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Helpdesk Research Report

Community-based social protection

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Question

What generalised observations are possible to make about community-based social protection mechanisms' effectiveness across different contexts? How do formal social protection programmes build upon these mechanisms to improve social outcomes and what impact do formal mechanisms have on CBSP?

Contents

1. Overview

This report reviews the use and effectiveness of community-based social protection (CBSP) mechanisms, and examines how they are integrated into formal social protection schemes and what impact this might have. It begins with a loose definition of the terms used, followed by a section on the evidence on how effective CBSP appears to be. The following section presents the main observations about CBSP features which appear to be generalisable across different contexts, and any evidence on how these interact with formal social protection.

The effectiveness of CBSP is hard to identify, as informal mechanisms are often unevaluated, and/or do not have clearly measureable results and outcomes. The strongest evidence on effectiveness is in the health insurance literature, which has systematic reviews showing positive impacts on members' ability to access healthcare, but no further generalisable trends. The literature is mostly focused on health, micro-insurance, and savings, which constitute the more formal end of CBSP. There is much less literature on family care, school feeding, or labour exchange.

The literature agrees that formal and informal social protection have many complementarities and could work together to form a holistic social protection system. However, there are few examples of this in

operation, and most literature is normative rather than drawing on proven or tested programmes. It is possible to draw some conclusions about strengths and weaknesses, but what works in practice is more difficult to identify.

The key findings of this report are:

- **Networks:** CBSP relies on social networks. This can be effective at the small-scale, but such networks can be inequitable and unreliable. The literature is unclear whether formal social protection erodes or supports traditional networks of reciprocal exchange.
- **Inequality:** CBSP can be quite unequal in access and coverage. Formal social protection has a role to play in making CBSP more equitable.
- **Dealing with risk:** CBSP is vulnerable to covariate risk and more effective for idiosyncratic risk. Formal social protection can help widen the risk pool and protect against covariate risk.
- **Political impacts:** There is some evidence that women's organising can help strengthen CBSP and that community groups can develop a strong voice which may contribute to political institutions. CBSP schemes are likely to be politically independent and this may be a strength.
- **Community-based health insurance (CBHI):** This area has the strongest evidence base. CBHI has positive effects on reducing out-of-pocket spending for members, and somewhat weaker evidence that it improves standards of care. It appears to be widely effective at a small scale.
- **Targeting:** Community participation helps social protection to be better targeted, although some communities choose to distribute resources equally rather than to the poorest, to avoid creating intra-community tensions.
- **Scaling up/expansion:** CBSP schemes tend to be small-scale. Formal social protection can help them scale up, either by channelling funds directly to the groups, or by funding excluded individuals to participate in the scheme.
- **Crowding out:** There is little evidence that introducing formal social protection has a negative effect on CBSP. Some positive effects may be experienced if the crowded-out mechanisms are negative risk coping strategies.

2. Definitions and examples

Community-based social protection **does not have a clear definition or conceptual framework** (Expert comments). It is understood as a grouping of activities which protect community members from risk through 'locally arranged social protection measures that are predicated on people's cultural beliefs, norms and values' (Mupedziswa & Ntseane, 2013, p. 85). Another definition describes CBSP as 'institutional arrangements where people rely upon community and family relationships to meet their security needs' (Wood & Gough, 2006, pp. 1696-1699, cited in Mohanty, 2011, p. 27). The key features are that institutions are **locally developed**, that they usually **rely on family or community networks**, and have a strong element of **reciprocity**.

There is **not a unified body of work on CBSP**. Literature usually examines one or two specific mechanisms or contexts, and it is unclear whether these would be effective in other situations. There is a conceptual confusion in the literature between CBSP, which is started and funded by community members, and formal social protection which is participatory and/or community-driven. For the purposes of this paper,

CBSP follows the definitions above, and formal social protection is considered as any social protection which is externally devised and funded, by government, NGOs and aid agencies.

CBSP uses a variety of mechanisms and arrangements to meet these vulnerability needs. Mupedziswa and Ntseane (2013) describe CBSP in Botswana as consisting of three common types of support: family and kin; community support networks; and mutual aid associations.

Common examples of CBSP mechanisms are:

- Health insurance
- Funeral insurance
- Mutual assistance: gift-giving, loans, labour
- Savings and credit groups

These mechanisms are similar to those found in formal social protection, but are distinguished by their locally-driven nature, and they are not exclusively monetary.

It is commonly noted that **migration and remittances** play a strong role in reducing vulnerability and poverty of recipients. To some extent, this is conceptually considered a type of informal social protection. However, since there is a large body of literature on this as a separate subject, which does not consistently align with concepts of social protection[1], it is not covered in detail in this report. One useful paper is Brown, Connell, and Jimenez-Soto (2013), which examines remittances specifically in the context of their contribution to informal social protection and development outcomes. This paper uses surveys from Fiji and Tonga to show that remittances are responsive to changing circumstances, making them an effective social protection mechanism, contributing significantly to poverty reduction and level of household wealth, implying better resistance to shocks. They conclude that remittances are critical to welfare, in the absence of formal social protection systems.

Similarly, **microfinance** literature shares considerable overlap with informal social protection, especially in savings and credit unions. This report only reviews literature which explicitly connects finance mechanisms with CBSP, and does not specifically look at microfinance.

3. Effectiveness

Effectiveness of CBSP

The state of the evidence on effectiveness of CBSP is quite poor. CBSP by its nature does not lend itself to traditional development programme evaluation, as it does not necessarily have goals or a baseline to measure against. Thus effectiveness is a **subjective assessment and difficult** to make. The literature tends to review comparative strengths and weaknesses of each system, rather than effectiveness per se. The more formal or organised the mechanism is, the more evidence and evaluation there is.

One alternative means of assessing effectiveness is provided by Dercon, De Weerdt, Bold and Pankhurst (2006), who posit that **funeral insurance's ubiquity suggests it is considered useful and effective** by its members. Their empirical study of two sites in Ethiopia and Tanzania uses survey data and interviews and

[1] For an Opinion piece on why migration remittances do not equate to informal social protection, see Hagen-Zanker, J. (2012). Migration as social protection – is that really the point? *ODI Opinion*. http://www.odi.org.uk/opinion/7133-migration-social-protection-livelihood-strategy

describes virtually comprehensive coverage of funeral insurance schemes. In the 15 Ethiopian villages studied, households were often members of more than one group, which indicates a high level of inclusivity and perceived value of membership (p. 693). The paper indirectly suggests that these schemes are of high value and effective in their provision, since they are so widely used.

There is a strong body of evidence on community-based health insurance programmes (CBHIs), as these have clearly measureable results and outcomes. There are **three rigorous systematic reviews** on CBHIs, which provide a strong evidence base on their functioning and effectiveness. Despite being the largest and most well-studied area of CBSP, there are **varied trends and conclusions on CBHI effectiveness**. Eckman (2004) reviews whether CBHIs are financially affordable in low-income countries, and concludes that they are **effective at reducing out-of-pocket spending** for members, but that they do not generate enough resources to sustain the primary healthcare system. Spaan et al. (2012) finds strong evidence that CBHIs increase uptake of health services and defray out-of-pocket costs, and that they might generate enough revenue to provide adequate functioning of health services. This paper notes that the evidence base is still **patchy and inconclusive on the impacts** of health insurance. It concludes that both formal and informal pre-paid health schemes can be financially sustainable and show promise for reaching universal coverage. The study also highlights that these conclusions may not be generalisable, as there were **significant outliers or opposite impacts** in some contexts. Robyn, Sauerborn, and Bärnighausen (2013) review which kinds of provider payment (paying health services through salaries, fees-for-service, coverage ceiling etc.) affect CBHI performance. The paper finds that capitation and payment through salary and performance bonus increased CBHI performance, while fees-for-service may jeopardise the long-term financial viability of CBHIs. However, the paper's conclusion is largely that the **evidence is varied and context-specific** and that there are no clear trends in what might improve efficiency and quality of health services.

Effectiveness of integrating CBSP and formal social protection

There is much more theoretical than empirical literature on this subject. Much of the literature is normative and suggests what should be done in order to integrate the two systems successfully; but there are few examples of this happening in practice. There is much discussion of complementarities and possible conflicts, but not much evidence on what has worked in practice.

There is reasonable agreement in the literature that formal and informal social protection systems both have value, and can **work together to provide a comprehensive and flexible system**. Verpoorten and Vershraegen (2010) provide a solid analysis of how formal and informal social protection interact in Sub-Saharan Africa, arguing that each system has its strengths and weaknesses and work best when complementary. A 2008 paper from the International Social Security Association (ISSA) discusses the possibility of linking formal social security protection for health with informal and community-based schemes (Coheur, Jacquier, Schmitt-Diabaté, & Schremmer, 2008). It notes that each possible mechanism, both formal and informal, has strengths and weaknesses and excludes some population groups, which leads to the conclusion that the best and most comprehensive coverage can be achieved through a holistic system which integrates and combines various schemes and does not provide only one mechanism. Olivier et al. (2008, cited in Mupedziswa & Ntseane, 2013: pp. 93-4) propose four points to consider:

- **Properly understand social protection arrangements:** Understand the reasons for the existence of CBSP, the different types, their role and the nature of the current relationship between the formal and the non-formal social safety nets before attempting integration.

- **Preserve the cultural basis of traditional social protection arrangements**: It is important to ensure that integrative measures do not destroy the cultural basis of non-formal social protection. If integrative measures are seen to disrupt the cultural basis, ordinary people are likely to resist them.
- **Appreciate that non-formal initiatives are not a substitute for formal measures:** Traditional arrangements should not be seen as the sole medium serving the social protection needs of the people in any given country. Formal safety nets continue to play a critical role, and they ought to be revamped with a view to increasing their clientele base.
- **Consider issues of compatibility:** Start with initiatives that lend themselves more easily to integration.

4. Generalisable observations

This section of the report details the areas of agreement in the literature about lessons from CBSP which could be reasonably expected to apply across different contexts and countries. It also brings in studies of how formal social protection mechanisms have impacted on CBSP, and whether this has affected their effectiveness.

Networks

CBSP is commonly understood to rely heavily on social networks. Verpoorten and Vershraegen (2010) suggest that the reliance of informal mechanisms on reciprocity between relatives can be highly effective at the small-scale. Brown et al. (2013) shows that **remittances and other income are shared** through family networks to other people beyond the initial recipients, including friends, churches and charities. This means that informal social protection may be better **able to reach a wider swathe of the population**, as it is dispersed through networks. Oduro (2010) also notes that informal social protection networks also include ethnic groups, membership of a profession, or community. Due to the flexible nature of CBSP mechanisms and their close targeting of particular groups, they are usually able to reach populations excluded from formal schemes (Coheur et al., 2008). CBSP based on networks is less likely to have problems with **moral hazard and contract enforcement** which formal financial institutions may have, since community members know each other (Bhattamishra & Barrett, 2010). Communities are likely to be able to hold each other to account for social commitments, and the possibility of default is slim, since they may face social repercussions, and/or can be encouraged to commit through moral obligation.

However, the dependence on networks also brings risks. There are no guarantees that the scheme will continue or that it is itself protected against shocks. Reliance on family networks means that provision of assistance is entirely dependent on an individual's capacity, ability and willingness to help (Oduro, 2010). Remittances are subject to wider economic changes, such as currency fluctuation and recession (AusAID, 2010). This is true across all contexts, and demonstrates that **informal mechanisms relying on family are not predictable or certain**. On the other hand, formal social protection has predictability as one of its key assets.

Du Toit and Neves (2009) conducted empirical research in South Africa to examine how formal social protection (in this case, cash transfers) interacted with and built upon social networks which were already used as safety nets. The paper argues that the deeply embedded practice of reciprocal exchange (CBSP) is retained in communities when formal cash transfers are received. They provide several case

study examples of how cash grants are shared and used among these networks. They argue that networks mean that social protection is offered to vulnerable people who are otherwise outside the remit of formal social protection. On the whole, the fungible nature of (unconditional) cash transfers means that formal social protection is used to support the practice of informal social protection.

Integrating community-based social protection with formal social protection potentially carries negative impacts. Bhattamishra and Barrett (2010) suggest that external intervention may change the position of households which reduces their reliance on each other, changing the structure of social networks and potentially fragmenting them. External finance also suggests different incentive structures. There is a reasonable amount of literature **concerned that introducing formal social protection erodes traditional networks** (e.g. Mupedziswa & Ntseane, 2013; and see Crowding-out section), but there is no conclusive evidence either way on this.

Inequality

CBSP networks are often unequal in their distribution of funds between members. It is widely observed that **CBSP is not equally accessible** to all members of a community, and that it tends to exclude the poorest (AusAID, 2010). Bhattamishra and Barrett (2010) observe in community-based risk management that community power relations may corrupt associations through elite capture or manipulation. This means that only egalitarian and transparent communities will necessarily be more effective than (progressive) formal institutions. It is also commonly noted that community mechanisms usually have an asset threshold for participation, which **excludes the very poorest**. Within household structures, **women and children may be less protected** than males if social protection assets are distributed unequally (Verpoorten & Vershraegen, 2010). Additionally, **households with better (and richer) social connections** are likely to receive more from informal social protection than others (Verpoorten & Vershraegen, 2010).

Formal social protection can **address inequality in CBSP by providing funding to excluded individuals**, which allows them to access existing CBSP (Bhattamishra & Barrett, 2010). Cash grants go some way towards redressing the inequality of informal networks – possession of new resources can empower people to participate where they could not before (du Toit & Neves, 2009). Donor funding can subsidise their accession to the scheme. Thus **formal social protection can increase equality in informal networks**. The provision of (formal) cash transfers to the very poor can enable them to buy membership in (informal) existing mechanisms, thus enabling greater and more equitable participation (Oduro, 2010).

A 2008 editorial suggests that community-based health insurance schemes (CBHI) are still out of reach for the poorest, and that the poorest must therefore be supported with subsidies to pay the insurance premium (Jacobs et al., 2008). In this conception, formal social protection programmes buy the insurance for the poorest households, while the CBHI continues providing the same community-based service, but now including more poor people. The authors do however note that the quality of the service may still be poor or the protection insufficient, and that other development assistance is simultaneously required. The suggestion is that the formal assistance could help the CBHI to mature, increase coherence, and contribute towards an equitable health system.

This theory was tested by the authors in 2011, using data collected in Cambodia and Lao PDR (Annear, Bigdeli, & Jacobs, 2011). The results are negative, as it seems that **subsidies intended for the poor may be captured by the non-poor.** The principal challenge and negative outcome is that healthcare is not available equitably to all, and that **subsidies are more costly** than direct reimbursement to the health

provider. However, the long-term benefits of increased insurance coverage may outweigh the short-term costs.

Dealing with risk

CBSP is quite vulnerable to covariate risk, i.e. the risk pool (community) is not very diverse. Community groups tend to be homogenous and therefore **unlikely to withstand covariate risk** – all community members find themselves affected by the same drought, floods, disease, market shock, and so on, and are therefore less able to help each other (Bhattamishra & Barrett, 2010). This also means that the **better off are more likely to withstand a covariate shock** than the poor, as they have more resources at their disposal (AusAID, 2010). Additionally, the reliance on family networks and close relations means that informal social protection is most effective when responding to idiosyncratic risk, such as illness or death, rather than persistent or significant risk (AusAID, 2010).

Risk covariance can be tackled through creating a wider risk pool or insurance schemes (Verpoorten & Vershraegen, 2010). Verpoorten and Vershraegen (2010) suggest that in Sub-Saharan Africa, CBSP is good at providing some coverage, but is weak in resisting covariate shocks – this is where **formal social protection can play a clear role.** This avoids displacing or replicating existing systems but provides a complementary addition. For example, CBSP can be unreliable if it depends on family members (Oduro, 2010), but formal social protection has predictability as a core strength (Mohanty, 2011).

Political impacts

Asaki and Hayes (2011) discuss the role of grassroots women's groups in social protection in Kenya, Brazil and Peru. They argue that the variety of self-help groups, CBOs and networks have provided an effective response to vulnerability, particularly in the areas of home-based care and household food security, which might be regarded as part of women's traditional roles. The paper is framed in terms of **collective action** leading to social protection, and suggests that **women's leadership and organising** is a common factor in developing community social safety nets. They identify four common factors which account for their success:

- Collective organising
- Women's groups engaging and linking to public services
- Grassroots women take the lead with NGOs in a support role
- Organising around livelihoods as a basis for action on other issues

In Kenya and Peru, the organisations studied have been able to develop a **representative voice in formal decision-making structures** as a result of their grassroots action – the local priorities and structures have been acknowledged by more powerful bodies. In Brazil, the Women's Association cultivated new crops and have contracted with local government to provide the produce used for school lunches – a form of social protection for their children – and the increased income and food security from the farms has enabled families also receiving the Bolsa Família stipend to invest this in farming rather than immediate basic needs.

Dercon et al. (2006) suggest that the funeral insurance organisations studied in Ethiopia and Tanzania developed precisely as a **response against broad government schemes**, which were seen as having political ends. They suggest that attempts to scale-up CBSP schemes with government funding may be seen as an attempt to hijack and control these local institutions. Similarly, Coheur et al. (2008) note that

CBSP mechanisms are likely to be politically independent and therefore to represent real needs of the people. Formal social protection, especially government-sponsored, may encroach on this.

Community-based health insurance (CBHI)

There is a **strong and broad evidence base** on CBHIs, and these merit consideration as a separate entity as they are more rigorously reviewed than most informal social protection. Three systematic reviews look at CBHI schemes: Eckman (2004), Spaan et al. (2012), and Robyn et al. (2013). The three papers agree that there is strong evidence that CBHIs **reduce out-of-pocket spending** for members and **increase uptake of health services** to some extent. There is weak to moderate evidence that CBHIs improve standards of care. The papers suggest that their biggest impacts are on finance, rather than patient care and health outcomes. They are mostly small-scale and exclude the poorest, so do not provide much coverage.

Other results in the papers suggest a wide **variety of impacts and pathways to effectiveness**, which may not be generalisable. One example comes from a rigorous review of a CBHI in Burkina Faso, with results collected through a household survey (Fink, Robyn, Sié, & Sauerborn, 2013). In this particular context, the study finds that insurance has generally positive effects on health expenditure, particularly on catastrophic expenditure (emergency spending); but there were no health improvements for children and adults; and negative effects for the over-65s. The reasons for the low uptake and low impact of the scheme are explained in context-specific terms, and the authors make no suggestion that these could be extrapolated to other contexts.

Targeting

In an examination of community-based risk management arrangements, Bhattamishra and Barrett (2010) show that there is considerable evidence that **community participation results in improved targeting**.

Community-based targeting (CBT), while not strictly a form of CBSP in itself, entails the participation of community members in identifying suitable beneficiaries of social protection schemes. Currently, not much is known about CBT's effectiveness or implementation options, although it is very commonly used (McCord, 2013). A meta-analysis by Yusuf et al. (2010)[2] showed that attempts to externally verify the accuracy of CBT (e.g. by using a proxy means test in combination with CBT) potentially disrupts the benefits of using local knowledge – instead of enhancing the performance of social protection, external validation may corrupt it (McCord, 2013). Similarly, there are examples in the literature of communities choosing to distribute resources in an egalitarian rather than progressive manner. This is attributed to desire to maintain smooth intra-community relations, perhaps to avoid exacerbating ethnic tensions. This shows the interplay of community priorities and formal programme criteria, and suggests that **community participation is important to avoid creating tensions** through external decisions on allocation of resources (McCord, 2013). There is no evidence that CBT results in worse outcomes than government criteria targeting (McCord, 2013).

[2] Yusuf, M. (2010). Community Targeting for Poverty Reduction: Lessons from Developing Countries. The Pardee Papers No. 8. http://www.bu.edu/pardee/files/2010/03/Pardee-Paper-8-Poverty-Targeting.pdf

Scaling up/expansion

CBSP schemes are likely to remain small-scale and provide a low level of coverage (Coheur et al., 2008). A 2002 ILO review found that 50 per cent of 258 community-based health insurance schemes had fewer than 500 members (Jacobs et al., 2008). A large section of the literature suggests that formal social protection can be used to scale up and support the expansion of CBSP.

Formal-supported expansion of CBSP is usually achieved through **direct funding given to the community groups**, allowing them to increase the scope of their activities. In the Pacific Islands, governments have provided grants to health and education community groups and CBOs, which helps overcome the government's capacity and finance constraints by utilising existing networks (Mohanty, 2011). In Thailand, government funds for improving housing in informal settlements were sent through community savings groups (Mitlin, Satterthwaite, & Bartlett, 2011). Community savings groups do not tend to attract the formal financial sector, but loan financiers may be more interested in providing finance to these kinds of groups. One method of lending is Urban Poor Funds, which advance a loan for housing, water or sanitation, for example, to be used by the community group, and which assists a locally-grown development process (Mitlin et al., 2011). **Loans greatly increase the scope** of what community groups can do. Formal social protection can also fund small groups to access higher-level insurance products and/or to pool risks across communities (Bhattamishra & Barrett, 2010).

Formal mechanisms can use existing structures to extend their schemes to new beneficiaries; using existing structures minimises administrative and transaction costs (Coheur et al., 2008). The paper suggests that five types of linkages should be possible (p. 6):

- **To improve financial sustainability** – e.g. Colombia finances some public and private health insurance schemes through its tax base; in Ghana the National Health Insurance Fund subsidises district mutual health schemes.
- **To improve operations and administration** – e.g. Philhealth in the Philippines used CBSP to reach more informal workers and extend coverage; Lao PDR has developed similar computer and administration systems for the national and CBSP schemes, allowing information sharing.
- **Linkages in governance structures** – representatives from each side can participate in governance of the other side, but this is rare in practice.
- **Synergies in health service provision** – contracts with health providers can be costly; sharing contracts can benefit both formal and CBSP schemes. There are a few examples of this in India and Senegal.
- **Policy planning** – e.g. Lao PDR has a coherent system of national and CBSP mechanisms, which cooperate, not compete with each other, and which helps create an equitable overall system.

Mitlin et al. (2011) provide some fairly rare examples of small-scale savings groups expanding over time and gaining increased voice and ability to interact with formal mechanisms. In several of their examples, savings groups have become federated and quite large, which has prompted government or other external funding to be channelled through these groups.

Crowding out

Crowding-out is the suggestion that introducing formal social protection schemes undermines or makes CBSP redundant. It is a problem often mentioned in the literature, but Bhattamishra and Barrett (2010) suggest there is no firm evidence to support this; in fact, crowding-in may even happen, where new

forms of CBSP are enabled. Verpoorten and Vershraegen (2010) note that there is **only fragmentary evidence for crowding-out**, and that most studies show it is unlikely to happen. For example, du Toit and Neves (2009) find no evidence that increased cash grants undermined remittances in their South African case studies. Brown et al. (2013) show that remittances respond to changing circumstances – that if formal social protection increases, remittances are likely to fall, until a higher income threshold is reached, when remittances rise again. This article suggests that **remittances are motivated by asset accumulation and investment** rather than shock-response, so are unlikely to be crowded out.

When crowding-out does happen, it can potentially have positive effects as well as negative ones. An empirical study in Iraq shows the ways in which positive crowding-out can happen (de Freitas & Johnson, 2012). This paper examines health insurance and public pensions in Iraq, and finds that access to formal pensions lowers the use of informal social protection mechanisms, while formal health insurance does not lower usage by much. However, the informal mechanisms which are displaced are not necessarily more effective or more beneficial to recipients; the decrease was seen in mechanisms such as lowering consumption and receiving transfers from family. These informal coping mechanisms sometimes have negative effects on households, such as selling assets leaving them more vulnerable to poverty, and reduced consumption increasing health risks. The article therefore suggests that crowding-out may sometimes have **positive effects, if it replaces negative risk coping strategies**. Additionally, formal social protection **may ease financial burdens** on other family members, and enable the redirection of resources to other, equally or more productive, activities (Oduro, 2010).

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