

## Chapter 2

# Rights and Unpaid Work: A Critical Review of International Experience

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### 2.1 Context

The role of the Commonwealth in shaping the emerging global dialogue on social protection is significant against the backdrop of the global financial crisis and its aftermath. It is widely acknowledged that what started off as a financial sector crisis in 2007 escalated into a 'compound crisis', which is still putting a fiscal strain on the major economies of the world in 2013. At the same time, economically weaker nations are grappling with severe volatility in food and fuel prices, which is stoking inflation in countries previously unaffected by downturns in the global economy.

The crisis has exposed the vulnerabilities of smaller countries in Africa, Asia, the Caribbean and the Pacific to the existing structure of the global economy, where their dependence on primary exports, remittances and external aid is leading to domestic economic and social crises. It is in this context that social protection becomes significant. In situations where there is a high demand for the work of unpaid carers, for example in countries with a high incidence of HIV or with other 24/7 care circumstances, the resources of the unpaid care sector are particularly stretched.

It is increasingly recognised that countries with well-developed systems of social assistance are better able to cope with the impact of the crisis. In these countries, the most vulnerable sections of the population – poor women and men, children, the elderly and persons with disabilities – are protected by social transfers. Where legal systems protect the rights of citizens, the vulnerable, particularly women and children, are protected against discrimination and exclusion. In the late 1990s and early 2000s, countries in Latin America, particularly Brazil, had put in place social protection mechanisms following their own crises. The Commonwealth could therefore learn from the experiences in Latin America.

Social protection encompasses a range of policy sectors including infrastructure, health, food and income security, social assistance, legal rights and governance. Social protection delivery systems also vary, ranging from contributory pensions, conditional and unconditional cash transfers and tax-financed social insurance to public service delivery in health, education and nutrition. Since both state and non-state actors implement these systems, applying a variety of arrangements, it is extremely difficult to agree on one particular definition of social protection.

What social protection might encompass is currently a contested space for framing the debate and practice. Who controls what 'social protection' means? Who is making the decisions about its nature and the responses? In raising these questions, this research situates the current debates, analyses international practices and outcomes, and elaborates on the Commonwealth Secretariat's approach to social protection, which promotes models of both transformative and anticipatory social protection.

There is a need to expand the notion of social protection as social assistance to include the protection and promotion of the right to social security in order to design appropriate policies and ensure adequate resources for vulnerable groups: poor women, children, the elderly and persons with disabilities. When we consider the list of challenges faced by carers who work unpaid and full-time in their homes caring for family members with HIV and disabilities, and we consider their fundamental human rights, it is clear that a great deal more thinking about social protection is required.

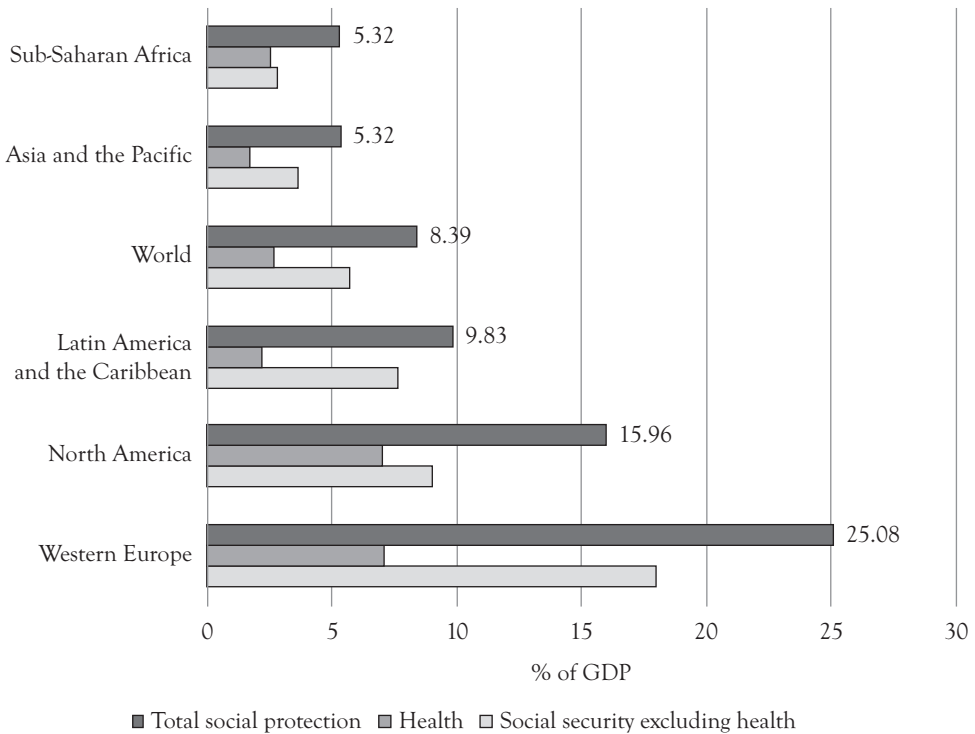
The next section examines global experiences, especially from the Commonwealth regions, to understand which of the approaches can be scalable and under what conditions.

## 2.2 Institutional measures: experiences and lessons learned

There are several types of social protection in operation across the world and in different sectors. CCT initiatives, supported by the World Bank and other multilateral organisations, is the predominant type of intervention directed at the poor. Most of these initiatives require the beneficiaries to meet basic selection criteria and the delivery of benefits is contingent on them fulfilling conditionalities related to health and education outcomes. This type of intervention dominates in Central and South America. In Africa, the establishment of social action investment funds has been a common response, particularly in relation to public works programmes. There is a widespread view that social protection is donor driven with many short-term pilots.

Apart from cash transfers, some form of social protection exists in almost all countries, but the content, scale and delivery of the programmes varies significantly. Inadequate administrative capacity is a common problem many developing countries face in efforts to implement good social protection strategies. For example, some countries in sub-Saharan Africa or the Pacific have social pension schemes, but they may be extremely small in scope catering to retired government servants. In terms of their functions, most of the government social protection programmes fall under protection and preventive components of the life cycle approach.

There is considerable variation in social protection expenditure from public resources across regions of the world and across countries in similar levels of development or facing similar constraints, such as small island nations. Figures 2.1, 2.2 and 2.3, using data compiled by the IMF (2009), show the extent of these differences.

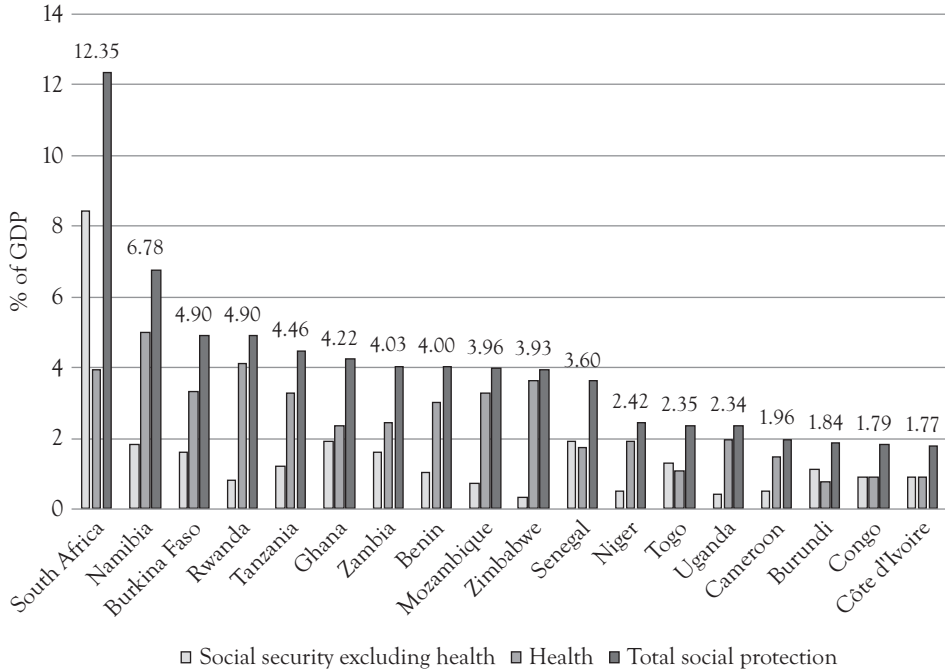
**Figure 2.1 Social protection expenditure as a percentage of GDP**

Source: IMF 2009

Advanced OECD countries, which have the most extensive social protection systems, spend five times as much as developing countries of sub-Saharan Africa and Asia as a share of GDP. Interestingly, social security expenditure is higher as a share of total social protection expenditure in countries of Western Europe and Latin America compared with the United States, which spends proportionately more on health.

Within Africa, the share of social protection expenditure ranges from a high of 12.3 per cent in South Africa with the most extensive social transfer system to 1.6 per cent in Côte d'Ivoire. Most countries of sub-Saharan Africa spend around 4 per cent of GDP on social protection (Figure 2.2). The variation is similar among small island nations, ranging from 16.7 per cent in Seychelles to 3.4 per cent in Vanuatu. Seychelles has one of the most advanced and comprehensive social protection systems, including home-based care for the elderly that incorporates social transfers for unpaid care workers in the family. This scheme is funded from the domestic budget and implemented through the Agency for Social Protection.

Small island countries of the Caribbean generally spend more on social protection than do those of the Pacific (Figure 2.3). This reflects the relative state of economic

**Figure 2.2 Social protection spending in Africa as a percentage of GDP**

Source: IMF 2009

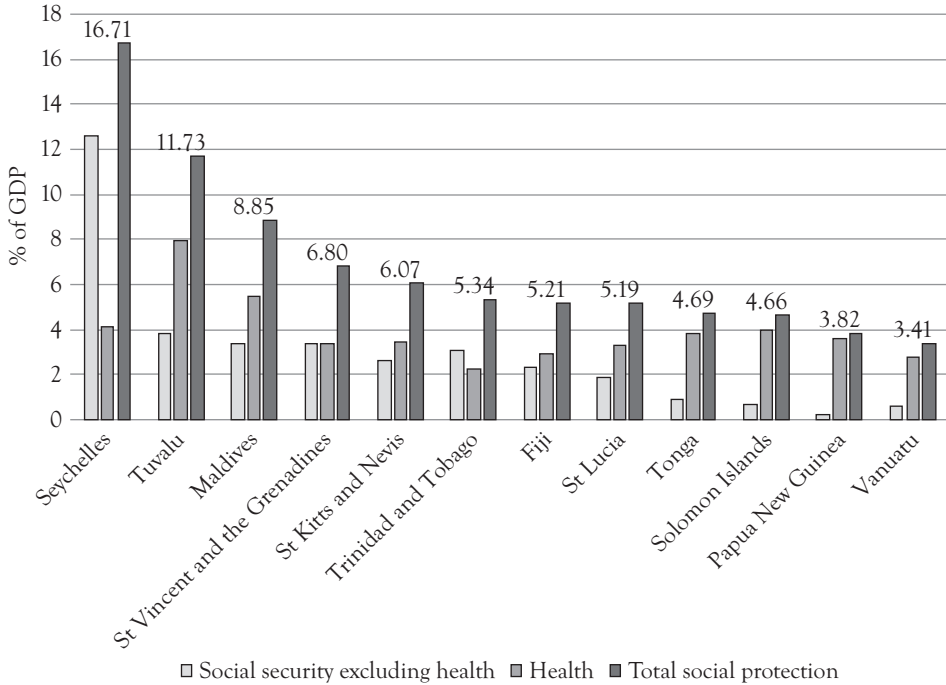
development between the two regions and the affordability of social protection, as well as the existence of traditional forms of social protection in the Pacific countries, which makes them less dependent on public provision.

The big drawback of this data is the limited scope of the definition of social protection and the non-inclusion of unpaid care work in the calculations. New evidence and methodological advances have challenged the prevailing argument that it is difficult to estimate the size of the unpaid care economy. Estimates published in 2011 of detailed time use surveys for 25 OECD member countries and 3 emerging economies suggest that between a third and a half of all economic activity in the countries under consideration was unpaid work, and as such was not accounted for in GDP (Veerie 2011). Moreover, in all countries women did more unpaid work than men, and the difference was especially marked in the field of unpaid care (Veerie 2011).

### 2.3 Social transfer designs: Mexico, Bangladesh, South Africa

Given the wide variation in social protection expenditure across regions, it is not surprising that the design of social transfers reflect the socio-economic context,

**Figure 2.3 Social protection expenditure in small island countries as a percentage of GDP**



Source: IMF 2009

although in our definition they fall under the broad categories of preventive, promotive, protective and transformative social protection.

Three different types of social protection programmes are highlighted in Box 2.1; the Oportunidades programme in Mexico, the Ultra-Poor Programme in Bangladesh and the old age pension scheme in South Africa. These programmes, which have different histories, implementation modalities and targeting approaches and experiences, offer valuable lessons.

These examples point to one important issue: focusing on vulnerable women and children is critical to achieving effective social protection. Furthermore, there is evidence to show that social protection programmes have greater outcomes if there is a gender focus and community involvement.

Both the Mexican Oportunidades programme and South African pension scheme form the core of a social assistance framework that is supplemented by other government schemes such as skill development in Mexico or child support grant in South Africa. The South Africa example shows that a rights-based approach can strengthen the foundations of social development policy in general. The Bangladesh

### **Box 2.1 Comparative assessments of three social protection programmes**

#### **Mexico – Oportunidades**

The Oportunidades programme in Mexico, which was formerly the Progresa programme, is now the centrepiece of the country's targeted poverty reduction strategy. It provides cash and in-kind transfers that are conditional on school attendance and regular visits to health centres. In rural areas, Oportunidades has reportedly increased education achievement by 14 per cent. In relation to nutrition, children in the scheme have experienced higher growth than average and lower levels of anaemia than children outside the scheme. In terms of health, Oportunidades is credited as having boosted demand for antenatal care by 8 per cent, and for contributing to a 25 per cent drop in the incidence of illness in newborns and 12 per cent lower incidence of ill-health among under five-year-olds compared with children who are not in the programme. ([www.oportunidades.gob.mx](http://www.oportunidades.gob.mx))

#### **Bangladesh – BRAC's Ultra-Poor Programme**

In Bangladesh, the BRAC<sup>3</sup> Ultra-Poor Programme has focused on the poorest and most vulnerable groups for whom crisis is a common occurrence. As part of BRAC's wider programme, 'Challenging the Frontiers of Poverty Reduction', the Ultra-Poor initiative seeks to build up the productive asset base of the poorest households and individuals that have often been seen as beyond the reach of traditional poverty focused initiatives. The core strategy is to provide households that qualify as 'ultra-poor' with enterprise development training, an asset transfer averaging US\$100, and a weekly stipend for income support. Additional activities include social awareness and community mobilisation for education, and facilitating access to health care, incorporating financial assistance if needed. It is estimated that around 85,000 women have graduated out of this 'ultra-poor' status to date. Earnings from skill-based productive activities increased in 90 per cent of targeted households, with income growth varying from 40–56 per cent between 2002 and 2005. The programme also reported an increase of more than 400 per cent in primary school enrolment rates among children of targeted ultra-poor households between 2002 and 2005. ([www.brac.net/content/challenging-frontiers-poverty-reduction-targeting-ultra-poor-cfpr-tup#.UffniW34uqE](http://www.brac.net/content/challenging-frontiers-poverty-reduction-targeting-ultra-poor-cfpr-tup#.UffniW34uqE))

#### **South Africa – Old age pension scheme**

The government of South Africa extended its 1928 means-tested, non-contributory old age pension scheme to all racial groups in 1993. It is the largest social security transfer programme in the country, covering women over 60 years and men over 65 years. The monthly pension is roughly R780 (US\$109). The landmark Social Assistance Act, No. 13, of 2004 formed the core of a new strategy in the development of social protection in the country. The Act charges the national government

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with responsibility for social security grants. In keeping with this mandate, the South African Social Security Agency has since taken over the management, administration and payment of social assistance grants. The old age pension grant is complemented by other types of cash transfer programmes that have been put in place in response to the burden of care of HIV. These programmes disperse grants for child support, disability, care dependency and foster care. Taken together, these forms of institutional social assistance have mitigated the impact of HIV on the most vulnerable section of the population – unpaid carers, who are mostly elderly women and children in affected households. ([www.services.gov.za/services/content/Home/ServicesForPeople/Socialbenefits/oldagegrant/](http://www.services.gov.za/services/content/Home/ServicesForPeople/Socialbenefits/oldagegrant/))

example, on the other hand, indicates that social protection can be inclusive; it complements other public social assistance programmes and fills an important gap in programme design and implementation, which often miss out the most vulnerable sections of the population – ultra poor women. Targeting of specific vulnerable groups, such as children affected by HIV, and including them in social protection is not only efficient from an economic point of view, but also protects, promotes and enhances their human right to social security as enshrined in the Universal Declaration of Human Rights.

## 2.4 Implementation: financing, targeting, delivery

A large part of the international discourse on social protection implementation is confined to design and outcome issues. There is less focus on the operational issues of who finances, how the targets are set and who delivers the programmes. It is often presumed that comprehensive social protection is beyond the fiscal capacity of most developing countries and certainly unaffordable for low-income countries with weak tax systems and revenue capacity. However, even for large programmes like Mexico's Oportunidades, Bolsa Familia in Brazil and NREGS in India, the fiscal costs range between 0.5 and 1 per cent of GDP, reaching around a quarter of the population. (All of this cash is immediately spent and in country; it does not disappear offshore). This is much lower than pension payouts for public sector workers, who are the most protected against income shocks due to inflation-indexed wages.

For low and middle-income countries of the Commonwealth, it is feasible to start with a social protection scheme targeted at the most vulnerable section of the population, institutionalise it through fiscal and budgetary instruments, mainstream the programme in national development plans and provide the legal framework for long-term viability. In Ghana's CCT programme, LEAP, community implementation committees undertake beneficiary identification and outreach. Monthly transfers

range from GHS8 (US\$6.90) for one dependent to a maximum of GHS15 (US\$12.90) for four dependents. The programme is also time-bound in the sense that beneficiaries are expected to 'graduate' from it within three years.

In comparison, Zambia's Household Grant is a purely social transfer programme that provides general subsidies to poor households with different criteria depending on the regional vulnerabilities. The programme involves the community in the identification of beneficiaries using a set of household level criteria including the presence of older people, disabled persons and/or children. In the Kalomo, Kazungula and Monze district pilot schemes, each approved household receives about US\$10 per month in cash and those with children (any number) get a bonus of approximately US\$2.50. Higher transfers, with bonuses for children enrolled in primary and secondary school, are also tested in one pilot district. In Katete, pensioners receive US\$15 per month, which is transferred bi-monthly.

For resource rich countries like Ghana and Zambia, it is possible to fund a medium-scale programme, such as LEAP or the Household Grant, through a dedicated fund pooled from taxes on mining and petroleum. This pool of domestic resources can be augmented by donor contributions, which will enable future expansion of the social protection architecture as resources become available.

Targeting remains an area of debate in all social protection regimes in poor countries, given the resource constraints they face and consequent need to prioritise investment. As can be seen in the cases of Mexico, Brazil and India, large-scale transfer-based social protection schemes are not a very big proportion of GDP. The main question, however, is whom to target and how to go about doing it.

There are three main strategies that countries have followed in this regard. Latin American cash transfer programmes set strict qualifying benchmarks and try to reduce inclusion and exclusion errors. This 'means-testing' requires regular collection and analysis of quality datasets and continuous evaluation of fulfilment of conditionalities on the part of the beneficiaries. Administrative capacity is a precondition for monitoring compliance and payment if, for example, the social transfer is contingent on school and health clinic attendance. The attendance contingencies are frequently dependent on mothers being available to accompany their children, a condition that interrupts their paid and unpaid work. Such systems may not exist in many low-income countries due to weak governance and human resource capacity constraints.

To overcome such issues, many countries implementing social transfers rely on the community to identify beneficiaries. This has two important benefits. First, it does not depend on a pre-determined means test, which may not be applicable in diverse geographic and socio-economic and cultural contexts. The definition of household, for example, may be different among different communities. Second, communities are more accountable to the individuals and vice-versa, which can be expected to

improve both targeting and compliance. Social protection schemes in Ghana, Kenya, Sierra Leone, Uganda and Zambia have adopted the principle of community targeting and accountability in their programme implementation architecture.

Finally, many formal government social protection schemes rely on self-targeting. These include old age pensions, child support for HIV-positive families and employment programmes targeted at the most vulnerable sections, such as NREGS in India and the Expanded Public Works Programme in South Africa. Self-targeting also encompasses school feeding and public food security programmes. This strategy,

### **Box 2.2 Identity and social protection for the poor and vulnerable, India's unique ID number**

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

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

The Reserve Bank of India, the country's central bank and sector regulator, has accepted the *Aadhar* number as one of the methods of fulfilling the KYC (know your customer) norms, which has huge implications for financial inclusion. In fact, the *Aadhar* enrolment process offers the option of opening a 'no-frills bank account' with a limit of Rs50,000 (nearly US\$100) on annual transactions. These accounts enable direct transfers to beneficiaries, with plans to link through mobile phones to disseminate information, register grievances and enable payments through future mobile payment platforms.

From the initiation of the enrolment process in September 2010, over 300 million *Aadhar* numbers have already been registered. The target is 600 million by 2014.

More information is available at the Unique ID Authority of India website: [www.uidai.gov.in](http://www.uidai.gov.in) See also 'The Magic Number', a huge identity scheme that promises to help India's poor and to serve as a model for other countries (*The Economist* 2012a).

however, presupposes information about entitlements on the part of the beneficiary and an efficient registration system to process the social protection entitlement.

Several lessons have been learned from the accumulated evidence on implementation of social protection schemes. Community targeting is effective in most low-income countries with limited administrative capacity and it has been observed that Zambia's Household Grant scheme has been particularly effective. Political involvement is higher in entitlement schemes, which reach large sections of the population in strong electoral constituencies. Programme financing and performance is better if there is one co-ordinating ministry with strong bargaining power over other ministries, especially if the co-ordinating ministry is Finance or, for example, the Ministry of Social Development in Brazil with its Bolsa Familia programme, or the President's Office in South Africa. Finally, easy access to the social transfer is crucial. In the case of cash transfers in old age pension schemes, for example, difficulty in withdrawing the entitlement from banks or post offices can impose high costs on the beneficiary, and women beneficiaries may find their safety and their freedom from violence and harassment is compromised in circumstances of cash payments.

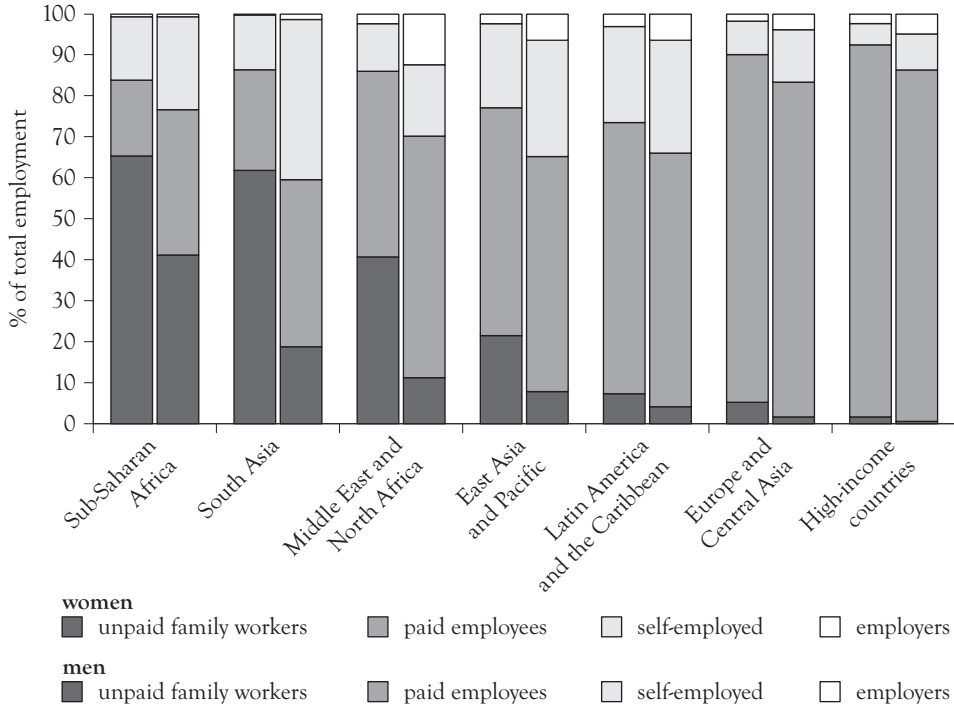
There is a case for leveraging the delivery of social protection for greater financial inclusion and financial literacy especially for women, as has become evident in NREGS payments in India. Direct payment of wages into bank accounts opened in the name of women beneficiaries has had a spill over effect into women's empowerment, along with demands for functional literacy and numeracy skills in order to undertake banking transactions, especially to access wages. Moreover, financial literacy has had a positive impact on gender relations within the household, with women making decisions on how much to spend, save and invest in the future well-being of their families.

## 2.5 Incorporating gender, human rights, women's unpaid work, children's agency

Due to the focus on cash transfer-based social assistance schemes, the current discourse on social protection pays inadequate attention to a rights-based approach that takes into account women's unpaid work in the care economy and rural subsistence. Research for *Who Cares? The Economics of Dignity* (Waring et al. 2011) demonstrated that this is a major issue. This is a particularly significant omission in the countries of the Commonwealth in sub-Saharan Africa and Asia, where women carry the disproportionate burden of disease, particularly HIV and non-communicable diseases (Figure 2.4).

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

**Figure 2.4 Women’s unpaid work in different regions**



Source: World Bank 2012: 207

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

While data is often lacking on women’s rights to land, a longitudinal study of considerable validity and reliability found that mean land-holding declined for widows in Zambia by 39.8 per cent among households experiencing the death of a male head of household (Chapoto et al. 2011). Almost half of the widowed households experiencing a decline in land access, had incurred a greater than 50 per cent decline. Widows and households that were initially wealthier were more likely to lose land and other productive assets after the death of the husband.

The ‘Who Cares?’ research showed that women and children, particularly girls, bear the greatest burden in families affected by HIV. Women are caregivers by default and have no choice in this matter, even when they themselves are infected and need care. In addition, women and girls almost always face the greatest degree of stigma and social discrimination. Women’s unpaid care work is relentless and unceasing, which leaves them unprepared for paid work; they are unavailable and they do not have the time or

resources to train. These issues are not recognised in current social protection discourse, even though women's unpaid work, in effect, subsidises the cost of care.

Violations of the rights of carers are manifested in various ways. They are denied the right to dignity, the right to rest and leisure, the right to a decent standard of living and the right to take part in the life of the community due to social discrimination. More importantly, unpaid carers are denied the basic capability of every individual to live a normal life and therefore are in a condition of 'capability servitude' and time poverty. The current social protection architecture does not take into account these violations of the rights of carers, which are universal.

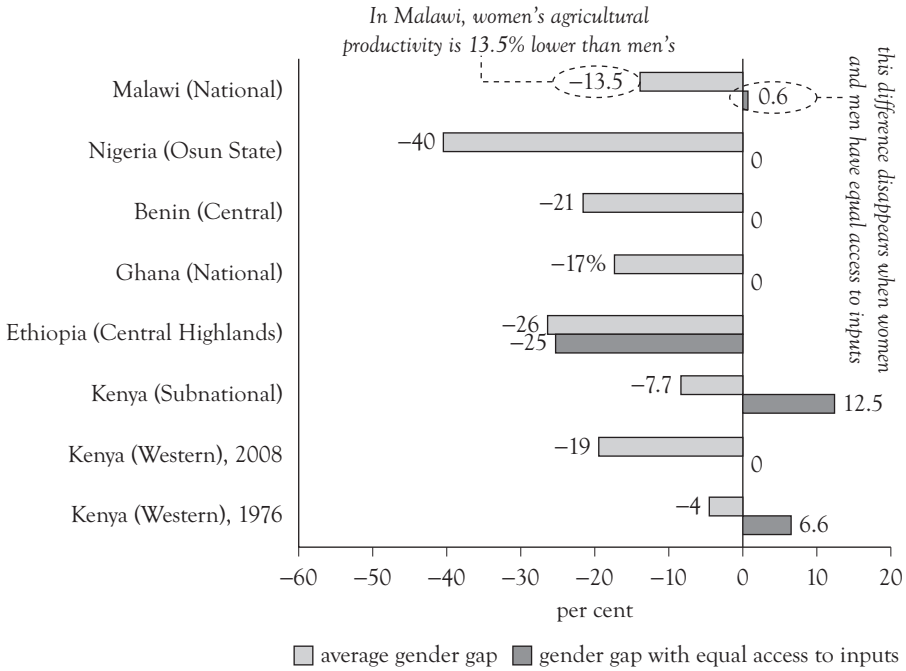
Central to a rights-based approach to social protection is the issue of livelihood security and ownership of assets for women and children. Gender discrimination in the ownership of land and other assets imply that women are in a position of disadvantage in a rural subsistence economy where land is the most important form of social protection. Moreover, unequal access to inputs is economically inefficient; the productivity of women in agriculture is equal to, if not more than, that of men if they have the same right to resources, even discounting their care and reproductive roles (Figure 2.5).

In all the countries surveyed, women's agricultural productivity is on average around 20 per cent lower than that of men. However, the situation is reversed once women's access to agricultural inputs – land, credit, extension services as well as seeds, fertilisers and harvesting equipment – are factored into the analysis. Except in the central highlands of Ethiopia, women's productivity in agriculture is at least equal to that of men, if not more. In western Kenya for example, the difference in gender productivity increased substantially between 1976 and 2008. However, in both the time periods, providing equal access to inputs eliminated this difference. Women's productivity in agriculture is 12.5 per cent higher if we consider all regions of the country. However, the analysis only mitigates inputs and not other unpaid work that traditionally women perform both within and outside the household, which may underestimate the positive impact to a large extent (World Bank 2012).

The Social Protection Floor treats all children as if they are dependents. It does not mention the millions of children who are now heads of households, not just in circumstances related to HIV but also in the aftermath of war and refugee flight, famine, and traumatic weather and geological events. The Floor offers no agency at all to children who head families, something UNICEF has recognised as necessary for decades. Cash transfers discriminate because payments are not usually made to an older child looking after children. In South Africa, for example, the law prevents children under 16 who head households from receiving the child support grant on behalf of younger siblings.

Children who are caregivers face different vulnerabilities to those of adults since children will live with the consequences of their caring for most of their lives (Edström 2007). In this context, social protection measures are not one-off approaches that can

**Figure 2.5 Women’s productivity in agriculture and access to resources: African experience**



**Source:** World Bank 2012: 20

be withdrawn when the sick family member dies. The risks associated with the loss of family in countries with high HIV prevalence, and in weather and seismic catastrophes or during- and post-war periods, means social protection needs to address multiple issues in the best interests of the child. These needs can be anticipated.

The revision of laws for orphans and vulnerable children (OVC), in particular those related to issues of land-grabbing and lost inheritance, have been a key concern of the GROOTS initiatives in Kenya. Here grassroots women’s initiatives have been used to build a community social protection network based on the ‘transformative social protection’ approach.

In Papua New Guinea, Solomon Islands and Vanuatu, about 80 per cent of the population live within the informal economy. Indigenous knowledge systems and traditional social mechanisms, such as reciprocity, access to communal lands, forests and communal fisheries custom farming and kinship social support, operate as social protection mechanisms. In 2009, the Vanuatu Ministry of Health declared there was enough food from subsistence agriculture, gardening, fishing and rearing poultry and livestock to feed the entire population. Inbuilt norms of social obligation should make it almost impossible for an individual or family literally to starve. Yet the *Who Cares?*

research found that norms of social obligation and related support systems broke down when stigma and discrimination associated with HIV were encountered.

The situation of HIV orphans in Papua New Guinea is a case in point. While most orphans tend to be supported by the Wantok system, a deeply held tradition of community support, extended families are much more likely to reject HIV orphans. Widows are regarded as the most disadvantaged group in the Pacific and with both urban and international migration there is a pattern of older people being left to care for children. Across the Pacific, discrimination against those living with disabilities is widespread, with people often ashamed of disabled family members. Many disabled children are hidden away and kept out of school, the girls losing out more than boys. The situation is worse for those with intellectual or learning disabilities. So what happens to traditional, informal social protection when patriarchy, stigma and discrimination are part of the picture?

Any discussion of stigma and discrimination must confront the particular dangers for the gay partners/carers of those living with HIV. Forty-one of the 54 countries in the Commonwealth criminalise homosexuality. Even where homosexuality is not criminalised, there seems to be little appreciation that carers may be male partners and in equal need of social protection interventions. Third gender communities are also entitled to full dignity and equality in access to, and outcomes of, social protection programmes.

Apart from the intrinsic value of women's empowerment and gender equality, women provide a vital link between food, nutrition and income security, which has instrumental consequences for the whole society. Recognising women's agency is the core of a social protection system founded on the principles of equity and social justice.