

Chapter 3

Regional Developments

3.1 Africa

In Africa there is little history of central government social protection beyond pension schemes for civil servants. As in the Pacific, communities and villages have relied on traditional forms of support to provide basic food, water and shelter, often in the context of clans or extended families. Low-income, aid-dependent countries could not afford even the smallest cash transfer programmes, and their capacity for efficient delivery and corruption-free administration has been highly questionable.

The political will in the region is changing, with the Livingstone Accord of 2006 and the African Union Social Policy Framework in 2008. Under the Livingstone Accord governments committed to developing national social protection strategies and integrating them into their national development plans and budgets. The Social Policy Framework, meanwhile, signalled the African Union's increased political commitment to social protection. The declarations represented an emerging consensus that a minimum package of essential social protection should cover essential health care and benefits for children, informal workers, the unemployed, the elderly and persons with disabilities, to be expanded as more fiscal space becomes available.

Successive governments in South Africa have developed and expanded nationwide social protection schemes, and other governments and donors have initiated forms of cash transfer payments across the region. The South African government has had the budgetary resources underpinned by a constitution based on human rights, distinguishing it from other state responses in the region. The Bill of Rights includes the right of all 'to have access to social security, including if they are unable to support themselves and their dependents, appropriate social assistance'. Civil society in South Africa has successfully resorted to legal challenges on social and economic rights such as housing and access to water.

South Africa's Child Support Grants scheme, which began in 1998, is the largest in the region. Studies have shown that poverty has been reduced in households receiving the grant and by 2008 it had also been shown to improve nutritional intake and school attendance amongst child beneficiaries. A 2009 amendment to the scheme requires child beneficiaries to attend school. Research has shown the grant is being used overwhelmingly to pay for food: 51 per cent of households always use it for food and a further 23 per cent often or sometimes do. It is also used to pay for school fees and uniforms: 38 per cent always use it for school costs and a further 27 per cent often or sometimes do (Patel and Hochfeld 2011).

The children who are beneficiaries are more likely to live with their biological mothers than with both parents or with their biological fathers. The grant was designed to be a gender-neutral, child-centred cash transfer, but 96 per cent of the recipients are women. This reflects the social dynamics of need/poverty. Women's ability to control and allocate resources has a positive impact on household food security and eases their domestic responsibilities, but they remain largely responsible for caring and looking after families. The child support grant is certainly an example of anticipatory social protection, but it is more palliative than transformative with respect to social power relations. Patel and Hochfeld's research (2011) on the child support grant concluded that social protection policies may contribute to transforming gender relations, but on their own they are limited, and need to work in concert with other public policies. Research on HIV home-based care volunteers in Kwa Zulu-Natal also found a 'feminisation of responsibility', effectively coercing the women into agency that was manifested as home-based care work (Naidu et al. 2012). Principles of gender justice should be core objectives of social protection programmes and must be incorporated into the programme design and implementation plan to be transformative of social power relations (Kabeer et al. 2010).

When gender equality is enshrined in a national constitution, outcomes are different (Rask 2012). In Botswana, South Africa and Zimbabwe women are over half the people living with HIV. These states have pluralistic legal systems with civil, common and customary law. They each ratified CEDAW without reservation. They have all implemented parent-to-child HIV transmission programmes. But in Botswana and Zimbabwe traditional practices discriminating against women are not prohibited; customary law is exempted from anti-discrimination legal provisions.

While the obligations for social protection lie with the state, many African communities have developed a number of initiatives themselves, in particular in the context of HIV; for example, GROOTS in Kenya and the Indlunkhulu programme in Swaziland, which are both aimed at protecting access to land.

3.1.1 Targeting

The question of targeting social protection is a major issue in Africa. Douglas Webb has reported that in 2010 in sub-Saharan Africa, the number of orphans from all causes was over 50 million with one fifth of those orphaned by HIV (Handa, Devereux and Webb 2011). The major issue of orphans has led to a number of well-intentioned schemes that target HIV orphans. But these schemes have excluded many children in extremely poor households who are not orphans and children orphaned for reasons other than the pandemic. According to Stewart and Handa (2011), in research on which approach to targeting reaches the greatest number of poor and vulnerable children, '[t]he key finding from micro simulations is that targeting either households with children or the poorest households reaches a higher proportion of poor children than does targeting orphans [...] Delivering cash transfers to poor households with

children is found to have the biggest positive impacts on child well-being [...] [it is] more efficient and achieves better outcomes for children' (Handa, Devereux and Webb 2011: 9), than targeting orphans or labour constrained households, for example.

Support for this approach in adult social protection is highlighted in research that examines the policy preferences of rural African beneficiaries with respect to development and health interventions (Kim 2012). Villagers and headmen in rural Malawi decided to prioritise interventions that would serve the whole village over HIV interventions; 'Why not provide something that will benefit everyone?' was a typical response. Access to clean water, food security and agricultural development were consistently named as most important issues, although people who were HIV-positive or knew someone who had died of AIDS had preferences for HIV programmes. The research suggested 'bundling' HIV interventions with those issues of great importance to communities.

The Malawi social cash transfer scheme pilot programme, which began in 2007, may assist this 'bundling' approach. It targets poverty, malnutrition and school enrolment. Here, the District Assembly manages a community-based system to identify the poorest households, in a complex logistical and technical environment, requiring payments to thousands of households scattered over hundreds of miles, without sophisticated information technology back-up. Researchers found early indications of a reduction in child morbidity and in the number of underweight children, greater gains in school enrolment and reduced incidence of child labour outside the home. In addition, total food expenditures increased by 87 per cent in these households, with an increase in food diversity. In measuring impact changes over one year the researchers reported that 'providing regular and reliable cash grants to ultra-poor and labour constrained households in Malawi (created) profound changes in the lives of children, sick and disabled adults, caregivers with many dependents, and the elderly' (Miller et al. 2011).

Kenya's OVC cash transfer programme targets the very poor. To qualify, OVC must be under 17 years old and come from a household with one deceased or chronically ill parent, or where the main caregiver is chronically ill. The regions targeted are selected on the basis of poverty levels and HIV prevalence. Community committees visit households where there are children living in poverty, gather data about the household and then decide which households meet the criteria for the cash transfer. Local knowledge is valued in this process. A list of the households selected is sent to Nairobi. Another visit takes place to collect data related to living conditions including the dwelling construction, drinking water source, cooking fuel, livestock and the toilet (if there is one). This data are used to further rank the families so the most vulnerable have immediate access. Child headed households are prioritised (Handa, Alvier et al. 2011).

Where social protection programmes target adults without a 'bundling' approach, opportunities to participate in public works programmes may be offered without a

parallel social protection programme to keep children in school. Children can be removed to replace the unpaid subsistence and domestic work previously performed by adults in the household. However, there is a gendered outcome of such an approach. In Ethiopia, where the Productive Safety Net Programme adopts this approach, school attendance among boys in recipient households increased and the hours worked at home or on the farm went down. For girls in the 6–10 year age group, however, school attendance dropped and work hours increased (Gilligan et al. 2011).

Access to an education is a basic right for children and one that is totally ‘anticipatory’ in the context of this research. School attendance is at risk whenever household income is reduced, whether by famine, war, flood, accident, illness or the death of an adult in paid work. The household often resorts to paid, subsistence, or home-based child labour to survive. Household income is one of the main determinants of school attendance. The likely outcome of further poverty is a reduction in children’s school attendance, especially among girls. In order to isolate school participation from negative shocks, international agencies put more and more emphasis on CCTs. However, while the CCT has the potential to be ‘transformative’ in the life of the girl child at school, it can reinforce old stereotypes when a social protection programme’s conditionalities fall on women in the household to ensure compliance.

Social protection may be effective in raising school attendance and therefore increasing educational investment, as long as poor households are given financial assistance. Males consistently have a higher probability of attending school, particularly when the average enrolment rates are lower. In Ghana there is a strong correlation between child enrolment and parental education, especially in relation to the literacy of the mothers. In Mauritania, a scarcity of resources means fewer school enrolments. In Uganda, both family financial resources and parental education are considered in the decisions about schooling of children (Checchi and Salvi 2010).

3.1.2 Gendered anticipatory social protection

In Africa, a wide range of gendered social protection needs can be anticipated. A malnourished and extremely poor young girl who becomes pregnant will deliver a sickly weak child who will immediately have health needs and whose early development will be compromised. Ensuring nutrition to the expectant mother is a far more efficient approach than trying to sustain the mother and infant later.

Children of unmarried mothers may face major challenges with the loss of this parent. Where there is no identified father there may be no birth certificate or other form of registration (which is a precursor to education), primary health care and forms of assistance such as food or cash transfers. In the research for *Who Cares?*, this was a key breach of human rights that confronted grandparent carers. Even where there is community identification of the most needy, orphaned children of ‘unmarried’ mothers can be subject to discriminatory treatment.

The world of HIV is a gendered environment. Swaziland has the highest prevalence rate of HIV in the world. Women account for two thirds of new infections; VAW and multiple concurrent partners are key factors in the transmission of the disease. In 2007, the Swaziland national survey on violence against children (Reza et al. 2007) showed that one third of girls had experienced sexual violence prior to age 18. Swaziland responded with numerous programmes, including a national education campaign to raise awareness and promote prevention, and the adoption of safe school initiatives. A safe court system for survivors was set up and the establishment of units to investigate sexual violence against minors has increased the capacity of police officials to enforce the law.

More than 100,000 children in Swaziland are now orphaned or vulnerable and many of them are heads of households. The major issue is that children are not necessarily granted agency when they choose to head a household of friends or siblings because they perceive this as safer than an alternative of having an older male in a household. These children should receive all forms of social protection available to adults in their position, including access to sex education, ongoing support to cope with the pressure on them to have sex or to use transactional sex as payment, and to keep them safe from abuse and from feelings of vulnerability that arise from being placed in the care of males who are expected to keep them safe.

This question of when a child becomes an adult for the purposes of social protection needs a resolution in favour of the child. The interests of the child need to be paramount. Article 12 of the UNCRC guarantees the child's right to express his or her views freely in 'all matters affecting the child', with 'those views being given due weight'. What does this mean if not agency? Child headed households are especially vulnerable and too many of those who are supposed to protect them - in the household, the community and government - cannot be trusted to do so. OVC are a significant cohort of the population in many countries in Africa. Children are the largest group of poor individuals within many countries in Africa, especially in Kenya, Malawi, Mozambique and Zambia. Children's right to agency in what they consider their paramount interests would result in social protection that would be both anticipatory and transformative.

Elderly caretakers often lack resources to purchase necessities for children and the energy to engage in subsistence or informal paid work. With nearly 1.3 million orphans, Zambia has the highest proportion of orphans in the world. Evidence demonstrates that grandmothers care for approximately 43 per cent of the 845,546 HIV orphans.

Divorced, widowed or separated status can significantly affect inheritance rights and responsibilities of women. Access to land and assets on death or divorce are significantly gendered social protection issues and the likely outcome determines behaviour well before the event. In Ethiopia, where divorce is frequent and serial marriages are common, research examined how women's perception of the division of household

assets upon divorce affected women's well-being and child schooling outcomes in rural areas. Women who perceived that their husbands would get all the assets in a divorce also felt they had less control over their lives. Girls, in households where the women perceive the custody of an asset (land, livestock, or the house) would be given to the husband on a divorce, were more likely to fall behind their cohort in terms of the highest grades obtained (Kumar and Quisumbing 2012).

The ongoing land registration in Ethiopia has much improved the status of women. The process requires that the land be registered in the names of both spouses. It also involves the setting up of land administration committees at the village level. Kumar and Quisumbing (2012) found that the presence of women members in these committees has a positive impact on shifting perceptions toward equal division of assets upon divorce. As a result, resources controlled by women often result in increased investments in the next generation's health, nutrition and schooling, and they have increased bargaining power. The land registration measures appear to lead toward transformative social protection outcomes.

3.2 South Asia

As a region, South Asia has one third of the world's population in seven countries – Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka – which together have less landmass than that of Canada. Some of the development indicators are comparable to those of sub-Saharan Africa. Persistent levels of inequity in incomes, assets, education and health pose seemingly insurmountable challenges to reducing poverty and hunger in the region. The most critical issue for social protection in the region is to ensure livelihood and a decent standard of living for the population.

From the turn of the twenty-first century, however, South Asia has made a significant contribution to the global development discourse. Countries in the region have used new political spaces, like the election of new governments in Bangladesh, India and Pakistan and the end of civil conflict in Nepal and Sri Lanka, to fashion a new social protection agenda. Initiatives ranging from the micro-credit movement in Bangladesh to rights-based employment guarantee in India have been continued and strengthened, even in the aftermath of the global economic crisis.

3.2.1 Livelihood and income security

Although over 70 per cent of the population in South Asia resides in the rural areas and the vast majority of them are employed in agriculture, the region is yet to see the sort of transformation from farm to non-farm activities occurring in Southeast Asia, or the rapid urbanisation of the scale witnessed in Japan, South Korea and, more recently, China. Inevitably, conflicts over land and natural resources (especially water) have increased significantly in the recent past. This has been exacerbated by climate

change and catastrophic natural disasters – periodic floods in Bangladesh and Pakistan, persistent droughts in India, environmental degradation and melting of Himalayan glaciers in Nepal, and the devastation caused by the tsunami in Sri Lanka, Maldives and south India in 2004. Distress migration from rural to urban areas in times of natural disasters or crop failures limits the capability of individuals, families and communities to lead a life of dignity with livelihood security. It also means that the region has the highest number of people living in chronic poverty (Barrientos and Hulme 2009). All this poses considerable policy challenges and makes it imperative for a broad-based social protection system to be put in place (IDS 2010).

This was the motivation that prompted the enactment of the National Rural Employment Guarantee Act in India in 2005. The Act guaranteed the right to one hundred days of employment for every family registered under the Mahatma Gandhi NREGS. It also heralded the end of several smaller employment generation schemes that had been stalled by a lack of political will, bureaucratic apathy and rampant corruption. The transformative agenda included a rights-based approach to livelihood security, accountability of state institutions for demand-based provisions, payment of unemployment benefit and penalty for implementation agencies in the event of non-compliance. The agenda also mandated ‘social audits’ involving beneficiaries and gave non-government organisations and other watchdogs the authority to summon officials and obtain records under the Right to Information Act enacted around the same time.

The model of the Mahatma Gandhi employment scheme has been replicated in at least three other South Asian countries. It was introduced in 2008–2009 in Bangladesh as the Employment Generation Programme for Hard-Core Poor (initially called the Employment Generation Programme). It applies to rural areas of the country, with priority given to 81 highly poverty-prone *upazillas* (sub-districts). The scheme was introduced because of seasonal poverty, which, as in India, prevails for about three months per year. It is meant to benefit 2 million ‘hard-core poor families’ and one person per family, male or female, who do not receive benefits from other ongoing social safety nets. In contrast, the Mahatma Gandhi employment scheme stipulates that half of the person-days generated and works sanctioned must go to women.

In Pakistan, a similar employment generation scheme for rural unskilled workers seeks to guarantee employment, again for one hundred days a year. The scheme is devoted to small, local level works with a guaranteed daily wage equal to the minimum wage. A pilot scheme was planned in 120 sub-divisions in 12 of the least developed districts and districts that have suffered from the security situation. To date this has not been scaled up to a national level. In Nepal, the Karnali Employment Programme, adopted as a policy in 2010, is designed to arrange for 100 days of employment for persons out of employment in the poorest region of the country, comprising the five north western districts of Dolpa, Humla, Jumla, Kalikot and Mugu with a combined population of

around 350,000 people. Unlike the other three South Asian countries, however, the Government of Nepal has not cast the programme as an employment guarantee (Koehler 2011).

There has been no study of the anticipatory nature of social protection for this class of livelihood schemes until now. In our framework, a rights-based, gender-equity focused employment scheme based on constitutional and legal foundations incorporating other rights – such as the right to food, decent working conditions, and a fair and equitable wage – will fall in the intersection of the state, community and individual domains, the ‘sweet spot’ for social protection. Moreover, it has several other consequences, including:

- preventing displacement of families through distress migration and mitigating the degrading conditions and exploitations accompanying that situation;
- diversifying occupational choice since the selection of the nature of work to be performed rests with the individual and the group seeking work;
- protecting the rights of the child by stipulating that worksites put in place crèches and childcare workers, and supporting collective action for universal pre-school education;
- promoting and protecting the right to education and reducing children’s economic vulnerability; and
- enhancing both economic and political empowerment with equal wages and participation in social audits.

It must be noted that field studies show a mixed bag of impacts in the implementation of employment guarantee schemes across India and other countries. However, one unequivocal finding is that the rights-based approach transforms citizens, especially women, into agents of change by giving them a greater voice in decision-making and empowering them to challenge power structures beyond the confines of the scheme. This is a huge step forward in a region where gender inequities and violation of rights is a systemic problem (Nayak and Khera 2009; Sudarshan 2011).

3.2.2 Education and health

Basic education and primary health care are two fundamental components of any social protection system. As noted above, the development indicators in parts of South Asia are the lowest in the world. This is particularly striking for education and malnutrition, especially for the girl child, and shows the weakness of existing social protection mechanisms in failing to ensure basic needs for the most vulnerable.

Countries such as Bangladesh, India, Nepal and Pakistan spend nearly 3.5 per cent as a percentage of GDP out of the national budget on education, which is nearly the average for all developing countries. In health, however, these countries spend less

than 1 per cent of GDP, falling behind among their peers in the regions, such as Sri Lanka. Poor quality of education and health care, combined with absenteeism and lack of accountability on the part of the providers, has forced a shift towards private paid health care. This has led to catastrophic health expenditure for the poor. Health care cost is one of the most important determinants of indebtedness and asset liquidation, especially in rural areas.

The conceptualisation of education and health as human rights to which citizens have a claim and the state has an obligation to provide, is relatively new in the South Asian context. Historically, education in general and higher education in particular has been the preserve of the elite. As a consequence South Asia lags significantly behind countries in East and South East Asia as far as universalisation of education is concerned.

There has, however, been significant improvement in gross enrolment rates as countries focused on expansion of the public education system following the adoption of the MDGs. However, the bigger challenge is to ensure children attend school and learn. The dropout rates are unacceptably high, especially for girl children who are pulled out of school to undertake household and sibling care, thereby violating their right to education and constraining their capabilities and freedoms.

The Right to Education Act, passed by the Indian Parliament in 2009, seeks to provide a constitutional and legal basis for protecting the rights of children to free and compulsory elementary education from the age of 6 to 14. Coupled with other measures and incentives such as abolition of school fees, incentives such as scholarships, uniforms and hot cooked meals as well as a child friendly environment, the Education Act is designed to involve parents and communities in implementation and oversight. It can, therefore, be classified in the state-community-individual domain in our anticipatory social protection framework. Guaranteeing the right to education should become one of the pillars of a social protection system, not only in India but in other countries in South Asia as well.

The debate on the dismal state of health care provision in the region and the consequent violations of human rights has not been very effective in crystallising public action. Traditional and modern systems of health care co-exist in South Asia even today, but the absence of a universal, publicly funded, quality health care system backed by a progressive insurance mechanism is one of the greatest challenges for building an anticipatory and transformative social protection system.

3.2.3 Social protection in old age

South Asian countries are witnessing what is called a 'demographic dividend'. In almost all countries of the region, persons under 25 years of age constitute between 40 and 60 per cent of the population. This implies a low dependency ratio - i.e. the number of elderly non-workers sustained by each of those currently employed - which

in turn has the economic implication of a higher pool of productive workers who can save and invest if provided with gainful employment. However, this dividend is not being realised fully due to the inadequacy of quality education, comprehensive health care, gainful employment, widespread gender-based discrimination and the lack of meaningful social protection.

The social protection mechanisms for senior citizens are generally restricted to a narrow segment of the labour force, estimated to be around 10 per cent, who are covered by the pension system upon retirement. The vast majority of agricultural workers, landless labourers, the urban informal workforce and household workers, paid or unpaid, are not covered adequately. Social transfers for the elderly exist in the list of government schemes. In most countries of South Asia old age pension schemes transfer very small amounts and lack scale in coverage. The exception is Nepal where it has received popular and political support. In India, old age and widow's pensions reach only 7 per cent of the target population, with large variations among states, according to the India Human Development Survey carried out by the National Council for Applied Economic Research in 2005 (NCAER 2005). The amounts range from US\$4–10 per person per month. Although the amounts are very small, field surveys report that beneficiaries place considerable value on these transfers since this is their only regular source of income.

This points to the need for an anticipatory framework for social protection for the elderly. Identifying those most in need is not difficult – the essential problem lies mostly in the criteria for beneficiary selection. In our framework, the state can enact legislation to protect the needs of the elderly following a rights-based approach and let the communities decide on those most in need, with the right to a redressing of grievances on the part of the citizen or beneficiary. This would fall in the 'sweet spot' where the state, community and individual domains intersect (see Figure 1.4). Most importantly, the rights approach to social protection of the elderly would value them as citizens and ensure they have a dignified life as members of society.

3.2.4 Gender-based discrimination and violence

South Asian societies are highly fragmented by class, caste, ethnicity, religion and gender. Each produces its own dynamic of violation of rights of individuals and communities, but the most pervasive is that based on gender. Gender-based discrimination and violence prevails in all stages of the life cycle, elaborated in Figure 1.3. Its effects ripple across the social fabric and impact on everyday lives of women and girl children. The 2013 case of the gang rape of a young woman on public transport in Delhi and the widespread protests following the incident focused worldwide attention on the problem of gender discrimination and gender-based violence.⁴ This came after the attempt on the life of a young girl who campaigned for access to education⁵ and the fatal attacks on women polio immunisation volunteers in Pakistan.⁶

Social protection systems across the region have been slow to address this issue. While all countries in South Asia have ratified the United Nations conventions on the rights of women and of children, they have lacked the level of political will and administrative effort that is needed to implement the provisions. Social transfers have been used in various ways to tackle gender-based discrimination:

- providing scholarships to girls for enrolment and attendance in schools in Bangladesh, India, Nepal and Pakistan;
- distribution of bicycles for girls to ensure continuation in education in several states in India;
- establishment of an endowment fund for girl children, which can be cashed in on attaining adulthood, provided the beneficiary has completed 10 years of schooling; and
- a cash transfer known as Janani Suraksha Yojana (Mothers' Safety Fund), which is conditional on institutional delivery.

While all these programmes seek to provide incentives and support women and girls in education and reproductive health, removing entrenched cultural biases and discrimination against women and girls needs a long-term strategy. For example, laws to prevent sex-selective abortions and VAW have been in place for several years with varying degrees of success across countries of South Asia. Public pressure and collective action facilitated by an active media can put pressure on the political, administrative and legal systems to act to enforce the law. However, women face discrimination in various forms when they go to seek redress, especially when those institutions such as the police, judiciary, religious and tribal councils are male dominated, reinforcing the underlying power structures in a society. This situation is highly disempowering and only a fraction of women come forward to report sexual abuse and domestic violence, especially if it happens within the family.

Our anticipatory life cycle approach offers a mechanism for design of a social protection strategy taking into account the country and societal context. The framework identifies the most critical entry points for eliminating gender-based discrimination at various stages of life, provides instruments for policy-makers to address the underlying structural inequities and helps identify laws that need to be enacted or strengthened.

As a practical example, our anticipatory approach can be applied to the situation of young women who work in the garment industry across the region. In Dhaka, Bangladesh, two incidents in 2013 – in May the collapse of a factory building and a fire in another one month later, which left more than 1,100 people dead and over 2,500 injured – showed that the right to decent working conditions is violated with impunity. Protection of the right to health (including sexual and reproductive health care) is almost non-existent. The majority of garment sector workers are displaced

from rural areas and arrive in the city seeking jobs without requisite skills and knowledge of their rights, making them vulnerable to exploitation in terms of working conditions, salaries and benefits. They also bear the burden of childcare in the absence of institutional support, which adversely impacts on the physical and emotional development of their children.

The anticipatory social protection framework would incorporate:

- the rights of children to attend school up to 16 years of age with provision of child support grants for their families;
- strict enforcement of laws prohibiting child labour in any form and amending the provisions of existing laws to take into account the period of compulsory education;
- provision of quality education including technical training;
- enactment and enforcement of laws guaranteeing decent working conditions with equal pay and benefits;
- sensitisation and promotion of adolescent sexual and reproductive health in the workplace;
- women's representation in workers' collectives; and
- protection of the right to employment for expectant mothers and those with small children to prevent gender-based discrimination and exploitation.

The above would form the core principles of the anticipatory framework when transposed onto our life cycle approach to social protection. This framework, when coupled with state provision of elderly and childcare support, would create the necessary conditions for meaningful empowerment of women and make them equal participants in the development process. Depending on the country context, however, they may have to be supplemented by policy, legal and community action to improve the economic and social opportunities for women and girls, especially in terms of freedom of movement and personal security.

3.3 East and Southeast Asia

The East and Southeast Asia region provides a mix of social protection systems at different stages of development. Hong Kong, Japan, Singapore, South Korea and Taiwan all have advanced social protection systems. Social protection in these countries was at the heart of their development strategy during the period of post-war reconstruction and the high growth phase from the early 1960s to the late 1980s. Universal employment with retirement benefits, especially contributory pensions, universal education and universal health coverage were the three pillars of social protection in East Asia over the last three quarters of a century.

On the other hand, most countries of Southeast Asia did not begin to put in place social protection systems until after the turmoil witnessed during the Asian financial crisis of 1997–98. The fragility of economic growth and the ensuing social crisis in the region pointed to the need for a two-pronged strategy of inclusiveness and comprehensiveness as far as social protection systems were concerned.

In Thailand, the crisis led to political change in 2001. The new government made an election promise to start a ‘30 Baht’ universal health-care scheme, which it implemented on gaining power. In spite of concerns that public expenditure on health would become unsustainable, the scheme has proved to be a success both politically and fiscally. In Indonesia, after the elections in 1999 that ended another phase in the transition from military rule, the new government extended unemployment benefits to both formal and informal sector workers. This was in response to the very high levels of unemployment triggered by the Asian financial crisis, which affected mostly informal sector workers. In 2012, the Philippines Parliament passed a law allowing contraception and promoting family planning to help manage the problem of very large families, especially among the poor. The government had to overcome strong opposition from the powerful Catholic Church but had unequivocal support from women’s groups. Over the last decade, therefore, health care reform, employment generation and women’s empowerment have become the focus for public policy in the more advanced Southeast Asian countries such as Indonesia, Malaysia, the Philippines and Thailand.

The other countries in the region fall under two categories: low income, low human development countries such as Cambodia, Laos and Myanmar, and the two ‘transition economies’ of China and Vietnam, which are the fastest growing economies in the region. Social protection systems in the first group of countries are virtually non-existent; the main mechanism is the family unit. However, these countries have suffered from significant political and social upheaval for the last 50 years, which has thwarted any effort at building a consensus on what a social protection system would look like. The state remains at best weak and at worst autocratic.

In contrast, China and Vietnam have both passed through a phase of reform since the late 1970s when the statist structures were dismantled and a market economy was embraced. This process also led to the demise of the state-led social protection system, which at one point guaranteed food, education, health care and social services for everyone. Privatisation of these basic needs has meant a steep rise in out-of-pocket expenditure, generating significant inequities within the society and across regions of the country.

The process of rapid urbanisation has compounded the issues faced by the two countries, especially China. There are nearly 145 million rural-to-urban migrants, the majority of whom were born after 1980. Migrants are getting increasingly younger, dropping out of school earlier and are motivated by considerations other than remittances to family left behind in the rural areas (Hu 2012). The traditional social

protection system of sons (and daughters) caring for their elderly parents is coming under pressure. The rising cost of private health care also means that migrants have to send back larger and larger sums of money to sustain their families in the villages, leaving them economically vulnerable. This is especially true of young women migrants who have the double burden of employment and care work.

In summary, the biggest challenge to East and Southeast Asia is to adapt their social protection systems for a rapidly aging population at a time when traditional systems of familial care are breaking down and rapid urbanisation is leading to an increase in rural-to-urban migration. The case study on South Korea's old age care reform in this volume (Section 4.2) shows that a rights-based, community driven and individual focused intervention is possible, which may hold lessons for other countries in the region. While the region has done well in universalising education and health care, it needs to do more in terms of the depth of its social protection framework in the future.

3.4 The Pacific

Access to customary land and marine resources, determined by social relationships and unwritten custom, is a key to social protection in the island nations of the Pacific. A significant portion of the island populations live in rural areas and rely heavily on natural resources for their livelihood, particularly in Melanesia where rural dwellers make up 80 per cent of the population (Government of New Zealand 2012). Melanesia holds 95 per cent of land in the Pacific excluding New Zealand and Australia. These resources provide food security, medicines, materials for shelter, a place for settlement, goods for building economic wealth and collateral (ESCAP 2012). Goods from the land and animals are also used as currency instead of money in parts of the Pacific. Access to land is the key for social protection. If large portions of these customary lands are leased to private holders, it affects food security and all subsistence activities for those who have previously relied on these natural resources. The dispossessed then squat in urban areas close to the capital.

Sixty-two per cent of all participants in the 2009 RAMSI People's Survey in Solomon Islands said they practiced subsistence cultivation or fishing and 26 per cent reported subsistence plus another activity that earned cash or wages. Twenty-one per cent of the participants did unpaid voluntary work in a church or NGO. Only 30 per cent had regular wage employment, and the majority of these were men. Twenty-five per cent said they had a bank account, and 25 per cent said there was a bank near their home. These last considerations are very important logistically when deciding whether or not social protection interventions should be cash transfers. Solomon Islands people perceived retired or aged people, the unemployed, young married couples, the disabled and school leavers as the most vulnerable groups. Some said traditional family and community safety nets were beginning to fail and there was growing resistance and loss of capacity to support those who cannot support themselves.

Social protection would embrace policies that create access to limited land supply for citizens marginalised by legislation, such as women in Tonga⁷, non-indigenous people like Indo-Fijians who make up 36 per cent of Fiji's population (United States Department of State 2012), and settlers who may have been granted land rights under customary arrangements but later had their status challenged, resulting in conflict and displacement (Asian Development Bank 2012).

Education: Early childhood education is often run and funded by churches and communities. But although it is an important foundation for learning and socialisation, there is little knowledge of the status of this across the region. Primary education is not universal or free across the Pacific. In Papua New Guinea, where 70 per cent of the Pacific population live, it is estimated that only 63 per cent of eligible children are enrolled in primary school (Human Rights Watch 2012). At secondary school level there is concern that the traditional economy is underserved by mainstream education provision, yet there are few jobs in the non-traditional economy to accommodate job seekers. Supporting careers and industries in the traditional economy for youth and women could better support sustainable employment and development of Pacific economies (Anderson and Lee 2010).

Income: A huge proportion of the working age population in the region is unemployed or underemployed. Estimates of the population in Papua New Guinea found there were 220,000 registered employed and 1,000,000 unemployed or underemployed, with the potential for an annual addition of 150,700 to the labour force (Hughes and Sodhi 2007). In Fiji, there were 111,100 employed and 155,000 under/unemployed, with an annual addition of 20,000 seeking employment. Samoa was the only island nation that had a significant number of the population in paid employment: 50,300 as opposed to under/unemployed at 22,500 with an annual addition of 3,400 (Hughes and Sodhi 2007). Throughout the region, there is significant urban drift. The majority of these people will be engaged in informal activities rather than regular waged employment (Department of Labour 2012). Social protection mechanisms necessitate access to foreign employment markets and better alignment of tertiary education training to aid the transferability of qualifications.

Health: The geographical make-up of the Pacific island nations means that infrastructure remains a major hurdle to getting health services to recipients, with cost hurdles affecting location of provision, access, affordability, response times and quality of response. This affects everyone, from newborn babies to the elderly.

Senior citizens or elders have traditionally held positions of cultural and social status, with roles and ongoing responsibilities in Pacific families and communities. Thus, they remain active contributors in families and communities. Life expectancy varies widely in the region from 63.7 years to 78.7 years for females and 59.5 years to 73.3 years for males (ESCAP 2012). 'Old' does not correlate with retirement age, which varies between 50 and 65, meaning that some have less time than others to support themselves and their families through paid employment and to prepare for

retirement. Aside from financial/income insecurity, social protection mechanisms need to support quality of life and integrity through services. There are emerging concerns for the vulnerability of senior citizens in rural areas with non-communicable diseases, in particular diabetes.

A significant amount of social protection in the Pacific is paid for by remittances from overseas, primarily from Australia, New Zealand and the United States (ESCAP 2012). In 2008 it was measured at US\$470 million, equal to around one third of overseas development assistance (ODA) allocated by those countries in that year. The remittance figure is also understated: money is frequently carried in person when traveling 'home'. In Tonga and Samoa, remittances far exceed ODA receipts: in Samoa in 2008 remittance flows were US\$135 million and ODA was US\$39.5 million; in Tonga the figures were US\$99.5 million and US\$27.5 million, respectively. This informal social protection is particularly noticeable when a significant population of a Pacific country has migrated. For Samoa, an estimated 67 per cent of the population lives abroad and for Tonga the figure is 45 per cent. The countries with a smaller percentage of their populations living abroad have very different remittance figures with a large gap between the value of remittances and that of their ODA. For instance Solomon Islands remittances in 2008 amounted to US\$3.2 million against US\$224 million ODA and respective figures for Vanuatu were US\$7 million to US\$91.7 million.

There is a need to strengthen civil society, particularly programmes resourced and managed by churches and community collectives. These are important, especially in rural and remote areas where state reach is limited, as these institutions are responsible for maintaining social order and protection as well as for supporting health and education provision and economic development. But churches and communities have had little effect on extremely high levels of violence against women and children.

Gender-based violence: Violence against women and children is a common human rights violation in the Pacific (UNIFEM 2010). VAW is at epidemic proportions in Papua New Guinea where rape, robbery and beating of women in markets are daily occurrences. Around 80 per cent of vendors at Papua New Guinea's markets are women (UNWomen 2012) so VAW impacts individuals and the economy. Bride price remains a factor in the perpetuation and tolerance of VAW in Melanesia. Children are harmed as witnesses and victims including children in utero, with significant numbers of pregnant women victimised. Violence to girls includes sexual exploitation under custom (to make amends between families, forced marriage and marriage before legal age) and abuse by family members. Exploitation and trafficking of children is also emerging around mining, forestry projects and ports.

The extent of community and police tolerance of violence against women and children is breath-taking. In 2013 programmes to increase women's literacy, knowledge of rights and legal literacy are being implemented in parts of the region as one avenue to lower women's victimisation, but political commitment to anything more than rhetoric has yet to be demonstrated.

Loss of assets: Traditions and a history of colonialism have perpetuated male dominance in the control of customary land, even in matrilineal communities. Over time women have been excluded from the management and control of their biggest collateral (Jalal 2010), particularly in negotiations with foreign companies. Some mining and forestry development deals have created social insecurity due to the loss of access to natural resources and contamination of water and land (Human Rights Watch 2012). Since women's access and rights to customary land is directly linked to their social relations with men, the economic security, health and overall safety of sexual minorities who do not have such relations may be at risk.

In Vanuatu traditional chiefs mediate on land issues, and food can be used as currency in accessing social services such as health (Regenvanu 2011). The dominant relationship here is that between the community and the individual, without any substantive involvement of the state. Collectives, mutual societies, trade unions, bartering, local exchange trading systems are examples. Some of these systems have shown resilience in times of economic crisis in advanced economies like Greece (Donadio 2011) and remain relevant in a market economy, offering a responsive mechanism to the global economic crisis.

However, it is not entirely clear if community-enforced norms would address underlying inequities of gender and marginalised groups. For example, in 2011 the WHO-based report on 'Women's Lives and Family Relationships'⁸ reported that 60 per cent of women had been subjected to physical and/or sexual violence by husbands/partners in their lifetime, and for 90 per cent of these women the violence was severe. More than 1 in 4 women over the age of 15 years experienced physical violence by non-partners, 1 in 3 women experienced sexual abuse when they were under the age of 15 years and 2 in 5 women were forced into first sex. The study showed that acts of sexual violence caused injuries for many women (including loss of consciousness for 50%). One in 5 of those injured suffered permanent disability. Women coped by not telling anyone (2 in 5 women) and/or temporarily leaving home (almost half). The study reported less than 1 per cent of women left home permanently because of violence. Given the relationships between men, women and custom land, many have nowhere to go beyond squatting on the verge of the capital with their children, in a precarious existence and stigmatised by the locals.

In Melanesia up to 50 per cent of the urban population live in squatter or informal settlements. Here, women and girls become more vulnerable to increased sexual and domestic violence,⁹ as well as entry to the sex industry to survive. The shortage of land for settlement in urban areas exacerbates existing inequities between men and women, ethnic clashes and efforts by governments to have customary land titled and leased.

The effects of climate change will lead to further loss of assets because so many people inhabit coastlines and live off the natural resources of the sea. There are also populations for whom complete resettlement in a new or foreign land is a reality due to rising sea levels.

3.5 The Caribbean

Most Caribbean countries only emerged as independent nations in the last half of the twentieth century. They carried with them a colonial legacy of deeply embedded social problems including high levels of inequality in incomes and of opportunity, including gender inequality, and high rates of unemployment and of rural and urban poverty (UNDP 2012).

The demands for social justice and equity of the post-independence social movements became part of the political mainstream and influenced the development priorities of governments in the region. A political consensus emerged on the need to focus on reducing the levels of poverty. Life expectancy increased in most of countries and infant mortality declined. Access to education, including secondary education, is nearly universal and there is much greater access to tertiary education (UNDP 2012).

However these impressive social indicators exist alongside high levels of poverty and continuing inequalities. Several countries in the region are experiencing high rates of crime, including gendered violence. This reflects the persistence of inequities of opportunity, income and access. Caribbean populations are young and in several countries most people now live in urban areas.

On the whole, tourism has replaced light industries, services and primary production as the source of income generation and job creation. Tourism accounts for 25 per cent of the foreign exchange earnings, 20 per cent of all jobs and between 25 and 35 per cent of the total economy of the Caribbean (UNDP 2012).

The regional consensus on social justice and poverty alleviation have given rise to strongly people-centred approaches to social policy. Social protection mechanisms, in particular social safety nets, are the main way by which governments have attempted to ensure that the poor did not fall deeper into poverty and that they could survive and recover from the natural disasters that afflict the region.

The main source of social protection in the region is governments. Historically, diverse measures have been used, including cash transfers, labour market programmes and in-kind transfers (see Table 3.1).

Table 3.1 shows how diverse and dense the social support systems are in the Caribbean. It also shows the extent of the commitment of governments to social protection. Governments in the Eastern Caribbean have funded up to 75 per cent of social protection initiatives. The examples in Table 3.1 also provide proof of their commitment to investing in children and youth with initiatives as diverse as scholarships, school feeding programmes, transportation allowances, book loan schemes and skills training programmes.

However, the diversity and number of initiatives has led to duplication, overlap and fractionalisation. Budget constraints have also led to limited coverage with schemes failing to reach the majority of the poor. Schemes are not well targeted and significant

Table 3.1 Safety net programmes in selected Caribbean countries

<i>Transfer category</i>	<i>Country</i>	<i>Examples of transfer</i>
Cash transfer programmes	St Lucia	Public assistance programme
	St Kitts and Nevis	Compassionate grants, poor relief, disability grants, food vouchers, foster care allowance
	St Vincent and the Grenadines	Public assistance, elderly assistance and non-contributory age assistance pension
In-kind programmes	St Lucia	Student welfare assistance, school feeding programme, school transportation programme, roving caregivers, disaster assistance, burial assistance
	St Kitts and Nevis	Student Education and Learning Fund (SELF), school feeding programme, home repair, rental allowance, burial assistance, medical expenses
	St Vincent and the Grenadines	Book loan scheme, school feeding programme, roving caregivers, fee waivers for medical care, burial assistance
Labour market programmes	St Lucia	Holistic Opportunities for Personal Empowerment (HOPE), Belfund, job search assistance
	St Kitts and Nevis	Job search assistance, national skills programme
	St Vincent and the Grenadines	Youth empowerment service, road cleaning and road maintenance programmes, job search assistance

Source: Ashwell and Norton 2011

social groups, such as the working poor, out-of-school youth and single parents, are often excluded, particularly for income support programmes (Ashwell and Norton 2011). There was a clear need to improve the design and implementation of social protection strategies and programmes.

In response to this need a pilot initiative, Puente (Bridge) in the Caribbean Programme, was introduced in June 2007 in three countries. The Puente is a South-South, technical co-operation capacity-building initiative. Its aim is to improve social protection strategies in the English-speaking Caribbean using the Chilean Puente Programme as a model. Since then Barbados, Jamaica, St Kitts and Nevis, St Lucia, St Vincent and the Grenadines, Suriname, and Trinidad and Tobago have received technical assistance from Chile, with support from the Organization of American States (OAS), in the development and implementation of local versions of the Puente programme.

The Puente in the Caribbean Programme is designed to improve the quality and coverage of social protection strategies. So, for example, in Jamaica the Bridge Jamaica initiative assists families to access basic services or benefits to which they would not normally have access. These services or benefits all relate to the seven supporting pillars of the bridge, namely, personal identification, health, education and training, family dynamics, housing conditions and disaster management, employment, and income.

The commitment of the families to the project and their resolve to improve their living conditions is critical to the success of the project as is the support they get to assist them to live up to their commitments. The creation of a Social Protection Network (SPN) is included in the design as a means of providing guarantees to the families to enable them to live with dignity.

The member organisations of the SPN are chosen based on their potential and ability to offer services that would fulfil the needs of beneficiary families in accordance with the pillars of the bridge. To this end, the members of the SPN facilitate preferential access to services for beneficiary families and seek to reduce costs where feasible.

Other initiatives in the region that incorporate relevant lessons of the Puente Programme are Koudemain Ste Lucie in St Lucia, Rights of Individuals to Social and Economic Security-Universal Prosperity (RISE-UP) programme in Trinidad and Tobago, Implementation Stabilisation Enablement and Empowerment (ISEE) Bridge Programme in Barbados and Livelihood Empowerment Against Poverty (LEAP) in St Vincent and the Grenadines.

The Puente in the Caribbean has been very effective in strengthening institutional and human capacity for more effective social protection strategies, particularly in terms of:

- targeting;
- inter-institutional collaboration in social protection and establishment of local social networks;
- family-oriented interventions; and
- increased knowledge of best practices in social protection among the ministries of social development, other public entities and civil society organisations in the seven countries.

The programme has created active learning communities that have shared implementation experiences, gained political endorsement of local programmes and developed a replicable model of a community of practice. This, in turn, has inspired the work of the Inter-American Social Protection Network, which was launched by the OAS in 2009 to exchange information on policies, experiences, programmes and best practices, with the goal of supporting national efforts in reducing social disparities, inequality and extreme poverty.

Informal forms of social protection, such as community and family care work (Waring et al. 2011), unpaid/voluntary communal labour practices, bonds of reciprocity and mutual support, gifting relationships and local exchange economies also contribute to people's survival strategies and well-being. Market transactions occur among households and the local fishing and farming sectors provide livelihood opportunities, employment and income. The growing phenomenon of insecure work, particularly short-term employment, places greater demand on these informal social safety nets, and the social relations and networks that underpin them, and forces greater mobility between various market and non-market opportunities.

As poverty and social and economic inequalities continue to rise in the region, the understanding of social protection will have to change, from merely social support schemes and safety nets to become an instrument to facilitate development and foster participation and citizen engagement. This was foreshadowed in the 2004 Regional Report on social protection and poverty reduction in the Caribbean (Barrientos 2004). This report argued that social protection programmes must be designed and implemented in ways that maximise its contribution to economic and social development. This, it argued, would require a fundamental shift from social assistance understood as remedial and residual help to the needy, towards integrated human development programmes.

More recently, the rising levels of crime and perceived insecurity have drawn attention to the social conditions that are linked to crime and violence, including gender violence. Social crime prevention will require ending marginalisation and inequality and more effectively integrating excluded sections of the population. A sense of belonging and of social efficacy will need to be strengthened (UNDP 2012).

Social protection then becomes an instrument to rethink redistribution, to address the root causes of poverty, to foster the expansion of opportunities and to create greater awareness of rights, entitlements and voice amongst citizens. Such a rethinking is transformative. It promotes human rights, strengthens human and ethical capital, and draws on the Caribbean tradition of people-centred development.