The aim of this document is to provide the United Nations Country Teams (UNCTs) and United Nations Development Group (UNDG) in the Asia-Pacific region with:

- A joint UN position on social protection in Asia-Pacific;
- Brief overview of social protection in the region;
- Potential entry points for UNCTs in supporting the development of national strategies for social protection;
- Potential entry points for UNCTs in supporting the progressive and coordinated implementation of social protection;
- Resources available to UNCTs on social protection.

It also complements the Social Protection Floor Initiative Manual and strategic framework for joint UN country operations, by addressing specific issues and providing concrete areas for joint action in Asia-Pacific.

This issue brief has been produced jointly by the members of the UNDG–AP Thematic Working Group on Social Protection. Members include UNDP, ILO, UNICEF, OHCHR, WHO, UNESCAP, UNFPA, UNESCO, UN WOMEN, WFP.

Bangkok, 18 November 2011

1 Qimti Paenjton (UNICEF) and Valerie Schmitt (ILO) consolidated all the inputs from the participating members of the UNDG-AP Thematic Working Group. Examples of potential entry points for UNCTs contained in this document are based on UN agencies’ ongoing work on social protection in the region.
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CHAPTER 1 - Joint UN Position on Social Protection in Asia and the Pacific

While Asia-Pacific as a region has made considerable economic progress in the last two decades and has lifted millions out of poverty, not all have benefitted from these gains. Millions of people are still poor, deprived of basic rights, and vulnerable to increased risks due to global economic crises and climate change. This threatens to reverse hard-won human development gains of the past decade. Given this context, it is not surprising that social protection, which refers to a range of policy instruments for ensuring that the rights of all people to income security and access to a minimum level of social services are realized, is high on the policy agenda in the region.

As per Article 25 of the Universal Declaration of Human Rights (1948), everyone has a right to a decent standard of living, including access to essential social services (such as health and education), as well as protection from difficult circumstances that are beyond one’s control (such as unemployment and disability). Social protection is needed to ensure that no one is excluded from the fulfillment of these rights. In a region characterized by rapid economic growth, opportunities to realize basic economic and social rights of all people are not to be missed.

Social protection is also needed for economic reasons. If done right, social protection is essentially an investment in human capital, which will contribute to greater labour productivity and pro-poor economic growth in the long run. By assisting the most vulnerable, social protection can also promote better risk management by individuals and families (who, in the absence of social protection, may rely on short-term coping strategies with adverse long-term impacts) and thereby encourage higher investment and growth in the future.

Equally important, by addressing social and economic inequalities between population subgroups and promoting universal realization of basic rights, social protection can contribute towards social and political stability within countries.

Considering that social protection can promote human rights, inclusive economic growth and social stability, and manage risks and vulnerabilities, it is not surprising that it has been embraced widely among UN (United Nations) agencies and development partners, and is increasingly being employed by countries to achieve these objectives. Recently, at their 67th session in May 2011, member states of the UN Economic and Social Commission for Asia and the Pacific passed a resolution on “Strengthening social protection systems in Asia and the Pacific”. The SPF is also a priority on the G20 agenda2. Much as the Millennium Development Goals (MDG) framework brought together countries and development partners at the end of the previous millennium to set common goals, the social protection agenda is now bringing us together so that we can ensure that these goals are achieved and achieved with equity.

While social protection may occupy different positions within UN Organizations’ mandates and agendas, and thereby take on different working definitions and components, UN Organizations have much in common in terms of the desired objectives, principles and approaches. The Social Protection Floor Initiative (SPF-I), launched in April 2009 by the United Nations System Chief Executives Board (UNCEB) in response to the global financial and economic crisis, is not only a testament to that

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2 G20 Labour and Employment Ministers in a preparatory meeting to the G20 Heads of State Summit, recommended in September 2011 to “Strengthen social protection by establishing social protection floors adapted to each country” http://www.ilo.org/global/about-the-ilo/how-the-ilo-works/multilateral-system/g20/WCMS_164260/lang--en/index.htm
common ground but also a useful framework for defining a practical way forward for coordination of our social protection work. A Recommendation on the Social Protection Floor which will serve as a useful guidance for the design and establishment of the SPF at the country level is expected to be adopted at 101st Session of the International Labour Conference (2012).

The Social Protection Floor (SPF), it has been agreed by UN cooperating agencies, is a basic set of rights and transfers that enables and empowers all members of a society to access a minimum of goods and services at all times. The two main elements of a social protection floor are:

- i) essential services, which refers to geographical and financial access to services such as water and sanitation, adequate nutrition, health, education and housing; and
- ii) essential transfers, which refers to cash and in-kind transfers to the poor and vulnerable to provide a minimum income and health security.

By calling for both demand and supply side measures (i.e. transfers and services), the SPF takes on a holistic approach to social protection. The SPF calls for access to a minimum set of goods and services for all age groups, but with particular attention to marginalized and vulnerable groups (such as ethnic minorities, indigenous people and people with disabilities). Once a social protection floor has been established, countries may then choose to progressively extend to their populations higher levels of social protection, by increasing the levels of social services provided (e.g. from free primary education to free secondary and pre-primary education) and a more comprehensive coverage of transfers (e.g. greater benefits through a mix of non-contributory and contributory schemes.)

The figure below illustrates the composition of the social protection floor and how it fits in the broader social protection context:

As part of the SPF Initiative, UN cooperating agencies have also agreed to certain common principles, which are expected to ensure that the social protection floors being advocated for are sustainable within countries. According to these principles, a Social Protection Floor must i) build on existing social protection measures, schemes, systems and national development strategies; ii) avoid creating

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3 UN cooperating agencies for SPF-I include: FAO, OHCHR, UN Regional Commissions, UNAIDS, UN-DESA, UNDP, UNESCO, UNFPA, UN-HABITAT, UNHCR, UNICEF, UNODC, UNRWA, WFP and WMO. Other co-operating agencies include IMF and World Bank. The SPF-I is led by ILO and WHO.
long-term dependencies and moral hazards; iii) encourage and facilitate market and social inclusion (be demand-driven and user-oriented); iv) be based on a clear definition of rights and duties, that govern the relationship between the citizens and the state, and v) be based on continued and predictable (preferably domestic) funding.

The UNDG Asia-Pacific, at the regional level, has further agreed to promote the following principles in its work on social protection: i) progressive realization of social protection which leads to universal coverage over time, taking into consideration government capacities and resources; and ii) inclusive social protection, that takes into account the different needs and vulnerabilities of various population sub-groups, is child- and gender-sensitive, and addresses social exclusion and discrimination (including due to HIV and AIDS).

While the main elements and principles of a social protection floor have been agreed upon by UN cooperating agencies at the global level, it is expected that social protection floors within countries will be nationally defined and owned, and based on national context. All countries in Asia-Pacific already have some form of social protection measures in place. As the sampling of social protection measures from countries in the region (Annex 1) reveals, the following forms of social protection have been used:

1. Free access to primary healthcare or social health protection schemes (social health insurance, universal or targeted health schemes);
2. Free education up to a certain grade or fee waivers and scholarships to facilitate access to education;
3. Child allowances and cash transfer programmes targeted at poor households to facilitate access to nutrition, education, care, and ensure a minimum income security of poor families;
4. Social insurance schemes providing protection in case of loss of income to working age population and their families when facing unemployment, work injury, incapacity or invalidity, maternity, the death of the breadwinner;
5. Public works programmes (cash for work and food for work) and employment guarantee schemes to provide a minimum income security for working age populations and their families combined with employment opportunities and vocational training;
6. Minimum pensions and contributory social pensions for the elderly and the disabled;
7. Community empowerment and infrastructure development programmes to ensure that social services and basic infrastructure (roads, water and sanitation, health centers, etc.) are available and operating in remote and poor areas.

Given the current state of social protection, the task at hand for policymakers is to ensure that these measures are reaching all the people who need to be ‘protected’ and that these measures are adequate (i.e. nature and extent of benefits is sufficient to fulfill basic rights). The task at hand for UNDG and development partners is to facilitate this process. Towards this end, UN Country Teams are encouraged to initiate and support national dialogue on social protection, build national capacity for design, implementation, and coordination of social protection schemes, and promote a long-term, systems approach to social protection within their countries. The two subsequent chapters of this document provide a menu of potential entry points for UN agencies, together, or as parts of a whole, to support the development of national strategies and plans on social protection, and to support the effective implementation of social protection for all.
CHAPTER 2 - Supporting the Development of National Social Protection Strategies

Although most countries in the region are not starting from scratch, employing several social protection mechanisms in many cases, basic entitlements as per the social protection floor are far from guaranteed at present.

As governments in the region look to develop national strategies and development plans on social protection, they should be encouraged to consider:

- Establishing a social protection floor that guarantees a basic set of entitlements to all their people; and
- Going beyond the social protection floor, to offer more comprehensive social protection, when and where possible.

2.1 Key questions when developing social protection plans

Designing a nationally defined social protection development plan involves addressing some key questions (and many countries are already in the process of doing so).

- WHAT? Countries may wish to take stock of existing social protection programmes (inventory of schemes and measures) in order to identify the missing elements of their social protection system with a view to provide at least the floor for all the population (design gaps) as well as to determine what is not functioning well (implementation issues).

- WHO? Countries may wish to identify, through disaggregated data analysis (by sex, age, location, household characteristics etc.), which sub-populations are not currently being reached by social services and transfers to ensure that the disadvantaged population is not excluded.

- WHAT'S NEXT? Countries may wish to initiate a national dialogue to discuss and evaluate identified gaps and issues, in order to formulate recommendations and possible steps to address these gaps and issues, thereby ensuring that social protection is a reality for all their people.

- HOW? Countries should be encouraged to adopt coordinated and participatory approaches in the formulation of their social protection strategies and development plans. Since social protection includes both the supply of services (schools, clinics, hospitals) and measures to facilitate access to these services through transfers in cash (compensation of the loss of income, reimbursement of healthcare costs, cash transfers) or in kind (free education, free immunizations), effective implementation of social protection therefore involves a diversity of line ministries (health, education, labour, social welfare, agriculture, finance, planning & investment), social security institutions, workers and employers representatives, civil society organizations, local NGOs, development partners (UN agencies, international NGOs, bilateral donors). Given their roles in effective implementation, it is therefore desirable to involve these actors, as necessary or appropriate, in the process of identifying social protection gaps and issues as well as in the formulation of strategies and plans to address them.

- WHEN? The immediate realization of a full-fledged social protection floor is not a realistic policy goal for most countries in the region. However, using a development planning framework, countries can carve out a social protection path for themselves, including milestones and timelines, which is best suited to the needs of its people and the broader development context within the country.
2.2 Potential entry points for UN support to Governments in the development of social protection plans

UN agencies can provide concrete support in the design of the national social protection development plans by setting up social protection teams; promoting the SPF Framework; providing technical inputs to social protection development plans; building technical capacities; and sharing and disseminating knowledge.

➤ SETTING UP SOCIAL PROTECTION TEAMS
➤ PROMOTING THE SPF FRAMEWORK
➤ PROVIDING TECHNICAL INPUTS TO SOCIAL PROTECTION DEVELOPMENT PLANS
➤ BUILDING TECHNICAL CAPACITIES
➤ SHARING & DISSEMINATING KNOWLEDGE

➤ SETTING UP SOCIAL PROTECTION TEAMS and working groups to share information and knowledge among UN agencies and other development partners and provide, as a team, policy and technical advisory services to the government and implementing agencies. Where UNDAF exists, these should be linked to the related institutions, mechanisms and processes.

Box 1 - The Social Protection Task Team in Nepal

In Nepal, UNICEF and the ILO, in consultation with the UN Resident Coordinator’s office, together created the Social Protection Task Team (SPTT) in 2007 which these two agencies co-chair. It includes other UN agencies and development partners which address social protection in Nepal, including the ADB, DFID, GTZ, the World Bank, the WFP, WHO and UNDP/UNCDF. The SPTT started in 2007 by documenting and assessing the existing social transfer programmes in Nepal. A number of surveys, consultations among UN and development partners, and the focus group discussions were conducted to engage targeted beneficiaries and identify the design and implementation gaps.

In 2007, the UN system together with the Government prepared the 2008-2010 UNDAF, which included the employment-oriented, pro-poor and broad-based economic growth, an inclusive development process with targeted programmes as well emphasis on social development. The UNDP-led MDG training programme was also conducted in 2007, which had a discrete session devoted to social protection, where the UNICEF team introduced the idea of a child grant to a wider inter-ministerial audience.

The SPTT has adopted a “Statement of Principles and Approach” articulating the team’s commitment to cooperate in improving social protection in Nepal, including to support the Social Protection Floor approach. A particular focus of the SPTT is to support the Government of Nepal’s National Steering Committee – Social Protection and Social Security Committee to develop an integrated National Social Protection Framework. The Framework drafting to date adopts the Social Protection Floor approach and emphasizes the need to focus on Nepal’s system and capacity building, consolidation of measures and evidence generation to improve the effectiveness and efficiency of social protection.

Box 2 - The SPF Team in Thailand

The UN Social Protection Floor Joint Team in Thailand was created in March 2010. It includes UNRCO, UNICEF, UNFPA, WHO, UNESCO, UNDP, UN Women and ILO. The main objective of the SPF Joint Team is to promote and contribute to a holistic and coherent vision of national social protection systems which progressively tend towards universal basic coverage and by doing so, contribute to closing the coverage gaps and reducing inequalities. This joint team conducted several activities in 2010 and 2011:

1. It facilitated the writing of two Social Protection Floor Success Stories on the Universal Coverage Scheme (UCS) in healthcare and the universal tax-financed 500 Baht Pension Scheme (published in a joint ILO-UNDP Special Unit for South-South Cooperation global publication on the social protection floor).

2. It participated in the organization and facilitation of a Development Cooperation Seminar hosted by UNRCO and the National Social and Economic Development Board (NESDB) on the theme of “Social Protection: Towards Universal Coverage in Thailand” on 5 November 2010. The seminar brought together government officials, international development agencies, civil society groups, academics and other relevant experts to review the current social protection system in Thailand within the context of the international debate on the Social Protection Floor (SPF). A number of policy recommendations for the design of a welfare society in Thailand by 2017, with a focus on universal coverage of social protection and sustainability of the system, emerged from the seminar, including a technical assessment to review the existing schemes offered in line with needs of targeted groups (effective coverage, adequacy of benefits, availability and quality of social services, efficiency of delivery, etc.) and the identification of policy priorities in order to achieve a welfare society.

3. It has been charged with the responsibility of preparing, for the UNPAF (United Nations Partnership Framework) 2012-2016, the matrix and implementation plan on social protection, now identified as an area of partnership between the Royal Thai Government and the UN system.

18 months after its inception, the SPF Joint Team appears to be a useful and efficient mechanism, not only to share experience and information among UN agencies working on social protection but also to start working as a one UN team on a thematic subject where each agency has its own comparative advantage. In drafting the UNPAF document, for instance, participating agencies not only indicate their individual agencies’ programme activities, they have engaged in a process of: (1) identifying the needs and expectations of the national counterparts; and (2) identifying what the UN system as a whole could provide in response to these needs. Subsequently, joint activities emerged and were included in the UNPAF matrix. UN member agencies of the SPF Team are now considering the development of a joint program to be able to deliver, jointly, these activities.

More information on the SPF Team in Thailand is available at:
http://www.social-protection.org/gimi/gess/ShowSpf.do?id=1
PROVIDING TECHNICAL INPUTS TO SOCIAL PROTECTION DEVELOPMENT PLANS through baseline studies, assessment exercises of existing schemes and inputs to national strategy documents.

Box 3 - Michelle Bachelet’s Visit to Viet Nam

Michelle Bachelet, chairperson of the Social Protection Floor Advisory Group of the UN SPF Initiative, undertook a visit to Viet Nam in October 2010 in order to promote the Social Protection Floor concept.

A High-level Discussion on the Social Protection Floor was held during which the Minister of Labour recognized that “(...) In addition to being relevant in the case of Viet Nam, the social protection floor concept will contribute to facilitate the implementation of the National Social Protection Strategy and make this strategy more efficient. It is therefore a great tool that should be used as a framework for the implementation of the strategy, and of course included as the umbrella of the NSPS implementation plan”.


Box 4 - The National Social Protection Strategy for the Poor and the Vulnerable in Cambodia

The development of the National Social Protection Strategy began at the 2nd Cambodia Development Cooperation Forum (CDCF) in December 2008. At this meeting, the Royal Government of Cambodia (RGC) and development partners acknowledged the significant progress made in reducing overall poverty levels, but recognised that parts of the population remained vulnerable to various economic and social shocks, which were thus pushing them into poverty.

To respond to this issue, the RGC and development partners agreed to undertake a scoping and mapping exercise to determine the nature of existing social protection mechanisms and programmes in Cambodia. This exercise aimed to identify strategic and political options for the development of an integrated and systematic social protection programme suitable for the socioeconomic context of Cambodia. Findings and recommendations were presented during the National Forum on Food Security and Nutrition in July 2009.

In the second half of 2009, the RGC and development partners worked together to develop the National Social Protection Strategy for Cambodia. “The overall National Social Protection Strategy is the successful outcome of a long collaboration process between the Government and the development partners and other stakeholders involved, where the initiative comes from the willingness of the Government.” Says H.E. Sann Vathana, Deputy Secretary-General, Chief of Secretariat General of Social Protection Coordination Unit, Council for Agricultural and Rural Development.


➤ PROMOTING THE SPF FRAMEWORK, which can be done through various advocacy activities, workshops and conferences as well as the organization of visits of SPF Advisory Group chairperson and members. (For more information on the SPF Advisory group, visit http://www.ilo.org/public/english/protection/spfag/about/index.htm.)
Assessing existing policies and programmes as well as identifying policy gaps, implementation issues and financial bottlenecks are key if we want to further design, implement and develop efficient, effective and sustainable social protection programmes, and establish at least a social protection floor for all.

**Box 5 - Assessment Based National Dialogue Exercises in Indonesia and Thailand**

The ILO, together with other UN agencies (UNICEF, WHO, UNFPA, UNWOMEN, UNESCO, UNAIDS), has started developing a series of “assessment based national dialogue exercises” in Asia. The assessment methodology uses the SPF guarantees as a benchmark to describe and assess jointly the whole social security situation (and not only basic non-contributory provisions) and identify the policy gaps and implementation issues if any. Consultations and tripartite workshops allow to present the SPF concept and framework, share and discuss the diagnostic made of social security situation with main stakeholders at national and provincial levels, and formulate jointly (in group work using the World Café exercise) recommendations to bridge the social protection gaps and overcome implementation issues. These assessments are also completed by a rapid costing exercise to estimate the cost of introducing these additional social protection provisions or improving existing ones.

The recommendations were used in Thailand, Indonesia and Viet Nam for the introduction (or upscale) of social protection provisions. The assessment exercise is the first step of long term country interventions including the design of schemes (based on feasibility studies) and their implementation, or the reform of existing schemes to increase coverage or the benefits provided.

The workspaces of the Assessment Based National Dialogue Exercises are available at:
➤ **BUILDING TECHNICAL CAPACITIES**, for instance, through the organization, at country and regional levels, of technical seminars on the assessment exercise and utilization of the Rapid Assessment Protocol (a costing tool).

**Box 6 - “Social Protection Floor Rapid Assessment, Costing and Design: From Tools and Methodology to Practical Implementation”, 15-19 November 2010, Bangkok, Thailand**

This hands-on training allowed participants from governments of Cambodia, Indonesia, Lao PDR, Thailand, Viet Nam, as well as various UN agencies:

- To better understand the social protection floor approach and how the SPF framework can be used to conduct assessment-based national dialogue exercises at country level;
- To use and understand a calculation tool developed jointly by the ILO and UNICEF;
- To figure out how the assessment methodology and toolkit can be adapted and used in each country after the training, given the country-specific social protection situation.

The workspace of the training seminar is available at: http://www.ilo.org/gimi/gess/ShowProjectPage.do?pid=1155

In low-income but also middle-income countries, there is the need to create a “critical mass” of people – particularly among the new generations of government officials, technical staff of organizations implementing social protection, parliament, social partners, civil society organizations – who understand and advocate for social protection.

Training may vary according to the target groups and include technical seminars on specific issues for practitioners, executive courses for policy makers, training of trainers for CSOs, briefing notes and presentations to the parliament’s commissions, awareness raising tools for the general public and social partners. Some education tools have been developed in several Latin American countries which could be adapted, further developed and disseminated in Asian countries through various channels (e.g. children news councils, teachers associations, schools).
SHARING & DISSEMINATING KNOWLEDGE on national local experiences or other countries’ experiences. This can be done through publications, organization of knowledge sharing and training seminars and the development of web content (e.g. the GESS platform http://www.social-protection.org/gimi/gess/ShowMainPage.do).

Box 7 - The Social Protection Floor Success Stories

UN agencies and country teams in Thailand, Cambodia, India and elsewhere in the world facilitated the production of 18 case studies on social protection policies from 15 countries of the global South. These case studies were compiled in a joint UNDP & ILO publication “Sharing Innovative Experiences: Successful Social Protection Floor Experiences”. This publication is the first to bring together examples of good social protection floor practices for South-South learning. The knowledge, expertise and experience that these countries have gained in their own efforts of establishing a SPF represent a valuable source for other countries interested in planning, expanding, extending or reorienting their own SPF systems.

The document is available at:
http://www.ilo.org/gimi/gess/RessShowRessource.do?ressourceId=20840

The UN has a key role to play in the development of these training programmes. “Tailor made” courses could be organized, e.g. with UN agencies training centres such as the ILO International Training Centre based in Turin, Italy; or in partnership with other actors such as the annual two-week training course on social transfers organized by HelpAge in Chiang Mai, Thailand.

There is also a need to document ongoing local or area-based experiences in the country that could be scaled up at national level. Some provinces of Indonesia (such as Bali) have established universal social protection schemes for health and their experience would need to be documented as a source for inspiration at central level. In Thailand, UNFPA plans to document the “Older Persons Watch” which is a mechanism developed in some areas to enhance protection of rights of older people and to provide social support. It also envisages documenting the community-based funds for long term care. Both mechanisms could later be scaled up to the national level.
CHAPTER 3 - Supporting Progressive and Coordinated Implementation of Social Protection

Once countries have their long-term vision in place, in the form of social protection strategies and development plans, the next step is to ensure sound design and effective implementation of social protection, in line with SPF principles and a systems approach. Constraints that governments might face in adhering to these include existing social protection policies and broader developmental policies (and the need to ensure integration of new policies with these), compromises due to political economy (for instance, targeting approaches and level of resources allocated to non-contributory schemes), limited administrative capacity, sub-optimal delivery systems, limited financial resources and institutional bottlenecks.

To support countries in maximizing what they can achieve given these constraints, and in some cases overcoming them, all UN agencies can play a role.

Some aspects of this support will benefit from a collective or coordinated approach on the part of UN agencies, for instance through joint projects or programmes under the UNDAFs. Joint programming may facilitate resource mobilization from donors and capitalization on the comparative advantage of the different agencies.

Other aspects will require agencies to work on their own with government counterparts, but towards a shared vision of inclusive, progressive and sustainable social protection. The exact nature of the latter modality will vary from country to country, depending on the existing relationships and the niche occupied by the respective agencies within countries.

Areas where there is a potential role for UN agencies to play at the country level include ensuring policy coherence and harmonization; promoting a legal framework based on evidence; supporting affordability and feasibility assessments; ensuring effective coverage, adequacy of benefits, availability and quality of social services; strengthening developmental linkages; improving governance and delivery mechanisms; and strengthening information systems, monitoring and evaluation.

Potential Entry Points for UN agencies

- Ensuring policy coherence and harmonization
- Promoting a legal framework based on evidence
- Supporting affordability and feasibility assessments
- Reaching all those in need of protection
- Providing adequate levels of benefits
- Ensuring supply side improvements
- Strengthening developmental linkages
- Improving governance
- Strengthening information systems, monitoring, evaluation
ENSURING POLICY COHERENCE AND HARMONIZATION

Implementing social protection policies and programmes cannot be done in isolation. Given the contribution of social protection to human capital development, to the protection and empowerment of people, and to the increase of labour productivity and pro-poor economic growth in the long run (see chapter 1), social protection policies are an integral part of national development policies. They need to be consistent with fiscal policy (fiscal space may need to be increased to be able to finance social protection), employment policy (linkages with employment need to be ensured or re-established for working age population) and shared vision of society. Since the implementation of social protection policies usually involves several ministries and institutions, there is also a need for their efforts to be coordinated in order to minimize duplication, promote operational efficiencies and enhance effectiveness.

In most countries, social protection has historically grown in an ad hoc fashion, often in the form of piecemeal measures to address particular crises or vulnerabilities. Thus what has emerged over the decades is an assortment of insular social protection policies and mechanisms, resulting in inefficiencies, coverage gaps, coverage overlaps and imperfect resource allocation. The development of coherent social protection policies can help to identify and close those gaps and improve efficiency.

Having several UN agencies around the table while developing national social protection strategies may enable governments to pick from each agency the ideas that resonate with the country’s own development goals and vision of society, and ensure that national policies are not primarily driven by external agendas. For example, the National Social Protection Strategy of Cambodia, which was developed by the Council on Agriculture and Rural Development (CARD) with representation from a number of line ministries and development partners, reconciles the vision of the country with policy frameworks of the various development partners involved.

Finally, when assessing the social protection situation and identifying policy gaps, the natural reaction may be to advocate for a new benefit scheme. In doing so, UN agencies would be well-advised to ensure that this does not contribute to increased fragmentation within the country’s existing social protection landscape.

Box 8 – Harmonized Technical Assistance for Social Protection in the Philippines

A Technical Assistance (TA) Facility has been created by the Department of Social Welfare and Development (DSWD) as a mechanism to screen, prioritize, coordinate, and monitor all planned technical assistance relating to DSWD’s social protection reform agenda. As a member of the Steering Committee of this Facility (which also includes World Bank, ADB and AusAID), UNICEF provides strategic guidance in formulating the five-year strategic technical assistance framework and annual technical assistance plan, monitors the implementation of the TA activities, identifies the policy implications of key TA findings, and identifies thematic issues that will impact on organizational reform and change.

Source: UNICEF Philippines.
Obligations and entitlements to social protection benefits should be specified in a precise manner so as to clearly delineate rights and duties of residents and/or contributors. To ensure predictability of social protection, laws and regulations need to be developed for all social protection provisions. Towards this goal, the relevant ILO conventions and recommendations constitute useful guidelines for the drafting of social security and social protection legal frameworks.

In some instances, social protection benefits are provided for a number of years without any legal basis. In Thailand’s UCS (universal health care scheme), health volunteers play a key role by ensuring that benefits and services are provided to the beneficiaries. Their work stems from a longstanding tradition of mutual help but has no legal basis. In other instances, a legal basis is in place but focus on the “how” rather than the “what”. For example, regulations on Thailand’s 500 Baht minimum pension scheme4 specify disbursement process and eligibility criteria but do not ensure indexation of the level of benefits.

Other countries have pushed for the development of social security legislation that appears to be in contradiction with current organizing frameworks for social security or social protection and therefore are very difficult to implement. In Indonesia, for instance, several schemes co-exist for the coverage of civil servants, private sector employees, informal economy workers and the poorest 30 per cent of the population. Law No. 40 on the National Social Security System (enacted in 2004), which aims at ensuring a more coherent social security system, has not yet been implemented because of a number of principles entailed in the Law that are not applicable in the present context (e.g. the legal form “Persero Terbatas” of insurance providers for instance is in contradiction with that of “trust fund” requested by the Law).

The development of laws should not precede but accompany a pilot-testing or evidence-gathering phase whereby social protection mechanisms are tested and documented. The evidence produced may serve as useful guidance when writing social protection laws and regulations, while also ensuring that these legal documents are adapted to the country context and therefore can actually be implemented and enforced.

4 On 18th October 2011, Thailand’s Cabinet approved a budget of 52 billion Baht to increase living allowances for the elderly (although legislation is still pending). Under the proposal, starting from October 2012, the elderly between 60-69 years old are to receive a monthly living allowance of 600 Baht; 70-79 years old, 700 Baht; 80-89 years old, 800 Baht, and those above 90 years of age, 1,000 Baht. Currently the elderly aged 60 and higher are receiving a monthly living allowance of 500 Baht.

Box 9 - Promoting the Adoption of a Minimum Social Protection Package in Maldives

In Maldives, a seminar initiated by UNICEF and convened by the Ministry of Finance with support from the Vice-President’s Office, provided an opportunity for all relevant line ministries and UN agencies – UNDP, WHO, UNICEF, UNFPA and FAO – to jointly develop a working document called the Minimum Social Protection Package. The document lists all the services that need to remain in the public domain, namely education and health; social transfers; transport as a basis for inter-island connectivity; food price subsidies. The Maldives Cabinet subsequently adopted the document.

While government spending on social protection is currently quite low among countries in the region, governments are often hesitant to enhance social protection on financial grounds, citing that it is not affordable. For several governments, especially those with large proportions of poor among their populations, lack of fiscal space is a real concern, particularly if they are to implement full-fledged social protection floors. Herein lies a key role for UN agencies: to convince governments that some aspects of a social protection floor may be immediately feasible while others can be gradually adopted. It is also important to remind governments of the long-term vision on social protection, and that in due time their investment in human capital will reap dividends in the form of higher economic growth. So as a collective, UN agencies can generate political will to promote a view of affordability with understanding of specific needs in a particular country context. In countries, where fiscal constraints are severe and inequalities need to be addressed, it requires careful thinking to prioritize benefits for the poor and disadvantaged. UN agencies can also work with government counterparts on costing and returns on investment models to generate the necessary evidence on the financial implications of social protection. There are several costing tools, both macro and micro ones, that have been developed and can provide estimations of future social protection costs and poverty impacts, including the SPF Costing Tool developed jointly by UNICEF and ILO (which is also known as the Rapid Assessment Protocol).

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**Box 10 - Rashtriya Swasthya Bima Yojana (RSBY - National Health Insurance Scheme) in India is Based on Pre-existing Schemes**

In the last four to five years, the governments in India have introduced various demand-side financing mechanisms to provide financial security for vulnerable segments of society. However, most of these schemes have had problems due to poor policy design, lack of clear accountability at the State level, lack of sustained efforts in implementation, weak monitoring and evaluation, unclear roles and responsibilities of different stakeholders, and poor awareness about the schemes among beneficiaries. The national government felt that there was a need for a national-level health insurance scheme in the country that would provide financial security to society’s vulnerable segments. Learning from the experiences of other major government and non-government health insurance schemes in India, it decided to launch a health insurance scheme that later came to be known as Rashtriya Swasthya Bima Yojana (RSBY). The scheme was launched on 1 April 2008 by the Central Ministry of Labour and Employment. Initially targeted at the most vulnerable identifiable groups, the Rashtriya Swasthya Bima Yojana (RSBY) has been progressively extended to building and other construction workers registered with Welfare Boards, street vendors, beedi workers, MNREGA beneficiaries and domestic workers.

The RASHTRIYA SWASTHYA BIMA YOJANA GUIDELINES describe the scheme’s eligible population, benefits, financing and operational rules. They are available on [www.rsby.gov.in](http://www.rsby.gov.in) together with other documents, procedures, etc. regulating the scheme’s operations. Several organizations (World Bank, GIZ and the ILO) contributed to the design of the RSBY.

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5 Beedis are traditional cigarettes.
Costing exercises should ideally be complemented by a public expenditure review and a sound fiscal space analysis that may potentially involve tax reform and other fiscal policy measures. While UN agencies can conduct the costing exercise using the tools developed by the ILO and UNICEF, they will most probably need to join forces with the World Bank and IMF on the fiscal space analysis and recommendations towards increasing the fiscal space. Different ministries will need to be engaged as well (Finance, Planning, etc.).

➤  REACHING ALL THOSE IN NEED OF PROTECTION

Given the current state of social protection, the task at hand for policymakers is to ensure that these measures are reaching all the people who need to be ‘protected’. Ensuring that some pockets of the population are not excluded from protection and assisting governments in designing a progressive and realistic extension plan for social protection are areas where the UN agencies can support the governments.

Targeting is often necessary, for instance, when the country does not have the financial resources to implement universal benefits from the onset. It may also be in line with a vision of society where the most vulnerable groups or people of certain age need to be protected first. There are at least three potential ways in which UN agencies can help:

- For social transfers that are to be categorically targeted, for example pensions for the elderly or cash grants to households with children, relevant agencies can work with the government to determine the optimum age of eligibility, taking into account the associated pros and cons. For instance, children under 2 are usually given the highest priority in discussions on child-focused social protection because the age of 0-2 is when deprivation can have the most permanent and damaging impact on a person’s development. Agencies can also work with the government in widening progressively the targeting criteria, e.g. by recommending lowering the age of eligibility for the social pension.

- For social protection measures that are to be poverty targeted, especially ones based on proxy means testing, UN agencies could play a role in presenting alternative forms of poverty targeting since proxy means testing tends to be extremely exclusionary, especially of the poorest. Alternatives could include targeting poor areas rather than poor households, or relying on multidimensional measures of household poverty rather than income alone. Poverty targeting is an area where a coordinated, unified, rights-based approach put forth...
by UN country teams could potentially counter the pressure from the international financial institutions to engage in proxy means testing. Errors of inclusion and exclusion may exist in the formulation of the targeting strategy and implementation, which also require particular attention to ensure that benefits and coverage meet the needs of the disadvantaged.

- For targeted beneficiaries that are difficult to reach, which the poorest and most vulnerable can often be, outreach programmes, awareness-raising campaigns, a case management approach and the use of community channels can be particularly beneficial.

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**Box 12 – Lowering the Age of Elderly Entitled to Social Pensions in Viet Nam & Professionalization of Social Work in Viet Nam**

In Viet Nam, there is targeted social assistance for people above age 80 and single elderly people in poor households or elderly people in poor households who have no spouse or other relative to rely on. The coverage was 430,000 pensioners in 2008 and 538,000 in 2009. The scheme is financed as part of the regular social assistance under Decrees 67 and 13/2010. The overall budget represents less than 0.2 per cent of GDP in 2010 (the majority of resources is allocated to the targeted assistance for the elderly). During the Assessment Based National Dialogue exercise conducted by the ILO and UN agencies in January-April 2011, the ILO recommended studying the possibility to lower the age of the social pension to age 65+ and to increase the level of benefits to at least the poverty line.

Trained social workers are key to implementing a case management approach to social protection. UNICEF, the Ministry of Labour, Invalids and Social Affairs (MOLISA) and Atlantic Philanthropies Organisation have started, in 2010, a 10-year programme that aims to develop a legal framework for the development of social work, to increase the knowledge and skills of professional social workers develop social services and increase public awareness about the profession. According to the plan, 35,000 social workers would be trained and 25,000 current Government staff members would be provided with social work training.

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➤ **PROVIDING ADEQUATE LEVELS OF BENEFITS**

Ensuring adequacy of any social protection scheme in a national context could imply, for example, that pension levels are not allowed to fall beyond a certain minimum benchmark. That may be defined by the national poverty line in the case of tax-financed universal benefits, but also by relative benefit benchmarks as laid out in the ILO social security Conventions. For example, to protect those with incomplete or broken labour market careers, Convention No. 102 defines a minimum pension replacement rate of 40 per cent of “the total previous earnings” after 30 years of service.

In the field of health care, access to essential health care should be available for the whole population. A minimum benchmark for this essential health care package may be given by the MDGs on maternal and child health care. Once the essential health care package is made available for the whole population, it may be improved along with increased budget allocated to public health care financing and improved capacities (including financial) of the health care supply to deliver the services guaranteed in benefit package.
The UN agencies may play a key role in providing advice on adequacy of benefits by providing benchmarks and – in the case of health care – by supporting the design and the delivery of essential health care packages that can be guaranteed to the whole population.

Box 13 – Promoting a Maternal Neonatal and Child Health (MNCH) Package in Lao PDR (with support from UN agencies and other development partners)

The strategy and planning framework for the integrated package of MNCH services 2009-2015 was prepared by the MCH-EPI technical working group of the Ministry of Health with support of the ADB, Belgian Technical Cooperation, Japan International Cooperation Agency, Lux-Development, UNFPA, UNICEF, the World Bank and the WHO among others.

This strategy delineates a package of essential evidence-based interventions to be offered during antenatal care, childbirth, the post natal period and childhood that must be scaled-up to save lives and improve maternal, neonatal and child health and nutrition.

The MNCH integrated package includes a list of about 40 services and interventions to be provided at different levels of the health care providers network (community level, outreach services, health centres, district hospitals, provincial and central hospitals). It can serve as a benchmark tool for monitoring that these interventions are effectively delivered, for resource allocation prioritization, and for the design of health insurance benefit packages and training programmes for health care staff.

Structure of the MNCH integrated package:

<table>
<thead>
<tr>
<th>Item of services</th>
<th>Community resources</th>
<th>Outreach services</th>
<th>Health centres</th>
<th>District hospital</th>
<th>Central &amp; provincial hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non pregnancy RH care</td>
<td>Health information</td>
<td>O or Δ indicated</td>
<td>O or Δ indicated</td>
<td>O or Δ indicated</td>
<td>O or Δ indicated</td>
</tr>
<tr>
<td></td>
<td>Contraceptives</td>
<td>for each service</td>
<td>for each service</td>
<td>for each service</td>
<td>for each service</td>
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<tr>
<td></td>
<td>...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy care – at least 4 routine antenatal care visits</td>
<td>Monitoring progress of pregnancy</td>
<td>O or Δ indicated</td>
<td>O or Δ indicated</td>
<td>O or Δ indicated</td>
<td>O or Δ indicated</td>
</tr>
<tr>
<td></td>
<td>Iron &amp; foliate supplementation</td>
<td>for each service</td>
<td>for each service</td>
<td>for each service</td>
<td>for each service</td>
</tr>
<tr>
<td></td>
<td>STI/HIV risk assessment</td>
<td>...</td>
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<td>...</td>
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<td></td>
<td>...</td>
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<td></td>
</tr>
</tbody>
</table>

➤ ENSURING SUPPLY SIDE IMPROVEMENTS

The availability of health and education services and their capacity to cope with increased demand created by cash transfers is key to ensuring effective social protection. The same applies to economic opportunities, in terms of the creation and sustainability of jobs, particularly in an unfavorable macroeconomic climate. A further challenge is to ensure the quality of services offered and jobs created, and the responsiveness to the needs of the poor. For example, in the education sector, a particular challenge is to ensure that increased school enrolment and attendance are not accompanied by greater drop-out rates and greater failure rates.
Furthermore UN agencies can assist governments in providing the lessons learned on the use of conditionalities in social protection schemes and their applicability. Where and if conditionalities are to be part of the design and implementation depending on the specific context, UN agencies can play a role in advocating that conditionalities are not punitive, and take steps to ensure that the poor are not penalized for not meeting them. UN agencies can also assist governments in addressing the supply side constraints that might prevent people from fulfilling the conditionalities, e.g. an absence of clinics or schools in the vicinity where beneficiaries reside.

**Box 14 - Ensuring Attention to Supply Side Aspects of Social Protection in the Philippines**

The conditional cash transfer Pantawid Pamilyang Pilipino Programme (4Ps) in the Philippines provides cash grants to the poorest families (almost two million beneficiaries in 2011) in the poorest communities on condition that they perform identified co-responsibilities in health and education. In order to support the government in ensuring maximum developmental impact, UNICEF Philippines has engaged in supply side assessments. In 3 cities and 7 provinces, the supply of health and education related facilities and services have been inventoried and matched with the expected increase in demand from the compliance of 4Ps beneficiaries to the conditionalities of the programme. The identified supply gaps will be presented to the 4Ps Programme Management Office, national line agencies of health and education, and Local Chief Executives for proper attention and support.

UNICEF Philippines has also tried to maximize developmental impact by supporting the redesign and improvement of the Family Development Session modules. Parent beneficiaries are required to attend these bimonthly sessions to learn life skills, good parenting and livelihood opportunities in anticipation for their "graduation" from the programme.

*Source*: UNICEF Philippines.

➢ **STRENGTHENING DEVELOPMENTAL LINKAGES**

An increasing number of countries move from a “safety net” to a “social inclusion” framework and establish integrated approaches where income security measures are linked with access to a range of social and employment services such as health, education, skills development and economic opportunities in order to break the inter-generational transmission of poverty. UN agencies, depending on their mandates and areas of expertise, can support governments in strengthening such developmental linkages.

Integrated approaches focusing on access to health services for mothers and children, access to nutrition and education by children are seen as a valuable mechanism enhancing the capabilities of poor people, thus providing an escape from poverty over the long term. Ensuring children’s access to education is especially beneficial, as it helps to reduce child labour, which not only represents a violation of children’s rights, but also tends to entrap them in lower skilled, poorly paid jobs when adults.
Box 15 - Enhancing the Impact of CCTs on Stunting in Indonesia

The Government of Indonesia (GoI) has implemented various social protection schemes over the years, largely comprised of social security, social assistance and government subsidies, and including one of the world’s largest conditional cash transfer programmes (in terms of the number of beneficiaries). With support from UNICEF, GoI is now designing a three-year pilot to enhance the impact of the ongoing conditional cash transfer programme (CCT) called Programme Keluarga Harapan (Family Hope Programme) on childhood stunting. This pilot focuses on improving the supply of health and nutrition services and strengthening the interface between supply- and demand-side efforts to increase uptake. Three clusters of interventions will be implemented:

1) Coordination – The pilot will promote PKH as a vehicle for accelerating achievement of the health and nutrition objectives, particularly childhood stunting. Advocacy will be conducted to establish stunting reduction as a development priority and a joint responsibility of Health, Social Affairs, Community Empowerment, Planning and other government agencies in the pilot areas. The pilot will aim to insert stunting targets in the five-year development plans and other relevant strategy documents in the district government. Existing multi-sector fora and mechanisms at district, sub-district and community levels will be revitalized to facilitate coordination, joint monitoring, analysis and action by the concerned government agencies and CSOs to address challenges in programme implementation.

2) Capacity building – In the pilot, PKH facilitators at the community level will be trained on basic health and nutrition, thus strengthening their role in advocating for the uptake of services, promoting key health and nutrition messages and facilitating community actions to address health and nutrition issues in their areas. Health workers including midwives and nutritionists will be trained on counseling skills in particular on maternal nutrition and infant feeding, such that individual counseling will be integrated into and improve the quality of antenatal and growth monitoring services.

3) Communications – The pilot will develop an overarching communications strategy on nutrition and the role of PKH in reducing stunting. This will include advocacy to decision makers, programme managers, and service providers, as well as behaviour change activities targeted at communities, such that consistent messages are being disseminated and understood on stunting and what is required to overcome stunting.

Source: UNICEF Indonesia.

Access to economic opportunities has been promoted either directly, through the provision of employment (as exemplified in public work programmes), or indirectly, by creating the conditions for developing employability, entrepreneurship and access to the labour market (including input grants, access to microcredit and training). In some cases, the provision of benefits and/or access to services is interrelated. This is the case of the conditional cash transfers. This is also the case in India (NREGA) with the systematic coverage of the workers enrolled under NREGA, after 15 days of employment, under the subsidized health care scheme, Rashtriya Swasthya Bima Yojana (RSBY).
A core objective of the National Social Protection Strategy (NSPS) of Cambodia is not only to provide people with basic social protection that can alleviate poverty but to ensure that these same people can graduate on a sustainable basis from poverty to higher levels of income and social protection. Creating these linkages may:

- address simultaneously several dimensions of vulnerability and increase therefore the potential impact of social assistance in addressing poverty;
- carry the potential to create incentives for economically active workers needing temporary support to become more employable and self-reliant (through vocational training, access to public employment programmes, support to entrepreneurship and micro-enterprise growth, and job placement in the formal sector, for example) and gradually move towards sustainable income and higher levels of social protection.

Two approaches are currently proposed for pilot-testing in two provinces: (1) ensuring that workers enrolled under public works programmes have also access to health care – through automatic registration into social health protection schemes, for example; and (2) using (certain) social protection benefits as an incentive to increase the efficiency of employment services, and therefore to increase employability. This may be done e.g. by providing those families who register under skills development programmes with additional social services (counselling on micro enterprise development, access child care centres, etc.).

Developmental linkages can also be strengthened through enhanced coordination. Implementing a national social protection policy cannot follow a top-down approach, particularly when the target beneficiaries are informal economy and rural workers and their families, who are not/poorly organized and difficult to reach. The national programmes need to include linkages between central and decentralized structures (community based organizations, local administration, etc.) to ensure that transfers or services are delivered to the right persons, that information and funding can flow smoothly and that the implementation of the system can be monitored and evaluated.
UN agencies can support the design and implementation of such integrated approaches by providing technical support in their relevant field of expertise (health, education, access to employment opportunities, monitoring & evaluation systems, linkages with existing SP programmes, etc.) and by fostering a dialogue and enhancing collaboration of the different line ministries involved (Ministries of Health, Education, Labour, Agriculture, Investment, etc.) and between central and sub-national levels.

Box 17 – A Coordinated Single Window Service

An integrated delivery mechanism could be promoted by which households would register under a “single window service” where they would find information and support for accessing both social protection measures, skills development programmes, and other employment services. They would be supported by a dedicated “case manager” that would understand their specific situation (vulnerability & skills assessment), develop a personalized plan with them in terms of skills development, enterprise creation or job placement, channel information on all social services they are entitled to, facilitate administrative procedures such as the registration to basic social services or social insurance schemes, support them in claiming for benefits, etc.

The SWS mechanism would:

- Facilitate access to existing social protection schemes for informal economy workers and their families who often lack access to information and protection;
- Improve the collection of data at decentralized level, develop and update a database to monitor the extension of social protection coverage;
- Reduce operational costs of existing schemes by sharing some common administrative procedures and tools (registration, vulnerability and skills assessments);
- Improve coordination between institutions at the sub-national level on the one hand, and between the national and sub-national levels on the other hand.

In Indonesia and Cambodia, SWS approaches seem particularly relevant to support the implementation of the national social protection strategies at the local level in a coordinated manner.

UN agencies can support the design and implementation of such integrated approaches by providing technical support in their relevant field of expertise (health, education, access to employment opportunities, monitoring & evaluation systems, linkages with existing SP programmes, etc.) and by fostering a dialogue and enhancing collaboration of the different line ministries involved (Ministries of Health, Education, Labour, Agriculture, Investment, etc.) and between central and sub-national levels.

Box 18 – Strengthening the Role of Local Governments in Implementation of Social Protection

The Institute of Philippine Culture of the Ateneo de Manila University, the same agency tapped by the World Bank to conduct the first wave of impact evaluation of the 4Ps Programme, has been commissioned by UNICEF to assess the impact of complementary interventions in one rural and one urban area. The study will document the convergence and sustainability strategies used in these two local governments and will be incorporated into the Government’s overall strategy for working with local governments. Meanwhile, UNICEF is also working with DSWD and the Department of Interior and Local Government to strengthen the local institutions’ role in sustaining the programme and addressing the supply gaps.

Source: UNICEF Philippines.
IMPROVING GOVERNANCE AND INSTITUTIONAL CAPACITY

Inadequate governance can often result in poor social protection outcomes, despite the most careful design. Governance is defined as the “sum of all consultative and decision-making processes, institutional arrangements and managerial and administrative action by which social protection policies are designed, agreed upon, implemented and supervised” (ILO glossary available on the GESS platform). Governance should meet requirements of transparency, predictability and accountability. Poor governance may lead to inefficiencies in resource allocation and in operations e.g. long delays to process claims, excessive administrative costs, poor responsiveness to clients’ complaints, and in some cases leakages. These inefficiencies not only represent a misallocation (or waste) of benefits away from the schemes’ intended beneficiaries, they can also be quite damaging in terms of the reputation of a particular social protection programme and thereby erode the political support for it.

Achieving transparency and active governance requires well-trained managers and “governors” and sound management tools and procedures. The development of performance indicators, for instance, can help track these inefficiencies. The ILO is developing a standard set of such indicators that will be used in its technical advisory services. Many good governance principles are included in ILO social security Conventions and Recommendations (such as Recommendation No. 67 – www.ilo.org/ilolex). These instruments contain a number of provisions securing the rights of the persons covered (including the right to appeal and to non-discriminatory treatment), their participation in decision making as well as provisions relating to accountability and sound and just financing.

Another way in which UN agencies can improve governance is by enhancing awareness and accountability of social protection programmes. Governments should be supported in establishing community-based grievance committees and other complaints mechanisms.

Strengthening institutional and managerial capacity is a serious challenge, more so at sub-national levels. Where local capacities are weak, for example at district levels, service delivery is seriously constrained. Successful implementation of social protection programmes depends on sound institutional arrangements for collaboration between local and central government. This also has significant implications for delivering effective social services and transfers, enhancing local participation, as well as promoting transparency and accountability. UN agencies can play a role in assessing training needs, developing and conducting training programmes and collaborating more closely with local government counterparts.

**Box 19 - Legal Empowerment of Civil Society Organisations (CSOs) to Improve Accountability**

In Thailand, UNDP conducts a number of legal empowerment activities such as enhancing the capacities of CSOs and informal workers’ groups to raise awareness about the social security & social welfare law, encouraging its enforcement and providing assistance to legislative initiatives of the electorate through Thai Law Reform Commission.

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6 http://www.ilo.org/gimi/gess/ShowGlossary.do?GLOSSAIRE_LETTER=g&GLOSSAIRE_LANG=EN
Information systems and monitoring and evaluation of social protection programmes are particularly weak in many countries in the region.

Poverty and vulnerability identification systems (and related databases) help to identify potential and future recipients of social protection programmes and are therefore key instruments when designing and implementing targeted programmes. In Indonesia, the National Team for Poverty Reduction Acceleration (TNP2K) of the Vice president’s office is developing a central database that will include 40 per cent of the population (poorest quintiles). Cambodia has developed over the past years an ID poor programme that is being used by an increased number of social assistance programmes to identify their beneficiaries.

Box 20 - The Identification of Poor Households (ID Poor) Programme in Cambodia

The ID poor programme is led by the Ministry of Planning (MOP) in collaboration with the Department of Local Administration (DOLA) of the Ministry of Interior. The programme is implemented with funding by the Federal Republic of Germany, the European Union, AusAID, UNICEF, and the Royal Government of Cambodia, with technical assistance from Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ).

The overall objective of the ID Poor Programme is to officially mandate Standardised Procedures for Identification of Poor Households and to achieve their implementation throughout Cambodia.

In Cambodia, poverty-oriented development planning and service provision has not focused enough attention on targeting assistance to poor people. Where household targeting has been implemented, many institutions have developed and applied their own procedures and criteria for identifying beneficiaries. This means that results are not comparable with each other, and are generally also not shared with other organisations and institutions.

ID Poor seeks to determine which households are poor and the poverty level of these individual households in rural villages. The purpose of identification of individual households is to directly target services and development assistance to the poorest households: free or discounted medical services (e.g. through Health Equity Funds), scholarships or other financial support to poor school pupils and students, rural development and agriculture-related services, allocation of social concession land to the poor, etc.

The ID Poor data can also be used for calculating comparative poverty levels of villages, communes, districts and provinces. Service providers can use this data for targeting poorer communes or villages, and the poor households within those areas.

A Database of Poor Households has been developed to support the implementation of ID Poor, and to generate data for dissemination to service providers. The database is designed so that data entry can be conducted on a distributed basis in different locations, and then consolidated at the national level.

ID Poor is now an integral part of the Government’s National Social Protection Strategy 2011-2015, which was approved by the Council of Ministers on 18 March 2011. The NSPS states that “The Royal Government of Cambodia intends to make ID Poor the primary targeting methodology across all social protection schemes, while still allowing for the use of complementary methodologies where their use is justified.”
Beyond identification of beneficiaries, the sound management of social protection programmes requires, at all times, updated data concerning beneficiaries, contributions, benefits, etc. This is key in order to develop a number of indicators to monitor the scheme’s operations. At the central level, it may be useful to consolidate this information in central databases that would allow to keep track of the extension of social protection coverage and social protection public expenditures, and to conduct evaluation studies of the impact of social protection programmes on various indicators (e.g. access to social services, reduction of poverty, human capital development). Monitoring and evaluation systems are not only useful in improving social protection programmes through the feedback loop but can also generate extremely valuable evidence on the positive impacts of social protection, which is often necessary for continued political support and also for replication and/or going to scale. This is an area where UN agencies can provide technical assistance to the governments.
ANNEX 1
A Sampling of Social Protection in Asia and the Pacific

The purpose of this Annex is to show that countries in Asia-Pacific are already implementing social protection, through various mechanisms and with varying levels of spending. It is not intended to be an exhaustive, updated compilation of social protection in the region (an endeavour which is beyond the scope of this issues brief).

<table>
<thead>
<tr>
<th>Countries</th>
<th>Some Major Social Protection Schemes</th>
<th>Social Protection Expenditure (as % of GDP)</th>
<th>Social Protection Index (ADB, 2008)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>Female Secondary School Assistance Programme (Cash grant, booi allowances and examination fee); Vulnerable Group Development Programme (food-based transfer plus development services); Charis Livelihoods Programme</td>
<td>5.3</td>
<td>0.33</td>
</tr>
<tr>
<td>Cambodia</td>
<td>National Social Security Fund for private sector employees (NSSF) (Employment injury insurance); National Social Security Fund for civil servants (NSSF-C) (Pension benefits); Internal government rules on employer sponsored maternity benefits; Vocational training programmes of various type and quality; various social health protection programmes targeting poor people and informal economy workers, such as the Health Equity Funds (HEF) and the Community-Based Health Insurance Schemes (CBHI), Health Insurance Project (HIP); various social safety net programmes, including small scale Public Employment programmes, targeting poor and vulnerable persons (largely funded by donor support), Priority Action Programme (Cash advance system to schools for abolition of fees etc.), Commune/Sangkat Fund (local public investment funds for the rural poor).</td>
<td>1.4</td>
<td>0.19</td>
</tr>
<tr>
<td>China</td>
<td>Minimum Living Standard Guarantee (Dibao-cash transfer); New Rural Cooperative Medical Scheme; Urban Residents Basic Medical Insurance Scheme; pilot social pension scheme; National Project of Compulsory Education in Impoverished Areas (education provision); Care for Girls (cash transfers to families with girls)</td>
<td>4.6</td>
<td>0.45</td>
</tr>
<tr>
<td>Fiji</td>
<td>Family Assistance Scheme (monthly cash allowance to single mothers and elderly)</td>
<td>2.9</td>
<td>0.15</td>
</tr>
<tr>
<td>India</td>
<td>National Maternity Benefit Scheme (cash assistance to pregnant women); National Rural Employment Guarantee Scheme</td>
<td>4.0</td>
<td>0.46</td>
</tr>
<tr>
<td>Countries</td>
<td>Some Major Social Protection Schemes</td>
<td>Social Protection Expenditure (as % of GDP)</td>
<td>Social Protection Index (ADB, 2008)*</td>
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<tr>
<td>------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Health Services Programme (primary health care in priority districts); Jamkesmas (healthcare for the poor); Jamkesda (healthcare for the poor at the provincial level); Jampersal (free deliveries); Askes (social health insurance); Askes (Health Insurance coverage for public sector employees and retired military personnel); Jamsostek (social insurance fund for private sector) The School Operational Assistance (Bantuan operasional sekolah-BOS), Scholarship for the poor programme, Children Social Welfare Programme (PKSA) for children with social problems, PKH (conditional cash transfer); Raskin (rice subsidy programme); Community Empowerment (Programme Nasional Pemberdayaan Masyarakat-PNPM) Jamsostek (social insurance fund for private sector) Taspen (pension fund for public sector employees) and Asabri (pension fund for the armed forces and police)</td>
<td>1.9</td>
<td>0.33</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>Access to Basic Education in Laos (ABEL) Project (in poorest provinces); Social Security Organization (SSO) for private and state enterprise employees; State Authority for Social Security (SASS) for Civil servants; Community-based health insurance (CBHI); Health equity funds (HEF)</td>
<td>1.3</td>
<td>0.19</td>
</tr>
<tr>
<td>Malaysia</td>
<td>SOCSO: Employment Injury Insurance (EII) scheme and invalidity pension scheme as well as rehabilitation services (return to work programme); Provisions under employment act include: retrenchment benefits system that will be progressively replaced by the introduction of the UI scheme, maternity leave &amp; allowance, sickness leave; Job placement programme (database of vacancies for retrenched workers); Employment provident fund (lump sum upon retirement)</td>
<td>3.9</td>
<td>0.35</td>
</tr>
<tr>
<td>Maldives</td>
<td>Maldives Pension and Social Protection Administration Project (Social Pension for 65+); Absolute Poverty Scheme (cash transfer programme); Assistance for health care (for catastrophic illness, critical drugs for people with learning disabilities etc.)</td>
<td>1.5</td>
<td>0.28</td>
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<tr>
<td>Mongolia</td>
<td>Sustainable Primary Health Care in Rural Areas (revolving drug funds); Social Health Insurance Fund; Child Money Programme (now discontinued)</td>
<td>9.8</td>
<td>0.60</td>
</tr>
<tr>
<td>Nepal</td>
<td>Stipends for Dalits and Girls Students (scholarships and incentive packages for primary and secondary education); Old-Age Allowance</td>
<td>2.3</td>
<td>0.19</td>
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<tr>
<td>Countries</td>
<td>Some Major Social Protection Schemes</td>
<td>Social Protection Expenditure (as % of GDP)</td>
<td>Social Protection Index (ADB, 2008)*</td>
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<tr>
<td>Papua New Guinea</td>
<td>Vernacular Language Preschool Programme (for ethnic minority children)</td>
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<tr>
<td>Pakistan</td>
<td>Benazir Income Support Programme (cash grant)</td>
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<tr>
<td>Philippines</td>
<td>Pantawid Pamilyang Pilipino Programme or 4Ps (conditional cash transfer); National Health Insurance System better known as Phil-Health PhilHealth; KALAHI (community grants, human development services); Food-for-School Programme (FSP); Education for All Programme (compulsory and universal basic education); Social welfare services provided at the local level (LGUs), rehabilitation programmes, nutrition services and family planning services; Educational benefits for veterans, spouses, direct descendants of veterans; Social Security System (SSS); Government Service Insurance System (GSIS); Employers Compensation (EC); Home Development and Mutual Fund (HDMF); Welfare Fund for Overseas Workers (WFW); Rice price subsidy programme; Emergency infrastructure and socio-civic projects; Various ALMPS, Food for Work Programme, Rural Works Programme; Armed Forces Retirement and Separation Benefits System (AFP-RSBS); Philippine Veterans Affairs Office</td>
<td>2.2</td>
<td>0.21</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Samurdhi Programme (cash transfer, savings and credit, workfare); Cash transfers for the disabled</td>
<td>5.7</td>
<td>0.47</td>
</tr>
<tr>
<td>Thailand</td>
<td>Compulsory Contributory Social Security Scheme (SSS); Non-contributory Civil Servants Medical Benefit Scheme (CSMBS); Universal Coverage (UC) scheme; Health Volunteers &amp; Homecare &amp; Older Persons Volunteer Care-giver programme; Migrant Health Insurance by Ministry of Interior… Child allowance (formal workers under Social Security); 15 year free education for all programme (2009), including pre-primary education; Reimbursement of education fees (3-25 years old) for civil servants’ children… Free School Lunches in primary schools and Grant for supplementary food (milk) Social Security Fund (Sickness, invalidity and death benefits); Voluntary Insurance (Sickness, maternity invalidity, death, child allowance and old-age pension) for formal workers entitled to Art 33 who have paid at least 12 months of contributions and become self employed; Subsidized Voluntary Insurance (Injury or sickness benefits, maternity benefits, invalidity benefits, death benefits) for informal economy workers under Article 40; Workmen’s</td>
<td>2.2</td>
<td>0.21</td>
</tr>
</tbody>
</table>
### Some Major Social Protection Schemes

<table>
<thead>
<tr>
<th>Countries</th>
<th>Social Protection Expenditure (as % of GDP)</th>
<th>Social Protection Index (ADB, 2008)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Viet Nam</td>
<td>4.1</td>
<td>0.38</td>
</tr>
</tbody>
</table>

- Compensation Fund (WCF); Private insurance scheme (MOL) for migrants
- Unemployment benefits (Social Security Fund) & Vocational Training; One Million Baht Village Revolving Fund (loans for community projects and individual families)
- Universal Non contributory 500 baht scheme for the elderly, people with disabilities, with HIV-AIDS; Old Age Pension (Formal workers); Government Pension Scheme (Civil servants);
- Provident Funds for State Owned enterprises; National Savings Fund, a state enterprise instituted by Ministry of Finance (2011) for Thai Nationals aged 15-60 not benefiting from government or SSF

- Voluntary and compulsory health insurance
- Some free essential services (water, electricity) but limited for ethnic minorities
- Targeted social assistance (orphanned children)
- Tuition fees exemption/reduction for poor households
- Loans for food for students living in poor households
- Support for minority children for food, textbooks, notebooks
- Scholarships for poor students
- Unemployment insurance
- Maternity protection for the formal sector
- Social assistance for the disabled and single parents
- NTP PR Housing support: complete housing support
- Programme 135 (local infrastructure projects in ethnic minority areas)
- Food support for minorities in Central Highlands.
- Benefits to people with national merit
- Social insurance (old age pension scheme)
- Targeted social assistance for the elderly

* The ADB calculations of Social Protection Expenditure (as % of GDP) and Social Protection Index take into account labour market programmes, social insurance, social assistance, micro-credit finance, and child protection. Although not perfect, it is the only existing measure that can be used to compare countries in the region at the moment. The average SPI value for Asia (based on 31 countries) is 0.36. SPI values in Asia range from 0.01 in Papua New Guinea to 0.96 in Japan (higher is better). Yellow = within 20% of Asia average. Orange = below Asia average. Green = above Asia average.
ANNEX 2

Social Protection Resources Available to UNCTs

1. Social Protection Frameworks and Strategies - UN, Development Partners, Countries

Asian Development Bank

ADB’s Social Protection Strategy (2003)

UN

The Social Protection Floor Initiative Brochure (June 2010)


The World Bank


Towards an East Asian Social Protection Strategy (1999)

National Social Protection Strategies in Asia-Pacific

Cambodia – National Social Protection Strategy for the Poor and Vulnerable (April 2011)

2. Manuals and Tools

Social Protection Floor Costing Tools & User Manuals

ILO Rapid assessment protocol RAP 1.0 and user guide
(On demand: Christine Bockstal, bockstal@ilo.org)

http://www.unicef.org/socialpolicy/index_56917.html

Designing and Implementing Social Transfer Programmes
http://www.prpzim.info/resources/socialtransfersguide.pdf

How to Design and Implement Gender-Sensitive Social Protection Programmes

Targeting Social Transfers – A Social Protection Tool sheet (ODI, 2010)
3. Useful Websites

GESS http://www.socialsecurityextension.org/gimi/gess/ShowTheme.do?tid=1321

Social Protection in Asia http://www.socialprotectionasia.org/


The World Bank’s Social Protection and Labor Website

Social Transfers Evidence Base http://socialtransfersevidence.org/

4. Selected Literature by Topic

Social Protection in Asia-Pacific

The Promise of Protection: Social Protection and Development in Asia and the Pacific (UNESCAP, 2011)

Social Protection in East and South East Asia (Cook, 2009)

Social Protection in South Asia (Kabeer, 2009)


Social Protection in South Asia (UNICEF, 2009)
Social Protection Index for Committed Poverty Reduction: Volume 1 (ADB, 2006)

Social Protection Index for Committed Poverty Reduction: Volume 2 (ADB, 2008)

Social Protection, Poverty and Growth

Promoting pro-poor growth: Social Protection (OECD, 2009)
http://www.oecd.org/dataoecd/63/10/43514563.pdf

Scoping Study on Social Protection: Evidence on Impacts and Future Research Directions (Kabeer, 2009)
http://www.dfid.gov.uk/r4d/PDF/Outputs/Misc_HumanSec/Social_protection_scoping_study_NK_09Final.pdf

Social Transfers

Targeting the Poorest: An assessment of the proxy means test methodology (AusAID, 2011)

Cash Transfers Evidence Paper (DFID, 2011)

Lessons from Social Protection Programme Implementation (IDS, 2011)
http://www.ids.ac.uk/files/dmfile/rr69.pdf

Social transfers and chronic poverty: Objectives, design, reach and impact (Barrientos and Nino-Zarazua, 2009)

Social Protection and Health

Extending Social Protection in Health: Developing Countries’ Experiences, Lessons Learnt and Recommendations (ILO, GTZ, WHO, 2007)

Waivers and Exemptions for Health Services in Developing Countries (Bitran and Giedion, 2003)
Social Security


Others

Toolkit on tackling Error, Fraud and Corruption in Social Protection Programmes (Stolk and Tesliuc, 2010)