



Ending Child Poverty & Securing Child Rights: The Role of Social Protection

A Briefing Paper

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Introduction

In a sense, for 50 years, donors, governments and development agencies have found more and more sophisticated ways **not** to give money to the poor. A new approach is needed as development efforts have not been very effective in reaching the very poorest and most vulnerable. There is growing evidence that cash transfers, as part of comprehensive social protection systems, grounded in human rights can play an effective role in reducing poverty and vulnerability and are disproportionately likely to benefit women and children. Modest social protection packages are affordable even in the poorest countries (Pal et al 2005). However, questions of affordability and design are political not technical. The real question is whether there is the political will and commitment to realise social protection as a right for all people, not just those in the developed world.

This paper will examine the new understandings of social protection and how these relate to child rights. It will argue that social protection instruments, and in particular, cash transfers have enormous potential to reduce child poverty. However, in order to maximise the benefits for child wellbeing, social protection systems need to be grounded within a rights based approach and linked to wider development in an holistic manner.

The paper also draws on presentations given at a series of four seminars on social protection organised by Plan UK and the Overseas Development Institute in June & July 2005 (<http://www.plan-uk.org/action/socialprotection/>).

1) The importance of child poverty within overall poverty reduction

Poverty alleviation strategies are not reaching the poorest and the most vulnerable. Most countries are currently not on target to achieve the Millennium Development Goals (HDR 2005). Some of the MDGs, especially those to do with the poorest, are off track and in Africa some indicators are actually going backwards.

- The number of people living on less than \$1 a day in Africa is projected to *rise* from 314 million to 366 million by 2015
- One in five children die before their fifth birthday, and while infant mortality is falling overall, the gap between rich and poor countries is widening. Sub-Saharan Africa accounts for 44% of all child deaths.
- 100 million children are not in school
- There are approximately 43 million orphans but this figure will rise as the number of deaths from AIDS is projected to increase significantly over the next 10 years (DFID 2005, HDR 2005)

Poverty is much more than mere income and material deprivation; it encompasses social deprivation. The poor experience a lack of voice, they are often socially excluded and are typically insecure. Exposure to risk is part of the human condition. The sources of risk are manifold and all populations are susceptible to adverse shocks resulting from natural, health, social, economic, political and environmental risks. **Vulnerability** is a 'state of high exposure to certain risks, combined with a reduced ability to protect or defend oneself against those risks and cope with their negative consequences' (Bonilla Garcia & Gruat 2003:2). *Poverty and vulnerability are inextricably intertwined and mutually reinforcing.* Certain individuals and groups have a much higher exposure to risk than others because of social-demographic factors, economic status, gender, physical or mental condition, lifestyle and of course age. Children because they are still developing and are dependant on adults for their

survival are especially vulnerable and poverty impacts upon the children in the household the greatest.

Gordon (2003) focuses on eight dimensions of well being – food, water, sanitation, health, shelter, education, information and access to services in a study of severe childhood deprivation based on an analysis of household survey data in 46 developing countries. The findings reveal that one in two children in developing countries experience severe deprivation in at least one dimension, and one in three children suffer from two or more forms of severe deprivation. Deprivation in one dimension can impact on other dimensions. Poor nutrition for example will have negative health consequences and may well impair the ability to learn, sometimes irrevocably.

In developing countries a large share of the population are children. In sub-Saharan Africa approximately 50-60% of the population are under 18 years of age. The incidence of poverty among children is higher than the incidence of poverty amongst the population as a whole in poor countries (Barrientos & DeJong 2004) and 'Poverty reduction begins with children' (UNICEF 2000).

2) Who is responsible for protecting the vulnerable?

Social protection is founded on the premise that all of society's citizens have a responsibility for protecting the vulnerable and alleviating poverty, and the state plays the mediating role in redistribution from the rich to the poor. The establishment of social protection should arguably be seen as one of the most significant achievements of the 20th century.

Social protection sets a minimum standard of social and economic security that protects citizens against vulnerability and deprivation. When done properly, social protection enhances the quality of life of individuals and societies by developing and unleashing human potential, increasing stability, advancing social justice and equity and promoting economic dynamism (Bonilla Garcia & Gruat 2003).

The 1945 Universal Declaration of Human Rights in Article 22, declares that 'everyone, as a member of society, has the right to social security.' This right has been largely realised in the developed world. However, in the developing world, 'the ethos underpinning social protection is still one of charity rather, than entitlement – humanitarianism, not human rights' (Devereux 2002:1).

In the developing world, traditional social support structures to the family and society are eroding due to factors such as globalisation, conflict, migration, climate change and HIV & AIDS. Indeed Sen (1983 cited in Devereux 2002) has argued that one of the features of poor communities in Africa and Asia is that they are experiencing a period of heightened vulnerability as their societies undergo the transition from a 'moral economy' to a 'market economy' since traditional social insurance mechanisms are being undermined before fully functioning efficient market and state social security systems are in place.

Significant and long-term reductions in poverty and vulnerability are unlikely to be achieved, unless the citizens of the developing world begin to have access to social protection as a right. There is growing evidence that well thought out social protection packages are effective and affordable in the poorest countries.

3) What is social protection?

There are varying interpretations of what constitutes social protection. Understanding, however, has moved a long way in recent years from seeing social protection as merely the provision of safety nets, social assistance and social insurance. Agencies are reconsidering a range of public policies and societal processes from the perspective of risk and vulnerability and are talking about social protection as providing 'ropes' or 'trampolines' which enable individuals and households to raise themselves out of poverty (Shepherd, Marcus & Barrientos 2004).

The purpose of social protection is broadly threefold:

- To prevent, mitigate and enhance the ability of poor people to cope and recover from risks and shocks
- To contribute to poor people's ability to emerge from poverty, deprivation and insecurity, and to challenge the social and economic factors that may be keeping them poor, by increasing and promoting livelihood security
- To enable the less active poor to lead dignified lives and to break the inter-generational cycle of poverty (ibid)

Some academics are also seeking to broaden the definition to include social services and transformative measures that seek to address concerns of social equity and exclusion, such as sensitisation campaigns to transform public attitudes and behaviour (Devereux & Sabates-Wheeler 2004). Whilst such a broad definition is conceptually compelling it is also practically unhelpful, as it makes it difficult to distinguish between social protection and general development initiatives.

Plan UK conceives social protection as an **approach** and **a set of policies** focusing on reducing risk and vulnerability.

Social protection is defined as:

'a range of protective, preventative and promotional public actions, carried out by the state or privately which seek to guarantee relief from destitution, avert deprivation and enhance real incomes and capabilities for households and individuals.'

Social protection instruments include cash and in-kind transfers to the poor (social assistance) as well as social insurance measures where individuals or households pool resources by paying contributions to the state or private provider (health insurance, contributory pensions, informal community mechanisms such as savings clubs and funeral societies). Legislative and regulatory frameworks which address concerns of social equity and exclusion and establish minimum standards (labour standards, inheritance and land ownership laws) are also components of social protection along with measures to ensure access to justice for the poor.

4) The design of social protection systems

There is a growing political momentum gathering in the poorest countries and amongst donor nations for social protection. Tanzania has highlighted social protection as one of its priorities in its Poverty Reduction Strategy Plan (PRSP) and the Commission for Africa identifies social protection as a priority and sees cash transfers as playing a critical role, especially targeting orphans and vulnerable children. It proposes immediate funding of social protection packages of \$2 billion per year rising to \$5-6 billion by 2015 (CfA 2005).

Poverty itself is a political issue: 'poverty can only persist over time if wider social norms (which then become institutionalised) permit certain categories of people to remain poor' (Hickey 2004:17). Social protection requires the redistribution of wealth from the richer members of society to the poorer ones. Social protection can influence politics. It can build social solidarity and enhance the social contract between the state and the citizen. Political calculations shape the size and type of social protection. Should benefits go to everyone or only those in need? How are those in need identified? Should assistance be given in the form of cash or in other forms, such as food? Will social protection crowd out informal mechanisms whereby the poor help themselves and create dependency? The answers to these questions are more political than technocratic. However, the most marginalised and the chronically poor typically lack a voice, organisation and political capital. All too often welfare programmes do not necessarily target the most needy, but rather segments of society that are critical for a regime's survival (ibid). Even the issue of affordability is ultimately political.

This section will examine the main issues in the design of social protection systems:

- a) Universal versus targeted benefits
- b) Methods of targeting
- c) Cash versus in-kind transfers
- d) Crowding out or crowding in

a) Universal versus targeted benefits

Universal benefits, such as child benefit in the UK, have low administration costs – every family receives the same amount for every child regardless of income. Universal transfers also *proportionately* benefit the poorer members of society more – a transfer of \$10 a month will be far more significant to a household with a monthly income of \$100 than one with an income of \$1000. However, universal benefits are often perceived as unaffordable for poor countries. Targeting is typically seen as a way of allocating scarce resources efficiently towards the most needy. However there are a number of concerns relating to targeting. Firstly targeted benefits have higher administration costs. The aim of targeting is to maximise the inclusion of people who are deemed eligible for the benefit and to exclude the ineligible. However, the more a system seeks to target beneficiaries and minimise exclusion and inclusion errors, the higher the administrative costs will be. Targeting can also be politically divisive and result in a loss of political support for the system from those excluded from receiving the benefits. Targeting can also potentially fragment interventions to such an extent that coverage may be patchy in some areas or duplicated in others. Finally, the poor are not a static and homogenous group – 'targeting "the poor" is an attempt to hit a moving target' (Devereux 2002:4).

b) Methods of targeting

Most social protection systems employ a measure of targeting. There are four main types:

- self-targeting
- means testing
- proxy indicators
- community based targeting

The first and simplest method is **self-targeting**. The benefit is set so low and the conditions or access costs to gain the benefit are made unattractive (such as having to queue for a long time) so that only the neediest will choose to access the benefit. Self-targeting relies on social stigma and therefore inevitably reinforces the social

marginalisation of recipients. Self-targeting is arguably incompatible with current objectives of development, which emphasise social inclusion and empowerment. Evidence from Malawi suggests that food for work programmes are more stigmatising than cash for work programmes. Men tend to dominate in the waged employment of the Malawi Social Action Fund Public Works Programme, but in the World Food Programme's food for work projects, women dominate (Ibid).

Means testing, by measuring factors such as income or nutritional status is another common targeting method. In theory this is the most accurate and objective method, however it can create powerful incentives for applicants to conceal or understate their incomes. These may in turn result in unwanted changes in behaviour, such as 'choosing' not to seek work in order to continue to claim unemployment benefit. Administration costs are high for means testing and the costs increase with accuracy so that the cost of administering the benefit may be greater than the benefit itself.

Benefits can also be targeted at certain groups deemed to be particularly vulnerable, such as disabled people, the elderly or female headed households, thus lowering administration costs. However, these **proxy indicators** are crude and often inaccurate. Studies in Ethiopia and Uganda found little or no correlation between the sex of the household head and the likelihood of being poor. Indeed studies have shown the need to distinguish between *de-jure* female-headed household (widows and abandoned mothers) and *de-facto* female-headed households where husbands and sons are working elsewhere but supporting them with regular remittances (ibid).

Community-based targeting is an increasingly common method. It utilises the personal knowledge that community members have of each other. Communities are responsible for identifying vulnerable individuals and households and for monitoring eligibility. The method is attractive. It can be accurate and efficient. It is also participatory and increases local control over programmes and thus can be empowering. However, it is vulnerable to abuse and capture by local elites. It can politicise the process and divide communities and create resentment. It may also reinforce and even reify patterns of social exclusion and marginalisation. Communities often have very firm ideas about the 'deserving' and 'undeserving' poor. Many of the poorest people, such as street children, internally displaced people and seasonal workers, are not part of communities, whilst others, particularly disabled people and those with mental health problems, are often 'invisible' in communities, because of stigma. Finally communities may refuse to divide local residents into the needy and not so needy arguing that 'We are all poor' as happened in one programme in Malawi (Ibid:10)

c) Cash versus in-kind transfers

There is considerable reticence about giving cash to poor people, because of the belief that it will be squandered, especially by men, on alcohol and other non-essential items, whereas food, particularly if it is targeted at women and children, will translate into nutritional gains. These assumptions are very questionable. Firstly food can be sold or exchanged for other commodities instead of being consumed, and men do not necessarily prioritise their own interests over their families. Food aid is expensive. In the Democratic Republic of Congo (DRC) donors spent \$15 on delivering \$1 worth of food aid (Levine & Chastre 2004), whilst in Tanzania school feeding costs \$41.70 per child per year, or \$10 per month for a family with 3 children (Ridout 2005) and school feeding clearly only reaches those in school.

Food aid can distort local markets while cash transfers can revitalise local economies. Evidence from the Brazilian pension system shows how it has assisted agricultural development and supports the local economy (Barrientos & Lloyd

Sherlock 2002). Cash transfers can be targeted at the very poorest and most vulnerable, typically those who are excluded and left behind by more mainstream development. Cash gives poor people choice and is less stigmatising than food. Advantages and disadvantages of cash versus food transfers are summarised in the table below.

Food versus Cash Benefits

FOOD	CASH
Advantages <ul style="list-style-type: none"> - Donor food surpluses readily available - Immediately increases food availability - Directly addresses poor nutrition - Can be self-targeting - Favours women & children - Lower security risks 	Advantages <ul style="list-style-type: none"> - More cost efficient than food - More easily exchanged than food - Encourages production - Stimulates the market - Allows the beneficiaries choice - Can be invested to increase household assets
Disadvantages <ul style="list-style-type: none"> - High transport and security costs - Losses from spoilage & theft - Less easily exchanged than cash - Competes with local markets & trade - Disincentive to production 	Disadvantages <ul style="list-style-type: none"> - Donors may be resistant - Benefits may be lost from inflation - Can be used for non-essential items - Usage favours men - Increased security risk

(Adapted from Devereux 2002)

In kind transfers also include access to free health and education, either universal or targeted in the form of fee waivers for the poorest or certain groups. These will be discussed in further detail later.

d) Crowding out and crowding in

Concerns that public social protection can undermine or ‘crowd out’ informal and traditional support mechanisms and create dependency have been articulated for decades. However, the risk, though real, may be less relevant to poor countries than industrialised ones. Firstly, as has been mentioned earlier, poor countries are already in a period of transition from a moral to a market economy. Secondly, informal transfers might help the poor survive a livelihood shock but typically only at the expense of relatives and neighbours. Informal transfers will not raise the poor from chronic poverty. Finally, ‘there is so little formal social protection available in low income countries that it is unlikely that informal protection mechanisms would be crowded out’ (Shepherd, Marcus & Barrientos 2004:40). On the other hand there is growing evidence that formal social protection does ‘crowd in’ positive effects, particularly for children. Improved nutritional status and school attendance have resulted from the provision of non-contributory pensions in South Africa & Brazil (Barrientos & DeJong 2004). Benefits can be made conditional, in order to encourage positive practices, such school attendance and regular visits to health centres. Conditional transfers are popular in Latin America, but they rely on sufficient social infrastructure (schools and health centres), which may not be available in the poorest countries. Nevertheless a pilot, unconditional cash transfer programme, targeting the poorest 10% of households in Kalomo district, Zambia has resulted in better nutrition and health and improved school attendance. Families are accumulating assets and investing in livestock and cultivating bigger gardens (Kidd, S 2005).

5) Social protection and child rights

The Convention on the Rights of the Child (CRC) enshrines the right of every child to life, identity, survival, protection and development. It recognises the family, as the fundamental group in society and the natural environment for the growth and wellbeing of children. However it also recognises the important role of the state in providing the necessary protection and assistance to the family so that it can fully assume its responsibilities. It is the role of the state to take all appropriate legislative, administrative, social and educational measures to protect children from all kinds of abuse and exploitation. The state must also provide the necessary services and infrastructure to secure children's rights to survival, an adequate standard of living, development and education. Article 26 also recognises for every child 'the right to benefit from social security, including social insurance.' (CRC 1990).

The design of social protection systems should explicitly consider ways to maximise the benefits for children, both directly and indirectly. There is growing evidence that children are the biggest indirect beneficiaries of social protection.

This section will look at a number of social protection measures within the framework of child rights and based on the definition of social protection outlined earlier. The table below summarises these interventions and identifies them as protective, preventative and promotional measures.

Social protection measures and child rights

		Protective	Preventative	Promotional
SP and survival and development rights through				
Cash transfers				
	<i>Family benefits and child allowances</i>	✓	✓	
	<i>Pensions</i>	✓	✓	
In-kind transfers				
	<i>Nutritional supplementation programmes</i>	✓		
	<i>Food aid</i>		✓	
	<i>School feeding programmes</i>	✓	✓	
	<i>Fee waivers and exemptions</i>	✓	✓	
Other measures				
	<i>Microfinance</i>		✓	✓
SP and child protection rights through				
	Birth registration	✓		
	Appropriate legislation properly enforced	✓	✓	
	Legal literacy	✓		
	Legal aid	✓		

The right of the child to survival and development

Social transfers (cash or in-kind) can contribute directly and indirectly to children's survival and development. Examples of both are given below:

There is growing interest in **cash transfers** by development agencies. Cash transfers, even if the sums are very modest, provide households with regular and predictable income, which can be relied upon and if delivered over the long term, can reduce the vulnerability to shocks and allow people to accumulate assets, which they can invest in improving their own livelihoods.

The main examples of cash transfers are:

Family benefits & child allowances

These cash transfers, whether universal or targeted at the poorest families are the most direct way of supporting the survival and development of the child. In industrialised countries, universal child benefit is widely accepted as a right. In former socialist countries, universal child and family allowances were also common. However, the transition to market economies has led to reform, with a shift towards targeted benefits and during the nineties the impact of inflation also led to a decline in the value of such benefits. Nevertheless most studies conclude that family and child allowances have played a key role in preventing and mitigating poverty during a period of rapidly deteriorating conditions for vulnerable groups in transition economies (Barrientos & DeJong 2004). In Hungary Forster (2001 cited in *ibid*) estimates that child poverty would have been 85% higher without family allowances.

Family and child allowances are not confined to developed and transition economies. South Africa introduced its Child Support Grant in 1998. In 2003 it paid a monthly benefit of R160 (equivalent to \$20) to single carers with a monthly income below R1,410 for every registered child under 13. The system is being expanded and it is expected to cover some 3.6 million children, or half of all children under 13. In addition South Africa has a Foster Care Grant and a Care Dependency Grant paid to carers of severely disabled children cared for at home. Preliminary studies suggest that these benefits are well targeted at poor households, however there are concerns that it may not be reaching the very poorest and most vulnerable children, such as orphans, street children and child-headed households, because an adult is required to apply for and collect the grant. There is evidence that the absence of a mother (usually due to death) reduces the likelihood of an enquiry being made about the grant. This may be because of lack of awareness about entitlement or because the child moves from carer to carer (*ibid*).

Family allowances can also be made conditional, to enhance the impact on children by encouraging positive behaviours. In Mexico, the Oportunidades programme aims to improve school attendance, nutrition and healthcare. The lowest quintile of households receive the benefits providing children regularly attend school and pregnant mothers and infants have regular health check ups. Results are impressive with improved child health, particularly for under-5s, increased school enrolment for girls, up 7-9% and the growth rate for 12-36 month old children has risen by 16% (Barrientos & DeJong 2004).

In the very poorest countries, with their high populations of children, child and family allowances are perceived as unaffordable. A recent study by the ILO, using the South Africa Child Support Grant as a model estimated that a universal child benefit in 2005 would cost 1.8% of GDP in Guinea; 1.9% of GDP in Cameroon; 3.6% of GDP in Kenya; 3.9% of GDP in Burkina Faso and 6.3% of GDP in Tanzania (Pal et al 2005). Affordability therefore, is fundamentally a political issue, not a financial one.

Social Pensions

Cash transfers in the form of non-contributory or social pensions, may not initially seem to be relevant to securing child survival and development. However in developing countries, elderly relatives play a crucial role in the household economy and often bear the main responsibility for childcare, freeing up younger adults to participate in economically productive work. There is growing evidence that the provision of pensions has striking benefits for children. In South Africa, 30% of the value of the non-contributory old-age pension is spent on grandchildren. This may take the form of payment of school fees or medical expenses. As in South Africa, Brazil's non-contributory pension has seen increased school attendance, especially

for girls. Non-contributory pensions are a win win social protection instrument. They 'should be understood in terms of a transfer to households not to elderly individuals' (Barrientos & Lloyd Sherlock 2002:14) The social role of an individual elder is redefined and enhanced, particularly for women who have an income source of their own. (Schwarzer & Querino 2002) Pension provision rather than crowding out informal support for the elderly may enhance it because there are incentives for households to care for elders properly and strengthened capacity for them to do so. These incentives come in the form of improved health status for all members of the pensioner's household (ibid) as well as improved school attendance for children in the household, particularly girls aged 12-14 (Barrientos & Lloyd-Sherlock 2002). In addition pension income assists agricultural development: "the regularity, certainty, and liquidity of pension benefits meant that they played a key role in shifting households from subsistence to surplus agriculture." (ibid: 17; Schwarzer & Querino 2002) The income can also be used for household improvements as well as supporting the local economy in general: "pension payday is when the wheel of the local economy goes round in rural Brazil." This also reduces rural-urban migration and increases regional income redistribution (Schwarzer & Querino 2002:15).

The ILO modelling study also suggests that universal non-contributory pensions in the poorest countries are even more affordable than child benefit, given the smaller proportion of the population who are elderly. A universal pension *and* a disability pension would require only 0.3% of GDP in Guinea and Senegal; 0.3-0.5% in Burkina Faso; 0.4% in Cameroon; 0.6% in Kenya; 0.9% in Ethiopia and Tanzania (Pal et al 2005).

Historically, *in-kind transfers*, particularly food, have been a more popular form of transfer to the poor, largely because of concerns that the poor may waste cash on unessential items, although, as discussed earlier, this assumption is not well founded.

The main examples of in-kind transfers include:

Nutritional Supplementation Programmes

Nutritional supplements supplied to pregnant mothers, infants and young children are a direct transfer aimed at improving the child's ability to survive and thrive. They can play an important role in reducing anaemia in new mothers and avoiding the negative health consequences from poor nutrition. Malnutrition is estimated to cause 20% of all disabling impairments (DFID 2000). These programmes can also play a role in interrupting the intergenerational transmission of poverty. However, to be really effective they need to be combined with wider measures to enhance food security as well as awareness and information campaigns on good nutrition. The effectiveness of such programmes can be increased if they are also combined with education on early childhood care and development and the provision of childcare, which can release adults for productive work or siblings to attend school.

Food Aid

Food aid is a popular social protection instrument but is nonetheless controversial. Clearly in times of emergency, particularly at times of famine, food aid is critical in ensuring the survival of the child. Evidence is weak that food aid actually improves the nutritional status of children in the longer term (Devereux 2002). Food aid can distort local markets and is an expensive option, particularly where food is available. It can also strengthen corrupt elites and feed war economies. Food is often given in return for labour. Food for work programmes can create important local infrastructure but may not reach the very poorest and most needy households, where there may be no able-bodied people, nor will it add value to a household where all

available labour is already productively employed. The energy used to engage in hard manual labour may even outweigh the benefits obtained from the food earned (Levine & Chastre 2004). The impact on children depends on fair distribution of the food within the household. Equitable intra-household distribution is not guaranteed. Priority may well be given to productive members of the household over children and there is considerable evidence that women and girls, particularly in Asia, eat last and less. Disabled children, whose right to survival can be highly compromised, often receive less food than their non-disabled siblings. Food aid, except in times of emergency, may well be a very blunt instrument in enhancing the child's right to survival and development.

Cash rather than food transfers are often more cost-effective. In the Democratic Republic of Congo, the cost of a days labour on the Cash for Work programme was about one fifth the cost of the food given in the Food for Work programme. The recipient could buy twice as much food with the money from the Cash for Work than he or she would receive in the Food for work ration (ibid). Although intra-household distribution issues will not be resolved by cash transfers, cash is likely to be more effective in enhancing the child's right to survival and development, but more research is needed.

School Feeding Programmes

School feeding programmes aim to increase child enrolment and attendance in school as well as improving children's educational performance by enhancing their ability to concentrate in class. School feeding can be seen as another form of in-kind transfer to poorer households. However, evidence is mixed on the effectiveness of such programmes. Firstly, they do not reach the very poorest and most marginalised children, as they are typically not in school. Furthermore, the nutritional benefits for children are not guaranteed, as the child who is fed at school, may forego a meal at home. School feeding does seem to improve school enrolment and attendance but the evidence for educational performance is more mixed (Devereux 2002).

Bangladesh has changed its school feeding programme into a Cash for Education programme. A modest cash benefit is given in return for regular school attendance. School enrolment is up by 20-30% and school retention is 6 months to 2 years longer than for non-participant children (Barrientos & DeJong 2004).

These programmes can play a role in improving child development but they need to be combined with other measures such as school improvement programmes and the abolition or waiving of school fees.

Fee waivers & exemptions

User fees are official payments made at the point of service by users. School fees are one type of user fee. International donors have encouraged user fees since the late eighties in health services. User fees in health, it was argued would reduce frivolous demands and thus free up scarce resources for those truly in need; increase revenue; improve the quality and coverage of services and improve efficiency by rationalising the pattern of care. However, these expectations have not been fulfilled and user fees 'are widely acknowledged as being undesirable' (SCF 2005.1).

User fees discourage people from using health services; drops of 40-50% have been noted (ibid). User fees also particularly discriminate against the poor and most marginalised, because as their ability to pay is the lowest, they are more likely to stop using services, or only use them in an emergency or when the condition has become serious or unbearable. The ability to pay is also influenced by power relations within the household, and healthcare may be prioritised for certain groups over others.

Women and children are often less likely to be treated if they fall ill. The costs of collecting user fees are also high and transparency of their use is often low. Waiving fees for certain types of service or exempting or reducing fees for the poor or certain groups would appear to make health services more affordable; however there is little evidence of such systems working in pro-poor ways (ibid). Firstly exemptions and fee waivers are generally not funded and thus there is little incentive for health workers to promote them. The problems of targeting (discussed earlier) also mean that exemptions or waivers are often ineffective and do not reach the people most in need. In addition, if the exemptions are based on narrow categories and levels of income, then poor people are often unwilling to be stigmatised. Exemptions and fee waivers are also costly to administer. Finally, for the very poor, the hidden costs of accessing health services, such as transport, waiting time, are not inconsiderable and this is compounded by the fact that poorer families often tend to live at a greater distance from healthcare facilities.

There is a growing recognition that the overall abolition of user fees is preferable to further modifications to exemption and fee waiver services. In South Africa, the introduction of free primary care in 1998 has resulted in a 20-60% increase in utilisation; a 15% increase in antenatal care and a 5% increase in booked deliveries. Even more impressive results have been reported in Uganda, where outpatient attendances have increased by 117% utilisation of preventive services has rocketed up by 102%. All age groups are now more likely to seek treatment at public hospitals, up by 27% for adults but by 70% for children (ibid). Research by Save the Children concludes that 'abolishing user fees...would immediately save nearly a quarter of a million children under five' (SCF Briefing 2005:1). The G8 has also now recommended abolition. The costs of providing accessible primary healthcare to all are far outweighed by the benefits from improvements in human capital over the long-term.

Research conducted by **Plan International** on the impact of health user fees in 5 rural communities in Senegal, Burkina Faso and Ghana found a strong correlation between social class and the utilisation of obstetric health care services. Socially disadvantaged women delivered at home while women with higher status used hospitals or health centres. A similar pattern was found for curative care, with a clear trend of the better off frequenting secondary health care facilities (hospitals and private physicians), while the poorest tended to go for treatment to village health posts, traditional healers, neighbours and ambulant drug sellers. (Decosas 2005)

Immunisation was free of charge and 66% of children under-5 had up-to-date immunisations. One in thirteen of those children who were not immunised came from the lowest social class and their families stated that the reason was because immunisation services were not available or not affordable. This means that significant barriers still exist, in terms of knowledge, social attitudes, efforts and costs involved in accessing immunisations sites. These hidden costs and barriers are still preventing almost one third of children being immunized (Decosas 2005).

Evidence from the education sector supports the case for the abolition of user fees. Formal school fees at primary school have been abolished in some developing countries as part of the global effort to achieve the second Millennium Development Goal of Universal Primary Education. The abolition of school fees has led to increased enrolment, sometimes dramatically. This has brought with it attendant problems of classroom overcrowding and often a trade-off in terms of the quality of education with increased repetition and drop out rates. In Uganda and most recently in Burundi, the abolition of formal fees at primary school has seen class sizes jump to over 100 children. However, the hidden costs of education - distance to the nearest school, transport, school materials and informal fees to teachers - remain a

significant barrier, for the very poorest households. A recent report reveals that education is still not free in any meaningful sense for all but the very wealthiest countries. In the richest countries there is an average of 18 years of schooling whilst only 3 in the poorest. An African child is likely to exit school at 11 while a European student will keep his or her educational entitlement until the age of 27 (Tomasevski 2005). Education remains a luxury not a right for most children.

The abolition of user fees in health and education needs to be combined with social transfers, particularly cash transfers to achieve real impacts in the well-being of children. In addition, comprehensive social protection systems also need to include measures that not only protect and prevent deprivation but also promote capabilities and livelihoods.

Microfinance

Microfinance may be considered a social protection instrument because of its capacity to promote and transform livelihoods.

Microfinance includes a range of financial services such as savings, loans, remittances and insurance for poor people who have no assets. Financial services products are used by households to reduce risk and vulnerability by smoothing cash flows so that households are better able to cope with shocks, accumulate assets and diversify sources of income. Financial services can play an important role in reducing risk, alleviating poverty, empowering women and improving child wellbeing in poor households (Plan 2001). For poor people, just having a safe place to keep their savings, is an important element of social protection.

Loans are often used to invest in productive activities that can increase household income, which can be spent on small enterprises or allocated to education, health or improved housing and sanitation. Families with access to microfinance saw their household incomes increased by 43% in Bangladesh, 76% in Indonesia and 16% in Sri Lanka and on average one third of this additional income was ploughed back into household expenditure (ibid).

The impact on children of microfinance is primarily indirect, working through the caregiving adults in the household. Microfinance is often targeted for women – 85% of more than 300,000 members are women in Plan programs (McLaughlin 2005). Women are usually the gatekeepers for household expenditure and in their hands increased income is more likely to be spent on food, healthcare and education for children. Impacts on children can be enhanced by linking microfinance with other initiatives such as micro-insurance, education, adult literacy, childcare and training. Studies of Credit with Education programmes in Ghana, Burkina Faso, Bolivia and Thailand have found several positive impacts on child wellbeing (ibid). Experience within Plan supported microfinance programs is that children's education is identified by members as the most frequent impact with improved food and nutrition as the second (McLaughlin 2004).

Microfinance is effective in women's empowerment by increasing their bargaining power within their household and improving their self-esteem and self-confidence in the household and in the wider community. Studies show improvements in women's mobility, economic security and independence, political and legal awareness and civic participation (ibid).

Children need to be recognised as economic actors in their own right. Research by Plan Bangladesh reveals that children have complex livelihoods. They actively manage various income generating opportunities (formal and informal, legal & illegal) in order to

pool together enough financial resources to meet needs and to save for a more prosperous future. Children make significant contributions to the household economy, not only meeting food associated costs but also meeting parents' debt and loan instalments with NGOs and providing money during the munga or lean season. Children put household expenses before meeting their own expenses and spent very little money on themselves, rather striving to contribute to the household. Children plan their financial needs and can calculate the pros and cons of any financial transaction, including the costs of taking credit or loans, although this is done mostly informally, borrowing from family or friends. The study found that children are active and significant contributors to the household economy and they are also vulnerable to seasonality and adapt strategies to manage risk. However, formal microfinance programmes are not open to children. Perhaps, an opportunity is being missed?
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Microfinance should be approached as an inclusive financial system that is sustainable and which in turn will contribute to overall poverty reduction and economic development. The role of government is not to be directly involved in providing Financial Services but to create a legal and regulatory environment that is supportive and conducive to making these services available.

The right of the child to protection

The social protection instruments outlined above can go a long way to securing the right of the child to survival and development. They also need to be underpinned by, and work with other measures that explicitly focus on the right of the child to protection.

Identity

Article 7 of the CRC states that: 'the child shall be registered immediately after birth' (CRC 1990). Birth registration gives the child a legal identity, a name, a nationality and the status of a citizen of the respective country. According to the most recent figures, 36% or over 48 million children a year are not registered. In South Asia 63% of births go unregistered and in sub-Saharan Africa the figure is 55% (UNICEF 2004). Birth registration, although not a social protection measure in itself, can play an important role in the establishment of social protection systems by granting citizenship. Birth registration can also assist governments in planning provision. Old age pensions require a system of birth registration. A birth certificate can provide some protection against abuse and exploitation. For example, proof of age can be used to stop underage enrolment in military service, child labour and assist in prosecuting cases of sexual exploitation of minors. A birth certificate in many countries is also needed to access basic services, to take public examinations, enter university, open a bank account and to access social protection benefits. Furthermore the creation or over-hauling of systems for birth registration makes a significant contribution to democratic processes.

Plan International has been campaigning for Universal Birth Registration. It is advocating internationally for the inclusion of birth registration in appropriate donor policy and that states should have to report on the status of birth registration. At the national level, Plan is working with governments to increase the political will for birth registration and ensure that birth registration legislation is consistent with local realities. At the local level, Plan works with communities to raise awareness of the importance of birth registration and to demand action from their governments. Plan also works with governments to build the capacity of local systems to register children. In **Cambodia**, Plan has established mobile registration units to assist the government to achieve its goal of registering all births (Plan International 2005).

Appropriate legislation

Appropriate legislation is the foundation of child protection. The Convention on the Rights of the Child (CRC) eloquently and comprehensively provides this at the international level, but as with most UN Human Rights treaties, it lacks real teeth for enforcement. States, which have ratified the CRC, are obliged to report to the UN Committee on the Rights of the Child, regularly but infrequently (every ten years). The Committee will then produce its own report assessing the performance of the respective state towards realisation of the rights enshrined in the CRC and providing advice on areas that could be improved. The Committee has no real powers of enforcement; its judgements are morally not legally binding.

National legislation is required to complement the provisions of the CRC and provide specificity appropriate to the local context, culture and institutional and legal frameworks. Several developing countries, such as Uganda, have enacted their own child rights legislation. Legislation can take the form of a separate Child Rights Bill or a review of existing legislation to ensure that it is compatible with the provisions in the CRC. Legislation defines rights and assigns responsibilities but without appropriate mechanisms for implementation and redress, it will remain a paper exercise.

Legal literacy

Law reform must go hand in hand with legal literacy. Children, their parents and carers and the community as a whole, need to be aware of their rights, their responsibilities and the obligations of the state to secure children's rights. Awareness and sensitisation campaigns, backed with government support, even if implemented by civil society actors, are essential to change mindsets and build accountability.

Legal aid

Legal aid should be seen as an essential social protection instrument, so that children and their legal guardians can have access to representation in court to defend their interests against more powerful members of society or against violations committed by the state. Public interest litigation is also needed in order to defend the interests of children and other vulnerable groups, including test cases to promote enforcement.

Law reform, legal literacy, access to legal aid and public interest litigation also need to go hand in hand with other measures that seek to improve the access to justice for the poor (Piron 2004). These measures can include access to translation and interpretation services so that local languages are not a barrier, or in the case of children, measures to assist and protect them in giving evidence (e.g. training of police in child friendly investigative and interviewing techniques, use of recorded or *in camera* evidence). This is particularly important in cases of sexual abuse and exploitation.

Plan, in all countries where it works, promotes human rights and child rights in particular. It raises awareness and provides training to children and communities on child rights as well as lobbying governments for the enactment of child rights legislation and its enforcement. Plan has been working closely with the government of **Togo** on the establishment and implementation of child-trafficking legislation. In **Uganda**, Plan has been influential in securing legal reform to prevent dispossession and land grabbing from widows and orphaned children. The Lands Rights Bill, Children's Access Bill and Death Duties Bill were ratified in 2003 and implementation was in Plan areas. Plan has also been working with an organization of women lawyers, FIDA, for several years to provide free legal aid and legal services to

women and children. From 1997-2002 50% of all clients were children. Cases within the family typically include issues of maintenance and inheritance, custody of children, domestic violence and defilement and paternity rights. Within the community, cases typically include land and property disputes, debts and rent recovery, sexual harassment and unfair dismissal.

6) Conclusion: The importance of a rights based approach to social protection and Plan's contribution

Social protection is a human right and is consistent with a rights-based approach to development (Piron 2004). Indeed a rights-based approach towards social protection is essential to promote equity and maximise poverty reduction. The key contributions that a rights-based approach brings to social protection are that it:

- considers social protection to be a right and entitlement, not just a matter of charity
- it places clear obligations on the state to guarantee social protection
- it uses a range of human rights standards to justify social protection and influence the design of schemes
- it highlights core obligations and minimum standards, particularly for vulnerable groups, such as children
- it places citizenship at the centre of the justification for and delivery of social protection and as a result requires a focus on the ability of states to deliver and citizens to claim their entitlements, thus building a social contract between the citizen and the state and contributing to good governance (ibid).

In the developing world, particularly in Sub-Saharan Africa, social protection is not a right, rather it is typically prompted by humanitarianism and charity or the need to reward supporters and as a consequence its coverage is patchy and the approach adopted is inconsistent and contradictory. Employment and pension benefits do exist, but often to those who are not the most in need, such as civil servants. For historical reasons, some groups are favoured over others. In Rwanda, survivors of the 1994 genocide and reintegrated soldiers are entitled to a range of benefits (education, housing, health) largely unavailable to other equally poor Rwandan citizens (Thomas 2005).

Grounding social protection in human rights is the surest way to build the social contract between the citizen and the state and thus contribute towards good governance essential for effective poverty reduction.

Plan's approach towards development has changed radically since its inception in 1937. The biggest shift has occurred in the last fifteen years, with a move away from a charity approach founded on the delivery of direct benefits to children in poor countries from their sponsors in richer ones to a human rights approach with the rights of the child and children's participation at the centre of all of the organisation's work. Plan now works with whole communities and their governments to end child poverty and secure child rights. Plan can contribute to the development of rights-based social protection systems in several ways and at several levels.

- At the community level, Plan can play the role of an honest broker, helping with the identification of the vulnerable and the targeting process. Plan's long-engagement with communities, typically 10-15 years, means that it has real local knowledge and has built up considerable local trust.

- At the community and area level, Plan can support the mobilisation of communities to demand social protection and play a role in ensuring that vulnerable and poor people know about their entitlements and provide resources to help simplify the process of accessing those entitlements.
- At the national level, Plan can provide advice on how to maximise the impact of social protection programmes on children as well as working to ensure the appropriate legislative and implementation frameworks are in place.
- Internationally Plan can also utilise its experience in over 45 developing countries, to advocate with donors to support the development of social protection systems in poor countries and inform their design.

Social protection is not a panacea. The establishment of effective and sustainable social protection systems requires considerable political will, not only on the part of national governments but also the international community. The process will take a long time and this requires donors to commit to long-term and predictable financing. National governments have tough political choices to make over questions of coverage, eligibility and affordability. Systems will have to be developed in a graduated manner and expanded as the revenue base allows. Donors need to work with governments to build the capabilities of the state and its agents to deliver social protection in a manner that is respectful of human rights and principles. Priority should be given to the design of social protection so that the impacts on child wellbeing are maximised. This paper has sought to demonstrate how the CRC provides a human rights underpinning to such an approach.

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