

Implementing nationally appropriate social protection systems and measures for all: gaps and challenges facing rural area

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1. INTRODUCTION

Nearly half of the world's population (approximately 3.4 billion people) live in rural areas and developing countries in Africa and Asia are home to nearly 90 per cent of the world's rural population. While projections indicate an expected decrease by 2050, it is estimated that about 62 percent of the population in low-income countries will still live in rural areas in 2030 (UN DESA, 2018). Rural areas in developing countries are characterized by high dependence on agriculture and natural resources; high informality in employment arrangements, high prevalence of poverty, isolation, and marginality; and lower human development. Globally, it was estimated that 736 million people lived on less than \$ 1.90 a day in 2015, of which, 80 per cent lived in rural areas (FAO 2018). Most of the working poor are also employed in agriculture and rural areas. The ILO estimates that in 2012, 88 percent of the extreme working poor were in rural areas and extreme poverty rates of the employed were four times higher in rural areas than in urban areas. Almost 20 per cent of people employed in rural areas were living in extreme poverty, compared with just over 4 per cent in urban areas. Socioeconomic and human development indicators are often low in rural areas. Rural areas are also characterized by poor quality infrastructure – such as lack of transport, poor Internet, unstable electricity, insufficient and poor quality public services (ILO, 2016a).

These distinctive characteristics of rural areas make them more vulnerable to natural/environmental, economic, social and political risks and shocks in many ways. In many countries, the frequency and severity of shocks have increased and formal and informal coping or protection mechanisms have diminished or being challenged. The coverage of both contributory and non-contributory social protection is often very low, leaving poor households without a minimum income or mechanisms to effectively manage risks and shocks. Only 3 percent and 24 percent of extreme poor in low and middle income countries are covered by social insurance and social assistance programmes, respectively. About 83 percent of the rural population in Africa is not protected by a national health system or scheme. In many countries (including countries where agriculture is the main source of employment), social protection legislation explicitly excludes the rural population (agriculture workers, fishermen, foresters and casual workers) without the provision of alternative schemes. (ILO 2018).

Social protection plays a key role in achieving sustainable development, promoting social justice and realizing the human right to social security for all. Thus, social protection policies are vital elements of national development strategies to reduce poverty and vulnerability across the life cycle and support inclusive and sustainable growth by raising household incomes, fostering productivity and human development, boosting domestic demand, facilitating structural transformation of the economy and promoting decent work (ILO 2017). Numerous studies² show the positive impact on poverty reduction and other human development outcomes. To the rural populations in particular, with limited productive assets, unable to save or access credit, and living in remote areas, poorly integrated with factor or output market, there is evidence that regular transfers help poor households to diversify livelihoods, make investments and improve their long term income generating potential. Moreover, social protection can

² For example, evidences compiled in:

- World Social Protection Report 2017–19: Universal social protection to achieve the Sustainable Development Goals International Labour Office – Geneva: ILO, 2017 https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_604882.pdf; ILO (2014) World social protection report 2014/15. Building economic recovery, inclusive development and social justice. Geneva: ILO. http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_245201.pdf

FAO/UNICEF (2015): *From Evidence to Action: The Story of Cash Transfers and Impact Evaluation in Sub-Saharan Africa*. Available at: <http://www.fao.org/3/a-i5157e.pdf>; FAO (2015), the State of Food and Agriculture, Social Protection and Agriculture: breaking the cycle of rural poverty. Available at: <http://www.fao.org/3/a-i4910e.pdf>; DFID (2011), DFID Cash Transfers Evidence Paper. Available at: <http://www.cashlearning.org/downloads/cash-transfers-literature-review.pdf> ; FAO (2013), Tirivayi, N., Knowles, M. and Davis, B. (2013) The Interaction Between Social Protection and Agriculture. A Review of Evidence available at <http://www.fao.org/3/a-i3563e.pdf>; UNICEF-EASRO/ Transfer Project (2015). Social Cash Transfers and Children's Outcomes: A Review of Evidence from Africa. Available at: <https://transfer.cpc.unc.edu/wp-content/uploads/2015/12/Social-Cash-Transfer-Publication-ESARO-December-2015.pdf> ; FAO (2015), the State of Food and Agriculture, Social Protection and Agriculture: breaking the cycle of rural poverty. Available at: <http://www.fao.org/3/a-i4910e.pdf>;

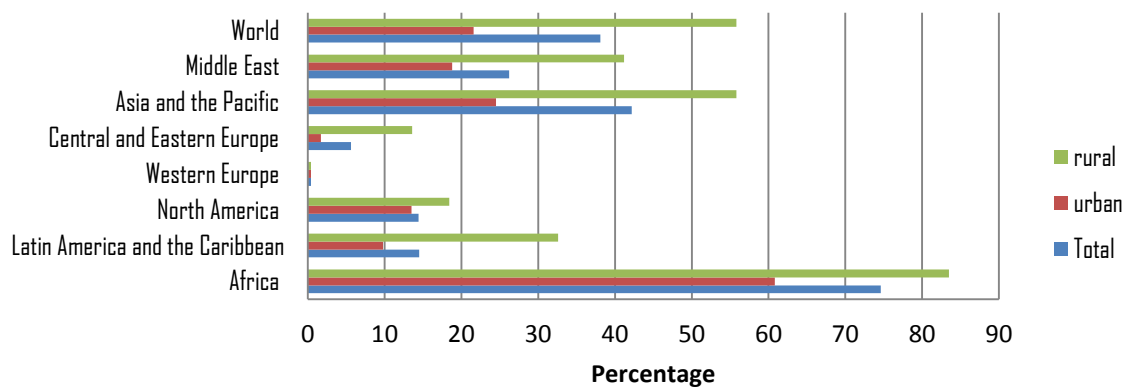
help poor and vulnerable people in rural areas to cope with the increased natural and climate change related risks and shocks.

The Sustainable Development Goals (SDGs) adopted at the United Nations General Assembly in 2015 reflect the joint commitment of countries to “*implement nationally appropriate social protection systems for all, including floors*” for reducing and preventing poverty (in particular SDG 1.3). A number of other SDG targets (e.g. 3.8, 5.4, and 10.4) make specific reference to social protection.

This paper discusses gaps and key barriers that hinder access and extension of social protection to rural populations. It also highlights policy measures for addressing barriers, drawing on good practices and lessons.

Gaps in social protection coverage of rural populations – the case of health care

Health protection, both direct and indirect, is essential for achieving most of the SDGs. However, there are large gaps throughout the world. As a result, millions of persons, including the majority of people living in rural areas and older persons, are left without any coverage and access to needed quality care. Rural–urban disparities are staggering: 56 per cent of the global rural population lacks health coverage as compared to 22 per cent of the urban population. These serious inequities are compounded by health workforce shortages: rural areas are short of a further 7 million skilled health workers to deliver quality health care, compared to a shortfall of 3 million health workers in urban areas. Also, deficits in per capita health spending are twice as high in rural areas as in urban areas. Rural maternal mortality are 2.5 times higher than those on urban maternal mortality. Globally, the most deprived of health coverage and access to needed health care is the rural population in Africa (ILO 2017)

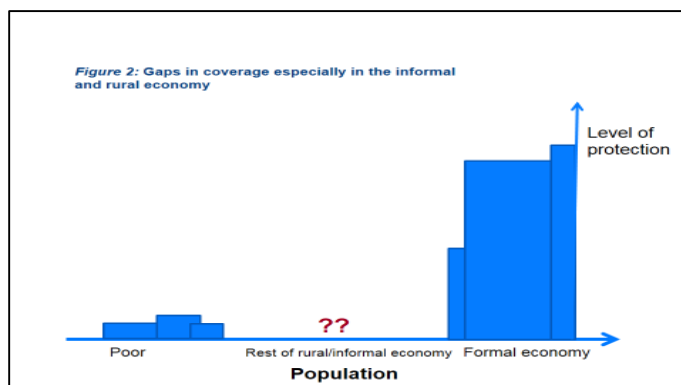


Source: Author’s compilation using data from Scheil-Adlung, ILO (2015) – Statistical Annex

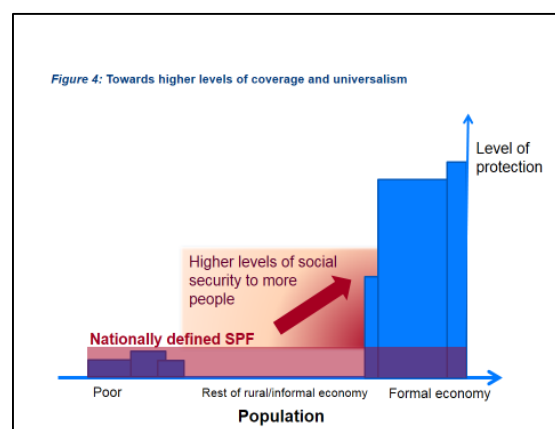
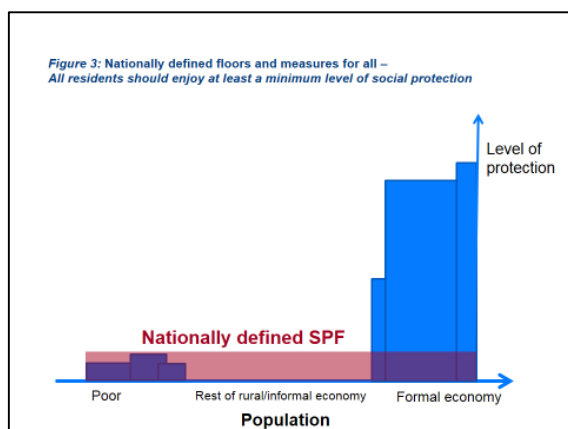
2. WHAT NATIONALLY DEFINED/APPROPRIATE SOCIAL PROTECTION SYSTEMS AND MEASURES SEEK TO ACHIEVE – an illustration.

The potential impact of social protection is constrained by various dimensions in coverage limitations. The Sustainable Development Goals (SDGs) adopted at the United Nations General Assembly in 2015 reflect the joint commitment of countries to address barriers and extend coverage to all i.e. to “*implement nationally appropriate social protection systems for all, including floors*” for reducing and preventing poverty (SDG 1.3). This commitment to universalism reaffirms the global agreement on the extension of social security achieved by the Social Protection Floors Recommendation No. 202, adopted in 2012 by the governments and workers’ and employers’ organizations from all countries (ILO 2017).

In most low and middle-income countries, social protection systems are fragmented and incomplete with large coverage gaps. Social security systems were largely contributory and mainly adapted to the formal sector. Some programmes target the poorest, leaving the rest of the rural and informal economy uncovered (Figure 2) – the missing middle. The assumption that the informal sector would progressively shrink and increased formalization would mean greater coverage of social security – has not materialize.



The Social Protection Floor (SPF) strategy seeks to extend social protection to *all* based on a two-dimensional approach aimed at the rapid implementation of national social protection floors containing **basic social security guarantees that ensure universal access to essential health care and income security at least at a nationally defined minimum level (horizontal dimension)**, in line with the Social Protection Floors Recommendation, 2012 (No. 202), and **the progressive achievement of higher levels of protection (vertical dimension)** within comprehensive social security systems according to the Social Security (Minimum Standards) Convention, 1952 (No. 102), (Figure 3 and Figure 4). SPFs are not a ceiling. From the SPFs, social protection must be extended to provide progressively higher levels of benefits and reach more people, Figure 4.



3. CHALLENGES/BARRIERS TO ACCESS AND EXTENSION OF SOCIAL PROTECTION COVERAGE IN RURAL AREAS

Legal and programme design

Contributory social insurance programmes are mainly design to cover regular/formal predictable employment. Many jobs in rural areas do not fall under this category and effectively excluded from social insurance legislations. The excluded categories are often under no legal obligation to join social protection schemes (although some policies provide for voluntarily affiliation). Table 1 provides examples of coverage exclusions in contributory arrangements. The categories of exclusion include workers in casual, seasonal or temporary employment and employment in agriculture and fishery (traditionally common sectors of work for migrants). Other exclusion relate to minimum thresholds regarding the duration of employment, business size (number of employees), working hours or covered salaries – all effectively limiting coverage in rural areas. Laws also exclude international or internal migrant workers. International migrants are often excluded from social protection coverage based on the principles “nationality” and “territoriality” or covered only on condition of reciprocity or portability of contributory rights. The exclusion of internal migrants can pose severe challenges to effective access in countries with large internal migrant populations working in rural areas, such as China and India (Hopkins et al., 2016; Deshingkar, 2006).

Legislation is often the basis of rights and entitlement in social protection. The ILO estimates that in 2013, only one third of countries had social protection schemes that were established by law – limiting the right to entitlements and redress. Non-contributory schemes in particular, are mostly, not directly anchored in any legislation.

Table 1. Examples of legal exclusions limiting social protection coverage in rural areas

Country and current law	Legal exclusions affecting rural populations
Benin (2003)	Excludes agricultural workers and self-employed from social insurance pensions
Yemen (1991) – social insurance	Excludes casual workers, self-employed persons, agricultural workers, household workers, seamen, and fishermen.
Nicaragua (1982) – social insurance	Excludes seasonal agricultural workers.
Bahrain (1976) – social insurance	Excludes, certain groups of agricultural employees, casual workers, temporary noncitizen workers
Djibouti (2002; 2010) – social insurance	Excludes agricultural workers and self-employed persons
Madagascar (1994) – social insurance	Excludes farmers & agricultural workers working less than three months a year
Thailand, Work Injury (1994) Unemployment (2004 – soc. insurance)	Excludes agricultural, forestry, fishery employees; and self-employed persons. Excludes agricultural, forestry, and fishery employees; temporary and seasonal workers
Lebanon (1963) – social insurance	Excludes temporary agricultural employees, citizens of countries without reciprocal agreements with Lebanon, and self-employed persons.
Sudan (1990) - social insurance	Excludes farmers, and foresters, family labour, and home-based workers,
Vanuatu (1986), social insurance	Excludes temporary workers in agriculture and forestry with employment contracts of less than two months
South Africa (2001) – social insurance	Employees working for less than 24 hours a month, including seasonal workers

Source: Author’s compilation based on SSA/ISSA, 2015a, 2015b, 2016a, 2016b; current/applicable laws in parenthesis

Financial barriers

Low contributory/financial capacity

Evidence show affordability is a major issue for uptake of agricultural insurance products and protection of rural farmers against catastrophic consequences. Studies in Malawi (Giné, 2009; Giné and Yang (2009)) and India (Cole et al., 2013), show low uptake due to price and affordability. In general, agricultural insurance may only be affordable to the poor, if it is free or subsidized (Cai et al. 2014; Carter et al., 2014; Cole et al., 2013; FAO 2015; Giné, 2009). Studies in Uganda (Basaza et al., 2008) and Rwanda (Schmidt, et; 2006) show low incomes/contributory capacity is a barrier to uptake of community health insurance schemes. Evidence from contributory social insurance (especially

employment-based schemes) also suggest that the financial cost of social protection may be unaffordable (or unattractive) to employers and employees, and can act as a disincentive or barrier to social protection coverage in an informal and rural economy settings (Chen, 2012; ILO 2016; World Bank, 2013; Perry, 2007).

Low financial capacity also limits access to rural institutions that provide social protection functions. In Ethiopia, it is estimated that up to 77 percent of rural households participate in various types of iddir (Viganò et al.; 2007). Traditionally for bereavements, the iddirs serve social protection functions – support households to improve access to land, labour and credit markets, Abay, et al (2014). However, affiliation with iddirs could be unaffordable to poor rural households Aredo (2010).

Irregular and unpredictable incomes

In traditional contributory social protection, contribution assessments are based on cash incomes. In some cases however, part of the income received by rural workers (e.g. farmers, agricultural labourers) may be non-cash or in-kind. Assessing and collecting the appropriate contribution from, for example, a farm worker who received a share of the harvest; or a herder whose flock increased by 20 goats could be difficult. Because of these difficulties, many countries exclude agricultural workers and casual labourers from social insurance coverage (ILO 2000). The introduction of flat-rate contribution amounts, as a remedy, has also raised equity concerns. Odeyemi (2014) show that in Nigeria, flat contribution rates were considered regressive and a problem to increasing coverage of the poor in community based health insurance schemes.

Administrative and institutional barriers

Low administrative capacity and cost of administrative services in rural areas

Effective implementation of social protection programs require strong administrative capacity for outreach, registration, selection, record keeping, collecting and recording contributions, claims processing and payments, monitoring compliance, controls for error, fraud and corruption. The extension of social protection coverage and administrative capacity are closely connected (ILO 2000), and despite the existence of legal entitlements to social protection, many developing countries face serious problems in effectively reaching the informal economy (ILO, 2002b). For contributory schemes, it is easy to adopt the view that the contributions to be collected from remote rural areas may not worth the administrative cost. An ILO study in Zambia reveal that there are not enough offices in the country to serve the population located in remote rural areas to make administration of social security, in particular, contribution collection cost effective and rapid (Phe Goursat and Pellerano, 2016). For small non-contributory schemes, the issue of administrative costs is straightforward – whatever is spent on administration is not available for benefits - potentially limiting the number of program beneficiaries.

Reaching rural populations, particularly in remotes areas and harsh and inhospitable terrains is particularly challenging and expensive. Coverage of rural areas and monitoring the implementation of programmes in a financially sustainable manner may be administratively difficult, and one of the challenges in extending social protection (Hassim and Razavi, 2006). In Mexico, the remoteness of millions of workers in rural areas was found to be a major barrier in accessing health facilities and the participation in the conditional cash transfer programme Proges (Levy, 2006). Chatterjee, 2005 suggests that effective coverage of informal and rural workers would require additional administrative capacity.

Administrative procedures and processes, and lack of awareness

Administrative procedures and requirements (e.g. registration, identification) can pose barriers (represent high opportunity costs in some cases) to accessing social protection programmes by deterring people on their participation especially the poor, from enrolling (Basaza et al., 2008; Odeyemi, 2014). Limited awareness or knowledge of social protection programs also limits access. Although this is not specific to rural populations, however, workers in the informal and rural economy are often of lower literacy and education level, high poverty context and may face higher opportunity cost in seeking information about programmes. Lack of information may lead beneficiaries to deliberately opt out thinking that the opportunity costs outweigh the potential advantages (Basaza et al., 2008; Odeyemi, 2014; Perry et al., 2007; Phe Goursat and Pellerano, 2016).

4. ADDRESSING THE BARRIERS AND GAPS

The following policy measures, good practices and lessons (certainly not exhaustive) demonstrate measures aimed at addressing challenges and gaps in extending social protection coverage to rural areas.

Legal reforms to cover rural populations

In many countries, measures are being put in place to amend legislations to enhance social protection coverage to rural populations.

- **China:** Prior to 2009, China operated two main social protection schemes: health insurance and old-age pension schemes for rural or urban residents (SIR) and the Social Insurance for urban Workers (SIW). This meant that China's large rural migrant workforce (about 35 per cent of the national labour force, in 2015) were only covered by the SIR. Following a series of reforms in 2009, 2011, 2014 and 2015, an old-age pension scheme was established for the **rural** and urban populations not participating in the social insurance scheme, while the civil servants' scheme was merged with the social insurance scheme for urban workers. The reforms included minimum living standard guarantee (called Dibao) for all poor rural migrant workers. In 2015, 850 million people were covered under the pension system; by 2017, universal coverage had been achieved (ILO 2017).
- **Vietnam:** In 2006, the Vietnam Social Insurance Law expanded the coverage of the pension system to farmers and the self-employed on a voluntary basis. In addition, the compulsory coverage was extended to the entire private sector in 2001 (initially restricted to enterprises with ten or more employees).
- **Kyrgyzstan:** The contributory retirement, disability and survivors' pension is the largest social protection scheme in Kyrgyzstan. It covers workers in the public and private sectors as well as informal economy and agricultural workers. More than 90 per cent of the population over the age of 65 receives a pension, which has a major impact on reducing poverty in old age (ILO 2017)
- **Kenya (2018) and Zanzibar (2016)** – recent legislation for universal old age pension coverage.

Introducing flexible contributions, subsidized contributions/pillar and payment arrangements

- **Brazil's** Rural Pension Scheme, formerly a contributory scheme, introduced the category: "*pecially insured persons*" in 1991 to offer special treatment to rural and agricultural workers. Under this category, contributions are collected on the basis of the value of their commercialized produce. Barbosa, 2011 in ILO, UNDP, 2011 reports that the differentiated treatment resulted in significant extension of social protection coverage among agricultural workers (79.8 per cent coverage in 2008).
- As part of the reforms initiated in 2009 by the National Social Welfare Institute in **Cabo Verde**, contribution systems based on income categories were implemented, leaving some flexibility for workers to choose which category to contribute to (Durán, et al., 2013). Currently, social pensions, in combination with the contributory scheme, cover about 85.8 per cent of the population above pensionable age, and provide benefits at around US\$65 (20 per cent higher than the poverty line), ILO (2017)
- In **Costa Rica**, the subsidization of contributions of low-income independent workers increased coverage rates to 60 per cent and 44.8 per cent for health insurance and pension, respectively. In Philippines, the Health Insurance Corporation (PhilHealth) also subsidises contributions for certain population groups as a way of expanding coverage (Durán, et al., 2013).
- In **Argentina**, the Monotax allows for the subsidization of social security contributions for individual independent workers and micro-enterprises by incorporating low-income people into pension and health benefits schemes. CBHI in Rwanda subsidizes contributions for the poor and vulnerable, which has contributed to extending coverage to otherwise excluded groups (ILO 2016). Similar increases in coverage due to contribution subsidization are reported in community-based health insurance and agricultural/crop insurance in developing countries.

Simplifying administrative procedures and Innovative institutional arrangements

- In **Uruguay** informal sector and workers in rural areas were excluded from social security coverage mainly due to an inadequate legal framework (e.g. restrictions regarding type of enterprise, place of activity) and cumbersome administrative procedures. The introduction of Monotributo (Monotax) in 2001 streamlined administrative procedures and has proven to be an effective tool for the extension of social protection of informal and rural economy workers, especially women (ILO, 2014c).
- Building on existing institutions and networks at the rural level helps in tackling low administrative capacity of government agencies and service providers in extending services and benefits to the rural population. Examples from **Ethiopia, Rwanda, Lesotho, Zambia**, (Vinci et al., 2016).

Establishing social protection floors

Evidence show countries have significantly extended social protection coverage, reinforced their social protection systems and established effective social protection floors in recent years. Many countries have achieved universal or near-universal coverage in different areas through a combination of non-contributory and contributory schemes and programmes. For example, universal or near-universal coverage in old-age pensions with at least a basic level of protection (floors) has been achieved by more than 20 countries and territories in all regions (ILO 2017).

Establishing special schemes that respond to the needs of different segments of the rural population

Social insurance schemes

- In 2002, **China** launched two separate schemes, the rural New Cooperative Medical Scheme (NCMS) and the Medical Assistance Scheme (MAS) to provide medical security to rural residents and the poor in China. Both schemes have significantly extended social protection coverage in rural areas (Mao, et al. 2011: in ILO and UNDP, 2011).
- The Yeshasvini Health Insurance Scheme for rural farmers and peasants in Karnataka, **India** is good example of extending coverage to the rural population. Established in 2003, the scheme is a self-financed health insurance scheme. Another lesson is that the scheme was built on existing health insurance administrative structures and cooperative societies instead of a new administrative in the set up and inception phase. Kuruvilla and Liu (2007) suggest that the role of the government in the scheme launched and popularization of the scheme boosted credibility and participation.
- Introducing weather-indexed and agriculture insurance to protect incomes and livelihoods of rural farmers and households. Examples include: the **Brazil** Family Farming Insurance; **Ethiopia**, Nyala Insurance, a private insurance company, offers weather index-based insurance to farmer cooperatives. Other examples, covering different categories, include: In **Malawi** (tobacco, groundnut and maize farmers); **India** (smallholders and potato farmers), **Kenya** (maize and wheat smallholders); **Mongolia** (herders); Thailand (smallholders); **Tanzania** (smallholders); **Rwanda** (smallholders); **Mexico** (Agroasemex for drought-indexed insurance, covering approximately 800,000 beneficiaries); **Mongolia** (indexed to country-wide livestock losses, covering 5000 herders).
- In recent years, many countries progressed towards universal health coverage, such as **China, Colombia, Rwanda** and **Thailand**. Their health-care systems are based on a combination of public health care, contributory schemes for workers in the formal sector and partial/subsidized contributory schemes for workers in the informal economy, thereby fostering solidarity and social inclusion (ILO 2017). These examples provide innovative actions (including mechanisms to address low contributory capacity of poor rural and informal sector workers) in extending social health protection to all.

Non-contributory/social assistance schemes

During the last decade, at least 30 developing countries have established non-contributory schemes covering various types of social protection needs. Between 2000 and 2013, about 18 countries in Latin

America introduced reforms to increase pension coverage through non-contributory schemes (World Bank 2014). A number of countries have achieved universal pension coverage (mostly non-contributory) including **Argentina, Belarus, Bolivia, Botswana, Cabo Verde, China, Georgia, Kyrgyzstan, Lesotho, Maldives, Mauritius, Mongolia, Namibia, Seychelles, South Africa, Swaziland, Timor-Leste, Trinidad and Tobago, Ukraine, Uzbekistan and Zanzibar (United Republic of Tanzania)**. Other developing countries, such as **Azerbaijan, Armenia, Brazil, Chile, Kazakhstan, Thailand and Uruguay** are close to universal coverage (ILO, 2017). While these schemes are not necessarily targeted at the rural population, they have been effective at increasing the coverage of the rural population, in particular the rural poor (previously unprotected). In many cases, social assistance benefits are the only type of social protection available for those living in rural areas.

Social safety nets particularly designed for and targeting rural populations are also in place. For example the National Rural Employment Guarantee Scheme (NREGS) in **India**, the Productive Safety Net Programme (PSNP) in **Ethiopia** and a number of rural Public Works Programmes in developing countries.

5. CONCLUSION

Implementing nationally appropriate social protection systems and measures for all is particularly relevant for rural populations, given the high levels of informality, poverty and exclusion. Extreme poverty is disproportionately concentrated in rural areas. With nearly half of the world's population living in rural areas, the fight against poverty will continue to be related to addressing risks, vulnerabilities and improving livelihoods and socio-economic conditions in rural areas. Current coverage of social protection of rural populations is very low and makes them more vulnerable to natural/environmental, economic, social and political risks and shocks in many ways. The rural population lacks adequate access to social protection due to poor or no legal entitlements; the informal nature and type of employment, low contributory capacity. They are also less likely to meet conditions and eligibility requirements for social protection. Fiscal constraints and weak administrative capacity have also limited the reach of social protection programs to the poor rural areas.

However, there has been remarkable progress in extending coverage of social protection in developing countries, especially to segments of populations not previously reached, including rural areas. These provides lessons and building blocks to further extend coverage and achieve the SDGs. In particular, the increased role of non-contributory social protection mechanisms in rapid coverage expansion and some innovations observed in making contributory schemes more accessible to rural areas. However, these should not masked the need to understand and address the barriers of access to social protection of vulnerable groups. Social protection for all – as reflected in SDG 1.3 - requires understanding the specific barriers of access and needs to those excluded from the existing systems. This will allow for more appropriate (re)design and implementation of programmes (existing or new) to better identify and reach target populations and respond to their specific needs and constrains. Contributory social protection, in particular, must continue reforms that actively accommodate the needs and characteristics of informal and rural populations. Programs that have successfully covered rural workers and their families are cases where benefits, contribution mechanisms and service delivery have been adapted to the specificities of the rural population – informal work, low and unpredictable employment and incomes, among others. In short, policies and programmes need to make social protection accessible to rural people, and actively address the barriers they face through appropriate programme design and implementation.

The following summarises some policy considerations and recommendations.

- **Evaluation/Consideration of specific needs and characteristics rural areas.** Extending social protection coverage to rural population requires particular attention to the risks, vulnerabilities and the peculiar conditions of different segments (including landless people, casual labourers, persons in forced labour or exploitative labour relations, and persons without access to informal

networks or in disadvantaged power relations; and sectors (e.g. fisheries, forestry, and pastoralist). Such a diagnostics must also consider coverage barriers of different population segments and reasons for implementation gaps - to inform an appropriate (contextual) policy mix, programme design and implementation (including targeted interventions and special programmes).

- **Learn from successful rural programmes and experiences**
 - *Establish social protection floors for all*
Many countries have achieved universal or near-universal coverage in different areas through social protection floors - a combination of non-contributory and contributory schemes and programmes. In recent years, more than 20 countries and territories in all regions of the world, have achieved universal or near-universal coverage in old-age pensions (ILO 2017).
 - *Expand and adapt legal frameworks of social protection to include the rural population.* Legal frameworks are the basis of rights and entitlements. No or limited legal coverage provisions, means no or limited rights/entitlements or coverage. Legal frameworks are also an important basis of government fiscal commitments, accountability and long term sustainability of schemes, especially for non-contributory/universal programmes.
 - *Link social insurance to people not employment.* To ensure that rural workers and their families are covered throughout the life-cycle, social protection needs to be linked to people, rather than their employment contract/status.
 - *Make social protection more affordable and attractive to the rural population.* For contributory schemes, low contributory capacity of the rural poor is a significant barrier to coverage. Adjust contributory requirements to rural livelihoods to enhance flexibility. Examples include adjusting the frequency and timing of contributions to income cycles of agricultural workers; or the introduction of subsidized pillars or contributions for income constrained rural workers. Programmes should include mechanisms to adjust benefit levels to food price trends and inflation.
 - *Enhance institutional capacity to deliver.* Despite the rapid expansion of social protection coverage in many countries many of the poorest (mostly rural people) are still not reached, largely because of limited fiscal and institutional capacity. To effectively reach disadvantaged rural populations, additional investments are needed and innovative delivery options must be explored.
 - *Ensure administrative burden is kept to a minimum.* Set up efficient and reliable delivery system to reach rural areas to ensure that administrative procedures can be easily managed beneficiaries even in remote areas. Explore multiple context appropriate delivery channels including agricultural banks, post offices, shopkeepers, mobile ATMs, cell phones. Cost can be reduced through simplifying administrative procedures and ensuring that information and social protection services are readily accessible and do not place additional financial stress on rural participants.
 - *Build on existing structures*
Although overall and primary responsibility for social protection lie with the State, the knowledge and resources of local municipalities and communities, local government structures, cooperatives or community organizations (that have organized membership) can be used to enhance service delivery. For fiscal sustainability and broader risk pooling, programmes can be integrated into or use the infrastructure of existing schemes.
 - *Efficient and integrated MIS systems, Registries*
Data and information systems are critical in reaching all vulnerable groups, improve implementation and monitoring, while ensuring transparency and good governance of social protection systems.
- **The broader poverty and rural development context.** Some of the barriers and challenges identified in this paper are structural – related to poverty, informality and the characteristics of the rural economy, in general. Addressing these may go beyond programme specific interventions, in social protection. A broader integrated/coherent policy framework including growth and macroeconomic policies, employment policies, rural and agricultural development policies may be required to work together in addressing social protection gaps and poverty facing rural areas.

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