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Briefing

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National, Regional and International Social Protection Experiences: What can be the Lessons for Uganda?

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Introduction

Social protection has emerged in recent years as a key concept which seeks to integrate a variety of measures for building fairer and more inclusive societies, and guaranteeing a minimum standard of living for all. While social protection can be geared to meeting the specific needs of certain population groups, including people living in poverty or extreme poverty and highly vulnerable groups such as indigenous peoples, it must be available to all citizens. In particular, social protection is seen a fundamental mechanism for contributing to the full realisation of the economic and social rights of the population, which are laid out in a series of national and international legal instruments, such as the United Nations' 1948 Universal Declaration of Human Rights or the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR). The responsibility of guaranteeing such rights lies primarily with the state, which has to play a leading role in social protection, for it to be seen as a right and not a privilege, in collaboration with three other major stakeholders: families, the market and social and community organisations.

Following the global financial and economic crisis many people around the world are facing lower incomes, fewer employment opportunities, insecure sources of livelihood, limited access to social services and increasing poverty, all of which are manifested in lower quality of life. In response, the United Nations committed to providing resources for social protection through the Social Protection Floor Initiative (SPFI). Social protection is an essential public service that encompasses a broad range of public actions providing direct support to the people to help them deal with risk, vulnerability, exclusion, hunger and poverty. It aims at providing a basic level of economic and social welfare to all members of society. In particular, social protection should ensure a level of welfare sufficient to maintain a minimum quality of life for people's development, facilitate access to social services, and secure decent work (Cecchini and Martínez, 2011).

A social protection floor (SPF) is a comprehensive approach that defines a basic set of rights, transfers and entitlements that enables and empowers all members of a society to access a minimum of goods and services (UNDP, 2011). The major objective of the Social Protection Floor Initiative is to support policies and activities that extend countries' social protection systems and basic social services in line with the needs of their population, especially poor and vulnerable groups, through an integrated approach that responds to the current crisis as well as long-term development needs and perspectives.

The need for social protection is majorly driven by pervasive poverty and income inequality. At the global level, the World Bank estimates that 1.4 billion people are still living on less than US$1.25 a day (Chen & Ravallion, 2008). In Uganda, the 2011 Human Development Report (HDR) estimated that 72.3% of the Ugandan population suffers from multiple deprivations[1] and an additional 19.5% are vulnerable to deprivations. The multidimensional poverty headcount is 43.6 percentage points higher than income poverty, implying that individuals living above the

[1] Multiple deprivations exists when different types of deprivation, for example lack of education, poor health, high crime levels, high unemployment, and poor standards of living are combined and experienced within the same household.

income poverty line may still suffer deprivations in education, health and other living conditions (OPHI, 2013). The recently published 2013 Human Development Report ranked Uganda among the poorest countries in the world, at 161 out of 187 countries, with a Human Development Index (HDI) of 0.45 (UNDP, 2013).

The Ministry of Finance, Planning and Economic Development (MFPED) in their Uganda Poverty Status Report 2012 notes that although there has been significant progress is reducing poverty over the past ten years, it is clear that many of those who seem to have escaped absolute poverty remain highly vulnerable. The report classifies 43% of Uganda's population as non-poor but highly insecure. It recognises social protection as an important intervention to address extreme poverty and vulnerability, and recommends expansion of the social protection programme for this purpose. The report also points to the need to ensure fiscal sustainability of social protection programmes.

The International Labour Organisation (ILO) provides two approaches to a SPF: the horizontal and vertical. This brief focuses on the **horizontal** dimension, which entails the rapid implementation of national social protection floors with a minimum package of transfers, rights and entitlements that provides access to essential medical care and sufficient income to all in need of such protection. The floor includes four basic minimum guarantees, namely:

1. Access to essential healthcare – where all residents have access to a nationally defined set of essential healthcare services;

2. Income security for children – where all children have income security at the level of the nationally defined poverty line, through family or child benefits that secure nutrition, education and care;

3. Assistance to the unemployed, underemployed and poor - all those in active age groups who are unable to earn sufficient income on the labour markets should enjoy a minimum income security through social assistance, social transfer schemes or through employment guarantee schemes; and,

4. Income security for the elderly and disabled – all residents in old age and with disability should have income security at least based on the level of the nationally defined poverty line through minimum pensions for old age and disability.

This brief discusses social protection floor experiences of different countries at different levels of development. The case studies presented are those from which the author feels Uganda can learn as the country develops its social protection policy framework and system. The case studies are typical examples of non-contributory instruments of social protection, because this is the sector where the majority of Ugandans needing social protection are found. The programmes described are those whose primary objective is to address poverty and inequality, which are also the key reasons for needing social protection interventions in Uganda. The brief is generated out of a literature review of publicly available resources on the subject of social protection.

Towards Universal Health Insurance Coverage in Rwanda

Like Uganda, Rwanda is a landlocked country, whose population is comprised mainly of young persons, and which is facing challenges with its population growth. In 2006, 36% of the Rwandese population lived in extreme poverty. There is high poverty and rising inequality as measured by changes in the Gini coefficient from 0.47 in 2000 to 0.51 in 2006 (UNDP, 2011). In order to reduce poverty among the population and to achieve the Millennium Development Goals (MDGs), the Government of Rwanda is elaborating and implementing different schemes and interventions in the social protection sector.

Table 1. CBHI coverage and utilization (percentage of population), 2003-2010

	2003	2004	2005	2006	2007	2008	2009	2010
Enrollment in CBHI	7	27	44.10	73	75	85	86	91
Utilization rate	31	39	47	61	72	83	86	95

Source: Rwandan Ministry of Health Mid-Term Review, 2011.

Between 1999 and 2000, the Rwandese government implemented a pilot community based health insurance (CBHI) scheme in three districts. In 2003, it was expanded from a pilot project to a national system and by 2005 it had rolled out to all districts. CBHI comprises three parts: *Mutuelles de Santé*; Military Medical Insurance; and the Rwanda Health Insurance Scheme.

The *Mutuelles de Santé* is a modified version of social health insurance that provides health coverage through voluntary and affordable local insurance. It is available to the entire population, and therefore covers the informal sector and rural populations. *Mutuelles de Santé* are based on concepts of community solidarity and participation, allowing the most vulnerable and poorest segments of the population to be fully integrated into the health insurance system.

The *Mutuelles de Santé* system functions in conjunction with two government and employer based insurance programmes known as the Rwanda Health Insurance Scheme (*La Rwandaise d'Assurance Maladie* or RAMA) and the Military Medical Insurance (MMI). RAMA covers public servants and individuals working in the formal sector and their dependents. MMI provides health insurance for members of the Rwanda Defence Force and their dependents. The system also comprises a small number of private insurance companies that cover employees of private companies (UHC FORWARD, 2011). All formal-sector workers are also part of the Social Security Fund of Rwanda (SSFR) for occupational hazards.

In 2008, a formal legal framework for Mutual Health Insurance was adopted. This set a new milestone towards universal coverage by making health insurance compulsory. This law also introduced cross-subsidisation between existing health insurance schemes leading the way forward for a possible national pool. These schemes altogether covered 91 percent of the population in 2010 up from 7 percent in 2003 (Saksena et al., 2010; Abebe, 2010).

Members of the *Mutuelles de Santé* pay annual premiums of one thousand Rwandan Francs (approximately US$1.80) per family member and a ten percent co-payment fee for all services at the health care facility. Those

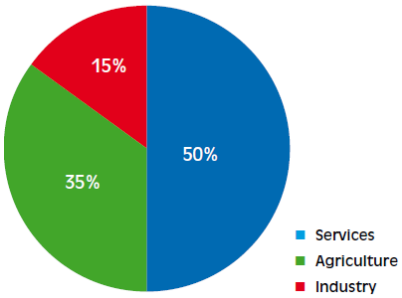
classified as very poor are exempt from payments and their membership is subsidised through funds pooled at the local *Mutuelle* level, as well as funding from the government and donors.

RAMA and MMI require 15 percent co-payment for services and pharmaceuticals, and receive preventative and curative care through health facilities affiliated with their insurance scheme. The CBHIs are an integral part of country's health programme, with strong administrative and political support for their expansion and functioning (Makaka, Breen & Binagwaho, 2012).

The DOLE Social Protection Program in the Philippines

With a population currently estimated to be over 98 million people, the Philippines have one of the highest population growth rates in East Asia. Population is projected to grow at an average rate of 1.5 percent from 2011 to 2015. The country has a generally young population with those in the age 25-39 bracket comprising the dominant group and the median age being 22.5 years. The labour force participation rate is 66.3 percent, out of which 6.4 percent are unemployed and 19.1 percent underemployed (see Table 1).

Figure 1: Employed Persons by Industry Group



The largest employer is the service sector (see Figure 1). The share of employment in industry is shrinking, while those in agriculture and services are on the increase. The country also has a significant proportion of self-employed and informal sector workers: it is estimated that about 55 percent of the workers are in the informal sector (Weber, 2012). In these ways, the Philippines are is very similar to Uganda whose median age is projected to be 15 years by 2017 with a large proportion of own account and informal sector workers, and a majority of workers in rural areas, engaged in agriculture and the service sector[2].

In the Philippines, three government agencies deliver social insurance: (1) the Social Security System (SSS) primarily provides social insurance benefits for those employed and those retired from the private sector, private corporations or companies; (2) the Government Service Insurance System (GSIS) provides the same benefits for government employed and previously employed members who have retired from public service; and, (3) PhilHealth, which is a National Health Insurance Program that provides health insurance for all citizens. Membership in the GSIS and the SSS requires subscription or payment of monthly contributions based on income (UNDP, 2011). It is anticipated that as coverage of the PhilHealth progresses, all persons currently eligible for benefits under the Medi-

Table 1: Philippine Labor Market

	2010	2011
Population 15+	61,169,000	62,165,000
Participation Rate	64.20	66.30
Unemployment Rate	7.10	6.40
Underemployment Rate	19.60	19.10

[2] See: Uganda Bureau of Statistics House Hold Survey 2009/10 and Labour Market Information Report 2011.

care Program, including SSS and GSIS members, retirees, pensioners and their dependents, shall automatically be made members of the National Health Insurance Program (Republic of the Philippines, 1995).

In order to provide social protection to informal sector workers who are largely unregistered, unregulated and with irregular incomes, the SSS expanded its coverage to include self-employed members and workers in the informal sector through the Department of Labour and Employment (DOLE) Social Protection Program. It is implemented together with the Philippine Savings Bank, the Development Bank of the Philippines and other accredited banks. To enrol in the programme, informal workers should be a member of an association or organization, register with SSS, and pay a monthly premium through any of the SSS accredited banks. The premium is based on one's income.

The DOLE social protection programme is one of the initiatives to adopt the SPF system in the Philippines and guarantees access to essential health services, income support for children for education, health, and nutrition, income assistance for economically active groups who do not have sufficient earnings in case of contingencies, and financial support for elderly population. Through this programme it was possible to include 50,000 workers and assure them of social protection by 2010. (Government of Philippines, 2010).

Developing the Social Protection Floor in Mozambique

Mozambique is similar to Uganda in many ways. It is a post-war country, having ended its civil war in 1992. The country achieved substantial improvements in some indicators such as the Human Development Index (from 0.195 in 1990, to 0.224 in 2000, to 0.284 in 2010) and a significant reduction of absolute poverty (69 percent in 1997 to 54 percent in 2003). However, the rate of absolute poverty remains high at 54.7 percent in 2010, compared to 54.1 percent in 2002. Social inequalities have increased and rural and informal work still plays an extremely important role in the economy (Ministry of Planning and Development, 2010). Another major threat that Mozambique is facing is HIV/AIDS. In 2010, the national HIV prevalence rate was at 11.5 percent (National Statistics Institute/ Ministry of Health).

In 2007, Mozambique adopted the Social Protection Law (4/2007). In April 2010, the country approved the National Strategy for Basic Social Security and the Regulation for Basic Social Security (December 2009). These instruments set the stage for a comprehensive national SPF model for the country. The legal framework establishes a mix of funding mechanisms (both contributory and non-contributory) and offers a set of potential benefits and mechanisms aligned with the SPF definition. The regulation protects key rights, establishes universalisation as a goal, but also notes that the expansion of social protection will be gradual in accordance with government capacity. It divides basic social security into four areas of intervention:

1. Direct social action. Managed by the Ministry of Women and Social Action, it comprises three components, namely, (1) regular, unconditional social cash transfers; (2) social transfers for a fixed period – for the case of transitory vulnerability; and, (3) social services. These social transfers are

targeted at the most vulnerable (older people, people with disabilities, those who are chronically ill, and households with orphans and vulnerable children);

2. Health social action. Managed by the Ministry of Health, it assures the universal access of the most vulnerable populations to primary health care;

3. Education social action. Managed by the Ministry of Education, it promotes the participation of the most vulnerable populations in the education system; and,

4. Productive social action. Jointly managed by different sectors and including "Social Inclusion through Work" programmes. It targets female heads of households, people with disabilities and people living in absolute poverty.

The Food Subsidy Programme *(Programa Subsídio de Alimentos, PSA)* is the foundation of Mozambique's SPF programme. It is a state-led, state-funded, non-contributory social security programme established in 1990. It obtained legal status by Decree 19/93, and evolved into its current institutional form in 1997. The programme targets the extremely poor, that is, individuals who are unable to work and who therefore cannot meet the basic needs of their households:

1. The elderly (age 55 years and over for women and 60 years and over for men, who are recognised as being permanently unable to work and who live alone or are heads of extremely poor households);

2. People with disabilities (individuals of both sexes, 18 years of age and above, who are recognised as being permanently unable to work and who live alone or are heads of extremely poor households); and,

3. The chronically sick (individuals of both sexes, age 18 and above, who suffer from a chronic disease recognised by the medical services).

The amount given to beneficiaries depends on household size. Monthly transfer ranges from about US$2.85 for a household with a single person to a maximum of US$8.50 for a household with five or more members. In order to improve the programme, the responsible ministry is working with the finance ministry to create a mechanism that will automatically index the value of the food subsidy programme to the minimum wage.

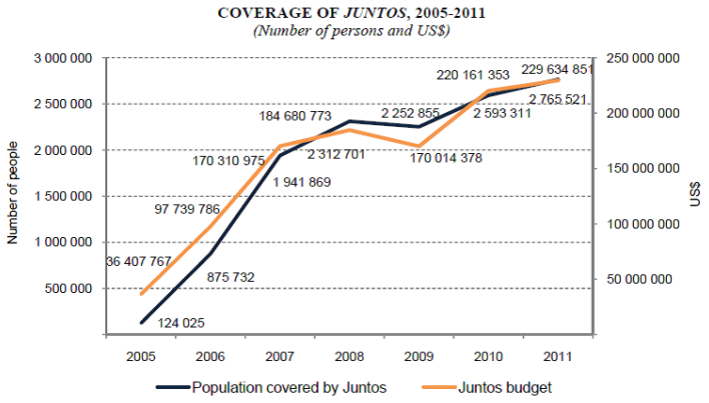
The country's National Strategy for Basic Social Security has three main objectives for the period 2010-2014. These are to extend the coverage and the impact of interventions to increase the efficiency of the system and to assure the coordination of different programmes and services. To achieve these objectives, the government has adopted the practice of open and constructive dialogue with partners (donors, United Nations agencies, international NGOs and national civil society organizations). A National Council for Basic Social Security establishes a forum for high-level coordination where ministers from sectors relating to social protection can exchange. The PARPA (In Portuguese: Action Plan for the Reduction of Absolute Poverty) Working Group on Social Action provides a forum for technical discussions. A donor-working group deals with the monitoring and evaluation of implementation, analysis and discussion of financial and fiduciary issues. A civil society platform for social protection acts as an interlocutor for the government and

plays an important advocacy role.

In terms of institutional capacity for delivering social protection, Mozambique has partnered with development agencies and used the ILO SPF costing tools and assessments to simulate the cost of a series of possible policy options for 2012-2015 in line with the National Strategy for Basic Social Security and the Social Protection Floor approach.

Peru's Conditional Cash Transfer Programme "*Juntos*"

Juntos (*Programa de Apoyo a los más Pobres – Programme of Support for the Poorest*) is a national Conditional Cash Transfer (CCT) programme created in 2005 through the Supreme Decree No. 032-2005-PCM. It is aimed at providing direct support to the poorest populations in Peru: households with children under 14, pregnant women, widowed parents and/or older adults. It is particularly focused on getting children out of poverty, improving their education, health and nutrition. The design of *Juntos* was inspired by Mexico's *Progresa-Oportunidades* and Brazil's *Bolsa Família* CCT programmes. The programme consists of a cash transfer, whose amount in 2011 varied between a minimum of US$ 7.7 and a maximum of US$ 36 per household. The permanency of families into the programme is four years, renewable only once, after which they graduate from the programme. If after the fourth year families remain eligible, they enter a second four-year phase in which the transfer amount decreases gradually. In 2011, the budget for *Juntos* was US$ 229,634,851, entirely funded by the Government of Peru.



Source: Lavigne, M. (2013). Pp.20

Juntos is characterised by six main elements: (i) management and coordination between the different public and private entities that contribute to the programme - with an important participation of civil society and communities; (ii) geographical targeting of areas that are considered as a priority because of high concentration of poverty and low access to primary public services – the programme focuses particularly on rural areas; (iii) community targeting, because many potential beneficiaries lack official identification; (iv) targeting of beneficiaries' households fulfilling the programme's requisites; (v) monitoring and evaluation of the fulfilment of beneficiaries' co-responsibilities, the programme and its impact on beneficiary households; and (vi) social accountability and citizens' control to guarantee programme transparency (Francke and Mendoza, 2006, as cited in Levigne, 2013).

The co-responsibilities, which beneficiaries are required to fulfil, target the improvement of human capabilities. In particular, they seek to improve the health status of children under five years old and pregnant/breastfeeding women (through medical check-ups atten-

dance), the nutritional status of children aged between six months and three years (through participation in the Food Supplement Programme for Higher-Risk Groups, *Programa de Complementación Alimentaria para Grupos en Mayor Riesgo—PACFO*), the education of children aged between 6 to 14 years (requiring an 85% rate of school attendance) and the enrolment of children in the programme *Mi Nombre*, to obtain identification cards.

An evaluation of the programme made by the World Bank on beneficiaries from 2005 to 2007 (Perova and Vakis, 2009) shows that *Juntos* has a positive impact on households' welfare indicators. The programme has an impact on poverty reduction- increasing by 13 percent the total monthly income of beneficiaries' households— as well as on health and nutrition - increasing beneficiaries' medical visits and consumption of higher nutritional value food, and promoting a more balanced diet.

In terms of operational and delivery processes, beneficiary selection, as well as technical and human resources, *Juntos* shares the same institutional framework as Peru's non-contributory pension scheme[3]. They have a decentralised organisation, and are run by the Ministry of Social Development and Inclusion. The programme works in coordination with many ministries in charge of social issues, such as Health, Education, and Women and Vulnerable Populations. This allows linking the supply-side of public services with *Juntos*' beneficiaries.

The Universal Child Allowance in Argentina

The Universal Child Allowance *(Asignación Universal por Hijo, AUH)* was launched in 2009 by Decree 1602. It was in response to the devastating effect on low-income households by the implementation neoliberal economic policies based on the deregulation of markets, mainly the labour market, and which do not include equity as a condition. Children and adolescents were the main victims since they constitute the most vulnerable population. Public policy sought to correct this through a system that starts from a concept of rights and allows households (a) to maintain regularity in minimum incomes and (b) to lessen the possible consequences of loss of a home due to economic crises. The programme is implemented within the legal framework of the already existing social security system.

The UAH targets zero to 18-year-olds. All children whose parents had been excluded from the formal labour market have the right to benefit from this programme. In addition, all children of informal sector workers and children of beneficiaries of other programmes who were transferred to AUH are targeted. The overall objective is to reduce poverty, especially extreme poverty, and benefit the lower-income sectors. The specific aim is to promote economic security of children and adolescents. The benefit is US$46.20 per month per child, and is equivalent to the benefit that children of formal workers and beneficiaries of the unemployment insurance receive. The UAH is also closely linked to es-

[3] Not discussed here. For further information see Bernal et al. (2008). A look at the Peruvian pension system: Diagnosis and proposals.

sential services, particularly education and health care, in that children benefiting from the programme must attend school if they are school age, and in all cases register for health -care services.

In 2009, the secretariat of social security policy in Argentina carried out a simulation of what the impact of the AUH Decree would be on poverty and extreme poverty of households. Results indicated that AUH would reduce the proportion of extremely poor[4] households by 50 percent and that of poor households by 22 percent. In absolute terms, about 1.3 million people, of whom 800,000 are under 18 years of age, would be taken out of poverty. Inequality (as measured as the ratio of the income of the first decile to that of the tenth decile) would also be reduced by 20 percent.

Brazil: Moving from fragmented programmes to an Integrated Social Protection System

Among developing countries, although with still high numbers of poor people (30 million people are still poor and 8.9 million are extremely poor[5], making it one of the most socio -economically unequal countries in the world), Brazil is increasingly seen as a model for social development. Its share of the population living in extreme poverty fell from 16.4 percent in 1995 to 4.7 percent in 2009. Inequality, as measured by the Gini coefficient, fell more than 10 percent in the same period, to 0.53. An important driver for these trends is that over the past decade Brazil's growth has been distinctly pro-poor (Barrientos, 2013).

Social protection policies are the key to explaining Brazil's successes. As far back as the 1930s, Brazil had a well-articulated framework of social policies relating to the formal labour market. Later Brazilians had some state-mandated social programmes restricted to organised urban workers. However, advances were only restricted to the field of contributive participation in social security. Other social protection initiatives were undertaken by private institutions, providing donations to charity and other forms of social help. In this sense, there was a weak, fragmented social protection system (Paes-Sousa, Ribeiro Dantas de Teixeira Soares & Kleiman, 2010).

In recent years, with the 1988 constitution, Brazil moved from a social protection system restricted to the field of contributive participation in social security to a universalised social security model grounded in citizenship rights that the state is obliged to provide. The constitution mandated the government with the primary responsibility for addressing poverty and deprivation and explicitly recognised social assistance as a public institution. Subsequent legislative action focussed on institutionalising social assistance. For example, the organic law of social assistance was enacted. In 2004, the government integrated all non-contributive social protection policies for the poor and vulnerable population, which later culminated into a unified system of social assistance in 2005.

This system comprises three main components: (1) The rural pension for rural workers; (2) the *Benefício de Prestaçâo Continuada*

[4] Extreme poverty is defined as those individuals below the poverty line, while poverty is defined as having income below the value of the basic total food basket.

[5] MDG Report, Brazil, 2010; poverty line based on the minimum wage; thus, extreme poverty stands for incomes below one quarter of the monthly minimum wage.

(BPC) for the disabled and persons living on less than a quarter of the minimum wage, established in 1996 (BPC now reaches 3 million beneficiaries, 1.8 million of whom are people with disabilities); and (3) cash transfer programmes - in particular, the *Bolsa Família* (BF) programme. In 2003, all income transfer programmes were consolidated into BF. It provides income transfers to families in extreme poverty, conditional on those families' children attending school and primary health clinics. BF now reaches more than 13 million families in Brazil - around a quarter of all families (Robles & Mirosevic, 2013).

The social protection policy focus is now on reaching a majority of the population left outside of established social insurance schemes. The system is coordinated under one ministry, the Ministry of Social Development and Fight against Hunger. The objective is to enhance articulation and coordination of the various components.

The innovations built into the new constitution significantly extended to financing. The constitution established a social protection budget to be financed from a variety of sources, including contributions by workers and employers, earmarked taxes on sales, company payroll taxes, taxes on financial transactions and revenues from the national lottery. The purpose was to ensure strategic financing for the expansion of social protection, while guaranteeing a measure of autonomy from day-to-day interference by politicians and legislators and providing a stable financial environment. In 2009, resources effectively invested in the *Benefício de Prestação Continuada* (BPC) and *Bolsa Família* (BF) totalled US$ 17 billion – around one percent of the GDP. In 2011, BF accounted for US$ 7.9 billion representing 0.4 percent of the GDP while BPC accounted for US$ 102 billion representing 0.1 percent of the GDP (Barrientos, 2013; and Robles & Mirosevic, 2013). Currently, the federal welfare spending is approximated US$ 13.8 billion (The Economist, 2013).

India's Employment Guarantee Programme

Income poverty in India declined from 36 percent in 1993-1994 to 28 percent in 2004-2005. However, close to 300 million people (27.5 percent of the population) still live in chronic poverty on less than one dollar a day. About 73 percent of the poor live in rural areas, more than 77 percent of India's total labour force is rural, and 85 percent of women participating in the labour force are in rural areas (Mehta & Bhide, 2011). Poverty is spread unevenly: scheduled castes, scheduled tribes and women-headed households are the worst affected. To address this situation, the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) was enacted on September 7, 2005 as *"An Act to provide for the enhancement of livelihood security of the households in rural areas of the country by providing at least one hundred days of guaranteed wage employment in every financial year to every household"* (Sharma, 2010).

The MGNREGA was implemented in a phased manner from 2006 reaching full coverage in 2008. The programme has reached 52.5 million households by 2009-2010, and in 2012-2013 alone benefitted nearly 50 million households. It provides at least 100 days of employment in asset-creating public works programmes every year at the minimum wage

for every rural household, whose adults volunteer to do unskilled manual work for the enhancement of livelihood security (Carswell & De Neve, 2013).

MGNREGA has a rights-based framework with the following key components: workers' rights, transparency and accountability, and productive green jobs. Key aspects of the rights based framework include, among others (Sharma, 2010):

1. Self-selection: there are no eligibility criteria or prerequisite skills.
2. Demand-based: any rural households willing to do unskilled manual work may apply.
3. Time-bound guarantee: specified time limits between application and job provision.
4. Local employment: must be provided within 5km of residence or else transport and extra wages of 10 percent must be paid.
5. Flexibility given to workers to participate according to need.
6. Wage must be paid as per notification within a week and not beyond a fortnight.
7. No contractors or machinery permitted.
8. The labour-intensive works have ratios of wage costs to material costs that are 60:40.
9. Legal documents: job cards that record workers' entitlements and receipts.
10. Right to information: proactive public dis closure and free access to information.
11. Social audits conducted by the village assembly.
12. Grievances redress mechanisms.
13. Penalty of US$ 22 as fine for violation of the act.

Some of the key outcomes of the MGNREGA include: (1) augmenting employment opportunities for skilled man-power at the village level, while at the same time providing opportunity of work for low-skilled labourers; (2) increase in minimum wages of agriculture labourers from US$ 1.4 per day in 2006 to US$ 2.0 per day in 2010; (3) reduced migration from rural areas; and (4) effective targeting of women and other vulnerable disadvantaged groups.

What Lessons Can Uganda Learn?

In a globalised world, social assistance has a fundamental role in extending protection to vulnerable groups and as a mechanism for social inclusion. Social protection policies can produce wider transformative effects and address structural poverty and inequality in rural society. To be successful, a social protection framework should be part of an inclusive growth policy and not just a crisis response.

The Brazilian experience introduced a citizenship principle in the delivery of social protection. Social protection systems based on a citizenship principle are more effective and politically sustainable than those relying primarily on the contributory principle. Moreover, they demonstrate the paramount need for social contract renewal whereby social protection is viewed as a human right and recognise the state as holding the primary role in ensuring the realisation of this right. Diversification in funding and greater reliance on tax financ-

ing reinforces the citizenship principle as the basis for social protection.

The MGNREGA of India demonstrates that a social protection programme with a rights-based legal guarantee can evolve as a platform for social empowerment and sustainable development. A rights-based legal framework with operational flexibility accelerates state action for the most vulnerable groups.

Uganda is in the process of developing a social protection system. There are two distinct components to consider: the contributory social security and non-contributory social transfers. As is the case with Brazil therefore, the future of social protection in Uganda will depend, among other factors, on how the principles of citizenship and contribution are articulated in social protection policies and institutions that will be developed. To ensure that policies are implemented, the country will need to go a step further and formulate relevant legislation that will mandate the state to provide social protection to its citizens.

Decentralisation of the planning, implementation and monitoring processes of social protection programmes helps in transparency, accountability and stakeholder participation. These should be accompanied by overarching standards and norms and structural integration of different agencies, with role clarity and coordination mechanisms. Social audit, for transparency and public accountability, should be part of this decentralised system. Community participation and ownership of the programme ensures outcomes for beneficiaries are non-political and inclusive.

For labour-based social protection programmes to be successful, they need to provide gender-neutral wages, be flexible and convenient to access, and have reasonable workloads. In this way, they will be more likely to attract the elderly, widows, and female heads of households and members of minority groups, who are the typical primary targets of social protection programmes.

To achieve sustainability of social protection programmes, strong internal and external monitoring systems, along with concurrent studies, help in diagnosing existing problems or errors in the design and delivery of the programmes and innovating relevant remedies. In addition, it is critical to avail large-scale investments in researching and disseminating information on effects of social protection. This not only helps to track progress but also builds commitment to scale up.

Very importantly, political will in developing, financing and implementing of social protection programmes is crucial. On the one hand, many technocrats in various ministries, departments and agencies (MDAs) are opposed to the delivery of social protection arguing that this will turn Uganda into a welfare state. To obtain technocratic buy-in, it will be necessary to integrate social protection awareness into ongoing professional development processes for key personnel in the various MDAs. This will enhance their understanding of the meaning and importance of social protection as a key contributor to the country's economic growth.

At the same time, it is important to enhance the political commitment and political capacity of social sector ministries to advocate for and implement social protection initiatives. In Peru, for example, as a way to show commitment to social protection delivery, the current government, elected in 2011, made changes to the ministry in charge of social develop-

ment. It divided the former Ministry of Women and Social Development (*Ministerio de la Mujer y del Desarrollo Social*) into two, i.e. the Ministry of Women and Vulnerable Populations (*Ministerio de la Mujer y de las Poblaciones Vulnerables*), and the Ministry of Social Development and Inclusion (*Ministerio del Desarrollo e Inclusion Social,* MIDIS). In order to improve articulation of social protection in the inter-government and inter-sector levels, the government established the National System of Social Development and Inclusion (*Sistema Nacional de Desarrollo e Inclusion Social*, SINADIS) through MIDIS. Furthermore, in 2012, government moved the coordination role for *Juntos* from the Presidency of the Council of Ministers (*Presidencia del Consejo de Ministros*) to MIDIS (Lavigne, 2013).

On the other hand, there is need to identify and engage with political elites who set terms of political and policy debate in order to obtain their support to legislate and implement social protection. In India for example, the enactment of MGNREGA in 2005 was preceded by activism from civil society organisations and academics in the 1990s. They called for basic human rights and livelihood security, linking up with progressive political parties. The Communist Party of India pressured the leading Congress Party to adopt a common minimum programme as an election promise. The idea of an employment guarantee scheme to uphold the right to work was a central element of this programme (Kabeer, Cook, Chopra and Ainsworth, 2010).

Overall, social protection needs to be promoted and viewed within the broader remit of social contractualism, raising the status of beneficiaries as active claimants rather than passive recipients. The focus on social contracts can give a broader purpose to the politics of social protection as it reflects existing commitments and responsibilities towards protecting vulnerable members of society, but also offers a normative policy framework through which to promote social protection. Social protection advocacy efforts will most likely succeed if advocates take advantage of a political window of opportunity. The key challenge is to identify and engage with politically progressive political actors who are drivers of change that might begin to provide the forms of mobilisation required to secure political/ social contracts for social protection.

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