Anti-Poverty Family-Focused Policies in Developing Countries

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Note

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Introduction

Different perspectives on well-being and development conceptualise and measure poverty in different ways. According to Barrientos (2010), in developed countries the social participation and inclusion perspectives define poverty as exclusion from cooperative activity where those in poverty are unable to take part in their communities' social life at a minimally acceptable level. In developing countries the dominant view tends to be the "resourcist" perspective which defines poverty as the inability of an individual or family to command sufficient resources to satisfy basic needs (Fields 2001 cited by Barrientos, 2010). All in all, therefore, poverty can be understood as a reflection of the inability of individuals, households, families, or entire communities to attain a minimum and socially accepted standard of living measured in terms of basic consumption needs or income required to satisfy those needs (Kehler, undated). In line with this, family poverty[1] can be described as a state in which a family earns less than a minimum amount of income—typically US$1.25 per day per person in low-income countries (United Nations, 2011a)—and where the insufficient income hampers the family's ability to adequately cover basic costs of living, including paying for food, shelter, clothing, education, health care, utilities, transport, etc. (Ahmed, 2005).

There is, in addition, a general consensus among poverty scholars and policy stakeholders that poverty is multidimensional and goes beyond income and material deprivation. According to the United Nations[2] for example, poverty is fundamentally:

> "a denial of choices and opportunities, a violation of human dignity. It means lack of basic capacity to participate effectively in society. It means not having enough to feed and clothe a family, not having a school or clinic to go to, not having the land on which to grow one's food or a job to earn one's living, not having access to credit. It means insecurity, powerlessness and exclusion of individuals, households and communities. It means susceptibility to violence, and it often implies living in marginal or fragile environments, without access to clean water or sanitation".
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> Similarly, the Programme of Action of the 1995 World Summit for Social Development held in Copenhagen stated that:
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> "Poverty has various manifestations, including lack of income and productive resources sufficient to ensure sustainable livelihoods; hunger and malnutrition; ill health; limited or lack of access to education and other basic services; increased morbidity and mortality from illness; homelessness and inadequate housing;

[1] In the absence of a standard definition of 'family', and given that in most developing countries multiple-person households of unrelated individuals are not common (Belsey, 2005) family household will serve as the operational definition of family in this paper, and 'family and 'household' will be used interchangeably.

[2] The Statement for Action to Eradicate Poverty adopted by the Administrative Committee on Coordination in May 1998, quoted in the Report of the Independent Expert on Human Rights and Extreme Poverty (E/CN.4/1999/48) See Indicators of Poverty ad Hunger: www.un.org.esa/socdev/unyin/documents/YdiDavidGordon_poverty.pdf. Accessed 27 May 2011.

> unsafe environments; and social discrimination and exclusion. It is also characterised by a lack of participation in decision-making, and in civil, social and cultural life" (United Nations, 1995: paragraph 19).

There is considerable evidence that the persistence of poverty is relatively higher in certain groups of people and types of households and families. In developing countries these include single parent households, particularly those headed by women; migrant families; families living in rural areas and urban slums; and households affected by HIV and AIDS.

The disproportionate burden of poverty borne by female-headed households is largely due to the multiple forms of discrimination that women face in education, health care, employment, and control of assets. According to Carmona (2009), for example, women are more likely than men to be unemployed, to be in vulnerable employment situations, and to assume heavier loads of unpaid work and family care. Evidence also "consistently shows that where mothers and children have poor health, nutrition and education they are likely to transmit poverty on to the next generation" (Carmona, 2009:2).

Migrant families—either migrating with the breadwinner or left behind—often face increased poverty especially if they are low-skilled (Kohler et al, 2009). For example, the arrival of job-seeking rural migrants in urban areas often expands the pool of young urban job seekers, and worsens the urban unemployment phenomenon that is characteristic of many developing countries. It also reduces the pressure on employers to offer competitive incomes and work standards to their workers, and results in many urban migrants facing a future of low-wage employment, unemployment, underemployment, and poverty (Min-Harris, 2010). For families left behind in rural areas, the lack of remittances means that their poverty levels persist. Cross-border migrants are, on the other hand, generally not eligible for social protection and other family services in the host country and usually do not have health insurance or old age pension entitlements (Taylor, 2008; Kohler, 2009). Thus whether there is a single migrant from a family, or the family migrates, migrant families in developing countries are often left especially vulnerable on all counts (Kohler, 2009).

Among the most evident impact of the HIV and AIDS epidemic has been the erosion of families' coping mechanisms as they lose working adults at the same time as children orphaned by the epidemic swell dependency ratios (Heymann and Kidman, 2009). In consequence, most families and households affected by the epidemic have moved from relative affluence into poverty as a result of breadwinners' loss of paid employment or decreased labour, and the increased borrowing and sale of possessions so as to take care of the sick (United Nations, 2004). There is also wide evidence that households where orphans live are, in many settings, more likely than others to be poor, and to suffer disadvantages in education, nutritional status, and general well-being (United Nations, 2004; Belsey, 2005).

Within families, poverty is relatively higher among children, older persons, and people living with disabilities. Evidence from various disciplines has shown that children growing up in low-income households experience social and health conditions that place them at risk for later academic, employment, and behavioural

problems (Brooks-Gunn & Duncan, 1997; Ahmed, 2005; Shanks & Danziger, 2011). Children of economically-deprived parents are also more likely to miss the personality development teachings from the family—their first learning institution—as parents struggle to pay attention to the importance of parental care (Ahmed, 2005). It can be concluded, therefore, that children enter poverty by virtue of their families' socio-economic circumstances (Brooks-Gunn & Duncan, 1997). Older persons, on the other hand, have an increased likelihood of becoming and remaining poor because old-age brings with it reduced capacity to work, as well as difficulties in accessing health care and other essential services (Gorman, 2004). Disability and poverty are intricately linked as both a cause and consequence of each other (Braithwaite & Mont, 2009). Not only are people with disabilities over-represented among the poorest people (accounting for 15 to 20 per cent of the poorest in developing countries), but poverty—as a result of the poor living conditions, health endangering employment, malnutrition, poor access to health care and education opportunities etc—dramatically increases the likelihood of disability and secondary disability for those individuals who are already disabled (Yeo, 2001).

In an attempt to improve their situations, households in poverty often adopt strategies that are dysfunctional in that they increase their households' vulnerability (the probability of being in poverty in the future) and trap the households into long-term poverty (Barrientos, 2010). In developing countries these strategies include reducing the number and quality of meals; postponing health-related expenditure; withdrawing children from school and/or engaging in child labour; engaging in informal employment; and adopting less productive, but safer crops.

It is against this background that many developing countries have adopted social protection as the key response to poverty and rising vulnerability among their populations. Described as "policies and programmes that protect people against risk and vulnerability, mitigate the impact of shocks, and support people from chronic incapacities to secure basic livelihoods" (Adato & Hoddinott, 2008:1), social protection has wide-ranging benefits that include: promoting access to nutrition, health services and education; protecting the most vulnerable from sinking into poverty; achieving economic growth; assisting in building social cohesion; and promoting political stability (Carmona, 2009). With specific regard to the family, social protection can, in the short term, help provide relief to affected families and prevent them from falling into destitution, while in the longer term, its promotive and transformational functions address some of the underlying causes of inter-generational poverty (Kohler, 2009).

This paper gives an overview of family-focused social protection policies and programmes in developing countries. Particular focus is placed on sub-Saharan Africa, South Asia, and Latin America—the developing regions shown in the next section to be the most affected by poverty. The paper begins with an examination of the dimensions of poverty in developing countries, particularly the current levels of poverty, and the factors associated with increasing family poverty in these countries. This is followed by a review of major family-focused anti-poverty social protection policies and programmes in each of the three developing regions. The review aims to demonstrate how these programmes focus on families by answering questions such as: Is the family the unit of focus? What types of families are covered? Are any special situations taken into account? The paper concludes with a discussion of

policy implications and offers recommendations on plausible actions that can be taken to improve the current family-focused policies and programmes and families' access to them.

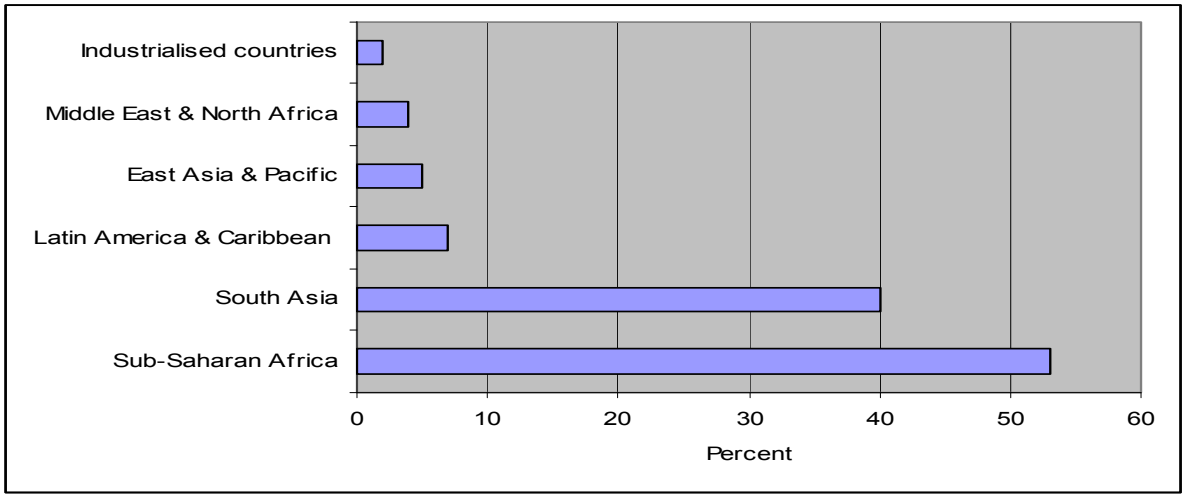
Dimensions of poverty in developing countries

Current levels of poverty

The 2011 Millennium Development Goals (MDGs) report (United Nations 2011b) asserts that the robust economic growth witnessed in the early 2000s reduced the number of people in developing countries living in extreme poverty (on less than US$1.25 per day) from 1.8 billion (46 per cent) in 1990 to 1.4 billion (27 per cent) in 2005. This early economic growth was also able to offset the effects of the 2008 global economic crisis. The United Nations (2011b) thus projects that the number of people living in extreme poverty in developing countries will continue to decrease, and will fall below 900 million (or 15 per cent) by 2015. This will be well below the 23 per cent target of MDG 1 which aims to eradicate extreme poverty and hunger, and to half the proportion living in poverty by 2015.

Despite this overall decline in poverty levels, many developing countries remain poverty-prone. For example, more than half of the population of sub-Saharan Africa still lives in extreme poverty (Figure 1). It is also universal knowledge that a third of sub-Saharan Africans are underfed. This is largely due to the sub-continent's dependence on small-scale subsistence agriculture which is increasingly affected by environmental and climate change risks, and offering insecure livelihoods (Cook & Kabeer, 2009). Similarly, despite experiencing the high economic growth rates witnessed throughout Asia, South Asia exhibits high levels of extreme poverty (40 per cent). The region is also home to the largest absolute numbers of poor people, with its 400 million chronically poor people making up almost half of the world's total (Cook & Kabeer, 2009). Latin America also demonstrates patterns of poverty and vulnerability evident in the other two regions. Although its extreme poverty levels shown in Figure 1 are much less than those for sub-Saharan Africa and South Asia, available evidence shows that in 2009 about 183 million Latin Americans (a third of the region's population) were living in poverty, and 74 million of these were classified as living in extreme poverty (Moro, 2011). The most extreme poverty in the region tends to be concentrated in remote rural areas and among indigenous people. Latin America is also the most unequal region in the world, with a Gini Coefficient of 0.52, which is closely followed only by that of sub-Saharan Africa at 0.47 (Go, 2007; Lopez & Perry, 2007). As Lopez and Perry argue, not only does high inequality lead to higher poverty levels, it also constitutes a barrier to poverty reduction.

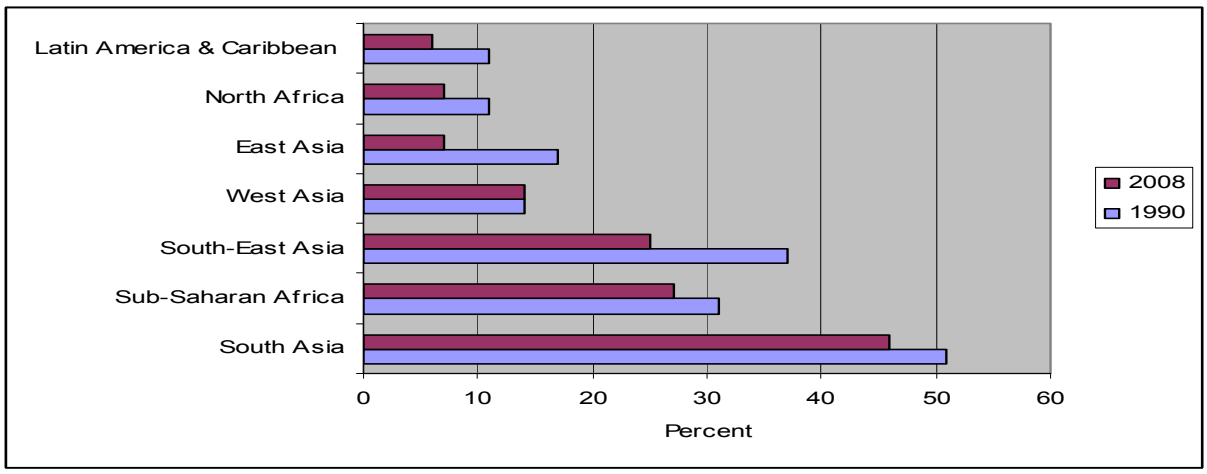
Figure 1: Proportion of population living on less than US$1.25 per day, 1990-2008



Source: UNICEF (2011). *Adolescence: An Age of Opportunity.* New York: UNICEF

Given that better nutrition improves the capacity of people to produce a sustainable livelihood, reducing hunger is often seen a necessary condition for reducing poverty (Curtain, 2003), and it is indeed the second target for MDG 1. To this end, the proportion of people suffering from hunger is regularly monitored. The 2011 MDG Report, for example, shows that the proportion of people who suffer from hunger in developing countries remained at about 16 per cent between 2005 and 2007, and concluded that "based on this trend, and in light of the economic crisis and rising food prices, it will be difficult to meet the hunger-reduction target [of MDG 1) in many regions of the developing world" (United Nations, 2011b:11). Another indicator of the achievement of this target—the prevalence of underweight children aged below 5 years—is shown in Figure 2. The figure shows that while the proportions have generally decreased, they are still relatively high in South Asia and sub-Saharan Africa, possibly as a result of global food price increases that preceded and accompanied the 2008 downturn and "contributed to a considerable reduction on the effective purchasing power of poor consumers, who spend a substantial share of their income on basic foodstuff" (United Nations, 2010:12).

Figure 2 Proportion of children under age five who are underweight, 1990 and 2008



Source: United Nations (2010). *Millennium Development Goals Report.* New York: United Nations

The following subsection reviews some of the key challenges that shape developing countries' vulnerability to poverty.

Factors associated with family poverty in developing countries

While the global economic growth is rebounding from the world financial and economic crisis of 2008, labour markets are still showing slow employment creation, and widespread deficits in decent work (United Nations, 2011b). For example, over 75 per cent (up from 21 per cent in 1990) of the sub-Saharan African labour force was employed in the informal sector in 2008 (Xaba et al, 2002; Economic Commission for Africa, 2010). In Latin America the figures were 36 per cent for 2009, up from 32 per cent in 1999. The corresponding figures for South Asia are 80 per cent and 77 per cent respectively (United Nations, 2011b). The informal sector is notorious for its long working hours, low productivity, low earnings, and the high poverty among its workers. Overall, informal sector workers are generally known to live and work under harsh conditions associated with shocks such as illness, loss of assets, and loss of income. They also have little or no access to formal risk-coping mechanisms such as insurance, pensions and social assistance (African Union, 2009).

Beyond economic factors, changes in family structure have been a major force behind poverty, and family poverty in particular, in many developing countries. As a background it is perhaps worth highlighting that in many of these countries the extended family—which comprises of generations of close relatives—has for many years been seen as an essential stimulant for the well-being of people and the sustenance of society through its provision of emotional and material support for its members (Bernard, 2003; African Union, 2004). In the African context for example, the extended family is a long established institution which provides a sophisticated social security system for its members, particularly in times of need and crisis such as unemployment, sickness, old age, and bereavement (African Union, 2004). The traditional African extended family is also the base for childcare and socialisation as well as for reciprocal care-giving relations between generations where older persons play a major role in taking care of grandchildren while younger family members are the main caregivers of older members (Blanc and Lloyd, 1994). Asian societies also have a strong traditional culture of intergenerational support where children are expected to have a sense of gratitude towards their parents and an obligation to provide care for them in their old age. At the same time, the extended family—grandparents, aunts, and other relatives—are counted upon to provide child care-giving support (Caparas, 2011). In Latin America many societies possess a collectivistic orientation which underscores a strong concern for the fate and well-being of one's kin, and the need for family members—young and old—to support each other and to assist in the socio-economic maintenance of the family (Fuligni et al, 1999).

Over the years, however, many developing countries have undergone fundamental demographic, economic and sociological changes that have stretched, and in some cases exhausted, the socio-economic support mechanisms that were traditionally offered by extended families. While trends vary by region and country, several

transformations can be affirmed: decreasing fertility; increased number of older persons; increased migration; changing nuptiality patterns; increased proportion of female-headed households; and high levels of HIV and AIDS and other communicable diseases. Overall, these changes have contributed to family circumstances that are characterized by economic fragility and debilitating family poverty (Dintwa, 2010). The following sub-sections illustrate these trends.

Decreasing fertility levels

While total fertility rates (TFRs) in sub-Saharan Africa are still higher than elsewhere in the world, several studies (for example Bongaarts, 2008; Shapiro and Gebreselassie, 2008) have revealed conclusively that fertility decline is underway in most parts of the region and that the TFRs are certainly much lower than they were four decades ago. These rates are also expected to continue declining and to reach replacement level (2.0 children per woman) in about 30 years time, at the earliest: in 2040 for Southern Africa, in 2060 for West Africa, and in 2075 for East and Central Africa (Caldwell and Caldwell, 2002). By the same token, socio-economic changes in Asia over the past 50 years have been accompanied by a remarkable drop in birth rates, with TFRs falling from nearly 6.0 children per woman in the 1960s to about 2.8 in 2010 (Bloom et al, 2011). Similarly, following a 30-year dramatic decrease, fertility rates in most Latin American countries are now near, or below, the replacement level (Roett, 2011).

While it is well-documented that families with lower fertility are better able to invest in the health and education of each child, which in turn can help reduce poverty and stimulate national development; from the point of view of family poverty, small families have less ability to cope with situations such as unemployment, illness, or death, as there are fewer people to rely on or to distribute the burden of care and support among (Oliveira, 1997). Therefore to the extent that providing support for older people, children and the infirm is still primarily a family responsibility, smaller families may be more vulnerable to poverty in many developing countries as care responsibilities can hamper carers' full involvement in income-generating activities.

Ageing population

The most significant ramification of the foregoing fertility decline is a change in the age structure of the population with, among other things, a rising ratio of older persons (Cook, 2009). For example, although less than five per cent of the current population of sub-Saharan Africa is aged 60 years and above, current estimates are that the number of people in this age group will double from the 35 million estimated in 2006 to over 69 million in 2030, and to over 139 million by 2050 (Velkoff and Kowal, 2007; Makoni, 2008). In South Asia, the proportion of the same age group is projected to increase from its 2005 proportion of 7.4 per cent to 11.1 per cent in 2025 and to 19.2 per cent in 2050. In Latin America, the United Nations projections are that the proportion of the population aged 65 years and above will reach 18.5 per cent in 2050, three times the 6.3 per cent reported in 2005 (Roett, 2011).

Population ageing is in many ways a positive reflection that people are living longer and healthier than ever before. In the context of family poverty however, it raises the issue of old age support. For example, research on micro-simulation of kin availability suggests that due to declining fertility discussed above, many older

persons in developing countries will increasingly have fewer children upon whom to rely (Velkoff, 2002). This could leave many older persons in precarious situations, particularly given—as shall be shown later—the poor availably of, and access to, social welfare programmes that cater for the everyday needs of older persons in developing countries (Taylor, 2008; Caparas, 2011).

Increased rural-urban migration and decline in extended family systems

The vulnerability of older person in developing countries is further aggravated by weakened family support systems caused by increased out-migration of younger family members from rural areas. Often driven by perceived prospects in urban areas, and sometimes across regions, this rural-urban migration means that the three-generation household, the extended family, and their associated support mechanisms are no longer the norm in many developing countries as families become physically separated and household sizes decrease (Miller, 2006; Cook, 2009). In consequence, kinship obligations are becoming less compelling and the traditional family support for care roles and domestic tasks, while still frequent, is becoming less available (Wusu & Isiugo-Abanihe, 2006; Cassier & Addati, 2007). For example, while large families are still the norm in South Asian countries, they are becoming more dispersed (De Silva, 2003) and "it is likely that before long, family nucleation would create voids in the traditional joint family systems that have persisted in Asia" (Intrat et al, 2007). Nuclear households are also the most widespread form of residence in Latin America, where single-person households are also on the increase in all countries (Jelin & DÍaz-Muñoz, 2003). With this decrease in household sizes and in the availability of family assistance, low-income families have the most difficulty since satisfactory market-based care solution for older persons, children, and the infirm are often beyond their means (Addati & Cassirer, 2008).

Increasing female labour force participation

Among the most striking labour market trends of recent times has been the growing proportion of women in the labour force and the narrowing gap between male and female participation rates (International Labour Organisation, 2007). According to the International Labour Organisation, despite regional variations, women's participation in income-earning activities outside the home has been increasing conspicuously and significantly in almost all countries and "there have never before been so many economically active women" (International Labour Organisation, 2007:2). For example, the number of sub-Saharan African women in non-agricultural employment increased from 24 per cent in 1990 to 33 per cent in 2009, and is projected to reach 36 per cent by 2015. The corresponding figures for Latin America and the Caribbean are 36, 43 and 45 per cent respectively, while for South Asia they are 13, 19, and 22 per cent.

Despite their increasing entry into wage employment, women in developing countries continue to be primarily responsible for the general management of their households and for the care of minor children and elderly members in their households and families (UNECA, 2001). This often leads to negative consequences such as increasing incidents of "work-family conflict", a phenomenon defined as "a form of inter-role conflict in which the roles pressures from work and family domains are

mutually incompatible in some respect" (Greenhaus and Beutell, 1985:77). This conflict can contribute to family poverty by constraining women's ability to maximise income generation opportunities and/or career prospects; reducing the number of adults in a family who can participate in paid work; and restricting the range of jobs that parents or caregivers are able to take up. It has also been associated with negative child health and academic outcomes (Ruhm, 2000; Berger et al, 2005), as well as with negative impacts in the quality of relations between spouses, and increased risk of family dysfunction (Macewen and Barling, 1994; Matthews at al, 1996). Examples of family dysfunction include spousal emotional distress such as depression; insufficient surveillance and lack of control over children's behaviour; lack of warmth and support and displays of aggression and hostility among family members (Ahmed, 2005).

Changing nuptiality patterns and increase in female-headed households

Many developing countries are also witnessing notable changes in their marriage patterns. In sub-Saharan Africa for example, whereas marriage is still the norm it is no longer universal and it is increasingly taking place later in life (van de Walle, 1993; Hentrich, 2002). Divorce and separation are also becoming a common phenomenon, while remarriage is becoming less common (Ntozi and Zirimenya, 1999; Wusu and Isiugo-Abanihe, 2006). A trend towards less frequent and delayed marriage is also being observed in South Asia and other parts of Asia (Jones, 2010). Overall these changes have led to an increase in female-headed households, which, as discussed earlier, carry a disproportionate burden of poverty (Bigombe and Khadiagala, 2003; Bernard, 2003). It should further be noted that in many developing countries, marriage is still a crucial means for women to secure access to land, livestock, credit housing and other resources. Hence, the increasing number of female-headed households means that many of them will increasingly be unable to secure or access income and wealth-generating resources, leaving them vulnerable to poverty and social exclusion.

HIV and AIDS and other communicable diseases

The livelihood and family-based support systems in developing countries have also been undermined by the HIV and AIDS epidemic as well as other communicable diseases. Sub-Saharan Africa is the region most affected by HIV and AIDS, accounting for 72 per cent of all new infections in 2008, and for 68 per cent of the global number of people living with HIV in 2009 (UNAIDS, 2010). UNAIDS data further shows that during 2009 alone, an estimated 1.3 million adults and children died as a result of AIDS in sub-Saharan Africa, and that more than 15 million people have died in the region since the beginning of the epidemic in the early 1980s. To a lesser extent, HIV and AIDS is also a major health issue in Latin America where an estimated 1.4 million people were living with HIV is 2009 (UNAIDS, 2010). In addition to its erosion of families' coping mechanisms discussed earlier, the epidemic has, in some of the most affected areas, had an impact on family structure, as reflected in the emergence of skip generation (children and grandchildren with parents missing) and child-headed households (Agyarko et al, 2000; Mturi et al, 2005; Taylor, 2008). In consequence, there has been notable role displacement with the burden of care falling on to older persons and children who characteristically have no access to

education, health care, emotional and physical support, and other essential resources to cope (Mturi et al, 2005; Taylor, 2008).

In South Asia, over half of the disease burden is attributable to non-communicable diseases. However, communicable diseases such as tuberculosis, respiratory infections, and water- and vector-borne diseases still remain prominent in the total population creating what is referred to as a 'double-disease burden' in the region (Engelgau, 2011). In Latin America, the major communicable diseases are malaria and tuberculosis. As with HIV and AIDS, families bear the burden for the time and effort involved in providing care for people affected by these diseases, as well as for treatment-related direct expenses for health care facilities, medicines, laboratory tests and transportation (Caparas, 2011).

In view of the foregoing key factors underlying family poverty, social protection policies and programmes aimed at reducing poverty and deprivation in developing countries can be grouped under two main categories: social security or social insurance, and social assistance. *Social insurance* refers to contributory social security schemes that protect income earners and their dependants against temporary or permanent involuntary loss of income as a result of exposure to contingencies that impair earning capacity (Kaseke, 2005). *Social assistance,* on the other hand, refers to non-contributory assistance or benefits provided to poor and needy groups in a population (International Labour Organisation, 2000). Both social insurance and social assistance are typically designed to (1) reduce family poverty in the short term by raising family consumption and (2) break the intergenerational transmission of poverty by putting family members in a better socio-economic position (Arriagada, 2011). The following section gives an overview of all these programmes in the three developing regions that are of interest to this paper.

Anti-poverty family focused policies in developing countries.

This section explores the extent to which social security and social assistance in developing countries is family-focused. For social assistance, the focus is on the following types of support: cash transfers; public works programmes; provision of basic social services, and food programmes or subsidies.

Social Security

The International Social Security Association categorises the social security programmes into five main groups:

i. *Old-age, disability, and survivor benefits*. These cover long-term risks and provide pensions or lump-sum payments to compensate to loss of income resulting from old-age or permanent retirement.
ii. *Sickness and maternity benefits*—these deal with the risk of temporary incapacity and are generally of two types: (1) cash sickness benefits and (2) healthcare benefits which are provided in the form of medical, hospital and pharmaceutical benefits.

iii. *Work injury benefits*—the oldest type of social security, these provide compensation for work-related injuries and occupational illnesses and they almost always include cash benefits and medical services
iv. *Unemployment benefits*—these provide compensation for the loss of income resulting from involuntary unemployment
v. *Family benefits*—these provide additional income for families with young children to meet at least part of the added cost of their support. In some countries they include school grants, birth grants, maternal and child health services, and allowances for adult dependents.

Using this typology the following sub-sections give an overview of social security in developing countries.

Latin America

Latin American countries began to adopt modern social security systems in the early years of the twentieth century when countries like Argentina, Brazil, Chile and Uruguay introduced occupations schemes such as disability pensions, survivor benefits, old-age pensions, and in some cases health insurance (Ghai, 2002; Ferreira and Robalino, 2010). According to Ferreira and Robalino, these systems were often implemented with the implicit expectation that as economies developed and incomes per capita grew, a majority of the labour force would end up in salaried jobs in the formal sector. This expectation however remains unfulfilled. For example, while Table 1 below shows that all countries in Latin America have old-age, disability, and survivor benefits, it is noteworthy that these derive their finances from three possible sources: a percentage of covered wages or salaries paid by the worker; a percentage of covered payroll paid by the employer; and/or a government contribution (International Social Security Association, 2008). In essence therefore, these benefits are available only to formal sector waged workers, in either the public or private sectors, who are able to contribute to social security. Thus given, as discussed earlier, that the majority of Latin American workers are employed in the informal sector, the coverage of these programmes remains very low and inadequate. Indeed, in a study of 18 Latin American and Caribbean countries, Ferreira & Robalino (2009) concluded, with regard to Latin America that “pension coverage is above 50 per cent of the labour force only in Uruguay; Chile, Costa Rica, Venezuela, Argentina, Mexico, Panama, and Brazil have coverage rates between 30 per cent and 50 per cent. In other countries coverage is less than one-third and “shows little indication of improving” (Ferreira and Robalino, 2009:8). To the extent that the social security benefits accrue to contributing workers, they are targeted at individuals and not families per se; families can access the benefits indirectly if they are dependent on a contributing member. Table 1 also shows that unemployment and family allowances are much less available than contributory schemes. Where they are available they tend also to be employment-related, available to only individual salaried workers who have contributed towards them.

Table 1: Social security programmes in selected Latin American countries, 2009

Country	Old age, disability & survivors	Sickness and maternity		Work injury	Unemployment	Family allowances
		Cash benefits for both	Cash benefits plus medical care[a]			
Argentina	X	X	X	X	X	X
Belize	X	X	a	X	a	a
Bolivia	X	X	X	X	a	X
Brazil	X	X	X	X	X	X
Chile	X	X	X	X	X	X
Colombia	X	X	X	X	X	X
Costa Rica	X	X	X	X	a	X
Ecuador	X	X	X	X	X	a
El Salvador	X	X	X	X	a	a
Guatemala	X	X	X	X	a	a
Guyana	X	X	a	X	a	a
Honduras	X	X	X	X	a	a
Mexico	X	X	X	X	X	X
Nicaragua	X	X	X	X	a	X
Panama	X	X	X	X	a	a
Paraguay	X	X	X	X	a	a
Peru	X	X	X	X	a	a
Uruguay	X	b	b	X	X	X
Venezuela	X	X	X	X	X	b

Source: International Social Security Association *(2009). Social Security Programs Throughout the World: Africa, 2009.* Geneva: International Social Security Association

Key: a. Has no programme or information is not available
b. Coverage is provided under other programmes

Sub-Saharan Africa

Social security programmes in sub-Saharan Africa are also mainly of the contributory type (Table A1 in the annex) that apply to salaried workers only who, as discussed earlier, constitute the minority of the economically active population in the region; informal sector workers do not have access to these benefits. Another salient point from Table A1 is that the current social security landscape in sub-Saharan Africa aggravates aspects of gender bias, which in turn can leave families, particularly those headed by women, vulnerable to poverty and social exclusion. In essence, given that African men have higher formal employment rates than their female counterparts, the predominance of contributory social insurance schemes in the region means that in the event of family break-ups or the death of the husband, affected women are often not entitled to present or future unemployment or pension benefits (Taylor, 2008). Taylor also noted that despite the high rate of inter-country labour migration in sub-Saharan Africa, the principle of territoriality—which requires that benefits be paid in the host country—is widespread throughout the sub-continent, This lack of portability of benefits is not only a major obstacle to the maintenance of social security rights but it also increases the vulnerability of the many migrant workers and their families.

As in Latin America it is also evident from Table A1 that provision of unemployment benefits of formally salaried workers is generally absent in sub-Saharan Africa. Family allowances, on the other hand, exist in 21 of the 38 countries shown in the table. Apart for those in Mauritius and South Arica (which in effect are social

assistance programmes), the family allowances are employment-related and payable only to contributing workers when certain requirements are met.

South Asia

As in the other two developing regions, formal social security schemes exist across South Asia (Table 2). However, given the high level of informality in the region's labour market, it can be concluded that the vast majority of the region's population remains outside the system. For example, according to Kohler et al (2009), for the region as a whole, coverage rates for contributory pension programs are very low and less than one in ten workers participate and a large proportion is public sector workers, or civil servants. Also consistent with the pattern in Latin America and sub-Saharan Africa, unemployment and family allowances are similarly scarce; the latter exist only in Sri Lanka and the former in India, and are both payable to the contributing worker rather than to families.

Table 2: Social security programmes in selected South Asian countries, 2010

Country	Old age, disability & survivors	Sickness and maternity		Work injury	Unemployment	Family allowances
		Cash benefits for both	Cash benefits plus medical care[a]			
Bangladesh	c	X	X	X	b	b
India	X	X	X	X	X	b
Nepal	X	b	d	X	b	b
Pakistan	X	X	X	X	b	b
Sri Lankan	X	b	d	X	b	X

Source: International Social Security Association *(2009). Social Security Programs throughout the World: Africa, 2010.* Geneva: International Social Security Association

Key: b. Has no programme or information is not available.
c. Old-age benefits only.
d. Medical benefits only.
X Available in some form.

Cash Transfers

Cash transfer programmes provide a predictable and reliable source of income which can have significant effects upon the capacity of households to invest in human and physical capital (Woolard & Leibrandt, 2010). There are basically two types of cash transfers: conditional and unconditional. Also known as social pensions, the latter are effectively entitlements awarded either in cash or in kind and financed entirely by public revenues or specific taxes. The transfers are paid out to certain pre-determined categories of individuals, typically persons who are unable to work and not covered by other social security schemes. These include people with disabilities, orphans, the chronically ill, older persons without family support, and other 'vulnerable groups" such as children (Devereux, 2006). The unconditional cash transfers not only provide a safety net against poverty by offering basic support to all persons who qualify for them, but they also help families cope with caring responsibilities thus promoting intergenerational support (Kaseke, 2005). Conditional cash transfers (CCTs), on the other hand, have the primary objective of providing short-term poverty alleviation by simultaneously maintaining consumption and promoting investments in long-term human capital development. This is done by linking the transfers to the demand side of service delivery, and paying them out on

condition that children enrol in school, attend school on regular basis, and that young children and/or pregnant or lactating women attend health care facilities for scheduled check-ups, immunizations and other services (Adato & Hoddinott, 2007; Slater 2011).

Cash transfers in Latin America

In relation to the rest of the developing world Latin America has the most stable and long-running cash transfer initiatives (UNDP, 2011). The programmes arose from the political recognition that a significant proportion (generally up to 40 per cent) of the labour force was in informal employment and hence, together with their families, did not have access to traditional social security schemes (Barrientos & Hinojosa-Valencia, 2009; Ferreira & Robalino, 2009). Table A2 in the annex shows the pattern of cash transfers in Latin America.

Unconditional cash transfers
Unconditional cash transfers in Latin America started as early as 1974 when Costa Rica introduced the *Rėgimen No Contributivo de Pensiones por Monto Basoco* (Non-contributory Basic Pension Regime) targeting the elderly and disabled poor individuals (Barrientos & Hinojosa-Valencia, 2009. It is evident from Table A2 that current unconditional cash transfers in the region continue to be generally categorical, targeting households with older persons, people with disabilities, and children.

Conditional cash transfers
CCTs have been spreading rapidly in Latin America since the mid-1990s, following the implementation of Brazil's *Bolsa Familia* in 1995 (Ferreira & Robalino, 2009; Arriagada, 2011). Relative to unconditional cash transfers, CCTs are the most dominant type and now exists in more than 15 Latin American and Caribbean countries and reach more than 20 million families, which is over 113 million people or 19 per cent of the population of the region (Arriagada, 2011). Consistent with the literature (see for example Soares & Silva, 2010; Arriagada, 2011) Table A2 shows that CCTs in Latin America generally have their central axis of action taking place around poor families or households with children, rather than on individuals or specific family members. It is noteworthy, however, that these programmes typically select a woman (usually the mother or the woman responsible for children in the household) as the primary recipient of the transfer, a policy option "based on the assumption that the money spent by women tends to be invested in goods and services more likely to positively affect the well-being of the children" (Soares & Silva, 2010:7).

Cash transfers in sub-Saharan Africa

Following a series of weather-triggered emergencies in Southern Africa and the Horn of Africa in the early 2000s, and with the high numbers of sub-Saharan Africans affected by HIV and AIDS and poverty, social protection has now established itself firmly on the policy agenda in most sub-Saharan African countries (Devereux & Cipryk, 2009). Since the development of the *Livingstone Call for Action on Social Protection,* a growing number of governments in the sub-continent are designing and developing national social protection strategies, often in the context of more

comprehensive versions of poverty reduction strategy papers aimed at achieving economic growth, poverty reduction and sustainable development (Adato and Hoddinott, 2008; International Social Security Association, 2008; Niño-Zarazúa et al., 2010). The Call for Action urges African governments to, among other things, strengthen social protection and social cash transfer interventions; adopt comprehensive social protection schemes for older persons; and introduce universal social pensions (Beales & Knox, 2008).

Unconditional cash transfers

The earliest unconditional cash programmes in sub-Saharan Africa were old age pensions established in South Africa (1928), Namibia (1949), and Mauritius (1958). These programmes, according to Niño-Zarazúa et al (2010), have their roots in the South African social pension scheme introduced in the 1920s to protect the minority white population against poverty in old age. Unconditional cash transfers however became more widespread from the mid-1990s in response to the impact of HIV and AIDS on families. Given that the epidemic affected Southern Africa the most, where it left many households without members of working age and shifted the burden of care to older people, the pattern of current unconditional cash transfers in sub-Saharan Africa is that they exist mostly in Southern Africa (albeit increasingly in East Africa) and are in the form of categorical old age pensions (Table A3 in the annex). Only in South Africa and Mauritius are there cash transfers that are specifically child-focused, although they are received by parents or caregivers, majority of who are women. In South Africa for example, the Foster Care Grant is *p*aid to a foster parent looking after children aged 18 years or younger (21 years if a student) and similarly the means-tested Child Support Grant is paid to the primary caregiver of a child or children aged 17 or younger

Conditional cash transfers

To date CCTs have proved less popular in sub-Saharan Africa "possibly because the quality of education and health services is often so poor that the benefits of imposing conditions are doubtful" (Save the Children et al, 2005). Where they do exist, they tend to be targeted at poor households that have people who are unable to work, or households looking after orphans and other vulnerable children (OVCs). Table A3 shows that the programme beneficiaries are generally selected through a mix of community targeting exercises.

Cash transfers in South Asia

In line with the trend in the other developing regions, all governments in South Asia recognise the importance of social protection as a tool for reducing poverty (Kohler et al, 2009). However, no government in the region has as yet established a full-fledged, comprehensive and interlinked social protection system per se (Kohler et al, 2009). Therefore, as Table A4 in the annex shows, cash transfers in South Asia are rudimentary or absent, and are concentrated in only three countries: Bangladesh, India and Pakistan. As in sub-Saharan Africa, the unconditional cash transfers are generally categorical and targeted at older persons. In a regional review of social protection in South Asia, Kohler et al (2009) revealed that a number of children's benefits in the form of education stipends and health-related benefits are also available in Bangladesh, India and Pakistan. In general, these programmes are categorical and target children from poor households. Their main aim is to increase

school attendance, to delay marriage among girls, and to encourage women to give birth in health facilities.

CCTs in South Asia also tend to be limited to only two countries: Bangladesh and Pakistan, where they typically target poor households with children. They are generally linked to children's school attendance.

Impact evaluation of cash transfers

While it has been difficult to trace the impact of cash transfer programmes on broader national poverty and inequality indicators (Hujo & Gaia, 2011), there is ample evidence that these programmes support household consumption and lead to direct improvement in household welfare (Soares, 2004; Adato & Bassett, 2008; Barrientos, 2010). For this reason CCTs are often referred to as the 'silver bullet' to fight poverty and inequality, a reputation largely based on the results of various evaluations of CCTs in Latin America which have consistently associated these transfers with improved human capital outcomes (Adato & Hoddinott, 2007). Among the most established and rigorously evaluated CCTs programmes is Mexico's *Oportunidades* (previously Progresa) and Brazil's *Bolsa Familia* the key achievements of which are shown in Box 1 below.

Box 1. Impacts of CCTs in selected Latin American countries

Oportunidades [1]

This programme aims (1) to improve schooling, health, and nutrition of poor households particularly children and their mothers and (2) to ensure that households gave sufficient resources so that their children can complete basic education.

The programme provides income transfers to poor households on the condition that they send their children to school and attend regular health checkups. The programme began operating in rural areas but was extended to urban areas in 2003. An extension to additional urban areas in 2009 has been made with some additional training and microenterprise support mechanisms.

The Programme's main achievements are:

- 10 per cent reduction in primary school desertion and 24 per cent increase in secondary school registration. Dropout rates decreased by 24 per cent with a corresponding rise in completion rates for secondary schools in rural areas of 23 per cent
- A 42 per cent increase in the probability of entering secondary school for boys and 33 per cent for girls.
- A 3 per cent increase in attendance to preventive healthcare checkups in rural areas and 20 per cent in urban areas
- 11 per cent decrease in maternal mortality and 2 per cent decrease in child mortality
- 20 per cent reduction in the incidence of sick days for beneficiaries aged 0-5 and 11 per cent for those aged 16-49
- A 50 per cent decrease in the incidence of low-size-for-age in children in a 10 year period
- A reduction in anemia amongst children
- A 22 per cent increase in total family consumption for rural areas and 16 per cent in urban areas.

Bolsa Familia [2]

Implemented in 2003 and coordinated at the federal level, *Bolsa Familia* is a conditional cash transfer programme targeted at families living below the poverty line that aims to combat poverty and promote social inclusion. Allowances are paid subject to certain conditions being met, such as mothers and children attending health check-ups and receiving vaccinations and children attending school. The programme's cash benefits are paid directly to the family, preferably to the mother.

In 2008, the programme, with an estimated cost of 0.45 per cent GDP, covered the entire country and served some 10.55 million Brazilian families living on an income of between BRL 20 and BRL 182 per months. This was equivalent to nearly one-quarter of the country's total population. The programme has increased the incomes of covered families by nearly 25 per cent.

The Programme's main achievements are:

- The immediate alleviation of poverty through the provision of cash transfers. Among children younger than age 13 it has reduced the poverty rate from 52.2 per cent to 49. 2 per cent
- Helping to break the intergenerational cycle of poverty in some families
- Improved social cohesion by strengthening the family unit.
- As a tax-financed programme, it contributes to improved income distribution.
- By increasing family disposable income, it acts as a catalyst for local economic activity.

1 International Social Security Association (2010). *Social Security Highlights: Family benefits and demographic change.* Available at www.issa.org. Accessed 27 July 2011.
2 Barrientos, A., Niño-Zarazúa, M. & Maitrot, M (2010). *Social Assistance in Developing Countries Database,* Version 5.0. Manchester; Brooks World Poverty Institute

Estimates of the poverty impact of unconditional cash transfers can be gleaned from the evaluation results of old age pensions in Southern Africa. The results generally show that these transfers are often deployed to ensure children's schooling, improve health care and re-allocate productive resources within households (Adato & Bassett, 2008; Niño-Zarazúa et al, 2010). It has been found, for example that girls in households receiving a non-contributory social pensions are more likely to attend school, succeed academically, and have better health and nutrition indicators than children in similar households that do not receive the pension (International Social Security Association, 2008). Box 2 below shows results of other evaluations in Southern Africa.

Box 2. Evaluating the impacts of pensions in Southern Africa

Non-contributory pensions in South Africa reduce the country's overall poverty gap by 21 per cent, and for households with older people by more than half (54 per cent) while virtually eliminating poverty for households with only older people (a reduction of 98 per cent). In Mauritius the share of older people in households below the poverty line is 64 per cent without the non-contributory pension but only 19 per cent with the non-contributory pension. In Lesotho, 60 per cent of the monthly pension received by person aged 70 years and older is redirected consistently to children—to purchase school uniform, books, and health care. Evidence suggests that that this has halved Lesotho's hunger rate. Furthermore, 21 per cent of the surveyed recipients in Lesotho spent part of their pension creating jobs ranging from general household chores to farm work. Some older people in Namibia use their pension to invest in livestock and other agricultural activities, and to access credit (accepted as collateral)

Source: Adapted from International Social Security Association (2008).

Against the above background, and given that the majority of older persons in developing countries live in multigenerational households, old –age pensions can be understood in terms of transfers to household, not to elderly individuals.

Provision of basic social services

It is often emphasized that cash transfers and CCTs in particular are not sufficient if they are not accompanied by access to social services. The basic thesis is that the provisions of social services such as health, education, water, and sanitation can address the needs of excluded groups and thus bring the intergenerational transmission of poverty to a halt (Kohler et al, 2007:7). For example, while most developing countries provide free universal basic education, other educated related–costs (such as transport, books, meals, and uniforms) and the opportunity cost of lost income from child labour means that many children are unable to attend school. Similarly, where households are forced to make impoverishing payments to receive basic level of acceptable health services, large inequities in access and health outcomes can result (Cook, 2009). Using water and sanitation as examples, Table 3 below shows the extent of provision and access to social services in developing countries. The table shows that a high proportion of people in developing countries generally lack adequate access to clean water and sanitation.

Table 3 Proportion of the populating using improved drinking water and sanitation facilities

Region	Percentage of population using improved drinking-water sources, 2008			Percentage of population using improved sanitation facilities		
	Total	***Urban***	***Rural***	***Total***	***Urban***	***Rural***
Sub-Saharan Africa	60	83	47	31	44	24
South Asia	86	95	83	35	57	26
Latin America & the Caribbean	93	97	80	80	86	55
Developing countries	***84***	***94***	***76***	***52***	***68***	***40***

Source: UNICEF (2011). Adolescence: An Age of Opportunity. New York: UNICEF

There is also wide evidence that despite improvements in providing access to health care in developing countries, people in these countries tend to have less access to health services than those in more developed countries, and within countries, the poor have less access to health services (Peters et al, 2008). Much of this is due to low financing; according to Chudi (2010) for example, while it bears 90 per cent of the global disease burden, the developing world allocates less than 10 per cent of its annual budget to healthcare. The out-of-pocket payments which households have to make in the absence of adequate public health financing not only creates financial barriers to access and reduce the affordability of health care services, but they also push people into poverty or deepen existing poverty (International Labour Organisation, 2010).

Access to adequate and affordable housing, particularly for low-income families, is also a current and growing problem in the majority of developing countries. Majale et al (2011) argue that in some cases it is not that housing is too expensive, but rather that incomes are too low. In consequence, poor households often spend an

inordinate share of their incomes on housing, resulting in reduced expenditure on other basic needs such as food, education, and health, and creating levels of insecurity which may serve to undermine other social protection interventions and objectives (Cook, 2009; Majale et al, 2011). To this end, a number of developing countries are putting in place pro-poor housing programmes as part of their wider social protection strategies. These are discussed below.

Latin America

All Latin American countries have acute housing shortage problems and, as policy responses, most countries in the region have one or more public housing programmes that essentially require savings specified in absolute monetary value terms or as a percentage of the monetary value of the housing value or as a percentage of a voucher (Ruprah 2010:2). The programmes are directed at increasing ownership occupancy rates with the underlying assumption being that increased assets of lower income families would pave a chain of events such that families would exit poverty. According to Ruprah, the evaluation results of these programmes link them to an increase in home ownership, a reduction in irregular tenancy, improved quality of housing and access to some utilities such as potable water and sewerage. At the same time, however, the results showed no increased household income or poverty reduction effects. In addition, there were no education effects on households' children as measured by school attendance and education lags.

Sub-Saharan Africa

Throughout sub-Saharan Africa, income levels are such that the majority of households cannot afford to buy even the least expensive house, even if mortgage finance was available (UN-Habitat, 2005). In a paper on housing finance systems and policy in sub-Saharan Africa, Rust (2008:10) illustrated the extent of housing affordability and access to finance as follows:

South Africa

"within SA's population of about 12.7 million households, only about 2 million can afford to meet their needs in the housing market.

Rwanda

Of the 270 000 formally employed, only around 50 000 people earn above RWF1.2 million (US$2000) per month. The income of the bulk of the population will fall below the level where they can secure mortgage financing in the formal market.

Zambia

Few self-employed people earn enough to qualify for a home loan. This leaves the 16 per cent of all Zambians who are formally employed (2.2 million) as the potential market. Of these, 40 per cent are currently un-banked.

Mozambique.

A household would require a monthly net salary of 48 000 MT (US$1900) to borrow $40 000 over a 20 year period to purchase a small apartment in the less attractive areas on the cement city of Maputo. This is more that the net basic salaries of a couple of senior doctors working for the national health system

Kenya

Less than 10% have traditionally qualified for mortgage loans, with the majority ruled out by their low incomes. Borrowers generally consist of high net worth individuals

Table 5 shows some of the policies and programmes used to address the poor access to housing. To the extent that middle-to-high income families can theoretically obtain housing finance, many of the programmes are targeted at low income households and not at individuals per se. All in all, most countries have national housing policies aimed at improving the general housing conditions in the countries, not only for the poor. While there have not been many evaluations of the African housing programmes, Botswana's Self-Help Housing Agency has been seen as a success story in terms of providing a means of access to affordable housing for low-income groups and to upgrade the existing squatter settlements (Mosienyane, 1996). However, an evaluation of the scheme by Ikgopoleng & Cavrić (undated) noted that it was marred by problems such as lack of serviced land and inadequate finances for plot development which were exacerbated by the high urban development standards which are out of the reach of low-income urban families. The evaluation also revealed that there were some non low-income urban households living in SHHA areas

Table 4: Housing conditions and developments in housing policies, selected sub-Saharan African countries

Country	Developments in housing polices
Botswana	• National Housing Policy (1999) • Self Help Housing Agency provides land & housing finance to low income households
Kenya	• Kenya Slum Upgrading Project (KENSUP) established to respond to MDGs • National Housing Corporation (NHC) and local authorities provide limited public rental • Private sector developers working in up-Kenya market developments
Mozambique	• No national housing policy : draft strategy in 2005 not implemented • Construction of social housing and provides low-cost credit to low income households promoted
Namibia	• Vision 2030 and 5-year National Development Plans, National Housing Policy • " Distinction between high, middle and low income markets • " Build Together programme, mobilising savings, insufficient scale
Rwanda	• Draft National Human Settlement Policy (2004); draft Land bill (2004) draft Mortgage Law (2007) • Government low cost housing scheme in rural areas to accommodate returning refugees • Kigali City also provides subsidised housing
South Africa	• National Housing White Paper (1994) and Breaking New Ground (2004) • Subsidised, "Peoples' Housing Process" • Market-driven housing for middle - high income population
Uganda	• Draft National Housing Policy prepared in 2005 - not yet adopted addresses slum upgrading, minimum norms & standards, private sector role in the provision of housing on a commercial basis • PPPs with local and national government, and int'l donor, address self-help housing
Zambia	• New housing strategy pending - in consultation phase

Source: Rust, K. (2008). *International Experience & Lessons Learned*. Paper presented at the workshop on Housing finance systems and policy in sub-Saharan Africa, Wits Business School, Johannesburg. 3-8 November 2008

South Asia

Access to adequate housing is also a key issue in Asia and the Pacific where more than 500 million people or 45 per cent of all urban residents of the region live in sub-standard housing such as slums and squatter settlements because there is an insufficient supply of better quality housing at a cost they can afford. (ESCAP, 2010). ESCAP further reports that national governments in South Asian countries have generally been taking various measures over the years in meeting the housing needs for the poor through various programmes and missions. Examples of these include:

India
Indira Awas Yoyana is a cash subsidy scheme for rural Below Poverty Line (BPL) families for construction of dwelling units, using their own design and technology.

Interest Subsidy Scheme for Housing the Urban Poor
The scheme provides for interest subsidy of five per cent per annum on the loan amount of up to Rs. 100 000 (about US$2000) for the economically weaker section and lower income group in the urban areas for acquisition or construction of houses.

Sri Lanka
The Women's Bank is a cooperative society built and operated by and for the poor women of Sri Lanka. The Bank provides its ambers with loans for construction of kitchens, toilets, wells, etc. as basic necessities to improve the quality of life of its members.

Pakistan
Khuda-ki-Basti (KKB). Under this scheme a poor and needy family is invited to personally visit the reception of KKB on site. After initial verification, the family is given an on-room temporary residence on rent at the site. Once the management of KKB is convinced of the genuineness of the family's need, they are allocated a plot on site with payment installments. The family is them permitted to start construction on an incremental basis subject to their financial means. Technical support in construction is provided by the management. The ownership of the plot is conditional to living on site and is non-transferable. This prevents any speculation or misuse of the scheme.

Source: ESCAP (2010), *Regional Project on pro-poor housing finance in Asia and the Pacific: A compendium of select countries of Asia Pacific region.* ESACP

Public works

Public works programmes aim to provide a cushion against unemployment risk for the poorest workers by offering some monetary compensation for 'emergency' or short-term work, typically in the maintenance, upgrading, or construction of local infrastructure (Ferreira, 2010). It has been shown that when well-planned, the outputs of public works (for example schools, roads, conserved soil) can create community assets to support household livelihoods (Slater, 2011)

Public works programmes in Latin America

Workfare programmes became widespread in Latin America in the 1990s and have since been implemented in various countries of the region: Mexico Bolivia, Colombia and Peru (Ferreira & Robalino, 2009). Currently however, Argentina's *Jefes y Jefas de Hogar* is the only that can be described as a family-focused anti-poverty programme. It is targeted at unemployed heads of households with dependents under the age of 18 years or with disabled individuals of any age. Pregnant women are also a target population. To be eligible receipts must be engaged in one of the following activities: a training programme, community work for up to 20 hours per week, or work for a private company (Barrientos et al, 2010).

Public works programmes in sub-Saharan Africa

In a study of 167 public works programmes (PWPs) in sub-Saharan Africa, McCord and Slater (2009) concluded that these can be categorised into four types.

Type A PWPs offering a single short-term episode of employment with a safety net or social protection objective.
Type B Programmes offering repeated or ongoing employment opportunities as a form of income insurance, which in some cases entails a guarantee of employment for all who seek it.
Type C Programmes promoting the labour intensification of government infrastructure to promote aggregate employment
Type D Programmes enhancing employability by improving labour quality.

Based on this typology and on the study by Mccord & Slater, it can be concluded that most PWPs in Africa are of Type A. With their target populations mostly being people from poor households, the programmes are the preferred means of transferring social protection to households with labour. McCord and Slater (2009) however argue that the scale and coverage of most PWPs in Africa is minimal and rarely matches the extent of need among the poor under- and unemployed. In addition, given that most of the programmes offer a single episode of employment, they are insufficient in the context of high unemployment and chronic poverty where short-term consumption smoothing is required (McCord and Slater, 2009).

Public works programmes in South Asia

In South Asia, public works programmes have traditionally been offered as a last resort for those stricken by absolute poverty. However, these programmes are now a widespread policy tool in Bangladesh, India, Nepal and Pakistan (Table 5). Most are self-targeted and categorical, aimed at poor households, largely in rural areas.

Table 5: Examples of current public works programmes in South Asia

BANGLADESH	
Programme Title and Description	**PKSF Programmed Initiative for the Eradication of Monga (PRIME).** Poverty alleviation and credit through: **(**1) cash for work employment opportunities for one month a season, (2) emergency credit; **(**3). consumption loans; (4). remittances services and specially designed flexible credit support throughout the year; (5). beneficiaries' copying skills and resources for the future
Eligibility	The poorest households
Targeting/Delivery Mechanism	Self-targeting
Value of the benefit & delivery	NA
Geography	Northern Bangladesh
Coverage	NA
INDIA	
Programme Title and Description	**Jawahar Rojgar Yojana (JRY).** Provides a minimum wage for unskilled labour and a means of livelihood to people at critical levels of subsistence.
Eligibility	Rural poor
Targeting/Delivery Mechanism	Geographic, demographic and self-targeting. Preference given to underprivileged groups (scheduled castes/tribes, freed bonded labourers), and 30% of the employment opportunities are earmarked for women.
Value of the benefit & delivery	Minimum wage and value
Geography	Rural areas
Coverage	In 1993-94, the first component created 952 million person days of employment; the second 7.35 million person days. More recent data are not available
INDIA	
Programme Title and Description	**Swarna Jayanti Shahari Rojgar Yojana (SJSRY).** Employment programme for urban poverty alleviation. Two main components i) the Urban Self Employment Programme (USEP) and the ii) Urban Wage Employment Programme
Eligibility	Urban poor
Targeting/Delivery Mechanism	Categorical and means-tested. A house-to-house survey identifies genuine beneficiaries. Noneconomic parameters are applied in addition to the urban poverty line. Women beneficiaries in women-headed households are given priority.
Geography	All urban towns in India
Coverage	In the last three years, the total number of self-employment loans given under SJSRY has been just 952, which is less than one per cent of the below-poverty line families.
NEPAL	
Programme Title and Description	**One Family, One Employment.** Infrastructure development programme.
Eligibility	Unemployed people in remote areas
Value of the benefit & delivery	Jobs pay Rs180-Rs350 per day
Geography	Karnali region
Coverage	55000 households in Kamali region to date

Source: Kohler, G., Cali, M. & Stirbu, M. (2009). *Social protection in South Asia.* Kathmandu, Nepal: UNICEF.

Food programmes or subsidies

Food and nutrition assistance programmes are particularly important for nutritional rehabilitation for families and children, where improved quantity and quality of food, and specific micronutrients, are needed urgently (Adato & Bassett, 2009). However, arguments have been made that these programmes generally yield a smaller increase in the beneficiaries' choice sets than would a cash transfer of the same monetary value, and have high operational and administrative costs related to procurement, transportation, and the logistics of distribution. Their availability in developing countries is discussed below.

Food programmes in Latin America

Food based programs in Latin America are of two broad types defined by their target group. The first type targets poor households and includes soup kitchens, the distribution of basic staples or nutritional supplements to mothers and babies, as well as food-for-work programs for which participants self-select on willingness to work for low compensation (as in workfare). The second type comprises categorical programs that target specific demographic groups, rather than the poor. The former (those targeted to the poor) range from in-kind food rations that household members can collect in certain shops or in public clinics to food stamps targeted to the poorest households.

Food programmes in sub-Saharan Africa

Food aid was a popular mode of emergency aid in sub-Saharan Africa in the early 2000s during the food crisis in Southern Africa and the Horn of Africa. Since the Livingstone Call of Action however, many countries in the sub-continent have replaced of complemented food aid with broader social protection programmes, and the trend is now turning to be targeting 'predictable hunger with predictable cash transfers' instead of food aid (Save the Children et al., 2005). Among the few major food programmes remaining in the region is Ethiopia's *Productive Safety Net Programme.* The programme consists of two components: public works and direct food support for those chronically food insecure households with members who cannot work such as people with disabilities and older persons. The food aims to enable households to build assets and increase income over a five year period with the public works component. Eligibility is based on a household's three years continuous dependence on relief.

Food programmes in South Asia

In South Asia, food programmes are a major type of social assistance in Bangladesh and India. These are focused on households and families but women appear to be the main recipients (Table 6).

Table 8 Examples of food programmes in South Asia

BANGLADESH	
Programme Title and Description:	**Vulnerable Group Development Programme** In-kind wheat transfer. Complementary package of development services including health and nutrition, education, literacy training, savings and support in launching income-generating activities. Monthly food rations for two years
Eligibility	Physically sound, extremely poor women 18-49. Selected from the most vulnerable and poor households in the union based on 4 of the following: chronic food insecurity; household owning no land or less than 0.15 acres; housing conditions; no regular source of earning; female-headed household.
Targeting/Delivery Mechanism	Geographic targeting
Value of the benefit & delivery	Participants receive either 30kg of wheat or 25kg of micronutrient fortified whole wheat flour each month for 24 months.
Geography	Covers 750,000 ultra-poor rural women (female-headed households) that are vulnerable to chronic crisis in 480 upazilas in all 64 districts of Bangladesh. Total coverage 570,000 households
Coverage	3.75 million people across the country
Programme Title and Description:	**Food-for-Work.** Employment generation for the poor mainly in the dry season through infrastructure creation and maintenance. It also aims at reducing food insecurity
Eligibility	Functionally landless; lack of productive assets; generally female-headed households; day labour or temporary workers; income less than Tk 300/month
Geography	Rural Bangladesh
Coverage	About 1,000,000 participants annually. Provided about 75,000,000 hours of work in 2003-2004
INDIA	
Programme Title and Description:	**Targeted Public Distribution System.** To provide cereal grains to the poor at subsidized prices.
Eligibility	Families below the poverty line
Targeting/Delivery Mechanism	Categorical
Value of the benefit & delivery	240 kg of food grains annually per family
Geography	Nationwide
PAKISTAN	
Programme Title and Description:	**Tawana Pakistana.** Mid-day meals for girls in rural primary schools and Community-based interventions to address malnutrition
Eligibility	Girls in rural primary schools
Targeting/Delivery Mechanism	Categorical; Mid-day meals
Value of the benefit & delivery	650,000 girls aged 5 - 12, half enrolled and half out-of-school, in approximately 250 girls' primary schools in each district (6,500 schools in all).
Geography	26 most malnourished districts of Pakistan
Coverage	530,000 beneficiaries (2002-2003)

Source: Kohler, G., Cali, M. & Stirbu, M. (2009). *Social protection in South Asia.* Kathmandu, Nepal: UNICEF.

Conclusion

The aim of this paper was to provide an overview of family-focused, anti-poverty policies in developing countries, with particular focus on the three developing regions with the highest poverty and vulnerability: Latin America, sub-Saharan Africa, and South Asia. After an overview of the current levels of poverty in the three regions, the paper showed how prevailing socio-economic and demographic transformations have the potential to increase, and in some cases have increased, families' vulnerability to poverty by changing the environment in which families function and support their members.

The social security and social assistance programmes adopted by developing countries to mitigate the impact of poverty on families were then reviewed and the overall conclusion is that it is imperative for family-focused anti-poverty strategies in these countries to acknowledge and incorporate the prevailing transformations taking place within family system. For example, while the review showed that all developing countries have some form of social security, the schemes tend to target the formal economic sectors. Given the high level of informal sector employment in developing countries, this social security pattern means that a high proportion of their populations is not eligible for the benefits. It is also noteworthy that while there has, over the years, been an increase in the proportion of women in wage employment in the non-agricultural sector; men still are much more widely employed than women. Thus the current wage-based system of social security means that the increasing numbers of female-headed households in developing countries are at higher risk of poverty and vulnerability.

While the introduction of widespread social security programmes in developing countries can be hampered by limitations such as underdeveloped capital and insurance markets and high budget restrictions characterized by traditional labour structures (Justino, 2003), there is still a need for efforts to be made to ensure that workers in the informal sector can be brought into the formal schemes by adapting and extending the social security system to suit the conditions of informal-sector and rural workers, the self-employed and domestic employees (Ghai, 2002). The specific pathways to achieving this differ among authors (see for example, Taylor, 2008; International Social Security Association 2008; Niño-Zarazúa et al., 2010), but all emphasize key components, among them:

- *The need to improve the overall understanding of social security* by conducting research on extension efforts, documenting best practices worldwide, developing new mechanisms to reach out to workers in the informal economy and creating guidelines for extending basic benefit entitlement.

- *Achieving concrete improvements in social security coverage* through technical assistance projects focusing on a diagnosis of unfulfilled needs and ways to meet them. Undertake training and policy discussion with stakeholders, strengthening institutions and social dialogue, formulating action plans, establishing networks of support institutions and individuals, and monitoring and evaluating results

Ghai (2002) also suggests that informal sector workers could also be encouraged to devise their own social insurance schemes as a protection against sickness, accident, loss of livelihood, old age etc, and gives the example of the Self-Employed Women' Association (SEWA) in India (see Box 3) as a plausible approach.

Box 3: Social security for informal workers: The case of SEWA

The Self-Employed Women' Association (SEWA) is a registered trade union working with women in the informal sector. Most of its members are vendors, hawkers, home-based workers and labourers. SEWA ensures that its members receive minimum wages and provides them with legal assistance and overall work security. It provides a voice and representation to the members at various levels. SEWA's Integrated Social Security Programme is the largest contributory social insurance scheme for workers in the informal economy in India. The premium is financed by one-third contributions from foreign donations, one-third from Indian life insurance companies and one-third from members. The scheme covers health insurance (including a maternity grant), life insurance (death and disability) and asset insurance (loss or damage to dwelling or work equipment). The total insurance package is just over $1.50 per year

Ghai, D. (2002). *Social security priorities and patterns: A global perspective*. International Institute for Labour Studies Discussion Paper. Available at: www.ilo.int/public/english/bureau/inst/publications/discussion/dp14102.pdf. Accessed 20 February 2010

The paper also presented evidence of the positive role of unconditional cash transfers, specifically, old age pension, in reducing and improving human capital and health outcomes of children. Available evidence (see, for example, Barrientos & Lloyd-Sherlock, 2002) shows that the pensions can also mitigate some of the factors to which family poverty has been attributed. For example, where sources of alternative income for younger generations are scarce, the cash transfers can increase incentives for younger family members to live with elders, thus create new possibilities for intergenerational reciprocity. Furthermore, in a context of extreme poverty and household vulnerability, where it may prove impossible to reconcile cultural norms of reverence and support for elders with daily demands for caregiving, the pensions can act as incentives for households to properly care for older persons, and can also strengthen households' capacity to do so (Barrientos & Lloyd-Sherlock, 2002).

Conspicuously absent in many developing countries' unconditional cash transfers are child-oriented policies. Thus, while old-age pensions have positive impact on child welfare, there is a need to cater for children in poor families that do not have older persons. This will also ensure that the bulk of the old-age pension goes towards improving the welfare in their intended beneficiaries—the elderly. In developing the child-focused policies and programmes, note should be made that approaches concomitantly targeting multiple generations and multiple levels of influence have been found to be more successful in breaking the link between family poverty and child-well-being (Shankz & Dazinger, 2010).

A vast body of literature from developed countries (see for example, Immervoll et al, 1999; Milligan & Stabile, 2009) has pointed to several potential mechanisms through which child benefits can impact the health and development outcomes of children as well as overall family well-being. One channel is through improvement in a family's

ability to purchase more goods and services (such as food, clothing, books and other expenditure-related inputs) that are valuable in maintaining basic child welfare and for enhancing child development. Another channel may have indirect effects such as reducing family stress and improving household relations, increasing the chance and opportunities for employment, and overall enhancing families' ability to function, learn, and improve their socio-economic status. To this end, the range of child-focused programmes such as those in South Africa (Box 4) are worthy of consideration by other developing countries.

Box 4 Child-focused programmes in South Africa

Foster child grant*:* Paid to a foster parent who is a citizen, permanent resident, or refugee of South Africa at the time of the application. There must be a court order indicating the foster care status of the child. The child must be aged 18 or younger (age 21 if a student) and remain in the care of the foster parent. Beneficiaries may only receive one benefit at a time.

Child support grant (means-tested): Paid to the primary caregiver of a child or children aged 17 or younger. The primary caregiver must be aged 16 or older and a citizen or permanent resident of South Africa at the time of the application. The grant is paid for up to six children if they are not biologically related; otherwise, there is no limit. Means test: Annual income must be less than 30,000 rand for a single person; 60,000 rand for a couple. Beneficiaries are eligible to receive only one benefit at a time.

Care dependency grant (means-tested): Paid to a parent, foster parent, or primary caregiver of a child aged 18 years or younger who requires permanent care or support services as the result of a severe mental or physical disability. The child must be cared for at home and the disability confirmed by a medical assessment report. The applicant and the child must reside in South Africa at the time of the application. Means test: Annual income must be less than 129,600 rand for a single person; 259,200 rand for a couple. Beneficiaries may only receive one benefit at a time; a foster parent may receive more than one benefit at a time.

Source: International Social Security Association *(2009). Social Security Programs Throughout the World: Africa, 2011.*

It is also notable that while people with disabilities make up to 15 to 20 per cent of the population in developing countries, and given the intricately link between poverty and disability, very few developing countries have disability benefits. Yeo (2001) attributes this partly to the lack of internationally comparable data relating to people living with disabilities and chronic poverty in developing countries. There is, therefore, need to undertake research to determine the specific numbers, spatial distribution and needs of people living with disabilities so as to acquire evidence on the impact of poverty on disability and vice versa; and to help in directing available resources towards tackling disability as part of family poverty reduction efforts. It will also be useful for developing countries to: enhance people with disabilities' access to employment, and education and training, through investments in accessible educational and work sites that address individual specific needs; to re-examine all social policy documents and their implementation plans to determine the extent to which they recognize and address specific issues of people with disabilities; to put in place mechanisms that will ensure the effective mainstreaming of disability so as to increase participation and social inclusion of people with disabilities. Overall, all these can be achieved with the ratification and effective implementation of

international commitments such as the *United Nations Convention on the Rights of Persons with Disabilities* as well as similar regional commitments.

With regard to conditional cash transfers, it was evident that most of them are targeted not at individuals, but at households with children, and are mostly given to women or mothers. While investing in children should be seen as a priority to break the intergenerational poverty, family focused anti-poverty strategies need to consider poor families that, for example, have no children and hence no indirect access to conditional cash transfers. It has also been argued that while the delegation of responsibility to women provides a measure of empowerment as women handle the income transfers and receive the tools of knowledge though workshops and courses related to the transfers, this could also be perpetuating the stereotype that women's role is that of a carer as opposed to being in economic activities. Others argue that the receipt of transfers adds an extra role to multiple ones already played by women in the home, community and economic spheres; while others have also argued that if women's devotion to the programmes is seen, for example as abandonment or an underestimation of the role of the man, situations of family stress or domestic violence can arise (Soares & Silva, 2010; Arriagada, 2011). Against this background, the involvement of men in these programmes—through, for example, specialized workshops for them and activities specifically designed for their participation and motivation—are pertinent. Men's participation in the programmes will also be in line with increasing calls for the involvement of men and fathers in the care and maintenance of their families (see for example, O'Brien, 2011; Richter et al, 2011).

The review of the provision of social services showed that the proportion of people in developing countries with access to basic services such as water, sanitation, and health care is generally low. This underscores the need for governments in these countries to make concerted efforts to meet these essential needs. Ghai (2002) argues that except in the poorest countries, the real problem is usually not scarcity of resources but often lack of administrative and technical capacity on the part of government to formulate strategies and programmes, and to coordinate and monitor their implementation. Ghai thus suggest that international development and donor agencies can play a vital role in overcoming these obstacles through financial and technical assistance. Ghana's National Health Insurance Fund (Box 5), developed with support from the largest trade union confederation in Luxemburg, is an example of how this can be achieved. Other programmes that can offer lessons for broadening access to basic health services to the poor in developing countries can be found in Brazil (Macinko et al, 2006), Chile (Missoni & Solimano, 2010), Colombia (Baeza & Packard, 2006) Costa Rica (Sáenz et al, 2010), Mali (Franco et al, 2008), and Sri Lanka (Ranna-Eliya & Sikurajapathy, 2008).

Box 5: National Health Insurance Fund of Ghana

In order to abolish out-of-pocket user fees for health services, in 2003 the Ghanaian Parliament passed the National Health Insurance Act, which introduced a compulsory health insurance scheme that covers all person resident in Ghana, It is "an act to secure the provision of basic health care services ... through mutual and private health insurance schemes, to put in place a body to register, license, and regulate health insurance schemes, and to accredit and monitor health care providers operating under health care schemes; to impose a health insurance levy and to establish a National Health Insurance Fund that will provide subsidy to licensed district mutual health insurance schemes". The Ghanaian Fund offers affordable medical coverage to informal-sector workers and their families for an annual premium equivalent to US$18.00

Source: International Social Security Association (2008). *Dynamic social security for Africa: An agenda for development.* Geneva: International Social Security Association

With regard to housing, a regional study of pro-poor housing finance in Asia and the Pacific ESCAP (2010) established that there cannot be a universal solution to the issues of pro-poor housing financing in any country. This can also be said about Latin America and sub-Saharan Africa. Thus, as ESCAP (2010) suggests, housing stakeholders in different countries need to collaborate with each other and incorporate the best practices of various pro-poor models to the existing ones. At the same time, there is need for educating the poor about finance options available to them in their countries. It will also be a good idea to provide construction assistance to the poor in the form of low-cost housing technologies which would result in bringing down the final cost of building a house. A particularly apparent gap in the pro-poor housing programmes in developing countries is that of specific measures to help young couples; no examples of these were identified in the literature. Thus this is an issue that deserves special attention given that lack of housing can interfere with family functioning by, for example, preventing or delaying marriage formation and/or discouraging young couples to have children (Robila, 2011).

The paper also showed that while public works programmes exist in many developing countries, they often do not employ more than a small fraction of poor households with access to labour at any one time. The low coverage of almost all programmes means that the extent of 'social protection' offered by PWPs is rarely commensurate with their 'political' role in the social protection discourse (McCord and Slater (2009). Overall, the key limitations associated with PWPs are: they offer short term benefits rather than regular, predictable support required in situations of chronic poverty; large scale PWPs require significant managerial and technical inputs which may not be readily available; most PWP cannot offer employment to all who seek it, and hence access tends to be heavily rationed and may exclude the poorest who are least able to compete for employment; and PWPs are a costly way of delivering social protection, and may only be economically rational if the assets created offer real and sustained benefits.[3]

Despite the foregoing, it is also acknowledged that given the high levels of unemployment and underemployment and the low coverage of unemployment benefit schemes in developing countries, public works programmes can still provide a useful mechanism to assist the most vulnerable among the unemployed and should continue to form part of the developing countries' social protection floor

[3] See www.oecd.org/dataoecd/17/51/47466739.pdf

(International Labour Organisation, 2008; Ferreira & Robalino, 2010). India's National Rural Employment Guarantee of Employment Scheme, while not a permanent solution, is an illustration of how temporary income support can be used to assist households. The scheme offers 100 days of paid employment in rural public works programmes. If a public works programme is not established, there is an entitlement to 100 days of a social transfer. Other design features include minimum wage; equal pay for equal work and on site child care facilities with a child carer hired from among the community where there are more than five pre-school aged children in the workers' community (International Labour Organisation, 2008; Kohler, 2009). Given that unemployment benefits or assistance programmes are -by nature- usually short-term, consideration should be made to combine public works programme with skills training and information to the workers in the search for employment, or to promote self-employment at the end of the programme.

Given the high operational and administrative costs related to procurement, transportation, and the logistics of distribution associated with food transfers, developing countries might be more efficient in their family-focused anti-poverty strategies if they devote resources to social pensions and conditional cash transfers, the evaluations of which have shown positive outcomes in various areas like nutrition. In a study of cash transfer programmes, in Southern and East Africa, for example, Adato & Bassett (2009) found that most of the programmes were associated with reported reduced hunger and increased average meals per day. Zambia's pilot *Social Cash Transfer Scheme* recipients consumed more protein, fats, fruits and vegetables, and fewer "inferior" foods associated with coping strategies used during food shortages. Similarly, Malawians receiving cash transfers through the expanded *Mchinji Cash Transfer* programme consumed almost twice as many food groups than comparison households, and were more likely to eat higher quality foods, including fish, chicken, beans and vegetables.

All in all, the alleviation of family poverty, calls for focus on the family, rather than on individual members because is within the family that the programmes can act more efficiently in order to tackle the root causes of poverty and do away with its vicious circle. "The design of poverty alleviation programmes need to incorporate the relations and internal dynamics that occur in families, as well as specifically encourage activities for individual members of the home, with their different needs and motivation mechanisms." (Arriagada, 2011:2). Essentially:

> No single program is likely to be enough. And although the most concrete issue for a family may be insufficient income, "fixing" income support policies alone might not take us far enough along in a risk and protection framework. Families with children, especially those headed by young single women, could undoubtedly use better-designed cash and financial help with housing, child care, food, and job training to make ends meet. However, to prevent a lifetime of poverty and dead-end jobs, a host of other resources—education, parenting support, services to provide their children a nurturing home environment, and high-quality early child care—are needed. Given that families often experience spells in and out of poverty throughout the life course, it would be strategic to assist parents of young children to increase their educational attainment and plan a better life for themselves and for their children. Work-related participation requirements might be part of a broader goal to improve long-term outcomes for entire families.

Source: Shanks, T.R.W. & Danzinger, S.K. (2011)

Way forward

All in all, in spite of its varied and changing forms, for many developing countries the family remains the dominant unit of production, consumption, reproduction, and accumulation that can be seen in three basic dimensions: as a psycho-biological unit where members are linked together by kinship relations, personal inclinations and emotional bonds; as a social unit where members live together in the same household and share tasks and social functions; and as the basic unit of economic production (Bigombe & Khadiagala, 2003; African Union, 2004; Belsey, 2005). This recognition of the family as a dynamic unit engaged in an intertwined process of individual and group development underscores the need for governments of developing countries to encourage cohesion of the family, to ensure its place at the core of society, and to strengthen it as part of an integrated and comprehensive approach to sustainable development.

Strong families have access to a range of emotional, material and spiritual resources which can enable its members to contribute meaningfully to their own development and prosperity, as well as the betterment of society. They, for example, share resources, care for the elderly, the sick, and the disabled, and socialize children in ways that no other institution can do more successfully (ESCAP, 2008; Department of Social Development, 2011). The achievement of strong families is, however, largely dependent on other institutions in society. The structure of a country‘s economy, for example, will: influence the extent to which members of a family are able to enter and participate in the labour market; determine whether family members are able to derive livelihoods from decent work opportunities, earn a living wage and have benefits which enable them to have acceptable standards of living; and have a bearing on the ability of family members to access quality health care, quality education and decent employment (Department of Social Development, 2011).

Against this background it is imperative for governments and stakeholders in developing countries to strengthen the family through the support and effective implementation of the key international and regional commitments to family well-being and poverty reduction. The Economic and Social Commission for Asia and the Pacific (ESCAP, 2008) highlights a wide-ranging list of other channels through which governments and other stakeholders in their region of focus can adopt to strengthen families. Many of these are relevant to developing countries in general and examples[4] include:

[4] For a more comprehensive discussions of policy recommendations see ESCAP [2008]).

1. **Ensuring income and basic social security**

   - Ensure sufficient minimum income and adequate standard of living for all families, especially those in extreme economic or social need, through a variety of social protection schemes, including livelihood protection, universal pensions, social- and micro-insurance schemes, conditional cash transfers and income support.

2. **Enhancing education and training opportunities**

   - Provide social protection measures such as conditional cash transfers to enhance poor families' access to education services.

3. **Increasing access to health care services**

   - Increase the coverage of primary health care to ensure all family members have access to adequate and affordable health care.
   - Expand financing of health care and the provision of insurance schemes to people living in poor families or those who are vulnerable to poverty.

4. **Targeting vulnerable families**

   - Identify and target those families who are the most vulnerable and the least likely to have alternative sources of support.
   - Ensure eligibility requirements for social protection services and benefits. Do not deny services to families with special needs, especially those who are just above or below the minimum level of income.

5. **Empowering the family by supporting its caregiving functions**

   - Provide direct support to family caregivers in the form of economic and non-economic measures, such as personal income tax relief and subsidies for the care of children, older persons and persons with disabilities.
   - Put in place context-specific mechanisms and policies to facilitate the balancing of work and family responsibilities.

6. **Reinforcing family solidarity**

   - Ensure that interventions to support families recognize generational interdependence and promote intergenerational interaction and healthy intra-family relationships.

7. **Integrating a family perspective into the policy basis for social services**

   - Ensure national commitment to maintain the centrality of the family in national development policies and programmes.

8. Enhancing policy-relevant research and data collection

- Strengthen the information base for family policy and social services programmes by collecting data on the characteristics of individuals, families, households, populations and their socio-economic status.
- Develop appropriate indicators and practical methodologies for the collection of data on families and for assessing the direct and indirect effects of policies and programmes on family life and well-being.
- Promote regional networks for research and information exchange on policy options, experiences and best practices to assist in developing family policies and more effective social services planning.

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Table A1: Social security programmes in selected sub-Saharan African countries, 2011

Country	Old age, disability & survivors	Sickness and maternity		Work injury	Unemployment	Family allowances
		Cash benefits for both	Cash benefits plus medical care[a]			
Benin	X	b	c	X	d	X
Botswana	e	d	d	X	d	c
Burkina Faso	X	b,f	X	X	d	X
Burundi	X	d	d	X	d	X
Cameroon	X	b,f	X	X	d	X
Cape Verde	X	X	X	X	d	X
Central African Republic	X	b,f	d	X	d	X
Chad	X	b,f	c	X	d	X
Congo (Brazzaville)	X	b,f	X	X	d	X
Congo (Kinshasa)	X	d	c	X	d	X
Côte d'Ivoire	X	b	X	X	d	X
Equatorial Guinea	X	X	X	X	d	X
Ethiopia	X	d	d	X	d	d
Gabon	X	b, f	X	X	d	X
Gambia	X	d	d	X	d	d
Ghana	X	d	c	X	d	d
Guinea	X	X [f]	X	X	d	X
Kenya	X	d	g	X	d	d
Liberia	X	d	d	X	d	d
Madagascar	X	b, f	X	X	d	X
Malawi	h	d	g	X	d	d
Mali	X	b, f	X	X	d	X
Mauritania	X	b, f	X	X	d	X
Mauritius	X	d	g	X	X	X
Niger	X	b, f	X	X	d	X
Nigeria	X	d	g	X	c, h	d
Rwanda	X	d	d	X	d	d
Sao Tome and Principe	X	X	c	X	d	d
Senegal	X [i]	X	X	X	d	X
Seychelles	X	X	c	X	c	d
Sierra Leone	X	d	d	X	d	d
South Africa	X [i]	c	c	X	X	X
Swaziland	X	d	d	X	d	d
Tanzania	X	b	X	X	d	d
Togo	X	b, f	c	X	d	X
Uganda	X	d	d	X	d	d
Zambia	X	d	g	X	d	d
Zimbabwe	X	d	g	X	d	d

Source: International Social Security Association *(2009). Social Security Programs throughout the World: Africa, 2011.* Geneva: International Social Security Association

Key: b. Maternity benefits only.
c. Coverage is provided under other programmes or through social assistance.
d. Has no programme or information is not available.
e. Old age and orphan's benefit only.
f. Maternity benefits are financed under family allowances.
g. Medical benefits only.
h. The statutory system has yet to be implemented
i. Old age and survivor benefits only
X Available in some form.

Table A2: Cash transfer programmes in Latin America & the Caribbean

Unconditional cash transfers

Country	Name of program and year started	Objectives	Target population	Selection of beneficiaries	Transfers
Argentina	Universal Family Allowance per Child for Social Protection , 2009	To provide a family allowance for parents who are unemployed or work in the informal economy	Children below age 18 years (no limit for handicapped children)	---	USD$48 given to one parent/child carer, subject to a maximum of five children.
Brazil	Beneficio de Prestaçao Continuada 1988	To reduce poverty and vulnerability among the elderly poor excluded from social insurance schemes	Poor people aged 65 + People with disabilities with a family per capita income of less than one quarter of the minimum wage	Means-tested and categorical	Equivalent of one month of minimum wage: about US$ 4 a day
Chile	Subsidio Unitario Familiar, 1981	To reduce extreme poverty among households with children	Poor households at the bottom 40percent of the income distribution with pregnant women, school-age children or disabled members.	Means-tested and categorical	A month equivalent to US$10 in 2007
Costa Rica	Caja Costarricense del Seguro Social , 1974	To reduce poverty in old age or as a consequence of disability	Adults aged 65+; people with disabilities, aged 18-64 and unable to work; and others classified as extremely poor with no family support.	Means-tested	to ¢ 70,125 monthly
Mexico	Programa de Apoyo Alimentario, 2009	To improve the nutritional status of deprived households	Children under age 5 ; pregnant/lactating women; households in poverty who do not receive support from the Oportunidades programme.	---	• Bimonthly financial support • Nutritional supplements to children 6 months to 2 years, and to pregnant/ lactating women. • Provision of milk to low-income households with children aged 2 to 5 years

Conditional cash transfers

Country	Name of program and year started	Objectives	Target population	Transfers	Selection of beneficiaries	Conditions
Bolivia	Bono Juancito Pinto, 2006	To promote the accumulation of human capital as a way of breaking the intergenerational cycle of poverty	Public school children up to grade 8	US$ 29 per child	Categorical	Children must be must be registered and attending school regularly at least 80 per cent attendance).
Brazil	Bolsa Familia, 2003	To reduce hunger, poverty, inequality and social exclusion by facilitating the empowerment of poor and vulnerable households	Households in extreme poverty with children	• Households with per capita incomes below a quarter of the minimum wage: R$50/month plus US$7.5 per child below 16 years of age up to three children. • Households in moderate poverty receive R$15 per child below 16 years of age up to three children	Targeting through means test, using a database of vulnerable households applying for support	Conditional on visits to health centres by children and pregnant/lactating mothers as well as children's school attendance
Colombia	Familias en Acción 2001	• To complement the income of extremely poor households with young children; • to reduce non-attendance and drop-out rates; • to increase health care provision to children aged 7 and younger ; to improve health care practices and nutritional status	• The poorest 20percent of households and with children aged 0-17 • Extremely poor households with minors ages 0-6 that are not participating in other programs	Monthly education subsidy: $8 for each minor in Grades 2–5; $14–33) per minor in Grades 6–11. Monthly Health $3 per family with members less than 7 years.	Geographic targeting used only in about 10 large urban areas (e.g. in Bogota). Means tests are used for household targeting in localities and urban areas. Municipalities use program targeting and program registration	Conditional on visits to health centres by children and pregnant/lactating mothers as well as children's school attendance
Costa Rica	Avancemos , 2006	To reduce poverty in the short run while fostering long-term poverty	• Children aged 0–14, including street children,	• An income transfer for health and education equivalent	---	Conditional on visits to health centres by children and

		alleviation through increased educational attainment	and pregnant women in extreme poverty	to US$ 5 per child aged 0–14, up to 4 children per household, • An additional transfer of US$ 10 per household.		pregnant/lactating mothers as well as children's school attendance
Dominican Republic	Programa Solidaridad, 2005	To invest in health, nutrition and education among poor households	Extremely and moderately poor households with: Children aged 0-5 for health services. • Children and adolescents aged 6-16 to ensure school attendance. • Children aged 0 -15 who have no Birth Certificate	US$20 a monthly per household	Targeting is in two stages: first, geographic targeting (a poverty map) and second, a means tested procedure to identify poor households within 'priority' areas	• Household heads and spouses: to attend training sessions 3 times per year. • Children aged 0-55, to visit health centres, as per government requirements. • Children aged 6-16 to be enrolled in school and attend 85percent classes
Ecuador	Bono Solidario, 2003	To reduce the poverty gap in poor households with children, elderly and the disabled	• Households with children age 0-16 in the poorest 2 quintiles • poor households with elderly and/or disabled members	Monthly income transfer of US$ 15 a month per household	---	• For children aged 6–16 years: regular school attendance • Children aged under 5 years: regular health post visits for development checkups and immunizations
Honduras	Programa de Asignacion Familiar, 1990	To promote human capital accumulation	Poor households with children aged 6-12 and enrolled in primary education	• US$3-5 per child a month for up to three children per household. • A monthly health contribution of US$3-4 to poor households with pregnant women and/or children under 3 years of age for up to two children per household	Geographic targeting	Conditional on visits to health centres by children and women as well as children's school attendance
El Salvador	Red Solidaria, 2005	To assist extremely poor households through short-term improvements in child and maternal health and nutrition; basic education, and drinking water, sanitation , electricity and roads improvements to the poorest rural communities of the country	Mothers or another female family member in charge of children's care.	Each stipend is worth US$15 per month per family	1) Geographic targeting based on a poverty mapping, technique and 2) Household targeting which selects population in poverty	School enrolment and attendance to 6th grade amongst children aged 5-14. Register the family in health programmes, attend child and maternal health check-ups and ensure compliance with the basic child and maternal health protocols and immunizations. Attend family training sessions
Mexico	Oportunida-des, 2000 (1997 as Progresa)	Improve schooling, health and nutrition of poor households	Poor households	•Monthly cash transfer for food and energy consumption; and educational expenses	A three-stage selection procedure: (1) localities are identified through a poverty map; (2) extensive household surveys are conducted in the selected localities to gather data on a number of welfare indicators; and (3) data is then used to identify the beneficiaries	Conditional on visits to health centres by children and women as well as children's school attendance

					according to a wealth index that determines who is in a state of extreme poverty.	
Paraguay	Red de Protección y Promoción Social, 2005	To reduce extreme poverty and to improve both human and social capital	Households in extreme poverty and with children aged 0-14.	US$ 10-30 per family per month. An additional transfer for up to 4 children for health and educational expenses	Geographic selection of communities and means tests for the selection of households in extreme poverty and with children aged 0-14.	Conditional on visits to health centres by children and mothers, and school attendance
	Tekopora/PROPAIS II, 2006	To encourage investment in human and social capital through school matriculation and attendance, and by increasing access to health services for children.	• Extremely poor families with children under age 15, and pregnant women. • only households living in the poorest districts in the country	About US$6 per child or pregnant women, up to a limit of four beneficiaries per household.	Geographic targeting plus household-level targeting. Households classified as extremely poor or moderately poor are eligible to participate	Conditional on school attendance and health checkups.
Peru	Programa Juntos	• To provide poor rural households with nutritional support, health care, education, and identification documents in order to improve maternal and child health status; • To decrease school dropouts; and promote registration and identification.	Poor households with children under age 14.	US$ 30 monthly grant per household	---	To attend health checkups school and register personal identification.

Source: Barrientos, A., Niño-Zarazúa, M. & Maitrot, M (2010). *Social Assistance in Developing Countries Database,* Version 5.0. Manchester; Brooks World Poverty Institute

Note: --- No information given in the above source

Table A3: Cash transfer programmes in sub-Saharan Africa, 2011

Unconditional cash transfers					
Country	**Name of Program and year started**	**Objectives**	**Target Populations**	**Selection of beneficiaries**	**Transfer**
Botswana	Orphan Care Programme , 1999	Poverty relief for orphans	Households caring for orphans and other vulnerable children	Categorical	Monthly food basket for households with orphans aged 18 years
Botswana	Old Age Pension, 1996	Support for vulnerable groups	All citizen aged 65 and over	Categorical; for citizens aged 65 years and above	± US$ 27 per month
Kenya	The Hunger Safety Net Pilot Programme 2009	To alleviate extreme hunger and poverty in Kenya	Old Age Persons: persons aged 55 +	Community-based targeting	± US$27/ household every two months
Lesotho	Lesotho Old Age Pension, 2004	To provide a non-contributory pension to all Basotho older than 70.	±US$29 monthly	Categorical	All Basotho older than 70
Mauritius	Old Age Pension, 1958		Monthly income of: ±US$ 58 (age 60-89); ±US$220 (age 90-99: and ±US$ 252 (age 100+)	Universal	Every person aged 60 years or over
Mozam-bique	Food Subsidy Programme (in Portuguese, Programa de Subsidio de Alimentos),, 1997	To reduce extreme vulnerability	Destitute people with no capacity to work(older, disabled and chronically ill people, and malnourished pregnant women	Categorical and means tested	±US$5-US$10 per month) depending on the number of dependents in the household
Namibia	Old Age Grant, 1949	Preventing poverty among older people	Men and women aged 60 and over	Categorical	±US$ 58.44 per month
	Maintenance grant	Social maintenance grant for children with disabilities aged under 16 years	Biological parent with child under the age of 18, whose gross-income is not more than US$1300 per month	Means tested	US$ 26 / month for first child plus US$ 13 per month for every additional child. Maximum of 6 children in total
Sierra Leone	Social Safety Net Program , 2007	To reduce extreme poverty and vulnerability	Older persons with no other means of support	Community-based targeting	±US$18 –US$125/ year/person
South Africa	Child Support Grant, 1998	To reduce poverty and vulnerability among children	Poor children up until the age of 17	Means tested	±US$21/month
	Care Dependency Grant	To support households with children with special needs	Caregivers of children with severe disabilities and chronic illnesses	Means tested	± US$ 132/month
	Disability Grant	To provide financial support to adults with disabilities who are unable to work	Adults unable to work because of a mental or physical disability and are in need of financial support	Income and asset tested	The amount changes every year and depends on income and assets. As of April 2009, Grant was about US$132/month
	Old Age Grant, 1928	To prevent poverty in old age.	Cover all men and women aged 60+	Categorical and means tested	±US$127/month
Swaziland	Old Age Grant , 2005		US$15.4 per month	Near universal for citizens over 60 years	Older poor aged 60 years and above,
Zambia	Pilot cash transfer schemes 2004	To reduce extreme poverty	US$10.00/month/household. Those with children get a bonus of about US$ 2.50.	Community-based targeting	households in extreme poverty

Unconditional cash transfers						
Country	**Name of Program and year started**	**Objectives**	**Target population**	**Selection of beneficiaries**	**Transfers**	**Condition**
Ethiopia	Productive Safety Net Program, 2006	To prevent food insecurity in the household	Chronically food-insecure households	---	±US$1.75 30/ person/ month	
Ghana	Livelihood Empowerment Against Poverty programme , 2008	To supplement the incomes of dangerously poor households	Households with OVC and highly vulnerable elderly and disabled	Complex targeting methods, involving the selection of deprived districts and then a mix of community-based selection and proxy means testing.	Monthly transfers from US$ 6.90 for one dependent up to a maximum of US$ 12.90 for four dependents	No engagement in harmful forms of child labour or human trafficking; regular school attendance, registration of children's births attendance of postnatal check-ups and immunization schedules
Kenya	Cash Transfer for Orphans and Vulnerable Children, 2004	• To encourage fostering and retention of OVC within families and communities • to promote their human capital development.	Poor households fostering OVCs aged 0-17	Combination of community targeting mechanism and data collection and analysis on various social economic indicators	Bimonthly transfer s of: US$13.50 for 1-2 OVCs US$20.50 for 3-4 OVCs US$27.40 for 5 OVCs	Regular health facility visits for children's immunization and health check-ups; at least 80 per cent basic school attendance
Liberia	Pilot cash transfer scheme, 2010	To help reduce poverty, hunger and starvation in extremely poor and labour constrained households	Most vulnerable families without any adult who can work.	Community selection based on work capacity criteria	Between US$ 10 – US$25 / month/ household, depending on household size.	
Malawi	Mchinji Social Cash Transfer Pilot Scheme, 2006	To reduce poverty and hunger in all households living in the pilot area which are ultra poor and at the same time labour constrained	Households in extreme poverty in rural areas	Community based targeting	US$4- US $13 per household based on household size Child bonus if the child attends school	Community based targeting : Community Social protection Committee
Mali	Bourses Maman , 2002,	To promote school enrolment and attendance in villages and areas with high poverty level and where drop-out rates are high.	Women in poor families	Community based targeting	About US$ 10 a month	children attend school at least 80 per cent of the school year
Nigeria	Care of the Poor, 2008	To increase school attendance among children; antenatal care for pregnant women; life vocational, health, and sanitation skills for head of households	Female households with OVCs; Aged parent-headed households; Physically challenged people-headed households; Transient-poor-headed households, HIV affected households	Community based targeting	Basic Income Guarantee based on the number of children per households	A compulsory monthly saving of in favour of the participants to be disbursed as a lump sum after a year for the establishment of viable microenterprises after undergoing training

Source: Barrientos, A., Niño-Zarazúa, M. & Maitrot, M (2010). *Social Assistance in Developing Countries Database,* Version 5.0. Manchester; Brooks World Poverty Institute

Note: --- No information given in the above source

Table A4: Cash transfer programmes in South Asia, 2011

Unconditional cash transfers					
Country	**Name of Program and year started**	**Objectives**	**Target population**	**Selection of beneficiaries**	**Description of transfers**
Bangladesh	Old Age Allowance Scheme (OAAS) and Assistance Programme for Widowed and Destitute Women (APWDW), 1997	To reduce extreme poverty and destitution among older people and widows	People 65 years of age. Beneficiaries must have worked in the formal sector.	OAAS targets the ten oldest and poorest members in each ward with unions (the lowest administrative unit). APWDW targets the five poorest women in each ward. The selection is done by Ward Committees.	±US$ 3.27 per month
India	Indira Ghandi National Disability Pension Scheme, 2007	---	Destitute, physically handicapped and blind people, age 45+	---	±US$8 month
	Indira Gandhi National Old Age Pension Scheme, 2007	To support the destitute old people	The monthly pension varies by state: and ranges from± US$4-20	Categorical	Persons aged 65+ and belonging to a household below the poverty line
	Annapurna Scheme , 2008	To ensure food security in old age	Destitute senior citizens	---	10 kilograms of food grains every month at no cost.
	Destitute Agricultural Labourer Pension Scheme	---	People aged 60+ with no source of Income and not being professional beggars	---	±US$ 8, in addition to the provision of salaries and food
Maldives	The New Pension System, 2009 (replaces the old age allowance)	To provide both a minimum income transfer to all Maldivians in old age to alleviate poverty, and to help working people to save money to spend in their retirement years	For all citizens aged 65 and older, resident of the Maldives, regardless of working history	Categorical	Monthly pension of up to about US$156. The basic old age pension is paid monthly and is the same for everyone, except that the basic amount will be reduced by an amount equal to 50% of any other retirement pension income that beneficiaries may receive such as the Maldives Retirement Pension.
Nepal	Old Age Allowance Programme (OAP); Helpless Widows Allowance (HPA); Disabled Pension (DP) , 1995	To reduce poverty among the very old, widows and disabled groups	OAP: citizens aged 70 and older; HPA: women aged 60– 74.	Categorical for the very elderly and disabled, but means tests are applied to widows, and a disability test to the disabled	Monthly pension of US$2 to US$7 per person .At the age 90, the pension benefit is more than tripled, and, at the age 100, it increases further..

Conditional cash transfers						
Country	**Name of Program and year started**	**Objectives**	**Target population**	**Transfers**	**Selection of beneficiaries**	**Conditions**
Bangladesh	Female Secondary School Stipend Programme, 1994	To increase girl's enrolment and retention in secondary school; and to delay girls' marriage	Girls reaching secondary school age	Monthly transfers of $3 for grade 6 rising to $6 for grades 9 and 10; plus school fees rising according to grade, plus a book allowance and the examination fee	Categorical: gender The guardian / parent of the student are the owner of less than 50 decimals of land. – Yearly income below threshold. – Very helpless (i.e. Orphan, Parentless) – Children of insolvent freedom fighters, – Unable to earner – Very poor earner – Disable learners	Transfers are conditional on 75% school attendance and minimum grade of 45% in evaluations and examinations; and on the beneficiary remaining unmarried
	Primary Education Stipend Project, 2003	To increase schools access, participation and completion in primary schools from poor rural households	Children from rural poor households	±US$1.5 month for one child (US$1.65/month if children in primary school.	Geographic and community assessment	Attending 85 per cent classes and obtaining at least 40 per cent on annual examination
Pakistan	Pakistan Bait-ul-Maal, 1992	To assist in improving the welfare of widows, orphans, disabled, needy and poor persons	Poor households with young children (5 to 12 years of age)	US$3,5 per month if the family has one child and US$7 per month if the family has more than one child enrolled and attending school. Programme combines a food subsidy with an income transfer	---	Child should be enrolled and attending regularly (at least 80 per cent attendance) school
	Child Support Programme, 2006	To promote the investment in human capital for poverty reduction	Poor households with children aged 5-12 enrolled in primary school	About US$ 3.5 for one child and US$6 for two or more children enrolled and attending school. Households can receive benefits for maximum of 5 years.	Means tested	Children must pass the final examinations and attend 80 per cent classes
	Benazir Income Support Programme, 2008	To help low-income households meet their everyday needs	Widows and divorced women, without adult male members in the family. Any physically or mentally impaired person in the family; any family member suffering from a chronic disease.	About 22 US$ every alternate month; for households earning below a threshold. Payment is made only to female head of families	Geographic targeting	Women should have a CNIC and the family, a monthly income less than Rs.6000

Source: Barrientos, A., Niño-Zarazúa, M. & Maitrot, M (2010). *Social Assistance in Developing Countries Database,* Version 5.0. Manchester; Brooks World Poverty Institute

Note: --- No information given in the above source