuals lack work is because the economy has failed to make work available to them. Rather than supporting the use of labour as a disciplinary measure to put pressure on the poor to cure their own joblessness by reforming their attitudes and behaviour, right to work advocates have argued that job creation initiatives are needed to remedy the failure of the market to create enough jobs to eliminate involuntary employment. (Harvey 2005, p. 10)

The social and economic costs of unemployment ripple through households and communities and impact society as a whole. For those directly affected and where social protection systems are weak, the income effects can be severe. These are compounded, however, by significant non-income effects, with the two often mutually reinforcing (Sen 1997). Winkelmann and Winkelmann (1998) show that, after controlling for other variables, unemployment has a large detrimental effect on well-being, with the non-income effect of unemployment even larger than the effects stemming from the associated loss of income. A critical factor in this regard is the loss of self-esteem and the sense of being worthless to society. This is reflected in evidence that, given the choice, many with access to minimum income support would still choose to participate in a public employment programme if possible – and that given a binary choice between the two, many would prefer the latter.

Tcherneva and Wray (2005) report that without exception every female participant they interviewed in Plan Jefes in Argentina wanted to work rather than receive a welfare cheque of equal amount. During the second evaluation of Plan Jefes, the Ministry of Labour also found that many women were disappointed to return to inactivity when they were moved to the Plan Familias. A further survey found that women who were moved to Plan Familias but whose Plan Jefes community projects were not yet discontinued kept going back to work, even though they were now exempt from the work requirement and no longer qualified for participation in Jefes (Tcherneva 2012, p. 16). A similar experience was noted in Greece, where some beneficiaries of the Social Solidarity Income (SSI) (a cash transfer scheme) opted to participate in Kinofelis, the Greek public employment programme, even though this meant they could not return to the SSI once their work experience ended (ILO 2018). Recent evidence from Rohingya refugees provides compelling evidence of the same. A field experiment in the Rohingya refugee camps of Bangladesh included three arms, a control arm, a weekly cash arm and a gainful employment arm. In the latter, participants are paid the approximate equivalent of those in the cash arm.

We find that employment confers significant psychosocial benefits beyond the impacts of cash alone, with effects concentrated among males. The cash arm does not improve psychosocial wellbeing, despite the provision of cash at a weekly amount that is more than twice the amount held by recipients in savings at baseline. Consistent with these findings, we find that 66% of those in our work treatment are willing to forego cash payments to instead work for free. (Hussam et al. 2021)

FULL EMPLOYMENT, EMPLOYMENT GUARANTEES AND EMPLOYMENT POLICY

Many global social contracts include a commitment to full employment, in recognition of the importance of enabling participation in work. Article 55 of the Charter of the United Nations does so. The 1944 Philadelphia Declaration of the International Labour Organization (ILO)

makes furthering full employment one of its core goals. Convention 122 on Employment Policy (1964) commits ILO members to ‘declare and pursue, as a major goal, an active policy designed to promote full, productive and freely chosen employment’. Goal 8 of the 2030 Agenda for Sustainable Development also includes a commitment to full employment and decent work.

In the period after World War II until the 1970s, macroeconomic policy in much of the developed world was built on the Keynesian assumption that full employment was the main purpose of such policy, with growth a by-product of pro-employment policy rather than the other way around. Tcherneva (2014, p. 9) argues, however, that interpretations of Keynes have tended to focus more on stimulus interventions to promote aggregate demand, without taking into sufficient account that Keynes also saw investment in direct employment as critical to avoid ‘fueling inflationary pressures or eroding the income distribution.’ Keynes also argued that such programmes needed to be a permanent counter-cyclical instrument within labour markets, targeting excluded groups and distressed areas even in contexts in which overall employment levels might be robust (Tcherneva 2014). For this reason, Tcherneva (2014, p. 2) refers to full employment as ‘the road not taken’. Certainly, the role of macroeconomic policy has shifted far from its origins as a tool for ensuring full employment, as the following excerpt explains:

This framework has been systematically abandoned in most OECD countries over the last 30 years. The overriding priority of macroeconomic policy has shifted towards keeping inflation low and suppressing the stabilisation functions of fiscal policy ... As a consequence, the insights gained from the writings of Keynes, Marx and Kalecki into how deficient demand in macroeconomic systems constrains employment opportunities and forces some individuals into involuntary unemployment have been discarded. The concept of systemic failure has been replaced by [shifting] the responsibility for economic outcomes onto the individual. Accordingly, anyone who is unemployed has chosen to be in that state either because they didn’t invest in appropriate skills; haven’t searched for available opportunities with sufficient effort or rigour; or have become either ‘work shy’ or too selective in the jobs they would accept. Governments are seen to have bolstered this individual lethargy through providing excessively generous income support payments and restrictive hiring and firing regulations. (Mitchell and Muysken 2008, p. 3)

For Mitchell and Muysken (2008), this transfer of responsibility represents a shift from full employment being accepted as the responsibility of society and of macroeconomic policy to a focus on full *employability*, with much of the onus for achieving this status resting on the individual, regardless of levels of demand for labour in the wider economy – or of the conditions of work on offer. The focus on employability is on skills development and is in keeping with human capital theory, which assumes that education determines the marginal productivity of labour; this in turn determines earnings (Marginson 2019, p. 287). Wray reflects on this dimension of the policy discourse:

The solution to poverty favoured by orthodox economists at the time – as well as now – is greater human capital investment. This is based on the notion that people are poor because they are not sufficiently productive. Hence, more education, more training, and other supply-side improvements that would make individuals more productive would raise their incomes and thereby reduce poverty rates. (Wray 2007, p. 5)

Critiques of human capital theory highlight the lack of evidence of a link between human capital development and economic productivity and argue that the approach ignores the role

of many other factors, including institutions and wider policies, in enabling or disabling enhanced productivity and growth (Tan 2014, p. 411).

Self-employment and entrepreneurship are also often presented as alternatives for unemployed people, transferring responsibility onto the individuals affected, now expected to self-employ their way out of poverty on market terms. Certainly entrepreneurship can create jobs; it is just not usually unemployed people who are best placed to take on these risks (Lieuw-Kie-Song et al. 2011).

Minsky (cited in Wray 2007) proposed a different solution. He was a post-Keynesian who argued that, because capitalist economies are not self-correcting, the goal of full employment requires the state to function as ‘employer of last resort’, providing a guarantee of employment to all who need it, whatever their skills level.

As Minsky argued, there are always laggard industries and regions; growth is never equally shared. Indeed, it tends to favor the leading sectors or regions, rewarding those who are already better-off. For this reason, he advocated an ELR [Employer of Last Resort] program that would take workers as they are and provide jobs that fit their skills ... He argued that only the federal government can offer an infinitely elastic demand for labor. (Wray 2007, p. 6)

Against the backdrop of debates on the future of work and the impact of the COVID-19 pandemic on unemployment, the debate on the role and potential of PEPs and employment guarantees as an integral and ongoing part of employment policy has received renewed prominence in the policy discourse (Philip et al. 2020; Tcherneva 2020; TUC 2020; Afridi et al. 2022). The essential feature of an employment or jobs guarantee is that the state invests in direct job creation, outside the formal public service, to ensure that anyone who is willing and able to work is able to find employment, under decent conditions of work. Even where fiscal space and political economy limit the scope for a full ‘employer of last resort’ approach, direct investment in public employment programmes can assist in closing the gaps in ways that target particular groups of people, such as youth or people in economically distressed areas.

PEPS IN PRACTICE: A ‘MIXED MASALA’ OF POLICY PURPOSES AND DESIGN CHOICES

In reality, public employment is a highly flexible development instrument that can achieve a range of policy purposes (supporting many of the sustainable development goals), including social protection, active labour market policies, employment policies, infrastructure and economic development, and the climate agenda. Whether these purposes are realised depends not only on how the design of the PEPs responds to their context but also, critically, on their execution, with both needing to align carefully with programme purpose. The critical design choices are elaborated below.

The Wage Rate and Conditions at Work

Few issues in PEP design are as contested as the setting of wage rates. At one end of the spectrum lies the argument that wages should be below prevailing market rates to avoid market distortions that might attract people out of existing jobs or livelihood activities, including in the informal sector. Yet in many developing contexts, the rates earned in the informal sector are

part of a poverty trap. Low wage rates are also motivated as a mechanism for ‘self-targeting’, on the logic that only people who have no alternatives will take up the opportunity. Beazley and Vaidya critique this view:

First, even if the self-selection of the poor could be induced by low wage rates, such low wage rates would reduce the impact of the programme, thus undermining its social protection function ... From this perspective, there seems to be a trade-off between impact and self-selection. (Beazley and Vaidya 2015, p. 8)

At the other end of the spectrum is the argument that by paying above such rates, public employment programmes can contribute to the decent work agenda and place upward pressure on market wages. The latter depends, however, on the programme operating at a scale and duration sufficient to have such a systemic effect. This debate is further complicated where PEPs are framed as part of social assistance rather than of employment policy because this can result in them being delinked from minimum wages, labour standards and rights at work. This limits the poverty impacts, but it also sends a clear message to participants and to the wider society that this is not ‘real work’ – with many of the benefits of participation in work forfeited in the process.

The Duration and Timing of the Employment

While short-term PEPs may smooth consumption in a context of crisis, they will have a limited impact if unemployment or underemployment are deep, long-term structural challenges. A short-term work opportunity will have only a short-term impact on incomes. This also limits their contribution to social protection, which depends on the regularity and predictability of payments:

Essential to providing a social protection function is also the regularity and predictability of the cash transferred. Plenty of evidence has shown that supplementing low and variable income through regular and predictable cash transfers helps households to smooth consumption, and sustain spending on food, schooling and healthcare in lean periods, without the need to sell assets or take on debt. (Beazley and Vaidya 2015, p. 14)

PEP design can, however, embrace these lessons from social protection, for example through an employment guarantee or provision of regular and predictable part-time work.

Who Benefits?

At what scale is the programme offered? Who benefits, why and how? Is it a rights-based entitlement, as in an employment guarantee, or is participation rationed in relation to a fixed budget? If so, how is targeting undertaken? As with all forms of social assistance, targeting raises complex dilemmas, in a context in which universal approaches to PEPs – such as through an employment guarantee – remain rare. More typically, work has to be rationed in relation to a fixed budget, with processes of participant selection creating risks of errors of both inclusion and exclusion. These processes are often influenced by local politics, with local elites, power and patronage relationships coming into play – unless these can be mitigated by processes, systems and forms of local organisation able to assert transparency and accountability (Roy

2015; Das 2015). To achieve this, some programmes use public ‘lotteries’ among those eligible, with a clearly randomised selection process. In other contexts, consultative community processes are used to prioritise within the target group – for example to identify ‘the poorest of the poor’. These processes carry their own risks, with Devereux and Sabates-Wheeler (2004, p. 12) cautioning that ‘some targeting mechanisms that are applied on public works or school feeding schemes can have stigmatising effects that create social tensions and exacerbate vulnerabilities.’

The Nature and Quality of the Work Outputs Delivered

Participation in work is a PEP’s key differentiator, with the rationale for this based on the following assumptions:

- Participation in work assists in off-setting some of the negative psychosocial impacts of unemployment. These non-income impacts of unemployment are not only detrimental to the individual but also create wider social costs, which can include mental and other health impacts, gender-based violence, crime, social exclusion and loss of productivity.
- Participation in work builds work experiences, access to networks, skills and capabilities that are of value to society and the economy.
- The work undertaken creates social, economic and/or environmental value for society.

Whether these assumptions hold depends on the nature of the work undertaken and the quality standards at which it is delivered, with higher-quality outcomes contingent on efficient and effective work organisation and skills transfer. Evidence also suggests that where the work is seen as meaningful by communities, it enhances the positive psychosocial and inclusion effects for participants (Langa and Von Holdt 2011).

In sum, the impact of PEPs depends on critical design choices. The case studies below illustrate how some of these design choices manifest in practice and highlight different approaches to the issues of workfare, the right to work and the interface with social protection. They include a selection that starts with the New Deal in the US in the context of the Great Depression, followed by a consideration of the post-colonial experience of infrastructure public works, before focusing on more contemporary examples from India, Ethiopia and South Africa.

CASE STUDIES

The New Deal in the US

The New Deal in the US remains one of the best known and most ambitious programmes of public investment to address a crisis of unemployment. Launched in 1932 in response to the Great Depression, the New Deal included a wide range of public works programmes. They lasted eight years, cost USD 11 billion and employed over 8 million people (Taylor 2008). It is best known for its investment in infrastructure. At the time, no highways in the US linked the north and the south or the east and the west. These were built through the New Deal, along with dams, railroads, rural roads, airports and no fewer than 78 000 bridges. Yet these figures tell only part of the story. Social infrastructure was funded, which comprised courthouses,

libraries, schools, nursery schools and sports stadiums, as well as community arts centres, murals on public buildings, theatre productions and musicians. The New Deal sponsored the development of tourism guides in every state in the US, supporting writers, geographers, historians and photographers. It appointed entomologists in museums and archaeologists on dinosaur excavations. By 1939 more than a million children were receiving school lunches through the programme, and it set up sewing centres producing clothing that was issued to people on relief. Despite the programme's enormous popularity, the Work Progress Administration (WPA) closed down against the backdrop of World War II and growing criticism that it enabled too much government involvement in the economy and that the work was 'unproductive' (Taylor 2008).

The New Deal is still the best example of the wide range of ways in which public employment can create diverse forms of social value and provide support to all skills levels. 'In looking at the legacy of the WPA, the fact that shines through the statistics and the human stories, the administrative dramas and political attacks, is the New Deal's fundamental wisdom of treating people as a resource and not a commodity' (Taylor 2008, p. 530). That is what lies at the heart of all good public employment programmes. The public employment component was, however, just one part of the New Deal. A second element focused on the largest roll-out of social assistance the US had yet seen, with the Social Security Act of 1935 creating pensions, unemployment insurance, workplace injury protection, and support for dependent mothers and children and people with disabilities. The third element of the New Deal focused on an industrial policy and growth strategy intended to create labour market demand. This strategy guaranteed the rights of workers to unionise and to strike, established minimum wages and outlawed child labour. In sum, the New Deal is an example of public employment embedded within an integrated crisis response in which employment in PEPs was complementary to expanded social assistance rather than being an alternative to it, while also enhancing labour rights and standards.

Public Works in the Developing World in the Post-Colonial Period

In the post-colonial period, particularly in Africa, infrastructure development was seen as a critical catalyst for economic development, but the capital required for public investment was scarce. At the same time, employment was seen as crucial for shared forms of growth (McCord et al. 2021). It was in this context that public works programmes in parts of Africa, Southeast Asia and South America focused on optimising the employment outcomes of infrastructure investments through the use of labour-based methods. This was part of a full employment agenda, intended to promote inclusive growth, in a context in which social protection options were rarely even on the table for discussion yet, as this example from Kenya illustrates:

The Rural Access Roads Programme [RARP] was unique in that it represented the first attempt in Africa to implement labour-based methods efficiently to scale. RARP constructed 14 000 km of all-weather farm-to-market access roads in 23 districts with high agricultural potential and became an exemplar of the possibility of constructing low-cost, good-quality roads using labour-based techniques. (McCord et al. 2021, p. 63)

This approach was replicated in Botswana, Ghana, Lesotho, Malawi, Mozambique, Tanzania and Zambia. Similar labour-intensive rural road construction programmes were also developed in Thailand, the Philippines and in South America (McCord et al. 2021, pp. 68–69).

While many programmes gave priority to the quality of infrastructure outputs, others became a proxy form of social assistance in which the emphasis on the quality of infrastructure outcomes declined.

Moreover, evidence suggests that there is often a tension between the objective of providing social protection through a PWP [public works programme] and that of creating quality assets ... The demand to create employment opportunities as part of a social protection programme can impose conditions on infrastructure programme implementation ... which can directly compromise the quality of assets created and increase costs per unit of output. Similarly, a focus on asset quality or cost-effectiveness may entail only short-term employment, poor targeting, low wages and poor working conditions, which may not significantly contribute to social protection. (McCord 2012a, p. xxvii)

A review of over 200 public works programmes in Africa in 2009 found that 95 per cent of such programmes were short term, with this also the case in the majority of programmes reviewed in Asia. In many instances, wages are so low that welfare benefits are limited (McCord 2012b, p. 4). While often undertaken in the name of social protection, these features of programme design certainly limited their impacts.

In sum, the emphasis on infrastructural public works in the post-colonial period was initially part of strategies for full employment, with employment seen as necessary for inclusive growth. Over time, however, programmes became increasingly framed as part of social assistance, within a ‘workfare’ model. This was seen to justify low stipends and poor labour standards, with the focus on infrastructure meaning work was typically of short duration. This limited the value of participation in work, delivered weak social assistance benefits and at times led to infrastructure outcomes of poor quality.

Employment Guarantee in India

In 2005, India became the first country in the world to legislate a right to work with the enactment of the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). The act created an entitlement to 100 days of work per annum for every rural household that registers to participate in the scheme, creating regular and predictable access to employment. In rural areas, the act shifted the interpretation of the right to work from ‘a right to work when work is available’ – the common *de facto* expression of this right – to a right to work when work is needed. By 2020, the scheme implemented by the act, abbreviated as MGNREGS, employed over 70 million people, making it the largest public employment programme in history. Not surprisingly, rolling it out across India has not been without challenges, with uneven outcomes, including in the realisation of the rights inscribed in the act. An extensive literature has explored the dimensions of these differences, in terms of the local politics of power, patronage and the role of elites (Das 2015), the role of grassroots mobilisation (Roy 2015), the impact of centralised versus decentralised models (Maiorano et al. 2018), the impact of biometric smart cards on relative performance (Muralidharan et al. 2021) and many other issues.

An ambitious feature of the design is that the work is demand based. Households can claim their right to all or part of their 100-day entitlement at any time during the year and the *panchayat* (the local government structure responsible for implementation) must provide work within 15 days or provide a form of unemployment allowance instead. While central govern-

ment bears the programme's labour costs, state government has to pay the unemployment allowance, creating a fiscal incentive for offering employment within this timeframe – but a disincentive for reporting any failure to do so. Certainly, particularly in the early years of the programme, the entitlement to an unemployment allowance was rarely honoured (Ehmke 2015, p. 20). Local government capacity to offer meaningful work on demand at this scale was initially highly uneven, as was the quality of work undertaken, with the unpredictable nature of demand also leading to unfinished works. This illustrates the tension that can develop between the priority to deliver work – and incomes – on demand and the quality of the assets and public value created.

Supporting a labour market floor

The wage rate in MGNREGS is set at national level for each state. In the early years, the wage rate was aligned to agricultural minimum wages, which vary by state. Since 2009, there has been criticism that increases have not kept up with these minimum rates (Ehmke 2015, p. 17). Despite this, there is nevertheless consensus that in the poorest states, the MGNREGS wage rate has often been higher than the market rate for casual wages in agriculture. The effect of this has been to raise market wages in these contexts (Nagaraj et al. 2016). This has been used as an example of how an employment guarantee can set a labour market floor, by providing people with alternatives to work at desperation wages. Critics claim that the wage rate is too high and is distorting rural labour markets, eroding the profitability of farmers and causing labour shortages (Ehmke 2015, p. 20). According to the Government of India, however, the assumption that,

rising wages by themselves represent a problem is not credible since this is the only mechanism through which landless agricultural labour can benefit from economic growth. If rising wages squeeze farm profitability, the solution lies in raising farm productivity to accommodate higher wages. (Government of India, cited in Ehmke 2015, p. 20)

Mechanisation can increase farm productivity but would displace labour, potentially contributing to underemployment and raising dependence on MGNREGS. A study in the states of Telangana and Maharashtra finds that the use of mechanical power has doubled for some major crops since the inception of MGNREGS and that there has been a substantial drop in the cultivation of labour-intensive crops (Nagaraj et al. 2016). The study also notes the feminisation of the farm labour force but points out that these dynamics are not only a consequence of MGNREGS; they are also due to out-migration to urban jobs (Nagaraj et al. 2016, p. 188).

Although men and women in theory earn the same rate, in practice women tend to earn less. This is attributed to task rates that tend to be gender insensitive. Despite this, however, MGNREGS has narrowed the gender wage gap in rural India. Women's participation is also supported by the MGNREGS rule that work must be made available within five kilometres of the village and that crèche facilities must be available on site (Ehmke 2015, p. 14).

Social audits and the paradox of rights

Before MGNREGA, India had a history of corruption in public works programmes, with fictional assets, ghost workers and corrupt procurement practices. To address this, MGNREGA makes social audits mandatory. These require reports to the local community twice per year, with all records open to scrutiny to ensure public accountability. Inscribing this in the act was,

however, not enough to realise its intent. Amita Sharma, then general secretary of the Ministry of Rural Development responsible for MGNREGS, referred to this as ‘the paradox of rights’:

A critical set of assumptions that the legal instruments make are about the workers [*sic*] capacity to organize and negotiate on equal terms with an overpowering unequal system with which they have a subordinate dependency relationship. It is assumed that the worker is able to wrest her legal rights in case a system denies it ... If the Rights-based approach has to be followed, the State would have to first create awareness of rights. The condition that makes the law effective lies outside the law, and depends again on the initiative of the state. But unless people are able to demand, just making a law that gives them that right does not yield the desired result. (Sharma 2010, p. 34)

High levels of illiteracy in India limited the ability of local communities to hold local officials accountable, with an initial prohibition on the participation of non-governmental organisations in the audit meetings limiting the scope to provide capacity support. Over time, while social audits have become increasingly institutionalised and capacities and systems have been strengthened, the paradox of rights remains, illustrated by the fact that the least-developed states still tend to have the least-developed mechanisms of transparency, accountability and quality of outcomes. In sum, MGNREGA is an example of a rights-based approach to employment through the provision of a statutory employment guarantee targeted at households in rural areas. It is framed around the right to work, with wages and labour standards designed to improve on prevailing market-based norms in the poorest states. Yet by providing a regular and predictable but needs-based contribution to incomes, it also contributes to social protection outcomes and is seen as part of India’s social protection system. At times, the priority given to providing ‘work on demand’ has contributed to assets of poor quality. It also illustrates that even where particular rights are formalised, realising such rights requires social organisation.

The Productive Safety Net Programme in Ethiopia

Ethiopia’s Productive Safety Net Programme (PSNP) started in 2005, the same year that MGNREGS was initiated in India. In a context of chronic, seasonal food insecurity, the PSNP was designed as an alternative to Ethiopia’s dependence on food relief from international donors, with significant support for the programme coming from such donors. It aims ‘to provide transfers to the food insecure population in chronically food insecure woredas (or districts) in a way that prevents asset depletion at the household level and creates assets at the community level’ (Hobson 2009, p. 17). Most public works in the PSNP focus on watershed development, with the objective to achieve environmental rehabilitation and increase agricultural productivity and resilience to climate shocks.

A key design feature of the PSNP is that food insecure households with able-bodied adults are offered work on a public works programme while households unable to provide labour receive a transfer in cash or food. This is complemented by programmes focused on asset-building and promotion of sustainable livelihoods (Sandford and Hobson 2011). It operates at a scale of about 8 million participants (Bahru et al. 2020). The PSNP is an example of a hybrid programme. It recognises that not all poor households can participate in work, which differentiates it from workfare programmes in which any access to social assistance is conditional on work. Yet, for those able to work, such conditionality is indeed applied.

The evaluation of the PSNP has focused on the programme’s impact on food security, given the centrality of this issue to its purpose. In a literature review, Bahru et al. (2020) highlight

evidence of increased months of adequate food provisioning, increased number of child meals, increased household assets, resilience to shocks, human capital accumulation, impacts on breaking the intergenerational cycle of poverty, increased agricultural productivity and technology adoption. By contrast, Bahru and Zeller (2022) find no evidence that PSNP participation improved technology adoption. Gazeaud and Stephane (2020, p. 23) used a satellite-based indicator of agricultural productivity and (reweighted) difference-in-differences estimates: ‘Our result is a disappointing precise zero, meaning that there is no discernible effects of the PSNP on crop productivity.’ On food security, Feyisa (2022) finds that while participation in PSNP improves household food consumption, it reduces the household dietary diversity score. On child nutrition, the evidence is also mixed. Bahru et al. (2020) highlight a series of studies that find a positive impact on child nutrition and others that found no impact at all. Berhane et al. (2017) found no evidence that the PSNP reduces either chronic or acute undernutrition.

In addition to the impact of income transfers, the work undertaken is also intended to enhance resilience and support livelihoods. Particularly in the early phases of PSNP, the quality of assets came into question, however (Welteji et al. 2017, p. 9). Subbarao et al. (2013) attribute this in part to weak community participation in planning. They highlight the critical role of project selection in determining outcomes, as well as the importance of clarity on ownership, use-rights and maintenance responsibilities of the community assets created.

All projects should have defined ‘owners’ after completion – people or groups with rights of use, and therefore the obligation to maintain and manage the asset. In many cases, user rights arrangements will involve the creation of group bylaws governing access, management, and responsibility obligations. They may also require the establishment of a system to collect user fees. These user rights and maintenance responsibilities need to be defined during the planning process to establish a sense of ownership by the benefiting community or group. It is critical to ensuring a common understanding between community asset owners and woreda government service providers on what further support the owners can expect once the asset has been handed over. (Subbarao et al. 2013, p. 216)

Graduation and exits

In its initial phases, the PSNP anticipated a rapid process of graduation from the programme, with this a critical indicator of success. The challenges in this regard highlight the difference in expectations.

As with many PEP[s] adopting the PSNP approach in SSA [Central, East, Southern and West Africa], the programme does not take into account broader structural factors driving and maintaining poverty and food insecurity, and overestimates the potential impact of a PEP intervention in promoting graduation or transformative outcomes. To date, there is no widespread evidence of the PSNP resulting in significant productivity enhancement or livelihoods diversification. (McCord and Paul 2019, p. 53)

The failure to recognise the structural constraints on ‘graduation’ in the PSNP context is common more widely in relation to PEPs. So, even where evaluations acknowledge that structural factors limit employment outcomes in a given society – which is often the rationale for the PEP in the first place – there is often an uncritical assumption that direct transitions by participants into the labour market or into self-employment or improved livelihoods following participation should be a critical measure of success of the PEP. Participation in PEPs can and does enable such transitions in some contexts – as do cash transfers. Yet whether this is possible is mainly a function of factors outside the PEP, reliant on structural change that unlocks labour demand or enhanced outcomes from livelihood activity in the wider economy.

In sum, the PSNP is an example of a hybrid model including both a ‘public works’ component and a cash transfer. Its outcomes in relation to its main purpose of enhanced food security are, however, limited and contested despite extensive evaluative research. Its hybrid nature makes this an issue for both the cash transfer and public works components of the programme. While the outcomes clearly baffle many researchers, there is a real dearth of explanation on the causal factors that might have influenced outcomes so at variance with the purpose and design assumptions of the programme.

PEPs, Social Policy and Community Development in South Africa

South Africa has deep levels of structural unemployment, with unemployment at over 25 per cent for over 25 years – and worse following the COVID-19 pandemic. Public employment strategies have been a part of policy throughout that period, through the Expanded Public Works Programme (EPWP), which coordinates public employment activities in the infrastructure, environmental, social and non-state sectors. Despite the severity of South Africa’s unemployment crisis, public employment has not reached a scale equivalent to the other case studies, relative to population size, instead achieving about one million ‘work opportunities’ per annum across the programme in this period.

While there are many lessons from the EPWP, the focus here is on an element that differentiates the South African experience from the other contemporary case studies. This is its focus on the inclusion of forms of work that do not mainly have an infrastructure focus – in a context in which environmental works undertaken in MGNREGA and PSNP are also often infrastructural in nature. In South Africa, this includes work in the social sector and work focused on community development outcomes, often in partnership with civil society organisations. A feature of work in the social sector has been its recognition of forms of work that have otherwise been informal, unpaid and unrecognised – and largely performed by women. The largest categories supported in South Africa have been care work, early childhood development and school nutrition programmes.

PEPs have come to be seen as an important first step on the trajectory [to decent work], setting the foundation by recognising the labour performed in the different sectors as work, remunerating it and contributing to initial improvements in the wages, conditions of work and formalisation of some workers within the care economy. (Shai 2021, p. 53)

The process has not, however, been without contradictions. Initially, and in a context of austerity, the EPWP did address gaps in social provisioning that raised the status of these under-recognised forms of work. These forms of work are, however, ongoing social needs. At what point, however, does the PEP become part of the problem, substituting for what should be permanent jobs in the social policy landscape with lower-paid temporary forms of work? What is the role of PEPs in advancing the decent work agenda beyond the initial gains made? These questions remain areas of contestation (Shai 2021).

At least in the case of care, the trajectory has been from unpaid or underpaid work toward greater recognition and improved conditions. The reverse direction is, however, also possible. In South Africa, the minimum wage for EPWP workers is 45 per cent lower than the national minimum wage. Trade unions accuse local government in particular of using the EPWP to out-source work (such as in waste collection) that they argue should be undertaken by municipal

employees. As far as this is the case, it would mean that far from supporting the progressive realisation of decent work, a PEP would be undermining it.

More recently, in the context of the COVID-19 pandemic, South Africa's Presidential Employment Stimulus (PES) has allowed for a rapid scale-up of programmes. The largest of these appointed over 300 000 young people as school assistants in schools in 2020–21, paid at the level of the national minimum wage. Teachers' assistants support teachers in the classroom while general assistants support school security, cleaning, food gardens and support to after-school activities. For the former role, graduates were prioritised, and a minimum of a high school graduation certificate was required, while for the latter there was no skills requirement (Presidency 2021a, p. 9). This recognises that graduate unemployment is part of South Africa's challenge, with the range of forms of work designed accordingly.

The programme was able to reach rapid scale by taking advantage of the existing 'distributed network' of schools and management capacities already in place. By using these as leverage, it was possible for over 90 per cent of the budget to be paid to wages. In addition, given that even the most marginalised communities have schools, a high level of spatial equity was achieved. A one-to-one ratio of school assistants to teachers was prevalent, enabling a high quality of mentorship and work experience. Over 94 per cent of teachers and principals surveyed wanted the programme to continue and believe it enhanced the learning environment at schools (Presidency 2021a, p. 9).

Further, a PES flagship has been the introduction of a 'social employment' strategy. President Cyril Ramaphosa has explained its rationale:

We are working on the premise that there is no shortage of work to be done to address the many social problems in our society. The aim is to support the considerable creativity, initiative and institutional capabilities that exist in the wider society to engage people in work that serves the common good. (Presidency 2021b)

The aim of this strategy is to develop a 'whole of society' approach to the unemployment challenge, by supporting organisations active at community level to scale up their work – creating employment in the process. Work that serves the common good is defined broadly, with the initial portfolio of programmes approved including support to food security, education, community safety, placemaking, arts and culture, health and care, and initiatives to combat gender-based violence. Participants work for two days per week for a target of 100 days per year, providing regular and predictable access to income over time rather than a short-term episode of participation in work.

Core to the social employment approach is the recognition that unemployed people in communities are a powerful resource for development, and that even where labour might not have a market value, it has – and can create – social value ... This is a far cry from the message that unemployed people currently receive, which casts them as 'dependent', as a burden, as surplus to the requirements of society. For many, this has deeply negative psycho-social impacts that manifest as depression and despair, converting all too easily into alienation and anger at a status quo that measures their value only as a commodity for which there is little demand. (Philip 2021)

While it is not uncommon for non-state actors to be contracted in as implementing agents in PEPs, this is typically in the role of service providers to the state. What differentiates the social employment model is that it is supporting work initiated by communities, within the broad framework of 'work for the common good'.

In sum, the South African case illustrates the scope to use PEPs to contribute to formalising informal work and to pay for work that is typically unpaid, particularly in the social sector, with this having a strong gender dimension. There are risks, however, that the PEP becomes a new form of low-paid work. As with the New Deal, the South African case also highlights the scope for highly diverse forms of work to be included in PEPs, targeted at a range of skills levels. Such work can contribute to realising a wide range of social policy objectives, in ways that recognise the social value of labour and strengthen community development. Part-time but ongoing work models can also enable regular and predictable income, enhancing social protection effects.

CONCLUSIONS

So, are PEPs part of social protection? Or should they rather be seen as part of active labour market policies that assist people to transition into existing labour markets? Or should they be positioned as part of employment policy, with a commitment to full employment and in recognition that part of the role of the state is to augment labour demand when market demand is low?

The answer is that PEPs can play a range of roles, depending on their context and the design choices made. Certainly PEPs fall within a broad definition of social protection focused on reducing the social and economic vulnerability of the poor. They can also contribute to the more specific income security dimension of social protection that is the focus of social assistance. Often, this is part of their purpose. Yet in relation to this narrower frame, the question arises whether they are the most effective instrument for providing such security. The more universal and rights-based the scheme, the greater this contribution is likely to be. The larger their scale, the longer the duration of work, and the better the wages and working conditions, the more they will have anti-poverty effects while also reducing the stress on social protection systems, creating a positive synergy within an integrated anti-poverty strategy.

Yet, even in a universal scheme such as an employment guarantee, there are nevertheless likely to be coverage gaps that other forms of social assistance will need to address, such as for labour-stressed households. In addition, where PEPs are presented as an alternative to other forms of social assistance such as cash transfers, this is often framed within a 'workfare' paradigm in which cash transfers are dismissed as creating dependency and in which participation in work is a conditionality imposed on participants rather than offering a development opportunity. This misses the fact that far from 'creating dependence', cash transfers create independence. Support from the state frees people from dependence on members of their household or community for their means of survival, in a context in which such dependence can be deeply disempowering and detrimental, for women in particular.

The challenges are compounded where the location of PEPs, as part of social assistance, is seen to justify delinking them from employment policy, with low wages justified as 'stipends' on the basis that this is social protection rather than 'real' employment, with the income seen as a proxy for a cash transfer not as a wage for work. By the same logic, minimum labour standards may not apply. This degrades the value of participation in work for participants and reduces its status. It can even stigmatise participants in ways that hinder their further trajectory into wider labour markets. At the same time, it lends itself to a 'make-work' planning mind-set in which the work is meaningless to participants and of low social value to communities. In

such cases, social protection outcomes are typically poor – and the added value from participation in employment and from creating public goods and services that a PEP can offer is also compromised. If the alternative to a well-designed cash transfer scheme is a badly designed PEP, then there is no doubt at all which will have the better social protection impacts.

Yet rather than considering an unequal comparison and a binary choice between cash transfers and PEPs, it is important to ask how well-designed versions of these different policy instruments might work in synergy to deliver better and more transformative social protection outcomes than either on their own. This question recognises that where the primary purpose is to ensure minimum incomes, then cash transfers are likely to be more efficient than PEPs. PEPs, however, add value where participation in employment, the creation of public goods and community development contribute to development outcomes in ways that go beyond the aims of income transfers. In such cases, PEPs are an instrument of inclusive employment policy that addresses areas of market failure, contributing to the right to work and the goal of full employment. This recognises the centrality of economic participation as part of the social contract. It also assumes that while minimum incomes certainly matter, few people aspire to live on these throughout their working lives. Participation in work has meaning for people beyond simply the income transfer effects.

This brings us back to where this chapter began, the recognition that societies value work as a means through which their members contribute not only to their own support but also to the collective good, with the expectation of such a contribution deeply inscribed in how the terms of social inclusion is typically framed. The *quid pro quo* implicit in this social contract is that if participation in work (of whatever form) is a social expectation, then societies must organise themselves in ways that enable people to do so. This recognition is at the heart of commitments to full employment and the right to work. Public employment programmes are an instrument to realise these goals when market demand for labour is low. PEPs are not, however, a silver bullet replacing the need for other social assistance instruments. Then again, such social assistance instruments are not silver bullets either. Societies are complex and poverty is multidimensional (as argued in Chapter 1). Solutions are too. Instead, therefore, of framing the policy question as a binary choice between PEPs and cash transfers, in which each is an imperfect alternative to the other, the challenge is to find ways in which an integrated approach might build complementarities and synergies that strengthen overall development outcomes and pathways out of poverty.

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PART VI

SOCIAL PROTECTION, VULNERABILITIES AND SOCIAL INCLUSION: LINKAGES WITH SOCIAL WELFARE SERVICES AND DEVELOPMENT SYSTEMS

21. Cash plus programmes for children and families in eastern and southern Africa: examples from practice and lessons learnt

Mayke Huijbregts, Tayllor Spadafora and Leila Patel

An unacceptable proportion of children in eastern and southern Africa live in poor families. Even more children face multiple deprivations because of inadequate access to basic services such as clean water, health and nutrition supports, psychosocial support, protection services and education, among others. Multidimensional poverty is associated with compromised material, physical, social, emotional and educational well-being of children (Alkire and Bouba 2014; Vaaltein and Schiller 2017; Omotoso and Koch 2018; Maluleke 2020). This dire situation has been severely exacerbated by the COVID-19 pandemic, which resulted in school closures, economic shutdowns and reduced services for millions of children across the region (Tabari et al. 2021; Alkire et al. 2021). The economic and psychosocial effects of the pandemic are prolonged, continuing both to deepen existing poverty and to propel new children and their families into poverty, depriving them of their most basic needs.

Momentum around social protection and, specifically, social assistance has been accelerating in Africa over the past 20 years (see Chapter 4). Notwithstanding the growth of cash transfers in Central, East, Southern and West Africa before the COVID-19 pandemic, coverage is still low, especially for children and families, with only 10 per cent of the population benefitting from some form of cash assistance (ILO 2021; UNICEF 2021). Some of the programmes funded by governments are being utilised not only to resolve monetary poverty but also to experiment with complementary interventions to address multidimensional poverty and to protect acutely vulnerable populations during emergencies. Social assistance assessments show multiple positive impacts on children and individual household members with improved outcomes extending beyond meeting immediate consumption needs and monetary poverty (Patel et al. 2019b; Granlund and Hochfeld 2020; Manley et al. 2022). However, addressing the only material dimension of children's well-being is limited as this may not automatically lead to improvements in their physical, cognitive and psychosocial well-being. How to address the needs of children and families holistically is crucial to breaking intergenerational cycles of poverty and disadvantage. In many Latin American countries, beneficiaries are also directly linked to a network of social services: in Brazil, for example, conditional cash transfers for children and families are tied to behavioural conditions requiring children to attend school and undergo health checks. Similarly, in Chile conditional cash transfers are complemented with psychosocial support services for women and children and families (see Chapter 15, Chapter 19 for Chile and Chapter 22 for Brazil).

This is, however, not the case in many African countries where unconditional cash transfers are largely the norm and where service access and a supportive service infrastructure are limited. Consequently, there is a resurgence of interest in new modalities in the African context. This involves linking cash transfers with other key social services and interventions

to fully maximise social investments for improving child well-being outcomes in the longer term. These types of social interventions are known also as cash plus programmes and are 'characterised as social protection interventions that provide regular transfers in combination with additional components or linkages that seek to augment income effects' (Roelen et al. 2017, p. 6). Cash plus policies and programmes are new and still evolving in the African context. This chapter discusses four examples from South Africa, Mozambique and Tanzania and identifies the lessons learnt from their implementation to inform future cash plus policies and programmes to improve child well-being.

These country modalities were selected because they attempt to combine social protection with social work, health, nutrition and educational supports and public employment programmes in different ways. The design features of the programmes differ across the countries, including whether the target groups are children of specific ages, caregivers or households; but they have some commonalities, such as being largely community based and attempting to combine the interventions in a holistic way. Despite the three countries' different levels of social and economic development (including social protection and welfare), education and welfare provision, all are attempting to innovate with more integrated social protection and social policy responses to promote child well-being. South Africa is classified as an upper middle-income country, Tanzania as a lower middle-income country and Mozambique as a low-income country. All three have very high child poverty rates that their cash transfer programmes aim to address. In South Africa, there is an established national cash transfer programme that has soft conditions relating to school attendance for children with limited deliberate linkages between the cash transfer and other child and family programmes (Lund et al. 2009). The two modalities presented here were independently developed and tested to complement the existing social protection programme, the child support grant (CSG). In Tanzania's Stawisha Maisha, a cash plus innovation is a subset of another cash transfer programme, the Productive Social Safety Nets (PSSN), while Mozambique developed and implemented a child grant programme comprising a cash and care model. Further, cash plus efforts tend to focus on the children residing in households and prioritise supporting their caregivers to address the children's most urgent needs. South Africa's cash and care models aim to improve the lives of children receiving grants through visits by child and youth care workers, through parenting programmes, and by tracking how the children are faring with the view to developing care and referral plans. A modified cash plus model was tested in Tanzania to improve child nutrition outcomes through improved caregiver feeding practices. Mozambique has adopted an integrated cash and care model aimed at improving caregiving capacity through improving access to information and increasing the utilisation of available social welfare services. These emerging modalities could provide valuable lessons for future programming, for innovation and further testing and evaluation of cash plus programmes with the view to scaling up these models in the region.

The next section discusses the rationale of cash plus modalities with reference to the literature, including a typology of cash plus programmes. Then the chapter presents the country examples in relation to each country's poverty context and a description of implemented programmes. The conclusion identifies the lessons learnt. It also provides pointers for future policy options and programmes.

MAXIMISING THE IMPACT OF CASH TRANSFERS

Extensive experience and evaluations of the implementation of cash transfer programmes in the region have demonstrated that the provision of social assistance (in the form of a standalone distribution of cash once per month or once every two months) helps families meet their basic consumption needs. It can further impact key development objectives such as health, food security and nutrition, education and productive activities (Davis et al. 2016; De Groot et al. 2022; Pace et al. 2022).¹ While cash transfers have been documented as enabling families to provide material and basic consumption needs, the complex social issues such as emotional, social and cognitive needs often go unmet. In addition, complex deprivations and rights violations such as malnutrition and violence against children (VAC) cannot be addressed by cash alone. The deprivations experienced by children and families in eastern and southern Africa are driven both by lack of monetary resources and by structural limitations and high levels of violence against and abuse of children in their homes and schools. Weak service provision, such as low access to education and employment opportunities, have been shown to perpetuate the cycle of poverty and deprivation across generations. Improving access of cash transfer recipients to information and services helps to address some of these structural and behavioural barriers that are often faced by vulnerable families targeted by social protection in the region. In addition, access to cash transfers also improves their purchasing power and autonomy resulting from the provision of reliable financial resources (Bastagli et al. 2016; UNICEF 2017; Hajdu et al. 2020; Patel and Ross 2022).

The examples of cash plus programmes below provide insight into how to maximise the impact of the cash transfers on children's well-being through the empowerment of the caregivers to enhance practices to improve children's access to services and to promote quality interaction between children and their caregivers. Child and youth care workers have been deployed to create a better nurturing care environment for children at a community level, as is the case of the Isibindi model in South Africa (Visser et al. 2015). It is anticipated that the combination of the two interventions allows for a better impact by these investments as they address not just the children's material needs but their overall well-being too. Cash alone is not adequate to meet the varied, multiple needs of children nor to overcome the structural barriers that limit the ability of families to meet all care and protection needs of their children (Roelen et al. 2017). As a result, several governments are working to improve the impact of social assistance on these complex deprivations, linking vulnerable recipient families with basic social services, information, economic opportunities and integrated social welfare through the cash plus approach. These efforts aim to open up access of vulnerable families to information and services with the objective of improving overall outcomes at the household and child level. Better well-being outcomes may be achieved through improved knowledge of caregivers and uptake of programmes, effecting behavioural and/or attitudinal changes; better utilisation of available services; and, at times, improved community connection and self-efficacy on the part of the caretaker. As a relatively new concept, most cash plus programmes are still being administered through pilot studies and the testing of various combinations of programme components (outlined below; see also Box 21.1). The evidence confirming the impact of these interventions is still sparse. However, much is being learnt in practice about the design of the programmes and their potential for scaled-up and sustainable solutions. Interviews with caregivers in the country examples outlined below show that combined investments are being positively received by caregivers and children alike in domains such as caregiver confidence

in parenting, enhanced dialogue and interaction with their children, and improved knowledge on key topics such as nutrition and household budgeting (Visser et al. 2015; UNICEF 2017, 2020; Thurman et al. 2018; Patel et al. 2019b; Patel et al. 2019a; Ross et al. 2020).

The United Nations Children's Fund (UNICEF) has been a key partner in the efforts in several countries across the region, testing different approaches and building up evidence on what works (and what does not) in linking social protection with complementary services. Such evidence is vital to maximise the investment of cash transfers and care services to promote the overall well-being of children.

BOX 21.1 TYPES OF CASH PLUS INTERVENTIONS

- Additional benefits: derived from either in-kind support such as social relief or top-ups to existing cash benefits.
- Information: provision of information through a variety of modalities including sensitisation and social behaviour change communication.
- Integrated social welfare services: targeted social welfare/support services that may include psychosocial support, social welfare outreach, care and referral plans, and follow-up/monitoring.
- Personal support: providing one-on-one coaching, mentoring, peer-to-peer support to caregivers and/or recipients.
- Interventions: delivered via social groups, such as psychoeducational groups, parenting programmes, mutual aid, social support, nutrition, financial education.
- Skills training: improving positive income generation practices through training on entrepreneurship, livelihoods, and financial literacy and management.
- Providing access to services: direct inclusion of beneficiaries in other services such as health insurance or village savings groups.
- Providing linkages/referrals to services: closely tied to case management, involves referral to available services and follow-up on access/uptake.

Source: Adapted from Roelen et al. (2017).

The following country examples dive deeper into the varying approaches, highlighting what is working well to improve child outcomes in the region. Furthermore, the different modalities presented below provide options to inform further experimentation about how to bring cash plus interventions to national scale. Finally, available evidence and lessons learnt inform a brief set of recommendations for future consideration.

SOUTH AFRICA: LINKING CASH TO CARE AND SERVICES

South Africa has a large and growing child and youth population. Out of a population of almost 60 million, 21.9 million are children under the age of 19 years, and 5.8 million are children under the age of 5. Adolescents aged 10–19 years make up 18.5 per cent of the total population (Stats SA 2019). Since 1994, the South African government has made great strides in advancing child rights and well-being. There is near universal primary school enrolment with gender parity in primary and secondary schools. The under-5 mortality rate decreased

from 85 per 1000 live births in 2000 to 37 in 2017. New HIV infections dropped by almost 44 per cent between 2012 and 2017. Fiscal policy is largely progressive and redistributive and has helped to reduce poverty and inequality. Importantly, 44 per cent of poor households receive a regular cash transfer (Stats SA 2019; UNICEF 2018). One of South Africa's key social assistance programmes, the Child Support Grant (CSG), reaches 12.8 million children. Nonetheless, South Africa continues to face the triple challenge of poverty, inequality and unemployment. Although the government spends more than 40 per cent of the national budget on social services (UNICEF 2018), on average two out of every three children live below the poverty line, most of whom are from female-headed households (Stats SA 2017). The high levels of poverty also derive from high unemployment levels of 7.3 million persons between 15–64 years of age, with the majority in the youth sector, as unemployment for adults stands at 32.6 per cent but youth unemployment currently trends at 63 per cent of the population (Stats SA 2021).

The impact of COVID-19 on children extends far beyond poverty. School closures in particular have led to lost learning among 50–75 per cent of foundation and intermediary phase learners in resource constrained schools and caused 750 000 students to drop out of school as of mid-2021 (Shepherd and Mohohlwane 2021). In addition, children have witnessed the distress of their caregivers because of rising unemployment and increases in intimate partner violence (Childline South Africa 2021). Reports demonstrate that child hunger and malnutrition increased and that up to 8 per cent of children experienced sexual abuse leading to increased levels of anxiety and distress (UNICEF 2021).

South Africa has demonstrated a fundamental commitment to the development of a comprehensive social protection system, cemented in the country's 1994 transition to a rights-based approach. Section 27(1) of the Constitution of the Republic of South Africa states that everyone has the right to 'social security, including, if they are unable to support themselves and their dependents, appropriate social assistance'. This high-level right is further encoded in the Social Assistance Act (No. 13 of 2004), which provides for the administration of social assistance. The social protection system represents one of the most successful efforts to reduce poverty (Bhorat et al. 2020; Köhler and Bhorat 2021) and promote resilience, and it reaches families at scale. Even without any further strengthening or adaptation, the existing CSG has demonstrably contributed to human capital development with improved health, food security, nutrition and education outcomes. It has also improved gender outcomes (Moodley et al. 2017) and helped with the reduction of the historical legacy of inequality (DSD et al. 2012). This constitutionally enshrined, rights-based approach to social protection also prioritises the identification of a linking pathway to other social services. The South African government has developed a strategy to formally link services to the CSG, with three overarching objectives:

1. to strengthen the impact of the CSG on child and household well-being and sustainable development;
2. to improve education, healthcare and the developmental functioning of the country's children;
3. to better enable the realisation of the identified rights of children mandated by legislation.

Government policy initiatives such as the 'Integration of Children's Grants to other Social Protection Services' is seeking Cabinet approval in 2022. Once the policy mandate is secured, the Department of Social Development will need to develop operational plans to give effect to the vision of linking the CSG beneficiaries with care and social services.

Rationale for Cash Plus in South Africa

Several contextual challenges provide the rationale for combining cash transfers with services for children and families. First is the reality of high child poverty rates outlined above. Second, children's rights are not met holistically. This is due in part to a lack of integrated planning and fragmentation in service delivery across the social, health and education sectors (Richter et al. 2018; Patel et al. 2021c). As such, children's access to services and a nurturing care environment along the lifecycle is compromised. Third, a positive factor, several basic social services (education, birth registration, access to healthcare) are already at scale, or close to scale. Fourth, significant challenges relating to health, nutrition, services and school remain, with one in five children still being stunted (SAHRC and UNICEF 2016). Finally, children's well-being and care are lagging behind as direct consequence of the large numbers of children who are cared for by adults who are not their biological parents. Father absence in South Africa stands at 70 per cent, and the majority of households are headed by women (Patel et al. 2019b). Consequently, families face numerous challenges, with households experiencing permanent and toxic distress with limited support beyond the cash transfer.

A holistic response is therefore needed to address the underlying causes of the challenges that children and their families face. Strengthening care and supporting nurturing family and community environments could promote children's overall well-being and prevent violence against women and children. Family strengthening refers to social interventions that provide families with opportunities to build relationships and networks of support, link families to services, provide education and information to improve family functioning, and improve parenting and caregiving behaviour and practices and economic well-being (Patel et al. 2019a). There is growing interest in structuring cash plus combination interventions with parenting programmes in the early years of children's lives as these were found to be effective in improving child development outcomes. A systematic review conducted by UNICEF and the Yale Child Study Center found evidence in 36 low- and middle-income countries that these types of parenting programmes yielded positive results in nutrition and growth, health, child cognition and language development, and socio-emotional well-being of children. However, the effects of parenting programmes on caregiver practices via antenatal programmes were mixed (Britto et al. 2015).

Examples of Cash Plus Programming in South Africa

In South Africa, several important examples of integrating cash with services have been introduced. This section presents two case studies. The first example, the Sihlengi'imizi family strengthening programme, links caregivers of CSG recipients with a family strengthening programme to create a nurturing care environment for both children and caregivers. The second example, the Isibindi programme,² demonstrates the role played by child and youth care workers (CYCWs) in improving children's lives.

The Sihlengi'imizi programme: cash plus family strengthening intervention

This intervention research programme was designed, implemented and tested by researchers at the University of Johannesburg's Centre for Social Development in Africa (CSDA) (Patel et al. 2017; Patel et al. 2019b). Sihlengi'imizi (meaning 'We care for families') is a multicomponent family strengthening programme deliberately designed for beneficiaries of the country's

largest cash transfer programme reaching 82 per cent of all poor children. Caregivers receive a monthly cash transfer for each child up to six children per caregiver. The grant is paid to the primary caregiver, who may be the biological parent of the child or a relative and is targeted at children up to 18 years of age subject to a means test. The latter is a monthly stipend of ZAR 440 (approximately USD 30) per month per child. The vision of this intervention was to provide additional supportive services to CSG beneficiary families to strengthen their caregiving capacities, improve service access and use, improve parenting/caregiving knowledge and practices, strengthen caregiver mental health and enhance the overall nutrition and education outcomes for children. The Sihlengi'imizi cash plus intervention resonates in some respects with examples from Latin America and Africa that combined cash transfers with parenting programmes for children aged 0–3 years (Arriagada et al. 2018). Different models of structuring the combination were identified by the CSDA study where the parenting component was integrated into the social protection delivery system or was delivered by external agencies that targeted the same group of children and families. The Sihlengi'imizi intervention was not delivered by the social security agency but rather in partnership with a local authority in ten urban communities.

The intervention included 135 families with 740 individuals who receive one or more CSGs. To complement and scale up the positive benefits of the CSG in South Africa, the families attended a 14-week group parenting programme, which was implemented by the municipality of the City of Johannesburg in partnership with schools and the CSDA. The programme was targeted at early grade learners in the foundation years of schooling (6–8 years of age). It was provided by social workers and auxiliary workers who delivered a group-based family intervention involving the whole family. The content of the complementary family strengthening programme was based on findings from a national mixed methods study to understand the contextual realities that children and families face and how these factors are associated with different aspects of their well-being (Patel et al. 2017; Patel et al. 2019a). The programme was locally adapted from two other programmes that were empirically evaluated, the Safe Children Programme in the United States (Gorman-Smith et al. 2007) and the Sinovuyo programme in South Africa (Cluver et al. 2016). These two programmes addressed similar contextual factors that were identified as critical to improving child well-being outcomes in the South African context.

The content of the Sihlengi'imizi programme focused on several key dimensions that are associated with child well-being in theory and empirically (Patel and Ross 2022).³ The dimensions focused on enhancing caregiver and family functionings in the following domains (Patel et al. 2019b, p. 18):

- Child–caregiver relations: improving communication, family cohesion, behavioural management of children and caregiver capabilities.
- Involvement of caregivers in children's education: school attendance; caregiver attendance of school meetings; doing homework; enjoyment of school and caregiver advocacy.
- Social and community connectedness of the family: improving social networks and social supports.
- Financial capabilities: enhancing basic budgeting and savings knowledge and skills.
- Nutritional knowledge: basic nutrition and hygiene in food preparation.

A pre- and post-test design was employed to evaluate the intervention and a nine-month follow-up study of participants was executed. A qualitative research design was deployed.

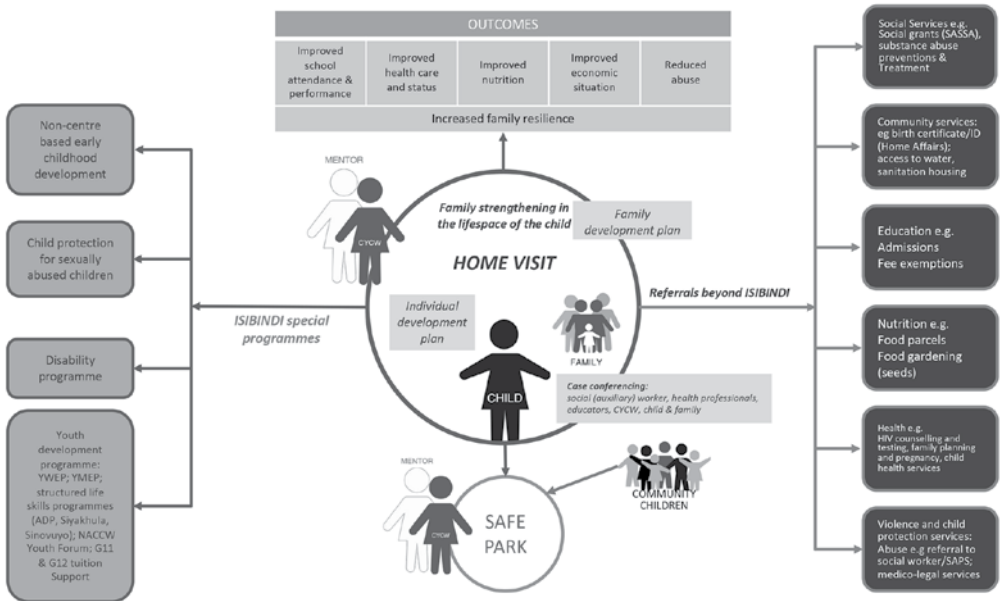
The study findings were published in peer reviewed publications (see Patel et al. 2019a; Patel and Ross 2022). The results show that families who attended this programme experienced positive outcomes in four of the five programme dimensions, namely in terms of improved child–caregiver and family relations, which includes family cohesion, behavioural management and caregiving capabilities; involvement of the caregiver in the child’s education; social and community connectedness such as improving social networks and social supports; financial capabilities such as enhancing basic budgeting and savings knowledge and skills. Findings were inconclusive in improving symptoms of depression, although reductions were reported, and in improving nutrition skills (Patel and Ross 2022). The conclusion reached was that this kind of combination intervention has the potential to improve child and family well-being in certain domains and is recommended for adoption in other contexts. Further experimental research is needed with larger samples, however, to assess the effectiveness of the intervention in different contexts and to identify the groups that are most likely to benefit from it. The findings have been presented to national government as one of the models for the implementation of the Cash Plus Linkages Strategy of the Department of Social Development. As a result, discussions have begun on how to bring the cash and care model to scale based on the evidence generated.

The Isibindi programme: child and youth care workers link vulnerable children to access the CSG

The Isibindi programme (meaning ‘courage’ in isiZulu) was designed in 2001 as a model to mitigate the impact of HIV and AIDS on vulnerable children by the National Association of Child and Youth Care Workers (NACCW) and was later scaled up in partnership with the Department of Social Development and UNICEF. Isibindi seeks to provide community-based services to orphans and vulnerable children, responding holistically and comprehensively to their needs while strengthening the social welfare workforce in South Africa. Over the years the programme has reached over 1.4 million children in an accumulative manner by a group of 5 292 trained CYCWs (Visser et al. 2015). These CYCWs were trained in an accredited training programme certified by the Health and Welfare Sector Education and Training Authority. The CYCWs are also registered with the South African Council for Social Service Professionals as auxiliary or para-child and youth care workers.

Although the Isibindi programme was not originally designed as a cash plus programme, this example demonstrates the importance of having a workforce that is trained to deliver the programme, and that outreach strategies link the most vulnerable children to services in the community and facilitate access to services of various government departments, including social development, education and health. The CYCWs conduct a vulnerability and developmental assessment of a household on which they then prepare a care and referral plan with the caregiver. The CYCWs provide support to caregivers to ensure that the children are registered (obtain identity documents), have a medical health check, engage with teachers, and get a meal and homework support in after-school settings such as Safe Parks or Drop-in Centres. Most importantly, they help children and their caregivers access social assistance such as the CSG, disability grants for adults and foster grants. The CYCWs also refer children to social workers for further assessment and intervention where statutory child protection services may be needed. They provide psychosocial support to children who have experienced grief, trauma or abuse. They offer support and referral to services in cases of drug and alcohol misuse, teenage pregnancy, violence and gang activity. Through the CYCW, caregivers and recipients of the

CSG receive support regarding household budgeting, nutrition and on how to interact with children in their care in a quality manner. Figure 21.1 demonstrates the holistic and integrated model of the Isibindi programme. It is composed of four sub-programmes in which CYCWs are engaged, namely non-centre-based early childhood development; child protection for sexually abused children; disability; and youth development. The focus is on different vulnerability needs of children and interventions in different phases of children’s development, such as early child development, adolescence and early adulthood. It is a community and home visitation programme. The model envisages positive outcomes to be achieved in improved school attendance and performance, health, material/economic well-being (through facilitating access to social grants) and reduced abuse.



Source: National Association of Child and Youth Care Workers (NACCW 2016). Reproduced with kind permission.

Figure 21.1 *The Isibindi programme – an integrated model*

The Isibindi model was evaluated to refine the model for scale-up. One external study was undertaken in KwaZulu-Natal province over a period of two years by Tulane University and financed by USAID (Thurman et al. 2018). The study included beneficiaries enrolled at 13 different Isibindi sites across 5 districts in the province. Sites were selected based on the extent of enrolment of new beneficiaries, with a minimum requirement of at least 20 new children aged 10–17 enrolled between October 2009 and March 2010. A follow-up survey was conducted in May and June 2012 with the same child beneficiaries and their caregivers who had received the intervention for a period of two years; at this point the children were aged 12–19 years. In total, 388 children participated in the study. The findings reported by children and caregivers in interviews and focus-group discussions demonstrated identifiable changes, some of which are summarised below (Magezi 2017). It should be noted that the children in this programme

are among the poorest and most vulnerable children in the country, the majority of whom received some form of social assistance.

- Improved attendance and retention in education (lower dropout). This was largely because of receiving assistance with accessing documentation and navigating their way through the bureaucracy, as well as psychosocial support and access to services to address challenges that hamper retention.
- Lowered rates of teenage pregnancy. Improved reported knowledge of sexual and reproductive health, behaviour management, and greater confidence and self-esteem among young girls.
- Increased adherence of children in the use of chronic medication. This was reported to be because of ongoing monitoring, reminders, psychosocial and other support provided to children with chronic health conditions.
- Decreased use (and abuse) of substances among children and youth. This was reported to be because of improved knowledge of dangers of engaging in high-risk behaviour, the availability of having access to alternative safe activities, and assistance in addressing underlying psychosocial challenges.
- Increased uptake of social grants and retention on social grants among those who were eligible because of obtaining the necessary documents and navigating their way around the bureaucracy.
- Reduced use of corporal punishment in the home because of improved communication and use of alternative methods to discipline children and use of positive parenting strategies.
- Early identification of abuse of children because of the development of a trusting relationship that was built between children and CYCWs. Skills and experience of CYCWs in identifying vulnerability and possible cases of abuse may be another reason for early detection and intervention.

In conclusion, the Isibindi programme is an example of how skilled and well-supervised paraprofessionals are working with vulnerable children and families. The main focus of the programme is to provide support to grant receiving children who are living in difficult circumstances and who need additional support. Isibindi also facilitates access to social grants for children who qualify but do not receive social grants, estimated to be around 18 per cent.

STAWISHA MAISHA: A COMMUNITY APPROACH TO CASH PLUS IN TANZANIA

In Tanzania, an estimated 14 million people (26 per cent of the total population) live below the national poverty line and an estimated 600 000 more are at risk of falling into poverty because of the COVID-19 pandemic (World Bank 2021a). Multidimensional poverty is significant, and efforts to address deprivations in health and education have been significantly hindered by stagnant poverty. Most notably, child stunting remains high with over one third of children under 5 years classified as chronically undernourished (MoHCDGEC et al. 2016). This has long-term implications for the country's human capital and productivity. Recognising this, the government of Tanzania embedded the right to social protection in the Constitution of the United Republic of Tanzania, the National Social Security Policy (2003) and the National

Social Protection Act of 2018. Social protection is a key tool to reach national development objectives of reducing poverty and addressing deprivation and vulnerability.

Tanzania's Productive Social Safety Net (PSSN) is a large-scale government social assistance programme led by the Tanzania Social Action Fund (TASAF) and largely funded by the World Bank. Currently in its second phase, the PSSN II programme reaches over 1.1 million families, including 2.7 million children, living in extreme poverty as of 2021. It aims to improve household consumption and income generation opportunities. As a conditional cash transfer, the PSSN II includes both public works participation and direct support for families without labour capacity. To address the multidimensional nature of poverty in Tanzania, the government, with support from UNICEF, piloted the Stawisha Maisha pilot cash plus model among a small subset of PSSN households in two districts, one in mainland Tanzania and one in Zanzibar. The pilot programme aimed to improve caregiver feeding practices for infants and young children. It directly involved the community surrounding the family to improve the agency, knowledge, attitudes and skills of the participants. More than 10 000 families were supported during the pilot phase, which ended in 2019.

The Stawisha Maisha approach uses several modalities to improve nutrition of children. Embedded in the community structure of the PSSN implementation, the programme supports community education sessions during bi-monthly cash transfer payment days (six times per year). The interventions provide social behaviour change communication (SBCC) interventions to improve knowledge and understanding of caregivers on infant and young child feeding practices. What makes this initiative unique is that the SBCC sessions target both mothers, as the primary caregivers, and the elders in the family, such as grandmothers, who also influence childcare practices. This strategic approach acknowledges the intergenerational influence that household elders and family networks can have on childcare practices while also reinforcing good practices across multiple caregivers in the household. Moreover, the pilot included strategies, such as improving self-efficacy, personal motivation and self-confidence of caregivers, that enable more sustained behaviour change and that potentially translate into more robust nutrition outcomes for children. The initiative is based on a community model, utilising peer-leaders and community management committees to facilitate the SBCC sessions rather than government workers, whose role was primarily to oversee the additional services. This approach aims to encourage more active participation among the PSSN participants, enhance collaboration within the community and build group capacity to identify and solve problems related to child malnutrition.

An endline review of the Stawisha Maisha pilot project was conducted in 2019 with a small quantitative survey and qualitative follow-ups. While not representative, the review identified many positive effects of the Stawisha Maisha pilot (Kajula 2020). In particular, the cash plus initiative was successful in generating enthusiasm among participants, with many reporting improved knowledge of infant and young child feeding practices. The community model also appears to be successful in improving self-esteem and self-efficacy among participants. However, the reliance of the pilot study upon written materials to communicate seemed to limit full uptake of messages by many participants who were challenged by varying levels of literacy. It was also recommended that participation be expanded beyond female primary caregivers to include males to improve men's participation in the programme. Finally, the utilisation of existing government structures for the cash plus initiative greatly increased the reach and the potential for scaling the initiative to reach more PSSN participants. While it has been noted that the lack of a rigorous evaluation of the Stawisha Maisha still leaves many

questions for the government, the review has provided valuable lessons for future implementation of PSSN II. Discussions and planning for Phase 2 of the cash plus initiative began in 2022. Consideration is being given to adaptations, improvements and potential future investments in the national scale-up by TASAF and partners.

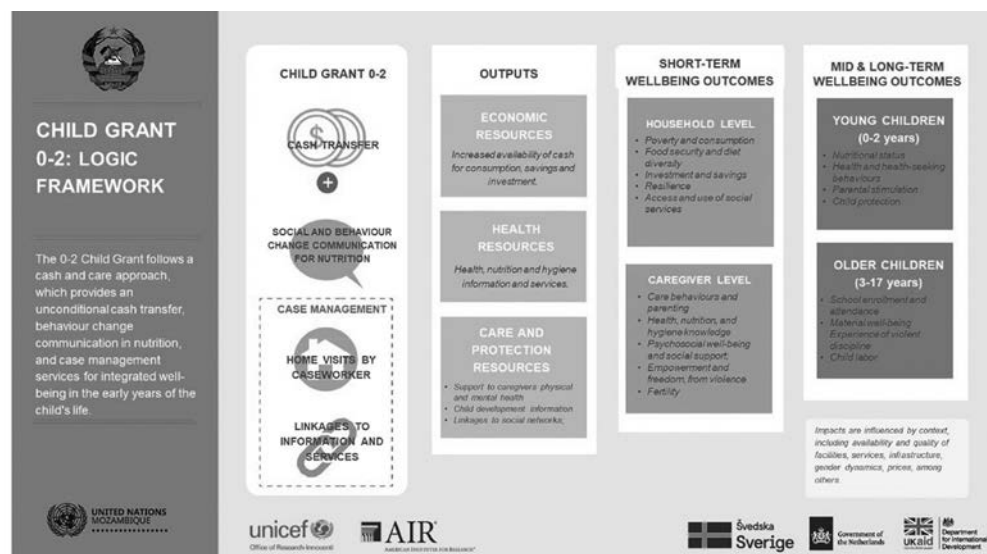
CASH AND CARE: AN INTEGRATED SOCIAL WELFARE MODEL FOR CHILDREN IN NORTHERN MOZAMBIQUE

Mozambique with its 31 million citizens faces an extremely high poverty burden with close to half of the population (46 per cent) living below the national monetary poverty line (World Bank 2021b). Due to multiple shocks, including large-scale cyclones, insecurity and COVID-19, which have hit the country since 2016, both the prevalence and severity of poverty are estimated to have increased. Since 2020, COVID-19 has jeopardised years of hard-won development gains, with about 1.4 million people projected to have slipped into poverty in 2020 (measured by international poverty line of USD 1.90 per day) (World Bank 2021a). Multidimensional poverty affects nearly half of all children, seven million in total, with glaring regional disparities and inequalities, especially between the northern provinces, where 60 per cent of children face multiple deprivations, and those in the south, with just 15 per cent in a similar state (UNICEF 2020).

Social protection is a right for all citizens in Mozambique and is enshrined in the Social Protection Law of 2007. Basic social assistance is a key priority in the country's National Strategy for Basic Social Security (ENSSB II 2016–24), and the national Programa de Subsídio Social Básico (PSSB) provides regular monthly cash transfers to over 445 000 poor households with permanent labour constraints (because of old age, disabilities or chronic disease). However, an evaluation of the ENSSB I found very low representation of children in recipient households, and hence the PSSB is not adequately meeting the objectives of the national strategy (Cunha et al. 2016). The ENSSB II outlines as an objective the need to review and revise the PSSB to establish a social allowance for the elderly and those with functional incapacities and a child allowance. In response to this, UNICEF and the government initiated a pilot child grant programme in northern Mozambique beginning in 2019. The transfer, which reaches households with children under 2 years, has a cash and care model built into the design. The pilot reached over 15 000 children with both regular social assistance while also testing an approach to improve access to nutritional information, behaviour change interventions and services at household level. Figure 21.2 sets out the framework that guided the cash plus approach in Mozambique.

The cash and care component of the child grant comprised, first, a SBCC intervention that included the delivery of a comprehensive nutrition and hygiene information package to reduce stunting prevalence among attending families. SBCC is implemented at the community level through existing platforms, comprising community health workers, community health committees, religious leaders, community radio, community theatre and local/traditional leaders. This community-driven approach also means that any caregiver in the community can participate, not only those families who are receiving the child grant.

The second component involved the provision of case management for all recipients of the child grant. The incorporation of the social welfare workforce is what makes this component innovative. Recipient children's situation was assessed and classified using a vulnerability



Source: Bonilla et al. (2022, p. 6). Reproduced with kind permission. See <https://www.unicef.org/mozambique/media/4821/file/24-Month%20Impact%20Evaluation%20of%20the%20Child%20Grant%200-2%20Component%20in%20the%20Nampula%20Province%20in%20Mozambique.pdf>.

Figure 21.2 Logical framework for Mozambique's child grant cash and care programme

assessment tool. This triage is done at the moment of registration into the programme and identifies the households and children who may be most vulnerable to protection risks. Based on the assessed needs, child grant families are offered basic psychosocial support and counselling, information and resources, as well as referral to locally available services with the aim of improving caregiver capacity to ensure that the child grows to their full development potential. It is noteworthy that while the infant is the entry point into the child grant (recipient must be under 7 months of age to be eligible), all children in the household benefit from the case management support. Again, this component is offered through the existing government structures in place at community and district level, with the aim of ensuring scalability should the pilot be deemed successful.

UNICEF supported the government to undertake a two-year impact and process evaluation of the child grant pilot in 2021. Findings from these evaluations include positive impacts for infants comprising increased birth registration, dietary diversity and childcare interactions in the household. For older children, significant impact was found in improved material well-being, child time use in household chores and income generation as well as a reduction in the use of violent forms of discipline (Bonilla et al. 2022). At household level, poverty and household consumption improved, while there was also a reduction in the stress levels of primary caregivers, intimate partner violence and depression within the household. These are all outcomes that can positively affect the children within the household (Bonilla et al. 2022). These findings are currently being used not only to assess the impact of this cash and care model but also to propose recommendations for revision to programme design and implementation. In part because of these positive findings, the Mozambican government (Mozambique 2016) has decided to integrate the child grant into the national PSSB and also agreed to expand

the intervention to an additional 100 000 children, beginning in 2022. Even prior to the final learnings from the cash and care model, the lessons learnt were already being used to inform future implementation and the scale-up of social welfare services to social protection recipients across the country.

CONCLUSIONS AND LESSONS LEARNT

The models discussed above underscore the importance of tackling poverty by providing social assistance to poor and labour-constrained households or to vulnerable categories of individuals. The country examples go further and demonstrate the feasibility of implementing cash plus models in low- and middle-income countries in the African context. It also demonstrates the potential to multiply the impact of cash transfers through adding complementary interventions and serve to corroborate the rationale for linking cash transfers with family strengthening programmes. The four examples are illustrative of different options of combining cash and care programmes. In the case of Tanzania, the cash transfer is a subset of a public works programme and provides additional supports such as nutrition and health information, with potential positive outcomes reported in feeding and childcare practices (Kajula 2020). This is a novel approach in the African context whereby the cash plus component is delivered through an established platform such as the PSSN. The example from Mozambique illustrates the integration of a care component in a newly designed and created cash transfer programme, while the two examples from South Africa illustrate how complementary services may be aligned with the cash transfer programme by targeting the same population that the CSG reaches.

A common strategy employed across the three countries included interventions that improved access to information, either through education and advice to the recipients (parents/caregivers), counselling, group-based family interventions and peer support or through behaviour change communication strategies. Other strategies that are promising include the integration of social protection with other social welfare services, the formalisation of linkages and/or referrals to basic social services, and the utilisation of case management approaches. The layering of multiple intervention components onto cash transfer programmes was well illustrated across the programmes reviewed. For example, offering caregivers social support through a peer support network or through a parenting group enabled caregivers to learn from one another and find new ways to adapt their caregiving practices. Another key lesson is the importance of incorporating community participatory approaches in the design of cash plus initiatives. This helps to leverage community services, resources and networks that serve to extend the benefits of both cash and complementary interventions. Beyond offering information and services to the caretakers, the case examples demonstrate the important role that paraprofessionals could play as facilitators, mentors and brokers between beneficiaries and government, and in linking beneficiaries to community resources. Having a workforce that is trained, mentored and supervised to deliver the care component is crucial for successful implementation. Additionally, the importance of engaging elders and other family members who are responsible for caretaking of children beyond the primary caregiver is crucial to broaden the influence and overall impact of the cash plus intervention. Group and community-based interventions with a whole family systems approach, such as the Sihlengi'imizi model, and the integrated approach of the Isibindi programme, demonstrate the importance of broadening complementary interventions beyond the child to wider systems strengthening.

The design of successful integrated cash plus interventions also needs to consider the scalability and sustainability of the programme from the onset. Utilising existing structures and factoring in local contexts are key considerations in the early stages of the design of integrated programmes. All four examples are demonstration programmes and have been found to be feasible in their local contexts, with some producing evidence of positive outcomes. All the country examples included governmental and non-governmental partners, international development organisations and an academic institution. These partnerships are critical in ensuring that the lessons learnt can go beyond the pilot intervention and be brought to scale. While the evidence continues to build around the impact that social assistance programmes have on child well-being, it is increasingly apparent that we need to do more to maximise the cash investment. More rigorous empirical evaluations are needed about which complementary components are more effective and for which groups of children and families.

There is still plenty of room to learn, adapt and improve cash plus schemes. While the examples presented here have potential, they are not without their limitations. Cross-sectoral coordination within governments can be greatly improved, bringing the social protection sector and the relevant social sectors together toward a common goal requires political will and commitment at all levels. Making the case for such integrated approaches as a good investment is a continuing conversation and key for national scale-up. Also, services need to be available and of good quality to support caregivers to provide the best care possible for their children. Beyond a commitment to linking services with cash transfer programmes, essential services such as education, health, water and sanitation must continue to be strengthened and expanded. Finally, the limited coverage of social assistance in the region is still a big hurdle that goes well beyond the efforts of integrating services. Until there is universal coverage of social protection for all children, the promising effects of cash plus will not be realised.

All children have the right to survive, grow, develop and participate in a safe and nurturing environment. While cash assistance is one means to enhance child well-being, empowering caregivers helps to ensure that the cash goes even further. Provision of information on nutrition, quality parenting skills and management of household finances are needed. Moreover, increasing support and involvement by communities and social workers, and opening access to services, can go a long way in enhancing children's overall well-being. The potential of cash plus programmes lies in layering cash transfers with information, services and support to achieve better outcomes not only for children but also for their caregivers and for families as a whole. These are important social investments in future human capital that will pay back these investments for generations to come.

NOTES

- 1 For a repository of current and ongoing cash transfer evidence, please visit the website of the Transfer Project, located at the UNC Carolina Population Center, University of North Carolina: <https://transfer.cpc.unc.edu/>.
- 2 The Isibindi Programme was a pilot programme developed by the Department of Social Development (DSD) and the National Association of Child and Youth Care Workers. Due to the findings by the evaluations mentioned, the government has fully endorsed the programme into a DSD-led programme named Risiha, officially launched on 10 September 2021.
- 3 The manual of the Sihlengi'imizi programme is available in electronic format (Patel et al. 2021c; see also Patel et al. 2021a, 2021b; CSDA 2021).

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22. Gender and social protection in Brazil¹

Natasha Borges Sugiyama

INTRODUCTION

Since the early 2000s, Brazil's social protection system – including poverty relief, universal healthcare and social assistance – has undergone incremental reforms that seek to meet the social rights of its citizens. For poverty alleviation, the federal government extended benefits in the form of Bolsa Família (Family Grant) (2003–21),² the world's largest conditional cash transfer programme, which reached nearly a quarter of the population. The universal health system, Sistema Único da Saúde (Unified Health System), reaches vulnerable groups through the community-based Programa Saúde da Família (Family Health Programme), which serves families through integrated primary health teams. More recently, a national system of social assistance, Sistema Único da Assistência Social (Unified Social Assistance System), has brought social workers and psychologists to local communities. While these reforms are relatively recent, enough time has elapsed for an analysis of their gendered effects for Brazilian women. Given that some programmes, particularly Bolsa Família, targeted resources to poor and extremely poor families and have prioritised women heads of households, it is important to investigate how women have fared.

To be clear, advancing women's empowerment has not been an explicit aim of Brazil's social protection system. The federal government's social reforms have sought to expand access to constitutionally guaranteed services by addressing poverty and income inequality in general. And while the feminisation of poverty means women are more socially and economically vulnerable, the government did not emphasise gender equity as a direct policy goal of Bolsa Família (T. Sacchet, personal communication, 5 May 2014). Nonetheless, given the size and scope of the conditional cash transfer and related social services, Brazil's social protection system has had a significant impact on women. After all, nearly all of Bolsa's designated grant recipients were women (Costanzi and Fagundes 2010). Whether conditional cash transfers benefit women has been an important debate among scholars and practitioners (Cookson 2018; IDB 2007, p. 9; Molyneux 2006; Sugiyama and Hunter 2020; Hunter et al. 2021). This chapter uncovers how Bolsa Família, together with complementary social services, can empower poor women. This focus also relates to social protection and social development's concern with addressing different forms of social and gender inequalities (see Chapter 1).

The chapter first provides background information on Brazil's social protection architecture, situating conditional cash transfers alongside the complementary services required for beneficiaries to fulfil conditionality requirements. The next section outlines a framework for conceptualising empowerment and the third focuses on how Bolsa Família and complementary programmes advance women's economic agency, bodily integrity and psychosocial benefits. The final section considers how progress related to gender empowerment may stall going forward due to the current COVID-19 pandemic.

To preview, this chapter argues that federal reformist strategies, most notably through Bolsa Família, broadened women's economic well-being, enhanced bodily integrity and promoted

psychosocial growth.³ Bolsa Família lifted poor women out of destitution and engendered their agency. These relatively modest reforms reveal how small interventions can have important spill-over effects for well-being. Bolder interventions could go further to enable more Brazilian women to experience their full capabilities. As Brazil seeks to recover from the economic and social toll of the coronavirus pandemic, government officials must reinvest in existing programmes and focus on enhancing women's capabilities.

THE ARCHITECTURE OF BRAZIL'S SOCIAL PROTECTION SYSTEM

Incremental reforms to Brazil's Bismarckian social welfare system, which dated back to the early twentieth century, reflect politicians' main approach to fulfil social rights enshrined in the democratic constitution. While the constitution establishes social rights in many domains, progressive reformers in the 1990s were hindered by gaping fiscal deficits that limited resources. 'Access reforms', which incrementally incorporated more citizens from the informal sector into the social protection system, would thus function as the main strategy to serve the poor (Corrales 1999; Hunter and Sugiyama 2009). While the constitution expanded women's standing in important ways, women's rights were not the social reformers' primary lens. Rather, the right to health, education and social assistance lent a progressive vision for the state's obligations to its citizens.⁴ While often conceived as incremental and piecemeal, altogether the federal government has established a robust infrastructure to better address the needs of economically and socially vulnerable citizens.

The Unified Health System was one of the most progressive and socially inclusive measures undertaken in the 1990s, mandating access for all. It was largely financed by the federal government. Local governments oversaw primary healthcare delivery, a crucial entryway for the entire health system. The Family Health Programme provided preventive healthcare in poor and vulnerable neighbourhoods. Teams of health professionals and community health agents provided services in geographically designated territories. The community health agents were leaders who resided in the communities they served and were key interlocutors, building trust between healthcare professionals and the community. In the early years, the Family Health Programme prioritised services to economically vulnerable areas, such as the poorer north-east. Since 2006, the Ministry of Health has had the goal of providing full access to this model throughout the country. While coverage remains uneven, the model is widely regarded as exemplary in providing primary healthcare (McGuire 2010; Harris 2017). Importantly, the Family Health Programme is associated with lower rates of infant mortality, maternal mortality and hospitalisation (Macinko et al. 2006; Guanais and Macinko 2009; Macinko and Harris 2015).

President Lula's administration (2003–10) inherited several targeted social policies that operated across different ministries, leading reformers to develop a single conditional cash transfer to create programmatic efficiencies and effectively target the most vulnerable groups. Bolsa Família, established in 2003, effectively unified distinct voucher and grant programmes to create greater efficiencies. The complementary goal of human development was tied to school attendance and healthcare utilisation. Women heads of households, mostly mothers, were the designated beneficiaries of cash grants and received unique personal identification numbers for bank cards to withdraw monthly funds. Approximately 93 per cent of Bolsa

recipients were women (Costanzi and Fagundes 2010, p. 266). In addition to monitoring their children's compliance with school attendance and health check-ups, they were required to receive healthcare before and after pregnancy and were encouraged to breastfeed their infants. Local schools and healthcare providers – often via the Family Health Programme – regularly updated a national system that monitored family compliance. The size of Bolsa Família peaked in April 2020 with 14.27 million enrolled families. Grant amounts vary according to household composition, including the number and ages of the children.⁵

Reforms to the social assistance sector have also broadened the poor's access to social services. Previously one of the least systematised and organised sectors of the federal social protection system, the Unified Social Assistance System now provides uniform national regulations and funding for local governments to provide social workers, psychologists and related support to communities. Much like the Family Health Programme serves as the entryway for the health system, a network of local community reference centres (Centros de Referência da Assistência Social, CRAS) provides local communities with social assistance. CRAS teams provide a range of interventions to families, such as family support, group counselling, community workshops and referrals to other government services. Failure to meet Bolsa conditionality requirements triggers a visit by a CRAS social worker, with the aim of lending supportive and holistic rights-based assistance (Soares 2011). Rather than punitive action, the goal of CRAS teams is to investigate the family's challenges and help it receive the support it needs to maintain its grant eligibility (CRAS Focus Group, personal communication, 7 July 2011). Specialised social assistance centres (Centros de Referência da Assistência Especializado Social, CREAS) offer support when an individual's rights have been violated. For instance, a woman affected by domestic violence may benefit from CREAS support. Social workers and lawyers can also direct her to services and shelters operated by other agencies and to the police. While the goal is to provide CRAS and CREAS services in sufficient numbers to meet demand, further expansion is necessary.

The federal government's modernisation and innovations in informatics and database management have generated coordination and cooperation across sectors and between local governments and the Ministry of Social Development (the national ministry responsible for Bolsa Família). Local teachers and nurses keep track of compliance with conditionalities and enter data into a national database. The ministry manages compliance through the database to determine eligibility for social services. Registration with the Cadastro Único (or CadÚnico, Unified Registry) is required of all applicants. Data entered into the registry allows federal officials to determine income eligibility for Bolsa Família and run cross-checks to avoid duplication of benefits. The extensive data from the registry, which includes information on family members and hundreds of questions that capture the family's social and economic conditions, allows policymakers to see how economic vulnerability relates to other programme areas and support. Also important, the CadÚnico facilitates the government's active search for eligible beneficiaries to make sure no one slips through the cracks (Wong n.d.).

The architecture of Brazil's social protection system reflects existing gendered social relations and hierarchies. Most policymakers did not set out to transform gendered social dynamics through policy reforms (that is, to disrupt patriarchy or reframe women as workers instead of mothers). Programmes such as the Family Health Programme and Bolsa Família emphasise the family as a unit for engagement and do not necessarily focus on individuals. Pragmatic considerations, such as the large number of women heads of households and family disruptions caused by internal labour migration, were all part of the original rationale for prioritising

mothers as beneficiaries. The legacy of Bolsa Escola, where policymakers choose to prioritise women beneficiaries, reflects effects of policy incrementalism as Bolsa Família maintained a similar programme design (Sugiyama 2012). Importantly, Bolsa Família's focus on women's maternalist gendered roles in managing familial affairs may reinforce, not dismantle, their roles as mothers. Critics of conditional cash transfer programme design have noted their paternalistic and 'patriarchal maternalist' dimensions (Martínez Franzoni and Voorend 2012) and identified challenges some women face in meeting conditionalities (Cookson 2018).

While Brazil's social protection system relies on, and sometimes reinforces, women's maternal roles, this is not to say they cannot nonetheless empower women. The financial assets and expanded access to state resources can contribute to autonomous decision making and feelings of agency. Maternal roles need not inhibit women's ability to exercise agency and autonomy.⁶ In theory, greater empowerment allows women to choose their motherhood roles at the same time as allowing them to actualise their agency socially, politically and economically. The next section lays out a framework for conceptualising how.

CONCEPTUALISING WOMEN'S EMPOWERMENT

The concept of gender empowerment is greatly contested in the academic literature with scholars emphasising different aspects of women's transformations that are thought to be essential, such as women's autonomy and 'feminist consciousness' (Kabeer 1999; Hawkins and Edwards 2014). Moreover, different policies are thought to empower women (Van Eerdewijk et al. 2017). While frameworks that focus on transformations of gendered power relations or maternalist roles offer important insights, this analysis differs by focusing instead on dimensions of empowerment that contribute to women's autonomy. Inspired by economist and Nobel laureate Amartya Sen (1999), this analysis advances a view of empowerment as the expansion of assets and capabilities that give women more control over their lives, enhancing agency to eliminate inequities and unleash greater freedoms. What do women need to enhance their capabilities and achieve greater agency? While not exclusive, three broad areas of advancement are necessary.

First, having the tools and resources to make independent financial decisions is a crucial first step for women to exert autonomy (Sen 1999). Having control over economic resources is important for elevating women's standing with regard to male partners or other family members. The ability to make basic purchases for oneself and others can be dignifying in and of itself. Further, it can increase women's bargaining power within the household and community. Moreover, there is the sense of one's self-worth and satisfaction at being able to navigate the modern world (for example, open a bank account, make larger purchases or obtain store credit). For poor and extremely poor women, economic independence has been a hard-to-realise goal with transformative potential.

A second dimension that is essential for women's empowerment is women's decision making and autonomy over their bodies (Nussbaum 2000, p. 78). Bodily integrity represents the sense of enhanced control of one's person. After all, if women cannot make choices regarding their place in the world, they cannot experience autonomous decision making. Physical autonomy requires the basics, including the power to pursue one's health. For women's reproductive autonomy, the ability to control reproduction and parenthood are particularly fundamental. Health here is broadly conceived and includes the right to take care of one's

mental and physical health. As health is undermined by instances of domestic violence and intimate partner violence, it is important to consider whether poor women have experienced progress. Worldwide, bodily integrity remains an elusive, if long-term, goal for women. Even in countries that have expanded rights for reproductive freedom, gender-based violence render women unable to exert bodily autonomy. This chapter focuses on the particular vulnerability for poor women with an eye toward incremental progress that can come from greater physical autonomy and mental and physical health.

Finally, psychosocial growth constitutes a third dimension of empowerment because deprivation has deleterious psychological effects (Narayan et al. 2000; Samuels and Stavropoulou 2016). Poverty contributes to emotional stress, including feelings of despair, resignation and the sense that one cannot control one's life. Alongside deprivation, such feelings can also contribute to social isolation, leaving individuals less likely to turn to their community or government officials for help. As psychosocial growth is important for self-actualisation, it is important to consider whether Bolsa beneficiaries felt an expanded sense of agency. Did they feel a sense of self-efficacy? Did they feel they could approach local officials for service provision? These feelings are crucial for women not only to realise the benefits of Brazil's social rights schemes but also to demand access to such programmes. In a political context where such rights may be under threat, women's agency will be essential for political action.

The framework presented here, which identifies the importance of economic independence, bodily integrity and psychosocial growth for women's empowerment, emphasises the complexity of advancing women's capabilities to further agency. Empowerment is multi-dimensional; as such it would be hard to imagine that a single policy intervention would adequately address all these areas. This is even more so because policymakers did not design Bolsa Família as a tool to advance gender equality. We should not take for granted that women beneficiaries controlled financial resources once withdrawn from banks. The infusion of cash could challenge men's traditional gendered roles as primary breadwinners, thus disrupting existing household power dynamics in ways that rendered women more vulnerable to family conflict or violence. Further, the programme's emphasis on means testing might have led some to feelings of stigma furthering social isolation. Such sentiments would be antithetical to the feeling of agency that is necessary for women to fulfil their capabilities (Sen 1999). As Bolsa Família was designed primarily to address household deprivation and address intergenerational poverty, for the benefit of the children, there is reason to be sceptical that conditional cash transfers could enhance agency for women beneficiaries. The next section draws on research on whether the Bolsa nonetheless advanced women's empowerment.

HOW BRAZIL'S SOCIAL PROTECTION SYSTEM ADVANCES WOMEN'S EMPOWERMENT

How might Brazil's network of social protection advance gender empowerment? This important question has been relatively underexplored by scholars. Few impact evaluations have tackled the issue utilising controls – with pre- and post-treatments – because the government rolled out the programme very quickly. Even fewer impact evaluations have employed voices of women beneficiaries (Rego and Pinzani 2014; Sugiyama and Hunter 2020). This analysis thus reports on a mix of research findings that employ different research methods, including

interviews and surveys, to uncover the experience of poor and vulnerable women Bolsa participants.

Economic independence, the ability of women beneficiaries to control Bolsa Família funds, is a crucial first step. Surveys of female grant recipients largely show they alone accessed grant funds (Lavinás et al. 2012, p. 38). The delivery method for the grant, which involved a bank card with unique personal identification number, has been an important feature in this regard. Since there were no specifications on how funds could be used, there was potential for financial autonomy in decision making. Several studies show that women exercised decision-making control. A 2007 survey by the non-profit IBASE (2008, p. 15) finds that nearly 40 per cent of women reported an increase in decision-making power over the family's resources. Sugiyama and Hunter (2020) report that women participants in focus groups in the north-east of Brazil consistently said they used funds as they saw fit and directed assets to children and household needs, such as school supplies, food, shoes and clothes. In those same focus groups, none of the respondents reported that the funds created conflict between men and women. In one NGO-led study, a small sample, 3.7 per cent, indicated family conflict over use of Bolsa assets (Costa 2008, p. 8).

An important spill-over effect of Bolsa's design is that poor women gained access to identity documents to complete the CadÚnico. Brazil's Weberian bureaucracy requires that individuals have basic identity documents to access governmental services (for example, enrol in school or access healthcare services) and engage in economic transactions (for example, make a large purchase such as a cell phone or refrigerator, open a bank account or obtain credit at a store). They also matter for political life: without an ID one cannot enter many governmental buildings or acquire a voter registration card to fulfil compulsory voting obligations. In a context where formal sector employment with a signed worker's card is one of the most important markers of full citizenship (dos Santos 1987), identity documents are necessary to obtain such paperwork. In a survey of three municipalities in the north-east, 18.6 per cent of respondents said they obtained some kind of documentation to complete the CadÚnico (Sugiyama and Hunter 2020, p. 59).

Historically, women's access to documentation was hindered by a patriarchal system that impeded their ability to acquire birth certificates independently.⁷ The birth certificate is the single most important document because it precedes all others. Research by Hunter and Sugiyama (2018) in Brazil's north-east underscores the contributions of Bolsa Família in driving demand for birth certificates (for adults and their children) and for other basic documents needed to complete the CadÚnico.⁸ As many women cited their male partners' unwillingness to claim paternity as a major obstacle to acquiring birth certificates for their children, finding solutions for birth certificates was extremely important for the promotion of gender equity. In one case, a woman expressed a sense of relief for having at last taken steps to acquire her school-age daughter's birth certificate. With that birth certificate in hand, she would finally be able to include the daughter in her Bolsa Família registration (Hunter and Sugiyama 2018). Multiple federal and local agencies have played a large role in facilitating expanded access to birth certificates as well other documents (B. Garrido, personal communication, 26 May 2014; A. Butto, personal communication, 1 July 2011).

One area where Bolsa Família fell short is in furthering women's economic independence beyond the financial assets provided by the grant. While economists have found the grant does not depress household interest in paid labour (De Brauw et al. 2015; MDS 2012, p. 31), the grant did not help beneficiaries attain the training they need to engage in paid labour. This

would explain why ethnographic accounts emphasise that women express the desire to gain skills, training and paid work in the formal sector (Sugiyama and Hunter 2020, p. 61). For many, the ultimate goal is to have a formal sector job that pays well and has benefits. That Bolsa Família largely focused its investments on human development related to children and neglected women's workforce development, a missed opportunity for furthering women's economic independence.

Women Bolsa recipients need to have bodily integrity – autonomous control over one's person – to achieve their full capabilities (Nussbaum 2000, 2005). Since much of the programme's conditionalities focused on women's reproductive roles (for example, prenatal and postnatal health check-ups and breastfeeding), the emphasis on functional maternalism may seem antithetical to the promotion of women's physical autonomy. Yet there is some preliminary evidence to suggest that women beneficiaries started taking more control of their bodies and health. For instance, a large-scale study found an association between women's Bolsa participation and their increased control over contraception decisions (De Brauw et al. 2014).⁹ Control of contraceptive use is important not only for women's autonomous bodies but also for the fundamental decision to parent. Moreover, control over timing of pregnancy and child spacing is very important for women's overall health (Ahmed et al. 2012). Public health research has also identified other associations between Bolsa participation and other health benefits, including reduced rates of hospitalisation (Guanais and Macinko 2009). A research survey by IBASE (2008) finds that 42 per cent of respondents reported they increased their own healthcare utilisation. Another study, by Bartholo et al. (2017, p. 16), finds that the percentage of women who received no prenatal care declined from approximately 17.7 per cent in 2005, the year after Bolsa was initiated, to 5.7 per cent in 2009. As maternal mortality is associated with prenatal healthcare, such efforts impacted not only infant mortality but also maternal well-being.

How might Bolsa Família promote women's overall health? Part of the answer relates to increased healthcare utilisation. Qualitative research on the intersection between Bolsa and the Family Health Programme offers additional cultural context. As Sugiyama and Hunter (2020) report, Bolsa Família brought women into more regular contact with Family Health Programme health teams. Even if a mother came to the clinic for her child, the Family Health Programme nurse would use the opportunity to encourage the mother to take care of her health. The nurse would inform women of the benefits that come with regular health screenings (for example, breast and cervical cancer screenings). These conversations were delicate because some women have been socialised to think pelvic exams are taboo¹⁰ and their male partners would object. But the nurse advocated for women's health and hoped that self-care would eventually become habit forming (Sugiyama and Hunter, 2020, p. 62). In a different north-eastern community, Sugiyama and Hunter (2020) highlight how Bolsa participation brought vulnerable women into contact with social workers in CRAS. Families that failed to fulfil their conditionality requirements were flagged for follow-up by a social worker. The philosophy was that difficulty meeting the medical or educational requirements signalled the need for support rather than immediate sanctions. The outreach by CRAS teams to such families helped to bring vulnerable female beneficiaries into their orbit to access greater social support (Solon et al. 2018). This work is especially important for promoting mental health because Bolsa beneficiaries experienced extreme stress (Do Prado et al. 2016; CRAS Focus Group 2011). This may explain why Alves et al. (2018) find an association between Bolsa participation and lower suicide rates. In sum, the Bolsa programme had some ancillary health

effects for women because it brought them out of social isolation and into contact with social service providers. In the first instance, providers took the lead with outreach. But in the long term, it is possible that women recipients would come to demand access to such health and mental health services.

Whether Bolsa contributed to women's physical autonomy from violence (for example, domestic violence, intimate partner violence or other forms of aggression) is an underexplored area of research. Public health research identified positive relationships between Bolsa participation and reduced rates of homicide and hospitalisation because of violence (Machado et al. 2018). Violence against women in Brazil is a serious and long-standing problem (Gukovas et al. 2016). Bradshaw et al. (2019) acknowledge that the root of gender-based violence is complex and its linkages to the feminisation of poverty are difficult to disentangle. While greater economic independence might allow women to resist violence by leaving abusive partners, the grants were not high enough to cover the costs of re-establishing themselves in a new household. Importantly, the infrastructure related to domestic violence in Brazil (for example, shelters or police stations dedicated to women) was relatively disconnected from the core services that most Bolsa beneficiaries would connect with through the programme. Research is needed to identify whether engagement with cash transfers influences rates of gender-based violence.

Finally, did women Bolsa beneficiaries experience psychosocial growth? Research on how beneficiaries *feel* about their engagement with social assistance is important and relatively underexplored in programme impact evaluations. Qualitative studies offer important insights. Mothers experienced negative judgement from the community when they are unable to clothe or feed their children. They were sensitive about their children's appearance in public, such that being unable to provide shoes, for example, is commonly identified as shameful or embarrassing (Hunter and Sugiyama 2014). Thus the grant allowed them to feel better about themselves and their ability to parent because they could take better care of their children's needs. Sugiyama and Hunter (2020) suggest that the financial assets contributed to an elevated sense of self-esteem and dignity. As one research participant from Pau Brasil explained: 'I feel satisfied, I get so happy when my grant arrives'; and another woman from Camaragibe stated: 'I myself feel independent. It's me, it's as if I worked and had a salary' (cited in Sugiyama and Hunter 2020, p. 65). This kind of experience reflected their heightened sense of agency.

Another area where regular financial assistance produced gains for women comes in their social standing with the community. The regularity of payments helped women manage their family's finances and avoid the financial turbulence that comes with informal and irregular work (Hagen-Zanker et al. 2017). As Sugiyama and Hunter (2020, p. 65) explain, not having to beg is dignifying. Interview subjects in Brazil's north-east emphasised that Bolsa Família was important because they could stop begging for help from the church or no longer needed to become indebted to family members. The regularity of payments also meant that shop owners knew Bolsa recipients were creditworthy. Brandão et al. (2007) note that beneficiary mothers reported a heightened sense of status in the community; no longer indebted to store owners, they felt better about themselves.

While perhaps hard to measure, there is evidence that poor women's heightened ability to acquire documentation for themselves and their children increased their sense of autonomy (Hunter and Sugiyama 2018). Having documentation enabled women to enrol in the CadÚnico by themselves. As one focus group participant proudly exclaimed, she did not tell her male partner she had enrolled in the programme. She reported on her achievement with satisfaction

at her savvy (Sugiyama and Hunter 2020, p. 61). This solution was possible because the programme's design did not require notification or consent of male partners. Overall, having documentation allows women to engage in status-enhancing activities, such as making purchases with their own credit.

Much of the reason that Bolsa worked to enhance women's autonomy and self-esteem relates to the programme's policy design and clean operations. The federal government made a point of emphasising Bolsa Família as a fulfilment of its social rights obligations. Programme brochures, pamphlets and posters highlighted this rights framework (Hunter and Sugiyama 2014). Further, the programme's clean operations (Fried 2012; Sugiyama and Hunter 2013) and rights-based interactions with state agents meant women applicants were not systematically subject to whims of local social workers or political power brokers (see also Chapter 3). These are institutionalised dimensions that would need to be maintained to further women beneficiaries' psychosocial growth.

PANDEMIC CHALLENGES FOR GENDER EMPOWERMENT: THREATS TO SUSTAINED PROGRESS

The coronavirus pandemic, the economic crisis and the political toll of President Jair Bolsonaro's far-right populist leadership severely threaten to hinder the country's progress on social inclusion. Women have borne a large share of the social and economic cost of the pandemic due to increased care work and lost wages, a phenomenon experienced by women globally during the COVID-19 pandemic (see Chapter 25). Brazil's well-established social safety net should offer a minimum floor of social protections during these times. However, the pandemic has revealed deep socio-economic vulnerabilities, and investments are necessary to further support citizens. Despite many uncertainties, clear signs point to lasting consequences for well-being, and recovery will require active state intervention.

The human toll of the pandemic on Brazilians has been enormous. As of November 2021, Brazil had the second highest officially reported death toll in the world (over 600 000 reported deaths, second only behind the United States). An estimated 22 million Brazilians have tested positive for COVID-19, likely a great undercount as testing was initially hard to do (CRC 2022). At the height of the country's pandemic in March and April 2021, hospitals were on the brink of collapse and experienced shortages of supplies and staff. At the same time, the economic downturn meant severe disruptions to the labour market: 13 million jobs were estimated lost between December 2019 and August 2020 (Al Masri 2021). Informal workers, women and younger workers faced the most disruptions, with higher rates of unemployment and lost wages.

Brazil did not need to experience such dire COVID-related outcomes. The country's surveillance and universal health systems were well regarded worldwide (Harris 2017; McGuire 2010). Universal health coverage under the Unified Health System guarantees access, albeit uneven, to medical care. Additionally, previous examples of well-run vaccination campaigns – for instance, administering 17.9 million polio vaccines in a single day (Barbara 2021) – suggest that health professionals could have administered COVID vaccinations efficiently. Childhood vaccinations were necessary under Bolsa Família and beneficiaries are already socialised into the practice. Although President Bolsonaro has stoked vaccine hesitancy with

his public statements questioning their safety and utility, there has been strong uptake of the vaccine.

President Bolsonaro, who emphasised the importance of COVID's economic toll, discredited and undermined safety measures to mitigate the spread of the coronavirus (Lancet 2020). Administratively, the federal government prioritised economic spending over health-related areas for investment (Cardoso et al. 2020). Symbolically, the president's dismissals of COVID-19 as nothing more than a cold undermined efforts to inform the public about the risks of contracting the virus. Constant messaging from Bolsonaro – from dismissing the benefits of masks and social distancing to misinformation about 'treatments' – fuelled confusion among citizens. Governors who embraced public health advice to issue lockdowns or mask policies faced hostile responses from Bolsonaro. Beyond presidential rhetoric, the state apparatus at the federal level fell short. The Ministry of Health had a revolving door of ministers, some of whom lacked the expertise to lead the country's pandemic response. The result was an initially slow response to the pandemic and delays in purchases of COVID-19 vaccines. The charges of malfeasance against Bolsonaro's leadership have been so damning, Congress opened an investigation into possible negligence. A polarised society has increasingly taken to the streets to protest, both for and against Bolsonaro. Against this political backdrop, it is important to assess the implications for women's empowerment. To explore the effects of the pandemic on Brazil's social protection system and progress for women's empowerment, we return to the three dimensions of economic independence, bodily integrity and psychosocial growth.

Economic Independence

Two economic programmes sought to address the economic disruptions caused by the pandemic. A large-scale emergency cash payment programme, Auxílio Emergencial Federal (Emergency Aid), of 2020 went to informal and poor households, and an employment retention scheme supported formal-sector jobs that introduced a temporary reduction in working hours. The Emergency Aid programme was costly and massive in scope, costing about 4 per cent of the gross domestic product (GDP) in 2020 and reaching about 38.6 per cent of all households. Meanwhile, the formal sector programme cost about 0.6 per cent of GDP and covered about 25 per cent of private employment (Al Masri 2021, p. 4). To qualify for Emergency Aid, individuals had to be 18 years of age, hold an informal job or be unemployed, not be the holder of another welfare benefit except for Bolsa Família, and have a monthly per capita family income of up to half the minimum wage (BRL 522.50 or USD 150) or a total monthly family income of BRL 3135 (USD 608) (Al Masri et al. 2021). Only two members of the same household could receive the grant. Importantly, women in single-headed households with children were eligible to receive twice the amount of aid.

The CadÚnico served as a backbone for the government's delivery of Emergency Aid benefits since a large fraction of Brazil's poor households were already in the registry. Officials automatically assessed whether those families were eligible and switched those deemed eligible to Emergency Aid benefits. Those not in the registry had the opportunity to apply for benefits through an app tied to a federal bank, Caixa Econômica, which is the entity that delivered Bolsa Família benefits. Economic analysis suggests that Emergency Aid in 2020 was successful in cushioning the blow of the crisis on the livelihoods of Brazilians, particularly poor Brazilians, and reduced poverty and income inequality to 4.4 and 0.51 per cent respectively, lower than their pre-COVID levels (Al Masri et al. 2021, p. 27). Research also highlights that

Emergency Aid had a significant and positive impact on poor Afro-Brazilian women when compared to other groups (Fares et al. 2021). Due to the size and cost of the programme, Emergency Aid payments ended in December 2020 and a scaled-down version was renewed in the second quarter of 2021. However, the long-term cost of sustaining income transfers for poor and vulnerable workers remains a concern.

The government's early intervention to prop up incomes for workers' lost wages had important gendered outcomes. As women are overrepresented in the service and informal sectors, both of which were hindered by lockdowns and other social distancing practices, Emergency Aid helped women heads of households meet their families' basic needs, especially for food. The initial decision to expand Bolsa Família by one million households and automatically transfer eligible Bolsa Família recipients to Emergency Aid had positive effects for poor women households. The roll-out of Emergency Aid in 2020 was not without problems from a gender equity point of view, and political battles over prioritisation of women for benefits showed that the issue is a contested one. Media reports highlighted some women's difficulties in accessing full Emergency Aid benefits when former male partners or non-custodial fathers registered for benefits first, listing children under their own names. Approximately 19 000 mothers were locked out of benefits for their custodial children (Lemos 2020). In July 2020, Congress passed legislation designating women heads of households as the preferred designated beneficiaries and eligible for double payments. The legislation also allowed for male single-headed households with dependent children eligible for similar benefits. But Bolsonaro vetoed the measure. The 'New' Emergency Aid Plan 2021, which is more limited in size and scope, only partially resolves the gendered prioritisation of benefits by clarifying that single female custodial parents have priority and establishing decision rules for other scenarios when there are two eligible adults in a household (UNICEF 2021).

Income transfers have clearly been vital to sustaining lives during the pandemic. Moving forward, grants must be provided in sufficient amounts to continue helping families meet their basic needs. Prior to the pandemic, Bolsa's purchasing power had declined steadily over time (Layton 2018), so families will need to be given adequate resources. At the same time, efforts must be redoubled to direct grants directly to women beneficiaries so they can exert some financial independence and autonomy. Policymakers should not take for granted that the social dynamics that existed prior to the pandemic, where women beneficiaries were able to exert control over assets, will continue in the years to come.

Bodily Integrity

The confluence of the pandemic's social distancing and isolation practices and temporary programme changes to Bolsa Família conditionality enforcement is likely to have significantly limited poor and vulnerable women's ability to exert bodily integrity. As explained above in the pre-pandemic context, many women Bolsa Família beneficiaries and service providers reported that programme conditionalities assisted in the procurement of complementary social services, especially healthcare and mental health support provided by social workers. While the temporary suspension of enforcement of conditionalities is necessary, it runs the risk of further isolating women beneficiaries. Relief from enforced conditionalities can reduce stress, but beneficiaries can also lose the connectivity to state officials that can remove them from social isolation and expand access to state resources and support. It may well take the resumption of supportive monitoring with an adequate supply of health and social services to see an

impact in this area. As the pandemic has deepened vulnerabilities for many women, it will be important for CRAS not only to resume its full operation but also to expand its service to cover the eligible population fully.

One of the clearest consequences of the pandemic for women's bodies has been the increase in gender-based violence. Violence against women was already on the rise in Brazil prior to the pandemic. In addition to the pre-existing social context that contributes to violence against women (for example, gender inequality, patriarchal systems, *machista* culture and misogyny), the pandemic has contributed to many aggravating factors that render women vulnerable to violence: increased social isolation, economic pressures, greater demand for care and reproductive work, increased stress and emotional difficulties, drug and alcohol abuse, and the reduction in services to address the problem (Alencar et al. 2020, p. 9). Survey data collected during the pandemic shows that 17 million women, one in four over the age of 16, reported having experienced sexual, psychological or physical violence and aggression in the previous 12 months (Bueno 2021, p. 10). This figure may be an undercount, as in the same survey 5 in 10 respondents reported seeing violence directed toward women in their neighbourhood or community in the same time period (Bueno 2021, p. 10). Yet the federal government has taken tepid steps toward addressing this violence. Moving forward, the federal government should do far more to build an infrastructure to address gender-based violence.

Psychosocial Growth

The feeling of agency that comes living an autonomous and dignified life can be hard to measure, particularly during a pandemic. Research is needed to determine whether Emergency Aid lifted the self-esteem of millions of poor and vulnerable women by enhancing their ability to meet their basic needs. However, the intermittent and temporary nature of Emergency Aid grants may limit their overall contribution to reducing the stressors associated with poverty and irregular income. Whether Emergency Aid also had an effect on broader feelings of agency and solidarity so that women could advocate for themselves and their communities is important to explore.

On aggregate, Brazil has witnessed a resurgence of mass protests and organising in 2020 and 2021 (Carnegie Endowment 2022). Poor and informal women workers may have been motivated to join such collective action protests.¹¹ In April 2020, a broad coalition of NGOs, trade unions, social movements and advocates for informal workers came together to press Congress for a cash transfer programme to deal with the sudden loss in income caused by the pandemic (Orofino 2020). President Bolsonaro initially rejected this initiative because he was hesitant to increase spending (Abers et al. 2021; Blofield and Filgueira 2020). In the absence of state action, mutual aid organising and solidaristic activity in poor areas, the *favelas*, emerged from below Abers et al. (2021, p. 339). Other mass protests condemning racism and racialised police violence have highlighted long-standing problems in the country. In late 2020 and early 2021, mass protests criticised the government's poor response to COVID-19 (high death rates, poor supplies and lack of vaccines) and to allegations of corruption, and called for the impeachment of President Bolsonaro. Researchers should explore whether gender, income, and Bolsa Família and Emergency Aid recipient status have influenced the willingness of individuals to protest for political change (see also Chapter 3).

CONCLUSIONS

While not designed to advance women's empowerment, Bolsa Família led to important gains for women beneficiaries. As this chapter argues, the programme furthered women's capabilities and expressions of agency. The benefits were most clearly evidenced in areas related to autonomous financial decision making. Feelings of agency and satisfaction that come with greater financial resources have been important for women's feelings of efficacy and self-esteem. Some of these outcomes were directly related to the assets provided by the grant, while others emanated from the spill-over effects that came from greater documentation. Being able to care for one's body was another important step toward furthering bodily integrity, although much more progress in this domain is needed.

Under current constitutional spending limits, it will be hard for social protection investments to grow in the absence of significant economic growth. The pandemic has exacerbated underlying economic and gendered inequalities, threatening the progress that Brazil had made through much of the first two decades of this century. It is likely that some combination of alterations to spending limits and tax reform are required for Brazil to expand its capacity to provide a minimum basic income, to fund healthcare adequately, to address gender-based violence and to expand social assistance. The administrative infrastructure laid out by the state before the pandemic showed some resilience and strength, particularly in being able quickly to identify needy families eligible for Emergency Aid. But questions about the centrality and importance of addressing gendered inequalities remain. Future investments and explicit commitments to women's empowerment from Brazil's leadership are necessary for further progress.

Lessons from Brazil's experience with conditional cash transfers are relevant worldwide. An estimated 750 million people in low- and middle-income countries are now recipients of cash transfers (Arnold, cited in Molyneux et al. 2016, p. 1087). There has been considerable debate over the necessity of programme conditionalities (Hanlon et al. 2010), with important questions about the burdens they place on women beneficiaries (Cookson 2018; Molyneux 2006). The analysis presented here suggests that conditionalities – when combined with functional and supportive complementary infrastructure of social support – can benefit women. Future policy interventions should incorporate the experiences and perspectives of poor and vulnerable women.

NOTES

- 1 Many thanks go to Wendy Hunter and Leila Patel for their previous collaborations on cash transfer and women's empowerment.
- 2 The Bolsonaro administration ended Bolsa Família in 2021. Under Provisional Law (No. 1061, 9 August 2021), Bolsa Família was replaced by Auxílio Brasil (Brazil Aid) in November 2021. The roll-out of Auxílio Brasil has been mired by the lack of earmarked funding and uncertain congressional approval. Auxílio Brasil, a cash transfer programme, excludes educational and health conditionalities (Decree No. 10 852, 8 November 2021).
- 3 This chapter draws on insights from Sugiyama and Hunter (2020) and Hunter et al. (2021).
- 4 Benefício da Prestação Continuada, a non-contributory pension for the elderly poor and disabled persons, was established in 1996.
- 5 For an excellent overview of Bolsa Família, see Layton (2018).
- 6 As Narayan (2002) notes, expressions of autonomy can differ by context.

- 7 On Brazil's notary public system and paternity requirements, see Hunter and Sugiyama (2018).
- 8 For instance, a state-issued identification card or federally issued taxpayer identification number.
- 9 Brazilian Catholics embraced contraceptive use as early as the 1960s, despite church teachings against it. National studies show Brazil has very high contraception prevalence rates among married women or in partnerships (Cavenaghi and Alves 2019, p. 12).
- 10 A.C.S.d.S. Bispo (personal communication, 25 June 2009) explained there is cultural resistance due to a lack of information in her rural community. Some women worry their male partners would object to pelvic exams because it would suggest that they are promiscuous. Clarifying misconceptions and encouraging women to take care of themselves, despite possible objections from male family members, thus becomes an important part of the work.
- 11 For an excellent piece on social vulnerability and political participation, see Brooks (2014).

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23. Social security for persons with disabilities across low- and middle-income countries: an overview on lessons learnt and pathways toward greater inclusivity¹

Stephen Kidd, Diloá Athias and Holly Seglah

Globally, more than one billion people over the age of 15 live with a disability and, of these, 110–190 million experience very significant difficulties (that is, they have impairments which have a direct impact on their life choices) (WHO and World Bank 2011). With persons with disabilities representing 15.3 per cent of the world's population, on average one household in four includes a person with a disability. In some countries, the proportion is even higher: for example, in Uganda and Uzbekistan, around 45 per cent of households include a person with a disability (Kidd et al. 2019b). Therefore, if the Sustainable Development Goals are to be achieved by 2030, it is imperative that the challenges faced by persons with disabilities are addressed. Persons with disabilities are not only more likely to live in poverty than persons without disabilities, but poverty itself is a key driver of disability (Banks and Polack 2014).

Social security plays a key role in offering persons with disabilities income security (see Chapter 4). Figure 23.1 presents an ideal representation of the type of schemes that are found in countries that have well-developed disability-inclusive social security systems offering support across the life course. Some schemes are disability specific: in other words, eligibility is restricted to persons with disabilities. Common disability-specific schemes comprise disability benefits for children, income replacement schemes for working-age adults who are unable to work (often referred to as disability pensions) and personal independence payments to compensate persons with disabilities for the additional costs they experience resulting from their disability. In addition, countries offer old age pensions so that, on reaching the age of eligibility for the old age pension, those in receipt of a disability pension are transitioned onto the old age pension. Old age pensions are an effective means of reaching persons with disabilities given that a high proportion of older people tend to experience some form of disability. Effective disability-inclusive social security systems tend to be multi-tiered, offering a mix of tax-financed and social insurance schemes. The tax-financed schemes provide a minimum income guarantee while the social insurance schemes offer a higher benefit to those who can no longer work due to disability if they have contributed to the social insurance system while in employment. Well-designed disability-inclusive systems also provide income support to those who have had to give up work to care for family members.

Across high-income countries, disability-specific benefits – combined with old age pensions and disability-inclusive investments in other public services – have transformed the lives of persons with disabilities. In fact, across the member countries of the Organisation for Economic Co-operation and Development (OECD), annual spending on disability-specific benefits averages almost 1.7 per cent of gross domestic product (GDP) (OECD 2022). However, across many low- and middle-income countries, disability-specific benefits are

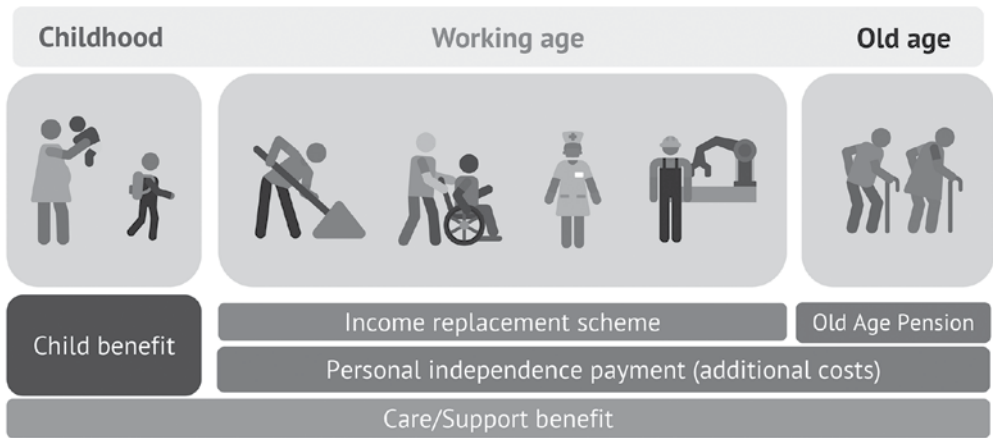


Figure 23.1 Ideal representation of a disability-specific social security system

either non-existent or reach few people, leaving persons with disabilities without the financial support they require. More countries offer old age pensions, but where these are not combined with disability-specific benefits, persons with disabilities are left without support until they reach old age.

This chapter examines the provision of disability-inclusive social security across low- and middle-income countries and argues that offering social security benefits to all persons with disabilities is feasible. It begins by briefly setting out the rationale for offering disability-specific benefits before undertaking a global comparative overview of current schemes in low- and middle-income countries, examining the key characteristics of coverage, transfer values, cost and potential impact. The chapter provides an in-depth analysis of disability-specific social protection policies and augments the global overview of social protection in Chapter 4. The chapter concludes by estimating the costs and likely impacts of implementing disability-specific social security systems globally.

THE RATIONALE FOR DISABILITY-SPECIFIC BENEFITS

Across low- and middle-income countries, 4.5 billion people have levels of per capita consumption below USD 10 per day (in purchasing power parity terms) (World Bank 2022), meaning that the vast majority would be considered as living in extreme poverty in high-income countries (Kidd et al. 2022b). In most countries, persons with disabilities experience even greater precarity and, on average, have lower incomes than persons without disabilities, often due to lower levels of education and discrimination experienced in the labour market, while a small number are unable to work (Kidd et al. 2019b; Eurostat 2015).

Many persons with disabilities face additional costs due to their disability when participating in society, for example when attending school or engaging in the labour force, sometimes called a ‘conversion handicap’ (Sen 1999). The costs can be the result of more expensive transport, ongoing medical treatment and rehabilitation, assistive technologies, household adaptations or human support (Palmer et al. 2015; Mitra et al. 2013). Therefore, when a household including

a person with a disability has the same income as another household, its effective standard of living is lower. These disability-related costs can be significant: in China it has been estimated that, for adults with disabilities, the costs as a percentage of income are anywhere between 8 and 43 per cent; in South Africa, they are around 40 per cent for households with a person with a severe disability (Wapling and Schjoedt 2019b; Kidd et al. 2017; Kidd et al. 2018; Loyalka et al. 2014). When these additional costs are taken into consideration, the real poverty rates for persons with disabilities increase considerably: for example, in Indonesia, while the poverty rate for households with persons with disabilities was 30 per cent higher than for households without persons with disabilities, it rose to 69 per cent when the additional costs of disability were considered (Kidd 2014).

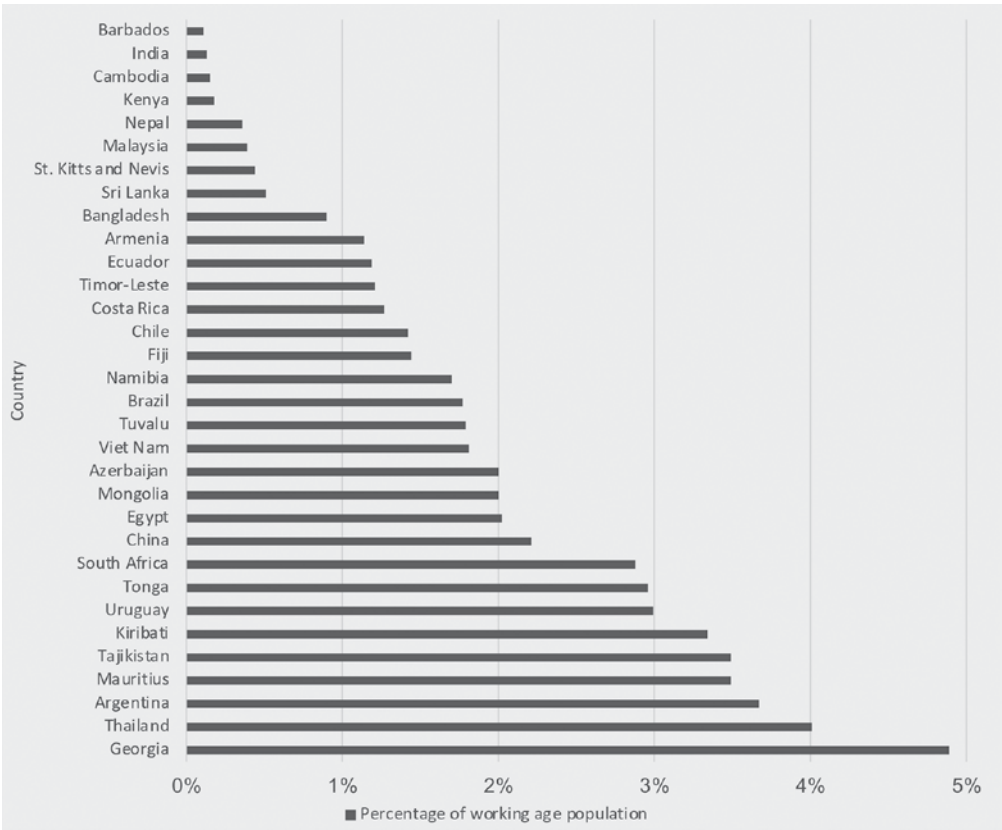
A failure to address the challenges facing persons with disabilities can have a profound impact on individuals, households, communities, broader society and national economies. For example, across ten low- and middle-income countries, losses in productivity due to not effectively addressing disability range from 1 to 7 per cent of GDP (Buckup 2009). While support to persons with disabilities should be provided across a range of public services, social security has a critical role in offering persons with disabilities not only a minimum guaranteed income but also compensation for the additional costs they experience so that they can enjoy equality of opportunity with other members of society. The next section offers an overview of disability-specific benefits across low- and middle-income countries.

AN OVERVIEW OF DISABILITY-SPECIFIC BENEFITS ACROSS LOW- AND MIDDLE-INCOME COUNTRIES

In total, 46 low- and middle-income countries offer tax-financed disability-specific benefits for adults, while 32 provide child disability benefits. In addition, at least five countries offer caregiver benefits: Malaysia, Mauritius, Mongolia, Tokelau and Viet Nam. While it is positive that tax-financed disability benefits are in place in some countries, they are absent in most. Many countries, though, offer disability benefits via social insurance, although coverage is usually low and biased toward men as they are more likely to be in the formal labour market paying social insurance contributions. There are some exceptions: in Uzbekistan, for example, most persons with disabilities receive support through the social insurance system (Kidd et al. 2019a). Older people with disabilities are more likely to receive financial support since 65 low- and middle-income countries provide tax-financed old age pensions (Tran 2021).

Coverage of Disability-Specific Benefits

The existence of a disability-specific benefit or old age pension does not mean that most persons with disabilities receive support. Information on the coverage of disability-specific benefits is limited while reliable information on the prevalence of persons with disabilities within countries is often challenging to find. Therefore, to give a comparison on coverage between countries, Figure 23.2 shows the percentage of the working-age population that receives disability-specific benefits. There are significant disparities between countries, with only six having coverage above 3 per cent of the working-age population. In addition, when social insurance benefits are taken into account, coverage in Uzbekistan is also above 3 per cent (Kidd et al. 2019a).



Source: Calculations based on administrative data from various sources, including the Development Pathways Disability Database (Development Pathways 2019) and internal disability benefit databases developed by Development Pathways (2022). Additional information was sourced from the Asian Development Bank’s recent country specific social protection index reports.

Figure 23.2 Proportion of the working-age population in receipt of tax-financed disability-specific benefits across a range of low- and middle-income countries²

The numbers in Figure 23.2 do not indicate the proportion of persons with disabilities of working age unable to access benefits in each country. Analysis of national household survey datasets in some countries indicates that, even in countries with high coverage, many persons with disabilities do not access a disability-specific benefit. For example, in South Africa only 64 per cent of working-age persons with a severe functional limitation receive the Disability Grant, although this falls to 43 per cent among those with profound disabilities, despite 95 per cent of persons with disabilities qualifying according to the means test (Kidd et al. 2018; Mitra 2010). In Uzbekistan, 54 per cent of children and working-age persons with disabilities do not receive a disability-specific benefit (Kidd et al. 2019a). And in Mauritius, 27 per cent of children and working-age persons with severe disabilities do not access the Basic Invalid Pension (Wapling and Schjoedt 2019c). This is not just a problem within low- and middle-income

countries: in Europe, for example, only 28 per cent of working-age persons with disabilities receive a disability benefit, although the low proportion probably reflects the inclusion of many persons with mild functional limitations within disability prevalence rates, with many not requiring financial support (ILO 2014).

There is limited information on the coverage of children by disability-specific benefits. It is likely to be low in most countries, since even in countries with relatively good systems many children miss out. In Uzbekistan, for example, only 52 per cent of children with severe disabilities access its universal child disability benefit (Kidd et al. 2019a) and in South Africa only 55 per cent of eligible families received the Care Dependency Grant (Saloojee et al. 2007).

There is a range of reasons explaining why many persons with disabilities miss out on disability-specific benefits. These include the use of means testing to determine eligibility; barriers faced by persons with disabilities when accessing benefits; a lack of knowledge about the existence of schemes; and the linking of eligibility for benefits to work capability. These are discussed further below.

Across low- and middle-income countries, 28 disability benefits for working-age adults are means tested and 18 are universal, while among disability benefits for children, 15 are means tested and 15 are universal. The use of means testing means that many persons with disabilities are excluded because they have incomes that are assessed as too high. In some cases – such as in Cambodia and Egypt – the means test assesses the income of the household rather than the individual, which can mean that some persons with disabilities who have no personal source of income – and would, therefore, qualify if the means test examined individual incomes – are excluded from the schemes. One consequence is that they can remain in a dependent situation in a household and are at risk of discrimination in the distribution of household resources. Further, there is no evidence that low- and middle-income countries can carry out accurate means testing: in fact, research across 29 poverty-targeted programmes found that 23 excluded over 50 per cent of those who were eligible (Kidd and Athias 2020). Consequently, when means testing is used to assess eligibility for disability-specific benefits, a high proportion of persons with disabilities who are eligible based on their incomes will be excluded.

The use of means testing by countries implies that they are not compensating persons with disabilities for their additional disability-related costs. These additional costs affect persons with disabilities irrespective of their incomes; if they are to be given equality of opportunity with their non-disabled peers, all persons with disabilities should receive financial support. By using means testing, countries deny this important compensation to those persons with disabilities who are not eligible based on their incomes. This will hinder their ability to engage fully in society, including in employment.

If countries wish to ensure that all persons with disabilities access disability-specific benefits, they should offer schemes on a universal basis, with the assessment of eligibility limited to determining whether people qualify based on their disability. Yet, even when disability-specific benefits are universal, access to eligible persons with disabilities is not guaranteed. As indicated earlier, 27 per cent of persons with severe disabilities do not access Mauritius' universal Basic Invalid Pension, while, as Figure 23.2 shows, in Nepal few people of working age access the universal Disability Allowance. In one district of Nepal where the Disability Allowance was well implemented compared to the rest of the country, only 50 per cent of eligible persons with disabilities were in receipt of the benefit (Banks et al. 2018a).

The under-coverage of eligible persons with disabilities, even when schemes are universal, points to the fact that there are other barriers impeding access. In most countries, disability

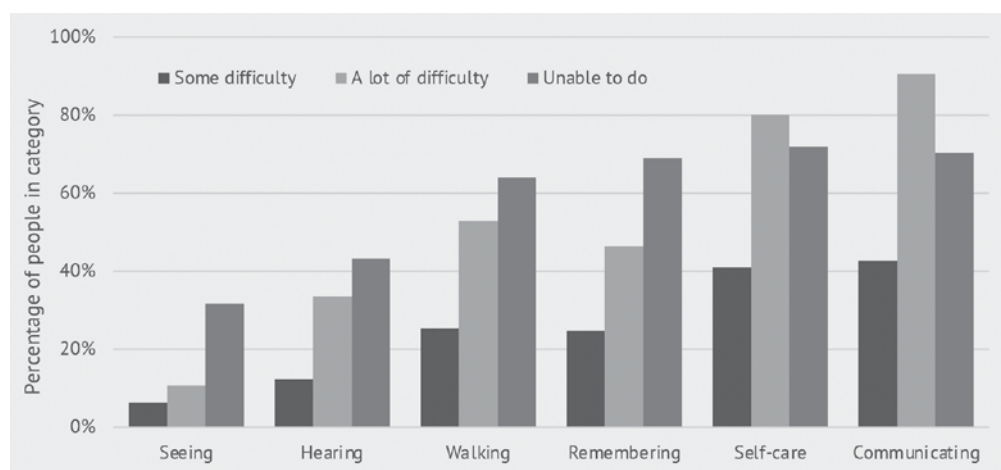
assessment mechanisms are flawed and exclusionary (Kidd et al. 2019b). While it is recognised that the best means of determining disability is to assess a person's impairment alongside the extent to which social and environmental factors affect their ability to carry out their daily lives, few countries use this approach. Brazil, though, is an example of good practice, with both medical professionals and social workers involved in the assessment process (Wapling and Schjoedt 2019a). However, many countries still rely on medical assessments, which can result in persons with disabilities with less severe impairments being excluded, despite their environment significantly exacerbating their disability.

Even if countries wished to introduce an assessment of social and environmental factors, they are stymied by a shortage of social workers and occupational therapists. Further, the costs of a good-quality disability assessment can be high, which dissuades governments from implementing them: for example, South Africa developed a combined social and medical assessment process that was never used due to concerns about cost (Kidd et al. 2018). There have been attempts to develop relatively simple and low-cost disability assessments that can be carried out by non-professionals, as a means of enhancing accessibility. Cambodia, for example, has implemented a disability assessment tool that can be carried out at the community level (Cretney and Seglah forthcoming).

Many of the barriers experienced during disability assessments and registration for disability benefits are practical. While some countries – such as Brazil, Mauritius, South Africa and Zambia – have on-demand disability assessments, others, such as Rwanda, implement them on an occasional basis, reducing the likelihood of people applying (Kidd et al. 2019b). Poor physical accessibility is another challenge, with some persons with disabilities having to travel long distances for assessments. Transport may not be available or, where it is, costs can be high, in particular for those needing to be accompanied (Kidd et al. 2018; Kidd et al. 2019b). In Nepal, it is difficult for many persons with disabilities living in more remote areas to travel to district capitals for their assessment (Banks et al. 2018a). Sometimes people may be asked to obtain other documentation prior to the assessment and application for the benefit, thereby adding to their opportunity and transport costs: in South Africa, applicants for the Disability and Care Dependency grants must obtain a prior referral letter from a medical professional, which, if required from a specialist hospital, can be difficult and costly to obtain (Kidd et al. 2018). Some countries – such as Rwanda, South Africa and Zambia – have reduced costs by introducing mobile units that travel to communities to enable people to apply for disability benefits.

A further reason for low coverage is a lack of awareness about schemes among persons with disabilities. In South Africa, for example, many persons with disabilities and parents/carers of children with disabilities are unaware of the existence of the Disability and Care Dependency grants or do not know how to apply (Kidd et al. 2018; Gooding and Marriot 2009; Goldblatt 2009; Saloojee et al. 2007). There are two main causes of the lack of awareness (Kidd et al. 2019b). People with certain types of impairments – such as seeing, hearing and learning challenges – find that accessing information is difficult, in particular if communications are not adapted to their requirements. Also, programme administrators do not always invest sufficiently in communications or do not adapt their communications to the needs of persons with disabilities, including those with literacy or visual challenges. Often, staff employed to administer programmes have not been trained in communicating effectively with persons with disabilities.

The barriers experienced by persons with disabilities vary according to the type and severity of disability. As Figure 23.3 shows, in South Africa those with seeing and hearing difficulties are less likely to receive the Disability Grant compared to those with other functional limitations (Coulson et al. 2006; Jelsma et al. 2008). Further, among those with self-care and communication limitations, those with the most profound limitations ('unable to do') are more likely to be excluded from the grant than those with 'a lot of difficulty'. In India, those with seeing and walking difficulties are less likely to receive the Disability Pension (Wapling and Schjoedt 2019b). In Brazil, the least represented group on the Benefício de Prestação Continuada programme is people with visual impairments, with the highest prevalence among those with intellectual impairments (Medeiros et al. 2006; Subbarao 1996). In some countries, specific types of disability are not recognised as eligible. These include autism and other spectrum disorders, haemophilia and thalassaemia in India, microcephaly in Brazil, and Down's Syndrome in Indonesia (Wapling and Schjoedt 2019b; Kidd 2014; Whitworth et al. 2006).



Source: Compiled from Kidd et al. (2018).

Figure 23.3 *Percentage of people aged 18–59 years within each domain of functioning receiving the Disability Grant in South Africa, by level of severity*

A further barrier to access occurs when countries make eligibility for disability-specific benefits contingent on incapacity to work. This excludes many persons with disabilities who can work – or are in employment – but still need additional support. South Africa, for example, makes incapacity to work an eligibility criterion for its Disability Grant and, as a result, 44 per cent of non-recipients are in work (Kidd et al. 2018). The linking of eligibility for disability benefits to work capacity is often derived from a belief that disability equals incapacity, which fails to recognise that the vast majority of persons with disabilities are capable of working, as long as the enabling environment is favourable.

A side-effect of linking access to disability benefits to work capacity is that it can generate work disincentives (Bernabe-Ortiz et al. 2015; Mutasa 2012; Mitra 2010, 2008, 2005; Taylor Commission 2002; Bound and Burkhauser 1999). South Africa's Taylor Commission (2002)

noted, ‘assessments ... are constructed in such a way as to undermine the policy objective of maximising full participation in the world of work by creating a disincentive to work.’ Mitra (2008) has argued that the use of work capacity as a criterion for accessing South Africa’s Disability Grant could help explain a decline in the employment rate of working-age persons with disabilities. She also found that only 6.6 per cent of Disability Grant beneficiaries would be willing to accept a job (Mitra 2010). In Brazil, Kassouf and de Oliveira (2012) found a reduction of 2 to 3 per cent in the labour force participation of those receiving Brazil’s *Benefício de Prestação Continuada*.

It makes little sense to develop a disability benefit system that discourages people from working. Fritz (2011, 4), for example, argues,

the challenge is to provide those persons with severe disabilities who cannot be expected to earn their own income with much-needed financial support and services, while at the same time not discouraging those who would like to be economically productive by denying them benefits based on their willingness to work.

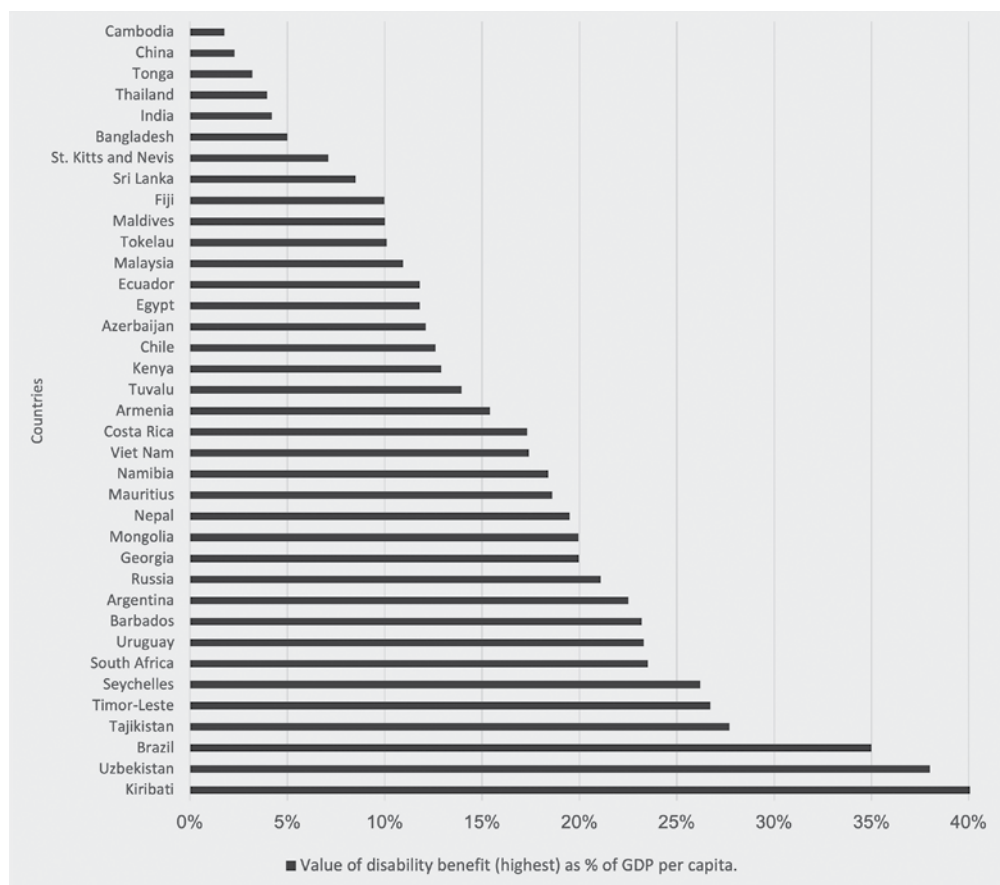
The best means of achieving this is, as indicated earlier, by building a disability benefit system for working-age people that offers a disability pension to those who genuinely cannot work and a personal independence payment to all persons with disabilities, which compensates for the additional costs they face. In Mauritius, although it is assumed that recipients of the Basic Invalid Pension are unable to work, in practice no labour restrictions are applied (Wapling and Schjoedt 2019c).

Nonetheless, there are further challenges when making a disability pension contingent on incapacity to work. While it is often assumed that incapacity to work is linked to physical, intellectual and mental capacity, an effective work assessment should take into account the surrounding environment. In South Africa, for example, while many recipients of the Disability Grant are physically capable of some form of work, they are unable to find employment due to the prevailing high rates of unemployment. Indeed, because of discrimination and lower skill levels – often resulting from exclusion and discrimination during childhood – they find it challenging to find work. Therefore, assessments of capacity work should consider the prevailing labour market, potential discrimination and the physical capabilities of individuals.

Value of Disability Benefit Transfers

The effectiveness of disability benefits also depends on the value of transfers provided. Figure 23.4 compares the value of disability-specific benefits for working-age adults across 37 low- and middle-income countries. The analysis uses the highest value for those schemes offering multiple transfer values. The value of transfers varies considerably between countries, from 1.75 per cent of GDP per capita in Cambodia to 40 per cent in Kiribati. The median transfer value is 13.9 per cent of GDP per capita while 11 countries have a transfer value greater than 20 per cent of GDP per capita.

The low transfer values found in many countries impede their effectiveness. Viet Nam’s disability benefit has a relatively low transfer value with recipients complaining that it was too little to have much impact (Watson 2015). Even in countries with higher value transfers, research has indicated that the value is insufficient. For example, while South Africa’s Disability Grant is high enough in value to enable people to meet their basic subsistence needs, it does not cover the additional costs of disability (Goldblatt 2009). Further, approximately 25



Source: Calculations based on administrative data from various sources, including Development Pathways Disability Database (Development Pathways 2019) and internal disability benefit databases developed by Development Pathways (2022). Additional information sourced from the Asian Development Bank's recent country specific social protection index reports.

Figure 23.4 *Value of tax-financed disability-specific benefits for working-age adults as a percentage of GDP per capita, across a range of low- and middle-income countries*

per cent of recipient households experienced hunger in the preceding year, compared to 16 per cent among the general population, while a third of households experienced running out of money to buy food compared to a fifth of the general population (De Koker et al. 2006). In Nepal, even the relatively high value transfer was perceived as insufficient (Banks et al. 2018a).

Around 11 disability benefits in low- and middle-income countries offer variable transfer values linked to the severity of disability. Table 23.1 indicates the highest and lowest transfer values, expressed as a percentage of GDP per capita. For example, in Nepal, those assessed as having the most severe level of disability receive a transfer equivalent to 19.5 per cent of GDP per capita, while those with moderate disabilities receive only the equivalent of 5.9 per cent,

Table 23.1 *Highest and lowest transfer values across nine low- and middle-income countries that offer variable transfer values based on the severity of disability*

Country	Lowest transfer value (% of GDP per capita)	Highest transfer value (% of GDP per capita)
Armenia	12.6	15.4
Azerbaijan	7.7	12.0
Georgia	9.1	20.0
Kiribati	32.7	43.6
Nepal	5.9	19.5
Russia	7.5	21.1
Tajikistan	16.6	27.7
Tonga	3.4	10.1
Viet Nam	8.7	17.4

Source: Calculations based on administrative data from various sources. The percentage of GDP per capita was determined using the International Monetary Fund's World Economic Outlook Database from April 2022.

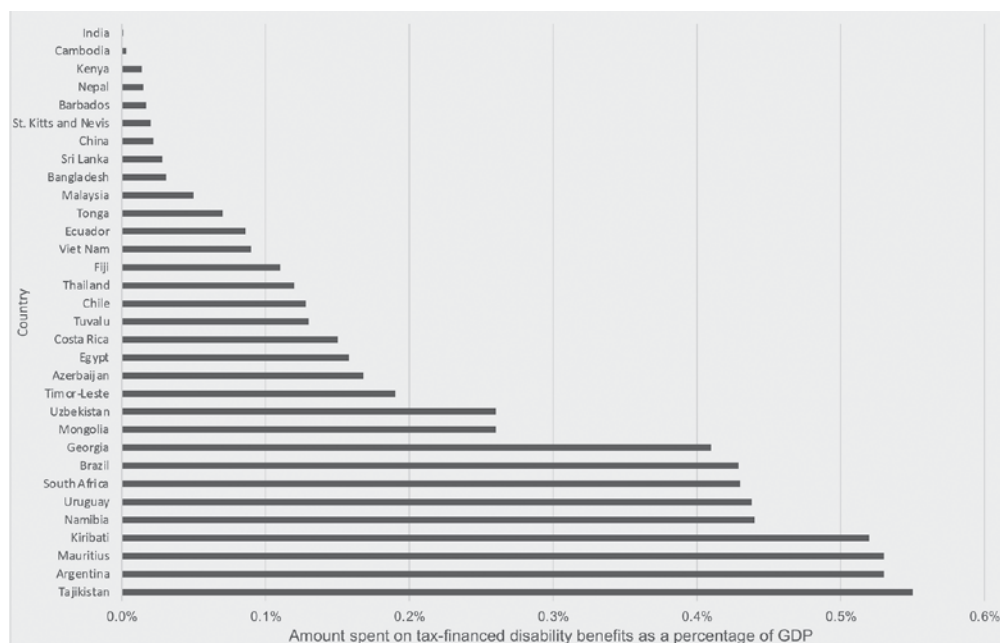
or less than one third. In other countries, the variation is not so large: for example, in Georgia, the highest transfer value is 20 per cent of GDP per capita while the lowest is 9.1 per cent.

The decision to vary transfer values is likely viewed as a simple means of addressing the additional costs of disability, based on the belief that those with a more severe disability will experience higher costs. Given that most low- and middle-income countries do not have the capacity to assess the additional costs experienced by individuals, this is a reasonable compromise. However, it is an imperfect solution since many people with less severe disabilities may experience higher costs than those with more severe disabilities, due to the challenges of their environment. Further, the severity of disability does not correspond with the likelihood of being in work: many people with severe disabilities are well educated and in good jobs while others, with more moderate disabilities – especially those with learning difficulties – may find accessing a job more challenging and, therefore, have greater need of a higher-value disability benefit.

Expenditure on Tax-Financed Disability-Specific Benefits

Expenditures on disability-specific benefits are, essentially, a combination of coverage and transfer values. Figure 23.5 sets out the level of expenditure for a range of tax-financed disability benefits schemes for working-age adults as a percentage of GDP.³ Expenditures range from negligible amounts in countries such as India, Cambodia and Bangladesh to four countries that invest more than 0.5 per cent of GDP: Kiribati, Mauritius, Argentina and Tajikistan. The latter countries show what is possible when there is a minimum level of political commitment to supporting persons with disabilities. However, expenditures are well below those found in OECD countries – where at least 30 countries invest more than 1 per cent of GDP – although expenditures there include both tax-financed and social insurance schemes (OECD 2022). Uzbekistan compares favourably with OECD countries when social insurance schemes are included: while it spends 0.26 per cent of GDP on its tax-financed schemes, expenditure rises to 1.24 per cent when social insurance is included (Kidd et al. 2019a).

Information on levels of expenditure on child disability benefits is limited due to a lack of disaggregation within the overall expenditure on schemes covering both children and working-age adults. Nonetheless, the available evidence indicates that the cost of child disa-



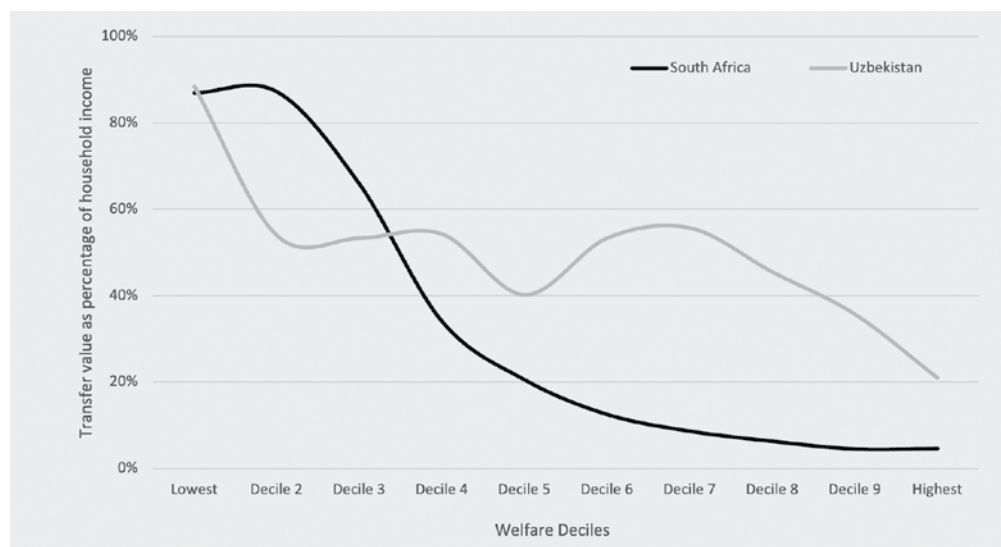
Source: Calculations based on administrative data from various sources, including Development Pathways' Disability Database (2019). Additional information has been sourced from the Asian Development Bank's recent country Social Protection Index reports.

Figure 23.5 Levels of expenditure on disability-specific benefits for working-age people across a range of low- and middle-income countries, expressed as a percentage of GDP

bility benefits is low. For example, in 2019, Georgia's child disability benefit had an annual expenditure of 0.02 per cent of GDP; in 2018, Uzbekistan spent 0.09 per cent of GDP on its child disability benefit; while, in 2018, South Africa's investment in its Care Dependency Grant for children with disabilities was 0.07 per cent of GDP (Cretney and McClanahan 2021; Kidd et al. 2018, 2019a).

Impact of Disability-Specific Benefits

Little information is available on the impact of disability-specific benefits in low- and middle-income countries. Nonetheless, using national household survey datasets, it is possible to simulate the extent to which some of the more effective disability-specific benefits and old age pensions increase consumption among recipients of these schemes with a severe disability.⁴ The average transfer amount received as a percentage of income is 62 per cent in South Africa and 71 per cent in Uzbekistan. Figure 23.6 shows the increase in consumption among households with members with severe disabilities across the welfare distribution, with impacts much higher among the poorest members of society. In fact, among households with severe disabilities in the lowest decile, the average share of consumption is 87 per cent in South Africa and 88.5 per cent in Uzbekistan.



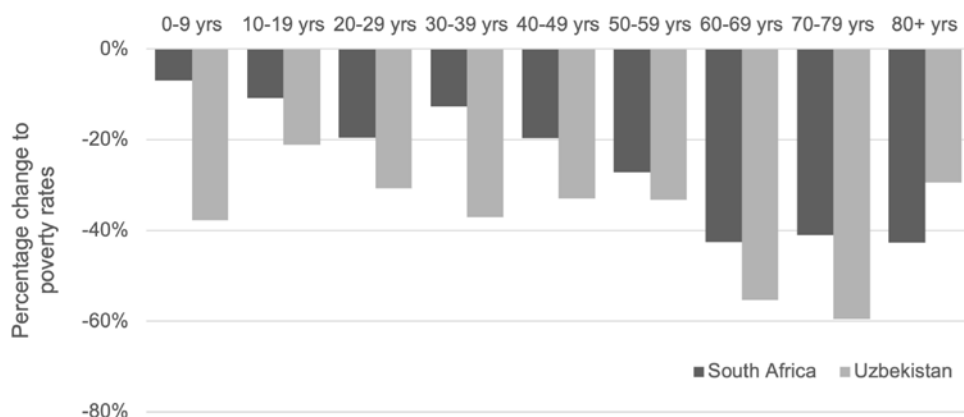
Source: Analysis of the Statistics South Africa's General Household Survey of 2018 and the Listening to the Citizens of Uzbekistan household survey of 2018.

Figure 23.6 *Total transfer value of disability-specific benefits and old age pensions as a percentage of household income across the welfare distribution among households with members with disabilities in South Africa and Uzbekistan*

In addition, simulations using national household survey datasets indicate the effectiveness of disability-specific benefits, combined with old age pensions, in reducing the national poverty rates among persons with severe disabilities. For example, in Uzbekistan, both types of benefit combined reduce the poverty rate among recipients by 32 per cent, while, in South Africa, it is 49 per cent. Figure 23.7 shows how the schemes impact on poverty rates across different age groups among all persons with severe disabilities in South Africa and Uzbekistan. In South Africa, the largest impact is among older persons (60+ years) with disabilities, with the benefits likely reducing the poverty rate by 42 per cent. A similar relative impact is also observed in Uzbekistan, where the poverty rate among older persons with disabilities has fallen by 53 per cent.

Therefore, well-designed disability-specific benefits and old age pensions can make a significant difference to the lives of persons with disabilities, even though, as indicated earlier, much more needs to be done. However, across many countries, coverage and transfer values are still too low to make much of a difference. For example, in India and Sri Lanka, where poverty-targeted programmes for persons with disabilities and older persons exist, the potential combined impact of these programmes is minimal. In Sri Lanka, these programmes combined have likely only reduced poverty rate among persons with disabilities by 5 per cent, while, in India, the estimated reduction was 7 per cent (see Figure 23.8).

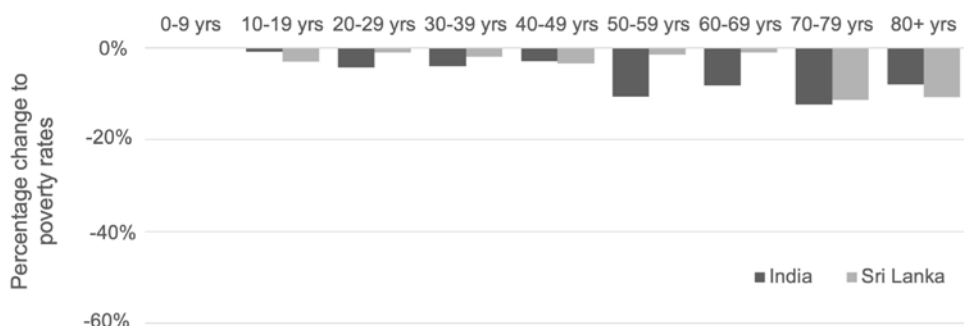
In the broader literature, there is some evidence of disability-specific benefits impacting other areas of life. De Koker et al. (2006) found that 93 per cent of the recipients of South Africa's Disability Grant claimed that the benefit had improved the general health of the household, due to the consumption of higher-quality food. Some indicated that it had helped



Source: Analysis of South Africa's General Household Survey of 2018 and the Listening to the Citizens of Uzbekistan household survey of 2018. Poverty is defined in relative terms, where the poverty line is 60 per cent of the median household per capita income.

Figure 23.7 Impact of disability-specific benefits and old age pensions on poverty rates across age groups of persons with severe disabilities in South Africa and Uzbekistan

them purchase medicines or pay medical fees. In Brazil, Schwarzer and Querino (2002) found that persons with disabilities were better able to access private and higher quality medical services because of the Benefício de Prestação Continuada. In Viet Nam, Banks et al. (2018b)



Source: Analysis of the India Human Development Survey-II of 2012 and Sri Lanka's Household Income and Expenditure Survey of 2016. Poverty is defined in relative terms, where the poverty line is 60 per cent of the median household per capita income.

Figure 23.8 Impact of disability-specific benefits and old age pensions on poverty rates across age groups of persons with severe disabilities in India and Sri Lanka

found that the Disability Allowance helped people receive medical care, while, in Nepal, two thirds of recipients of the Disability Allowance indicated a positive health impact (Banks et al. 2018a). Samson et al. (2004) found that households including a recipient of South Africa's Disability Grant had labour market participation rates 22 percentage points higher than those without social grants, although it is unclear whether the worker was the person with a disability or another member of the household.

Access to disability benefits in Bangladesh and India has contributed to a greater sense of dignity and self-confidence among persons with disabilities (Gooding and Marriot 2009). In Viet Nam, disability benefits were found to reduce the level of stress experienced by people with disabilities and their families, in particular by ensuring that their relative with a disability would have some financial support if left by him/herself in the future (Palmer et al. 2010). There is also evidence that the Disability Grant in South Africa may help women escape abusive relationships, since they could move out of the home (Marriott and Gooding 2007). South Africa's Care Dependency Grant for children has encouraged families to increase the visibility of their children with disabilities and overcome stigma, enabling greater access to other services (Kidd et al. 2018).

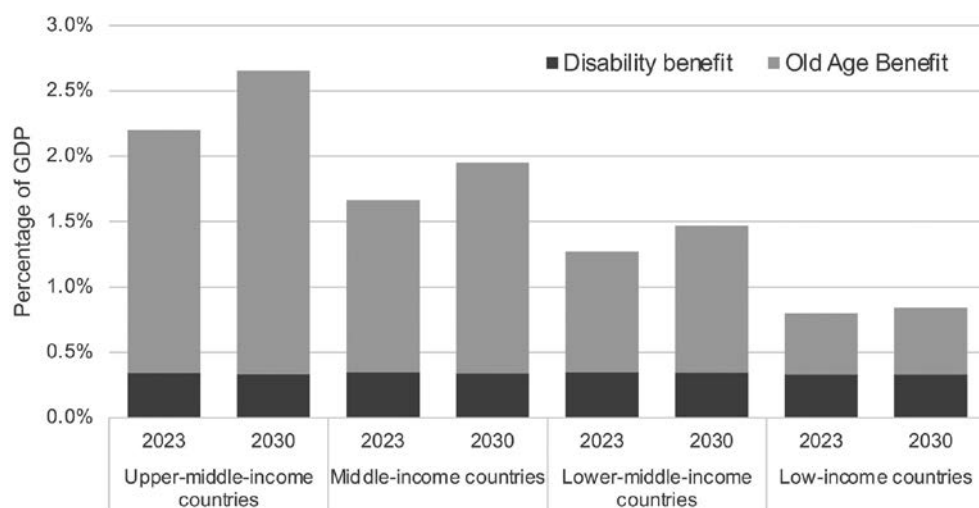
A WAY FORWARD FOR LOW- AND MIDDLE-INCOME COUNTRIES

The previous section has demonstrated that, although disability-specific benefits are absent or inadequate in many countries, some examples of good practice can be found. These examples serve to demonstrate to other countries that, if the political will exists, countries can begin to transform the lives of persons with disabilities by investing in disability-specific benefits, as well as old age pensions.

In this section, we calculate the cost for low- and middle-income countries of establishing a basic tax-financed disability-inclusive social security system.⁵ The parameters used in the analysis are based on providing disability benefits to everyone with a severe disability. Using the coverage of good disability-specific benefits in low- and middle-income countries, it is assumed that benefits are given to 1.5 per cent of children (0–17 years) and 3 per cent of working-age adults (18–64 years). In addition, it is assumed that everyone above the age of 65 years receives an old age pension as a means of guaranteeing income support to all persons with disabilities in old age. It is also assumed that the transfer values for the benefits provided are set at 15 per cent of GDP per capita across all three benefits in 2023, which aligns approximately to the median transfer value for disability and old age benefits across low- and middle-income countries. The analysis estimates the costs of the schemes in both 2023 and 2030 using the World Population Prospects (UN DESA Population Division 2022), a population projection set up by the United Nations Department of Economic and Social Affairs (UN DESA). The results for 2030 consider demographic changes in each country between 2023 and 2030 modelled by UN DESA but maintain the proportion of recipients for the disability-specific benefits as constant. The calculations also assume that all benefits are indexed to inflation.

The results are presented in Figure 23.9 as averages for country groups, based on the economic classifications of countries: low-income, lower middle-income, middle-income and upper middle-income countries. The level of investment varies between types of country,

largely due to demographics. The richer a country, the more likely it is to have an ageing population, which increases the costs of the old age pensions. Across all types of countries, it would require just over 0.3 per cent of GDP to provide tax-financed disability-specific benefits for all children and working-age adults, thereby ensuring a minimum income. These costs remain similar in both 2023 and 2030. However, there is much greater variation when considering the cost of providing tax-financed pensions to everyone aged 65 years and above. The lowest cost is in low-income countries, where it would average 0.47 per cent of GDP in 2023 and 0.51 per cent of GDP in 2030. The costs gradually rise as countries become wealthier – and older – to reach 1.86 per cent of GDP in 2023 and 2.32 per cent of GDP in 2030 in upper middle-income countries.



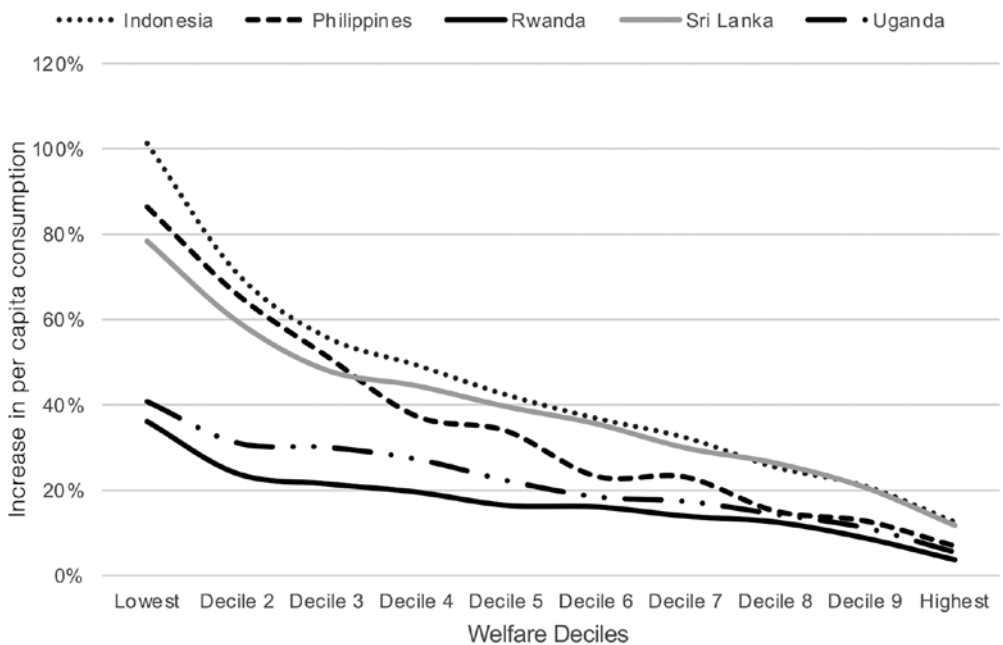
Source: Calculation based on population data from the World Population Prospects of the United Nations Department of Economic and Social Affairs (UN DESA Population Division 2022).

Figure 23.9 Potential levels of investment required to provide disability-inclusive tax-financed social security systems across low- and middle-income countries

The cost, therefore, of reaching children and working-age persons with disabilities is low and should, with political commitment, be easily affordable in most countries. The level of investment required in old age pensions is higher, but again at least 17 low- and middle-income countries are already spending above 0.8 per cent of GDP on tax-financed old age pensions (Knox-Vydmanov et al. 2022). In fact, some relatively poor countries are showing significant fiscal commitment to tax-financed old age pensions, such as Timor-Leste (1.9 per cent of GDP), Lesotho (1.7 per cent of GDP) and Nepal (1.3 per cent of GDP). If some countries consider that the cost of introducing old age pensions for everyone over 65 years of age is too high, one option is to begin with a higher age of eligibility – such as 70 or 75 years – and bring it down over time (Kidd et al. 2022a).

The overall level of investment required to introduce a basic, tax-financed disability-sensitive social security system in 2023 would range between an average of 0.8 per cent of GDP in low-income countries to 2.2 per cent of GDP in upper middle-income countries. By 2030, this would rise to between 0.84 per cent in low-income countries to 2.65 per cent of GDP in upper middle-income countries. This could be considered a relatively marginal cost given the significant impact it would have on the well-being of persons with disabilities (and on older persons without disabilities).

The impact of the disability-inclusive benefits, including the old age pensions, can be illustrated by examining the impact on per capita consumption among households including a recipient of the benefits across five low- and middle-income countries: Indonesia, the Philippines, Rwanda, Sri Lanka and Uganda. These impacts are estimated by simulating the introduction of the schemes using recent national household income and expenditure surveys. The average increase among recipient households would be 50 per cent in Indonesia, 37 per cent in the Philippines, 18 per cent in Rwanda, 38 per cent in Sri Lanka and 24 per cent in Uganda. Figure 23.10 further illustrates the impact across the welfare distribution, demonstrating that the benefits would be pro-poor, with the highest increases in consumption among the

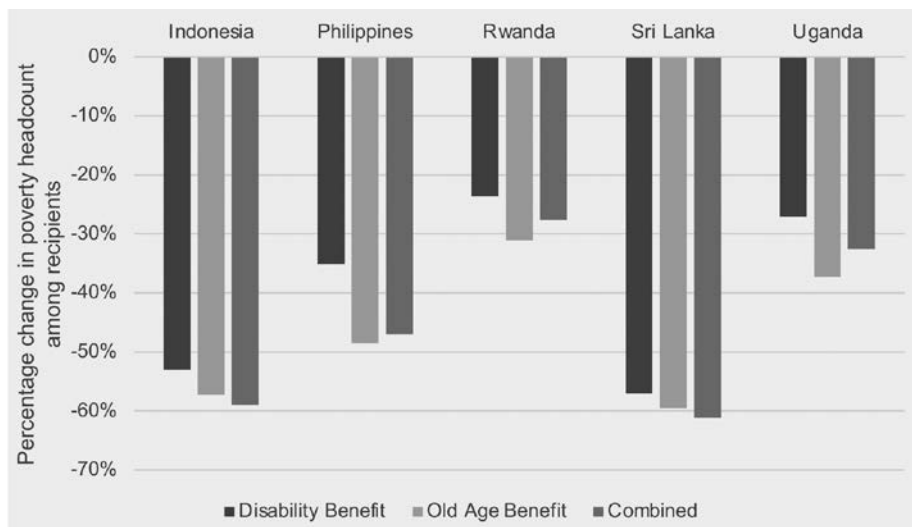


Source: Analysis of the following sources, listed by country. Indonesia: National Socio-Economic Survey of 2017; Philippines: Annual Poverty Indicator Survey of 2019; Rwanda: Integrated Household Living Conditions Survey of 2017; Uganda: Uganda National Household Survey of 2017; Sri Lanka: Household Income and Expenditure Surveys 2016.

Figure 23.10 *Projected impact of the disability-inclusive benefits on recipient household per capita consumption across the welfare distribution in five low- and middle-income countries*

poorest households. Indeed, among the poorest decile of the population, the increase in per capita consumption would range between 36 per cent in Rwanda and 101 per cent in Indonesia.

The increase in consumption would translate into a significant impact on poverty among recipients. Figure 23.11 shows the simulated reduction in poverty rates among recipients of the disability-specific benefits, the old age pensions and both schemes combined. The reduction in poverty rates is significant, and, with the combined benefits, it ranges between 28 per cent in Rwanda and 61 per cent in Sri Lanka.



Source: Analysis of the following sources, listed by country. Indonesia: National Socio-Economic Survey of 2017; Philippines: Annual Poverty Indicator Survey of 2019; Rwanda: Integrated Household Living Conditions Survey of 2017; Uganda: Uganda National Household Survey of 2017; Sri Lanka: Household Income and Expenditure Surveys of 2016.

Figure 23.11 Projected reduction in the poverty rate among recipients of the disability-inclusive benefits across five countries

The proposed disability-specific and old age benefits are likely to be highly popular since they would reach a high proportion of the population either directly or indirectly (in other words, as members of households including a recipient). The overall coverage of direct and indirect beneficiaries would be 23 per cent of the total population in Indonesia, 27 per cent in the Philippines, 20 per cent in Rwanda, 39 per cent in Sri Lanka and 25 per cent in Uganda. Based on global evidence on social security, the higher incomes experienced by persons with disabilities as a result of disability benefits are likely to result in a broader impact. Much of this impact will be on the individual recipients. The opportunity to receive a child disability benefit will encourage families to register their children and enhance their visibility to the state, which will give them greater opportunities to access other public services. Children with disabilities will, therefore, be more likely to access education and perform well at school, giving them a better start in life. The home environment in which they are raised is likely to be enhanced, since financial pressures on families will be reduced, which will translate into

higher developmental outcomes. Children with disabilities will also enjoy better nutritional and health outcomes. Overall, they will be better prepared for the labour force as they move into adulthood. Working-age people with disabilities will be better able to engage in the labour force, which will further enhance their incomes. Across all ages, persons with disabilities will experience greater dignity and self-confidence, while the likelihood of being socially included within their households and communities will increase. At a national level the economy will benefit through the greater contribution of persons with disabilities to the labour force, while the injection of cash into the economy will stimulate growth by expanding markets and providing greater opportunities for entrepreneurs.

CONCLUSION

Across most high-income countries, disability-specific benefits play an important role within broader national social security systems. On average, OECD countries invest almost 1.7 per cent of GDP on disability-specific benefits for children and the working-age population, complemented by relatively generous universal old age pension systems that offer important financial support to persons with disabilities once they reach old age. In contrast, few low- and middle-income countries provide financial support to the majority of persons with disabilities, and, in most, disability-specific benefits are entirely absent. This is despite a high proportion of households in low- and middle-income countries including a member with a disability. The additional costs of disability, and the fact that some persons with profound disabilities require full-time care and support – which means that a family member may have to give up work and income – can place a significant financial strain on households.

Some middle-income countries demonstrate that it is possible to build disability-inclusive social security systems that offer income support to a high proportion of persons with disabilities across the life course. This chapter has modelled the costs of establishing such systems financed through general taxation. It has shown that the costs are minimal and in line with the levels of investment already found in some middle-income countries. In fact, building a basic set of disability-specific benefits for children and working-age adults would, across almost all countries, require little more than 0.3 per cent of GDP, which is less than one-fifth the level of expenditure found in high-income countries.

The chapter has indicated the importance of social protection to persons with disabilities and the close connections between social protection investments and social development outcomes for persons with disabilities across the life cycle. Building disability-inclusive social security systems – combined with greater expenditures in other public services – would transform not only the lives of persons with disabilities but would bring significant benefits to households, communities and the nation. Given the high proportion of households that would benefit from a disability-inclusive social security system, its implementation is likely to be popular. Consequently, politicians that commit to building disability-inclusive social security systems are likely to reap the political rewards. It is an investment that countries cannot afford to ignore.

NOTES

- 1 We would like to acknowledge the anonymous reviewers and the editors of this volume, who provided helpful advice to strengthen the original draft of the chapter.
- 2 We do not assess the coverage of benefits across the population classified as living with a disability since disability prevalence estimates are unreliable and not comparable across countries.
- 3 While there may be slight differences in the proportions of working-age persons with disabilities between countries, this would not substantially impact on the overall cost of providing disability benefits.
- 4 The microsimulations in this and the following section are static and backward looking. Using nationally representative household surveys, the simulations provide estimates of how the removal of existing (or the introduction of new) tax-financed disability and old age benefits would impact the welfare (income or consumption) levels of persons with disabilities. The simulations attempt to construct a hypothetical scenario of what would have happened to persons with disabilities if such programmes had not been in place (or had been in place) in the year of the household survey. The main assumption in these simulations is that there is no propensity to save; that is, households spend 100 per cent of the benefits. The model does not incorporate other possible behavioural responses, which may alter household levels of income, such as investments in income-generating activities.
- 5 Ideally, countries should establish multi-tiered systems, which would also include disability benefits for those contributing to social insurance who experience a disability that impedes their ability to work.

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24. Social protection for refugees and asylum seekers: a South African case study

Marius Olivier and Amanuel Isak Tewolde

Refugees and asylum seekers are legal categories of vulnerable non-nationals in need of inclusive and humane social protection measures. This is in keeping with the social development approach to social and economic inclusion (see Chapter 1). Under international law, ‘refugees are persons outside their countries of origin who are in need of international protection because of feared persecution, or a serious threat to their life, physical integrity or freedom in their country of origin as a result of persecution, armed conflict, violence or serious public disorder’ (UNHCR 2021b).¹ For South African purposes, Section 1 of the Refugees Act, Act 30 of 1998, defines *refugee* as any person who has been granted asylum in terms of the Act. *Asylum*, in turn, is defined as refugee status recognised in terms of the act. *Asylum seeker* is a general term for any person who is seeking international protection (as a refugee) (UNHCR 2021b). Section 1 of the South African Refugees Act defines it as a person who is seeking recognition as a refugee in the Republic.

According to specific international treaties, refugees are granted the right to access social protection on par with nationals. This is particularly evident in the provisions of the United Nations (UN) 1951 Convention Relating to the Status of Refugees. Yet, a recent study by the United Nations High Commissioner for Refugees (UNHCR) on the inclusion of refugees in government social protection systems in Africa found that many countries are not yet able to include refugees and asylum seekers in all of their social protection programmes on par with their citizens, though there are signs for progress toward inclusion (UNHCR 2021a). The vulnerability of refugees in social protection terms is therefore evident; in many African countries they are forced to rely on the limited humanitarian aid that may be available. Globally, the position of asylum seekers is even more precarious, even if (as explained later) their inclusion in at least basic forms of assistance is required by international law.

This chapter focuses on two dimensions of social protection measures of relevance to refugees and asylum seekers in South Africa: first, the normative framework, thus the policy, legal and jurisprudential framework of extending social protection to refugees and asylum seekers in the context of South Africa; and second, the experiences of these vulnerable groups. The chapter draws on primary legal and policy materials and on secondary sources to examine these dimensions. Together, the two dimensions provide a compelling picture of the interactions between social protection and social development for asylum seekers and refugees, by depicting the way in which legislation is realised and shaped by particular political, social and economic contexts. The chapter first provides a background overview of the salient characteristics of refugees and asylum seekers in South Africa, the factors informing the evolving policy and legislation, and how migrants are affected in practice. It then offers an evaluation of the normative or regulatory context: first, of the impact of South African policy and legal instruments (including the constitution); and second, of key jurisprudential developments. This part also considers South Africa’s obligations in terms of international law regarding social protection

and the treatment of refugees and asylum seekers. The chapter then turns to the experiences of refugees and asylum seekers as regards their welfare, access to social protection, treatment by state organs and the general population. This section considers whether experiences vary by immigration status. The chapter concludes with an evaluation of the current state of social protection available to these two migrant categories and provides recommendations on how the state and its agencies should deploy inclusive and humane social welfare and development policies and practices to refugees and asylum seekers in South Africa.

SALIENT CHARACTERISTICS OF REFUGEE AND ASYLUM SEEKER PRESENCE AND THE EVOLVING POLICY FRAMEWORK

In 2019, the United Nations noted that there were some 280 004 refugees in communities spread throughout South Africa, of which 189 491 were asylum seekers and 90 513 had official refugee status – representing a small proportion of the nation’s international migrant stock (6.6 per cent of the total) and an even smaller percentage (0.5 per cent) of the national population (Gordon 2021). The numbers of asylum seekers have surged in recent years: for example, from 2008 until 2012, South Africa received the largest number of new asylum applications worldwide, registering 800 000 new asylum claims, mostly from Zimbabweans (UNHCR 2020). Yet the asylum management system, described as ‘fatefully inadequate’ by Amnesty International (Gordon 2021), was very slow, leaving large numbers of asylum seekers vulnerable and exposed to abuse, exploitation and xenophobia. To deal with the significant backlog that built up over the years, in 2021 the South African government concluded an agreement by which the UNHCR would assist with eradicating the asylum appeal backlog over a four-year period and would support initial refugee status determination (UNHCR and DOH 2022).

The policy environment informing the treatment of refugees and, especially, asylum seekers in South Africa has become increasingly restricted and regressive. Crush et al. (2017b, p. 1) aptly summarise the developments in this regard:

South Africa’s rights-based refugee legislation has historically allowed refugees and asylum seekers to access a broad array of rights from health services to education and employment. South Africa has never hosted a dedicated refugee camp or detention centre. Refugees and asylum seekers have found their way into South Africa’s social and economic fabric, sending their children to South African schools, finding employment in South African businesses and households, and establishing their own formal and informal businesses. The South African government has increasingly taken the position that the country’s post-apartheid refugee protection legislation is too generous and needs to be revised with greater restrictions and fewer rights. This has resulted in major changes to the 1998 Refugees Act in the 2016 Refugees Amendment Act, and the indication of a new restrictive approach to refugee protection in the 2017 White Paper on International Migration in South Africa. Both developments seek to bring South Africa in line with the exclusionary policies toward asylum seekers and refugees seen in many other countries globally. These developments, several years in the making, represent a profound reconfiguration of the country’s approach to refugee rights, protections and associated international obligations; moving away from an integration approach towards a containment and repulsion approach.

Lack of (access to) employment opportunities in the formal economy and the absence of material support from the South African government have forced refugees and asylum seekers to engage in the informal economy as a livelihood strategy. Here, however, they are confronted by ‘an ambiguous policy environment that has occasionally supported but largely ignored,

and at times actively destroyed, informal sector livelihoods and those of migrant and refugee businesses in particular' (Crush et al. 2017b, p. 1).

A related development has been the rise of widespread xenophobic sentiment, fuelled by a combination of widely held stereotypes about refugees and asylum seekers and growing public animosity and prejudice toward them, and the perceived competition for scarce public resources such as education, healthcare and shelter as well as employment and other livelihood opportunities, despite the positive economic, social and cultural contribution that refugees and asylum seekers have made to the country (Crush et al. 2017b). Yet, the state response to xenophobia has been woefully inadequate. As noted in the most recent Human Rights Watch World Report (HRW 2022, p. 596), 'during 2021, the authorities failed to ensure justice for xenophobic violence. While the 2019 National Action Plan to combat xenophobia, racism and discrimination marked a key step toward recognising and addressing these abuses, it has not significantly improved accountability for xenophobic crimes.'

UN supervisory bodies have similarly expressed concern about the inadequate management by government of xenophobia, and the ill-treatment of refugees and asylum seekers by authorities. The UN Committee on the Elimination of Racial Discrimination (UN CERD 2006), while acknowledging the 'Roll Back Xenophobia' campaign, was concerned about the persistence of xenophobic attitudes in South Africa and the negative stereotyping of non-citizens, including by law enforcement officials and the media, as well as about reports of racist behaviour and prejudices, in particular in schools and on farms, and the inefficiency of the measures to prevent and combat such phenomena. The committee therefore recommended that South Africa should strengthen its existing measures to prevent and combat xenophobia and prejudices that lead to racial discrimination and to provide information (to the committee) on the measures adopted with regard to promoting tolerance, in particular in the field of education and through awareness-raising campaigns, including in the media.

On several occasions (UN CRC 2000, 2016) South Africa was also found not to comply with its obligations under the 1989 Convention on the Rights of the Child as regards required measures in relation to family reunification involving refugee and asylum-seeking children. More recently, the UN Committee on Economic, Social and Cultural Rights expressed concerns about the new legislative drive evidenced by the provisions of the Refugee Amendment Act (2017), supported by an adjusted policy regime, to curtail asylum seekers' right to work. It also raised concerns about 'the proposal of establishment of asylum processing centres in border areas' and urged South Africa to 'expeditiously clear the backlog of asylum applications pending in the appeal process' (UN CESCR 2018, p. 5).

With the limited exception of the White Paper on International Migration for South Africa (DHA 2017), little attention has been paid to the development of an appropriate policy regime informing the position and treatment of refugees and asylum seekers in South Africa. Among other issues, the government's National Development Plan contains no policy framework. Some provision is, however, made in certain sectoral policy documents. In particular the 2017 National Health Insurance Policy (DOH 2017, p. 21) indicates that migrants – who (also) include refugees, asylum seekers and irregular migrants – will receive 'basic health care services in line with the Refugees Act 130 of 1998 and international conventions that South Africa is a signatory to.'

The White Paper on International Migration for South Africa (DHA 2017) portrays at best an ambivalent picture of refugee and asylum seeker policy. While it uses a rights-based approach as a key building block, it nevertheless contains a number of new and vastly restric-

tive measures that are evidently intended to reverse positions adopted in South African case law, aimed at the protection of refugees and asylum seekers. On the one hand, the White Paper emphasises extension of protection and accommodation. It highlights in particular the effective provision of protection and basic services to asylum seekers and refugees in a human and secure manner. It also confirms the continuation of the non-encampment policy in relation to refugees. On the other hand, however, it also introduces a range of restrictive positions. It provides for:

- the establishment of asylum seeker processing centres ‘to profile and accommodate asylum seekers during their status determination process’ (DHA 2017, p. 134). It suggests that governmental departments and international organisations (including the UNHCR) will operate there, and indicates that low-risk asylum seekers (but not others) may have the right to enter or leave the facility under specified conditions.² Most asylum seekers who fall into low-risk categories could be released into the care of national or international organisations and family or community members.
- the removal of the automatic right to work and study for asylum seekers, on the assumption that their basic needs will be catered for in the processing centres (or by an individual or an organisation that has made a written undertaking to provide for their basic needs while their status is being determined). Only in exceptional circumstances such as judicial review will asylum seekers be allowed to work and study.

The White Paper is curiously silent about the social security position of asylum seekers, except for indicating that provision of social security and portability of social security benefits will be facilitated. It is apparent that the White Paper ‘essentially adopts a risk-based approach with little appreciation of vulnerabilities experienced by refugees and asylum seekers’ and that ‘the existing policy domain, also expressed in the orientation of the “White Paper”, is increasingly confirming a highly stratified society and reflecting the embedded unequal treatment of migrants, in particular asylum seekers’ (Olivier and Govindjee 2021, p. 5). Recent changes in the legislative domain, also those restricting access to employment, provide further evidence of forced dependency on others for support and services.

NORMATIVE CONTEXT: LEGAL FRAMEWORK AND JURISPRUDENTIAL REFLECTIONS

Constitutional Context

Salient constitutional prescripts inform the legal position of and treatment to which refugees and asylum seekers are entitled. In the first place, the vulnerable status of non-citizens as a group, and of specific categories of non-citizens – in particular children, refugees and asylum seekers – has been recognised by the courts and been given constitutional significance.³ Second, Bill of Rights in the Constitution of the Republic of South Africa has been held to apply to citizens and non-citizens, except for those provisions that evidently apply to citizens only (such as provisions regarding political rights [Section 19] or the right to choose one’s trade, occupation or profession [Section 22]).⁴ In the case of refugees, the Refugees Act (1998) makes this explicit: its Section 27(b) stipulates that refugees enjoy full legal protection, which includes the rights set out in Chapter 2 of the constitution (that is, the Bill of Rights) and

the right to remain in the Republic in accordance with the provisions of the act. The equality principle has been applied specifically in relation to key social protection rights, including the right to access to social security and its concomitant right to access to appropriate social assistance, enshrined in Section 27(1)(c) of the constitution. Therefore, in the case of *Khosa* (2004), the Constitutional Court stipulated that the term ‘everyone’ includes non-citizens as well. Closely related to this right are other intersecting fundamental rights, in particular the right to human dignity (contained in Section 10) and the right to equality (embedded in Section 9). These interrelated rights have impacted the jurisprudence on the rights and treatment of refugees and asylum seekers, as appears from the discussion later in this contribution. In fact, the Constitutional Court expressed itself as follows as regards the treatment of irregular migrants: ‘The very fabric of our society and the values embodied in our Constitution could be demeaned if the freedom and dignity of illegal foreigners are violated in the process of preserving our national integrity.’⁵ And in *Khosa* (2004, p. 573A), the Constitutional Court had this to say:

A society had to attempt to ensure that the basic necessities of life were accessible to all if it was to be a society in which human dignity, freedom and equality were foundational. The right of access to social security, including social assistance, for those unable to support themselves and their dependants was entrenched because society in the RSA valued human beings and wanted to ensure that people were afforded their basic needs.

Also, employment protection – including for irregular migrants – is constitutionally warranted and of great significance for refugees and asylum seekers who may have found employment. In the matter of *Discovery Health* (2008), the court held that the fundamental right to fair labour practices, enshrined in Section 23 of the constitution, is applicable in a case where the work permit of a foreign national had expired. It effectively held that the provisions of the Immigration Act (2002) must be interpreted in light of the constitutional protection available to non-citizens.

Fundamental rights are subject to the provisions of the general limitation clause; that is, Section 36 of the constitution. In some cases, the fundamental right concerned may itself be qualified. In the case of the right to access to social security, Section 27(2) enjoins the state to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right. In *Khosa* (2004), the court held that it was not reasonable to exclude permanent residents from accessing social assistance.

Legislative Framework

Before turning to the restrictive impact of two recent legislative measures on access to social protection by asylum seekers, it would be helpful to interrogate social protection access (in law) by refugees and asylum seekers to contributory and non-contributory social security, and to distinguish between three categories: those refugees and asylum seekers employed in the formal economy; those engaged in self-employment in the informal economy; and those who are unemployed.

Barring purely private arrangements, access to contributory social security in South Africa is essentially predicated on the existence of an employment relationship, and contributions paid by employers and employees (toward, for example, pensions, medical aid schemes and the Unemployment Insurance Fund) or by employers only (toward employment injuries and

diseases, in particular those covered under the Compensation Fund). This applies to both refugees and at least those asylum seekers holding a valid asylum seeker visa. Refugees and asylum seekers are also not excluded from the scope of coverage of labour legislation and are, therefore, entitled to the protective social protection measures embedded in such legislation. This extends to labour rights protection, including employment protection, as foreseen in the Basic Conditions of Employment Act (1997), the Labour Relations Act (1995) and the Employment Equity Act (1998). It also extends to other social protection dimensions embedded in these laws, including sick leave, sickness benefits and maternity leave. However, it has to be noted that the uncertainty of the continued presence of asylum seekers in the country, in particular in the event of a rejection of their asylum application, may make it extremely difficult for them to claim benefits they are entitled to, in the wake of possible deportation.

For refugee and asylum-seeking workers in the informal economy, including many who may work atypically, as self-employed or as informal workers, access to contributory social security is not available, given the absence (usually) of an employment relationship. The same applies to labour rights and social security protection, enshrined in the provisions of the labour laws mentioned earlier. That this leaves them particularly exposed and vulnerable is apparent, also since the vast majority of asylum seekers are operating in the informal economy. Similarly, unemployed refugees and asylum seekers would equally lack access to contributory social security, except to the extent that they may previously have contributed to a contributory scheme (such as the Unemployment Insurance Fund) and are, on that basis, entitled to draw benefits afterwards.

Access by foreigners to non-contributory social assistance benefits is, as a rule, according to the Social Assistance Act (2004) and its concomitant regulations, restricted to (recognised) refugees and permanent residents. Asylum seekers, therefore, cannot access social assistance benefits available under the act. However, in the wake of the COVID-19 pandemic, and based on a court direction to this effect (see discussion below), asylum seekers have been granted access to the COVID-19 dedicated Social Relief of Distress Grant. The payment is paltry – a mere ZAR 350 (approximately USD 23) per month – and, therefore, only goes some way to address the vulnerability experienced by asylum seekers and refugees. This grant has now been extended until the end of March 2023.

Recent legislative developments – concerning health insurance and asylum-seeker restrictions, respectively – are clearly indicative of a deliberate attempt on the part of the lawmaker to curtail the rights and protection, including social protection, thus far enjoyed by asylum seekers. The National Health Insurance Bill (2019) draws a sharp distinction between refugees and asylum seekers, as regards the level and nature of entitlements and treatment provided for in the bill. While it extends coverage to refugees on par with South African citizens and permanent residents, it treats asylum seekers on par with so-called ‘illegal foreigners’. It stipulates in Clause 4(2) that an asylum seeker or illegal foreigner is only entitled to (a) emergency medical services and (b) services for notifiable conditions of public health concern. However, it further stipulates in Clause 4(3) that all children, including children of asylum seekers or illegal migrants, are entitled to basic healthcare services as provided for in Section 28(1)(c) of the constitution. What is particularly concerning is the attempt to unjustifiably equate asylum seekers with ‘illegal foreigners’, thereby effectively reducing their healthcare entitlements to the minimum level of healthcare that should be extended to undocumented/irregular migrants. It is doubtful whether this can be reconciled with the clear indication in Section 27(1) of the

constitution that everyone has the right to access to healthcare services, including reproductive healthcare.

The Refugees Amendment Act (2017) (RAA) has profound implications for access by asylum seekers to the South African labour market and, as a consequence, critical social protection entitlements. In addition, it also restricts the right to study of asylum seekers. Refugees' right to seek employment in South Africa is guaranteed in Section 27 of the Refugees Act (1998), as amended. While the act does not extend the same right to asylum seekers, it is evident, on the basis of constitutional jurisprudence, that asylum seekers could not generally be barred from employment – whether wage- or self-employment. Wage employment would, in turn, give them access to contributory social security and social security dimensions embedded in South African labour laws. The RAA now stipulates that the right to work in South Africa may *not* be endorsed on the asylum-seeker visa of any applicant who

- is able to sustain himself or herself and his or her dependants;
- is offered shelter and basic necessities by the UNHCR or any other charitable organisation or person; or
- seeks to extend the right to work, after having failed to produce a letter of employment as contemplated in the RAA, provided that such extension may be granted if a letter of employment is subsequently produced while the application (for asylum) in terms of section 21 of the RAA is still pending.

Ziegler (2020, p. 99) comments on the implications of the legislative changes of the RAA as follows:

Since asylum seekers are now required to make an application for asylum within five days of entry into the Republic, and since their dependants have to be declared as part of the application, an asylum seeker has five days to communicate with friends and family and obtain confirmation of their support before they lodge their application. They are denied the right to work whilst the initial assessment takes place. Implicitly, they will not receive an employment endorsement until and unless they can offer proof of a negative—that they cannot receive assistance from UNHCR or other organisations. There could thus be lengthy periods during which asylum seekers would neither be able to self-sustain nor rely on others (let alone the state) for support, potentially leaving them destitute.

Also, the exclusion of asylum seekers from access to the formal labour market detrimentally affects their ability to participate in and benefit from employment-linked social security. The RAA further places a heavy burden on asylum seekers to secure the necessary support or finding an employer willing and able, and committed, to offer employment in the formal economy.

Furthermore, as Olivier and Govindjee (2021) indicate, asylum seekers are excluded from all forms of self-employment and work in the informal economy by these newly inserted provisions – irrespective of whether they can self-sustain or rely on others. Olivier and Govindjee question whether these exclusions would pass constitutional muster, in view of the approach adopted by constitutional jurisprudence. They also suggest that to this should be added the fact that asylum seekers may be left destitute as a result of the *non-refoulement* principle⁶ and in the absence currently of state financial support to asylum seekers. This would constitute a clear infringement of their human dignity, as indicated in the jurisprudence. In fact, the Western Cape High Court in the related matter of *AI* (2019, para [25]) had this to say:

The applicants have shown that they will suffer harm if the interim relief is not granted. They will not be able to work unless they are employed on an illegal basis and will, at the very least, face resistance should they try and enrol their children at school. They will find it difficult, if not impossible to obtain medical attention at a state hospital. It is so that the respondent's undertaking means that they will not be deported, and thus their right to *non-refoulement* will be respected, but this is only one of a conspectus of rights that allow people in their position to live a life of dignity.

International Law Principles

According to the Constitution of the Republic of South Africa (1996), sections 39(1)(b) and 231, international law norms pertaining to refugees and asylum seekers need to be considered in the context of fundamental rights interpretation and have to be applied if contained in a ratified instrument – as confirmed in, among others, the Constitutional Court matters of *Rahim* (2016), *Glenister* (2011), *Makwanyane* (1995) and *Grootboom* (2000), but also in the Labour Court matter of *Discovery Health* (2008). In the asylum matter of *Ali* (2022), the High Court commented: '[11] It is the duty of the courts, in upholding our country's obligations towards the nations of the world to which we deliberately bound ourselves, to ensure that foreign nationals enjoy the equal protection and benefit of the laws of the Republic.' South Africa ratified the 1951 Convention relating to the Status of Refugees and did so subject to no reservations. It also ratified the UN's 1967 Protocol Relating to the Status of Refugees and the Organisation of African Unity's 1969 Convention Governing the Specific Aspects of Refugee Problems in Africa.

In terms of the provisions of the 1951 convention, South Africa is obliged to accord the following rights to lawfully residing refugees (articles 17–28):

- wage-earning employment
- self-employment
- professional engagement
- housing
- public education
- public relief
- labour rights
- social security
- assistance with regard to documentation (administrative assistance)
- freedom of movement
- identity papers
- travel documents

Although Section 24 allows a Contracting Party not to make available to refugees benefits payable out of public funds, such as non-contributory benefits, the constitutionally informed position in South Africa is that refugees are entitled to social assistance.

Even if the position of asylum seekers is more tenuous than that of refugees, and the protection available to them may be limited until determination of refugee status (ICJ 2021, p. 75), they are not mere illegal foreigners. After all, a person is a refugee within the meaning of the 1951 Refugee Convention as soon as he/she fulfils the criteria contained in the definition of 'refugee' – which would necessarily occur prior to the time at which refugee status is formally determined (UNHCR 2019; Ziegler 2020). In fact, it has increasingly been recognised

that asylum seekers should be entitled to at least core forms of assistance. As Olivier and Govindjee (2021) have noted,

this is among other confirmed by the provisions of the Committee on Economic, Social and Cultural Rights (CESCR) General Comment No. 19 on the right to social security ... The UNHCR has recognised the obligation on states to safeguard the welfare of asylum seekers, by concluding that ‘asylum seekers should have access to the appropriate governmental and non-governmental entities when they require assistance so that their basic support needs including food, clothing, accommodation, and medical care, as well as respect for their privacy, are met’.⁷ In principle, this core assistance should, among others, cover basic social assistance/welfare support (which could be in the form of social relief of distress) and (an ‘expanded’ notion of) emergency medical treatment, if regard is had to at least the entitlements accruing to undocumented migrants.⁸

Jurisprudential Reflections

South African case law relating to refugees and asylum seekers has consistently upheld and applied constitutional prescripts, as well as relevant international law and standards (see also *Rahim* 2016). The following developments could be particularly highlighted:

In *Ruta* (2019), the Constitutional Court held that the Immigration Act could not be read to trump the provisions of the Refugees Act, given the operation of the international law-recognised principle of non-refoulement, applicable to asylum seekers and refugees. Therefore, even in the event that asylum seekers are in the country unlawfully, ‘his or her claim to asylum must first be processed under the Refugees Act.’. Therefore, asylum seekers not arriving at a recognised port of entry in general should be allowed to apply for asylum, even in the face of delays with launching the application and cannot be deported before the outcome of the application has been determined. The principles pronounced in *Ruta* were confirmed in the more recent Constitutional Court judgment of *Abore* (2022), a matter decided after the entry into force of the RAA (2017) (see also *LM* 2020 and *Abdi* 2011).

Asylum seekers whose application for refugee status has been refused are eligible to apply for other visas and immigration permits in terms of the Immigration Act. A ministerial waiver from the requirement that an application for a visa must be made from outside the borders of the country could be requested (*Ahmed* 2018).

While awaiting the outcome of judicial review of a refused asylum application, asylum seekers are protected and entitled to have their asylum seeker visa renewed during this time, as per the Constitutional Court in *Saidi* (2018).

Refugees and asylum seekers are entitled to administrative action that is lawful, reasonable and procedurally fair (see Section 33 of the South African 1996 constitution). This requires, among other, that regard must be had to the vulnerability of unrepresentative asylum seekers, the need for them to know the substance of the case against them, and that reasons for decisions taken against them to be provided (see the Constitutional Court cases of *Gavric* 2019 and *Koyabe* 2010). In *Somali Association of South Africa* (2021), the Supreme Court of Appeal held that there is a duty on a decision-maker to assist asylum seekers to obtain as full a picture as possible on which to predicate a decision under the Refugees Act (1998).

Access to employment: In *Watchenuka* (2004), the Supreme Court of Appeal found that a total, blanket prohibition on employment of asylum seekers under the Refugees Act (1998), pending the outcome of an application for asylum, constituted an unjustifiable infringement of the right to human dignity, provided for in Section 10 of the constitution – as this would

leave an asylum seeker destitute.⁹ In *Somali Association of South Africa* (2015), the Supreme Court of Appeal effectively extended the *Watchenuka* principle pertaining to wage-earning employment to self-employment. This is so given that South Africa has no general social assistance programme for refugees, and none of the existing grants is available to asylum seekers. The Court consequently held that the applicants were entitled to apply for a new business or trading licenses, apply for renewal of such licenses and apply for and renew written consent to operate tuck-shops or spaza shops in terms of the applicable legislation. It further declared that the closure of businesses operated by refugees and asylum seekers in terms of valid permits is unlawful and invalid.

Access to unemployment benefits: In *Musanga* (2019), the High Court made an order of the court a settlement agreement that would allow applications for benefits from the Unemployment Insurance Fund from applicants who could only provide asylum permit numbers. Regulations attempting to prevent this were found to be unconstitutional and the Unemployment Insurance Fund was ordered to adjust its operational systems accordingly.

Access to social assistance: In *Scalabrini Centre of Cape Town* (2021), the High Court ruled that asylum seekers are constitutionally entitled to the COVID-19 introduced special Social Relief of Distress Grant. The court noted the untold suffering experienced by them as a result of the pandemic, holding that immigration status is irrelevant in this context.

ASYLUM SEEKER AND REFUGEE EXPERIENCES WITH SOCIAL PROTECTION IN SOUTH AFRICA

Insecure Status and Access to Legal Documents

Legal documentation is central to the social protection and inclusion of asylum seekers and refugees in South African society and its presence or absence shapes their everyday experiences. While refugees and asylum seekers have historically benefitted from the existing refugee law that granted them the right to work, study and engage in business, their experiences with accessing documentation have generally been problematic, which has affected their security of stay (Masuku 2018). Particularly asylum seekers have been adversely affected: not having been granted refugee status yet, they are unable to apply for permanent resident status and thus live in legal limbo (Ziegler 2020).

Before the implementation of the new Refugee Amendment Act of 2017, South Africa had a progressive refugee policy that granted freedom of movement and self-integration for refugees and asylum seekers, rather than a policy of encampment. Refugees and asylum seekers benefitted from the freedom to engage in business and pursue educational aspirations. However, such positive experiences were undermined, for example, by the inability of refugees to access naturalised citizenship (Masuku 2018). The Department of Home Affairs' refugee determination procedures are mostly slow and inefficient. Many refugees and asylum seekers experience fatigue when the department takes years to finalise their legal status. Many find themselves stuck in the system for anything between 2 and 18 years (Amit 2015).

While asylum seekers experience an inefficient and delayed refugee status determination process, refugees wait prolonged periods of time to have their temporary legal status turned into permanent residence status, which would open the door to naturalisation (Amit 2015). It has become bureaucratically complicated for refugees to achieve such naturalisation; most

continue to hold a temporary legal status for years. The pathway of asylum seekers to being recognised as refugees and eventually to obtain permanent residence status is thus woefully slim (Masuku 2018). The RAA (2017) has now revised the amount of time a refugee has lived in South Africa to apply for a permanent resident permit from the previous 5 years to 10 years.

One of the major reasons for the Department of Home Affairs' failure to finalise asylum permits is the huge backlog that has accumulated over the years. For example, the department's Refugee Appeal Board takes years to adjudicate appeals by asylum seekers. In most cases it rejects appeals, which renders the rejected asylum seeker vulnerable because of the loss of legal status. The temporary nature of the status of asylum seekers and refugees makes their security of stay uncertain and their future precarious (Masuku 2018). This is accentuated by the provisions of the Refugees Amendment Act of 2017.

Social Assistance and Informal Social Protection

During the COVID-19 pandemic, both refugees and asylum seekers above the age of 18 and without any other form of support qualified to receive the dedicated COVID-19 Social Relief of Distress Grant. But the 'general' Social Relief of Distress Grant, which already existed before its COVID-19 equivalent, is available only to refugees. Asylum seekers qualify for very limited social assistance, whether in cash or in kind. But even for the general relief grant, refugees only qualify when they are in such dire need that they are unable to meet their families' most basic needs (SASSA 2020).

There are several humanitarian organisations, non-governmental organisations and churches that provide such assistance to refugees, among them the Scalabrini Centre of Cape Town (SCCT 2019) and the Jesuit Refugee Service (JRS 2020). Some of these organisations provide cash assistance. Neither refugees nor asylum seekers, however, obtain direct material assistance from refugee agencies such as the UNHCR (Crush et al. 2017b).

In this context, refugees and asylum seekers in South Africa draw on their social networks for assistance, such as those based on kinship, nationality and ethnicity, to obtain assistance in times of need (Kapindu 2011). Thus, for example, Malawian asylum seekers, who received little social assistance from government and non-government agencies, instead used well-established informal social networks based on kinship and national origin to access monetary and material support (Kapindu 2011).

HEALTH

Refugees and asylum seekers have the same rights as South African citizens and are entitled to free primary healthcare. They also have equal access to treatment for tuberculosis and HIV (Faturiyeye et al. 2018). However, as several scholars reported, refugees and asylum seekers experience a wide range of prejudice, exclusion and discrimination at public clinics and hospitals (for example, Crush and Tawodzera 2014). White et al. (2020) discovered 'medical xenophobia', a term coined by Crush and Tawodzera (2014), namely xenophobic sentiments expressed by public healthcare workers toward refugees and asylum seekers. Thela et al. (2017) found that these experiences can contribute to psychological or mental problems in refugees and asylum seekers. Zihindula et al. (2017, p. 458) recorded that refugees from the Democratic Republic of the Congo experienced 'ethnic slurs, unwelcome and insensitive

comments and discriminatory practices, including denial of treatment' when visiting medical care facilities. Freedman et al. (2020) revealed that female refugee and asylum seekers had difficulty accessing sexual and reproductive health and other medical care provisions due to prejudice, exclusion and discrimination. Apalata et al. (2007) noted that women refugees described pregnancy and childbirth in particular as leading to numerous negative experiences when they engaged with staff who openly expressed xenophobic sentiments.

However, not all refugees and asylum seekers experience medical xenophobia during their encounters with nurses and doctors at public health facilities. Medical xenophobia is not always pervasive. Some refugees and asylum seekers have described their experiences with accessing the South African public healthcare system as positive. Thus frontline healthcare workers in the border town of Musina offered free medical care to African refugees and asylum seekers without prejudice and discrimination, including treatment for infection with HIV (Vanyoro 2019).

HOUSING

Housing is a major problem for refugees and asylum seekers. Often they experience accommodation shortages. Public housing is practically unavailable for refugees and asylum seekers. They do not qualify for home loans from banks because of their lack of permanent residence or citizen status. Due to these institutional or structural barriers, refugees and asylum seekers resort to rental accommodation (Dlamini 2018).

Even though refugees may by law be entitled to social housing, such provision is undermined by the reaction of poor South Africans who view the limited provision of public housing to refugees as illegitimate and unacceptable. This was evidenced by numerous cases where local South Africans forcefully evicted refugees from their legally obtained social housing. At times the allocation of social housing to Black African refugees leads to xenophobic attacks against these vulnerable groups. Such hostility by poor South Africans toward African refugees pushes refugees to seek rental accommodation in informal settlements or crowded inner-city ghettos (Morare 2017).

What aggravates the housing predicament of refugees and asylum seekers is the persistent discrimination and exclusion they face in the private sector, namely from landlords and estate companies. The latter tend to make it difficult for refugees and asylum seekers who could afford such accommodation to secure lease agreements because they lack documents that indicate permanency, such as a South African identity document. This condition forces refugees and asylum seekers to sublease. What exacerbates the situation are the high rents that are charged in the urban areas where many refugees live. To cope with this, refugees and asylum seekers share accommodation, leading to overcrowded and unsanitary conditions.

Finding affordable and adequate housing is thus a significant challenge for refugees and asylum seekers (Morare 2017). In the face of these barriers, refugees and asylum seekers, particularly those from the African continent, often draw on their kinship, ethnic and national networks (Kapindu 2011) to find accommodation, especially when newly arrived in the country.

EDUCATION

Many refugees and asylum seekers are enrolled at primary, secondary and tertiary learning institutions, on par with their South African counterparts (Masuku and Rama 2020). Until the 2017 legal amendment (Meda et al. 2012), they benefitted from automatic access to education. But the enactment of the Refugees Amendment Act of 2017 has withdrawn this automatic right for asylum seekers to study (Ziegler 2020).

The policy that allowed refugees and asylum seekers to access the South African education system provided an opportunity for them to obtain literacy, to develop themselves further and to improve their possible socio-economic opportunities. Refugees and asylum seekers who are enrolled in schools and universities experience their learning institutions as important settings in acculturating to and integrating into South Africa society. They also see the school system as a site of self-empowerment and self-development (Perumal 2015).

Despite such positive policies and actions, scholars have noted instances of institutional discrimination and exclusion practised against refugees and asylum seekers (Masuku and Rama 2020; Meda et al. 2012). Some refugee and asylum-seeker children experienced barriers in accessing primary education because of factors such as a lack of the required documentation, for example, birth certificates, and their legal status as asylum seekers. And those enrolled in schools reportedly encountered problems receiving the necessary institutional support from the schools and the government, such as financial and psychosocial support (Meda et al. 2012). Masuku and Rama (2020) showed how such social exclusion in the education sector was experienced by Congolese refugees.

Adult learners among the refugees and asylum seekers faced institutional barriers set by the learning institutions, which hampered their educational aspirations. Zimbabwean refugee learners had difficulty fitting into the cultures where they were attending school due to xenophobia and discrimination, which, too, led to mental anguish and trauma (Meda 2017). Refugee learners were also unable to access funding opportunities to pursue their studies, such as those from the National Skills Fund or the National Student Financial Aid Scheme, because of discrimination (Kavuro 2015).

THE LABOUR MARKET

Access to the South African formal labour market is mediated largely by an individual's nationality or citizenship status. Thus individuals have differentiated experiences in accessing the labour market depending on their status: whether they are South Africans or foreign nationals, such as refugees, asylum seekers and undocumented foreigners (Amisi 2006; Crush et al. 2017a).

Refugees in South Africa have the right to earn a living through salaried employment or by conducting their own business. Regardless of this right to work, they experience problems with accessing the formal job market because of institutional discrimination and exclusion (Mwamba 2019). Lately the Refugees Amendment Act of 2017 has removed this automatic right for asylum seekers (Ziegler 2020).

To a large extent, refugees and asylum seekers in South Africa are not integrated into the formal sector. They usually fend for themselves by creating jobs for themselves and their families and working in the informal sector. This includes selling merchandise on the street

and, for those who have the financial means, operating businesses such as hair salons, clothing shops and spaza shops (Crush et al. 2017a). To make a living, asylum seekers and refugees in South Africa thus often have to rely on their own resourcefulness and social networks (Amisi 2006; Crush et al. 2017a).

In a study of Congolese refugees in Durban, Amisi (2006) noted that most refugees made a living in the informal sector as street vendors, car guards, operators of street hair salons, tailors and security guards. Others depended on remittances from family members and relatives abroad. For all, social networks consisting of co-ethnics, friends and family members were an important support structure.

Refugee and asylum-seeker entrepreneurs experience recurrent xenophobic violence, hostility and robberies, particularly in informal settlements and townships. Crush et al. (2017) noted that this is perpetrated both by South African traders working in the same area as the refugee and asylum seeker traders and by residents.¹⁰

CONCLUSIONS

This chapter reported on social protection experiences and challenges of refugees and asylum seekers in multiple domains, namely access to documentation, social assistance, health, housing, education and the labour market. It is evident that the policy framework informing the status and treatment of refugees and, in particular, asylum seekers is retrogressive, accompanied by an increasingly restrictive legislative framework – as is apparent from the provisions of the 2017 Refugees Amendment Act and draft health insurance legislation. In contrast and noting the especially vulnerable situation of asylum seekers specifically, the judiciary has studiously upheld the protection embedded in the tenets of the constitution and has applied its ethos and prescripts, values and fundamental rights. In the process, the courts have consistently given effect to South Africa's international law obligations, in view of well-established principles of non-discrimination, dignity and non-refoulement. One is left with the impression of a growing disconnect between immigration policy and adjudication.

Institutionalising exclusion of vulnerable refugees and asylum seekers not only makes them more vulnerable but also deprives them of the constitutional and international law entitlements to protection and dignity – in short, their humanity. All of this is exacerbated by the clear evidence of entrenched xenophobia, which goes beyond the actual or perceived competition for scarce work opportunities.

Important steps need to be taken to address the manifold challenges highlighted in this contribution. In the first place, it is incumbent on the state to fully and correctly appreciate its constitutional duties to respect, protect, promote and fulfil the constitutionally guaranteed rights of refugees and asylum seekers, and to uphold the international law obligations South Africa has taken upon itself. This requires a better balance between the need for immigration control and the rights and protection due to refugees and asylum seekers and, consequently, more sensitive policymaking, legal reform and concrete treatment.

Second, there is a need to adopt, entrench and make available appropriate social protection services and benefits, as demanded by the constitution and international law. Government should design and implement social protection programmes and systems for refugees and asylum seekers to help provide the basic needs and assistance required by the fundamental rights regime of the constitution and international law standards – in order to attenuate their

exclusion and vulnerability and honour their human dignity. In the case of asylum seekers, this needs to translate at least into core (social) assistance and emergency medical care, in the extended sense of the word. Government should be reminded that, as was confirmed during the COVID-19 pandemic, the vulnerability and destitution principally experienced by refugees and asylum seekers is pattern-made for the application of the constitutional right to access to social security (that is, being available if the person concerned is unable to support themselves and their dependants), the right to healthcare services (including reproductive healthcare), the right to sufficient food and water (all provided for in Section 27 of the constitution), as well as the (core dimensions of) other socio-economic rights enshrined in the Bill of Rights, including in relation to housing and education.

Third, access to the labour market is critically important for income generation, meaningful economic survival, maintenance of dependants and preservation of human dignity. Overly strict restrictions to such access must therefore be frowned upon, as this may call into question the constitutionality of such limitations, bearing in mind South African constitutional jurisprudence. Access to the formal labour market in particular is important, as it provides the avenue to access to contributory social security coverage.

Furthermore, the constitutional jurisprudence emphasises the obligation on government to assist refugees and asylum seekers, in particular in relation to the determination of whether asylum status should be granted. All measures with a view to ensuring that administrative action taken by the state is lawful, reasonable and procedurally fair, therefore, need to be available to refugees and asylum seekers. It is evident that this should impact standard operating procedures of the Department of Home Affairs and needs to be embedded in the training of responsible civil servants.

In addition, xenophobic responses on the part of South African communities must be appropriately addressed. There is an evident need for effective and comprehensive sensitisation and public awareness campaigns, for concretely addressing stereotypes and for encouraging refugee and asylum seeker integration into host communities.

Finally, the South African experience holds valuable lessons for other countries too, in particular those countries with a strong human rights-based protection embedded in their constitutions. Constitutional protection, supported by a robust interpretative approach adopted by South African courts, an active advocacy regime and prudent scholarship, has achieved significant protection and advances for access to social protection by refugees and asylum seekers. Even in jurisdictions where constitutional protection may be less evident, international law principles, supported by an appreciation for the overly vulnerable status of refugees and asylum seekers, may nevertheless render important outcomes for the social protection of these migrant categories.

NOTES

- 1 Under international law, a person is considered a refugee as soon as they meet the relevant criteria, whether or not they have been formally recognised as a refugee. A person does not become a refugee because of recognition, but rather is recognised because they are a refugee (UNHCR 2021b).
- 2 Conditions could include the department receiving written assurances that the asylum seekers will have their basic services provided for by the individual or the organisation.
- 3 Khosa 2004, para 74; Larbi-Odam 1998; Watchenuka 2004; Somali Association of South Africa 2015.

- 4 However, the constitution's specific ambit of Section 22 needs to be understood. In *Union of Refugee Women* 2007 (para 57; see also para 47), the Constitutional Court held, 'the Refugees Act guarantees the applicants the right to seek employment. It is the choice of vocation that is reserved only for citizens and permanent "residents".' In *Somali Association* (2015, para 38), the Supreme Court of Appeal stated: 'Section 22 of the Constitution does not, as contended for by the respondents, prevent refugees from seeking employment. The emphasis in that section of the Constitution is on a citizen's right to choose his or her trade, occupation or profession freely.' In *Rafoneke* [2022], the Constitutional Court again emphasised that, in accordance with Section 22 of the constitution, the right to choose a trade or occupation is restricted to citizens.
- 5 Lawyers for Human Rights 2004, para 20.
- 6 The UNHCR describes the non-refoulement principles as follows: 'A core principle of international refugee law that prohibits States from returning refugees in any manner whatsoever to countries or territories in which their lives or freedom may be threatened. The principle of *non-refoulement* is a part of customary international law and is therefore binding on all States, whether or not they are parties to the 1951 Convention' (UNHCR 2021b).
- 7 UNHCR (2002), par (b)(ii).
- 8 This is supported by the constitutional provisions contained in Section 27 of the South African constitution. An 'expanded' form of 'emergency medical treatment', which is not subject to the internal limitation contained in Section 27(2) of the constitution, should ideally include urgent, emergency and necessary forms of medical-related interventions, such as medical programmes that are preventive or that safeguard individual and collective health; maternity coverage; health coverage of minors; vaccinations foreseen by public health law; diagnosis, treatment and prevention of infective diseases; and activities of international prevention (Schoukens and Pieters 2004, p. 11).
- 9 The court held: 'But where employment is the only reasonable means for the person's support other considerations arise. What is then in issue is not merely a restriction upon the person's capacity for self-fulfillment, but a restriction upon his or her ability to live without positive humiliation and degradation. For it is not disputed that this country, unlike some other countries that receive refugees, offers no State support to applicants for asylum' (*Watchenuka* 2004, para. 32).
- 10 Ncwadi and Hikam (2015) noted that Somali entrepreneurs in the Eastern Cape province encountered violence and robberies carried out by local residents. Such experiences not only affected their security but hampered their business pursuits.

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PART VII

COUNTRY RESPONSES TO COVID-19

25. Global rapid appraisal of social protection responses to COVID-19

Isaac Chinyoka

COVID-19 presented countries across the globe with new social protection and social development challenges. Many countries experienced increased inequality, poor healthcare, poverty and food insecurity. From a social development perspective, the pandemic caused the first increase in global poverty in more than 20 years, pushing many millions of people back into extreme poverty (UN 2022). COVID-19 created an unprecedented health, economic and social crisis that countries were ill-prepared to deal with as they entered it with poor social protection systems. The pandemic showed that strong social protection systems are essential for mitigating the pandemic's immediate and long-term consequences and preventing people from falling into poverty (UN 2022). For example, countries in the Pacific region¹ with known weaker social protection systems could not immediately deal with the impact of COVID-19 (Edwards 2020). However, while almost all countries introduced new social protection measures in response to the crisis, many were short-term in nature, and large numbers of vulnerable people have not yet benefitted from them. The world is currently not on track to end poverty by 2030 (UN 2022).

The struggle to avert the impact of COVID-19 rapidly follows persistent and deep poverty and growing levels of inequality and income insecurity that have destabilised trust in public institutions over the last three decades (Razavi et al. 2020, p. 56), despite an exponential growth of social protection since the 1990s. As the COVID-19 pandemic deepened, this lack of robust social protection policies has exposed the vulnerability of those inadequately covered by social protection in more and less developed countries alike. In comparison, many low- and middle-income countries have struggled to mount a proportionate social protection and stimulus response to contain the pandemic's adverse impact in the way that high-income countries have been able to do. A 'stimulus gap' exists between the available financing and demand for increased coverage of different groups of people left behind (ILO 2021). This gap must urgently be closed to ensure at least minimum provision for all – a social protection floor.

In contrast, countries with a pre-established social protection legacy, democratic government structures and well-financed welfare systems were able to put up a strong response to the pandemic (Arza 2021; Dugarova 2022). For example, the Pradhan Mantri Jan Dhan Yojana programme in India reached 200 million people, while the combined CARES stimulus checks in the United States, Japan's universal transfers and Pakistan's Ehsaas reached over a hundred million people (Gentilini et al. 2022, p. 13). In Africa, wealthier countries with long-running social protection schemes, like South Africa, were well placed to scale up their existing programmes, to introduce new social assistance schemes and to mobilise humanitarian relief, by using the government's fiscal resources and by borrowing (Devereux 2021). In low-income countries with less comprehensive and heavily donor-funded social protection schemes, like Ethiopia, development partners budgeted for needs and mobilised international resources to assist the government's efforts to support the additional caseloads created by

COVID-19 (Devereux 2021). From the onset of the COVID-19 crisis, official development assistance played a significant role in extending social protection provision, particularly in low-income countries (McCord et al. 2021). While all countries faced challenges to respond rapidly, those that already had strong social protection systems were able to guarantee access to much-needed healthcare, ensure income security and protect jobs. Countries without sufficiently strong systems in place had to adopt measures under the pressure of the lockdown, sometimes with a fair amount of improvisation and teething problems (ILO 2021).

Despite the fact that many countries were ill prepared, some governments managed to introduce extraordinary social protection responses. These measures aimed to protect the health and incomes of individuals against the pandemic's negative consequences while contributing to stabilising the economy and employment (ILO 2021).

This chapter analyses secondary data to provide a brief overview of global social protection responses to the COVID-19 pandemic from 2020 when most countries adopted lockdown strategies to avert the spread of the coronavirus. The chapter reflects on several emerging themes and lessons for social welfare approaches that are sensitive to future crises and link social protection responses to social development outcomes. The chapter uses a social development approach (see Chapter 4) to understand the social policy responses and their effect on people's social and economic well-being. This approach considers 'policies and programmes that meet needs, promote rights, manage social problems and facilitate the maximisation of opportunities to achieve social well-being and the promotion of human empowerment and social inclusion' (Patel 2015, p. 20).

The chapter first examines social protection before the outbreak of the COVID-19 pandemic and then scrutinises the impact of COVID-19 on people's well-being. It then provides an overview of the nature and scope of the responses to the COVID-19 crisis around the world. The chapter concludes with reflections on the implications and lessons learnt.

SOCIAL PROTECTION BEFORE COVID-19

Social protection – the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle – has been at the forefront of the 2030 Sustainable Development Agenda to reduce and prevent poverty through universal coverage. Social protection as a human right is held in such high regard because of the positive impact it has on society and the economy. This section presents the state of social protection before the outbreak of COVID-19. Unless stated, the analysis is based on the social protection estimates up to 2019 as provided by the International Labour Organization (ILO 2017).

The adoption of the Sustainable Development Goals (SDGs) in 2015, especially Target 1.3, committed countries to implement nationally appropriate social protection systems and measures for all, including floors, in order to achieve substantial coverage of the poor and the vulnerable by 2030. For this, governments began providing a mix of contributory and non-contributory social protection for children, women and men of working age, and older persons, following a life cycle approach (ILO 2017).

To fulfil the commitments of SDG 1, to end poverty, many countries have sought to ensure the provision of at least a basic level of social protection for all and to extend social protection coverage to those hitherto excluded. However, the pandemic hit when many countries were still facing significant challenges in making the human right to social security a reality for all.

Only 47 per cent of the global population are effectively covered by at least one social protection benefit (excluding healthcare and sickness benefits), while the remaining 53 per cent – as many as 4.1 billion people – are left unprotected (ILO 2021, p. 45). Thus, the pandemic has exposed deep-seated inequalities and significant gaps in social protection coverage, comprehensiveness and adequacy across all countries. In many countries, COVID-19 thus unfolded against a backdrop of low coverage, lack of comprehensiveness, low benefit levels and low expenditure of social protection. Indeed, the pandemic exacerbated poverty and vulnerability, especially among the poor. However, at the global level, COVID-19 stimulated social protection and affirmed its significance before and after COVID-19.

THE IMPACT OF COVID-19 ON DEVELOPMENT OUTCOMES

Apart from the massive loss of life, the COVID-19 pandemic has had a health, social and economic impact on different categories of people. This impact was a result of both the virus and the lockdowns that slowed or stopped economic activities. In South Africa, emerging evidence suggests that despite having a comprehensive and institutionalised social protection system, the slowed-down economic activity necessitated by the lockdowns had significant social and economic consequences. This resulted in loss of income especially for employees in low-wage sectors, job retrenchment from employment or reduced employment hours (also see Chapter 29). A similar socio-economic impact, including effects on child income and child well-being outcomes, was reported across southern Africa (Chinyoka 2020; Kgakatsi 2020; Marenga and Amupanda 2021; Dhemba 2021, Pruce 2021) and other countries in the world (Richardson et al. 2020; Razavi et al. 2020, pp. 60–62).

Teachout and Zipfel (2020) observe that in Central, East, Southern and West Africa, more than two thirds of the immediate spike in extreme poverty was directly associated with national lockdown measures. In some cases, where high rates of extreme poverty existed, the pandemic deepened them. More than four years of progress against poverty have been erased by COVID-19 as working poverty rate (the percentage of working poor) increased in all regions in 2020 except in Europe and Central Asia, where the low rate of 0.3 per cent from 2019 remained unchanged. The share of the working poor worldwide rose from 6.7 per cent in 2019 to 7.2 per cent in 2020 for the first time in two decades, pushing an additional eight million workers into poverty (UN 2020; ILO STATS 2022). This decreased slightly to 6.9 per cent in 2021, but it was still higher than the pre-pandemic rate (Sodergren et al. 2022). Although for some regions the rates decreased in 2021, most have still not reverted to their 2019 levels. The two regions with the highest working poverty rates – Africa and the Arab States – experienced the largest increases in the past two years, by over a percentage point each. Unsurprisingly, the share of working poor remains alarmingly high in low-income countries, where over 40 per cent of those employed live in poor households (Sodergren et al. 2022).

Insufficient access to sickness and unemployment benefits became especially apparent during the pandemic (ILO 2021). The pandemic also affected workers in non-standard, informal or precarious forms of employment as these generally fell outside the policy and regulatory frameworks or programmes that were rapidly scaled up in response to COVID-19 (Cook and Ulriksen 2021).

In most countries worldwide, COVID-19 serves as an example of a crisis that raised unprecedented challenges to global food supply systems (Davila et al. 2021; Fleetwood 2020).

The pandemic converged with conflict, climate change and growing inequality to undermine food security worldwide as nearly one in three people lacked regular access to adequate food, and about 1 in 10 worldwide were suffering from hunger in 2020 (UN 2022). Archibald et al. (2020, p. 2) argue,

the dimensions of the impacts of the pandemic include health (for example increased mortality and morbidity), economic (for example job/livelihood loss or reduced earnings and some supply shortages), psychosocial social impacts due to negative coping mechanisms, disruptions to services such as education, immunisation and healthcare.

The pandemic disproportionately affected women and persons with disabilities, among others, and further exacerbated existing disparities (UN 2022). Although the world was marked by gender inequalities before COVID-19 (Rao and Ramnarain 2022; Naidu 2021), the pandemic deepened the crisis. COVID-19 exacerbated the economic insecurity among women who, before the pandemic, were largely employed in informal and precarious jobs with few rights and protections (UN Women and UNDP 2022, p. 15). During the COVID-19 lockdowns, as health systems struggled to deal with the onslaught of cases and schools and care services were shut down, women stepped in to provide unpaid care for families and communities (UN Women and UNDP 2022, p. 16), often at the expense of their own mental and physical health. Women bore the brunt of job losses, seeing their economic autonomy stifled and their poverty risk increase (UN Women and UNDP 2022, p. 12). Women accounted for 39 per cent of total employment in 2019, but 45 per cent of global employment losses in 2020 (UN 2022). As countries recover from the pandemic, inequalities between women based on race, disability, income, age and other characteristics have also been starkly apparent in both the spread and the impact of the virus (UN Women and UNDP 2022). In the health and social care sectors, the demand for unpaid care work increased. Women were at least 70 per cent of workers in this sector providing unpaid work. In South Africa, the low-income domestic and farm workers who were forced to stop working and stay at home during the lockdown were mostly women (Devereux 2021). Women, manual workers and the poor were significantly more likely to lose their jobs than men, professionals and the non-poor in the same country (Jain et al. 2020).

A survey on 'Protecting and Supporting Vulnerable Groups through the COVID-19 Crisis', conducted between April and July 2020 by the United Nations Research Institute for Social Development in 82 countries worldwide, highlighted the need for policy responses that are sensitive to the specific characteristics, locations and needs of vulnerable groups, especially the working poor, as well as older persons. In low- and lower middle-income countries, lockdowns and physical distancing were perceived as less effective if not accompanied by social and economic support policies such as food distribution (Ladd and Bortolotti 2020).

These consequences were more drastic in countries with less-developed social protection systems and marked socio-economic and political turmoil, such as Zimbabwe (Tom and Chipenda 2020; Chipenda and Tom 2021). In Eswatini, COVID-19 had a particularly destructive impact on people's livelihoods, especially among the poor (Dhemba 2021). In summary, the COVID-19 pandemic represented a health challenge with serious economic and social consequences for people's livelihoods and their well-being. It posed a double challenge to governments across the world: to contain the health crisis, and to respond to its economic and social impact and promote recovery.

GLOBAL OVERVIEW OF SOCIAL PROTECTION RESPONSES TO COVID-19

Social protection has emerged as an indispensable social policy mechanism to ensure that people have income and job security and can effectively access healthcare for those most affected (ILO 2021). In view of the new COVID-19-related needs, countries remodelled programmes, adapted public employment schemes, ensured income security for old-age provision and provided income support over the life cycle and for persons with disabilities (Razavi et al. 2020). Countries largely pursued national solutions within their existing systems (Cook and Ulriksen 2021). In many countries, instruments including social assistance and social insurance were well suited to address the spikes in poverty and unemployment triggered by the lockdowns (Devereux 2021). This section provides a global overview of the responses, highlighting countries and regional variations. The section discusses the main trends in social assistance, social insurance and labour market programmes. The next chapters in this part of the book provide selected in-depth case studies: Chapter 28 on China case focuses on provision for children, Chapter 26 on India examines digital systems, and chapters 27 and 29 on Indonesia and South Africa, respectively, provide an overall picture of each country's social assistance response.

COVID-19 provoked an unparalleled social protection policy response. Governments marshalled social protection as a front-line response to protect people's health, jobs and incomes and to ensure social stability. Governments extended coverage to hitherto-unprotected groups, increased benefit levels or introduced new benefits, adapted administrative and delivery mechanisms, and mobilised additional financial resources. For the purposes of this chapter, social protection refers to government social assistance, social insurance and labour market programmes as employed in response to COVID-19.

Overall, in terms of number of measures, 3333 programmes were implemented between January 2020 and May 2021.² This boosted the number of social protection beneficiaries by 249 per cent compared to before the pandemic (UN Women and UNDP 2022; Leisering 2021). By January 2022, a total of 3856 social protection and labour measures had been planned or implemented in 223 countries. This constitutes a net increase of 523 measures, or 15.6 per cent since May 2021. These measures concentrated in the early days of the pandemic and increasingly relied more on programme extensions than the introduction of new programmes. Many measures were only temporary and often insufficient to meet people's needs. A few exceptional countries had society-wide generalised one-off universal payments and an emergency universal basic income (Razavi et al. 2020).

Regarding spending on social protection and labour market programmes, available for 23 per cent of the programmes, countries invested over USD 3 trillion in total on interventions in the period 2020–21 (Gentilini et al. 2022, p. 7). This level of expenditure represents around 18 per cent of overall labour market stimulus packages; that is, packages of tax rebates and incentives used by governments to stimulate their economies and save their countries from financial crisis. Social protection spending during COVID-19 was large and 4.5 times higher than the estimated level of social protection spending during the global economic crisis of 2008–9. Most of the spending took the form of social assistance, which represents over 65 per cent of all investments. Overall, countries devoted an average of 2 per cent of GDP on social protection for COVID-19 responses, but there are global and regional variations in spending between countries with different levels of development. For example, within upper

middle-income countries, Fiji and Macaronesia spent 35 per cent and 11 per cent of GDP respectively. In low-income contexts, Somalia is exceptional as it allocated 7 per cent of GDP. Spending ranges from about 1.3 per cent in low-income countries to 2.5 per cent in high-income settings. The United States accounts for a large majority (64 per cent) of global social protection spending. In per-capita terms, high-income countries have spent at levels over 90 times higher than low-income countries.

The heterogeneity in social protection and labour market spending such as wage subsidies and labour regulations adjustments are also observed across regions. Expenditures in North America reach 7.4 per cent of GDP, South Asia 1.8 per cent, Latin America and the Caribbean 1.7 per cent, while Africa and the Middle East and North Africa only devoted an average of 1.2 and 1.1 per cent of GDP, respectively (Gentilini et al. 2022, p. 9). It is evident that a country's level of development matters in terms of the level of resources they had to invest in social protection.

There are also differences related to gender responsiveness of social protection and labour market responses to the COVID-19 pandemic. The United Nations Development Programme uses a COVID-19 Global Gender Response Tracker to capture, first, women's participation in COVID-19 task forces and national policy measures taken by governments; and second, policy measures that address women's economic and social security, including unpaid care work, the labour market and violence against women. Only 32 per cent of all social protection and labour measures were gender sensitive in that governments adopted policies specifically addressing women's marginal position in the economy and society between March 2020 and November 2021. There are regional variances in gender-sensitive responses, with the Americas (North, South and Latin America) having the most responsive programmes (28.3 per cent), followed by Europe (26.1 per cent), Asia (22.4 per cent), Africa (16.8 per cent) and Oceania, with the least responsive measures (6.3 per cent) (UNDP n.d.). Canada and Morocco illustrate significant investment in gender-responsive social protection. Canada introduced a ground-breaking plan for a national childcare system, estimated to create 280 000 jobs over the next decade, that will enable up to 725 000 women to join the labour force and will generate billions in tax revenue each year. Morocco's gender-budgeting approach geared half of the country's COVID-19 spending toward gender-sensitive interventions, including explicit inclusion of women and informal workers in measures aimed at micro, small and medium enterprises (UN Women and UNDP 2022, p. 123). Social protection and employment responses largely ignored women's rights and needs, as only a fraction of social protection and labour market measures adopted in response to COVID-19 targeted women's economic insecurity or provided support for rising unpaid care demands made on women (UN Women and UNDP 2022).

The following subsections discuss the key programmes and trends in COVID-19 social policy responses in the three categories of social assistance, social insurance and labour market programmes.

Social Assistance

The main social assistance programmes implemented across the globe include emergency cash transfers and in-kind transfers, unconditional cash transfers (social pensions and disability grants), conditional cash transfers, school feeding programmes, subsidies (food, housing, utility bills, loans, credits), non-contributory health insurance and public work schemes (cash for work or food for work) (IPC-IG 2021). In Indonesia for example, the government provided

social assistance programmes such as conditional cash transfers for poor families, food vouchers and rice assistance, and businesses loans (see Chapter 27).

Social assistance accounts for an average of 61 per cent of social protection and labour measures such as wage subsidies, labour regulations adjustments and training. Thus, it represents the most prevalent form of support across regions and country income groups, followed by supply-side labour market programmes (20 per cent) and social insurance (19 per cent). Even in high-income settings, social assistance represents half of the enacted measures. The cash transfer component of social assistance constitutes the most widespread support mechanism. A total of 962 cash transfer measures, or nearly 25 per cent of total social protection and labour measures and 41 per cent of overall social assistance, were implemented in 203 countries (Gentilini et al. 2022, p. 9). The inclusion of social pensions increases the total to 1023 (26.5 per cent of all cash measures and 43.5 per cent of all remaining social assistance programmes). In addition, in-kind transfers – food or voucher schemes – also represented an important share of social assistance with food transfers in the form of unconditional transfers and school feeding accounting for about 20 per cent of social assistance (Gentilini et al. 2022, p. 11).

Social assistance programmes from before the pandemic were adapted in various ways during the pandemic. Most cash transfers were expanded horizontally to reach more people, almost entirely via new programmes, and vertically, by extending the coverage of existing programmes. A total of 672 new measures were enacted (13 of which were provided on a universal basis), compared with 55 measures that extended the coverage of an existing programme. About 48 per cent of new programmes were one-off transfers. Benefit levels were also adapted; they increased in some form in 146 of the 672 cases. A total of 39 programmes provided both horizontal and vertical expansion, while administrative simplifications were implemented in 50 programmes (IPC-IG 2021; Gentilini et al. 2022, p. 12).

With reference to the regional distribution of COVID-19 responses, the peak of social assistance in March 2020 was reached in South Asia and low-income countries across the world, where they accounted for 78 per cent of the social protection and labour portfolio. The average initial duration of the overall set of cash transfer measures, estimated out of 206 measures, was 4.5 months. However, duration ranged from one month in countries like Azerbaijan and Greece to 23 months in Bhutan and Brazil (Sodergren et al. 2022; Gentilini et al. 2022, p. 10).

In respect of adequacy of transfers, the size of cash transfer programmes represents an average of 30 per cent of monthly GDP per capita. The South Asian region recorded the highest size of cash transfer benefits (71 per cent) followed by Africa (47 per cent); the lowest was in North America (13 per cent). In absolute terms, monthly transfers were on average USD 256, ranging from USD 525 in high-income countries to USD 42 in low-income settings. These cash transfer responses increased the average generosity by almost 70 per cent compared to before the pandemic (Gentilini et al. 2022, p. 11).

As for coverage, data for the direct beneficiaries that were reached by the 124 cash transfer programmes indicates that over 1.39 billion people were covered by social assistance programmes in the period 2020–21. This is slightly higher than for cash transfers alone, which covered around 1.36 billion people. Coverage varies across countries and regions and across different levels of economic development. About half of the population in North America and the East Asia and Pacific region received at least one cash transfer payment, while one tenth did so in Africa. This shows that Central, East, Southern and West Africa had the lowest level

of responses globally. In middle-income countries, about one fourth of the population was covered. Low-income countries had single digit coverage (Gentilini et al. 2022, p. 13).

Regarding payment modalities, data from 202 cash transfer programmes shows that digital payments constituted the majority of transfers (58 per cent), followed by a combination of manual and digital payments (22 per cent) and purely manual transfers (19 per cent). Low-income countries presented the highest share of digital payments relative to their overall number of programmes compared to lower and upper middle-income countries. A total of 763 million people were reached by digital cash transfers, or 62 per cent of all cash transfers; almost two thirds, or 481 million people, were in lower middle-income countries (Gentilini et al. 2022, p. 14). India presents a case where digital payments constituted most transfers that reached millions of people during the pandemic (see Chapter 26).

The last observation relates to the speed of response, or timeliness of assistance, which calculates the number of days between the announcement of a cash transfer programme and its first payment. Based on data from 98 programmes, Gentilini et al. (2022) estimate that an average of 26 days passed between programme announcement and payment. The vertical extension of benefits took an average of 18 days while horizontal expansion required approximately 30 days. Countries that had an existing social registry responded within an average of 11 days, faster than those without such registries. But social registries alone were an insufficient mechanism to ensure coverage expansion. Gentilini et al. (2022) compare the speed of digital versus manual payments and conclude that the former modality was faster. This was facilitated when complementary databases were also drawn on, a strategy that is now increasingly being employed in support of expansion. In India, the use of digital technologies including social registries and banking platforms was instrumental in the expansion of cash transfer programmes to millions of beneficiaries to reduce the exclusion of vulnerable individuals and groups especially women (Nageswaran and Sumita 2021; Demirgüç-Kunt et al. 2021).

Social Insurance

Countries invested significantly in social insurance responses. Responses in this category included unemployment benefits, health insurance, contributory pensions and severance pay or other wage benefits such as a thirteenth or a fourteenth wage and family allowances (IPC-IG 2021). In 2020, the proportion of the population receiving unemployment cash benefits was 18.6 in the world, 52.2 per cent in high-income countries, 17.5 in upper-middle income countries, 5.5 per cent in lower middle-income countries and only 0.8 per cent in low-income countries (UN 2022). There is also variation in levels of development across countries and the types of responses that they mounted. This comes through in the divide between formal and informal workers and the latter's lack of access to social insurance (Bolton and Georgalakis 2022, p. 7). For instance, many countries provided additional benefits to current pensioners, such as top-ups, one-off payments, increased indexation or higher minimum pensions.

A total of 719 measures were recorded in 179 countries in the period 2020–21 (Gentilini et al. 2022, p. 17). Combined pensions and the related contribution waivers represent half of COVID-related social insurance measures. Some countries with a component of savings in their pension systems (mandatory or voluntary) provided early access to these savings to enable a quick response to the pandemic, sacrificing these scheme's long-term income protection objective. Australia, Chile and Peru are the most salient examples of early withdrawals from pension savings.

Observed separately, the commonest measures implemented were contribution waivers or subsidies, in most cases accompanying other tax measures such as reduction or postponement of tax payments, perhaps because employers found them easy to implement, because they did not imply a direct cost (although with implicit costs) and because they complemented other measures implemented to reduce labour costs to employers (Gentilini et al. 2022). Contribution waivers were observed in 115 countries with up to 261 different measures.

In addition to contribution waivers, many countries provided additional benefits to current pensioners, such as top-ups, one-off payments, increased indexation or higher minimum pensions. These were implemented in 63 countries, with 96 measures. One-off pension top-ups were observed in countries such as Argentina, Czech Republic, Serbia and Turkey. Permanent pension increases were observed in Cameroon, Egypt, Georgia and Uzbekistan (IPC-IG 2021).

Pension systems across many countries responded to the lockdowns by adapting their delivery mechanisms to ensure continuity of services. Besides administrative innovations in some countries that included early access to withdrawal savings, the commonest measures were remote payments such as via mobile telephones or by allowing a third party to collect the benefits. Pension delivery modifications were recorded in countries such as Algeria, Armenia, Bulgaria, Serbia and Uruguay, while Brazil introduced the possibility to present proof of life using a mobile app (Gentilini et al. 2022, p. 18). However, the use of digital technologies and online platforms is still rare in the area of pensions in developing countries. Despite the adaptation of responses and the rapid extension of coverage at global level, critical social protection coverage gaps still exist and could be redressed through strengthened social protection systems (ILO 2021).

Some countries expanded social insurance programmes to the urban poor, retrenched workers and informal sector workers. The COVID-19 pandemic drew attention to the ‘missing middle’ (Leisering 2021), which refers to persons of working age who do not have access to formal employment-based social security but earn too much to be eligible for poverty-based social assistance. Pre-existing programmes that were largely targeted at ‘vulnerable’ groups could not be easily or rapidly scaled up to incorporate groups not covered (Devereux 2021). Governments across Africa, for instance, responded quickly by expanding existing programmes that ‘had the advantages of being quick and administratively simple, but the disadvantage of bypassing people who were made most vulnerable by COVID-19, notably retrenched and informal workers with no access to social insurance’ (Devereux 2021, p. 421).

Labour Market (Supply-Side) Programmes

To maintain their income and provide flexibility in the employer–worker relationship throughout the pandemic, countries across the globe relied on wage subsidies, labour market regulatory adjustments, shorter work time arrangements, and activation measures; that is, training and placement assistance (Sodergren et al. 2022; IPC-IG 2021).

Two thirds of the labour market programmes introduced were supply-side policies, whereas the remaining third were adaptations of existing policies. There were specific new policies to reach other vulnerable groups, as more than 18 per cent of the policies implemented by countries were used to support and protect vulnerable groups. Youth, migrants and other groups such as jobseekers and parents were among the groups most targeted by these labour market policies.

Globally, at least one of these policies was introduced in 84 per cent of countries that adopted labour market policies. There are variations between countries that adopted these policies using the World Bank classification of countries into low-, lower middle-, upper middle- and high-income countries.³ Gentilini et al.'s (2022, p. 18) analysis finds that 76 per cent of low-income countries had labour market policies compared to 83 per cent of lower middle-income countries and upper middle-income countries respectively. Labour market policies were more prevalent in high-income countries (88 per cent) as they have more people employed in the formal labour market. However, wage subsidies were used less in low-income countries (30 per cent) due to their high rates of informal labour markets. Despite these differences, wage subsidies were widely used across countries regardless of their level of economic development and informality. However, levels of economic development and informality did influence the mix of policies that countries chose to implement given their contextual realities and the nature and scope of their social protection systems. Gentilini et al. (2022) further observe that countries in the lowest informality tercile favoured wage subsidies, whereas high and medium informality countries preferred labour regulatory adjustments and shorter work time arrangements. The prevalence of activation measures has been relatively similar across the informality groups.

In high-income countries, variation among European countries were attributed to the specific characteristics of their welfare systems. For example, there is a noticeable contrast between the Bismarckian (insurance-based) or the universalistic welfare systems of northern and southern Europe. Those countries with Bismarckian or universal welfare systems were better prepared; they have well-developed existing unemployment protection policies and better income maintenance schemes. In southern Europe, in contrast, welfare systems had less capacity to cope with the pandemic and higher risks of exposure to it (Pereirinha and Pereira 2021).

Social protection systems worldwide operate in a context of high, and sometimes growing, levels of informality and inequality (ILO 2021). There are two billion workers in the informal economy, most of whom are not covered by social protection programmes. In this context, wage subsidies during COVID-19 were favoured by countries with low rates of informality and were less prevalent in countries with high and medium informality levels. Some countries with both high and medium rates of informality still introduced wage subsidy programmes that specifically targeted informal workers. In addition, over 73 per cent of the labour market policies introduced in 2020 and 2021 were directed at waged workers, whereas only around 11 and 9 per cent were aimed at the unemployed and self-employed, respectively.

The labour market contexts and welfare systems of African countries and those of the Organisation for Economic Co-operation and Development differ dramatically. However, both faced challenges of extending support to workers not covered by existing social welfare provisions (Cook and Ulriksen 2021). In Europe (Denmark, France, Germany, Italy and the United Kingdom), the norm of formal or standard employment, providing adequate benefits or social insurance coverage for workers, means that less attention is paid to the plight of an increasingly precarious workforce (Seemann et al. 2021). In Africa, there are mixed results at reaching newly vulnerable urban or informal workers. In South Africa, new programmes (mainly wage subsidies and social grants) benefitted urban workers (rather than the poor more generally); in Botswana, they reached urban businesses and formal workers rather than the urban working-age poor (Gronbach and Seekings 2021). In Ethiopia, 'COVID-19 accelerated

a trend toward the incorporation of previously excluded urban areas into the nascent national social protection system' (Devereux 2021, p. 443).

While the responses provided by governments to formal or standard workers provided additional social, economic and job protections, workers in informal or precarious employment faced greater risks with few protections. In particular in low-income contexts with high levels of informality, family survival usually depends on daily work outside the home, domestic living arrangements rarely allow for social distancing and social protection is weak, absent or fragmented (Cook and Ulriksen 2021). The risks and the absence of protective measures in these contexts were further intensified for millions of migrant workers, both domestically but particularly for those crossing national borders (Cook and Ulriksen 2021).

In sum, the main trends from this rapid appraisal of global responses show that, first, social assistance led the social protection responses. Second, most countries used digital systems to increase the reach of their programmes to respond rapidly to the crisis caused by the pandemic. Third, social welfare expansions were temporary in nature and tapered off as the pandemic began to abate, although in most countries, relief measures were extended periodically to meet country-level challenges. Fourth, another trend was the way in which countries adapted existing programmes to respond to the demand for support. Lastly, informal workers' needs exacerbated during the pandemic, yet many welfare systems continued to address them insufficiently. Groups left behind included people with disabilities and migrants. The COVID-19 pandemic worsened gender inequality as women beneficiaries were disproportionately affected by job losses and limited access to childcare services due to lockdown regulations.

IMPLICATIONS OF THE SOCIAL PROTECTION RESPONSES

The pandemic has further compounded pre-existing challenges, such as high and rising levels of economic insecurity, inequality and informality, and has exposed the vulnerability of those who cannot rely on adequate social protection (ILO 2021). However, social protection was able, to some extent, to cushion the negative impact of COVID-19 on the Sustainable Development Goals (UN 2022). Countries can draw some useful lessons from the global responses to the pandemic. Most countries increased the spread of social assistance, especially cash transfers, in response to the impact of COVID-19. This underscores the adoption and expansion of cash transfers as an important social protection mechanism before and after the pandemics.

A second related lesson is the need to invest and increase social spending. Enhanced social protection spending will continue to be crucial as socio-economic recovery remains uncertain (ILO 2021). Investing in gender-responsive social protection to increase resilience to shocks becomes a priority for future crisis responsiveness and also to aid recovery after the pandemic (UN Women and UNDP 2022, p. 123). This has implications for the expansion and coverage of social protection programmes. It is also important to consider the role of state and non-state actors and how they interact in the provision of social protection. Social protection needs to be linked to other social services: while the crisis has exposed and exacerbated many inequalities, it has also led to some reflection on societal values, including the revalorisation of essential workers and the importance of universal health services and social protection (Ladd and Bortolotti 2020).

Third is the use of digitalisation in social protection. Digital payments aided programme reach – number of people who received cash transfers – and became the most used and fastest form of payment across the world. Countries should prioritise harnessing digital technologies for gender equality (UN Women and UNDP 2022, p. 123). While the crisis has highlighted the need to build inclusive delivery systems in the form of digital technology, such technologies also carry exclusion risks especially where people do not have access to banks and financial services, lack digital literacy and/or do not have access to smartphones. This may lead to double exclusion of people in these categories, hence the need to improve access to digital media and internet connectivity.

The trends indicate that, in some countries, social protection responses to the pandemic were insensitive to the needs of women, children, indigenous people, migrants, informal workers and people with disabilities. Thus, there is need for more inclusive social protection programmes that recognise the specific needs and challenges of vulnerable groups of people who are likely to be left behind during times of emergency. In particular, improved access is needed for people with disabilities who were severely and disproportionately affected by the pandemic. It also highlights the significance of rights-based approaches to social protection covering all groups of vulnerable people, especially since many COVID-19 responses have been one-off or temporary measures. The International Labour Organization (ILO 2021) concludes that COVID-19 made it impossible for policymakers to ignore the ‘missing middle’ and unpaid carers. In this context, countries should aim to provide rights-based, inclusive social protection, as universal coverage is key to tackling current and future pandemics, including ongoing responsiveness to socio-economic, political and environmental challenges.

Countries that had existing social protection policies were able to respond faster. This is important for future responses to pandemics and other shocks. Countries with effective health and social protection systems in place that provide universal coverage have been better prepared to respond to the COVID-19 crisis (UN 2020). Many social protection responses have been ‘maladapted, short-term, reactive, and inattentive to the realities of people in poverty’ (De Schutter, cited in ILO 2021, p. 73). Furthermore, the responses point to the importance of adopting a systemic approach to social protection that includes all three pillars of social protection – social assistance, social insurance and labour market programmes – to advance global commitments to social protection floors. Responses to economic and social challenges (as well as health) need to be coordinated and targeted toward achieving sustainable development outcomes.

NOTES

- 1 The 22 Pacific Island countries and territories of the Pacific Community are American Samoa, the Cook Islands, Fiji, French Polynesia, Guam, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, New Caledonia, Niue, the Northern Mariana Islands, Palau, Papua New Guinea, the Pitcairn Islands, Samoa, the Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna.
- 2 Unless otherwise stated, the overall picture presented here and the analysis of social assistance, insurance and labour market programmes that follows is based on Gentilini et al. (2022). For global responses, see also ILO (n.d.).
- 3 The detailed 2021–22 classification of countries is available at Nada et al. (2021).

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26. The digital delivery of welfare services in India: Achievements, anomalies and lessons learnt¹

Aishwarya Sivaramakrishnan and Sony Pellissery

The success of the information technology revolution of the 1990s has led digital technologies to become transformative tools for governance and development. Like other countries around the world, the Indian government soon adopted this infrastructure to revamp its strategies for the delivery of social protection. The COVID-19 pandemic became a testing ground for the readiness of India's digital relief transfers. Indeed, through the digital medium, 800 million farmers received food grains, 87 million farmers received three instalments of INR 2000 (USD 25)² in cash transfers, 200 million women benefitted from a cash transfer of INR 1500 (USD 18.7), and 30 million poor senior citizens benefitted from an ex-gratia payment of INR 1000 (USD 12.5). During the pandemic, India's digital systems proved to be agile and scalable to have a wide reach; but they also received a good share of criticisms. Thus Drèze et al. (2017) claimed the digital revolution is 'Pain without Gain'. New forms of exclusions developed because of information gaps, biometric authentication failures, connectivity issues, processing delays, enrolment issues, cash withdrawal issues, digital illiteracy and faulty grievance redress mechanisms.

This chapter carefully examines whether digital interventions in India brought about the desired greater public good. It asks two questions: How well does the use of digital systems in social protection transfers help to fix the failures of the pre-digital world? What new challenges do digital systems bring with them? The chapter draws on examples from recent case studies on key social protection programmes such as the Mahatma Gandhi National Rural Employment Guarantee Act of 2005 (MGNREGA), the Public Distribution System, a food security programme, and the National Social Assistance Programme, which grants social assistance to the elderly, widows and disabled persons. The chapter is based on a desktop review of 30 publications (reports, articles, policy papers, government websites and reports, and blogs) on specific aspects of the digital infrastructure and the delivery experience of beneficiaries. The materials were sourced from Google Scholar through searches with the keywords 'digital social protection', 'JAM', 'digital governance', 'Aadhaar' and 'financial inclusion'. Websites from the following organisations were consulted – Consultative Group to Assist the Poor, International Labour Organization and World Bank; and from the following government entities – Ministry of Electronics and Information Technology, Ministry of Finance and National Informatics Centre. The chapter adopts Lindert et al.'s (2020) four stages of the social protection delivery process (assessment, enrolment, provision and management) for its analysis.

The chapter opens with a short history of social protection in India. The second section examines the three digital measures that the Indian government introduced, a unique identification system, a universal banking system and mobile communication. The third and fourth sections analyse the outcomes of the digital transformation, the third through beneficiary

experiences in terms of assessment, enrolment, provision and management, and the fourth by the impact on the marginalised groups of women, elderly persons and disabled persons. The conclusion draws together the lessons learnt.

BACKGROUND

India's tryst with social protection schemes began soon after it achieved independence from Britain in 1947 after decades of colonialism, economic exploitation and social dislocation. It adopted a series of five-year plans that focused on economic reconstruction, industrialisation and increasing the growth rate of the gross domestic product (GDP). Poverty alleviation was first mentioned only in the fifth five-year plan (1974–78) when the Garibi Hatao ('eradicate poverty') programme was adopted. This marked the onset of social welfare programmes, which have since become an integral part of India's developmental agenda.

The Constitution of India treats welfare programmes as directive principles that are desired rather than in terms of a legally enforceable mandate. As a result, most of India's social protection programmes emerged at the regional state level in the form of anti-poverty alleviation programmes (Pellissery 2021). The programmes are jointly funded by the central and the state governments.³ State governments play an active role in devising and disseminating welfare policies as per regional requirements. However, despite the active involvement of both the central government and the states in devising and disseminating welfare policies, India fares poorly in its social protection expenditure. Social protection measures are allocated 1.4 per cent of GDP expenditure as compared to 12.9 per cent globally and an average of 7.5 per cent in Asia (ILO 2022). India has poor accessibility to social protection and welfare programmes with merely 24 per cent of the population having access to a minimum of one social protection benefit (ILO 2022). This is well below the global average of 46.9 per cent of the world population. At the same time, it is important to note that, in absolute numbers, 24 per cent of the Indian population (approximately 334 million) is larger than the population of several countries put together or of the United States as a whole. This large absolute number is what makes the Indian story positive in terms of reach.

Before the digital revolution, the manual system of beneficiary transfers was managed by lower-level government officials based on a register of records (Srinivasan et al. 2014). This created avenues for leakages and inefficiencies such as siphoning off benefits or demanding bribes. Cash changed multiple hands in the administrative set-up, which contributed to inefficiencies in the delivery system. There were extensive exclusion and inclusion errors in the targeting of social protection and welfare programmes, which led to the wrongful omission of eligible poor or the inclusion of non-eligible non-poor. The errors were often politically motivated to foster clientelism (Barrientos and Pellissery 2015). The failure of poverty eradication measures was thus attributed to leakages and inefficiencies in the system.

The application of digital measures to social protection was a response to this poor situation. A shift in the political landscape toward neoliberalism opened doors for a booming information technology (IT) sector, making India the outsourcing hub for software and hardware. Numerous multinational IT companies set up their bases in India to cater to clients in the United States and elsewhere. This made engineering one of the most sought-after professions in India. Computerisation, the privatisation of telecommunications in the late 1990s and the proliferation of the internet led to the adoption of information technologies across industries.

This paved the way for the introduction of electronic media for governance in 2003 as part of the National e-Governance Plan (NeGP). India built on these competencies by initiating and investing in banking automation, a train reservation system and rural telephony projects. The telecom and IT revolution opened opportunities for start-up digital innovation enterprises in e-commerce, retail brokering and ride-hailing. A massive uptake in the use of smartphones led to a lowering of the price of data and a quick achievement of scale. This provided the government with a strong starting point for its strategies to revamp social protection governance. It built up an integrated infrastructure that included a plan for universal access to banking, a biometrically enabled digital identification system and mobile communication. This not only brought significant savings to the government's exchequer but proved to be an asset during the COVID-19 relief efforts.

The 2020 COVID-19 pandemic became a testing ground for the readiness of India's digital infrastructure to deal with adversity. As in other countries (see chapters 25, 27, 28 and 29), policymakers introduced complete lockdowns to prevent and limit infections. These measures led to an economic disaster and reduced the resources that states had available to tackle the health crisis (Jha and Jha 2021). Both central and state governments introduced relief packages to mitigate people's risk of falling into poverty and help them overcome the twin crises of unemployment and deepening poverty. Digital infrastructure was used to achieve the quick distribution of transfer payments while retaining all social distancing rules. Digital and biometric technologies and the computerisation of welfare programmes at the national and state level promised increased efficiency, transparency, accountability and reduced exclusion of vulnerable individuals and groups (Bhatia and Bhabha 2017).

THE PROMISE OF DIGITALISATION IN WELFARE DELIVERY

India was quick to adopt digital systems for delivering social protection. Its three leading pillars were an integrated banking system (Jan Dhan), a system of unique identification numbers (Aadhaar) and mobile communication, known as the JAM trinity, an initialism of the three programmes. To successfully operationalise JAM, two large-scale programmes were initiated between 2009 and 2014. In 2009, the country initiated a nationwide programme of providing biometric-based unique identification numbers to each citizen, reaching 95 per cent of the population (MOF 2009–10); and in 2014 it launched a massive financial inclusion programme that brought 80 per cent of the population into the formal banking system (MOF 2014–15). The telecommunications revolution of the early 2000s strengthened the integrated infrastructure, though the benefits of this have not yet been reaped. This section briefly examines the nature and roles of each of these pillars and the collective promise of the digital infrastructure. This sets the tone for critically examining the outcomes of the digital intervention.

Unique Identification Number

Aadhaar is a 12-digit unique identification (UID) number generated for all residents of India. Aadhaar was envisaged to provide residents with access to entitled resources and benefits.⁴ The introduction of the UID number was the first step toward eliminating the scope of corruption and leakages (for example, payments to ghost beneficiaries) in welfare distribution. The term 'UID' first featured in 2010 in a document by the Ministry of Finance:

The UID System is envisioned as a means for residents to easily establish their identity, anywhere in the country. It will be an important step toward ensuring that residents in India can access the resources and benefits they are entitled to ... The UID can have a significant impact on service delivery. The existing patchwork of multiple agency databases in India gives individuals the incentive to provide different personal information to different agencies and impersonate someone else ... The lack of duplicates, and accuracy and mobility in identity verification, would reduce opportunities for fraud and enable agencies across the country to provide residents with targeted, effective services and benefits. (MOF 2009–10, p. 26)

Up to then India was maintaining databases with multiple agencies and with political and administrative staff responsible for the transfers. This human intervention was highly problematic as it provided ample opportunities for impersonation, duplication and fraud. The UID, in contrast, provides a central database that includes all residents and a legal identity to each resident, thus promising targeted services and benefits that could be more effective. Aadhaar also guarantees convenience in welfare services and reduced transaction costs for the poor.⁵ A statement by the Unique Identification Authority of India (UIDAI) in its strategy overview for 2010 demonstrates this argument:

Public as well as private-sector agencies across the country typically require proof of identity before providing individuals with services ... every time an individual tries to access a benefit or service, they must undergo a full cycle of identity verification. Different service providers also often have different requirements in the documents they demand, the forms that require filling out, and the information they collect on the individual. Such duplication of effort and 'identity silos' increases overall costs of identification and cause extreme inconvenience to the individual. This approach is especially unfair to India's poor and underprivileged residents, who usually lack identity documentation, and find it difficult to meet the costs of multiple verification processes ... The need to prove identity only once will bring down transaction costs for the poor ... It could enable the government to shift from indirect to direct benefits and help verify whether the intended beneficiaries receive funds/subsidies. A single, universal identity number will also be transformational in eliminating fraud and duplicate identities since individuals will no longer be able to represent themselves differently from different agencies. This will result in significant savings to the state exchequer. (UIDAI 2010, p. 1)

The UID was thus adopted under the premise that it would improve service delivery, accountability and transparency in social sector programmes and lead to financial inclusion.⁶

Financial Inclusion

The second pillar, Jan Dhan, is a financial inclusion programme that the government introduced in 2014 with the aim of 'banking the unbanked'. It contributed to a significant increase in bank account penetration, from 56 per cent in 2014 to 80 per cent in 2018 (Sanghera 2018). The integration of Jan Dhan to JAM is through the application of an alpha numeric code, the Indian Financial System Code, which enables the online transfer of funds into Aadhaar-linked accounts. JAM works through the national network of post offices, each of which acts as point of verification of beneficiaries through Aadhaar-enabled remote services. Government functionaries at the post offices check UID codes in the Aadhaar beneficiary database and thus validate them. The validation facilitates the government to make payments to beneficiaries via financial institutions (for example, micro automated teller machines, post offices, banks and banking correspondents) enabled through the Aadhaar payment bridge (Gelb and Mukherjee

2019). The steep increase in bank accounts means a greater opportunity to target and transfer financial resources to the poor and thus to improve serviceability.

Mobile Communications

The third pillar, mobile communication, plays multiple roles. On the one hand, it acts as a medium for last-mile financial delivery; on the other, it establishes a link between the government and its citizens. It is seen as a viable option for last-mile connectivity and for government communication as mobile ownership is quickly penetrating the rural belts. As of 2021, there were 1.16 billion cell phone users in India with 0.52 billion subscribers from the rural belt, far ahead of the 20.19 million wireline subscribers, 1.71 million of which are in rural areas (TRAI 2021). While there is no accurate information on unique cell phone users, India aims to reach a 65 per cent penetration level by 2022 (DOT 2018). Broadband subscribers in India have reached a subscriber base of 742 million, allowing access to government services in the convenience of the home. By linking Aadhaar registrations to mobile numbers, the much-feared operational bottlenecks were avoided.

Digital infrastructure is supported by information and communications technology. This allows coordination between line departments in the government and facilitates the exchange of information and dissemination of government services through a commission-based facility, the common service centres (CSCs). CSCs are physical facilities for delivering essential public utility services, social welfare schemes, healthcare, financial, education and agriculture services, and business to customer services to citizens in rural and remote areas. This gradual progression of digitisation across all channels shows that technology is considered the definitive solution to tackle the multiple loopholes in the system.

The JAM trinity thus promised serviceability, accountability and transparency as a response to the inefficiencies in the system. Aadhaar aimed to overcome inefficiency in service delivery by eliminating fraud and other systemic inefficiencies through online authentication. Jan Dhan promised greater opportunities for access while mobile communications promised government–citizen interactions to strengthen JAM’s core principles. The JAM trinity also committed itself to clearer accountability and greater transparency through improved monitoring of the different pillars and implementation processes (UIDAI 2021).

The next section critically analyses the outcomes of the digital transformation in comparison with the promises that digitisation offered. The purpose is to highlight the successes and to understand the gaps in the achievement of the promises made.

OUTCOMES OF DIGITAL TRANSFORMATION: BENEFICIARY EXPERIENCES

The previous section focused on the three pillars of digital infrastructure – Jan Dhan, Aadhaar and mobile communications (JAM) – and highlighted the functions it intended to play for an accountable, transparent and serviceable system in welfare delivery. This section focuses on the outcomes of digital intervention from the beneficiary’s experience of the different stages of welfare service delivery. Lindert et al. (2020) classify welfare service delivery into the following four stages: assessment, enrolment, provision and management of service provision. The analysis that follows draws on the experiences of beneficiaries of social protection

programmes in India with particular reference to digital interventions to support vulnerable groups such as women and the elderly. The successes and challenges in each of these stages are considered.

Stage 1: Assessment

The assessment stage of welfare delivery primarily involves all activities involved in targeting the beneficiaries (outreach, intake, registration and assessment of eligibility). It is important to note that the JAM infrastructure plays no role at this stage of welfare delivery. Aadhaar provides the legal identification. It is often mistaken to represent a national social registry, but this is not the case: the Aadhaar number is not listed with any information on key social factors such as caste, employability, religion and disability. This limits its use to merely a legal identity. Unlike countries in the West, India does not maintain a national registry but relies on multiple databases at the national and state level. The most widely used databases are Below Poverty Line and the Socio-Economic Caste Census. Only a few schemes, such as MGNREGA and PM-Kisan (a government scheme to support small farmers) allow for self-registration and limit inclusion errors (delivery of aid to non-needy persons) and exclusion errors (failure to reach those in greatest need) (Sabates-Wheeler et al. 2014).

The preparation of the national database for a population of 1.32 billion is a humongous, time-consuming and expensive exercise. It is, therefore, updated only every 10 years. The absence of a real-time record of the national social registry compels the use of a proxy means test to identify beneficiaries. These tests are based on the data of the latest available survey. The results tend to be highly flawed, inaccurate and arbitrary.⁷ Any natural disaster, such as floods, drought, cyclones or epidemics, have long-lasting repercussions on people's livelihoods and pushes them into poverty, a movement that gets lost in the large time gaps between surveys. Exclusion errors in poverty-targeted schemes using social registries in India are estimated to be 68.2 per cent (Kidd et al. 2021). An exclusion as enormous as this at the very first stage of the assessment process points to a major design flaw despite heavy investment in JAM infrastructure. Failure to reach the needy had major repercussions for those in need during the first COVID-19 outbreak.

Limited reach of COVID-19 relief efforts

As part of the COVID-19 relief efforts, the Indian states were mandated to form state welfare boards for construction and informal workers and create policies for their welfare. Although these boards accumulated enough funds by levying a 1 per cent tax on construction costs, the registration of workers was poor (Paliath 2021). Targeting migrants became a challenge, as no social registry of migrants was maintained. The lack of reliable and credible data hindered efforts to organise welfare measures such as the distribution of essential items and relief material. One example of limited coverage is from the eastern state of Bihar, where the government announced a grant for returning migrants, provided they produced local bank accounts as proof of state residency. As a result, migrants whose bank accounts were in other states were ineligible, even if they fulfilled all other criteria (Gelb and Mukherjee 2020). Another example is the failure by many states to ensure access to subsidised food for migrant beneficiaries. Ration cards were tied to local fair-price shops, which form part of India's public distribution system (PDS) to mitigate price risks for the poor. Since migrant ration cards were non-portable, migrants did not qualify to obtain food from PDS shops.

Similarly, pensioners were entitled to three months of advance pension during the COVID-19 pandemic and an additional amount of INR 1000 (USD 12.5). The beneficiaries were identified based on an archaic database. Citizens who fell into poverty because of the pandemic were thus automatically excluded. While the government grappled to manage the chaos, the pandemic presented loopholes in the authentication-based welfare delivery system. The government resorted to universal food distribution in 2020 when the mass exodus of people travelling homeward caught global attention and the government was strongly criticised. While the government did take into cognisance the loopholes in this system and deviated from relying solely on digital systems, no such leniency was shown by other schemes.

Stage 2: Enrolment

The expenditure on social welfare in India is merely 1.4 per cent of GDP. With such low budgets for social protection measures, the government resorted to targeted social welfare schemes. The selection of beneficiaries is contingent on the conditions/eligibility criteria of a welfare programme for which a list of eligible citizens is prepared and considered in Stage 1. Therefore, prospective beneficiaries are required to enrol in the scheme, for which applicants submit a range of documents including their UID to prove eligibility. Beneficiaries constitute a large chunk of India's illiterate population; this limits their ability to understand and perform tasks by themselves. They are compelled to rely on intermediaries to facilitate access to their entitlements. The digitalisation of the transfer payments shifted the role of the middle person to an institutionalised intermediary with access to a computer, a person known as a CSC agent. Each agent looks after six villages, ensuring all beneficiaries are reached. The beneficiary registers for scheme benefits at the CSC in exchange for money. While CSC agents have improved accessibility to schemes, the introduction of this position has meant that accountability has been placed in the hands of these agents (Narayanan 2020). CSC agents are responsible for collecting applications and forwarding them at the block level, but agents are not held accountable for any delays or errors in the process. This closes the communication channel between the citizen and the government, and beneficiaries are left to navigate their way out when they have grievances.

Barring a few schemes, such as PM-Kisan, which allow for self-registration and self-correction of beneficiary records, applicants are required to bear both time and monetary costs (Gupta 2020a). The majority of beneficiaries continue to face similar hassles as those they had before digitalisation, such as bureaucratic delays, opaque dissemination of information and dependency on intermediaries for access to government services and cash transfers. While digital systems have been successful in bringing access points closer to the beneficiary, delays continue to persist along with a lack of accountability at the point of contact.

Stage 3: Provision

The third stage of welfare delivery involves the transfer of benefits to the enrolled beneficiaries. There are three direct steps to this process: first, the generation of a funds transfer order (FTO) from the central government; second, the release of the funds to the beneficiary's bank account; and, third, beneficiary access to the money.

Before the first step can take place, the beneficiary's biometric data needs to be authenticated to avoid inclusion errors such as duplicate and bogus beneficiaries. Based on the authenticated

data, the FTO is generated. The central government reported cost savings to the tune of INR 17 trillion (USD 210 million) by introducing direct benefit transfers in 351 transfer schemes. This helped the government identify and eliminate ghost beneficiaries from the beneficiary list (MEIT 2017). The effect on beneficiaries has not been as pleasant, however. Challenges experienced with network connectivity and fingerprint mismatch among the elderly and informal workers led to non-receipt of approved benefits. The identification of the beneficiary is left to the mercy of intermediaries as information asymmetry increased with strict rules of Aadhaar and biometric authentication⁸ at the point of delivery (Bhardwaj and Johri 2018).

The authentication is successful, the benefits are processed. After a FTO is generated, the funds are transferred in the form of payment files from the relevant ministry or department to the beneficiary's bank account by the National Payments Corporation of India. Direct benefit transfers are paid through the Aadhaar Payment Bridge (APB) by using the Aadhaar-enabled Payment System (AePS). This direct payment system has helped reduced corruption by lower-tier officials. However, it fails to ensure accountability, unlike the former system where beneficiaries were allowed to demand payment from the local authorities. Many studies reveal that the new system is marked by delays in payment (Drèze 2020; Kapur et al. 2021).

The final step is when the beneficiary accessed the benefits. The beneficiary has the option to withdraw the money at a banking facility or to receive it through a business correspondent, a retail outlet engaged by banks for providing banking services at the doorstep. JAM promised convenience and serviceability, but new issues arose. For example, a passbook – a notebook held by the account holder in which the banking provider records all banking transactions – empowers the beneficiary to keep a check on the amount received from a scheme, debits made and the cash balance left. However, often passbooks are not updated because of overcrowding and account holders are only given verbal updates of the account. This flouts all rules of transparency and accountability. Based on research in the states of Rajasthan, Jharkhand and Andhra Pradesh, Drèze (2020) reports that 57 per cent of respondents did not have their passbook updated at the time of any financial activity on the account. The respondents also complained of denied receipts on bank withdrawals due to issues with network connectivity, faulty printers and overcrowding. Other challenges include a requirement to pay bribes to the business correspondents to withdraw money (suggesting these receive inadequate commissions from the government [Drèze 2020]), long waiting in queues to withdraw money, high transportation costs to the banks that paid out the benefits (Drèze 2020) and technical glitches in the bank's computer systems.

Direct transfer payments at the outbreak of COVID-19

In 2020, the central government announced direct cash transfers through the JAM trinity to poor women beneficiaries. The benefits amounted to three monthly payments of INR 500 (USD 6.26) each as direct cash transfers to female Jan Dhan account holders. The COVID-19 relief payments were successfully made to 200 million women (MOF 2021). However, there were a key problem with this transfer: the lack of a robust social registry. This meant that, (1) not all Jan Dhan female account holders were poor, and (2) not all poor women were Jan Dhan account holders (Nageswaran and Sumita 2021). These problems mirror the criticisms raised when Jan Dhan was founded: the possibility of agents opening bank accounts without consent of the account holder to meet targets, Aadhaar numbers seeded with the bank account without privacy safeguards, and the like. India claims to have expanded bank penetration from 56 per cent in 2014 to 80 per cent in 2018. However, 19 per cent of all Jan Dhan accounts are

dormant (Gupta 2020b). Many were blocked because the beneficiaries' Know Your Customer forms were incomplete, and some were cancelled when their linkage with Aadhaar numbers failed. These operational bottlenecks demonstrate significant inclusion and exclusion errors in the digital system.

Accountability of the digital intervention was tested during the COVID-19 pandemic as communication channels between the citizens and local officials broke down. India's unemployment rate peaked at 7.11 per cent in 2020, up from 5.27 per cent in 2019, because of the lockdown and the resultant slump in economic activities (CEDA 2021). To provide a cushion for people working in the informal sector and the returning migrants, the government increased its expenditure on the MGNREGA scheme by 18 per cent over the fiscal years of 2019 and 2020. (This employment scheme, founded in 2005, guarantees 100 days of paid work for able-bodied persons on a self-selection basis.) MGNREGA beneficiaries faced several challenges in receiving payments, including: (1) payments that should have been made within 15 days were significantly delayed because of the transition from cash-in-hand to bank transfers (Drèze 2020); (2) beneficiaries received only partial payments at a time when they desperately relied on this income but the lack of a communication interface rendered beneficiaries powerless to demand the timely payment. While the intervention of digitalisation thus enabled significant cost saving to the exchequer and the elimination of last-mile corruption, citizens often found themselves powerless to hold officials accountable for their entitlements.

Stage 4: Management

The last stage of social protection delivery is related to the management of beneficiary operations, which involves the continuous engagement and collection of information from the field. This stage comprises three primary tasks: (1) beneficiary data management; (2) monitoring conditionalities; and (3) a mechanism for grievance redress. Issues addressed at this stage are usually related to information errors, corruption, fraud, long queues and waiting periods, and excessive documentation requirements. These issues hamper the complete transfer of cash (Lindert et al. 2020). The access channels to redress grievances include helplines, e-mail correspondence and mail posts. A major drawback of the JAM trinity is its inability to reform the grievance mechanism as India's system of redress is weak.

Reliance on the digital medium for redress of a grievance can result in the inability of registering the grievance or having the grievance not resolved at all or only unsatisfactorily (Drèze 2020). The inability to register a grievance may be because of inability to use helplines, lack of awareness of how to file an actionable grievance, and poorly functioning systems and processes that make it hard to track registered grievances. The latter includes low accountability of helpline operators and limited accountability of local officials. Due to the centralised system, local bodies no longer have any decision-making power and cannot offer local solutions to local problems. For example, people working without job cards and people working under contractors have no channels of ensuring state accountability and serviceability, as revealed in the case of Jharkhand state in the east of India. In this case, 38 per cent of the Aadhaar-based payments were credited to the wrong accounts between 2014 and 2018 (Dhorjiwala and Wagner 2019). Similarly, payment failures recorded by multiple sources averaged 39 per cent across four providers in April 2020 (Seth et al. 2021).

The four stages of assessment, enrolment, provision and management detailed the advantages and disadvantages of the digitalisation of the social welfare delivery system in India.

There is a trade-off between addressing exclusion and inclusion errors where the emphasis presently lies on addressing the latter. Digitalisation has made headway by reaching a wider population through CSC penetration at the enrolment stage and has also been successful in identifying bogus beneficiaries. However, the digital system has failed to tackle the lack of an up-to-date social registry, preventing the systems from reaching the most vulnerable. The digital system also lacks a robust accountability structure and its existing structure closes off the channel of communication between the citizens and the government. The next section examines the digital outcomes for specific vulnerable groups, namely women, the elderly and persons with disabilities.

OUTCOMES OF DIGITALISATION ON MARGINALISED GROUPS

There are several assumptions underlying the JAM trinity that impact distinct social groups differently. This includes the assumption about ownership of mobile phones, access to banking services, connectivity to a network or the freedom of mobility. Women, older persons and people with disabilities are differently affected by access to digital infrastructure and cultural and religious norms including social caste, a hierarchical social stratification system legitimised by Hindu religious texts. The latter has received limited attention in discussions of the effects of digitalisation because of a lack of adequate information. This section examines how marginalised groups experienced the digital transformation in the welfare field.

Women

Women form a key beneficiary group in India's social protection and welfare system. Sixty per cent of beneficiaries of the National Social Assistance Programme (or 25 million people) are women, and 80 per cent of the payments are made through transfers directly into bank accounts or post office accounts. The balance is done through either cash or a money order. Harnessing digital transfer of benefits has often been misinterpreted as improving the agency and democratic participation of women. It is assumed that it lends women the needed privacy and autonomy over money spent, saved or invested and, at the same time, provides a convenient and safe option for delivery (O'Donnell et al. 2021). Yet not all women have access to either mobile money or an account in a financial institution. Technology is viewed as an ultimate enabler of direct and unmediated exchange between citizens and the state. The design of welfare delivery is deep rooted and focused on family welfare rather than individual welfare; therefore, it ignores the gendered impact of social protection schemes. Carsewell and De Neve (2021) argue that ignorance about the power relations between male and female members of the family in e-governance innovations tend to exacerbate existing gender inequalities and leave women dependent on men and kin.

An example from the southern state of Tamil Nadu illustrates how women are impacted by the digital divide. Low literacy and lack of ownership of phones rendered women less empowered than previously in the manual system (Sonne 2020). Food distribution via the PDS system introduced digitised smart cards and text messages as receipt of purchase. This had far-reaching consequences in terms of transparency, proof-making and power. In the old system, hard copy booklets (called ration cards) were issued to entitle the holder to a pre-determined amount of food, fuel and other goods, and a ration booklet was maintained to record

the purchases, duly signed by the PDS dealer. The booklet offered women a degree of power, especially as proof of purchase. However, the introduction of the biometric authentication system reduced the negotiation power of women beneficiaries to hold PDS dealers accountable. The text messages were unreliable as messages at times arrived hours later or not at all. The lack of informal documents disempowered their negotiations with the shopkeepers.

Additionally, there are other operational challenges. For example, a survey conducted in the central state of Madhya Pradesh finds women who owned a cell phone often did not know how to operate it (Aneja and Mishra 2017). The inability to read, write or dial numbers made them more dependent on their spouse than before. Ownership of phones is another key challenge as more men (43 per cent) than women (28 per cent) own phones (Aneja and Mishra 2017). Phones are usually owned by a woman's relative, whether husband, father-in-law, son or daughter-in-law, thereby limiting a woman's round-the-clock access to proof and providing largely male members of the household or family the ability to control. This increases the opaqueness of the process, thereby depriving the women of ownership of proof. Furthermore, the highly gendered pattern of phone ownership among the rural population impedes the potential of technology to deliver information transparently to women beneficiaries and weakens their power to negotiate with PDS dealers. By intensifying women's dependence on male partners and kin for access to welfare, the digital intervention strengthens rather than weakens patriarchal control over women.

Elderly Persons and Disabled Persons

Of the 143 million elderly persons in India, only 30 per cent receive pensions, while only 6 per cent of the disabled population of 15 million does so. There are five primary social assistance schemes for the elderly and persons with disabilities: the old-age pension scheme, the widow pension scheme, the disability pension scheme, the national family benefit scheme and the Annapurna scheme. While the coverage of pension schemes is low among elderly persons and persons with disabilities, new challenges have emerged that were absent from the manual transfer of benefits. The challenges include the unreliability of business correspondents, fingerprint mismatches and exclusion due to limited mobility.

The digitisation programme involved disbursing cash directly at the beneficiary's doorstep through money orders and business correspondents. However, a study by Aadil et al. (2019) in the south Indian state of Andhra Pradesh finds that 84 per cent of the respondents perceived business correspondents to be unreliable and preferred the previous panchayat-based cash distribution system. As per the study, low commission rates for business correspondents and non-profitability were seen as key reasons for the absence of a smooth delivery experience. The respondents identified transactional hassles as key problem of doorstep delivery, including cash shortages, overcharging and denial of banking services by the business correspondents. Thus, by ignoring agent profitability, financial inclusion policymakers hampered the otherwise well-intentioned policy of direct transfer to the beneficiary's account.

The repercussion of the digital system was also felt in other schemes. For instance, in the PDS food grain distribution is contingent on authentication through Aadhaar and biometric fingerprint matching. This requires elderly persons and disabled persons to travel to the nearest fair-price shop to claim their benefits. Previously, a representative of the disabled/elderly person could collect the benefits on their behalf. Fingerprint mismatches have been found to be a common struggle for the elderly, preventing them from accessing their entitlements.

CONCLUSION

India's social protection reach is much lower compared to several other countries. However, the sheer size and absolute numbers of people receiving benefits makes this one of the largest welfare programmes internationally. India has come a long way from a paper-based welfare delivery system that was marred by delays, bureaucratic corruption and ineffectiveness. The COVID-19 pandemic acted as a testing ground for the digital infrastructure and the delivery of various social protection schemes for different groups of people. While the digital system is also marked by several loopholes, it has achieved a number of milestones that need to be acknowledged. Bank account ownership more than doubled, from 35 per cent in 2011 to 80 per cent in 2021, reaching a level higher than the global average of 76 per cent (Demirgüç-Kunt et al. 2021).

This effort reduced the gender gap in account ownership, from 22 per cent account ownership among women in 2011 to 76.6 per cent in 2017. This reduced the gender gap in the World Bank's Global Findex to 6 per cent, a drop from 20 per cent in 2014 (Demirgüç-Kunt et al. 2021). This illustrates the potential reach and capacity of government programmes to promote the financial independence and economic empowerment of poor women. India has emerged as a leader in building biometric digital identification systems and has achieved a penetration level of 95 per cent within a decade (Gelb and Mukherjee 2019). This has enabled the central and state governments to minimise leakages to non-eligible beneficiaries by making direct payments to beneficiaries through the government's flagship programmes and by reducing payment delays. This was particularly observed during the COVID-19 pandemic. India's Public Finance Management System recorded 21 million transactions on a single day using digital payments technology. Between 24 March and 17 April 2020, transfer payments were made to 114 million beneficiaries across different schemes (NIC 2022). The digital infrastructure, therefore, played a significant role in transferring social payments to millions.

Despite a significant leap forward, there are several opportunities for India to leverage and make further progress. Globally, 70 per cent of the population has internet access compared to 43 per cent in India (World Bank 2020). However, India has a high mobile phone penetration of 80 per cent. It has also been reported that more than 50 per cent of India's unbanked population has access to mobile phones. Better internet access and connectivity can help leverage the mobile infrastructure more effectively, leading to better reach and greater autonomy among the poor. Empowerment of citizens through digital education programmes and fostering peer-to-peer learning by leveraging village-level collectives can help reduce dependency on external actors who are likely to breed corruption. Technology needs to complement the societal needs of the population to ensure smooth transfers so that the promise of serviceability, accountability and transparency is achieved in its true sense. Use of interactive voice responses in local languages and setting up grievance kiosks are possible ways to mitigate digital gaps. While the use of digital systems is the future, measures must be taken for a smooth transition, and special attention must be given to factors that increase the vulnerability of groups left behind, such as women, older persons and people with disabilities. Novel strategies are needed to improve access for people with low levels of literacy, to overcome the urban bias in provision, and to address social and gender dynamics and other social divisions that serve to exclude people from service access. The need for human interfaces when using digitalisation is another important lesson from the Indian experience with digital delivery of welfare programmes.

NOTES

- 1 We would like to express our gratitude to the publisher Edward Elgar. We thank the reviewers for their valuable inputs on the initial drafts. We would also like to thank the editors – Leila Patel, Sophie Plagerson and Isaac Chinyoka – for their contributions.
- 2 USD 1 = INR 79.93 as on 20 August 2022.
- 3 India follows a federal administration structure with a council of ministers headed by the prime minister advising the president. A similar structure is followed at the state/provincial level.
- 4 Prior to Aadhaar, there were several forms of identification that could be used to access benefits. This included the voter identification card, the tax authority's permanent account number (PAN), an electricity bill and the like. These documents often listed different birth dates, names and addresses for the same individual, putting the rightfulness and reliability of the data into question. This also enabled leakages.
- 5 The UID records an individual's address, date of birth and father's name as well as a biometric fingerprint and iris scan. Unlike India, countries in the West, such as the United Kingdom, the United States and Australia, have shied away from adopting a unique identifier because of concerns regarding privacy and individual liberty. The Indian court, however, upheld the UID on the basis that there was no presumed misuse of recorded information and that the right to privacy was secondary (Anand 2021).
- 6 The transformation and reform of the national social protection programme is guided by the core components of the Sustainable Developmental Goals, which emphasises the need for universal legal identity (UN 2015).
- 7 The calculation assumes that households change rapidly over short periods of time and are not static.
- 8 A study by LibTech shows that 40 per cent of MGNREGA biometric authentication failed (Drèze 2020).

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27. Social protection responses to COVID-19 in Indonesia

David Androff and Sirojudin Abbas

This chapter illustrates a case study of how one country used social development and social protection measures to mitigate the impact of the COVID-19 pandemic. It provides an in-depth account of responses to the crisis arising from a global pandemic (as discussed in Chapter 25). Indonesia has been hit hard, ranking 13 globally in number of cases and seventh in deaths. July 2021 saw Indonesia become the global epicentre of the highly contagious, deadlier Delta variant. The pandemic increased unemployment, poverty and food insecurity. The government allocated nearly USD 50 billion to fight the pandemic and its socio-economic effects, through spending on healthcare, vaccinations, economic stimulus and social protection. The government's crisis response to the pandemic prioritised social protection, by extending existing social assistance programmes such as conditional cash transfers for poor families, food vouchers and rice assistance, and businesses loans. The Indonesian case illustrates the benefit of strengthening social protection to preserve people's social welfare and core economic activity during times of disaster and pandemic.

This chapter showcases social protection in Indonesia by highlighting its response to the COVID-19 pandemic. Indonesia represents a valuable case study of a populous nation in the global South with a growing economy and rising standards of living. The chapter sets the context for this study by presenting a snapshot of Indonesia's social and economic conditions. It then describes the course of the pandemic in the country and examines its impact on society and the economy. The chapter then presents Indonesia's framework for social protection and details its specific responses in terms of health, economy and social protection to the pandemic. The chapter concludes by drawing lessons learnt about social protection in the global South.

A SOCIO-ECONOMIC SNAPSHOT OF INDONESIA

Indonesia has the fourth-largest population in the world, with over 270 million people. Comprising over 17 000 islands between the Indian and Pacific oceans, Indonesia is a democracy with a predominantly Muslim population. Situated along the Pacific Ring of Fire, Indonesia is vulnerable to natural disasters such as earthquakes, tsunamis, volcanic eruptions and flooding. Indonesia's strategic location amid global crossroads has made it particularly susceptible to the COVID-19 pandemic.

Indonesia boasts the largest economy in Southeast Asia with a rising global profile. It is a member of the G20 and assumed the G20 presidency in 2022. It is classified by the World Bank as a newly industrialised nation. This industrialisation has resulted in rapid urbanisation; the capital Jakarta is now a megacity of over 30 million people, one of the largest metropolitan areas in the world. Despite this, almost half of the Indonesian population lives in rural villages.

Indonesia's gross domestic product (GDP) per capita was USD 12 073.50 in 2020 (World Bank 2021). The GINI index has been about 38 over the last five years. The unemployment rate has fluctuated between 5 and 10 per cent in the last quarter century (Wilmsen et al. 2017). Informal employment is high at 74.7 per cent (ILO 2021). The population averages 13.6 years of schooling.

The percentage of the population living in extreme poverty, defined by the United Nations as less than USD 1.90 per day, was 2.7 in 2019. As for the national poverty line, in 2020 9.8 per cent of families lived under IDR 2.1 million per month (about USD 150 per family per month) (ADB 2021). Just under half the population, or 48.9 per cent, has access to a bank or financial institution.

Indonesia's infant mortality rate is relatively high at 20 per 1000 live births (Holmemo et al. 2020; World Bank 2021). The maternal mortality ratio is 177 per 100 000 live births (ADB 2021; Holmemo et al. 2020). Undernourishment affects 9 per cent of the population, and stunting is a problem for 30 per cent of children under the age of 5.

The overall Human Development Index is 0.7 (Holmemo et al. 2020). This is categorised by the United Nations as high human development and places Indonesia on rank 107 of 189 countries (UNDP 2021a). Gender inequality is an issue, as evidenced by the fact that only 20 per cent of national parliament seats are held by women (ADB 2021). The Gender Development Index is 0.94 (UNDP 2021a).

In terms of sustainability, while 99 per cent of the population has access to electricity, only 20 per cent of Indonesia's total energy consumption is renewable (ADB 2021). Indonesia's rapid social, economic and technological progress has resulted in high levels of social media engagement across the population. Almost all of the population (97.7 per cent) is covered by mobile phone networks. There is a high rate of internet usage, with an estimated 64.1 per cent of the population online (SMRC 2021b).

THE COURSE OF COVID-19 IN INDONESIA

Indonesia has been hit hard by COVID-19. In one of the largest outbreaks in Asia, the disease spread throughout the archipelago, affecting the health of millions and devastating the economy. The pandemic significantly strained the healthcare system, which has faced shortages of personal protection equipment, hospital beds, ventilators and healthcare workers.

Initially, Indonesia and the rest of Southeast Asia had fewer deaths resulting from COVID-19 than the early hotspots in Europe and North America. Demographic features such as fewer older adults and less obesity lessened COVID's impact throughout 2020. Despite this, cases began to increase in November and December 2020 and peaked in January 2021. However, it was the COVID-19 Delta variant that caused the most harm. By July 2021, Indonesia became the global epicentre of this highly contagious, deadlier strain. The middle of July saw over 50 000 daily new cases (Ritchie et al. 2020). More than 1700 deaths per day were attributed to COVID-19. Fortunately, by the fall of 2021 there was a great reduction in cases. By September 2021, the rate of confirmed new cases, published twice per week, had fallen by 59 per cent and deaths by 55 per cent.

Rate of COVID-19 Cases and Fatalities

Indonesia is estimated to have had almost 4.2 million cases of COVID-19. It is thirteenth among nations for the total number of COVID-19 cases. That is 15 171.04 cases per million people (Ritchie et al. 2020). The incidence rate is 1534.04 per 100 000 people (Dong et al. 2020). The case fatality rate is 3.36 per cent.

COVID-19 has resulted in nearly 141 000 deaths (WHO 2021), ranking Indonesia seventh for deaths worldwide. At 508 COVID-19 deaths per million people, the fatality rate is high globally, similar to fatality rates in India, Russia and countries in Western Europe. Most COVID-19 deaths occurred in the summer of 2021 when the Delta variant doubled cumulative deaths.

And yet, there is concern that COVID-19 deaths have been undercounted, such as in the case of deaths occurring at home, without a positive COVID-19 test. Similarly, cases may also have been undercounted because of limited testing and contact tracing outside of metropolitan areas, and lack of data from local administrations. This has led to concerns that there is potential for COVID-19 surges in rural villages and outlying islands.

Rate of COVID-19 Vaccinations

COVID-19 vaccinations began in January 2021. Since then, the Indonesian government has administered a total of 204 233 413 vaccine doses (Kemenkes 2021). By November 2021, 125 184 867 individuals (60.11 per cent of the population) received at least one dose, while 79 048 546 (37.96 per cent) were fully vaccinated with two doses.

Indonesia averaged 0.5 vaccine dose per 100 people daily, increasing steadily since January 2021 and especially rapidly since June 2021 (Ritchie et al. 2020). Vaccinations doubled within the last two months of the summer of 2021. Globally, this is a low vaccination rate, yet momentum is accelerating dramatically.

All the targeted medical workers and public servants were fully vaccinated and about half of the medical workers had booster shots (OCHA 2021). In contrast, only a quarter of the targeted elderly population received one dose, and 18 per cent their second dose. Only 14 per cent of targeted vulnerable people received one dose and 7 per cent their second. In total, 10 per cent of targeted children (ages 12–17) received one and 7 per cent two doses. Vaccinations for people with disabilities were accelerated on the islands of Java and Bali, but not yet on the many remaining islands.

Indonesia's vaccination rate in 2021 was notable, as it was one of only seven countries to have administered over 100 000 total doses (Kahkonen and Somanathan 2021). This was a major logistical feat given Indonesia's unique distances, climate and geography. The vaccinations were primarily Sinovac, supplemented with Moderna, Pfizer and Astra Zeneca doses. Indonesia received 220.4 million vaccines, including 43 million in July 2020. Another 60 million doses were expected by the end of 2021 (OCHA 2021).

The Indonesian Ministry of Health developed an e-learning platform to support vaccinations (UNDP 2021b). The SMILE app delivered tutorials and 24 hour-a-day support via WhatsApp. It reached 10 000 health workers. The app overcame mobility restrictions to achieve the training necessary to support the large-scale vaccination programme.

THE ECONOMIC AND SOCIAL IMPACT OF COVID-19

In addition to its impact on health, the COVID-19 pandemic damaged the economic and social stability of Indonesia (Ing and Basri 2022). The disrupted global trade, supply chains and diminished global demand exacerbated the economic toll. Under the impact of the pandemic, Indonesia's GDP contracted over 5 per cent, the largest decline since 1999. This had a profound economic impact, as traditionally Indonesia enjoys a healthy GDP growth rate averaging about 5 per cent or more per year. Indonesia could face major budget deficits of up to 5 per cent of GDP in the future because of this negative economic growth (WFP 2020).

By 2021, this led to an increase in poverty and unemployment rates (WFP 2021). Some estimates expected that between 5.9 to 8.5 million people were pushed into poverty, most of these in urban areas (OCHA 2020). Others expected that the national poverty rate could increase by 2.2 per cent.

The pandemic resulted in rising formal and informal unemployment, reductions in working hours, declining wages and decreasing mobility. Unemployment could be the highest in a decade and was expected to affect 7.2 million people. The pandemic caused 2.6 million people to become unemployed, 0.8 million to exit the labour market, 1.8 million to temporarily not work, and 24 million to face reduced working hours (WFP 2021). The total number of people who lost regular jobs because of COVID-19 pandemic was much larger. No less than 28 per cent of the population (56 million adults) reported that either they themselves or family members had lost their job during the pandemic (SMRC 2021b). There was a significant risk that this could turn into structural unemployment (Ing and Basri 2022).

The tourism sector was especially hard hit, with an estimated half of all tourism workers unemployed during the initial lockdowns (OCHA 2020). The categories of household consumption that declined the most included spending on restaurants, hotels, transportation and communication. Tourism and restaurants – especially street stalls and the service industry – all suffered greatly. There were increases in urban homelessness as workers who were renting on a month-to-month basis first lost their work and then their shelter. This also drove the disease to spread through migration back to rural villages. Over 120 000 migrant workers lost employment abroad and returned to Indonesia, resulting in a significant loss of income and remittances.

Almost three quarters of households surveyed by UNICEF (2021) reported a decrease in income during the pandemic. This includes almost three quarters of households with children. One in five of households with children reported having had to pawn possessions for their survival (Economist, 2021). The bottom 40 per cent of households suffered the worst economic consequences (WFP 2021). National public opinion surveys revealed an even greater degree of vulnerability. More than 50 per cent of the population had less than a month's worth of savings sufficient to support basic household expenses. Furthermore, about 26 per cent of business owners were unable to honour their loan instalments (SMRC 2021b).

The pandemic also disrupted Indonesia's food system (OCHA 2020). Rice production fell (WFP 2020). Many families experienced food insecurity and reduced nutrition. Malnutrition and severe wasting became major problems. Almost a third of households reported food insecurity (UNICEF 2021).

The impact of the pandemic was distinctly gendered (WFP 2021). Women in informal employment were disproportionately affected as they were already doing more informal work. Informal workers have less job protection, no paid sick leave and no access to formal social

protection linked to employment. Pre-existing gender disparities in childcare and care-giving responsibilities were also exacerbated. Women experienced more reductions in income and more unemployment, and had to take more part-time jobs than men. In these ways, the pandemic reversed Indonesia's progress on gender equality and stalled women's empowerment.

Other vulnerable groups that were especially negatively affected included older adults, people with physical and mental disabilities, refugees and internally displaced people, and institutionalised people.

THE FRAMEWORK OF SOCIAL PROTECTION IN INDONESIA

Indonesian social protection comprises non-contributory social assistance programmes such as cash transfers, food vouchers and healthcare; contributory social insurance programmes such as pension insurance for civil, military and private sector workers; and micro insurance for informal sector workers. Social protection is anchored in the 1945 Constitution of the Republic of Indonesia and subsequent legislation, mostly implemented in the aftermath of the 1997 financial crisis.

Indonesia shares several features of the global South's turn to social protection of the past 20 years. In the past, limited economic development and decades of authoritarianism constrained the emergence of the Indonesian welfare state (Dostal and Naskoshi 2017). In contrast to more established welfare states that rely upon formal workers to pay into social insurance schemes, Indonesia has a large informal sector. However, a recent, massive expansion of means-tested, household-based social assistance programmes and increased benefits have dramatically increased social protection and contributed to halving poverty (Holmemo et al. 2020). In 2000, the national poverty rate was almost 20 per cent; by 2019 it had fallen to under 10 per cent. But this rapid progress in poverty reduction has been undercut by increasing inequality. The GINI coefficient rose from 30 to 38 in the same period and peaked at 41 in 2014. Another issue is that large sections of the population are vulnerable to climate change, natural disasters and pandemics.

Indonesians living in poverty are among the most covered by means-tested social protection measures, whereas older adults, people with disabilities and households in poverty without children have less formal social protection. There is pressing need for greater inclusion of older adults in social protection programmes given the rapidly ageing population. More than four fifths of Indonesians (81.3 per cent) are covered by the health protection scheme, but fewer than one in three (27.8 per cent) are covered by a social protection benefit (ILO 2021). Many workers are left out of social protection, especially informal sector workers, which constitute about half of all working Indonesians, and an even greater proportion in rural areas.

Social protection is decentralised across national and local levels and administered across multiple government agencies. The government of Indonesia spends 2.7 per cent of total GDP on social protection, about half for health and the other half on all other programmes combined (ILO 2021). Spending on social protection has more than doubled since 2009, with almost all costs borne by the central government. Relative to international comparisons, this level of spending on social protection is considered low.

Cash transfers have been central to the development of Indonesian social protection (Kwon and Kim 2015). Indonesia boasts the world's largest conditional cash transfer programme. Programme Keluarga Harapan ('Family Hope Programme') covers very poor households with

children. It provides an average of IDR 315 000 per month (USD 22) to families with children. Originally a temporary support, the Family Hope Programme has become a permanent programme with an annual budget in 2020 of IDR 34 300 billion (USD 2.3 million) (Holmemo et al. 2020). It is one of the most pro-poor social protection policies in Indonesia. It has been shown to reduce stunting in children, increase school enrolment, and lead to positive maternal and child health (Holmemo et al. 2020).

Another large social assistance programme is the Programme Indonesia Pintar, a cash transfer for poor and vulnerable students (Holmemo et al. 2020). Across 15 million households, 20 million students receive IDR 100 000 monthly (USD 7). The programme's annual budget is IDR 11 200 billion (USD 713 million) (Holmemo et al. 2020). Together, the two cash transfer programmes – the Family Hope Programme and the Programme Indonesia Pintar – comprise approximately 43 per cent of Indonesian social assistance spending.

Over time, Indonesia social protection programmes have shifted from in-kind benefits such as food to cash transfers. Sembako ('Affordable Basic Food Programme') is a food assistance programme that replaced Raskin ('Rice for the Poor') (Holmemo et al. 2020). This is an important social assistance programme, as food expenses comprise the major portion of household budgets. Sembako is a highly targeted programme. It serves 15.6 million households with IDR 150 000 (USD 9.5) through digital food vouchers for staples such as rice and eggs. The programme's annual budget is IDR 20.8 billion (USD 1.2 million) (Holmemo et al. 2020).

Padat Karya Tunai ('Cash for Work') is another cash transfer that is part of the Dana Desa ('Village Fund'). It takes the form of community wages to guarantee employment. The other major pro-poor social assistance programme is Jaminan Kesehatan Nasional – Penerima Bantuan Iuran ('National Health Insurance – Non-contributory Beneficiary Assistance'). This is a national subsidised health insurance fee waiver. The central government transfers cash to means-tested low-income recipients to fund their healthcare premiums. The programme covers 92.4 million people in poverty and near-poverty (Holmemo et al. 2020). Despite the government's aim for universal coverage and a dramatic expansion over the last five years, the insurance scheme has been criticised for poor targeting and disparate coverage (OECD 2019). Its annual budget is IDR 26 700 billion (USD 1.3 million) (Holmemo et al. 2020).

A community garden programme, known as Programme Pekarangan Pangan Lestari, also combats food insecurity (WFP 2021). Established in 2010 and managed by the National Food Security Agency, the programme creates sustainable food reserves to improve household food security and supplement incomes. It supports family gardens and community farms with support for nurseries, plots, planning, harvesting and marketing. The programme has resulted in better nutrition, adequate food supply and employment.

Indonesia also has several social insurance programmes (Holmemo et al. 2020). Social security, known as Sistem Jaminan Sosial Nasional, was begun in 2015 and will pay full retirement benefits after 2050. There are separate pension programmes for civil servants, the armed forces and formal workers in the private sector. Jaminan Pensiun is a pension programme, and Jaminan Hari Tua is for old age savings. Jaminan Kecelakaan Kerja covers work related accidents, and Jaminan Kematian provides death benefits.

These social insurance programmes target civil and private sector workers, yet Indonesia's large informal sector is not covered (Wilmsen et al. 2017). Informal sector workers remain about half of the Indonesian workforce, even as formal employment has grown substantially and informal employment has declined.

The Asuransi Kesejahteraan Sosial (Askesos) Social Welfare Insurance Programme is a micro insurance programme for informal sector workers (Sirojudin and Midgley 2012). Informal sector workers pay a small monthly premium in return for modest benefits for sickness, injury or death. The government subsidises community-based organisations, blending social protection with mutual aid.

Philanthropic organisations have historically complemented the government's limited social protection programmes. These organisations are rooted in both religious and non-religious based institutions. As a country with a Muslim majority, the contribution of Islamic philanthropy to social welfare and social development services is particularly notable (Alawiyah 2013). In addition, there is a myriad of mutual assistance programmes, as forms of informal social protection. For example, Gotong-Royong is an informal health insurance programme whereby communities reciprocally give cash to sick members for their healthcare costs (Sumarto 2017). The name *gotong-royong* is Javanese for 'several people carrying something together'.

INDONESIAN HEALTH, ECONOMIC AND SOCIAL PROTECTION RESPONSES TO COVID-19

On 31 March 2020, Indonesian President Joko Widodo declared COVID-19 a national emergency; on 13 April 2020, he called it a national disaster. The government allocated nearly USD 50 billion to fight the pandemic and its effects, to be spent on healthcare, economic stimulus and social protection. However, the government was criticised for downplaying the risk of COVID-19's contagion in early 2020. In addition, Indonesia had one of the lowest rates of testing, at 8 per 1000 people, in part because of the sprawling, rural nature of the country. Despite pledging large expenditures, less than two thirds of the allocated budget was spent in the first six months (WFP 2021). About half of that was spent on COVID-19 health costs (Kahkonen and Somanathan 2021).

The Indonesian public health response and COVID-19 mitigation plans included large community and social restrictions and partial lockdowns throughout cities (OCHA 2021). The government shut borders, imposed quarantines, mandated the wearing of face masks, and implemented contact tracing and outbreak investigations. It developed a digital platform, called PeduliLindungi, screening for COVID-19 symptoms and tracking cases. The app restricted domestic travel and activities at public areas, restaurants and shopping.

Indonesia had an ambitious free vaccination programme (Kahkonen and Somanathan 2021). By October 2021, one million doses of COVID-19 vaccinations were administered per day, a dramatic increase since May of that year. This success was attributable to the governments' early procurement of vaccinations, stockpiling the supplies necessary for a ramp up. This was partially funded through an innovative World Bank hospital readiness and vaccination grant. However, there remained a lot of disinformation that made reaching the remaining population a challenge.

In terms of global comparisons, Indonesia's response was moderately strict (Ritchie et al. 2020). After the declaration of a national disaster, the government applied restrictions on social gatherings called Pembatasan Sosial Berskala Besar. It encouraged people to stay at home, safe from infection. The government eased restrictions slightly in August 2020, only to increase them again in October. Another loosening occurred in January and February 2021.

Another, stricter restriction on social gatherings and outdoor activities, *Pemberlakuan Pembatasan Kegiatan Masyarakat* ('Limitation of People's Activities'), was applied after the Delta variant of COVID-19 triggered the second wave of infections in early July 2021 (Ministry of Home Interior 2021). This time, the level of restrictions was determined by the rate of infections. Stricter measures were placed on Java and Bali since these two islands suffered considerably higher levels of infection and are more densely populated than the rest of the country.

However, these safety measures came at a price. Unable to work, livelihoods were threatened, and people's well-being became jeopardised. School closures disrupted children's education, which only returned to in-person classes in early September 2021.

Economic Responses

As household spending fell, the economy shrank, with negative repercussions across all economic sectors (WFP 2020). Household income for about 61.9 per cent of the population fell compared to before the pandemic (SMRC 2021b). The government set up a national body, the Task Force on Disaster Management, to organise a large economic response. The budget for the National Economic Recovery Programme totalled IDR 744.75 trillion (USD 47 billion) (OCHA 2021). This included health spending, such as spending on hospitals, healthcare services, healthcare workers, vaccinations and health insurance premiums.

The Ministry of Social Affairs coordinated a work group on cash transfers and voucher assistance. The goal was to understand and mitigate the pandemic's socio-economic impact, including food insecurity. The government's crisis response to the pandemic prioritised social protection by extending existing social protection programmes and developing new ones.

The government spent IDR 187.84 trillion (USD 12 billion) of the National Economic Recovery Programme on social protection. It also subsidised wages and household utilities such as electricity. In addition, it provided financing and tax incentives to support businesses and cooperatives. The hardest hit sector, the tourism industry, received IDR 3.3 trillion (USD 210 million) in grants and loans. Economic stimulus in the form of cash benefits and in-kind food benefits was also provided to vulnerable consumers to bolster their purchasing power (WFP 2021).

Social Protection Responses

The government increased social protection programmes during the pandemic (WFP 2020). This meant expanding coverage and increasing the benefits of existing programmes, and providing unconditional cash transfers and poverty-focused child grant programmes. An estimated 90 per cent of Indonesians who bore the worst consequences of the pandemic were receiving social assistance (WFP 2021).

One of the major social protection programmes that was expanded during the COVID-19 pandemic was cash transfers through the Family Hope Programme. This cash assistance programme provided monthly cash transfers to 10 million households with a total budget of IDR 37.4 trillion (USD 2.3 million) (UNICEF 2021).

Another social protection programme that was expanded during the pandemic was the Ministry of Agriculture's *Sembako* food assistance programme. It provided food cards and rice assistance to combat food insecurity. The total budget was IDR 43.6 trillion (USD 2.7

million) (WFP 2020). There were 20 million Sembako voucher cards every month (UNICEF 2021). The delivery of some food assistance benefits to rural and remote areas and places with poor infrastructure was limited because of access problems (WFP 2021).

The educational sector was hit hard by the large-scale social restriction policy. Schools and universities were closed in early April 2020 and education processes were shifted from face-to-face classes to online instruction. This change put a huge burden on the shoulders of parents of disadvantage families and teachers, particularly those who did not have internet access in their households. Social protection measures were provided to ensure equitable access to education during the period of social restriction. The Ministry of National Education and Culture assisted 60 million students, teachers and university professors with vouchers for internet service. The total budget for this programme amounted to IDR 7.2 trillion (USD 514 million). In addition, the ministry provided income subsidies for 2 million non-civil servant school teachers who had lost some of their income because of the restriction policy, with a total budget of IDR 3.7 trillion (USD 264.3 million) (Kemendikbud 2021). The programme was extended for 2021.

During the pandemic the government increased the Programme Pekarangan Pangan Lestari, the community garden programme, by over 50 per cent, raising the number of small farms from 2300 to 3876. Although this programme was not designed as a COVID-19 response programme, it offered a viable alternative community-based model for reducing the risk of food insecurity.

Another programme, the Kredit Usaha Rakyat ('People's Credit Business'), provided loans to micro, small and medium enterprises, farmers and agricultural businesses for crops, plantations and livestock (WFP 2021). It served approximately 1.79 million recipients from a budget of USD 3.6 billion. The Ministry of Cooperatives and Small-Medium Enterprises expanded this policy to help small businesses to recover from the pandemic's economic damage through incentive support. As of September 2021, it had supported 4.77 million small to medium enterprises with the disbursed funds totalling IDR 179.54 trillion (USD 12.8 billion) (Imandiar 2021).

Social protection programmes also targeted micro enterprises that largely belonged to the informal sector economy. These programmes built on Indonesia's attempts to extend protection schemes for informal workers, such as the Askesos programme (Sirojudin and Midgley 2012). These informal economic activities are usually run by individuals or families and utilise small amount of capital or assets. More than half of Indonesia's active labour force participates in informal sector activities as the main source of livelihood. This informal sector was severely disrupted by the social restriction policy. It not only prevented workers from performing their regular informal economic activities but also stopped consumers purchasing their goods and services. It was in this context that the Indonesian government created a cash transfer programme for informal economic activities, called the Bantuan Presiden untuk Usaha Ultra Micro ('Presidential Assistance for Ultra-Micro Enterprises'). As of 2021, the programme allocated a total of IDR 15.36 trillion (USD 1.1 billion). The cash transfer programme covered 12.8 million informal sector workers. It enabled informal sector workers to secure their assets so that they could restart their activities when the restriction policy was lifted (Imandiar 2021).

Other social protection beneficiaries during the pandemic included about 8 million households receiving unconditional cash transfers and 4 million beneficiaries in the Cash for Work programme (UNICEF 2021). The government targeted IDR 32.4 trillion (USD 2 million) in cash assistance to 9 million people outside of the capital megacity, referred

to as non-Jabodetabek areas (WFP 2020). The government also expanded an existing pre-employment card programme to mitigate unemployment through cash assistance and job training (Rahman 2020). This pre-employment social protection programme prioritised workers who lost their jobs because of the pandemic. This programme had a budget of IDR 20 trillion (USD 1.2 million) and provided for 13.4 million recipients. The programme's expansion ensured that 80 per cent of recipients were workers affected by COVID-19. The four months of cash assistance were only provided after recipients had completed a digital skills training course provided by a variety of e-commerce partners.

In addition to the national government, local governments also expanded social protection as part of their response to the pandemic. For example, the city government of Sabang in Aceh provided child grants to about 5000 children (UNICEF 2020). This unconditional cash transfer provided a monthly amount of IDR 150 000 (USD 10), which could be spent on food, transportation and other essential needs. The programme had begun in 2019 and originally targeted infants and young children; during the pandemic the city expanded it to be universal for all households with children of any age.

Philanthropic religious organisations also extended the size and reach of social protection to people affected by the COVID-19 pandemic. Harnessing its institutional power capacity, the leaders of Muhammadiyah formed the Muhammadiyah COVID-19 Command Center to coordinate efforts to help people affected by the virus (Ichsan 2020). This centre was able to mobilise resources such as medicine, vaccination services and 77 Muhammadiyah Islamic hospital facilities and deployed 75 000 volunteers throughout Indonesia. In addition, it provided food assistance to affected communities. The total size of Muhammadiyah's contribution to Indonesia's COVID-19 relief from early 2020 up to October 2021 was around USD 700 million (*CNN Indonesia* 2021).

LESSONS LEARNT FOR SOCIAL PROTECTION IN THE GLOBAL SOUTH

The Indonesian case illustrates lessons for strengthening social protection in the global South. One major lesson for social protection from the pandemic is the benefit of increasing cash transfers. Economic activity is the result of social behaviour; therefore, when social behaviour is curtailed, such as because of a global pandemic, the economy will suffer, hurting vulnerable populations in the process. Increasing targeted social safety nets provides essential social protection for high risk and vulnerable populations. Socially vulnerable groups are most at risk for the health consequences of pandemics including infection, illness, disability and death as well as the economic consequences of poverty and food insecurity (UNRISD 2020). In total, 64 per cent of the Indonesian population received one or more kinds of social protection benefits during the COVID-19 pandemic (SMRC 2021a).

Cash transfers, vouchers and supplementing wages have proved to be essential to both preserving people's social welfare and core economic activity. In this way, social protection is good for both people and business, as an application of social development theory (Midgley 2014). The Indonesian case also reveals that any economic recovery from the effects of the pandemic depends upon poverty reduction. This calls for a range of social development strategies to meet basic needs, ensure economic inclusion and enhance people's capabilities.

Indonesia's experience also shows the importance to paying special attention to food security. Social protection programmes should address food security through in-kind food benefits, especially for high nutrition foods, which can be supplemented by cash transfers and vouchers for additional dietary needs. These programmes promote the basic needs of communities, ensure adequate levels of nutrition and prevent the worst cases of child stunting. At the same time, they contribute to the sustainability of farmers and agricultural workers, which is necessary for a healthy economic system.

Social Protection as Prevention

Social protection not only relates to responding to the consequences of the pandemic. It can play a preventative role as well. Public health scientists warn that COVID-19 will not be the last global pandemic, and that there is a high likelihood of similar if not worse contagions in the near or immediate future. Stronger social protection will help mitigate the damage of the next pandemic.

Preventative social protection programmes should be robust and inclusive. Programmes should be designed to maintain basic needs, such as access to food, and allow consumption that is necessary for the economy to continue to function during times of duress, disaster and pandemic.

Social protection measures during pandemics must address unemployment, which may naturally rise because of the effects of the pandemic. As people's purchasing power is decreased, their consumption is reduced. This may be more prevalent in urban centres. Therefore, social protection that increases people's purchasing power is necessary to offset the consequences of unemployment, both on individual workers and their families, but also on businesses that rely on their patronage. The increased government spending on social protection would ultimately serve as an economic safety net.

A significant aspect of Indonesia's economic context is the high degree of informal employment. This is relevant for social protection programmes, most of which are targeted to formal employment. To truly protect the social welfare of a population from the economic damage wrought by a pandemic, special effort must be made to reach informal workers, as these are typically left out of formal social protection programmes. A promising start is Indonesia's micro insurance programme, which should be substantially expanded. Cash transfers for ultra-micro or informal sector enterprises also helped to ease the burden of unemployment suffered by informal sector workers.

Effective social protection programmes must do something to mitigate against climate change as well. Climate change and natural disasters also disrupt food systems and can exacerbate a pandemic's impact on the most vulnerable. Social protection should be attuned to reinforce sustainable development, which links climate and physical environment to social and health issues through economic systems such as agriculture and food systems. In this way, social protection should be linked to the Sustainable Development Goals.

Challenges and Implications for Social Protection in the Future

Several challenges to social protection in Indonesia during COVID-19 can be identified (WFP 2021). This includes achieving better accuracy in targeting benefits, ensuring adequacy in

the quality and value of benefits, and improving the delivery mechanisms that can overcome limitations of infrastructure and geography.

As a matter of technical policy implementation, the method of targeting to achieve better accuracy in distributing social protection benefits needs further examination. The experience of Indonesia confirmed that proxy means-tests are inadequate to ensure accuracy in delivering benefits to the deserving poor individuals or families. The Ministry of Social Affairs used this method to develop a database containing information about 40 per cent of the population with the lowest socio-economic status, the Data Terpadu Kesejahteraan Sosial ('Social Welfare Integrated Data') (Hutauruk and Haryadi 2020). The database contained names and addresses of poor and near-poor families throughout Indonesia deserving of government social protection programmes. Yet, the majority of Indonesian population (58.4 per cent) experienced various COVID-19-related social protection programmes missing the intended target population. The mistargeted distribution was because of a high exclusion error (59.2 per cent) and a substantial inclusion error (38.4 per cent), the method's two main limitations (SMRC 2021a). So far, little has been done to correct this limitation. More accurate targeting of social protection benefits would ensure that the intended population receives the aid and experiences the relief that it desperately needs. It would also reduce the cost of these programmes to government and tax-payers and improve the efficiency and functioning of policy, which can result in greater public trust of government institutions.

Nevertheless, in the context of the COVID-19 response, the Indonesian government did not limit social protection programmes to protect the poor and the vulnerable populations. These social protection programmes were part of the broader economic stimulus package to maintain the demand side of the economy. This policy intention raises further questions about the relevance of targeting methods. The widespread economic crisis brought about by the pandemic revealed the false dichotomy of choosing between economic stimulus and social investment. In reality, the economic safety net and the social safety net can be considered as two sides of the same coin of social protection. Perhaps in economic and social emergencies, social protection targeting is less relevant than under more normal circumstances.

The final challenge is social protection governance. Bureaucratic complexity in managing social protection programmes in the generalised crisis of the pandemic increased the risks of corruption. This is what brought the former Indonesian minister of social affairs to face justice (Riana and Budiman 2021). Stricter oversight and stronger critical voices of civil society organisations that demand more transparency is needed. Given the ever-expanding use of the internet among the Indonesian population, the government should also consider using more information technology in the management of social protection programmes.

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28. Safeguarding vulnerable children in China during COVID-19 and beyond: an integrated approach to social protection and social governance

Suo Deng

The COVID-19 pandemic has presented huge challenges to countries and places worldwide (as discussed in Chapter 25 and the in-country case studies in Chapters 26, 27 and 29). The increasingly frequent outbreak of infectious diseases has once again reminded humankind that in the era of advanced industrialisation and globalisation, there is need to work together to deal with growing risks and uncertainties. In China, the pandemic is a major test for public health, the emergency management system and social governance. Social governance represents a new direction of government transformation that China has been promoting in the past decade. It emphasises transcending the previous single-dimensional government model based on social control and social management and mobilising multiple social subjects to participate in public affairs, including the delivery of public services (Guo and Jiang 2017). In particular strengthening and innovating grassroots social governance is seen as the cornerstone for promoting the modernisation of the national governance system and capacity in the new era. It is argued that China's COVID-19 pandemic prevention and control measures are closely related to the characteristics and transformation process of its social governance model.

At the beginning of the pandemic in early 2020, the Chinese government adopted an all-out mobilisation and deployment action, reminiscent of war times, enforcing stringent pandemic prevention and control measures. Since May 2020, China has entered a normalisation stage of prevention and control of the pandemic. With the emergence of the faster-spreading Omicron variant from late 2021, the Chinese government emphasised adherence to the policy of 'scientific precision' and 'dynamic clearing', adopting measures including mass nucleic acid testing, movement control and health monitoring using digital technology in a timely manner, to achieve the maximum effect at a lower cost (Liu et al. 2022). In the meantime, it attaches great importance to expanding vaccine coverage for children and elderly persons. China's stringent control strategies have proven to be effective in curbing the spread of the virus and in protecting people's lives.

Admittedly, the strict prevention and control measures have exerted a downward pressure on the economy and on social development, and have had a significant impact on people's socio-psychological well-being, especially for those with existing vulnerabilities (Ding and Zhang 2022). Children are disproportionately affected by the pandemic. It is estimated that, across the world, the pandemic resulted in 60 million children living in monetary poor households and 100 million in multidimensional poverty by the end of 2021 (UNICEF 2021). The pandemic has confirmed the vital role of social protection as a key policy instrument in buffering exogenous shocks and stabilising socio-economic development (Razavi et al. 2020). Like many other countries and regions, China has placed great emphasis on strengthening the

social protection system to mitigate the adverse social and economic consequences caused by the pandemic. Social protection measures provide the necessary support to vulnerable children and families in times of crisis. This includes, but is not limited to, various cash transfer and social service programmes for children in poverty, children who lack parental care, and children with special needs.

It should be noted that China's social protection system for children is embedded in its unique model of social governance characterised by the capacity of the state to use its coercive power to mobilise mass resources, involving cooperation between governmental departments and sectors and with community forces to jointly respond to the pandemic. This governance system was critical in defeating the COVID-19 outbreak and safeguarding vulnerable people's needs in a timely manner. Nonetheless, China's social protection also faces challenges. The pandemic highlights that the benefit coverage is still too narrow, that there are gaps in the coverage between rural and urban areas, and that the institutional framework for social protection is still weak. There is a mutually reinforcing effect between social protection and social governance. Good community social governance ensures the effectiveness of social protection systems in addressing the vulnerability of children and families, and, conversely, a comprehensive social protection framework is an inherent requirement for achieving the sustainability of social governance in the long run.

This chapter examines and discusses China's social protection responses for vulnerable children during the pandemic using an integrated approach to social protection, which includes social assistance, social insurance and social relief, and how this is related to China's social governance model. It is divided into three main sections. The first section reviews the main challenges posed by the COVID-19 pandemic and its impact on vulnerable children and families. The second section presents the social protection measures used to address these challenges. The third extends the discussion to how the social governance mechanisms contributed to the implementation of the policy measures on the ground and illustrates some significant challenges. The chapter concludes with a discussion of the implications of China's experience for the development of social protection for children in the post-pandemic era.

CHILDREN'S VULNERABILITIES DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic is a universal crisis that is disproportionately experienced by children and which compromised their material and psychosocial well-being. The pandemic containment measures, such as strict home quarantines and school closures, had a profound impact on children's well-being in all domains. Of particular concern in the Chinese context are the increased risks of multidimensional child poverty, the declining mental health of children and families, and the negative impact of pandemic containment measures on the well-being of children with disabilities.

Children's Increased Risk of Multidimensional Poverty

There has been an elevated trend of children and families living in poverty due to the pandemic. Those with pre-existing vulnerabilities have been hit the hardest. China's poverty alleviation action in the past decade had successfully achieved its overall goal to eradicate

extreme poverty by the end of 2020 (Xinhuanet 2021). However, coupled with the impact of the pandemic on economic development, increasing attention is being cast on the multidimensional deprivations of children living in rural areas, including those from households that had just been lifted out of poverty. Multidimensional deprivation is taken to refer to income or material deprivation, compromised psychosocial well-being, and lack of opportunities for children's educational development and access to health services to promote their physical development (Chzhen and Ferrone 2017). These challenges must be addressed holistically especially in relation to children who are vulnerable due to special needs and circumstances, such as children of migrant families and those with disabilities.

The pandemic has caused high-level economic insecurity for migrant families with children. There are over 290 million rural migrant workers in China, accounting for around 38 per cent of the total labour force (NBS 2020). The restriction of rural–urban migration has resulted in significant reduction in the household income of migrant families. Using a nationally representative household dataset and a microsimulation model, one study found that around 70 per cent of migrant workers lost part of their wage income during the pandemic lockdown period in early 2020, especially those working informally in sectors such as construction, manufacturing, hotel and catering (Zhang et al. 2021b). The income loss of migrant workers has created new risks for remittance-receiving households, which in turn may have a substantial and multifaceted negative impact on children. A sharp decline in migrant parents' remittances has seen a significant drop in support for the educational expenses of their children in rural areas during the lockdown (Tang and Li 2021). Overall, the economic impact of the pandemic on vulnerable families is likely to have negative effects on children's chances of survival and development in the longer term.

Moreover, home confinement and school closures may increase educational deprivation and inequality as vulnerable children face greater difficulties accessing and utilising digital learning resources. When schools are closed, some children from low-income families with less accessibility to digital technologies struggle to follow lessons. Schools in remote and poverty-stricken rural areas often lack the necessary facilities and infrastructure to support online education. Both teachers and students have limited capacity to use digital platforms to engage in online teaching and learning. A survey of 1183 households in five poverty counties in China found that although online learning plans were established, teachers reported difficulties in maintaining educational quality due to unfamiliarity with digital pedagogy (CICETE et al. 2021). As a result, the pre-existing urban–rural education disparities may have been exacerbated during the lockdown.

Socio-Psychological Well-Being of Children in Vulnerable Households

The COVID-19 outbreak associated with factors such as poverty and the absence of parental care may have a significant negative effect on children's socio-psychological well-being, especially for children left behind in rural areas. Left-behind children refers to children whose parents are migrant workers or where one parent is a migrant worker and the other is incapable of guardianship. Official statistics from China's Ministry of Civil Affairs show that by 2018 there were around 6.79 million rural left-behind children (Xinhuanet 2018). These children are disadvantaged and marginalised in terms of cognitive and non-cognitive developmental risks because of their insufficient attachment to their parents (Lu et al. 2019; Wen and Lin 2012; Ye and Pan 2011). The COVID-19 disruption is expected to affect their socio-psychological

well-being severely (Gao et al. 2022). Schools play a critical role in providing academic and non-academic support to children and families. In times of school closures, however, children may face a range of barriers to accessing healthcare, food and social services. Children from households that lack food security and kinship care and support are especially vulnerable. A study based on survey data from five counties shows that around 40 per cent of children were left unattended for more than one hour during the school closures and the amount of time was significantly longer for those in rural and poor households (CICETE et al. 2021).

The pandemic exacerbated the mental health challenges already experienced by many children and young people in China. In Hubei Province, a survey showed that 22.6 per cent of primary school students reported depressive symptoms and 18.9 per cent presented with symptoms of anxiety during the lockdowns after the COVID-19 outbreak (Xie et al. 2020). About 15 per cent of children in five poverty-stricken counties in mid-western China reported experiencing negative psychological effects such as irritability, increased aggressive behaviour, deterioration in sleep quality and anxiety (CICETE et al. 2021). Adolescents in Chinese high schools showed even higher prevalence of depressive and anxiety symptoms during the pandemic, with the proportion of symptoms among students living in rural areas significantly higher than among their counterparts in urban areas (Zhou et al. 2020). The reduction of outdoor activities and social interaction is a potential threat to children's mental health (Xie et al. 2020). Although more empirical evidence is needed, available data suggests that schools provide a protective environment for children and that closures may have raised the chances of child maltreatment and home violence (Zhang et al. 2021a).

Impact on Children with Disabilities

Restriction measures during the COVID-19 crisis pose particular difficulties for children with disabilities. It is estimated that there are around 5 million children with disabilities in China (NWCCW et al. 2018). The needs of these children were generally sidelined as public attention and resources were focused on responding to the emergency. Children with disabilities have been the most vulnerable population and encountered various forms of exclusion in non-COVID-19 circumstances. The pandemic, however, is highly likely to exacerbate these already-existing difficulties, especially for those children with disabilities living in poor households or requiring intensive caregiving.

Both children with disabilities and their caregivers in China experienced significant vulnerabilities during the period of the pandemic and the ensuing crisis (Jia and Santi 2021). During the lockdown, children with disabilities, including those with special educational needs, witnessed a higher prevalence of mental health and behaviour problems and experienced significant barriers accessing regular rehabilitation, training, intervention and treatment services (Su et al. 2021). Concerns are also directed to the difficult situation of parents or caregivers in taking care of children with disabilities. Many schools could not make special online lesson arrangements for students with disabilities. These students' parents were unprepared to cope with the emergency and lacked educational guidance and resources at home (Jia and Santi 2021). Parents in rural areas were considerably more worried about their children's well-being and exhibited more stress and poor mental health status, regardless of children's disability types (Su et al. 2021). This higher level of parental anxiety in the families of children with disabilities in rural areas is largely linked to parental financial insecurity because of job and earnings losses during the pandemic (Wang et al. 2021).

SOCIAL PROTECTION RESPONSES TO CHILDREN'S VULNERABILITIES

Social protection has played a crucial role in safeguarding children's rights and addressing their multiple needs (UNICEF 2020; Barrientos et al. 2014). In China, social protection for children is an integral component of the national COVID-19 response package for the affected poor and vulnerable populations. Over the past decades, China has established the largest social protection system in terms of the number of beneficiaries reached globally (UN DESA 2021). China's multilayered social protection system includes basic social insurance, social assistance, social relief and social welfare services that cover almost the entire population in both urban and rural areas. By the end of 2019, it is estimated that a total of 967 million people had been covered by China's basic pension insurance, 255 million by work injury insurance, 205 million by unemployment insurance, 1354 billion by medical insurance and 214 million by maternity insurance (Lu et al. 2020). In the next subsections, the following measures are discussed in more detail as they pertain to vulnerable children, namely healthcare, cash and in-kind assistance, and child protection services. This entails a description of the nature of provision and the factors influencing the pandemic response, gaps, challenges and how social protection is embedded in the social governance model.

Basic Medical Services

In China, the basic public health services provide an important foundation for coping with the risks of children's survival and development during the pandemic. Since the health reform plan was implemented in 2009, China has made significant progress in providing all citizens with equal access to basic healthcare with reasonable quality and financial risk protection. A tiered model of healthcare delivery has gradually replaced the previous hospital-centric approach for people at the community level to access basic medical services (Meng et al. 2019). The medical insurance system had nearly reached universal coverage before the COVID-19 pandemic, although gaps in quality existed across regions and between rural and urban areas. Compared to urban residents, people residing in rural areas suffered from a shortage of quality healthcare providers, extended travel to health facilities and lack of social support, and were more likely to have to carry out-of-pocket costs for expensive treatments (Qin et al. 2020; Ying et al. 2020).

It is worth noting that China's Targeted Poverty Reduction strategy since 2013 has greatly increased the accessibility of basic medical services in rural areas. Some nutrition and health programmes are particularly targeted at women and children in poverty-stricken areas. The National Development Plan for Children in Poor Areas (2014–20) is one example of strengthening children's education and health security in poor areas. In 832 poverty-stricken counties, the government provides free daily packs of nutritional dietary supplements to every baby and toddler aged 6–24 months and a total of 11.2 million children have benefitted (Xinhuanet 2021). During the period of intensified poverty alleviation, childhood vaccination and postnatal care were scaled up considerably. The increased investment in basic health services in the past decade has achieved a remarkable reduction in the number of maternal deaths and a boost in child survival rates. Statistics have shown that China's maternal death rate fell from about 30 per 100 000 births in 2010 to 17.8 per 100 000 in 2019; over the same period, the infant death rate fell from about 13.1 per 1000 births to 5.6 per 1000 (Qiao et al. 2021).

These improvements to the basic medical service system helped the country to effectively contain the COVID-19 pandemic, especially with respect to mobilising resources swiftly and effectively. The Chinese government made all COVID-19 tests free soon after the outbreak and extended medical benefits to include all drugs and medical services necessary to treat those infected with COVID-19. The pandemic has demonstrated that universal access to healthcare is essential to contain a pandemic effectively (Razavi et al. 2020). Despite these remarkable achievements in advancing the basic health service system, many barriers remain. There are still substantial gaps in the quality of primary healthcare, including unnecessary diagnostic testing, insufficient continuity of care and a lack of in-service training for practitioners (Li et al. 2020). An integrated health service system must be achieved with effective coordination between primary healthcare institutions and hospitals (Xu et al. 2021). In particular, more attention must be given to mental healthcare and psychosocial support must be provided to children and young people affected by school closures. The social and economic crisis brought about by the pandemic highlights the importance of bolstering health protection to ensure universal, accessible and quality care for children in the long run.

Cash and In-Kind Assistance

Worldwide cash and in-kind assistance were the main social protection responses to the pandemic crisis. Social assistance programmes function as the bedrock of social protection for the poorest and most vulnerable children and families. In 2014, China issued the Interim Measures for Social Assistance, which marked the establishment of a fully fledged social assistance system. It consists of the minimum subsistence security programme and eight specific social assistance programmes, consisting of a minimum living standard scheme, a relief and support system for people living in dire poverty, medical assistance, educational assistance, housing support, legal assistance, disaster relief and a temporary assistance scheme (Lu et al. 2020). The nearly universal basic social protection provides important income security that cushions the initial shock of the pandemic and assists with the recovery of vulnerable children and families. Nonetheless, challenges remain, such as the relatively low benefit levels and significant rural–urban disparities. In general, eligibility to social assistance is based on a means test and is strictly tied to household registration status or the *Hukou* system, resulting in large inequalities in access across regions and among different population groups. Migrant workers and those in flexible employment tend to be excluded from formal social assistance programmes.

At the early stage of the pandemic in 2020, the Chinese government moved fast in deploying an emergency social assistance programme to support the poor and vulnerable. On 7 March 2020, the Central Committee on Pandemic Prevention and Control issued the ‘Notice on Further Strengthening Social Assistance for People in Poverty during the Pandemic Period’. This document calls for increasing temporary assistance and simplifying the application and approval process of assistance. Social assistance recipients in Wuhan city, where the first city-wide closure was imposed, were provided with additional allowances. Those who fell into poverty and unemployment due to travel restrictions were also eligible for the minimum subsistence allowance. Official statistics indicate that in 2020, there were over 44 million people in need covered by the minimum subsistence allowance and the average allowance standards increased by 105 per cent in the urban areas and 188 per cent in the rural areas (State Council 2021). In response to the impact of the new wave of the pandemic, on June 2022, the Ministry of Civil Affairs (MCA), responsible for child welfare, and the Ministry of Finance jointly

issued the ‘Notice on Effectively Guaranteeing the Basic Living of People in Difficulty’. According to this document, social assistance recipients and uninsured and unemployed persons struck by the pandemic could apply for a one-time temporary relief. While most relief programmes build on existing social assistance schemes to target and help those most in need, the government is also emphasising providing in-kind support to more people affected by the pandemic control measures, for example, delivering daily necessities to lockdown residents through community workers and volunteers, which serves as an important complement to the formal social assistance policy.

There are special social assistance programmes targeting children in difficult circumstances, especially those who lack effective parental guardianship. In 2019, the MCA issued the ‘Opinions on Strengthening the Security of de facto Orphans’. According to this document, children whose parents were both missing or incapable of guardianship due to incarceration, severe disability and other circumstances that restrict their custody were eligible for a cash allowance and special assistance in healthcare and education. This policy played an important role in the relief and protection of children during the pandemic. As of the end of May 2021, a total of 274 000 unsupported children across the country were included in the coverage (MCA 2021). Nonetheless, the accurate identification of these de facto orphans and the provision of targeted services other than cash allowances still needs further development.

The ongoing pandemic has propelled the Chinese government to upgrade its social assistance system. On 25 August 2020, the State Council released a directive on reforming and improving the country’s social assistance system, highlighting the need for the improvement of social assistance in emergencies and disaster through building a tiered and classified social assistance programme. This has also been prioritised in China’s fourteenth five-year plan from 2021 to 2025. It seems that China did not have as generous a stimulus package as many developed countries during the pandemic. This may be explained by the ‘developmental logic’ of social policy that prioritises bolstering labour market participation for economic development over social welfare spending (He et al. 2022). The focus of relief measures is mainly on expanding the coverage of existing social assistance programmes and strengthening the efficiency of its targeting mechanisms. In this process, the community governance system has played a crucial role in helping identify children and families in need and ensuring suitable service delivery.

Child Protection Services

China’s child welfare system has developed rapidly in the past decade. The impact of the pandemic on children in difficulty further highlights the urgency to expand child protection services. In 2018, a new child welfare division was established within the MCA. It is viewed as a milestone in the development of the child welfare system. The government has invested in developing a system and workforce for the delivery of community child welfare services. Official MCA statistics show that, by the end of 2019, there were around 56 000 child welfare supervisors serving at town and township level and 675 000 child welfare directors at village and community level (People’s Daily 2021). During the COVID-19 pandemic, these grass-roots child service workers interacted with other community workers and were responsible for child relief and protection service delivery.

Some incidents of child deaths because of insufficient parental care or supervision generated widespread concern about child protection during the pandemic. For example, in Hubei

Province the quarantining of the father of a single-parent family led to the tragic death of his 17-year-old son with cerebral palsy, who was left at home without any care. In another case a girl attempted to commit suicide because she did not have a smartphone with which to participate in online classes. These heartbreaking cases drew government and public attention to child custody problems (Zhao et al. 2020). On 14 February 2020, the MCA issued the 'Notice on Strengthen Relief and Protection of Children without Custody Due to COVID-19 Pandemic'. Further, on 14 March of the same year, the State Council issued the 'Work Plan for Relief and Protection of Children without Custody Due to COVID-19 Pandemic'. In these two documents, the term 'children experiencing custody difficulties' referred to minors whose parents or other guardians were missing, were receiving treatment or were in quarantine. The central government required township-level governments to coordinate with different departments and personnel, including child supervisors, child directors and community workers, to conduct a comprehensive investigation of the child guardianship situation in the communities. The policy measures declared that local governments needed to shoulder the responsibility of child protection to complement the challenges with family guardianship.

The pandemic crisis has significantly raised public awareness of child protection issues. On 1 June 2020, the Thirteenth National People's Congress (NPC) approved a landmark amendment to 'China's Law on the Protection of Minors'. This marks a new phase of child protection in China. According to this law, the MCA is the legal body in charge of child protection. The law clearly states that an interdepartmental coordination mechanism for the protection of minors at the county level should be established. Correspondingly, township governments were required to set up workstations for the protection of minors, and rural village or urban community residential committees were expected to assign special personnel responsible for child protection. This law and the related policy measures set higher requirements for good governance of child protection, in particular at the lower administrative level. Building on the existing law and policies, in 2020 the MCA and the United Nations Children's Fund jointly launched an integrated child protection services programme in nine counties to consolidate the child protection mechanism and service network for left-behind children and children in difficulty in rural areas (Ni and Zhang 2021). The development of China's child protection system reflects a broader approach of safeguarding children in difficulty. It is a process of institutional capacity building to protect vulnerable children more effectively during the pandemic and to enhance state capacity for good welfare governance (Deng 2020).

Despite the increased policy attention to child protection, significant challenges remain. Service delivery on the ground does not yet respond sufficiently well to the needs of children who may suffer from mental illness, abuse or violence. Many child directors at the community level only hold part-time positions and receive hardly any professional training on child protection. Schools are marked by highly unequal infrastructure and educational quality between rural and urban areas and across regions. Individualised psychological counselling and support services are particularly needed in rural schools.

SOCIAL PROTECTION WITHIN THE GOVERNANCE SYSTEM

China's experiences show that social protection measures for children and other vulnerable groups do not work independently but can only operate and develop effectively within an

adaptive governance system. The interdependence between social protection and social governance lays out a solid foundation for China's COVID-19 prevention and control strategies.

Social protection policy in China has witnessed dramatic institutional change in the past four decades after the adoption of economic reforms that led to the opening of the society. In the early stage of the reforms in the 1980s, which coincided with the restructuring of the socialist model of the work unit (*dan wei*), welfare responsibility to a large extent shifted from the government to individuals and families. Entering the twenty-first century, enlarged income inequalities and widespread perception of social injustice resulting from this economic reform propelled the government to re-emphasise the need for comprehensive public responsibilities for social protection. In particular with the new administration in 2013, social protection has been incorporated into the overall agenda of modernisation of the state's capacity. It is no longer viewed as a short-term or responsive policy tool to mitigate adverse consequences of the economic reforms adopted, but more as an integral component of the country's governance system in resolving social conflict and promoting social cohesion. The Chinese government has placed increasing emphasis on the development of the legal and institutional structure of social protection in an attempt to achieve stability, fairness and sustainability. Social protection for vulnerable children during the pandemic also reflects this broader context and process.

However, China's drastic economic and social transformation has greatly impacted the family structure and living arrangements. Before the COVID-19 pandemic, children, and in particular those left behind in rural areas, had been disproportionately affected by rapid urbanisation and large-scale migration. In the absence of adequate social protection and urgent policy action, the pandemic would become a child rights crisis (UNICEF 2020). China actively scaled up its social protection system during the pandemic, and the implementation of various measures showcases that building an institutionalised social protection policy framework is imperative to protect vulnerable children from the public health emergency effectively.

China's experience in response to the pandemic reflects a process of mutual reinforcement between the two systems of social protection and governance. The effectiveness of social protection relies on good social governance mechanisms. It is not unusual that well-intentioned social protection programmes are not well implemented, either because of a lack of coordination among the different departments and social sectors involved or because of improper discretion of street-level bureaucrats implementing programmes (Wang et al. 2022). Children's social protection rights can only be guaranteed within a good grassroots governance system. At the outset of the COVID-19 outbreak, China's responses to the unknown virus were lagging and criticised by the public. The government then swiftly adjusted its strategy and implemented a whole-of-government and whole-of-society approach to contain the pandemic, yielding a positive outcome. Researchers attribute China's effective response to the pandemic to its authoritarian governance model characterised by the state's coercive capacity in mobilising enormous resources, steering the bureaucracy and implementing community enforcement measures (He et al. 2020).

The adjustment and adaptation of the social governance system toward social goals contributed to building and strengthening the responsiveness of the social protection system to people in need. For instance, during the lockdown period in Shanghai city in early 2022, the city government initially required children tested positive for COVID-19 to stay in isolation centres on their own but quickly changed the policy to allow parents who were not infected to accompany their children in need (Xinhuanet 2022). This reflects an adaptation of measures implemented and an attempt to respond to the trade-off between pandemic containment measures and the

protection of children. Entering China's normalised stage of pandemic prevention and control, the mutual reinforcement of social protection and social governance has been a crucial factor determining the successful implementation of the 'dynamic-clearing' policy.

It is important to note that a well-functioning community governance system has proved to be key for China's pandemic prevention and control. This entailed mobilising a large number of community workers and volunteers to participate in fighting against the pandemic on the frontline. Community workers as gatekeepers and enforcers of confinement measures are expected to address local requests and complaints and provide personal services such as grocery shopping or the delivery of medicines to vulnerable children and families during lockdowns. While much effort has been exerted to strengthen community work, local people expressed concern about the unintended consequences of some excessive pandemic containment measures, for example overly strict quarantine regulations and the failure to ensure timely protection of people in need. With accumulated experiences in community governance, a dynamic balance between normal life and pandemic containment measures was gradually achieved. As a result, the social protection needs of children in vulnerable situations could be timely and adequately fulfilled.

DISCUSSION

The responsibilities for containing the pandemic were not restricted to the health sector but were shared by many levels of government and the non-governmental sector, and by communities, families and individuals. The World Health Organization called on countries to respond to the pandemic following a whole-of-society approach in a multi-professional, coordinated and comprehensive manner (WHO 2020). This review of China's response to the pandemic highlights the impact of the pandemic on children, including the possible increase of multidimensional poverty, inadequate education and medical care, mental health challenges, and increased exposure to violence and abuse. Children living in poor rural households and children with disabilities are among the most vulnerable. Social protection is regarded as an important strategy to deal with multidimensional child poverty, deprivation and social exclusion during the pandemic. Universal social protection programmes that are effectively implemented can help to cushion the harm caused by the pandemic on children's vulnerabilities, thereby contributing to the protection of children's rights.

China has taken multiple measures to provide stronger social protection to children in need. The measures include greater investment in basic medical services, improved coverage and benefits of cash and in-kind assistance, as well as more attention to child protection services. Social protection policies for vulnerable children are an essential part of the Chinese government's overall response to the pandemic. These policies and measures have played a crucial role in protecting vulnerable children and families from the adverse consequences brought about by the pandemic. While fighting the pandemic, the Chinese government accumulated experiences in the prevention and control of the spread of the pandemic and improved its social governance mechanisms, focusing particularly on leveraging community governance systems, through local community involvement efforts, and in expanding institutional capacity through the deployment of additional human resource capacity and training of personnel to implement the programmes more effectively. Social protection for vulnerable children is embedded in the country's broader social governance model. The interdependence and mutual

reinforcement of social governance and social protection ensured the effective implementation of various strategies for preventing and controlling the pandemic.

The COVID-19 pandemic continues to have a negative impact on the world economy. Social protection for vulnerable people can be particularly challenging as the government has to seek a balance between economic development and the extension of social provisions. China has been exploring a coordinated approach to align COVID-19 responses with the country's economic and social development imperatives. Fortunately, China's investment in social protection infrastructure and in its institutional framework over the past decades played a fundamental role in enabling its pandemic containment measures. Although facing the challenges, China's experience proves that the implementation of social protection programmes should be integrated within an effective social governance system. In the post-pandemic era, China still needs to consolidate the institutional foundation of its social protection system, further enhance the multi-tiered system, expand the coverage, and close rural–urban gaps, including reinforcing the social service delivery net in poor areas and at the community level. Children are vulnerable to external risks and uncertainties, and the impact on those with pre-existing vulnerabilities, such as children of migrants, those experiencing guardianship challenges or those with disabilities, may be far reaching. Social protection focusing on children requires the coordinated participation of a wide range of governmental and social sector forces jointly to build a protective service network for vulnerable children. Countries and places worldwide could learn from China's experience and lessons of fighting the pandemic and formulating a long-term plan for developing country-level social protection systems.

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29. Social protection responses to COVID-19 in South Africa¹

Jean D. Triegaardt

The mitigation measures that were put into place to address the impact of the COVID-19 pandemic brought into sharp relief and exacerbated existing structural socio-economic flaws in South Africa, such as poverty, inequality and unemployment, and exposed gaps in the social protection system. This was also the case in other parts of the globe (see chapters 25, 27 and 28). The government introduced a stringent five-week lockdown, as done by many countries, to limit the health repercussions of the virus, followed by a risk-adjusted, phased reopening of the economy (Bhorat and Köhler 2020). The social and economic consequences have been multifaceted. Economic activity slowed down, and many people suffered the consequences of retrenchment from employment or reduced employment hours. A significant number of workers who were employed in the low-wage sectors were not able to earn an income because of the strict lockdown, including those employed in the service sector, the hospitality sector, domestic service, food and non-food trade, and construction (Bhorat et al. 2020). Many workers in the informal sector were particularly hard hit by the sluggish economy because they could not maintain their small businesses during the lockdown yet did not qualify for social protection.

In addition to a range of redistributive health and social measures, South Africa has a social protection system in place that provides social assistance to a large section of the population but not to the able-bodied population of 18–59-year-olds. Social protection is defined as ‘the use of a combination of measures that achieve a balance in reducing income poverty through cash transfers, addressing service deprivation through the provision of free basic services (water, sanitation and electricity), and enhancing individual capabilities through access to health and education’ (Taylor 2021, p. 56).

Prior to the lockdown, over 18 million beneficiaries received social assistance, with a quarter of South Africans reliant on social grants (Bhorat et al. 2020; SASSA 2020). This chapter provides an overview of the social protection measures that South Africa introduced in response to the COVID-19 pandemic and examines the effectiveness of these responses and the intended and unintended policy consequences. To address these issues, the chapter describes COVID-19 and public health measures in South Africa, social protection in South Africa prior to 2020, and the responses by the government and non-governmental organisations (NGOs) to the pandemic. It then examines the social and economic outcomes during 2020–21 and offers reflections on the government’s responses to COVID-19. It closes with a conclusion.

COVID-19 AND PUBLIC HEALTH MEASURES IN SOUTH AFRICA

Following the first warning about the COVID-19 virus in December 2019 in Wuhan, China, the virus spread to Europe, the United Kingdom and then the United States (US). The virus

reached the African continent by about mid-February 2020, with the first two countries affected being Nigeria and Egypt.

South Africa's first COVID-19 case was identified and reported on 5 March 2020. The South African government responded quickly: on 20 March 2020, President Cyril Ramaphosa declared a national state of disaster and a subsequent 21-day lockdown. In addition, behavioural interventions such as the wearing of masks, social distancing and the sanitising of hands were made obligatory. The government was credited for its quick response by averting the rapid spread of the virus during the first wave. The chair of the Ministerial Advisory Committee was buoyed by the government's response: Professor Salim Abdool Karim stated, '[W]e had political authority that quickly understood the challenge, the importance and the magnitude of the threat, and were deeply committed to fixing it' (Karim 2020, p. 8).

With the stringent lockdown measures, citizens were curtailed from movement outside their homes, except for essential errands, which meant that economic activity was limited. This only permitted approximately 40 per cent of those employed before the lockdown to continue working – this estimate includes home-based jobs (Valodia et al. 2020).

In South Africa, the first COVID-19 wave peaked in mid-July 2020 and then eased. It was followed by a second peak in early January 2021, when restrictions were tightened again. The Delta variant was first detected in May 2021 and wreaked havoc. It caused the death of 100 000 people, and healthcare workers reported being at breaking point because of insufficient bed capacity and oxygen supplies (Farber and Moima 2021).

The government was criticised for its slow action regarding the procurement of vaccinations. Only in February 2021 did it introduce a vaccination drive that targeted almost half a million healthcare workers (Farber and Moima 2021). On 17 May 2021 the government then began a roll-out of a mass COVID-19 vaccination campaign to the public, which was free of charge and universal (Farber and Moima 2021). In comparison to its BRICS partner countries, South Africa achieved a lower vaccination reach with 32 per cent of the population. Brazil achieved 79.8 per cent, India 62.2 per cent and China 89.4 per cent (Our World in Data 2022). In addition to the funding provided by the South African government for the vaccination roll-out programme, there was interest from the international community in providing vaccines. The US donated 5.7 million Pfizer vaccines to South Africa, supported by further philanthropic donations. As of 24 July 2022, South Africa had administered 37.1 million doses, with 22.1 million people fully vaccinated. This meant that 36.86 per cent of the population was fully vaccinated (COVIDvax.live 2021).

With COVID on the wane, restrictions were gradually relaxed from 1 October 2021. The Disaster Management Act was terminated on 4 April 2022, which paved the way for the relaxation of most restrictions related to protective measures (Presidency 2022b).

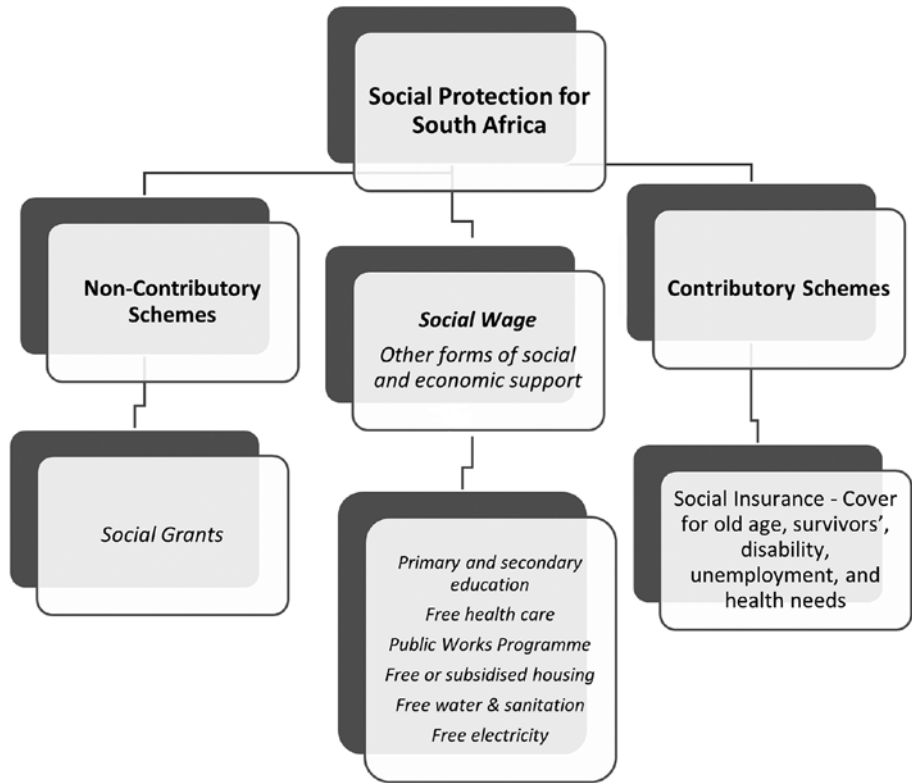
SOCIAL PROTECTION IN SOUTH AFRICA

Social protection is integral to the fabric of South African society and is enshrined as a right in the country's 1996 constitution. Since the transition to democracy in 1994, the social protection system was made available to all racial groups without discrimination and institutionalised to alleviate high levels of poverty and inequality. South Africa's social protection system is based on the progressive realisation of social and economic rights, as captured in its constitution. The social protection system prioritises the needs of the poorest and most vulner-

able people. The majority of social protection programmes are means tested because of limited resources and constraining structural conditions. However, it is also important to consider that over 40 per cent of the population in South Africa can be considered chronically poor, located at the food poverty line of ZAR 561 (USD 34) and at the lower-bound poverty line of ZAR 810 (USD 49) at 2019 prices (Senona et al. 2021). Social grants reach over a third of the population, indicating a broad approach to targeting. At the end of March 2021, there were over 18 million social grant beneficiaries, a publicly funded cash transfer (DSD 2021; SASSA 2021). Seekings and Nattrass (2016, p. 141) observe that, while many other countries were expanding their pro-poor programmes, South Africa continued to redistribute a larger share of its gross domestic product (GDP) through tax-funded social assistance programmes, more than any other middle-income country in the global South. The total budget for social protection for the financial year 2021/22 was just over ZAR 339.2 billion (USD 20.61 billion) (DNT 2021) and 3.3 per cent of GDP. The budget for 2021/22 accommodated the pandemic requirements in comparison to previous social protection budgets. In the previous budget year (2020/21), the social protection budget allocated was ZAR 221.5 billion (USD 13.46 billion) (DNT 2020).

Figure 29.1 summarises the social protection system in South Africa with its contributory and non-contributory schemes. The social protection system consists of three significant types. First, the government's tax-financed social assistance (or social grants) programmes provide cash transfers to children, people with disabilities, people over 60, and those who experience vulnerabilities through the life cycle such as orphans, people affected by HIV and AIDS, and victims of fire, floods or other natural disasters. Additionally, the National School Nutrition Programme provides free meals to as many as 10 million pupils at primary and high schools that are classified as falling into the poorest three quintiles (Devereux et al. 2017). A smaller programme provided meals for preschool children in early childhood development centres (Gronbach et al. 2022). Both feeding schemes are administered by the South African Social Security Agency (SASSA), a specialised social assistance delivery institution under the national Department of Social Development. Second, contributory social insurance is available to workers in formal employment. In 2003, access to the national Unemployment Insurance Fund (UIF) was also extended to domestic workers and seasonal workers. This insurance protects employees and their dependents against contingencies that may interrupt income for a period due to maternity leave or illness. The scheme is contributory for both employers and employees. Third, there is the social wage, which includes free basic services such as healthcare, education, housing, water, sanitation and electricity for the indigent. The Expanded Public Works Programme, introduced in 2004, provides temporary employment to unemployed working-age adults (DPWI 2021). Together with other state-based grants for developmental and income-generating initiatives, these measures constitute a hybrid form of a uniquely South African social protection system. According to Taylor (2021), the above measures constitute a minimum social protection floor.

Inasmuch as the social protection net has widened over the years, gaps are still apparent. Many working-age adults aged 18 to 59 years who are not formally employed are not covered by the UIF and do not qualify for any social assistance. Prior to 2019, this group made up approximately five million workers (Skinner et al. 2021). Women are disproportionately represented in this group. The lockdown has exposed these gaps because these informal and low-paid workers were forced to remain at home and lost all income.



Source: Author.

Figure 29.1 Social protection in South Africa: contributory and non-contributory schemes

GOVERNMENTAL RESPONSES TO COVID-19 IN SOUTH AFRICA

In response to the social and economic effects of the COVID-19 pandemic on vulnerable groups, the South African government significantly expanded the social protection system. It built on existing social assistance and social insurance programmes and established new programmes. On 21 April 2020, the government introduced an extensive economic stimulus plan to minimise the harmful effects of limited economic activity because of the lockdown. President Ramaphosa announced a stimulus package of ZAR 500 billion (USD 30.38 billion), equivalent to 6.5 per cent of GDP (Bhorat et al. 2021). It represented one of the largest social protection initiatives in southern Africa (Gronbach 2021).

As Table 29.1 shows, about 90 per cent of the stimulus package was allocated to additional health support, assistance to municipalities for the provision of basic services, wage protection through UIF, further income support through the tax system, financial support for small and informal businesses, and a credit guarantee scheme. Support to the UIF included the COVID-19 Temporary Employer/Employee Relief Scheme for employees of companies in distress.

Table 29.1 COVID-19 support package, as announced on 21 April 2020

	ZAR (bn)	% of total
Additional health support	20	3.98
Municipal assistance (water and sanitation)	20	3.98
Wage protection (UIF)	40	7.97
Job protection and creation	100	19.92
SMME support	2	0.40
Tax relief	70	13.94
Credit guarantee scheme	200	39.84
Social assistance (grants)	50	9.96
Total allocation	502	100.00

Source: Numbers extracted from DNT (2020, p. 7).

The remaining 10 per cent of the stimulus package was allocated to social assistance in the form of direct financial transfers to support the most economically vulnerable households (DNT 2020). These transfers included a temporary expansion of existing cash transfers and the introduction of a new, special COVID-19 Social Relief of Distress grant, initially for six months from May to October 2020. A range of civil society organisations, researchers and various presidential advisory councils were instrumental in advocating for the urgent introduction of the ZAR 50 billion (USD 3.04 billion) social grant package to support vulnerable households.

Expansions were introduced to the existing grants, which were viewed as top-ups. These included a one-month increase of ZAR 300 (USD 18.23) for all beneficiaries of the child support grant, followed by a ZAR 500 (USD 30.38) increase for each caregiver for five months; and a ZAR 250 (USD 15.19) per month increase for all social grants for six months (Bhorat et al. 2021). After six months the supplements were discontinued, despite calls for a further extension. The reason for shifting the child support grant top-ups from children to their caregivers was fiscal restrictions. Overall, the monthly social grant top-up payments were made to more than 12 million beneficiaries for six months (SASSA 2021, p. 24).

The COVID-19 Social Relief of Distress (SRD) grant of ZAR 350 (USD 21.26) provided temporary income support, food parcels and other forms of relief to people experiencing undue hardship. South African citizens, permanent residents and registered refugees aged 18–59 years who were unemployed and not receiving unemployment benefits, social grants or any other form of government support were eligible to receive the SRD. This grant demonstrated for the first time the government's recognition that unemployed persons and those in the informal economy had access to little or no support. In its original conception, only South African citizens, permanent residents and refugees qualified for the grant. This was challenged and in June 2020 the Pretoria High Court ruled that SASSA must broaden access to asylum seekers and special permit holders (SCCT 2020) (also see the issues and challenges discussed in Chapter 24). The SRD was initially introduced for a six-month period and later extended thrice with a three-month cessation ending in March 2022. Recently, President Ramaphosa announced in his State of the Nation Address that the SRD will be renewed as of April 2022 until March 2023 (Presidency 2022a).

The administrative processes were challenging initially (Edlmann et al. 2021) but improved steadily. For instance, initially the online application portal was problematic, the verification process complex, the payment system plagued with payment delays and eligible beneficiaries

were rejected (Devereux 2021). According to the Black Sash Report, an NGO, the online system was inaccessible and exclusionary to those who had no digital devices, internet access and digital literacy (Senona et al. 2021). The Minister of Social Development acknowledged, ‘one of the lessons learnt is to ensure that we have all the relevant databases required to verify all applications’ (Zulu 2021, p. 1). SASSA currently receives monthly updates from other government data sets, against which it checks its beneficiaries (Gronbach et al. 2022). This collaboration between government departments has improved the verification process.

By the end of October 2020, South Africa’s SRD grant had successfully been rolled out to 6 million individuals, and an average of 5.5 million individuals benefitted monthly from May 2020 to February 2021. At the end of September 2021, the SRD grant had grown significantly since its inception, from 6 million to 8.3 million approved applications (Gronbach et al. 2022).

Initially, gender was not a factor considered in the allocation of the SRD grant to caregivers of children who receive the child support grant. However, the eligibility criteria of the SRD for unemployed individuals were changed as of August 2021 to include unemployed caregivers who cared for children in receipt of the child support grant (Edlmann et al. 2021; Bhorat and Köhler 2020). This package for funding vulnerable households amounted to about ZAR 27 billion (USD 1.85 billion) (Newzroom Afrika 2021). In February 2022, the government considered the introduction of the basic income grant.² The basic income grant is designed to provide income support for individuals between 18 and 59 years of age who are unemployed and not in receipt of any social grant or unemployment insurance.

In terms of feeding programmes, the government fell short of its promise to provide interim food parcels. Gronbach (2021) observes that the country’s overall food aid response was limited, especially in view of the suspension of National School Nutrition Programme during the months of lockdown-related school closures. This scheme involved suspending daily meals to 12 million children (Edlmann et al. 2021; Bhorat and Köhler 2020). Civil society, including NGOs and individuals, with support from some provincial and local governments, stepped in to fill the gap and address high levels of hunger.

Public works programmes were suspended, but in practice only the work component was waived, and participants continued to receive cash or food transfers as a form of income support throughout the lockdown period (Devereux 2021).

The Temporary Employer/Employee Relief Scheme (TERS) fell under the auspices of the UIF and was provided to workers who remained employed but did not receive an income from their employers; that is, employees of companies in distress. With the new scheme, employers could claim financial support for their employees amounting to up to 60 per cent of their regular salary, calculated on a sliding scale. Initially disbursed through employers, payments were later made directly to employees in response to irregularities and delays in the payment process. As of October 2020, ZAR 51 billion (USD 3.1 billion) had been paid to workers of over one million companies (Gronbach 2021).

Further social protection measures included relief funds for artists, athletes, technical personnel and registered tourist guides, implemented through the respective government departments (Gronbach 2021). Credit restructuring, payment relief and additional loans were made available to individuals and businesses through the banking sector, although take-up was lower than expected. Unlike other African countries, in-kind aid and subsidies did not play a significant role in South Africa’s pandemic response (Gronbach 2021).

SOCIAL PROTECTION RESPONSES TO COVID-19 BY PRIVATE ORGANISATIONS AND NGOS

Since the onset of the pandemic, South Africa has seen a rise in domestic and gender-based violence, more retrenchments as businesses lost revenue, rising COVID-19 infection rates and deaths, and increasing levels of hunger. All these issues required intervention by the social welfare sector and a range of stakeholders.

NGOs had a good grasp of the extent of hunger in communities during the hard lockdown. In April 2020, one million food parcels were distributed to five million beneficiaries by six non-governmental and humanitarian organisations (Patel 2020). Compensating for the delays in government provision, the NGO Agri-SA,³ with the assistance of farmers, private individuals and companies, provided fresh produce to communities in several provinces.

The president's announcement in April 2020 included a solidarity fund financed mainly by voluntary donations to fund relief and health interventions. Private philanthropic foundations donated ZAR 6.5 billion (USD 480 million) at the start of the pandemic, but most of this was earmarked for purchasing personal protective equipment, sanitisers and medical supplies, or to support affected businesses with soft loans.

In various communities, initiatives were taken by individuals and smaller organisations to feed the hungry during the first strict lockdown. The Community Care Foundation was one such organisation that spearheaded and coordinated the distribution of food in parts of Johannesburg.⁴ The foundation mobilised and was able to raise donations (in both monetary and in-kind form) from individuals and faith-based organisations (Yasmin Turton, Community Care Foundation, personal communication, 20 August 2021). Overall, civil society was unable to fill the gap that had been caused especially by the suspension of school and preschool feeding schemes. The total quantity of food distributed during the first two months of the lockdown was less than half of the quantity that would have been distributed under the NSNP had it not been suspended (Gronbach 2021).

SOCIAL AND ECONOMIC INDICATORS DURING COVID-19

In keeping with a social development lens, it is important to locate the social protection responses in the context of social and economic outcomes over the COVID period, and to review available evidence on the impact of social protection interventions in alleviating social and economic distress.

A range of statistical reports and research studies analysed social and economic indicators during the pandemic. In particular, the National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM) was launched specifically to monitor the socio-economic impact of COVID-19. This survey was a nationally representative telephonic survey of 7000 participants who were asked about current and retrospective employment, household hunger, income, social grants, COVID-19 risk perceptions, knowledge and behaviour, and other demographic information.

In general, the poverty alleviation effects of the combination of cash transfers have proved critical. The child support grant and the SRD grant were fairly well targeted toward households that were more vulnerable to running out of money for food (Devereux 2021; Van der Berg et al. 2021). Bassier and Leibbrandt (cited in Skinner et al. 2021) estimate that the car-

egiver allowance and COVID-19 SRD grant prevented over five million people from falling below the food poverty line.

The rise of hunger was a serious consequence of the measures introduced to reduce the spread of COVID-19. The first round of the NIDS-CRAM survey, conducted in May and June 2020, provided convincing evidence of a drastic increase in household and child hunger during the initial period of the coronavirus pandemic and hard lockdown. Similar findings were reported in a nationally representative survey conducted by the Human Sciences Research Council in March/April 2020, which revealed that just under a quarter of participants (24 per cent) had no money to buy food (HSRC 2020). More than half (55 per cent) of informal settlement⁵ residents had no money for food. About two thirds of residents who were from townships⁶ also had no money for food.

The second round of the NIDS-CRAM survey showed improvement, though the levels of hunger and lack of money for food remained high. Subsequent waves of survey data collected at three different points in 2020 and 2021 showed a significant reduction in the number of households running out of money for food (although almost one third of respondents still reported household hunger), but since then rates have remained high. The most recent report, for the period April/May 2021, found that food insecurity was still prevalent and that the situation of hunger had not changed since July 2020. Van der Berg et al. (2021, p. 5) collected figures suggesting that 13.4 million respondents were experiencing hunger in their households at least once during the NIDS-CRAM survey.

The NIDS-CRAM report noted that the reduced availability of money from grants (due to the discontinuation of grant top-ups in 2020 and of the SRD grant at the end of April 2021) and the tight economic situation are likely reasons why levels of hunger remained stubbornly high. This finding correlates with the NIDS-CRAM finding that the only grant received by 10 per cent of South African households was the ZAR 350 SRD grant (Bassier and Leibbrandt, cited in Skinner et al. 2021). Similarly, a qualitative study on beneficiary experiences of the COVID-19 SRD grant in low-income areas found that household hunger was the trigger for vulnerable people to apply for the SRD grant (Gronbach et al. 2022).

In addition, the adequacy of the grants has been questioned. Both the top-up amount and the COVID-19 SRD grant did not keep up with food inflation and did not cover the monthly cost of a basic nutritious diet for one child (ZAR 721 or USD 49), let alone for a household of five people (ZAR 4051 or USD 2779) (PEJD 2021). The initial gender bias of the SRD grant, excluding women on the grounds that they had access to the child support grant, may have exacerbated these issues (Skinner et al. 2021). Finally, evidence from April/May 2021 showed that school feeding programmes were gradually being reinstated again (Spaull et al. 2021).

About employment, the estimate is that 2.8 million jobs were lost during the initial lockdown between February and April 2020 (Spaull 2020; Spaull et al. 2021). In March 2021, employment levels were similar to February 2020 before the pandemic started in South Africa. In the last quarter of 2021, the Quarterly Labour Force Survey showed that the unemployment rate had soared to 35.3 per cent, the highest ever since 2008 (Stats SA 2022). During the same period the official unemployment rate was 66.5 per cent among young people aged 15–24 years and 43.5 per cent in the 25–34 age group (Stats SA 2022). Almost 3.4 million out of 10.2 million young people aged 15–24 years were not in employment, education or training. The International Labour Organization (ILO 2020) reports, ‘when employed, young people are concentrated in types of work that render them vulnerable to income and job losses during the current crisis.’ These income shocks apply not only to young people. Other vulnerable groups

that felt the impact of the crisis were women, temporary workers and short-term contract workers. The unemployment rate for women was 38.2 per cent⁷ (50.8 per cent) in contrast to men, whose unemployment rate was 32.8 per cent (42.1 per cent) (Stats SA 2022).

Findings from the second round of the NIDS-CRAM survey, conducted in July and August 2020, suggest that the SRD grant was fairly well targeted at those who had lost employment during the lockdowns, reaching more than half of those unemployed in June. The grant was also found to be relatively pro-poor, with over a third of recipients living in households in the poorest income quintile (Bhorat and Köhler 2020). On average UIF-TERS recipients received a benefit of ZAR 4100 (USD 281) per month, but lower-wage workers benefitted significantly more in relative terms, since the lower-bound benefit is set at the national minimum wage. In addition, UIF and TERS receipt was associated with a significantly higher likelihood of job retention during the initial hard lockdown in 2020, broadly suggesting that the policy succeeded in its primary aim of minimising job losses, but only when the lockdown regulations were most severe. Women have not benefitted from UIF-TERS or the SRD at the same rates as men, despite being worse affected in terms of job losses and unemployment; women make up only about 35–39 per cent of the beneficiaries of these two grants) (Spaull et al. 2021, p. 4).

REFLECTIONS ON THE SOCIAL PROTECTION RESPONSES TO COVID-19

By leveraging existing social protection structures, the government managed to reach a considerable number of vulnerable citizens with cash-based relief measures, some of which have already been extended beyond the initial emergency response (Gronbach 2021).

The difficulty for the South African government, as for other governments across the world, is to establish the appropriate balance between public health concerns regarding COVID-19 and the economy (Calland 2020). A major issue for governments today is that they have a dual responsibility to protect citizens during this public health pandemic and, concomitantly, to ensure that this is balanced with decisions that facilitate economic growth. Leadership is key to making effective and prudent decisions in the face of a pandemic.

While the lockdown and the preventative restrictions had a severe impact on people's livelihoods, social grants and the additional grants that were introduced remained a vital safety net, particularly in the rural areas. The roll-out of the SRD played a central role in protecting individuals and households against a loss of income and from food insecurity during the 2020–21 period.

During the COVID-19 lockdown, the top-up payments to existing beneficiaries were rolled out quickly and efficiently. The introduction of the new SRD grants initially had numerous challenges, but eventually succeeded in reaching over six million beneficiaries who had been uncovered (Gronbach et al. 2022). Therefore, the social assistance, the top-ups and the SRD all contributed to assisting poverty-stricken people through the worst of the COVID-19 pandemic. This has been met by members of the government who are concerned that the national budget may become unsustainable as the fiscus becomes more austere and the tax base is shrinking (Newzroom Afrika 2021). However, the social development perspective takes into consideration that there is an investment component to social protection and that it is advantageous to the beneficiaries.

One of the key considerations in having an effective social protection response to the COVID-19 virus is having a database with efficient digital technologies. Clearly there were difficulties in responding efficiently to the crisis when there were thousands of applicants who needed to be verified. That verification process by SASSA operates more efficiently now (Gronbach et al. 2022).

There are many civil society organisations that are supporting an introduction of a basic income grant. Over two decades ago, the 2002 Committee of Inquiry into Comprehensive Social Security System for South Africa, known as the Taylor Report (Taylor Committee 2002), advocated for such a grant. Other reports, such as the Review of the White Paper for Social Welfare (1997), have also expressed support for such a grant (DSD 2016). Civil society organisations such as the Black Sash, the Social Workers Action Network and others have advocated for the introduction of a basic income grant because they have seen how the SRD has made a difference to poor people's lives (Edlmann et al. 2021). They feel that the introduction of a basic income grant would effectively take care of the gaps in the social protection system.

CONCLUSION

Leadership is crucial to developing and promoting an effective social protection system for its citizens in the future in the wake of the COVID pandemic. Quick and prudent information provided by the scientific community assisted the South African government to chart an effective trajectory to curtail the rapid spread of COVID-19 during the first wave.

Countries require an efficient, accessible and reliable database of all citizens who are vulnerable and impoverished in order to be able to respond quickly to any future pandemic (Devereux 2020; Edlmann et al. 2021; Zulu 2021). In addition, efficient digital technology systems must be put in place to capture the latest information of citizens who may need financial assistance in times of need or distress.

COVID-19 has demonstrated irrefutably that any country, including South Africa, needs an effective public health and social protection system, food security, access to water, sanitation and decent housing. The role of social protection is to mitigate the impact of such a pandemic and provide for a quick and efficient response. Both the child support grant and the introduction of the SRD during the pandemic demonstrated how effective these social protection responses were in alleviating the poverty and hunger of vulnerable households. The introduction of a basic income grant would certainly assist individuals with a low income or informal workers to navigate income shocks in future, such as during a pandemic. Only time will tell whether the SRD, which took effect at the end of August 2021, could be the precursor of a basic income grant for South Africans. An important consideration for policymakers in the future is to find the right balance between emergency health and appropriate social protection responses in a pandemic and measures for economic recovery.

NOTES

- 1 I would like to acknowledge the reviewers who contributed to the refinement of this chapter. In addition, I appreciated the contribution of the editors, who supported and provided further input.

- 2 The basic income grant is based on three features: the grant is universal, that is, every person would qualify without having to undergo a means test; individuals can apply; and the grant is unconditional.
- 3 Agri-SA was founded in 1904 and is a federation of agricultural organisations with provincial, commodity and corporate members. On behalf of its members, it promotes the development, profitability, stability and sustainability of commercial agriculture.
- 4 The Community Care Foundation coordinated the activities of 29 organisations – NGOs, faith-based organisations and church-based organisations – to distribute food or engage in other support activities. The organisations operated in areas such as Coronationville, Joe Slovo informal settlement, Kathrada Park informal settlement, Newclare, Noordgezicht, Riverlea, Sophiatown and Westbury.
- 5 Informal settlements are housing areas that are illegally built on unoccupied municipal land. These areas in South Africa house many impoverished people and migrants.
- 6 Townships are areas that the apartheid government defined spatially and racially for use by so-called minority groups such as black people, coloureds and Indian people.
- 7 This rate is the expanded definition of unemployment. The latter involves a) the person was not employed in the reference week; and b) the person was available to work but did not look for work either because they are discouraged from looking for work or because of other reasons.

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